Long-Term Effects of Living Through Both Evacuation and the Bombing of London during the Second World War as Perceived by Those Who Experienced Them: A Qualitative Study

By

Imogen Sarah Sturgeon-Clegg

For

Top-up DPsych in Counselling Psychology

At

City University

Department of Psychology
And
North East London Mental Health Trust

Submitted: October 2007

CONTENTS

DEDICATION

This portfolio is dedicated to

My Grandparents who served

JLK, RAK & CC

and

Those with whom I worked who inspired me

ACKNOWLEDGEMENTS

It is with gratitude that I would like to acknowledge the contributions of the following people: Diane Foster, for inspiring the formation of the idea that became the research thesis in this portfolio, Dr Georgina Charlesworth for encouraging my application for funding of the research project and for making it, and the DPsych a reality, Professor Martin Orrell and his team in the North East London Mental Health Trust Research and Development Department for awarding the funding for the research project and for their support throughout, to all the organisations such as Age Concern, the Alzheimers Society, and the many GP's surgeries I approached who assisted with advertising for participants, to Dr Deborah Rafalin of City University for her supervision, energy, knowledge and support throughout the production of this portfolio, to Julia for her patient typing and to Chris and her colleagues at the Aubrey Keep Library for their assistance and support. I would also like to express my gratitude towards my colleagues, friends and family for their patience, understanding, ideas and views, particularly to Jo, Jan, Elizabeth and Kate for their hospitality when providing places to study. Most especially I would like to express my eternal gratitude to Simon for accompanying me down this long road and for keeping me grounded.

DECLARATION[1]

"I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement".

[1] City University Research Studies Handbook 2007/08

OVERVIEW OF PORTFOLIO

Overall this portfolio is concerned with the psychological effects of War. Specifically it is concerned with the long-term effects of events and actions on civilian children in London during the Second World War (1939-45) and appropriate psychological interventions for veterans suffering from war trauma as a result of both the Second World War and Korean War (1950-1953).

The reader of this portfolio will find three papers. The first paper is a research thesis concerned with the long-term effects of experiencing both evacuation (the removal of children and some mothers from cities vulnerable to enemy bombing to areas in the countryside considered to be safer) and the bombing of London during the Second World War (1939-45). This study is unique in its field. Previous research studies (e.g. Foster, Davies & Steele 2003) have used quantitative methods such as postal questionnaire surveys to explore the long-term effects of evacuation alone. The study in this thesis used one-to-one, face-to-face interviews where participants were asked in an open manner what they consider to be the long-term effects of both these experiences. Grounded Theory (Glaser & Strauss 1967) methodology was used to analyse the resulting data. The resulting multi-dimensional concepts and model that emerged echoed the existing literature broadly concerning attachment e.g. Bowlby 1940; A.Freud in Bridgeland 1971), identity (e.g. Breakwell 1986), trauma (e.g. Hunt 1997) life review (e.g. Garland & Garland 2001) and, of course both the contemporary and current literature regarding the long-term effects of evacuation and other wartime events (e.g. Bowlby 1940; Foster et al. 2003). However it also, most importantly, introduced several new and significant ideas relating to the effect of these wartime experiences on the formation and development of identity and physical and psychological survival.

The second paper addresses the appropriateness of the psychological interventions currently available for veterans of the Second World War suffering from war-related trauma, with an identified dissonance between the medical and neuropsychological models (e.g. van der Kolk, McFarlane & Weisaeth 1996) in mind. The identification of this dissonance has occurred both through an exploration of the literature concerning the experiences, beliefs and attitudes of the cohort of people who served in the Armed Forces during the Second World War and by the author who works therapeutically with members of this cohort. It is asserted by the author that those members of the cohort who formulate their difficulties within the medical model may experience difficulties engaging with ideas and interventions that reside

within the neuropsychological model of post-traumatic stress disorder and, specifically, war-trauma. Four different therapeutic approaches (Individual Cognitive-Behavioural and Psychodynamic therapy, group and self-help approaches) devised for working specifically with veterans of the Second World War suffering from war trauma were reviewed for their appropriateness with the unique beliefs and attitudes of this cohort and the identified dissonance at the centre. Additionally accounts of the development in understanding of war-trauma and subsequently post-traumatic stress disorder are given as well as an account of the development of both medical and psychological interventions to place the identified dissonance and four therapeutic interventions under review in context. The paper concludes with a suggestion of combining elements of all four therapeutic approaches in order to work beneficially with Second World War veterans.

The third paper is a reflective account of the author's learning process while working with three veterans of the Second World or Korean War suffering from war-related trauma all of whom were highly avoidant of addressing their traumas in therapy. The neuropsychological model of post-traumatic stress disorder (e.g. van der Kolk, McFarlane & Weisaeth 1996) is used to formulate these three clients' difficulties, both generally and specifically to formulate their avoidance, and to inform the mainly cognitive-behavioural approach that was used to work with them and their avoidance therapeutically. The author reflects upon how she applied what she learnt with one client to the difficulties of those she worked with subsequently and how she may have worked differently with the benefit of greater knowledge and the opportunity for reflection. To conclude she suggests a possible therapeutic model for working with clients with post-traumatic stress disorder who are avoidant.

These three papers are not only connected by their relationship to war but also by their relationships to specifically the Second World War as well as trauma and to the profession of Counselling Psychology. The three papers are concerned with the effect that the Second World War had those who experienced it either as a child who was evacuated and witnessed the bombing of London or as an adult seeing action in one of its many theatres of War. Interestingly the two Korean War veterans who are discussed were both evacuees during the Second World War. Regarding trauma, it might be assumed by the reader that all three papers are centrally concerned with war-related trauma. Of course, the second two are without a doubt, but the research thesis produced interesting and perhaps surprising findings regarding factors that the participants believed mediated the potentially traumatic effects of elements of the War. In terms of Counselling Psychology, a central tenet of the profession is that its members are reflective practitioners. Throughout these three papers, the author has fully reflected upon her process. As part of her reflection on the epistemological position of

the project, she has reflected upon her prior knowledge of the Second World War, evacuation and the bombing of London, personal experiences of separation and qualitative research methods. This reflection helped inform her acknowledgement of the influence this prior knowledge may have on the direction of her enquiry into the long-term effects of evacuation and the bombing of London. Throughout the three papers she has reflected upon what elements of both her personal and professional life motivate her interest in the Second World War and war-trauma. Also in keeping with the tenets of Counselling Psychology, the epistemological position of the research thesis and the principles and aims of Grounded Theory, the author has generated and tested hypotheses throughout the three papers and the conclusion of all three is a suggested model informed by the enquiry and explorations that run through each paper.

These three papers are not only relevant to psychologists who work with those who are considered to be older adults (adults aged over 65) but to both Counselling Psychology as a whole and the wider world. They highlight the need for psychologists and many other professional groups to understand the unique social, geographical and political histories, experiences and attitudes and beliefs of the cohorts with whom they work in order to fully understand their difficulties or issues. The long-term effects of evacuation and the bombing of London also have relevance to such groups as refugees, asylum seekers and immigrants as well as to issues in adoption and fostering and the placing of people in residential or nursing care. The understanding of war-related trauma as a result of the Second World and Korean Wars can inform the understanding of trauma created by the unique circumstances of other wars and the understanding of working therapeutically with post-traumatic stress disorder and specific features such as avoidance.

Research Thesis

Long-Term Effects of Living Through Both Evacuation and the Bombing of London during the Second World War as Perceived by Those Who Experienced Them: A Qualitative Study

By
Imogen Sarah Sturgeon-Clegg

Supervised by
Dr Deborah Rafalin

For
Top-up DPsych in Counselling Psychology

At
City University
Department of Psychology
and
North East London Mental Health Trust

Submitted: October 2007

ACKNOWLEDGEMENT

The research project in this thesis was funded by the Research and Development Department of North East London Mental Health Trust.

ABSTRACT

Considering the Second World War such events as evacuation and the bombing of London affected millions of people, there is very little psychological research and therefore literature investigating the long-term effects. Several previous studies have been quantitative in nature, relying on questionnaires to explore the effects of evacuation alone (e.g. Foster, Davies & Steele 2003). This study is the first of its kind in that its aim is to ask those who experienced both evacuation and the bombing of London what they consider to be the long-term effects. Ten participants recruited through a poster campaign took part in one-to-one, face-to-face interviews to investigate their experiences and the long-term effects they perceive affect their lives in the present. Grounded Theory (Glaser & Strauss 1967) methodology was used to analyse the data. Several multi-dimensional concepts and a theoretical model emerged from the data that demonstrate the effects these participants experience that have endured for more than sixty years and the origins of these effects. Some of the findings of this enquiry echo existing literature. Most importantly the enquiry produced new and significant information regarding the long-term effects of both evacuation and the bombing of London relating to the formation and development of identity and both physical and psychological survival.

CHAPTER 1:
INTRODUCTION

This research thesis is concerned with the long-term effects of experiencing both evacuation and the bombing of London during the Second World War. In order to fully understand the long-term effects of these experiences, it is important to understand the social, political, historical and geographical context of these events and experiences. Therefore, as all the participants were evacuated to and returned home to London, most to the geographical area considered to be the East End, to begin this section of this introductory chapter, a brief history of the East End and description of family life in this area will be given. This account will be followed by a brief summary of the events of the Second World War and the effect that it had on the Britain and specifically the East End to gain some understanding of the events that the participants in this research experienced. Next, an account of the psychological literature contemporary to the War concerned with the effects of the bombing and evacuation will be provided in order to understand perhaps how the immediate effects of these wartime experiences are connected to any long-term effects. An explanation of attachment theory will be included as its concepts are core to these contemporary papers. The processes and concepts of Life Review, Reminiscence and regret are frequently associated with older age. The participants in this study, who could be considered to be older people, could be seen to be undertaking the research interview as part of a life review process or to have the opportunity to reminisce about their experiences. The penultimate section of this introductory section will contain a description of the literature about the long-term effects of wartime experiences. The concepts of post-traumatic stress disorder are core to these papers and therefore the disorder is defined and discussed with particular reference to old age. A critique of these papers will follow in order to identify conceptual and theoretical gaps which the research in this thesis hope to contribute to filling. Finally, the research in this thesis will be described and justified.

1.1. The East End

Several sources were used to gain the following picture of the East End and these include both Peter Ackroyd's introduction to and chapters within Alan Palmer's (2000) comprehensive book 'The East End: Four Centuries of London', Jane Cox's (1994) book 'London's East End: Life and Traditions' (1994), Norman Davies' (1999) 'The Isles: A History' and finally Gilda O'Neill's (1999) 'My East End: Memories of Life in Cockney London'.

The geographical location of the 'East End' of London is not a static entity however it is considered to include Hackney and Bow to the north, Aldgate and Canning Town to the east,

Cubitt Town and Millwall on the Isle of Dogs to the south, and Wapping, Whitechapel, Spitalfields, Shoreditch and Bethnal Green to the west. Stepney, Mile End, Limehouse and Bromley lie more centrally. This area is both geographically and geologically separated from the rest of London as it lies on a gravel bank created by the last glacial eruption. It is a place synonymous with the well-defined population of 'Cockneys' (although claim to this title is defined by strict requirements regarding place of birth, within hearing of Bow Bells for example), with a reputation of being cheery and hospitable but rebellious by nature (Ackroyd 2000). The first theatres in London appeared in Shoreditch and these gave rise to the Music Halls, one place where this reputation for cheeriness, gaiety and energy associated with the 'Cockneys' was nurtured. The reputation of rebelliousness and dissent is derived from the presence of such figures as Wesley in Spitalfields and Wapping and the meetings held here by the Chartists to celebrate their revolutionary causes. More recently it was a place where Mosley recruited supporters and members of his British Union of Facists (BUP) prior to and during the Second World War. The famous 'Matchgirl' and Dockers' strikes of the late 19th Century also support this reputation. Additionally it housed the headquarters of Sylvia Pankhurst and the Suffragette movement, campaigning for women's rights to the vote (Ackroyd 2000).

The East End has been constantly and permanently altered by the transient population of immigrants through the ages presumably due to its proximity to the international trade of London's docks. Immigrants from Flanders and Holland arrived during the reign of Edward III to improve cloth-making (Cox 1994). They also settled from Italy, France Ireland, during the Great Famine, Russia and China. Over the centuries many Jewish immigrants arrived to settle, many left Russia, Poland and Belgium to escape the notorious anti-Semitism of the first half of the twentieth century. These Jewish residents are strongly associated with the 'Rag Trade' (cloth and clothing manufacture) and the sweatshops worked in by many of the population both indigenous and immigrant. There are conflicting impressions left of how the indigenous population of Cockneys responded to these migrants, tolerance, integration and hospitality on the one hand, suspicion, resentment, tension and sometimes violence towards them on the other (Ackroyd 2000; Cox 1994).

The East End has also been synonymous with abject poverty and the battle with destitution for many centuries, having suffered from a less favourable reputation than the West of London. For example the invading Saxons of the fifth and sixth centuries chose to settle in the West, leaving the defeated population to reside in the East. The East End is most often a place people are trying to leave to escape the hard, casual labour of the docks and sweat shops, poor, over-crowded housing, pollution, disease and poverty (Ackroyd 2000).

This picture of poverty and the related deprivation and disease continued well into the twentieth century. As the manufacturing industries such as the 'Rag Trade' declined in the East End, the balance was not restored by an increase in what is now called the 'Service Sector' of industry (Palmer 2000). However some aspects of life began to improve. The parents and grandparents of the children of the Second World War would have witnessed or been involved in the strikes of the Dockers protesting about the casual nature of their employment and the Jewish Tailoring Unions about the working conditions in the sweatshops, which led to improvements in working conditions for both. Families became less confined to the 'manors' in which they carried out their daily lives by increased in transport links to both the rest of London and Essex. Day excursions to places such as Southend-on-Sea became popular and land was so affordable out there that many families purchased small patches and were then able to spend their holidays there. Additionally the price of tramfares was affordable and allowed those who where enthusiastic to travel further afield to watch or participate in football, cricket and boxing matches. Cinemas, so important during the Second World War as a way of both keeping in touch with events and escaping from them, began to replace the theatres and music halls. The most revolutionary social change for residents of the East End between the First and Second World Wars was the development of municipal housing (Palmer 2000). In the early 1930's, 35,000 houses were built to make up the Becontree 'Cottage Estate' and residents of the East End were able to leave to make these 'cottages' their homes. Additionally the car plant and other industries now operating in Dagenham attracted people out of the poverty and cramped, polluted conditions of the East End in the successful search for work (Palmer 2000). In 1934 the 'slum clearances' took place, when blocks of flats with their own bathrooms and electric light were built to replace the bug-ridden terraced homes without these, now considered basic, amenities, previously occupied by East Enders (Palmer 2000).

Family life in the East End is often characterised by the large numbers of children, the close proximity of grown-up siblings and other members of the extended family, a supportive neighbourhood, the readiness to share resources such as food, the enjoyment of shopping for groceries in the small shops and markets of the surrounding area. Street parties to celebrate local and national events were enjoyed as were trips to the theatre, cinema and dance halls. Education was generally considered important and children enjoyed the opportunity of a good education, in some cases due to the charity schools attached to the Livery Companies of the City of London. However methods were at times uninspiring, such as learning by rote and discipline was harsh and at times seemingly indiscriminatory. The mother was at the heart of the East End family and often an object of unfailing, loyalty affection and respect (Cox 1994). She would be tough and independent, in charge of the family budget (and taking items to and from the pawnbrokers) and running the home, which involved hard, physical work. She would prepare meals to feed her many off-spring, going without herself to ensure that they all had sufficient

sustenance. She often worked in the 'Rag trade' either at home or in a sweatshop to supplement her husband's income. Children also often found ways of earning money, such as running errands, to contribute to the family budget. Fathers were often out either at work or in the pub and therefore were relatively unknown by his children. Summers might have been spent picking hops in Kent (Cox 1994).

1.2. The Second World War

The Second World War (1939-1945) affected the entire globe and is thus often described as a time of 'total war' (Marwick 1970). The causes and course of the War are complex but suffice to say that Britain, a political and military force to be reckoned with at the time (Davies 1999), was preparing for War with Hitler's Nazi Germany throughout the latter years of the 1930's (Taylor 1975). Following the signing of the Treaty of Versailles in 1919 after the First World War (1914-1918), by the then Allies and Germany, the Germans held many grievances against this peace Treaty, seen to be "unjust, punitive and unworkable" (Taylor 1975), which failed to be addressed by the Allies (Taylor 1975). Hitler and his Fascist followers began a rise to power and eventually 'Totalitarianism' (Davies 1999) in a country that had been virtually strangled by the demands of the Treaty and had faced economic collapse. As the result of his "inordinate and unscrupulous ambition" (Davies 1999), in March 1935, Hitler nullified the disarmament clauses of the Treaty of Versailles and began amassing what became a huge German army (www.bbc.co.uk/history/worldwars/wwtwo/ww2_summary_01.shtml). These Nazi troops were then able to occupy the Rhineland in 1936 and annexe Austria in 1938 without resistance or intervention from the former Allies such as France and Britain. At this time, Hitler also began his persecution of the Jews, marked by *Kristallnacht* on the 9th November 1938 where Nazi-led rioters destroyed Jewish property and the German government then fined the Jews for the damage (www.bbc.co.uk/history/worldwars/wwtwo/ww2_summary_01.shtml). This persecution resulted in the deaths of 6 million Jews in Nazi ghettos and concentration camps along with Gypsies, the mentally ill, physically disabled and other groups considered unsuitable for the building of Hitler's dream 'Master race' (www.bbc.co.uk/history/worldwars/wwtwo/ww2_summary_01.shtml).

The then Prime Minister, Neville Chamberlain joined other leaders at the Munich Conference in 1938 to agree a policy of appeasement towards the Nazis in an attempt to curb their aggressive attempts at gaining power and control in Europe (www.bbc.co.uk/history/worldwars/wwtwo/ww2_summary_01.shtml). As a result Hitler was granted power over the Czech Sudetenland. On the 1st September 1939, Hitler invaded Poland and after failing to withdraw at the request of Britain and France, these two countries joined by

support from former British colonies such as India, Australia, New Zealand and Canada, declared War on Germany. Over the next six years the Allies, assisted and then joined by the USA after the Japanese bombed the US navy in Pearl Harbour, and the Soviets fought Hitler and his allies in Europe, Scandanavia, Russia, North Africa, and the Far East. The War ended in 1945 with Hitler committing suicide and the atom bombs being dropped on Hiroshima and Nagasaki in Japan. The War left the Allies victorious but with many dead and Britain facing economic bankruptcy (Davies 1999, www.bbc.co.uk/history/worldwars/wwtwo/ww2_summary_01.shtml).

1.3.1. The Second World War Bombing of Britain and London

Britain suffered sustained attacks from the Air and sea at various points during this War. Land invasion was threatened when the allied troops had to be rescued from Dunkirk in1940 but Hitler never reached Britain's shores, an "impregnable island fortress" (Marwick 1970). German U boats attacked Allied ships in the North Atlantic. All the major cities in the Britain suffered heavy bombing including Coventry which was razed to the ground in 1942 suffering many civilian casualties. Attacks from German air craft began on shipping centres, airfields, coastal towns and strategic railway junctions. Hitler avoided bombing London for fear of reprisal bombings of Berlin (Parsons 2000). Therefore although the first air raid warning occurred on the same day as the declaration of War, none occurred until August the following year (1940). This quiet period was called the 'Phoney War' by the Americans (Parsons 1998). However, when German bombs were dropped by mistake on the East End (Stepney and Bethnal Green) and the City of London, fifty allied bombers set out for and reached Berlin. Thus in September 1940, the German bombing of London by the Luftwaffe began with a vengeance. The bombings of the 'Blitz' began on the 7th September 1940, attacking targets in the Docks and at power supplies both day and night. High explosives and incendiaries were poured onto wharves and quays. The fires caused by daytime air raids were still burning when the night raids began. This heavy bombing continued for fifty-seven nights and was mainly concentrated on the East End. 3.5 million homes were destroyed or damaged and 15,000 adults and children were killed. One in ten bombs dropped were 'duds' or delayed action so also presented the threat of more unexpected explosions and the need for evacuation of the area and defusing (Palmer 2000).

For the civilian population, the bombing meant living with the continual threat of homes, schools and workplaces being damaged or destroyed, or coping with the actuality of this destruction, receiving 'direct hits' on theirs or their neighbours homes, and the deaths of family, friends, neighbours, colleagues and schoolmates. One contributor to Gilda O'Neill's book 'My East End' (2003) pointed out that not only were homes destroyed but so were gas, water and

sewage mains so one could not even make a cup of tea! Temporary housing was sought in rest centres where clothing and furniture was provided for those who had lost most if not all of their possessions. For children schools were either closed or lessons were continually interrupted by the need to seek shelter from a threatened or actual air raid. However it also meant having exciting new places to play in the form of the sites of bombed out buildings and the collection of shrapnel from exploded bombs.

Shelter from the bombing was sought in a variety of different shelters. An 'Anderson' shelter, built in back gardens and yards, was a deep trench in the ground with a corrugated iron roof sometimes containing bunks in which to sleep and other furniture, always damp and dark, often filled with rain water (O'Neill 1999; Palmer 2000). A 'Morrison' shelter was a metal cage with a solid roof that was assembled inside the house and communal shelters were built of bricks and concrete (O'Neill 1999). Residents of the East End who did not have shelters in their gardens or yards in which to build the Anderson shelter, sought shelter in the local underground tube stations night after night. Evening classes, libraries and entertainment were established; so much time was spent down there (O'Neill 1999).

In late September and October of 1940, mines were dropped by parachute, designed to explode at roof level to cause the maximum amount of devastation. Luftwaffe continued to raid London sporadically. June 1944 saw the arrival of the V1 'Doodlebugs' or 'Buzz bombs', pilotless jet-propelled aircraft, favoured by the recipients in London because the engine cut out eleven seconds before they exploded allowing them to find shelter from them. On the 7th September 1944, the V2 'Rockets' arrived. At first the government announced that two gas mains had exploded, not just to maintain calm amongst the civilian population but also so as not to let Hitler know that his new bombs had reached their target. As more V2's arrived, spreading destruction further into north-east London and Essex, they were forced to inform all concerned that the explosions were caused by the silent rockets. Morale particularly became an issue as it was a ballistic missile (Holman 1995).

All were involved in the War, if not conscripted to fight in the theatres of War abroad due to being too old or young, or evacuated to the country, both men and women were retained in or took up 'reserved' occupations essential to the War effort. They served either as ARP (Air Raid Precaution) wardens or Auxillary Firemen during the bombings by night, therefore frequently going to work the next day without sleep. ARP wardens were responsible for fire-watching, rescue, first aid, demolition and repair (O'Neill 1999). The Women's Voluntary Service (WVS), famous for their provision of tea to the survivors of bombings regardless of the level of destruction around them, also provided services such as nurseries, clothing for bombed out 'refugees', organisation of the evacuation of children to the country, distribution of ration

books, the British Restaurants, and welfare services to the armed forces to name but a few of their roles. By 1943, ninety per cent of single women and eighty per cent of able-bodied married women were involved in the War effort (O'Neill 1999). Young women joined the 'Land Army' taking the place of conscripted young men working on farms while older men joined the 'Homeland Local Defence Volunteers' or 'Home Guard' as they became known (O'Neill 1999).

Not only did the civilian population have to contend with the constant threat and actual destruction of their homes and loss of their family and friends, they had also to contend with the rationing. First petrol and then food followed by clothing was rationed in order to share equally the resources of the country now limited by the needs of the fighting forces abroad. For example each person was allowed a specified amount of food considered essential (Davies 1999) such as sugar, tea, butter, milk, cheese, jam, bread, eggs, meat, and to the consternation of all children, sweets (O'Neill 1999). Recipes and ways to 'make do and mend' were recommended by the government (www.livingarchive.org.uk) and 'Utility Clothing', standard clothing items produced by government became widely worn (O'Neill 1999). Ration books containing coupons to acquire food, clothing and petrol were required to be held by each adult and child. The blackmarket was used to many to acquire extra supplies of items on ration (O'Neill 1999).

As a result of the War, family life changed dramatically. Children and parents were separated by evacuation as described above. At home children were frequently left to their own devices as their fathers were away fighting or both parents were involved in essential War work. At the end of the War, mothers and children had to adjust to having a husband and father in the house that felt like a stranger having returned from armed service abroad. Children conceived during the War had often not met their fathers until the end of the War. Likewise men returning from armed service had to adjust or readjust to family life and a country that had been changed beyond recognition by the enemy bombing (Turner and Rennell 1995). Schools in London were closed at the beginning of the War as the government mistakenly assumed that all would take up the offer of evacuation to safer areas in the country. Then concerned by the children who had not been evacuated being left to their own devices without parental guidance, the government reopened some schools, which quickly became overcrowded. Meals in the middle of the school day began to be provided due to the governments concern that parents were not able to feed their children effectively due to being out at work all day (O'Neill 1999). As well as being interrupted by evacuation and the air raids, education was affected by familiar young teachers being called up to the forces and being replaced by substitutes and by attending whichever school was open and available.

1.3.2. Evacuation

In July 1938 the concern about the safety of civilians in areas that were considered targets and therefore vulnerable to enemy bombing initiated plans to evacuate children and some mothers from these areas of potential danger in England and Scotland. The government planned to move these civilians from 'evacuation' areas (mainly major cities such as London and Glasgow) to 'billets' in 'reception' areas in the countryside. These plans were intended to create an organised mass exodus and prevent a chaotic panic flight from the areas considered dangerous (Gardiner 2005; Parsons 1998; Holman 1995; Macnicol 1986). The scheme was voluntary, although those eligible were encouraged to go (Public Information Leaflet No.3, July 1939, 'Evacuation: Why and How?'). The government calculated that three million people were entitled to go including school children, younger children with their mothers, expectant mothers and the 'blind' (Public Information Leaflet No. 3, 1939). One and a half million actually went on or around the 1st September 1939. Most children were evacuated with their schools and were instructed to attend school for several days with their suitcases prepared for evacuation so as the actual date, and destination, was kept secret so the vulnerable did not inadvertently become victims of enemy attack (Parsons 1998). Official announcements and instructions were given to the parents via the radio, newspaper and specially published leaflets about where to take their children and what was appropriate to pack for them (Parsons 1998). Each child wore a label on which their details were written and they also carried their gas masks. Children were often not informed that they were being evacuated and were told that they were going away for a few days or on holiday (Foster et al. 2003; Parsons 1998). It took three days to accomplish the largest movement of people ever known in Britain (Parsons 1998). Many parents did not use the government scheme opting instead to evacuate their children to family or friends in the country. It was not possible to keep statistics for these evacuations (Marwick 1973). Some children, known as 'Seavacs' were evacuated aboard to countries such as the USA, Canada and Australia, organised by Children's Overseas Reception Board although some were sent by private arrangement to stay with relatives in these countries. These overseas evacuations may be particularly remembered for the tragedy of the SS City of Benares' which, on the 17th September 1940, was torpedoed by German U-boat in the Atlantic, killing 81 children (Gardiner 2005).

By the end of 1939, 900,000 of the original evacuees had drifted home and more by January 1940. Many reasons are given for this apparent preference for the comparative danger of the bombing and the damp, cold nights and days spent in the shelter including incompatibility with the billet hosts based on class and religious differences and homesickness as well as the absence of threatened bombing or the 'Phoney War' as described earlier (Boyd 1944; Parsons 1998). Additionally, some unfortunate evacuees were sent to areas that were more at risk of bombing than the cities from which they came due to being near strategic targets (Palmer 2000). Ironically many returned only to experience the very bombing they were evacuated to escape.

As a result of the Blitz (described above), a new scheme was drawn up and the second wave of evacuations, called the 'Trickle evacuation' (Inglis 1989) due to its self-explanatory nature, took place. The third wave of evacuations occurred due to the V1 and V2 attacks of 1944.

Many authors write about the difficulties that this process created for the evacuees and the hosts. As will be described in more detail below, children were separated for long periods from their parents who were often unable to visit due to the travel restrictions and petrol rations created by the War (Macnicol 1986). For the evacuees train journeys to the unknown destinations of their billets were long and slow and the carriages in which they travelled lacked toilet facilities. However the travel and feeding arrangements were relatively well organised compared with the chaotic reception and billeting arrangements, which were left to the local people of these 'reception areas' (O'Neill 1999; Macnicol 1986). Potential billet hosts were often required to choose the evacuees they wished to accommodate and "children might be selected according to their good looks and manners" (Macnicol 1986, p6) meaning that those not considered as attractive according to these attributes were left until last. Children from the poor areas of the big cities were greeted with complaints about their lack of clothing, their apparent lack of personal hygiene and toilet training as well as the fact that some were suffering from lice and impetigo (Macnicol 1986). 'Bedwetting' or enuresis (Isaacs 1941; Boyd 1944) created difficulties both for the children and the hosts as did financial difficulties and the differences in social backgrounds and circumstances already mentioned, which were not accounted for when placing evacuees with their hosts. The most serious difficulties experienced by evacuees were that of exploitation (being treated as servants), degradation (being only given scraps after the host family had eaten for example) and physical and sexual abuse (Parsons 1998; Nicholson 2000).

The education of both evacuees and local children suffered as the result of the evacuation scheme. Evacuees were expected in some cases to join the classes of the local schools leading to severe overcrowding. The constantly shifting numbers of evacuees attending challenged teachers of these classes. In other cases evacuees and their teachers were given accommodation that was frequently considered to be below standard at best or completely unsuitable at worst. For example several classes would be expected to share the same room, divided only by the arrangement of their tables, thus having their concentration constantly compromised. In some cases there was not provision for shelter from air raids and the children who were meant to be kept in their school groups were not only separated from their parents but then also their friends as the members of the school groups were accommodated over large areas. Overall, the education of the evacuees lacked continuity and quality leading to a negative effect on their academic achievements, failing to pass the eleven-plus and gaining a coveted place at grammar school for example (Parsons 1998). All these elements of the evacuation process no doubt led to

the experience being a negative and difficult one for many. However, evacuation exposed child poverty and low educational standards in a way that had not been achieved before and this exposure was instrumental in both welfare and educational reform (Nicholson 2000; Davies 1999; Palmer 2000; Taylor 1976; Holman 1995). It must not be forgotten that elements of the evacuation experience for some were positive such as seeing the countryside and farming for the first time and being accommodated in billets where the hosts were more affluent than their families thus introducing them to a different side of life.

1.4. Psychological Literature from the Second World War

Anna Freud (1895-1982) and John Bowlby (1907-1990) produced literature about the more immediate effects of experiencing evacuation and the bombing of London following their observations of and work with children who had experienced these events, during and after the Second World War. Although Freud and Bowlby came into conflict about their work in the field of psychoanalysis, with Freud rejecting Bowlby's attachment theory, ultimately their conclusions about the effects of these wartime events converged. They both emphasised the importance of a child's attachment to a primary caregiver, usually his or her mother, and the subsequent trauma caused by prolonged separation or loss of this attachment object, caused in this case by evacuation and the Bombing of London. Bowlby's observations and subsequent recommendations regarding evacuation gave rise to his Attachment theory. Before describing their conclusions in more detail, it is important to understand the basic concepts of attachment theory.

1.4.1. Attachment Theory

'Attachment' is the process by which an infant forms a strong and lasting bond with their primary caregiver, usually his or her mother (Bowlby 1969). The formation of this bond is biologically driven and is formed primarily for survival both of the infant and the continued population, the infant receiving protection, care and sustenance from his or her primary caregiver (Brisch 2002). Additionally however, the benefit of the bond is also that the caregiver provides soothing and comfort when the infant is distressed and this in turn plants the roots of a sense of self-esteem and self-worth based on the infant's acknowledgement about the caregiver's availability to him or her and willingness to provide care and protection (Molloy 2002; Ainsworth et al. 1978; Howe et al. 1999). The bond is self-regulating, mutual and responsive, the caregiver responding sensitively to the signals given by the infant (Brisch 2002) and in turn the infant responding appropriately to the caregiver. If care and comfort is provided consistently then the baby is able to relax and, as the child becomes older and increasingly more independent, this allows him or her to gain the confidence to explore his or her surroundings

and therefore to play and learn (Molloy 2002). The caregiver becomes a secure base from which to venture but also to return to for protection and comfort when required (Bowlby 1979). This proximity can be sought either through visual or bodily contact (Brisch 2002). The growing child creates an internal working model of this attachment, which remains throughout life and is used as a template for other relationships in a lifetime (Bowlby1955). Attachments are often formed with more than one caregiver or figure and are arranged in a hierarchy by the child according to the amount of anxiety experienced on separation. If the primary attachment figure is not available then the secondary one, frequently the child's father, will be sought. However at times of intense distress, the child insists on the presence of the primary attachment figure (Brisch 2002). Attachment bonds are generally considered to be secure or insecure (Bowlby 1969).

The nature of this attachment can be changed from secure to insecure by the trauma of separation from or loss of the attachment figure (Bowlby 1969). The trauma is caused when neither members of the bond have control over the length or nature of the separation (Bowlby 1980). Additionally trauma is caused if the separation is in unpredictable circumstances or if the child perceives the loss or separation as a rejection. Trauma is also caused if the quality of care that replaces that of the attachment figure is considered to be inferior in quality (Bowlby 1980). Separation from and loss of the attachment figure cause distress, anxiety (Molloy 2002) and anger (Holmes 2001), and prolonged periods where relief from and resolution of distress is not possible (Molloy 2002) due to the absence of the attachment figure. The effect of trauma on attachments style is life long and can therefore affect all the person's other relationships such as spousal and parent-child (Bowlby 1955). Additionally it is considered to be the cause of a predisposition to anxiety disorders in adult life (Bowlby 1973). He (Bowlby 1955. p117) wrote:

> "The most concrete concept of mental ill-health is a derangement of the capacity to make co-operative relationships with other human beings…a very large proportion of psychiatric troubles are manifestly defects in the capacity to make relationships."

In old age attachment styles or schema and conflicts can be reactivated as a person becomes frail and therefore more dependent or loses a spouse for example. Therefore difficulties in gaining the appropriate assistance and relief from distress can be experienced, as they were earlier in life (Foster et al. 2003). In one of his papers regarding the effects of evacuation on children, Bowlby (1955) described how separation from an attachment figure could lead to a "tendency to turn away altogether from love objects" (p119). He goes onto suggest that the separation from several attachment figures in turn can lead to a person developing an "affectionless character" (p119) and developing an ambivalent attachment style. Of those who develop this attachment style, Bowlby (1955, p121) said: "It is hardly surprising that someone

with intense ambivalence towards a love object will prove in later life to be a bad spouse and an unsatisfactory parent". Although Anna Freud rejected Bowlby's theories regarding attachment, her theory regarding the long-term effects of the loss of the mother mirrors that of Bowlby's. She said (Bridgeland 1971, p142): "The loss of a toy is a disappointment, but the loss of the mother shakes the child's whole love life and may even influence, for the future, his ability to form new relationships".

1.4.2. Contemporary Literature Regarding Evacuation and Bombing

Memorandums written during the Second World War suggest that children were unaffected by their wartime experiences such as the bombing of London. For example, In Macninol (1986, p6) Dr J Gavronsky is quoted as writing in such a memo in 1941 saying:

> "Children had adapted themselves to present conditions of life surprisingly well…Even children who were bombed out of their homes did not seem to suffer in any way…There is no question of shock."

It is of course possible that propaganda played a part in this kind of report, the government wanting everyone to be supporting the War and therefore not to be considering that it had adverse effects. Anna Freud, at times seen to agree with this conclusion, actually painted a more complex picture of children's reactions.

During the Second World War Anna Freud and colleagues set up the Children's Rest Centre in Hampstead or the Hampstead Nurseries as they became known. This centre had four main aims: to repair the physical and psychological damage caused to children by the bombing of the London, specifically the Blitz, to prevent the children coming to any further harm by the events of the War, to undertake research into the effects of violence and separation on children and to provide information to those interested in education centred on psychological understanding of children (Bridgeland 1971). Of the observations Anna Freud made of the 138 children (aged between one week and 10 years) who came to reside in the centre, she concluded that (Bridgeland, 1971, p2):

> "disturbance in the child is seldom derived directly from environmental causes such as the bombing, living in shelters or being injured. As long as the mother was present, the young child scarcely appeared to notice such events which produced anxiety only if they cause anxiety in others or were used as symbolic representations of a child's own inner fears of, for example, punishment for guilt".

She brought clarity to this idea by suggesting that being buried under the rubble of a building caused by the bombing was not considered traumatic by the child if his or her mother was

present, but even a brief separation from her was. Anna Freud elaborated on her observation that children appeared unaffected by the bombings because adults have “grown out” of violence and have suppressed aggressive urges whereas it appears that children consider it to be more natural as they accept their aggressive urges and have not yet learned that they must be suppressed and are therefore less meaningful, i.e. they see it differently to adults as they have not yet suppressed these urges as adults have (Soddy 1955). She observed that very young children did not consider the War as a dangerous emergency state because it was a way of life to them because they were too young to have a concept of life in peacetime (Soddy 1955). However a child of three years and older had more of a concept and she observed that those who had lost their fathers in an air raid did not talk about their loss for between six months and a year after the event. Children who had not experienced loss often played ‘air raids’ and would “treat them as everyday occurrences.” Children who had been bombed out of their homes would not involve it in their play until six months after the event (Soddy 1955).

Anna Freud also documented the observations she made of children who were “casualties of evacuation” (Bridgeland 1971). She observed that in the first months of an infant’s life, when he or she is totally dependent, he or she does not require any particular individual to fulfil his or her needs and quickly adapts to separation from the original attachment figure. She observed that after this early period until the age of three years, separation was traumatic because by this time the mother had become the sole object of love and provider of pleasure and pain. The child becomes depressed, non-communicative and frequently physically unwell without her. She believed that if a separation occurred after 3 years then the child is more able to understand the reasons and externalise his or her grief, attaching easily to substitute parents. Any perceived rejection by the parents is met with rejection of them by the child. Both Anna Freud and Bowlby recommended that the parents visited their evacuated child regularly, allowing him or her a few weeks to adjust and settle before their first visit.

In his 1940 paper, Bowlby, set out a number of practical recommendations based upon his observations and knowledge of the first wave of evacuation beginning in 1939. Believing that recognising the problem is halfway to solving it, he first gave a formulation of the reasons both children and parents experienced difficulties with being separated by the evacuation system and within this formulation the beginnings of Bowlby’s Attachment Theory can be found. He postulated that home and family are of great importance and that (Bowlby 1940, p186):

> “Every human being from birth to old age draws emotional sustenance and strength from those few people who constitute his home. Love and friendship are as vital to man, especially the child, as bread and coal.”

He felt that generally the difficulties both children and parents experienced with evacuation were due to the family being fragmented and this sense of ‘home’ and the people who make it were temporarily unavailable. He suggested that a well-balanced child, who felt happy and secure at home settled well into the billet or ‘foster home’ whereas a less stable child who was unhappy and insecure at home, often experienced difficulties with leaving home and settling into his or her foster home.

In agreement with Anna Freud (Bridgeland 1971), Bowlby observed that children experienced difficulties of different kinds and intensities according to their age when evacuated. He suggested that adolescents experienced homesickness but not emotional disturbances of any greater intensity that this and that homesickness was alleviated by visits to and from their parents. He believed that these adolescents fared well emotionally because they possessed greater confidence and less dependence on what others think of them. In contrast he believed that younger children at this time possessed fewer resources for coping with separation and being cared for by billet hosts or ‘foster carers’ as he called them. Additionally they are far more dependent on the approval of others for their emotional well-being. For example if younger children feel as if they are in favour with others they are happy but if they feel they are out of favour then they frequently feel unwanted and insecure. Bowlby (1940) described how younger children often experience ‘fantastic fears’ of being thrown out of their homes and families because they have behaved badly and are therefore out of favour with their parents. However, he suggested that in a ‘normal’ home plenty of reassurance against these fears were available. Therefore when younger children were evacuated, Bowlby postulated that they perceived this as being sent away not for their own safety from the bombing but as they fear they have been rejected by their parents due to their disobedience and might never see them again. Therefore, he suggested, these children spent their evacuation feeling insecure and unhappy with a grudge against their parents and the society in which they lived. Added to this misery was the fear for the safety of their family, friends and home during the bombing of the City from which they had been evacuated.

Bowlby considered these fears of rejection and for the well-being of their homes and families not as pathological but as normal. It is with this belief in mind that he provided an explanation for the bed-wetting that many evacuees and therefore their foster carers suffered. He explained that many children who did not usually experience difficulties with bed-wetting did so while evacuated because they were emotionally disturbed from having to leave their homes and parents, they feared behaving inappropriately, had no been greeted in a welcoming manner by their hosts and had to attempt to adapt to strange, often make-shift sleeping and toilet arrangements leaving the child feeling awkward and uncomfortable (Bowlby 1940).

Of infants and babies, Bowlby disagreed with Anna Freud by believing that the kind treatment is not enough and there is great importance attached to who provides the care. He described the "extreme dependence and attachment which small children have for their mothers and one or two women they are used to." (Bowlby 1940, p189) If they are separated from these women for prolonged periods and the care is not consistently provided by the same foster carer, then small children stop being able to form any attachment with anyone and their whole character development is at risk. This belief was supported by Bowlby's work with 'child delinquents', whose problems could be "traced unequivocally to prolonged separation from their mother (or substitute) in early childhood" (Bowlby 1940, p190). It was this evidence of separation leading to the development of criminal tendencies in children that informed his recommendations for the evacuation of children during the Second World War. It is important to note that it is now thought that attachment styles can be transmitted from generation to generation through a neurological process where an infant's develops the same neurological patterns as the mother's or carer's, particularly in relation to the limbic system (Rossouw 2002).

These practical recommendations included describing and discussing the reality of the bombing in the cities from which the children were evacuated. He required the parents and foster carers to understand that the evacuee child's bed wetting and temper tantrums were due to fear and homesickness and should be dealt with in a reassuring not punitive manner. He felt it was important to from an empathic, understanding not critical view of the experience of the parents who also had anxieties about their child's well-being and fears that he or she would alienate them or make unfavourable comparisons between theirs and their foster homes and the care provided. Bowlby (1940) warned against children being billeted *en masse* in camps or large houses with staff or servants where a homely atmosphere could not be created, so important for the child's comfort and security. He also suggested that experienced foster carers should care for children with 'neurotic or difficult dispositions' and involve social workers in their care. Lastly, in agreement again with Anna Freud, he recommended that children under that age of two years should be only evacuated with their mothers to a cottage or share of a house rather than with billet hosts.

1.6. Life Review, Reminiscence and Regret

Life review is a process that is frequently associated with older age, the age group of the participants in the research in this thesis. Reminiscence and regret are processes and concepts, which can be associated closely with life review.

These processes and concepts are relevant to this research project in several ways. Firstly, it is asking people who choose to take part to look back over their lives and evaluate particular events and the effect these events had on their lives. Secondly, the people that it is asking to take part in this process are considered 'older' in that they are all over the age of 65 years. Therefore this research project could be considered timely as the people who experienced evacuation and the bombing of London are at the age and stage in their lives when they are considered likely to be working through a life review of some kind. Another reason it may be timely is that if the people who experienced evacuation and the bombing of London are working through a life review they may require a listener or a witness to their life story and evaluations of it, which, in part, the research interview may be able to offer. In that sense the research interview creates a reciprocal relationship in that both the researcher and research participant gain their stories in the form of data and an interested, non-judgemental, empathic listener or witness to their life review respectively. Also could be seen as giving permission to tell a story in a culture where recalling and discussing the War has not previously been looked up on favourably because it was considered important to deny the most painful and unpleasant aspects on an individual, family and societal level (Bender 1997). Thirdly life review is relevant to the formation and on-going development of the identity as previously discussed. Fourthly it is relevant to trauma in old age, whether experienced earlier or later in life. Life review is thought to allow the processing and therefore 'closure' of troubling or distressing events as well as the opportunity to find a different perspective of the event (Garland & Garland, 2001). It is also considered to be part of a healing process (Scrutton 1999) of a psychological trauma (DeSalvo 1999).

In order to further understand the relevance of life review, reminiscence and regret to this research, it is important to define and discuss these processes and concepts. Life review is a reflexive, everyday process that takes place episodically throughout a person's life, starting from childhood (Garland & Garland, 2001). It is defined by Butler (1963, p66) as:

> "A naturally occurring, universal mental process characterised by the progressive return to consciousness of past experiences, and, particularly,
> the resurgence of unresolved conflicts, simultaneously and normally, these revived experiences can be surveyed and reintegrated"

It functions as an evaluative assessment of one's coping strategies, progress in various areas of life such as relationships and career, what learning is still relevant and what can be discarded, including the reestablishment of skills. It also offers the opportunity to address unfinished business. It allows us to gain new insights and to know ourselves more fully. It is a process of taking stock of our lives and of finding and interpreting meaning (Rowe 1995; Garland &

Garland, 2001). It plays an important part in the continuing development and establishment of identity in that it helps develop and maintain a sense of self (Bromley 1990) because it is thought that the ability to recall events and recognise others is what individuality and social identity are based upon. Therefore the events and people a person recalls or chooses to recall from his or her life not only establishes his or her uniqueness but also locates him or her socially, culturally, politically and historically. It can perhaps create a sense of belongingness and or separatedness, whichever is desirable at the time. Life review also functions to develop the autobiographical memory, on which it also relies. Autobiographical memory is also thought to function to maintain the self, leading to a sense of integrity of a personality (Conway 1990). It could be said that it has similarities with Breakwell's (1986) model of the development of identity in that learning and experiences are evaluated for their usefulness to the person, according to their systems of value and are either integrated or discarded or accommodated and assimilated into the identity and self as a result. The stories people choose to tell about themselves allows them some control over the stories others tell about you and therefore the way they identify you and choose to present you to others (Garland & Garland 2001).

Life review can be carried out both privately and publicly and as an individual, within a couple or family or another kind of group or system. Additionally, it can be carried out with or without a listener who is involved in the person who is reviewing his or her life or not (Garland & Garland 2001). Therefore it could be considered that life review can be either an intrapsychic or interpersonal process. As previously stated, it can take place at any point in a person’s life but is often thought to occur at times of crisis or transition in lifespan development. It can be sporadic or sustained, brief or protracted. It can be a daily meditative process or a brief episode of self-questioning. It does not have a clear beginning, middle and end. It is considered to operate in three different modes by Garland and Garland (2001). Mode 1 refers to relatively unstructured, non-specific review that everyone engages in from time to time. A listener is only sought when a crisis is encountered. Mode 2 refers to life review as a planned activity that is at least semi-structured. Topics are selected to address with a dedicated listener or group of listeners. Mode 3 describes life review as specific, structured opportunity that involves professional intervention such as therapy where the way in which a life story is viewed and lived, is explored and adapted.

It is important at this stage to discuss reminiscence, since it there appears to be considerable overlap in the understanding of the two processes. Reminiscence has overtones of enjoyment and nostalgia, as it is associated with the enjoyment of pleasant memories, even though one can of course reminisce about sad events and experiences (Garland & Garland 2001; Scrutton 1999; Royan 2003). It is often considered to be a much less structured and more spontaneous activity than life review, which is considered by some to be a form of structured reminiscence aimed at

integrating life events. It is thought to aid the life review process (Haight 1998). Like life review, reminiscence is associated with identity. It is stated by Gibson (1989) that: "Reminiscence confirms and enhances a sense of personal identity" (Haight 1998 p85). Life Review, Reminiscence and Life Story work (the creating of a book containing a the life story a person chooses to write and illustrate, for example) have all become formal, therapeutic activities in services for those considered to be older people. Finally it may be interesting to note that life story books were used with evacuees during the Second World War to create a sense of home that they could tangibly hold (Haight 1998). In the researcher's experience, day hospitals tend to have 'Reminiscence Rooms' that contain books, pictures, ornaments, household objects, clothing and scented objects such as soap in order to trigger memories and the process of reminiscence, particularly those who suffer from memory loss in order to create a sense of an anchor to the self in a person who feels that through losing his or her memory, she is also losing her identity.

Although life review is considered to take place across the life span, it is most often associated with old age. In fact Hillmann (1999) suggested that life review should not take place before the age of sixty. This may be at least be partly related to the eight stages of human development proposed by Erik Erikson (1963). He suggested that at various stages during the lifespan we are met with conflicts or crises to resolve in order to find harmony and balance between the two conflicting dispositions. He proposed that the eighth and final conflict was that between the two dispositions of integrity versus despair. He believed that during this final stage it was a time of review of achievements and our contributions to our descendents. Integrity refers to 'ego integrity' and implies a sense of peace and an absence of regret. Despair is associated with a sense of lost opportunities and a wish to go back in time and make changes so that events and their consequences feel more positive and beneficial. It is also believed that the realisation that the end of one's life is inevitably approaching prompts a life review that aims to reorganise and integrate a life lived with one that might have been into one's life story in order to achieve wisdom, serenity and self-assurance (Butler 1963; Lewis and Butler 1974). It is also suggested by Garland (1994, p8) that life review is "a process of systematic reflection in later life" that creates an understanding of one's life history with a positive outcome through resolution of conflicts, an increased sense of well-being and self-acceptance. The process of creating an integrated, coherent narrative of one's life and that one creates an account of one's life through stories is in keeping with the ideas of Narrative Psychology (McLeod 1997). There is often a sense of urgency about life review in older people (Garland & Garland 2001) and in her clinical work, the researcher has observed how some people appear to have undergone an involuntary life review, the involuntary nature having taken them by surprise and the results of which and the stories from which it becomes imperative to tell before it is 'too late'.

Life review can be associated with expressions of regret and counterfactual thinking. Regret has been described by Landman (1993, p36) as a "…painful judgement and a state of feeling sorry for misfortunes, limitations, losses, shortcomings, transgressions or mistakes." In cognitive terms, regret is thought to be a judgement or evaluation and in emotional terms it is sorrow, grief or psychic pain (Landman 1993). During any kind of life review regret of these kinds could be expressed when a person explores what might have been and what he or she may have done differently or what kind of opportunities he or she missed or did not take up. Research regarding regret concluded that in surveys, people's single most common regret centred on their education. Even in well-educated samples, 39 –69% mentioned educational regrets (Landman, 1993, p94; Kinnier & Metha 1989; Landman & Manis 1992). 'Counterfactual thinking' is "a set of cognitions involving the simulation of alternatives to past or present factual events or circumstances " (Roese 2003, p1) Regret is one of the emotions or cognitions that can be expressed as a result of undertaking counterfactual thinking, particularly if a person believes the outcome of a particular even could have turned out for the better if circumstances had been different (Roese 2003).

1.7. The Long-Term Effects of Evacuation: the Current Literature

At the time of writing this thesis, only three papers in the field of psychology have been written regarding the long-term psychological effects of evacuation and only one regarding the effects of the bombing of Britain during the Second World War. All these papers propose that, in general, these experiences during the Second World War were traumatic leading to negative long-term effects. In order to provide a context for the discussion of these papers it is important to describe both general responses to traumatic events and then, more specifically, experiences of trauma and post-traumatic stress disorder in older people because the cohort of people who were children during the War and who therefore experienced evacuation and the bombing of London are now considered 'older' as they are over sixty-five years of age.

1.7.1. Post-Traumatic Stress Disorder

All the existing modern literature about the long-term effects of evacuation and other wartime experiences do so in the context of trauma and Post-traumatic stress disorder (PTSD). Therefore it is important to describe the syndrome before addressing the existing modern literature. The accepted picture of PTSD, a cluster of symptoms expressed in reaction to a traumatic event, is painted in the criteria of the fourth edition of the Diagnostic and Statistical manual for Mental Disorders (DSM IV, American Psychiatric Association 1994) (Please see Appendix I for full criteria). The criteria states that PTSD is a disorder that is characterised by the experience of an event where a threat to the life or physical integrity of the person or those around him or her is

threatened or the death of others is witnessed. This event is accompanied by the experience of intense fear, helplessness or horror. Three groups of symptoms develop over the time after this event. One is concerned with the re-experiencing of the whole or parts of the event in the form of intrusive memories, flashbacks, nightmares and re-enactments (Schreuder 1997). The second is concerned with avoidance of any reminders of the event and the resulting emotional numbing and detachment from others. The third describes symptoms related to increased arousal such as difficulties sleeping and hypervigilance to potential threat (APA 1994; Busuttil 2004). More specific descriptions of the kind of events and experiences that cause PTSD have been described including, perhaps most pertinent to this thesis, subjecting or being subjected to bombing, attack, or torture in War, terrorism or political oppression, personal attacks including sexual abuse and separation leading to attachment difficulties (Davies 1999), man-made disasters such as the Hillsborough Stadium disaster and natural occurrences such as the Tsunami of 2004 (Hunt 1997).

In addition to the more general DSM IV description, there is a common theme amongst the literature that suggests that an experience is often considered traumatic because it involves a sense of loss and grief, and not just that of others that may have been killed during the event. A sense of 'existential continuity' is lost as well as a sense that life has some meaning and purpose (Hunt 1997; Schreuder 1997). There is also a loss of trust in the moral and cultural framework by which one has lived one's life by as this has been challenged by the event and put in disarray as the result (Schreuder 1997; Davies, unpublished workshop handout). A sense that the world is no longer the benevolent place it used to be is experienced. Innocence is replaced by feelings of insecurity and that life and relationships are no longer as predictable and safe as they used to be (Hunt 1997; Schreuder 1997). Relevant to the Second World War, Davies (1999) points out that at such a time of 'Total War' (Marwick 1973), no one feels safe as every aspect of life for everyone is threatened and therefore affected One is plagued by a feeling of doom and a foreshortened future (Hunt 1997; Crocq 1997). Frequently prior adaptive mechanisms and psychological defence systems are felt to have been lost or to no longer serve a useful purpose and not through any sense of choice (Bettelheim 1979). An explanation of why one event cause one person to be traumatised and another to appear to survive unscathed is thought by several authors to be due to the personal meaning of the event and therefore the appraisals a person made about it. For example, if one person felt able to help those around him or her during a disaster whereas another felt completely helpless then the latter may experience guilt and perhaps even a sense that he or she was not worthy enough to survive (Schreuder 1997; Hyer & Sohnle 2001; Hunt 1997).

1.7.2. Trauma in Older People

Since those experiencing the long-term effects of evacuation and other experiences relating to the Second World War are now considered to be older adults (i.e. over the age of 65), it is necessary to describe the differences between PTSD in older adults compared to that in younger age groups. These differences are due particularly to cohort effects and the stage of life at which they are. This cohort of people were invariably involved in the Second World War in one way or another, perhaps as a serviceman or woman or a child evacuee to name but a few roles because it was considered to be, as mentioned previously, a time of 'Total War' (Marwick 1973; Davies 1999) meaning that virtually the entire globe was engaged in this War in one way or another. Additionally this cohort did not benefit from the understanding of PTSD during and after the War until events such as the Vietnam War and events during the 1980's such as the Falklands War, disasters such as the *Herald of Free Enterprise* ferry turning over in Zebrugge harbour (Hunt 1997) and the launch of 'Childline' in 1986 that heralded an understanding of child abuse never previously achieved. Neither had they previously benefited from an understanding that talking about an event perceived as traumatic actually aided the emotional processing and therefore the gaining of a coherent narrative, integrated into their life stories leading to eventual recovery from such an experience (Calder, 1991; Zeigler 1995), a process assisted by social support (Foa & Kozak, 1986). Instead, they were recipients of the 'Pull yourself together and get on with it' culture, thus being unable to neither process the event or seek reassurance and emotional support, so important to recovery (van der Kolk and McFarlane 1996) from those around them (Hunt 1997). Additionally during and after the Second World War people were discouraged from talking about their experiences for fear that it may damage morale, so imperative for the population's support of the War despite the difficulties it was creating (Davies, 1997; Hunt, 1997; Hunt & Robbins, 2001). It is for these reasons that perhaps older people who have suffered trauma either live with enduring distress and symptoms of PTSD or that these symptoms are reactivated in later life as well as losing parts of their social support networks through death and illness of their partners, friends and families and cognitive difficulties associated with older age that compromise the ability to process information (Davies 1997; Busuttil 2004).

Both chronic and reactivated PTSD experienced by older adults is well documented in the literature. High levels of distress and re-experiencing as well as anxiety related to hyperarousal that persist over the years are described by Primo Levi, (1981), a survivor of the Jewish Holocaust during the Second World War (Hunt 1997) and authors such as Schreuder (1997) and Bromet (1989). It is thought that one of the reasons the trauma endures is because it becomes such an integral part of the person's identity that it becomes very difficult to untangle and extricate (Hyer & Sohnle 2001). Additionally if the opportunity to process the trauma is not forthcoming, the memories remain fragmented and, in some cases, sensory and therefore non-

verbal (Busuttil 2004). Reactivated trauma occurs when a person experiences a trauma but manages the symptoms adequately to function well in all aspects of life until an event prevents this management and the symptoms resurface (Hunt 1997). Hunt (1997, P2) suggests that: "Some people successfully cope or suppress the emotional pain for many years, only to find that it returns in later life and in ways that may be very difficult for persons affected and those around them to understand".

It is also suggested by Hyer & Sohnle (2001) that those who survived the Second World War and who may have experienced a traumatic event as a child might suffer from either a sudden return of PTSD symptoms or delayed onset during the move from middle to older age It is thought that symptoms "…reappear if circumstances once again replicate or symbolise the distant trauma [such as] loss of status and structure associated with retirement or vulnerability associated with illness or increasing frailty many be linked to reoccurrence of [symptoms]" (Elder and Clipp, 1988).
Additionally distress and related symptoms may reappear as the result of a newly awakened sense of death due to ill health and the need to review a life lived in preparation for an ending (Crocq 1997). Another form of trigger to the reactivation of past trauma is commemorations and anniversaries of the event such as commemorations on the 60th anniversaries of such events as D-Day and evacuation in recent years (Davies 1997).

It is also well documented that some enduring or reactivated trauma-related difficulties such as symptoms of PTSD are related to traumatic events that occurred early in life such as wartime experiences. For example Hunt (1997, p2) wrote that: "extended exposure to extreme stress in the earlier stages of the life cycle is believed to exacerbate physical and mental health difficulties that can arise in later life."
Of the effects of early trauma, Schreuder (1997) writes:

> "It is clear that the quality of life of older people who are still living with distressing symptoms that are the result of much earlier traumatic experiences is severely damaged."

Not only do traumatic experiences such as War affect those who directly experienced them but also the children and grandchildren of those who were involved. Research amongst Holocaust survivors has revealed these transgenerational effects (Davies 1999). It has also been acknowledged that living through trauma has positive as well as negative effects, a result sometimes known as 'Post-traumatic growth' (Hyer & Sohnle, 2001). Some people who have experienced traumatic events have reported benefits such as a sense of increased mastery, enhanced coping skills and self-knowledge, an improved social network and positive changes in

values and perspectives on life. Additionally immunity to further episodes of stress has also been reported. For example War veterans have reported an improved sense of self-discipline as the result of military service (Hyer & Sohnle, 2001).

1.7.3. The Long-Term Effects of Evacuation: Current Literature and Research

Considering that it is likely that all adults over the age of sixty-five were involved in one way or another in the Second World War, the literature and research into the psychological long-term effects is scarce and this may be due to an on-going denial of difficulties due to the deeply ingrained belief that one would compromise morale during the War and would somehow be letting others down by doing so (Davies 1997). However, by comparison the social history literature is relatively abundant and one only has to dip into this literature to find mention of the effects of wartime experiences such as evacuation and the bombing of Britain that have endured into older age. For example, in her book 'The Children's War', Ruth Inglis (1989) dedicates a chapter to the effects of evacuation. In this chapter she includes material from interviews she has carried out about the evacuation experience and both the immediate and longer-term effects. The interviewees mention the habit of hoarding due to being forced to pack quickly in order to be evacuated and having to leave many possessions behind. They also talk about developing tastes for material possessions and aspirations due to being introduced to an affluent way of life and one interviewee described the need for a permanent home after moving many times to avoid the bombing. Emotional reactions were common amongst the interviewees including recurring dreams about aspects of evacuation that Inglis (1989) suggests were suppressed at the time and the distress experienced at saying goodbye to children who may be going away for just a short time because it reminded the former evacuees of having to leave their own parents behind. Several interviewees maintained contact with their billet hosts or 'foster parent' and one formed such a strong attachment to hers that she emigrated to America to be near her. Enduring 'visual and olfactory' memories are reported and, in another, social history account of the War, an interviewee said:

> "The War remains perhaps the most memorable time of my life. I feel it has been a real foundation, a reference point. Without the War I would see my life as rather dull…I wouldn't have missed it. Highly positive." ('Robin' in Kati, 1989, p39).

Several reasons for evacuation experiences being positive are suggested by Inglis and her interviewees including the ability to suppress values brought from home and, at times, pretend to accept and even prefer the new way of life evacuation had introduced to avoid alienation or offence. She refers to this as 'chameleonism'. She cites Josephine Barnes, a contemporary of Bowlby, who suggested that evacuation offered a cleaner way of life away from the pollution of

the cities, which benefited the health of the evacuees. Of negative experiences of evacuation, she said that not every real family is a success so why would every foster family be one.

One paper investigating the long-term psychological effects of evacuation was that written by Tennant, Hurry and Bebbington (1982). The research was aimed at discovering the relationship of childhood experiences of separation and the incidence of depression and anxiety in adulthood. Separation experiences included childhood illness, parental illness, parental marital discord and wartime evacuation. They concluded that different separation experiences had different effects according to the age of the child at the time of the experience and that there was no positive relationship between incidence of mental health problems such as depression and anxiety and wartime evacuation unless parental illness or death or marital discord also occurred or was present at the time of the separation.

One of the most relevant pieces of research to this thesis is that of Diane Foster who presented her findings at the 20th Annual Conference of PSIGE (Psychologists' Special Interest group in the Elderly of the British Psychological Society) in July 2000. Her presentation was entitled 'Evacuation of British Children during World War II: A preliminary investigation into the possible long-term effects' and highly influenced the formation of the idea of the research in this thesis. The study involved a comparison of former evacuees who had been separated from their parents as the result of evacuation with children who had not been evacuated during the War, in order to gain an idea of the long-term effects of evacuation with particular reference to Bowlby's attachment theory (1973). To an advert placed in the newsletter of the Evacuees Reunion Association and word of mouth contacts, 169 former evacuees responded. 64% were female and the average age was 67 years. They were aged between 10 months and 15 years when evacuated. The average duration of evacuation was 3.75 years although the time spent evacuated was not continuous (in line with the first drift back from the first evacuation, trickle evacuation of 1940 and then third evacuation in response to the V1 and V2 bombs of 1944). 80% of the former evacuees never saw their mothers or saw them infrequently while staying at their billet. Half were accommodated with sibling(s) in at least one billet. 18.9% were billeted with their mothers at some point and one third was billeted alone. Only 48% were given an explanation for being sent away from home and these explanations ranged from going somewhere safe during the bombing to going on holiday or 'away for a while'. The majority were evacuated from Greater London to an area that covered most of Britain. Some were evacuated abroad. There were no significant differences between the evacuees and non-evacuees regarding age, gender, marital and social status or childhood exposure to War-related events such as bombing, use of air raid shelters or death of a close relative (Foster et al. 2003). Participants were required to complete the Corrected General Health Questionnaire (CGHQ) (Goodchild and Duncan-Jones 1985), the Adult Attachment Styles questionnaire (AAS) (Hazen

and Shaver 1987), Social Support Questionnaire-6 (Sarason et al. 1987) and the Evacuation Experience questionnaire, adapted from the War Experiences questionnaire (Davies submitted) and return them by post.

Four conclusions were drawn from the study. Firstly, former evacuees are more likely to have insecure attachment styles that have affected their psychological well-being. Although, generally speaking, the attachment style is thought to be stable after infancy, some events in childhood can influence attachment style (Main, 1991) and evacuation could be considered to be one such event. Secondly, evacuation had a greater negative effect on attachment style than quality of parenting. Thirdly the amount of social support affects attachment style and present psychological well-being. Fourthly, the important aspects that may affect the long-term effects of such an experience include age at evacuation, length of evacuation, number of different billets, the presence or absence of siblings, amount of contact with parents and the experience of abuse. Foster and her colleagues Davies and Steele published the results of further analysis of the data and details of the study in 2003. They explored whether evacuation had long-term effects on psychological well-being with attachment style and social support as mediating and moderating factors. The social support element was based upon such findings as social support having a protective function at times of stress (Holmes 1993) and that low levels of perceived social support lead to increased vulnerability to depression in a general adult population (Buschmann & Hollinger 1994) and older adult population (Cervilla & Prince 1997). Foster et al. (2003) concluded that the experience of evacuation is associated with lower levels of psychological well-being compared with the non-evacuees sixty years after the events. An illustration of this is that where 29% of former evacuees reported seeking psychological therapy and half of these revealing that they had discussed their evacuation experiences, only 9.3% of non-evacuees had done so, despite having other war-related experiences, which is in line with Anna Freud's conclusions that being separated from one's mother had far greater negative effects than experiencing War-time bombing and its consequences with one's family. Additionally Foster et al.(2003) suggested that it is difficulties with close relationships that trigger contact with mental health services and therefore it could be proposed that loss of partners and friends is common in older age and perhaps this triggers difficulties with early separation experiences such as evacuation.

The second conclusion drawn by Foster and her colleagues was that evacuation predicted a greater likelihood of insecure attachment, which is in turn associated with lower levels of psychological well-being. These findings are in line with other research that concluded that early separation experiences are related to the experience of mental health problems in adult life (Brown and Harris 1993) and had similar feature to early separation experiences such as lack of control over events and a loss of quality of care as a result of the separation. However, Foster et

al. (2003) pointed out that aspects of evacuation as a separation experience were unique including the frequent lack of explanation for being sent away, uncertainly of the duration of the separation and when parent would be seen again, and concerns regarding the safety of parents who continued to live in areas at risk of bombing and who were in the forces. Thirdly they concluded that satisfaction with current social support mediated the relationships between attachment style and psychological well-being, perhaps because those with more secure attachments styles are more likely to have successful and lasting relationships with others and perceive them as positive experiences. In addition to these major conclusions, Foster et al. (2003) described how although they were not explicitly asked about it, some respondents revealed both sexual and physical abuse at the hands of their billet hosts and others involved in their evacuations and this has important implications for psychological therapy with former evacuees in the services for older adults. Other negative experiences included feeling abandoned, lonely, rejected and anxious, loss of friendships and support, and a disrupted education. Additionally they described how billets were rated positively more than negatively and some of the reasons for this were being well looked after, having a loving foster family, being billeted in a wealthy environment, enjoying the benefits of a better education and being in the countryside, learning self-reliance and independence and being safe from the bombing. This research appears to concentrate mainly on the negative effects the experience of evacuation, with only a 'nod' in the direction of any positive experiences. Therefore it could be said that there is a great deal of bias in the analysis and reporting of the results. It could be said that this research comes from a position of pathology that assumes the experiences were mostly negative and the circumstances adverse thus ignoring healthy adaptation and more positive experiences. A critique of the methodology of this research is presented in the next section of this chapter.

In her Doctoral thesis entitled 'The Long-Term Psychological Sequelae of Childhood Experiences during World War II', Melissa Waugh investigated further the long-term effects of the experiences of evacuation and childhood abuse that occurred during these experiences. She gained information from 341 volunteers recruited from the ERA, local newspapers and a national magazine called 'The Oldie' using self report measures such as the Evacuation Experience questionnaire, War-related experiences questionnaire, those addressing childhood abuse and adult attachment, the Impact of Events Scale (Horowitz et al. 1979) and revised GHQ (Goldberg 1986) with the purpose of finding out how the key variable might relate to one another. She discovered that if children were not evacuated then they were at greater risk of experiencing War-related events such as bombing and these experiences affect current psychological health in a negative way due to the failure to adequately process these traumatic events. She also discovered that if children were evacuated then they were at greater risk of being sexually abused and that in turn this abuse affected attachment style. She said (Waugh unpublished, p98): "It was not the evacuation away from the family itself that affected security of attachment but how people were treated when they were evacuated i.e. the increased risk of

being abused." This finding is in line with that of Cicchetti and Barnett (1992) who said that infant who are abused develop an insecure (disorganised) attachment pattern. Based on this evidence, and in line with Foster et al.'s (2003) findings, Waugh then concluded that those with insecure attachment styles lack social support due to the difficulties they experience with forming and maintaining relationships. This lack of good quality social relationships means that there is less opportunity to gain support and process the trauma leading to current psychological health being adversely affected. Therefore she concluded overall that PTSD symptoms mediate wartime experiences of both evacuees and non-evacuees and negatively affect their current psychological well-being. It was also discovered that if children had been abused prior to their evacuation then they were more likely to be abused and if they were abused while evacuated then they were more likely to be abused on their return home. It is sexual abuse that is referred to here as what might be considered physical abuse now, would have been considered 'discipline' sixty years ago and evacuees may have been more vulnerable to this kind of abuse due to the vulnerability of being unaccompanied and lacking a trusted adult in which to confide. As with Foster's research, this paper concentrates on pathology and negative aspects of evacuation leading to the conclusion that assumptions are likely to have been made about the evacuation experience being difficult leading to negative long-term effects and negating positive experiences and their effects. Both these studies conclude that wartime experiences continue to have a significant effect on those who experienced them even sixty years after the events and this fact has implications for mental health services for people now considered 'older adults'.

The long-term effects of surviving the 'Blitz' in Britain are mentioned by Davies in several papers both published and unpublished. He concludes that demographic factors such as educational achievement and the location of their homes during the bombing mediated the psychological effects of trauma, the location of home being important because it indicated the intensity of the bombing that they endured (Davies 1992, 1994). Additionally in a paper which is 'in press' he concluded that the greater the exposure to 'Blitz' bombing the greater the likelihood of suffering mental health problems in old age.

The only literature available regarding the combined long-term effects of wartime evacuation and bombing is a case study offered by Davies (1997) which illustrates the traumatic aspects of evacuation and their long-term effects. He describes encountering a client in his clinical work who had been accommodated in four different billets while evacuated due to clashes with the hosts and her brother, with whom she was evacuated and sexual abuse she suffered at the hands of the father of one of her host families. She also experienced the bombing of Canterbury and during this, a 'near miss' where her workplace was bombed on a day where she was unable to work due to being unwell. As a consequence of these experiences she suffered from nightmares relating to both the sexual abuse and bombing, flashbacks to the sound of the bombing, an

exaggerated startle response and periods of low mood and tearfulness. Some of these symptoms resurfaced after the death of her husband. Additionally she suffered from a life-long phobia of vomiting in public which she related to an instance when she vomited with fear while waiting to be transported to her evacuation destination, being told off and then not being selected at the other end due to having vomit on her coat (Davies 1997). It could therefore be said that as the result of being abused and experiencing the bombing of London she experienced enduring long-term effects in the form of symptoms of PTSD, some of which were reactivated by the loss of her husband. Likewise, it could be said that she suffered long-term effects of the phobia of vomiting in public due to the shame of having vomited while in the process of being evacuated. It could therefore be concluded that her experiences of both evacuation and the bombing led to clear and enduring negative long-term effects.

1.8. This Study

The previous research has of course produced valuable insights into some long-term effects of, particularly, evacuation. However in using questionnaires such as the General Health Questionnaire (Goldberg 1986), Impact of Events Scale (Horowitz et al. 1979) and the Adult Attachment Styles Questionnaire (Hazen and Shaver 1987) to investigate the long-term effects, it could be said that assumptions have been made relating to evacuation being a traumatic experience and having a negative effect on health including mental well-being and attachment style. The use of questionnaires does not allow for the possibility of other, unexpected long-term effects to emerge and therefore the investigations could be seen as relatively narrow in their enquiries into the long-term effects of evacuation. Postal questionnaire surveys eliminate the possibility of an interaction between the researchers and the participants, which in turn eliminates the opportunity for clarification of the meaning of questions by the participant. Questions, if misunderstood, may be answered in a way that the participant believes the researcher would like it to be as these assumptions cannot be addressed in a postal survey either. Therefore the analysis and results of the investigation could be affected, giving either false positive or negative outcomes. On an a further epistemological point, it appears that some questions contained within the Evacuation Experience Questionnaire are more open-ended in nature, requiring a written answer or explanation as opposed to a tick or cross. However, these are considered by Willig (2001) to be treated in a similar way to quantitative data in that they are simply checked against the research hypotheses and researcher-defined questions rather being analysed in an enquiring manner in order to gain new insights into the subject.

Another criticism of this research is the inclusion of participants who were as young as 10 months when evacuated. It is well documented in the literature (e.g. Cohen 1996) regarding the

development of memory that children younger than three years old rarely have coherent, verbally encoded memories of their experiences so it is unlikely that they would be able to accurately and reliably comment on their experiences if younger than three years old at the time. It has been demonstrated that some memories people have are not memories of the experience but memories of stories they have been told by their parents, for example, about the experience. These stories are likely to contain the parents' own perceptions and interpretations of the event or experience. Thus, the person will not necessarily give an accurate report of the event (Cohen 1996). However, it could be said that, with reference to the literature on life review, previously discussed in this introductory chapter, that we all tell stories of our lives that include our own perceptions and interpretations of events. Previous research addresses the effect of evacuation and the resulting separation from family and friends on attachment style but does not take into account the effect the wartime experiences of the parents had on the attachment style. For example, a father returning from active service in the Forces, having seen action, may have not yet met their children who were born in their absence and may also have been so traumatised by their experiences on the battlefield that they found it difficult to create or recreate good quality bonds with their children and wives, thus having an effect on a child's attachment style (Turner & Rennell 1995). Additionally, mothers who were forced to remain in London while their children were evacuated may have had difficulty recreating bonds with children who had been away for a period of time and changed as a result of their evacuation experiences, as well as struggling to cope with the difficulties wartime presented and possibly being traumatised by their experiences of separation and the bombing.

The research project undertaken in this study is different to these previous investigations and unique in the field because semi-structured interviews are used to explore the long-term effects of *both* evacuation and the bombing of London and it does so by asking those people who experienced them what *they* consider to be the long-term effects in a very open manner without presumption or assumption. The idea for this project originated during Diane Foster's presentation of her research findings in 2000 when the researcher realised that many people with whom she worked therapeutically as a Counselling Psychologist in Essex had had these two experiences, because clients reported frequently having been evacuated at the beginning of the Second World War and then returning as a result of the lack of action during the 'Phoney War', only to then, ironically, experience the bombing of London. Foster's research presentation caused the formation of the question 'What do these people think are the long-term effects?' and the researcher set out to find out. The use of the research interview to investigate this question allowed the in-depth exploration of the long-term effects of these experiences through a lengthy interaction with the people who had had these experiences. It allowed clarification of information by both the researcher and participant and for unexpected directions to be followed. It additionally allowed the researcher to gain a sense of the participant's experiences at not only

a verbal level. For example the manner in which participants interacted with the researcher gave her an insight into his or her other relationships and added to their verbal descriptions of the effects of these wartime experiences on their relationships and attachment styles. Another reason for using a research interview was that it reflects the manner in which older people often relate the stories of their lives and experiences, which in my experience tend to be in rich, colourful descriptions rather than in a quantitative, numerical manner.

Due to the current paucity of research into the long-term effects of both evacuation and the bombing of London, the decision to use Grounded Theory for data analysis was made, an approach to qualitative research that was originally proposed by Glaser and Strauss (1967). It is "an approach developed…in order to generate theory from observations of real life as these are occurring" (Grbich 2007, p70). Additionally it allows the researcher to "generate new ideas and concepts by listening closely to what informants actually have to say about their lives [using]…transcribed interview data." (McLeod 1996, p20). Grounded Theory is generally used when there is little or no prior knowledge of a subject or area (Grbich 2007). For these reasons the use of Grounded Theory is so appropriate to the aim of this research, which was to listen to what the people that experienced evacuation and the bombing of London had to say about what they consider to be the long-term effects of being involved in these events, with the researcher listening as openly and setting aside as many assumptions about these experiences as possible in order to build theory in an area where there is very little existing psychological research and therefore theory. The aim of the principles and procedures of Grounded Theory is to construct substantive and formal theory (Grbich 2007).

The data was collected using face-to-face interviews because "a widely recognised strength of qualitative interviewing techniques is the potential to uncover new areas or ideas that were not anticipated at the outset of the research" (Lingler et al. 2006). In addition, interviewing participants is advantageous because they allow the researcher to tailor the interview to the participant's responses and to ask follow-up questions to clarify information and to probe for further information that the participant does not immediately disclose that may be relevant to the research question (Barker, Pistrang & Elliot, 1994). Therefore the process can be as open as required and allows for lines of enquiry to be pursued regarding unexpected or new information. Some research interviews are seen as "directed conversations" which are open ended and avoid over direction, control and questions that are loaded with assumptions that prohibit the exploration of unexpected areas, possible theoretical leads or data that is potentially rich (Pidgeon & Henwood, 1996) and this certainly describes the interviews in this research project. Additionally these authors talk about the importance of building a rapport with the participants to aid comfortable disclosure, which has to take place in the brief time between meeting and beginning the interview. This is perhaps where counselling psychologists are at an advantage

when undertaking research reviews as they are used to swiftly building a rapport in therapeutic circumstances.

Considering that the Second World War was a time of total war, affecting all who lived in Britain and that almost 3 million children were evacuated during it, there is a dearth of research investigating the effects of the events and experiences of the War. The research that has been undertaken has concentrated mainly on evacuation and is empirical in nature, using a postal questionnaire design. This research is unique in that this project investigates the experiences of both evacuation and the bombing of London using methods that require an sustained interaction between the participants and researcher, allowing for clarification on both parts if required, and non-verbal impressions to be formed. The face-to-face semi-structured interview used for data collection in this project allows for the participants to tell their story in a narrative, matching the style that the researcher has observed that many older people use. The open nature of the interview allows the participants to make connections between their experiences and the possible long-term effects and the use of Grounded Theory to analyse the data allows for additional connections to be made through the processes of interpretation and abstraction leading to the formation of a theoretical model.

CHAPTER 2:
METHODOLOGY

This study used face-to-face, semi-structured interviews to explore the long-term effects of both evacuation and the bombing of London during the Second World War, as perceived by those who experienced them. Grounded Theory (Glaser & Strauss 1967) was used to analyse these interviews resulting in the development of a local theory regarding the long-term effects of these experiences.

2.1. Epistemological Reflexivity

Before reflecting on the epistemological position of the research in this thesis, it is important to define some of the available positions in order to place this research on what could be seen as the epistemological continuum. Epistemology is concerned with the theory of knowledge and the epistemological position of research is therefore concerned with how knowledge is defined, how it exists in the World and how it is gained (Willig 2001).

The Positivist position in research holds the view that the relationship between the World and our understanding of it is a straightforward one (Willig 2001). The relationship is one of direct cause and effect. It is considered that there is only one view of any phenomena and that the phenomena are fully observable (Willig 2001). Theoretical concepts are considered to be variables and operational definitions of these concepts are constructed for the purposes of hypothesis testing using empirical measurement that has the ability to be replicated. Hypotheses regarding particular phenomena are drawn from existing theory (Charmaz 2006). The aim of research from a Positivistic position is to test these hypotheses to produce knowledge that is objective and unbiased. The role of the researcher is that of an impartial observer who has no personal involvement or vested interests in the phenomenon that is being observed (Willig 2001). The aim of the research is also to provide both prediction and explanation regarding causes and effects. The results of this process aim to be generalisable to the greater population and universal in their application to the World (Charmaz 2006).

Realism, Empiricism and Objectivism are positions, which are closely allied to or reside within the Positivist tradition (Willig 2001; Charmaz 2006). Again these positions derive knowledge from observations and assume that the world is represented only by facts where structures and objects have cause and effect relationships (Willig 2001). They assume that the data produced from empirical measurement are objective facts and that the data produced accurately reflects

reality (Charmaz 2006). Importantly, these positivistic, empirical methods attempt to remove any social context in which the research is taking place and therefore it is assumed that the social context has not influence on the outcome or data that emerges (Charmaz, 2006). It is assumed that the researcher is an unbiased observer, simply recording facts that already exist which just need to be found. Therefore it is assumed that the researcher has no influence over the emerging data. Any interaction between the researcher and the research participant and the processes by which the data is produced are not taken into consideration (Charmaz 2006).

Constructionism including social constructionism, interpretivism, and symbolic interactionism are closely allied and present what could be seen as the polar opposite perspective of knowledge and theory to those traditions associated with Positivism. These philosophical positions propose that there is not one objective reality that exists independent of thinking and that truth is only provisional (Grbich 2007; Charmaz 2006) and therefore that 'knowledges' exist as opposed to one, absolute knowledge (Willig 2001). These positions or traditions propose that reality is fluid and constantly changing (Grbich 2007). Each person constructs his or her own version of reality according to the historical, cultural and linguistic context and his or her own interpretation of phenomena or events. Therefore multiple realities are thought to exist (Grbich 2007). Knowledge is created through interaction and mediated by an understanding constructed from the social context. Interaction allows the social world, reality and the self to be constructed (Charmaz, 2006). This interaction is both dynamic and interpretive (Grbich 2007; Charmaz 2006; Willig 2001). Therefore reality is an interpretation of the world, context and interactions that both take place within it and that create it. In terms of research within these traditions, the researcher's view is considered to be subjective (Willig 2001) and that the data and analysis of data contain both the researcher's and the research participant's interpretation of, particularly language, an interpretation that is informed by their perception of reality and their social context (Grbich 2007; Charmaz 2006; Willig 2001). Therefore, unlike Positivism and its allied traditions, it is wholly accepted that the researcher participates in the research in the form of interaction with the research participants and the resulting data and therefore does not reside in a neutral position. The research interests are of the process by which interpretations and perceptions are produced as opposed to just concentrating on the outcome of a process, as would be the case in positivist, empirical research. Theory is constructed through the researcher's interpretation and therefore is considered to be both abstract and interpretive. The researcher is reflexive, that is, he or she acknowledges his or her own assumptions and presuppositions and attempts to gain an awareness of where these arise from in his or her personal, professional and academic life (Charmaz 2006).

It could be said that Grounded Theory (Glaser & Strauss 1967) bridges the two poles of positivism and related positions, and the interpretivist, constructivist and relativist positions.

The paths of Glaser and Strauss, the originators of Grounded Theory, diverged after their initial work together. Some literature suggests that the Glaserian version of Grounded Theory possesses qualities of 'dispassionate empiricism' (Charmaz 2006; Willig 2001) and that it uses language that is heard describing quantitative research methods that reside in Positivist empirical traditions. Through using 'rigorous, codified methods' (Charmaz 2006), Glaser was keen to demonstrate that the analysis of qualitative data could be as thorough and valid as quantitative methods. In Glaserian Grounded Theory theoretical categories serve as variables (Charmaz, 2006; Grbich 2007). The aim of Glaserian Grounded Theory is to discover concepts and ideas and to generate substantive theory. Glaser considers the construcivist idea of the inclusion of the interaction between the researcher and participant as inappropriate to Grounded Theory. He acknowledges that the researcher is biased but sees his or her role as a more passive recipient of the data with minimal intrusion from his or her own assumptions (Glaser, 2002; Grbich, 2007). Straussian Grounded Theory is thought to have some positivist leanings in that the data are considered to be 'empirical' (Grbich 2007) but also acknowledges some interpretivist views (Stauss & Corbin, 1998; Charmaz 2006). Straussian Grounded Theory strives for verification of theory, ideas and relationships through the coding process and hypothesis testing (Grbich 2007). It appears that Strauss conceptualises theory in some circumstances as originating from one's insights and prior knowledge as a researcher.

The literature suggests that Grounded Theory in all its forms has evolved and many new versions are now available (Grbic, 2006). Additionally, it has been acknowledged that it can be used flexibly to suit the context in which the research is taking place and the people who have elected to take part in the research (Charmaz 2006). As a result of this evolution and the flexible use and application of Grounded Theory, it appears to have moved from a firm positivist, empirical position to that where it has at least one foot in a social constructionist and symbolic interactionist position. The analytical coding process remains as rigorous and meticulous but, according to Grbich (2007, p71) "the Grounded Theory perspective locates the phenomena of human experiences within the world of social interaction." She believes that "the assumptions underpinning Grounded Theory come from symbolic interaction and presume that reality is a constructed and shifting entity and that social processes can be changed by interactions among people" (P71). The symbolic interaction she refers to is derived from George Mead and the writings of John Dewey and Charles Peirce (Grbich 2007). It is as if the evolution of Grounded Theory has run in parallel with the increasing acceptance of qualitative research methods and the acknowledgement that reality is constructed by the individual and society according to perception and context, and the interaction and relationships between individuals and society and societies. The construction of meaning through language and other symbols is also acknowledged. Additionally, the perceptions and reflections of individuals on phenomena and roles within the changing, active and interactive social world are considered in a world that is

thought to possess many layers. The primary objective of Grounded Theory has become "the investigation of the context of the setting within which the day to day lives of people are occurring – their interactions, their behaviours, their constructions of reality which are further reconstructed through the researcher's frame of reference" (Grbich 2007, p71). The ultimate aims of these investigations are to construct local theory (Grbich 2007).

Epistemological Reflexivity could be seen to include the researcher gaining awareness and reflecting on his or her professional and academic background. As an undergraduate I was taught quantitative research methods that were firmly based within the positivist tradition with its beliefs in producing data and therefore knowledge using unbiased empirical methods free from social context and the influence of and interaction between the researcher and research participants. Data and knowledge were produced from the testing of hypotheses derived from existing theory. Towards the end of my undergraduate studies and then during postgraduate training I was introduced to qualitative research methods based within in constructionist, interpretivist and symbolic interactionist postitions. These approaches began to answer some of the questions that empirical quantitative research methods had raised for me such as 'If we only test existing theory, how do we produce new theories?' and 'Can we truly remain unbiased when it appears that most researchers hold a personal interest in the area in which they are researching and therefore could be seen to have a vested interest?' Additionally, during my training as a Counselling Psychologist I have been taught and also believe that the therapeutic relationship and reflexivity upon the psychologist's part in this interactive relationship is core to the practice of a counselling psychologist. Therefore the question 'How can we undertake research that does not acknowledge the part of the researcher and the interaction between him or her and the research participant?' In practice as a Counselling Psychologist is it my belief that we both test and produce theory. The theoretical frameworks that guide our therapeutic work could be said to be concerned with universal theory. From these universal theories we draw hypotheses, which we test in our therapeutic work with clients. Additionally it could be said that we create and test 'local theory' which is relevant to the person with whom we are working, their perceptions of reality, social and historical context from which they come and the interactions they have with us as therapists and others around them. It could also be said that we generate theory from our interactions with clients, that we observe patterns in our interactions and the client's stories from which we create concepts and note connections and relationships between these concepts. Therefore we are frequently participating in elements of qualitative research including grounded theory in our therapeutic work. During this research project I have had to constantly reflect upon and challenge the contribution and influence of my undergraduate studies to make sure that I am thinking and therefore carrying out this research from a qualitative perspective and not a quantitative, positivist, empirical position. I believe I have moved along the continuum from a positivist, epistemological, quantitative position to a more

interpretivist one as I have worked to evolve my initial learning about research philosophies and methods.

The research in this thesis could be said to sit firmly in an interpretivist, constructionist and symbolic interactionist position, away from a positivist, epistemological one. The research question itself places it in this position by expressing an interest in the 'perceptions' about long-term effects of those people who experienced evacuation and the bombing during the Second World War. Therefore the research expresses an interest in their perceptions of reality. From a Constructionist perspective, the data and resulting theory relied upon the research participants' verbal descriptions of their experiences and therefore their constructions of these experiences through language. Additionally the concept of 'long-term effects' was constructed both by the researcher and the participants both during the interview and the subsequent data analysis and theory building, using language. In Symbolic Interactionist terms the research is interested in the research participants' interactions on an intrapsychic, interpersonal and world level. It takes into account the individual, social and historical context from which they come and their perceptions of these contexts by the researcher asking them about their individual experiences of evacuation and the bombing of London and any possible long-term effects. In addition to this information they described how their experiences fitted into the larger social and political context of the Second World War. The face-to-face interview meant that there was an undeniable interaction between the research participants and the researcher, informed by both parties' assumptions about both the wartime and research interview experiences. It is possible that the research participants held assumptions about what they believed the researcher was wanting/hoping to hear (e.g. negative long-term effects). The researcher acknowledges that she approached the interview with assumptions and expectations about what the research participants were going to say informed by her therapeutic work with clients who had had been evacuated and been in London during the bombing and the long-term effects they experienced, and from the psychological and historical literature regarding traumatic experiences. Therefore she approached at least the initial interviews assuming that these kinds of experiences could be traumatic and that long-term effects are experienced, a concept called 'Theoretical Sensitivity' (Willig, 2001).

From an interpretivist perspective, the interaction during the face-to-face interview is likely to have involved some interpretation of the questions by the research participants and this was taken into account during the data analysis and theory building later in the research process. The researcher began her interpretation of their answers during the interview, which had an influence on the continuing interview and subsequent interviews, asking subsequent participants about particular effects and connections between experiences and their effects as part of the theory testing element of Grounded Theory. Further interpretation took place during analysis of

the data, attempting to create increasing levels of abstraction in order to both reflect the experiences of the participants and to build theory. Creating levels of abstraction meant finding a balance between description and interpretation that allowed abstraction but still reflected the experiences accurately, acknowledging and challenging possible assumptions made by the researcher during this process. Research supervision played an important part in maintaining this balance.

2.2. Researcher Reflexivity

In keeping with the interpretivist, constructionist and symbolic interactionist positions, which the research in this thesis is considered to occupy, the researcher has spent time reflecting on her personal contribution to the research in terms of her interest in the subject and her assumptions and biases. Personal or researcher reflexivity is described by Willig (2001) as:

"The ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research. It also involves thinking about how the research may have affected and possibly changed us, as people and researchers." (P10).

A Counselling Psychologist is expected to constantly scrutinise and reflect upon his or her part in therapy with a client so it follows that he or she also reflects upon her part in research.

My interest in this research area does not just have its roots in working with older adults who had these experiences. Having reflected on my interest, I have realised that my awareness and growing interest in the subject of childhood wartime experiences, especially evacuation has been present since I was at least seven or eight years old. I believe an item in a Brownie annual about evacuees is the first time I was aware of the experience. I have an abiding memory of the well-known photograph of a child with a label tied to her coat, looking over the rim of an enamel mug. I then read such books as 'Carrie's War' by Nina Bawden and Faith Jacques, 'Goodnight Mr Tom' and 'Back Home', both by Michelle Magorian, which were stories about children who had been evacuated in various ways during the Second World War. When I enquired about a post as a Counselling Psychologist in the older people's mental health services almost twenty years later, the prospect of hearing people's stories about these experienced was one of the reasons I applied for and accepted the post.

Attending a conference called 'War Trauma and Survival' during the course of this research project increased my awareness about the intergenerational effects of the Second World War. All my Grandparents were alive during the War, serving in various services and my parents

were born in 1944 and 1945, growing up with rationing in their early years. I realised then how present the War was in my life and upbringing. For example being told and taught not to waste food or paper and repairing clothes if worn out or using them as dusters when they were beyond repair. Also hearing stories of the War, my grandmother's time in the ATS and my grandfather's shell shock from being blown out of a tree have been told many times. As a child, I was directed towards information in the way of novels such as the ones mentioned above and articles. I do not think it was a conscious process on the part of my parents and grandparents but it signifies to me what an enduring effect the War had on these two generations of my family and therefore on my own generation. Later, when I began my career as a psychologist, I recognised that the way my Grandmother kept and keeps everything may be related to the lack of availability of certain products during the War. When I asked her about it, she agreed with this relationship. Thinking about my parents and grandparents dislike of waste and the need to keep and store things such as food and paper helped me make the relationship between these habits and survival.

On a more personal note, the idea of evacuation resonated with me both as a child and an adult because of the separation from parents that occurred as a result. From the age of eight, my sisters and I were sent to a two-week camp during the summer holidays from school. Each time we were taken to a railway station in London, had a label with our name pinned to us and then waved off to a vague destination. For several years I would be inconsolable with homesickness for several days of the camp and I recall the comfort of my sisters being present. I have now of course recognised a number of similarities with evacuation. As well as those mentioned above, most of the other children on the camp were from London, the sleeping, eating and toilet arrangements were very different from home, accommodation being in tents and all the cooking taking place on a fire. Additionally we were placed in the care of adults who we had often never met before. Seeing film footage of children being evacuated, such as in the relatively recent film of 'The Lion, The Witch and The Wardrobe', never fails to make me cry.

Therefore throughout the research I have had to take care not to assume the former evacuees shared my feelings about experiences of separation and allow my perception of their experiences to influence the interviews in any way. The therapeutic work I have been involved in with people who had been evacuated prior to the research and the existing literature influenced my belief or in fact assumption that most experiences of evacuation and the bombing of London were traumatic in some way. Fortunately my efforts to acknowledge my assumptions and approach the interviews in as open a way as possible and to acknowledge prevented at least some bias and I discovered through the interviews that many children had such good experience that they still maintain contact with their hosts and visit the areas to which they were evacuated while bombing experiences were reported with excitement. My assumption that children were

effectively removed from the bombing was challenged by my therapeutic work with older people due to hearing stories of how they returned from evacuation to London just in time to be a part of the Bombing of London. These stories were the inspiration for the research in this thesis.

2.3. Ethical Approval

Ethical approval was gained from the Barking and Havering Local Research Ethics Committee by submitting the NHS Research Ethics Committee Application Form (Please see Appendix II) together with the researcher's CV, a covering letter and all forms and schedules relating to the research such as the Interview Schedule and the publicity poster. Approval was given with the suggestion of one minor change to the poster, which was carried out as suggested. This project began several months before the researcher enrolled on the DPsych programme at City University due to being funded by the North East London Mental Health Trust Research and Development Department. Therefore advertising and recruitment of participants had taken place by the time enrolment occurred. The university also gave ethical approval once this enrolment had taken place (Please see Appendix III).

2.3.1. Ethical Considerations

Four main ethical issues were taken into consideration and measures resulting from this consideration were taken to avoid harm wherever possible. These considerations and measures are listed below.

1. Distress

   Some distress may be experienced by the participants as the result of taking part in the, most particularly if they are recalling traumatic elements of their experiences. It was considered that, regards the safety and potential benefits of disclosing their traumatic stories, the participants were being interviewed by a Chartered Counselling Psychologist, experienced in working with older adults who have had these wartime experiences and has experience in working therapeutically with people who have been traumatised. The participants may benefit from having the opportunity to tell their stories and therefore possibly emotionally process these stories in an empathic and non-judgemental environment. Additionally they may also be taking part in the interview as part of a more general life review and therefore benefit from telling stories they feel they wish to share with others and additionally of which they wish to make more sense. It was made clear that they could stop the interview at any time and were not obliged in any way to continue if they did not wish to do so.

To help create a sense of the research interview being of some benefit to them, they were provided with an information sheet listing organisations, archives and other research regarding former evacuees and War children. The information sheet included, for example, the Evacuees Reunion Association, where they can gain contact with other former evacuees, the BBC, who were creating an archive of the memories of former evacuees, and the Imperial War Museum who, at the time the interviews took place, had organised a reunion for evacuees and who were currently running an exhibition called 'A Child's War' to mark the 60th anniversary of the end of the Second World War. (Please see the Appendix for the information sheet).

It was acknowledged that the researcher may also experience some distress as the result of hearing the participants' stories. It was noted therefore that she could use her usual clinical and research supervision to report any distress.

2. The location of interviews

It was acknowledged that some participants may feel uncomfortable attending an interview which took place in a centre used by community mental health and dementia services staff and service users. Therefore when the potential participants contacted the researcher to arrange a research interview, it was explained that the interview could take place either in their homes or at the centre, which is used by dementia and mental health services. Additionally it was acknowledged that some potential participants may have physical health problems or disabilities that would make it difficult to travel to the centre. Therefore a home visit was also offered in these circumstances. 6 participants asked for the interview to take place in their homes.

The researcher's safety while visiting previously unknown people's homes was also taken into consideration. Therefore she informed two members of staff of the name and address of the participant as well as the time the interview started and its expected end. She then reported to these two members of staff when she had finished. One member of staff was asked to telephoned the researcher if she had not made contact when expected.

3. Informed Consent

All the participants were required to give their informed consent[1] to take part in the interview. They were given information and the opportunity to ask questions at each stage

[1] Defined as "A subject voluntarily confirms his or her willingness to participate in a particular trial. After having been informed of all aspects of the trial that are relevant to the subject's decision to participate. Informed consent is documented by means of written, signed and dated informed consent" in the document produced by the National Patient Safety Agency and the National Research Ethics Service

of recruitment and the interview in order that they had all the information they required to make an informed decision regarding taking part in the research. They were given sufficient time to make the decision (more than 48 hours). They were then required to read and sign the consent form, which they had been sent prior to deciding whether to take part, in the presence of the researcher, who also signed and dated the form.

4. Anonymity

In order to preserve anonymity, each participant was given a code (e.g. P1 meaning participant one) after they had contacted the researcher expressing their interest in taking part in the research and given their addresses. All paperwork, with, of course the exception of letters, and the disc on which the interview was recorded then only carried this code in order to identify them. The only other people to know their identities were two secretaries and a receptionist who received telephone calls in the absence of the researcher and a research assistant, who were all bound by a confidentiality agreement. All paperwork and discs were kept in a locked cabinet for which the researcher was custodian.

The confidentiality agreement made with the participants that information about their identities and details of the interview would only be broken if they appeared to be at risk to themselves or others. For the purposes of safety, each participant's GP was informed in their participation in the research. Additionally, by giving their informed consent they agreed to parts of their interviews being quoted in the resulting thesis, conference presentations and publications but their identities being protected by the use of a pseudonym and the omission of details that may identify them such as the names of locations and other people involved.

2.4. Participants

This study examines the possible long-term effects of having experienced both evacuation and the bombing of London as a child during the Second World War and therefore the researcher set out to recruit participants who had had both these experiences. A poster campaign took place and (Please see Appendix IV for an example of the poster) posters with an explanatory letter were sent to all 141 GP surgeries in the London Boroughs of Havering and Barking and Dagenham. Additionally, with suggestions from contacts in Age Concern posters with explanatory letters were also sent to two-day care centres run by Age Concern, the local branch of the British Legion and the chairman of the League of Friends. A contact at the Alzheimer's

---

called 'Information Sheets and Consent Forms: Guidance for Researchers and Reviewers', Version 3.2, May 2005 found at www.nres.npsa.nhs.uk/docs/guidance/Info_sheet_and_consent_form_guidance.pdf

Society agreed to place a poster in with each copy of the monthly newsletter for one month. The researcher placed a poster in the waiting room of each of her two workplaces.

Enquiries about taking part in the project were made by 42 people as a result of the poster campaign and 25 potential participants contacted the researcher by telephone, offering to take part. For this thesis 10 of these participants' interviews were analysed due to theoretical saturation being achieved. These participants were the first 10 to be interviewed by the researcher.

Those participants who expressed interest in taking part in the research underwent a telephone screening interview (Please see Appendix V) to find out if they met the inclusion criteria. These criteria included:

1. Having been evacuated during the Second World War
2. Having experienced the bombing of London during the Second World War
3. Living in either the London Borough of Havering or Barking and Dagenham
4. Being aged 4 years and older at the beginning of these experiences due to the encoding and therefore availability of verbal memories from this age (Conway 1990)
5. Not currently receiving therapy, counselling or other treatment for mental health difficulties including trauma relating to their wartime experiences as this may affect memories of these experiences and the person may not be able to fully take part in the interview or it may cause distress.
6. English being their first language
7. The ability to give informed consent to take part.

The opportunity to ask questions about the project and interview was given at this stage. The participants were also given the choice of being interviewed at a clinic or at home. Potential participants were then sent an information sheet (Please see Appendix VI) about the research project and a consent form (Please see Appendix VII) with a covering letter. Those willing to take part in the research were asked to again contact the researcher by telephone to express their interest and to arrange a convenient date, time and location for the interview to take place.

2.5. Interview

The research interview was a face-to-face semi-structured interview with the aim of discovering the long-term effects of evacuation and the bombing of London during the Second World War, as perceived by those who experienced them. Additionally, it aimed to allow the participants to

tell their stories and describe any long-term effects they identified without assumption or influence from the researcher. Recording their experiences of evacuation and the bombing of London was vital because it allowed both the participants and the researcher, through the process of interpretation and abstraction during the analysis process, to make connections between their experiences and the long-term effects they identified. Overall the interview schedule aimed to allow the participants to produce the rich, detailed narratives associated with older people, as experienced by the researcher in her therapeutic work.

The prompts included in the interview schedule were intended to encourage the participants to tell their stories of their experiences in their own way. For each experience, the researcher asked the participants to give an evaluation of his or her experiences with the intention of discovering where it was on the continuum of positive to negative and whether they considered it to be traumatic or life-enhancing for example. On reflection, and in keeping with the epistemological position of this research project, it must be acknowledged that the researcher's prior knowledge regarding the long-term effects of evacuation and the bombing of London gained from the literature (e.g. Foster 2000; Foster et al. 2003) and her therapeutic work with people who had had those experiences in the older people's mental health services. These sources indicate that these experiences had a traumatic element and that separation from family members and age were significant factors in the long-term effects. The researcher made a conscious effort to note her prior knowledge, and from the beginning of the interview process, be led by the participants. Some suggestions of what might constitute long-term effects were made and were intended to be multimodal, including the senses, behaviours, beliefs, thoughts and emotions. The schedule was further developed by subsequent interviews and relationships were added. In subsequent interviews, long-term effects previous participants described were explored, being described by the researcher and the participants being asked if they could relate to or recognise these.

The interview schedule (Please see Appendix IX) began with asking the participants to talk about their experiences of being evacuated. They were then asked about their experiences of the bombing of London. Various prompts were included in the schedule in case the participants omitted any required information in their accounts. The participants were then asked about what they consider to be the long-term effects of these experiences and were given some examples to prompt them, prompts after the first interview included examples of what previous participants had said in order to test emerging theories. Each interview took approximately an hour.

Prior to the interview, the researcher followed an interview checklist (Please see Appendix X) which included prompts for signing the consent form, collecting the participant's GP's name and address, travel expenses incurred which required reimbursement, the offering of the information sheet listing relevant organisations, archives and exhibitions (Please see Appendix

XI), consent to a follow-up interview if required and a brief description of the interview schedule and procedure. The participants were given the opportunity to ask questions both before and after the interview. The most common question asked by participants at the end of the interview was 'Why are you doing this research?' Most were also interested in hearing the results of the research.

2.6. Data Collection Procedures

The interview was then recorded using a mini-disc recorder with a microphone placed between the researcher and participant. The mini-disc player was plugged into the mains whenever possible to avoid interruption by batteries running out. New batteries were used for each interview if no mains supply was available. The recording time for each disk was set for the longest time possible to avoid the disk running out of space and therefore interrupting the interview.

2.7. Data Preparation

Data preparation is the making of a permanent record of the data (Pidgeon & Henwood 1996). Therefore, the recorded interview was first transferred to tapes for a transcribing machine. This is because firstly, the rewind button on the minidisc proved unreliable since it would jump back to the beginning of the track, and secondly, the transcribing machine had foot pedals that increased the speed and efficiency of the transcribing process. Each interview was then transcribed to form a document. Following transcription, the transcript was checked for accuracy by listening to the recording while reading the transcript. This process also allowed the researcher to become more familiar with the data. It is suggested that each data set, in this case, each transcribed interview, is labelled and then each segment of data within the data set is given a numerical reference (Pidgeon & Henwood 1996). Each interview was labelled with the participant's code, which was given when he or she first contacted the researcher to express an interest in taking part in the project, and page numbers were inserted. Each response given by the participant and the researcher (data segment) was numbered as was each line of each response.

2.8. Data Analysis

Over time the ideas of Glaser and Strauss appear to have been adopted in tandem, almost to create a 'third' version of Grounded Theory in the recent literature (e.g. Pidgeon & Henwood 1996), which will now be described. When Grounded Theory principles and procedures are used to analyse data, the analysis takes place in at least three stages. The first stage involves creating what can be seen as a second version of the data (Pidgeon& Henwood 1996). The data is examined in detail, word-by-word, line-by-line and a label is attached to each emerging concept that has relevance to the research question (Pidgeon & Henwood 1996; Millar 2003; Grbich 2007). Labels contain a level of interpretation and concepts from the researcher's own discipline (Grbich 2007). Questions about the data are often held in the researcher's mind as analysis takes place such as 'what labels do I need in order to account for what is of importance to me in this paragraph?' (Pidgeon & Henwood1996, p92). This process both distils the data and begins to create a conceptual code (Grbich 2007; Charmaz 2006; Millar 2003). Larger segments of data are given labels or conceptual names, and these are then recorded on cards with the relevant quote from the data attached. At this stage labels may be "long-winded, ungainly and fanciful" (Pidgeon and Henwood 1996, p92) but remain a recognizable version of the data (this is what is meant by 'fit') (Pidgeon & Henwood1996). At each stage of data coding a greater 'level of abstraction' is added as part of the interpretive process and an attempt to keep a balance between description and interpretation is kept in order that 'fit' is maintained between that data and the labels and concepts (Grbich 2007). There is a 'flip flop' process between the data and the emerging concepts created by the researcher which involves adjusting the label to create a better 'fit' with the data. This process may occur several times (Pidgeon & Henwood 1996). Concepts will begin to recur within the data although not all examples are recorded on the cards for the same data set or interview.

Thirdly, using the process of constant comparison, comparing data segments and their conceptual labels for similarities and difference, categories begin to emerge. Additionally as this process continues categories may be merged if they bear similarities or may be split if further analysis produces differences within the data in a category. Categories are relabelled but records of previous labels are kept (Pidgeon & Henwood 1996). Eventually core categories emerge. Axial coding describes the process by which a core category is named and therefore defined and all the sub-categories which contribute to this category are linked to it, thus a hierarchy of 'core categories', middle range categories and sub-categories are created (Grbich 2007). Finally links are make between the categories based on perceived relationships and the final theoretical model is built (Grbich 2007; Charmaz 2006; Pidgeon & Henwood 1996). As previously described, the data collection and data analysis occur in a circular concurrent manner, allowing emerging hypotheses and theories to be tested in subsequent interviews. Memos regarding

emerging labels, concepts, categories and their relationships as well as hypotheses and hunches are kept throughout the data collection and analysis and are often integrated into the coding and eventual model building process (Pidgeon & Henwood 1996).

2.8.1. Use of Grounded Theory to Analyse Data in this Study

The beauty of Grounded Theory is that it can be applied in a flexible manner to suit the nature of the research study in terms of subject and participants. “In their original statement of the method, Glaser and Strauss (1967) invited their readers to use Grounded Theory strategies flexibly, in their own way” (Charmaz 2006:9). Therefore grounded theory can be viewed as a “Set of principles and practices, not as prescriptions or packages” (Charmaz 2006, p9). This study has consequently applied these principles and practices in a manner which best suits the participants and subject of the research, using elements of both Glaserian and Straussian methodology. The Glaserian approach has dominated with the use of his version of open coding, theoretical sampling, and constant comparison aiming for discovery and theoretical generation through exploring the ‘problem’ and its variations and looking for patterns by adding levels of abstraction. However the Straussian method of axial coding and reading both historical and psychological literature throughout the data analysis process was also used.

The most flexible application of Grounded Theory occurred during the process of theoretical sampling. Following the telephone screening interviews, those who chose to participate in the research interview expressed and keenness for their stories to be told that verged on urgency. This response appears to fit with older adults and their need to tell their life story to a willing listener, which is discussed in the introduction. The researcher was keen to respond appropriately, sensitively and respectfully, keeping in mind that the search for research participants may have played a part in triggering part of a life review process in those who were interested in taking part. Therefore, it was not possible to wait until the data from one interview had been fully analysed before seeking the next participant. As a result interviewing and data analysis took place in ‘chunks’ which allowed the researcher to both test hypotheses in subsequent interviews and to keep a sense of the overall picture of both the participants’ experiences of evacuation and the bombing of London and the long-term effects they identified. If the theoretical sampling had occurred by collecting and analysing data one interview at a time, it would have allowed the data to be fractured in such away that perhaps some of the concrete examples of long-term effects may have been interpreted and abstracted in such a way that the original description, meaning and the sense of good ‘fit’ was lost. Memos were kept throughout data collection and analysis and were used to inform the creation and description of the categories. Importantly, even though data analysis did not take place in its complete form between each interview, memos regarding identified long-term effects and their causes were kept by the researcher, which informed subsequent interviews.

Coding or labelling took place at three levels. Each line was analysed and labelled, then each small segment, then each large segment. These last labels and segments were lifted from the interview transcript and placed on an A4 card ,which was sequentially numbered. Each participant was given a number in order to protect their identity. Each verbal contribution both they and the researcher gave was also given a number, and each line of each contribution was numbered. Therefore on each card, each quote was prefixed with a code similar to this example: **P515 (L1-9).** At each level of coding, each label contained a level of interpretation and abstraction.

Once cards had been created for each interview they were sorted using the method of constant comparison, comparing each emerging category for difference or similarity. Categories were then defined and through a further process of comparison, split or merged according to their properties if necessary. Diagrams of categories and their subcategories were kept as part of the process of Axial Coding. Through both the process of constant comparison and axial coding, both core categories and the subcategories that contribute to them were identified and these contributed to the final model of the substantive findings.

Relationships between each core category and each subcategory were explored and noted and finally, at the highest level of abstraction, a model was produced to illustrate the substantive findings of the data analysis. Writing up of the analysis aided this process and further insights gained were incorporated which meant that in some places categories were reorganised and relationships or patterns that came to light were noted. Any changes to labels throughout the whole process were noted so that records of both those labels that were retained and those that were discarded were kept.

CHAPTER 3:
ANALYSIS

3.1. Introduction

From the analysis three main, overarching themes emerged, which have been organised into a theoretical model. A detailed exploration of the participants' experiences of evacuation and the bombing of London both during the research interviews and the analysis produced a theme that related to the participants' identities during the War. Entitled 'Who I was at the time of the War', this overarching theme includes descriptions of the participants as children and how they interpreted elements of the War, from what could be seen as a childish point of view. Additionally it includes descriptions of who they related to in both interpersonal and intergroup interactions with others and both how they related to others and how these other related to them during evacuation for example. It emerged that they could have held several identities (such as child, Londoner and evacuee) concurrently, each one coming to the fore according to the environment in which they were in and how acceptable they felt a particular identity was to those around them. The second theme, 'Who I could have been', relates to opportunities the participants felt they lost as a direct result of the War. The participants speculate about how their lives and identities could have been different if they had been able to take up these opportunities. They also identify aspirations they possessed as a direct result of their wartime experiences and how their lives were affected by attempting to pursue and reach these goals. The third theme, 'Who I am as a result of the War', relates to the long-term effects of having experienced evacuation and the bombing of London. These enduring long-term effects have been identified and connections made between their experiences and elements of their lives and identities in the present day by the participants. Additionally the researcher has identified long-term effects and their connections with these experiences through the process of interpretation and abstraction. These long-term effects appear in a multitude of modalities and possible mediating factors in the development of negative long-term effects have been identified. Commentary is provided throughout the participants' contributions drawn from their interviews. Hypotheses regarding the participants' experiences, the long-term effects of these experiences and connections between these experiences are provisionally addressed and then expanded upon in the Discussion section.

Pseudonyms are used to identify the participants but protect their anonymity. For the same reason, other possible identifying details are removed and notated with square brackets and x's [XXXX]. Words that were inserted for clarity and comprehension are also in square brackets, for example, [that]. Additionally empty square brackets are used to note parts of quotes that

have not been included for reasons of clarity and coherence e.g. []. The researcher's minimal encourager's such as 'yes' and 'uh-huh' have also been removed for the same reason.

3.2. Demographic Information

The mean age of the participants when they were evacuated was 8.1 years (standard deviation: 3.015). The mean age of the participants at the time they took part in the research interviews was 72.1 years (standard deviation: 3.75).

Five of the participants were female and five were male.

Nine participants came from Havering and one from Barking and Dagenham.

All the participants were evacuated to different areas of England and Wales. No two participants were evacuated to the same area.

3.3. Who I was at the time of the War

All the participants talked about their experiences of evacuation and the bombing of London in relation to both being a child and an evacuee. Their attitudes and actions towards particular elements of the War identified them as children such as seeing the bombsites as places to play. All the participants talked at length about their relationships with their billet hosts, their hosts' families and the communities to which they evacuated. Some reported feeling integrated into both the families of the billet hosts and the local community while some reported never feeling welcome. Therefore it could be said that the identities of the participants are seen in terms of their interpersonal and intergroup relationships with those to whom they were evacuated and with those to whom they returned home when their evacuations came to an end.

3.3.1. Being part of the family

Several participants reported experiencing positive relationships with their hosts and being treated by them as if they were part of the host family. For example Jane reflected on the nature of her relationship with her host and she revealed what she believes to be a very special one:

[My sister] and I were very fond of her, very fond of her. We was lucky. (Jane)

Like Jane, Bob also described having positive feelings towards his host family. He described feeling he became part of that family. He said**:**

A very kind family really. I slept in the same bedroom as the two boys and err luckily they sort of took me under the wing, you know, and I can still remember laying in bed telling me stories. We were expected [ ] to be part of the family, you know, functions, [ ] and even when you're young and small you expect to do your bit. We had to go out in the morning come whatever weather and collect the eggs and things. (Bob)

Likewise, David described his host, the manager of the farm to which he was evacuated, in positive terms and how he and his family were included in his host family's move to another farm, perhaps suggesting a degree of integration into this family. He said:

He was a lovely chap, [ ] and then he got the chance of [ ] running his own farm [ ] and then we moved with him and we stayed there until VE Day.(David)

Many hypotheses could be formed regarding the warmth that hosts expressed towards their evacuees. For example, evacuees could have replaced older children who were serving in one or more of the theatres of War around the globe at the time and the parents of these absent children were able to displace their need to care for their children and project them onto the evacuee. Another hypothesis is that evacuees served as a substitute for the children hosts were unable to have themselves but would have liked. For example Jane's host never had children of her own. Additionally perhaps the adversity of the War and the situations it created may have encouraged closer relationships than in ordinary circumstances.

In contrast to the experiences of Bob, Jane and David, several participants reported feeling unwanted by their hosts and therefore not being treated or feeling as if they were part of the host family. For example, of her second host, Wendy said:

In the end I think we felt so much that we weren't wanted. I think [she] was in it just for, I know it's unkind but I think it was a fact that she was happy to take the money but she didn't really want us and our lives were a misery there. (Wendy)

Like Wendy, Ernest described how he too felt unwanted by his host. He said:

For some reason he managed to get rid of us. He didn't really want us. (Ernest)

From the participants' descriptions of their relationships with their billet hosts, a pattern emerged. Those who had good quality relationships and felt integrated into the family kept in touch over their lifetimes whereas those who did not forge good relationships or felt unwanted did not. This pattern will be discussed in greater detail later in this chapter. In relation to this, one participant reported a mixed experience of his hosts. Doug was evacuated to a large stately home where he was cared for by several nannies, one after another, advised against by Bowlby (1940) due to the negative effect he believed it had on the formation of secure attachments. Doug described how he lived with these nannies and several other children and young adults who were either evacuees or refugees from other countries affected by the War. It would appear, therefore, that he was not integrated into his host's family instead receiving care from a variety of different people, some of whom treated him harshly. A feeling of ambivalence towards his hosts and carers can be detected from his descriptions of them and this feeling sets him apart from the other participants who appear to either have had good quality relationships with their hosts and felt integrated into the family or had poor or non-existent relationships with them and did not feel integrated. Interestingly this experience and resulting ambivalent feelings are reflected in his feelings of never finding a place where he felt he fitted in as the result of his evacuation experiences, which is discussed in later sections. Doug therefore did not maintain

contact with his hosts but did maintain contact with one of the carers. In contrast to the kind treatment other participants received from their hosts, he described being physically abused.

I was horse-whipped once and strapped another time. [ ] During this period when going to school [our nanny] must have left because we then had another nanny who was a [name] and then a [name] and I can assure you those two people were really wicked, that's all I'm going to say, they were really wicked. (Doug)

However, in keeping with the pattern that emerged regarding the nature of the relationship between evacuee and host and the maintenance of this relationship and contact, Doug described how one carer came to his aid at a difficult time and he is able to gain contact with her if he wishes. He described how he visited her in her home country sometime after the war in an attempt to discover more about his evacuation. He said:

I can remember one panic attack I had as a child. I stood at this upstairs window [ ] crying out for help and the one person that again came to my aid was Elizabeth. I took a friend to meet her [ ] I was hoping that I could gain more about my childhood. I'm not in touch with Elizabeth but I can get in touch with Elizabeth. (Doug)

It could be said that Doug maintains knowledge of her whereabouts in case he wants to gain contact to discover more about his childhood. Hypotheses about his reasons for maintaining this knowledge are discussed in *Life Review* in the section named 'Who I am as a result of the War' and the implications of this mixed experience of treatment by his various carers are discussed in *Attachment* in the same section as well as implications for the formation and reformation of his identity.

Where those evacuees experienced a lack of warmth from the billet hosts, one must hypothesise as to why such families accepted evacuees. In some cases, evacuees were seen as useful helpers on farms and in large country houses and therefore treated as staff rather than children in need of care. Also billet hosts were often forced to take evacuees simply because they had space for them to sleep, thus creating the potential for resentment of the evacuees. Additionally, hosts may have experienced difficulties coping with caring for several small children and only being able to attend to their more basic needs such as food and shelter, thus inadvertently neglecting their emotional needs (Maslow 1954). Perhaps where some evacuees were lucky enough to be placed with hosts who were naturally welcoming and inclusive or who empathised with the evacuees' plight of being, often, a long way from home without their parents for an indefinite period of time, others did not experience this kind of sympathy.

In terms of hypotheses regarding this lack of empathy and warmth, it is possible that evacuees were unlucky enough to be billeted with people who were not naturally warm and empathic. Alternatively, these billet hosts may have held prejudicial attitudes of the evacuees, perceiving them as coming from a lower class or culture because they were from a city such as London (an attitude documented in much of the literature, Macnicol (1986), for example). It is possible that these perceived differences led the billet hosts to believe that the evacuees were therefore not in need of the same kind of warmth, care and acceptance as their own or other local children. Instead, as the participants described, they were met with hostility. Additionally, it was a time when attachment theory was itself in its infancy and there was little or no public understanding of the care required by children in order for them to feel secure.

3.3.2. Being part of the Community

All the participants described their relationship with the local people who populated the communities to which they were evacuated. Some described feeling accepted and integrated. For example, Jane suggested that she felt welcomed and integrated into the local community and, importantly, the local school. She said:

I got on very well with all the village people. We had school in the village hall for about three months and they we got integrated into the Church of England school just across the road. I did fit in very well at the school. (Jane)

However, unlike Jane, the majority of participants reported experiencing a certain amount of hostility and a lack of acceptance from the local community. For example, Pete said:

Quite naturally 90 percent of the children in the classes were from Nottingham and I was the lone London boy, which they took some kind of exception to, they took the mickey out of me Cockney accent. [ ] These three boys in particular would always set about me [uh huh], chucking things at me, coming up and banging me on the head. (Pete)

Likewise, Ernest experienced a negative reception from the local children, which became physical at times. He said:

I am afraid the evacuees from London were frowned upon by the local children and there was a little bit of pushing and shoving [ ] and [ ] we were a bit isolated. (Ernest)

Similarly, Ruth described how she felt picked on and implies a lack of acceptance by the locals, she said:

And when we went to this school the Headmistress left us a note, left our headmaster, our Headmistress a note 'Would you please stop your girls from making a mess of our floors' [ ] because she said we were scratching her floors which was quite ridiculous because we had always had been made to wear indoor shoes [Yes, yes] to prevent that [Yeah] so they probably didn't like us there any more than we liked being there. (Ruth)

A distinction between the local children and the evacuees was often made by creating physical divisions in the school. Some participants described this division and the subsequent arrangements.

We used to have to go half time, half day to the [ ] High School. (Ruth)

The school that we went to, we had to share with the local [ ] high school girls, [ ] we had a half day, they had half days. (Harmony)

It could be hypothesised that these kinds of arrangements could be seen to cause social divisions between the evacuees and local children. In turn these social divisions are likely to have caused feelings of rejection by the local community in addition to feelings of being inferior and unacceptable, as Wendy suggested:

I know there was a feeling between the children that lived there that we were evacuees and er not hostile or anything but we were definitely made to realise that they were at the school and we were evacuees in this hall. (Wendy)

Like Wendy, Harmony also described sensing hostility from the local children.

I think some of them rather resented these evacuees from London who were sharing their school. There was a little bit of bad blood between them you know. (Harmony)

Likewise, Doug described experiencing negative attitudes towards him because he was an evacuee from London simply was not local thus being refused entry into the local community. He said:

Because I was an Eastender the locals, the farmers etcetera and the children at the local school where I first started could, wouldn't accept me. (Doug)

Doug also felt that the local people would not accept him because he was associated with his billet hosts by being evacuated to them. He said:

Because I was associated with the house and because I was an Eastender and obviously at that age couldn't really speak properly, the locals [ ] wouldn't accept me and I could feel this alienation. Even at that age, I knew I didn't fit in. (Doug)

Therefore it could be said that Doug was in a no-win situation and did not have a hope of ever being accepted. The way his hosts placed him in the care of paid help could be seen as a lack of acceptance into their family. This could be simply the way childcare was organised at that time however it could also be perceived by the child as a lack of acceptance into the family. Additionally Doug experienced rejection by community because of his connections with his host family. It is therefore no wonder he went on to experience such difficulties finding a place where he could fit in in later life as this perceived rejection occurred in such formative years. One could hypothesise that both the evacuees and local people felt threatened by the arrival of the evacuees in their communities. Therefore they refused to allow these children to be integrated because it would change the identity of the community in a way that they were not prepared to accept and keeping them separate would serve to defend against this perceived threat to the collective identity. It is possible that in order to further protect their identity on a group level was to place a stigma on the group containing the evacuees, thus further creating protective division between the two groups.

3.3.3. Difficulties fitting in after evacuation

Several participants felt that they had some difficulties fitting in socially on their return home to London following their evacuations. They related these difficulties to changes in their accents and the physical environments to which they had become accustomed during their evacuations.

One aspect of change identified by participants that contributed to their difficulties was that of their accent. For example Bob talked about having the accent of the area to which he was evacuated on his return to London and the effects this difference had. He said:

When I went to school here again and being taken the mickey out because I had a deep Somerset accent, really big accent. That was a big hurdle. (Bob)

Like Bob, Doug talked about how different his accent was when he returned to London and how this created social difficulties such as a feeling of being unable to interact socially and of being bullied. He said:

What you have got to understand the deterioration of elocution or the deterioration of speech follows the environment in which I grew up in, in the East End. Well you cannot carry on speaking with a plum in your mouth. You cannot socialise. If, if you walk into a shop there is an immediate hostility. Working class people, from which I am part, are very hostile. 'Who do they think they are?' is the thing. You do not say this about a Welshmen if he comes in speaking Welsh or an Irish person. 'Who do they think they are?' but you speak in very good English, correct English and or you have got a slight plumb in your mouth as the expression goes then immediately you victimised. (Doug)

It could be said that having an accent that is different to those around you, in this case people who had remained in the East End, is an outward or explicit sign of a change and therefore difference. If those around you find this change unacceptable it could be hypothesised that this is due to the difference presenting a threat to the collective identity of the group. Therefore the group attaches a stigma to the group or individual that has changed, in this case those who were evacuated, in order to protect their collective, group identity (Breakwell 1986. Please see the *Discussion* section of this thesis for a description of Breakwell's model (1986) of development of and threats to identity).

As well as changes in his accent creating difficulties on his return to London, Bob also talked about finding the transition from country to city life difficult to adjust to, particularly with reference to the contrast in the two physical environments. He said:

Because I had been a long while and I was really a farm lad, you know a true farm lad who couldn't cope with it and come back to a city life in Dagenham was a bit strange. (Bob)

Like Bob, another participant also talked about the difficulties adjusting on his return to London due to the dramatic contrast in his evacuation and home environments. Doug talked about the emotional stress that it caused and the local, East End children seeming like foreigners. He was evacuated to an affluent stately home in the country from the East End. He describes the contrast in the two environments as follows:

Growing up in that environment and then having to come back in '45 to a working class environment was a complete change. It's like taking [ ] a member of the Royal Family and

then saying to them, [ ] five years down the line, you are now going to grow up in the East End. (Doug)

Doug elaborated by describing having to adjust to being with people who seemed so different that they felt foreign. He said:

From a very young age until you've developed [ ] mentally by the end of the five year period and then you have to readjust to people who are quite frankly are foreign to you , they don't have the same mannerisms, the same speech. (Doug)

Like Bob, Doug found the adjustment was difficult. Doug described the emotional effect of this adjustment:

Growing up in that environment and then having to come back in '45 to a working class environment was a complete change [ ] this is a shock to the system, it's a mental stress, emotional stress. [It] was very hard to adjust. (Doug)

Doug described how feeling so different to the local children and the difficulties he had adjusting led to him experiencing persecution both when he was evacuated and when he returned home and how that continued into adulthood and to the present day. He said:

That took a lot of personal persecution [ ] when I first went and persecution after I came back but that persecution continued more-or-less until I was married. It's stayed with me all my life. (Doug)

It has been noted that Doug was set apart from others both during his evacuation and on his return home to London due to changes in his accent, for example. It could be hypothesised that members of the community to which he was evacuated and to where he returned after his evacuation perhaps deemed changes they identified in him as unacceptable and partly due perhaps to these changes feeling like a threat to both their individual and collective, community identities if they considered that changes in others may initiate change in their group identity. Therefore they prevented Doug from gaining entry to their group in order to protect against this perceived threat (Breakwell 1986. Please see the *Discussion* section of this thesis for a description of Breakwell's model (1986) of development of and threats to identity). The lack of acceptance he experienced both during his evacuation and on his return home perhaps perpetuated a feeling of being unacceptable that endured for the rest of his life

During his life, Doug described briefly finding a place where he felt he fitted in because it had similarities with his evacuation billet and due to the accent he had developed during his evacuation. He said:

When I did start work, I [ ] ended up in [an hotel] as a [ ] floor comice waiter [ ] and I was at home. I felt I was back in the house. All these wonderful rich people that I was talking to I got on like a house on fire, simply because I still had this voice that sounded just like them (Doug).

It could be concluded that Doug, having made an evaluation that elements of his evacuation experience were valuable and acceptable, integrated these. However as a small child, the question is whether he made a choice about whether these changes to content and value were beneficial (Breakwell (1986). Please see the *Discussion* section of this thesis for a description of Breakwell's model (1986) of development of and threats to identity). One might hypothesise that it was beneficial to his survival because he was a very young child when he was evacuated and had to reply on his hosts and the carers they employed for needs such as shelter, sustenance and emotional nurturence. He acknowledges that his identity was distinctly changed on his return from evacuation and he then encountered difficulties finding a place where this identity felt acceptable to others and where he could avoid stigmatisation.

To conclude, it would appear that the identities of the participants at the time of the War were that of an evacuee both during their evacuations and on their return home to London at the their evacuations. For some, despite being evacuees and therefore interlopers in the families and communities to which they were billeted, some were welcomed and integrated into these groups. By contrast, others were kept separated from the families and communities and therefore never felt accepted or integrated. Some reported that on their return to London, they found changes they had undergone created difficulties both on an individual level and in terms of being accepted back into the groups they had left.

3.3.4. Being a child during the War

Many of the participants recalled aspects of their experiences during the bombing of London to which they related in terms of play and enjoyment. If play is considered archetypal behaviour of children and that children turn elements of their surroundings into something with or in which to play then the fact that participants described elements of their wartime experiences in terms of play, fun, enjoyment and adventure reflects their childish attitudes and interpretations of all that was going on around them and that they were children during the War. These attitudes could be

linked with the section called *Mediating Factors* because several participants including Ruth and Jane suggested that being children during the War possibly prevented them from being traumatised by the things they experienced. It could be hypothesised that turning potential danger into an adventure or a game and therefore play distanced, dissociated transformed the experiences of those who witnessed the bombing into a positive experience where it was potentially life threatening and therefore traumatising.

3.3.4.1. Elements of the War that were interpreted as places for adventure and play

Several participants described elements of the War that they turned into opportunities for play and adventure. Several of the participants described playing on the sites where bombs had landed and destroyed buildings, leaving them with places of fascination and adventure in which to play. For example Pete said:

Of course for us kids, the other part for us kids was playing on the bombsites. (Pete)

Similarly Ernest described playing on the bombsites**.** He said:

The old Victorian house, which was another playground, playing in old, bombed out houses. (Ernest)

Pete also described the air raid shelter as a place he associated with play. He said:

For us kids [the shelter] was a wonderful place to play (Pete)

Several participants described collecting metal pieces of exploded bombs (shrapnel). It appears that this activity had an element of play and competition as well as helping the War effort. For example, David said:

We used to walk along the streets of a morning picking up all the shrapnel from the shells and they used to be sharp, jagged lumps of metal and the bigger lump we found, it might be a big lump of bomb and you know side of a bomb [ ] [We] used to go to school and put [it] into the salvage and they would take it away and reuse it. (David)

It could be said that David's description reflects a sense of gaining a thrill from feeling close to a real bomb and it could be concluded that this reflects the lack of sense of danger but a strong sense of play and adventure. Ernest also described the same sense from collecting shrapnel. He said:

Ernest: Collecting shrapnel, you got a shell cap or a big lump of landmine.

Researcher: It's like collecting souvenirs almost.
Ernest: Oh yeah, not half!

As another illustration of the some of the participants seeing the bombing as an adventure and an opportunity to play as opposed to a potential danger, David said:

As children we didn't worry too much about the Blitz. We thought it was an adventure. (David)

He goes on to say how he reacted to the Battle of Britain when a battle with the Germans was fought in the air over London. He said:

I can remember laying on top of the air raid shelter watching the Battle of Britain. (David)

This description again reflects childish perception that elements of the War such as this battle were an enjoyable adventure rather than the potential for danger to life or even death. However, these descriptions of the participants reactions to their experiences of the Bombing and their interpretation of them as opportunities for play, thrill and adventure above all reflect that they made this interpretation because they were children at the time of the War.

3.4. Who I could have been

The second overarching theme that emerged from the interviews following the analysis is concerned with opportunities that the participants felt they lost as a direct result of the War. Following the identification of these lost opportunities, they speculated about how they believe their lives would have been different had they been able to pursue these opportunities. It is also concerned with aspirations they formed as a result of their wartime experiences, mainly evacuation, that they then have spent their lives attempting to achieve. Several participants described opportunities they missed in relation to their education as a result of their experiences of evacuation and the bombing. These participants went on to either describe the employment positions they could have achieved or to wonder at what they might have achieved generally had their education not been interrupted by the War. Therefore it could be suggested that they wondered and continue to wonder about whom they could have been as education and employment are considered by some can be a prominent feature in a person's identity (Leonard 1984). Some participants describe a whole different life they believe they could have had if they had had the opportunities they feel they lost.

3.4.1. Missed Educational Opportunities

Several participants described how they missed out on opportunities to go to grammar school due to evacuation and the bombing of London, which perhaps they felt would have given them a better standard of education. For example Ernest described how he chose not to go to grammar school because it would have meant being evacuated again. He said:

I won a scholarship [ ] to a foundation school. I can remember my Dad and my Mum saying 'But you'll have to be evacuated again. [ ] Do you want to be evacuated again?' and I said 'No' because we were brought back before and although it wasn't a terrible experience, I didn't want to go away again so I stayed. (Ernest).

Similarly David missed out on going to grammar school as a result of the War. However, David explained that he missed out on a significant amount of his education due to receiving exemption for living on a farm while evacuated and being expected to help with duties there. He said:

I lost a lot of schooling through evacuation. When you go into class it was already half way through that term and [ ] you can't catch up, it's impossible. We'd try but come August we never used to go to school from then until Christmas because getting the harvest in [ ]

and all that. We used to have a little chit to say that we were exempt from school. I would've liked to have gone to grammar school. [ ] I didn't take any [ ] scholarship [ ] and [ ] I missed out on all that. (David)

Like David, Ruth had the opportunity for a grammar school education and therefore to continue her education while evacuated but was prevented from doing so because she returned home to London due to her mother missing her. She said:

We used to go to the High School, [ ] which was very elite [but] my mother was homesick for me [ ] and so I just came home. [ ] If I'd been a year older I would have stayed on at school but as it was I left in the third year so I didn't take any exams because I wasn't old enough. (Ruth)

It could be said of both Ernest and Ruth that they and their families considered keeping the integrity of their families more important than educational opportunities. It could further be said that at times of danger and threat to life, human beings gravitate towards places of perceived safety and being with family is considered to be one such place. According to Maslow's Hierarchy of Needs (1954) Love and Belongingness is considered a greater need than knowledge and understanding (Gross 1992)

Education suffered as the result of perceived lower standards in evacuation areas as well as it not appearing to be a priority. Bob described how he received an education while evacuated that he felt was inadequate. He said:

[Evacuation] had a huge effect on education because the education in [ ] this particular school I went to was very good but primitive. It was an old lady from the village [ ] and I can remember going out into the fields looking at animals and the plants. [ ] Priorities were different, more relaxed, there was not pressure really. [ ] When I came back to [ ] London I think I was a bit backward. It took a long while to catch up and that was a disadvantage. (Bob)

3.4.2. *What I could have achieved*

Participants went on to speculate about what they could have achieved and how their whole lives would have been different if they had been able to pursue the opportunities they identified as having lost as a result of the War. For example, Bob said he felt he would have just progressed further in life although he is not specific as to where he would have progressed. He said:

I think if I had had a better education as a child that situation now might have got me on further, you don't know. (Bob)

Similarly, David described the occupational achievements of other boys who did go to grammar school and suggests that he could have achieved the same if he had had the same opportunity he would have reached a higher occupational status. He said:

Well if I'd gone to a grammar school, [ ] the lads that I know that went to a grammar school certainly succeeded in either business or in higher administrative positions in industry you know where I was a nut and bolt and spanner man, they finished up a best suit and a pen. [ ] That's the way I see it. (David)

David indeed commented that he demonstrated an aptitude for some academic subjects and that he did not feel that he reached his full academic potential due to not being able to go to grammar school. He said:

I would have loved to have gone to a grammar school because the bits of school that I did have, and I'm not being big headed here, but I was a top speller. Nobody could touch me for geography but I always thought in later years that I if I could have gone to grammar school [yes] I would have greatly benefited. (David)

Like David, Ruth suggested that she might have achieved more in the employment field if she had stayed at school and regrets the choice she made. She said:

So I couldn't take any exams because I wasn't old enough and I did regret that in later life because it would have been easier if I had a few exams, instead I had to learn the hard way. It would have been easier if had been a year older. [ ] I could have taken exams that I probably would have needed to have got a better job. (Ruth)

Some participants went on to study in adulthood and this may have compensated in some ways for the loss of their educational opportunities in their early lives due to their wartime experiences. This opportunity to study in later life may have fulfilled some of the need to be educated and to be given the opportunity to reach one's full potential. However it is possible that, despite these opportunities to continue their education, they did not even then become the people they feel they could have been if they had received the educational opportunities they missed. Ruth describes obtaining an O' level as an adult while working in a school as a secretary. She said:

When I worked at the school, I did my English O' level. I passed, I got a C grade I think. (Ruth)

Ruth gives the impression that she hoped to prove her academic capabilities after seeing it was possible through her work at the school. She said:

I used to [ ] type all their homework and they were all O' level English papers. And I said to this teacher 'I'm sure I could do this'. He said 'Well why don't you [ ] do it [ ]' and I did. (Ruth)

As with several other participants, Ruth also went on to attend evening classes as an adult, encouraged by her O' level success. She said:

And then I went on to things at evening classes like secretarial duties. (Ruth)

Similarly, David also attended evening classes relating to his job. However, unlike Ruth he did not feel able to pursue the studies he wished to. It could be deduced that he was therefore unable to develop this educational/academic aspect of his self-concept. He said:

I could have gone to night school, I suppose, to have accomplished more but I had to go to night school for me trade so I was doing three nights a week [ ]so I couldn't, well, I didn't even think of taking any more on [ ], that was enough. (David)

Like David, Bob was given educational opportunities through his employment. He said:

When I left school I took an apprenticeship [ ] and at the same time I went to evening classes. (Bob)

It could be said that these participants' attendance at evening classes and perusal of opportunities for vocational study and learning were ways of firstly rectifying the effects their lost opportunities had on their lives and secondly of proving that they did have particular skills and were capable of particular academic achievements. Perhaps it went some way to help them reach the potential they always felt they had but were frustrated in their attempts to reach or prove.

3.4.3. New Aspirations

The experience of evacuation introduced the participants to new and different ways of life that they then aspired to live. One participant expressed a wish to have been a farmer and this wish originated from his experienced of farming as an evacuee. He was allowed to return to the farm to which he was originally evacuated for a short period but his father then arranged an apprenticeship for him in London. David said:

In those days when you left school, you still had to take what job your father wanted you to do. Now, I wanted to be a farmer and they let me go away for a year to [the location of his evacuation] to work on a farm there. Now me father had me brought home and he said 'I've got an apprenticeship lined up for you as a [occupation] and I had to do it for five years. It was nice but it wasn't my first love. I'd really taken a shine to farming you know. (David)

It appears that this taste of the life he would have liked led David to think about how his life could have been and that he felt the way of life would have been fulfilling and therefore made him happy. Feelings of disappointment, compromise and regret and living with a sense of always hankering for this life despite knowing it was not possible to pursue emanate from David's statement.

3.5. Who I am as a result of the War

All the participants described the contribution their wartime experiences have made to their present life and the person they feel they are today. The result of these contributions could be considered to be the long-term effects of the combined experiences of evacuation and the bombing of London. Participants described how these experiences had enduring effects on many different aspects of their lives and identities such as the development of their personalities, rules by which they continue to live their lives, skills they learnt during the War that have endured and relationships forged during evacuation that have lasted until the present day.

3.5.1. Development of Personality

One participant, Bob, felt certain that his wartime experiences had a significant influence on the development of aspects of his personality. He said:

I do think that the War years and evacuation and all that concerned with it made me the person I am for sure. [ ] I've often thought about that I think if I had been bought up nowadays I think I would be a vastly different person. (Bob)

Bob was able to identify reasons for specific elements of his experience helping to shape his personality. He said:

Also I think erm it changed my character, that it made me very independent, being charged with looking after my sister and being thrown out of the environment and being very much alone for first years I think very much an interloper and a stranger you know and having to fit and fight your own corner so to speak [ ] had a big effect, [ ] it changed my character certainly in every way. (Bob)

It could be said that, as with many of the participants, fitting into his new environment, as an evacuee was important to Bob and that he responded to this challenging situation by adapting elements of his personality and therefore identity. It is possible that he allowed these elements to be incorporated in order to fit in with people on whom he depended for essentials of survival such as shelter and sustenance. If he adapted his personality, then he may be seen as more acceptable to those in whose care he was placed. However, later in this chapter he describes becoming more independent as a result of his evacuation experience and it could be concluded

from this change that he learnt to be more self-reliant that he had been at home as he no longer felt able to depend on those around him.

3.5.2. Rules for Living

The majority of participants were able to identify a variety of habits with which they feel they were strongly indoctrinated during the War and which became codes or rules to live by throughout the rest of their lives until the present day and can therefore be seen as another long-term effect of these experiences. These habits became rules for life and were identified by the participants as originating from the experiences of both evacuation and the bombing of London.They can be seen as perhaps more general wartime experiences that spanned both evacuation and the bombing of London such as food rationing and the scarcity of resources such as firewood and clothing material.

3.5.2.1. Hoarding

Several participants talked about an enduring habit of hoarding a variety of items in the present day, which were considered valuable during the War. For example Pete said:

You hoard thing, you keep, you don't like to throw things away, [ ] if you couldn't put it to good use, if it looked like it could be of use later, you put it to one side just in case and hang onto it (Pete)

Pete elaborated by giving reasons for hoarding particular items. He said:

You don't like to part with, because you was always grovelling around for stuff during the war, everything was precious. It don't matter what it was, a small bit of clothing er anything yer know. (Pete)

Like Pete, David talked specifically about difficulties finding another material deemed valuable during the War, in his case, wood for fuel and how he salvaged and kept wood later in his life. He said:

We couldn't get fuel. [We would] go around bombed houses taking rafters for firewood. You know, any timber, old timber. In my shed, I never throw anything away, I can't help it, you, like, pieces of wood all stacked in the corner. (David)

Like Pete, David went on to confirm his understanding of his habit of keeping wood and putting it to good use (recycling it) is directly related to his experiences of shortages during the War. He said:

I tell you what I have got under my benches, a load of oak from [XXXX] Nurses' Home. When they pulled that down, they threw all that out [ ] and I originally lined me loft with it. [ ] It all stemmed at the end of the day from the War. (David)

3.5.2.2. Never Wasting Anything

Several participants talked about developing a rule relating to never wasting resources and materials that were deemed valuable during the War. One participant talked about never wasting any paper and always finding a good use for pieces of cardboard used as packaging for other purposes such as shopping lists. Another participant described keeping items deemed as expensive and therefore valuable such as brass screws. A number of participants described developing the habit of never wasting any food due to the rationing and therefore having only a limited supply or often shortage of particular foods. This habit has been maintained throughout their lives and has become a rule with which to live by, therefore becoming an established part of the person they are as a result of the War.

One participant summed this process by saying;

It made me, I don't like waste of any sort so that's through indoctrination. (Jane)

Another participant named the rule by which he lives regarding never wasting anything. David said:

It's a life of 'Waste not want not'. (David)

Harmony acknowledged that her dislike of wasting food is a long-term effect of having experienced the rationing of food during the War:

The long-term effects, oh yes, because of food rationing, I don't like to waste food you know. [ ] During the sweet rationing I could get a large bar err slab of white chocolate. I used to ration myself. I tend to be like that with rationing since. People think I am mean-minded you know, it's that habit of rationing, you like to ration things out. (Harmony)

Another participant described being so keen not to leave any jam in the jar and therefore waste it that she detached the bottom of the jar from the body so vigorous was her scraping. She explained that this kind of habit is directly related to rationing during the War. Wendy said:

This is really erm to do with rationing. [ ] You don't waste anything. [ ] I cannot break the habit. [] I would probably look at your jam jar [and] there is at least two or more slices to come out of that. (Wendy)

Wendy goes further to explain that the reason the rule of never wasting any food is so deeply indoctrinated is because rationing went on for sometime after the War. She said:

Even at the end of the War we went into rationing for a good few years afterwards, the War didn't end and rationing ended, it went on for quite a few years so you still had these habits. (Wendy)

Wendy attributed this rule of never wasting food to the length of time that rationing continued. She described how items were rationed for several years after the War. It would appear that this rule is so deeply embedded that she adheres to it even in these present times of abundance where shortages of food are rare if non-existent and there is more food available than can be eaten by the population. One reason for the endurance of this rule is perhaps that it is related to the most basic needs for survival (Maslow's Hierarchy of Needs, 1954) and that a permanent record is made of a shortage and threatened starvation in order to ensure that the individual can identify and attempt to avoid similar situations and threats in the future.
It could be said that some enduring rules identified by participants related to their physical survival. One participant described the habit of keeping essential items in exactly the same place at all times because, he explained, during the War it could mean the difference between surviving or not. Pete began by describing the rule he follows in the present day. He said:

If you use anything, it goes back to where you've taken it from. [ ] I know exactly where I put me glasses, I know exactly where I leave me watch and anything I can mention now I can picture in me mind, I know where it is in the house exactly. (Pete)

Of the importance of this rule to survival during the War, Pete said:

Because in the War [if] you didn't put things back from where you'd taken them from and you had to get up during the night in the dark, you didn't wanna [ ] go looking for things, they had to be where you wanted them. [ ] It's kind of a survival thing. (Pete)

Another participant described how surviving the war caused her to form a rule for living that is related to her general positive attitude toward life. Jean said:

I think [the War] probably did have a positive effect in as much as you thought well, you have endured the War [ ] and for some reason or other you've survived it, and for good reason you have survived it and lots of people didn't and so make the most of what you've got really. (Jean)

Therefore, for Jean, surviving the war had a significant influence on her philosophy of life, which caused her to frequently reflect how lucky she was to be alive and how she must make the most of her life.

3.5.2.3. Rejecting Rules for Living

In contrast to all the participants who accepted rules with which they were indoctrinated, some were firmly rejected by one participant. Bob described being encouraged to attend church regularly as an evacuee and feeling that, as a result, certain religious beliefs were indoctrinated in him. He goes on to describe how he essentially rejected these beliefs and this way of life and (therefore did not allow them to be assimilated and accommodated into his identity). Of the indoctrination of this way of life Bob said:

You weren't forced into it but there was no option, like on a Sunday we used to go to church. I remember going to church in the morning, Sunday school in the afternoon and [ ] church in the evening, very religious [ ] very indoctrinated I suppose with church life. (Bob)

Of his questioning and subsequent rejection of religion and church in later life Bob said:

So even though I was sort of indoctrinated in the religious way of life when you get older and think for yourself it didn't work [ ] I find that I think to myself 'This is not right, not logical. (Bob)

Even though he attempted to reject these beliefs and this way of life, a residue remains that he is unable to remove. He said:

But then again I can't get away from it, it's the way I've been brought up. (Bob)

Bob's situation reflects how even though he resisted assimilation and accommodation of religious beliefs and behaviours, he did not necessarily have a choice over this process and by the time he decided to reject these beliefs it was too late, they had already been assimilated and accommodated to an extent. Additionally allowing himself to hold these religious values while evacuated may have served the purpose of allowing him to fit in with the local people,

something that, it could be hypothesised, was important for survival at the time. Bob previously talked about the importance of fitting into this environment in the section called *Development of Personality.*

3.5.3. Tastes

Not only did participants feel they acquired and retained rules or codes with which to live by as a long-term effect of their wartime experiences, they also described acquiring a variety of tastes suggesting again that certain elements of their personalities or identities have been formed as a result of their experiences as children during the War. One participant stated that the people to whom he was evacuated had a life-long influence on his taste in clothes. Several other participants described the influence the War had on tastes particularly relating to food that endure today.

Several participants described developing a taste for particular foods. David described how he ate nuts as an evacuee and developed a taste for them that he still indulges today. He said:

In the farm we had a big walnut tree. As wet walnuts went they were delicious. I still buy them at [local] market today. (David)

David also described developing a life-long taste for cheese and onion sandwiches after being introduced to them while evacuated. He said:

When we were out in the fields working, I used to used to enjoy the snacks. We used to have [ ] bread and cheese and onion. [ ] That is one of my favourite sandwiches [ ] and I've carried it on ever since, I still eat it. (David)

In contrast to David, some participants named foods they had developed an aversion to as a result of experiences during the War and those aversions endure until the present day, again providing evidence that the War has contributed to the who the person is today. For example Ruth talked about food that her neighbour ate during the War which causes an aversive reaction in her. She said;

I can remember it as if it was yesterday and going back home and saying 'Oh XXXX had condensed milk and sugar on her bread and it makes me feel sick' and it still does, even now it does. (Ruth)

Like Ruth, another participant talked about a developing an aversion to margarine which was provided as a replacement for butter as part of the rationing of food during the War. Jane said:

Until this day [ ] I can't eat margarine. (Jane)

3.5.3.1. Tastes for Material Possessions

Several participants described how they developed tastes for particular material possessions as the result of their evacuation experiences and how these tastes have endured throughout their lives, in some cases significantly influencing significant elements of their lives. For example, Jane recalled that during her evacuation she had an argument with her billet host because she refused to allow Jane to spend some of the money she had been sent by her relatives. Her host's father, seeing that Jane was upset, took her into the pantry and gave her a cake to comfort her. Since then, she explained, she has always wanted a house with a pantry suggesting an enduring taste for a particular material possession that endured so strongly that it could be said that it became an element of her identity and has implications for her identity as a child during the Second World War. She said:

He [host's father said] 'I think what you could do with is a wad'. A wad was one of their cakes. He took me in the pantry [ ], he sat me on a stool and I had a wad [ ] and a glass of milk. That's why I always wanted a house with a pantry. It was because of the pantry [the host's father] took me into to give me a wad. And I never did have a house with a pantry! (Jane)

It could be suggested that one of the reasons Jane wanted a house with a pantry was because of all its positive associations both with specifically being comforted when she was upset and more generally with the warm relationship she had with her host and her host's extended family which is described in the section called *Being part of the family* in *Who I was at the time of the War*.

Another participant described how throughout his life he has sought the highest quality in material possessions due to the influence of his evacuation billet hosts' and the objects with which he was surrounded as a young evacuee, thus describing how one element of the War influenced the formation of the person he is today. While talking about the influence of his experiences of being evacuated to a large stately home in the countryside, Doug said:

[It influenced me] a great deal, a great deal because growing up with everything being of high quality…so consequently coming back from evacuation, the same principles of

‘always go for the best, always save up and buy something that’s going to last a long time meant something to me. Obviously it influenced me. (Doug)

To reflect how closely Doug has followed this rule of always seeking the best and never accepting second best in his adult life, he described furnishing his house with furniture and decorations that he considered to be of the best quality. He said:

I designed the bungalow. I imported most things from [abroad] erm at a very high cost. (Doug)

He followed this rule so closely that he attempted to influence others, namely his wife, with it and attempted to help her appreciate the best quality. He described how he felt she was unappreciative and how he felt that therefore she was not ‘the best’, resulting ultimately in his separation and divorce from her. He said:

I tried to bring her the better things in life thinking that I am actually doing something for the woman. [ ] I actually left my wife because, basically, to put it in a nutshell, she did not come up to my standards. I wanted something better, she was not prepared. (Doug)

As has been discussed earlier in this chapter, Doug encountered great difficulties in being accepted by those associated with his billet host’s family, by the community in which he was placed during his evacuation and by the London community to which he returned after his evacuation. It could be hypothesised that he incorporated the tastes of those around him helped him to feel he was part of the group. Additionally it could be said that possession of these tastes and aspirations served to increase his sense of self-esteem, belonging and continuity between the different environments in which he lived (Breakwell 1986. Please see *Discussion*). However the endurance and pursuance of these tastes had a catastrophic effect on his relationships with others causing him to become separated from his wife. In some senses this is perhaps not surprising as in a later section named *Attachment,* Doug describes how he has always experienced difficulties forging relationships due to his evacuation experiences and it could be said that he had a more comfortable relationship with material possessions which also better served his self-esteem and continuity with a life he aspired to live.

3.5.4. Development of Skills

Several participants described skills they acquired as part of their wartime experiences and have retained until the present day, suggesting therefore another long-term effect of their experiences.

These skills include those that are practical, knowledge that could be transferred to a job as an adult and life skills. These enduring skills could be seen as an outward sign of these participants' experiences of evacuation and the bombing of London. For example, relating to the taste for nuts that David developed during his evacuation, he described gaining the skill of picking and opening hazelnuts. He said:

I learnt how to pick hazelnuts. I learnt how to open them with a penknife, that's scraping the point off and pushing the point of the penknife in and twisting it and the shell would come apart. (David)

One participant described how she acquired the skill of being able to knit as the result of spending so much time in an air raid shelter. She said:

And that's how I learned to knit, because you lose so many hours down there. (Ruth)

One participant learnt the skill of riding a bicycle during her evacuation, something she had not been allowed to do at home in London. Harmony described learning this skill by saying:

I always wanted to ride a bike. [ ] So it was after I'd got to [evacuation] I got my wish by [ ] borrowing this loop framed bike and after that my mother bought me one [ ] she knew I always wanted a bicycle. (Harmony)

For Harmony, learning to ride a bicycle during her evacuation became more than simply learning a skill of which her ability to do has endured until the present day. It could be said that it resides in a very central place in her life as it has a significant role in some life events. She describes the importance of this skill in her life by saying:

[It] changed my life I suppose [ ] because I have been cycling ever since. [ ] I was a member of a cyclist touring club and [ ] I have been a racing cyclist with some success. (Harmony)

She also described how it relieved a medical condition from which she suffered by saying:

One of the reasons I became so keen on cycling was because I tended to have rather flat feet [ ] and one of my feet was always a bit swollen and I found after I had cycled a long way, my ankles were much less swollen, so I realised cycling was good for me. (Harmony)

Harmony also feels it saved her life during the wartime bombing of London. She describes an occasion when a doodlebug was dropped in very close proximity to her and how the fact that she was on a bicycle saved her life:

The blast hit me in the back and I shot along the road on my bicycle and [ ] it blew me along the road. [ ] I don't know whether I would have been killed but I would have badly injured because the blast shot me along the road so I could well have been blown up and killed [ ] you know. So the bike saved my life then. (Harmony)

It additionally gives her a pastime now, in later life.

I still ride my bicycle these days. [ ] I actually do [charity work] on my bicycle [ ] that's encouraged me to cycle. (Harmony)

Another illustration of what an important part cycling has played in her life is that every ten years she and her sons take their bicycles to Italy where her only brother was killed in active service, to visit his grave. Therefore it could be said that evacuation afforded Harmony the freedom to learn a skill, which then run like a vein throughout many significant events in her life, thus demonstrating the enduringness of some effects of evacuation.

Some participants described gaining skills that helped them conduct their lives in a particular functional way as a result of their wartime experiences and how they have used these skills throughout their lives. Gaining and continuing to use these skills can be seen as a long-term effect of their wartime experiences. For example Bob described learning to work co-operatively with others while living on a farm as an evacuee and these skills helped him work as a team during his adult working life. He said:

I think [that] living on a farm, I think it was very communal, particularly in times like [ ] harvest. The whole area [would] congregate on one farm and get the harvest in and then they would all move to the next farm [ ] doing all the jobs. [ ] I suppose it really gave me, how shall I put it? Used to working with [ ] lots of people. [ ] I suppose that gave me skills to fit in with people you know. Also you had to get on with people, you can't rub people up the wrong way or be abrasive or anything, you know you've got to fit in and I think looking back probably farm life did that because you had to fit in, you know, there was no choice. (Bob)

Two participants described how their wartime experiences made them more independent people. For example Ruth said that, as a result of being evacuated and therefore being sent away form home and separated from her parents:

I think maybe I'm more independent. [ ] That was the beginning of me going off on my own as it were. (Ruth)

Like Ruth, Doug begins by saying that he had to become independent because his wartime experiences left him feeling unable to interact with others. He said:

I blame my or I use the War because of my experiences of growing up on my own and constantly being on my own as not being able to interact with other human beings. [ ] If I had a problem [ ] I just had to sort it out. (Doug)

When the researcher reflected that his experiences had made him self-reliant, he responded by saying:

Totally independent, yes, totally independent. [ ] I live in a three bedroom house on my own , there is not a single thing I am incapable of doing. (Doug)

It could be said that becoming more independent as a result of evacuation served a principle of survival in that perhaps, in some circumstances, if one is self-reliant, then he or she is more likely to survive than if one is dependent on others.

Another participant described how her wartime experiences play an important part in her life because it gives her a subject to talk about in social situations therefore perhaps helping to enhance her social interactions in that it is one way of connecting to people in order to guard against the loneliness she had experienced as an only child. Ruth said:

I think it's a terrible lonely life for an only child [ ] and I think that's why I have sort of gone out of my way to be friends with people. All these things have helped me [ ] in my life because you can then discuss things and talk about things like we are now. And living through the War, which is another thing you can look back on and that's why I wouldn't have missed it for the world. (Ruth)

One participant described how he felt he lost the opportunity to acquire what he considers to be skill vital to forging relationships with others due to his evacuation. Where many participants described interpreting aspects of War as opportunities for play and adventure (in the section

called *Being a child during the* War) Doug described how he had never learned to play due to spending so much of his childhood alone during the War and how this affected his relationships including his marriage. He said:

Because of having no children to actually play with as a child, psychologically I never learnt how to play. I can't play with a girl. Now if you think about the repercussions of this in a marriage, in courtship there is a sense of play. (Doug)

He also described how his inability to play has affected his relationships with his children and grandchildren. He said:

I'm talking about play, I cannot do it , I cannot get close to my grandchildren [ ] because I don't know how to behave. But not only can I not get close to my grandchildren, I cannot get close to my own children. (Doug)

Doug further describes his difficulties forging intimate relationships and interacting appropriately with his family and how his experience of evacuation affected and this description can be found in the next section called *Attachment*.

3.5.5. *Relationships*

3.5.5.1. Attachment

Several participants described the long-term effect their experience of evacuation had on the quality and nature/style of the attachment relationships they have with others (and how these changes to attachment have endured until the present day). One participant described how evacuation consolidated/strengthened his attachments**.** Pete talked about how his family became more important to him as a result of his wartime experiences. Pete said:

Family means a lot to me [ ] because [ ] being sent away, you feel the need for family. (Pete)

By contrast, another participant explained that he now feels unable to experience closeness with other people as a result of his evacuation experiences and how, therefore, his experience of evacuation has contributed to the person he is today by helping mould the kind of relationships he has had as an adult. When questioned about the long-term effects of his wartime experiences he began by saying:

If anything I can say affected me [ ] the War [ ] it's an emotional thing that has affected me. [ ] I don't have the closeness to people that a normal human being should have. I can talk a lot, I can look after the public exceedingly well. [ ] I can get close to you through speech but physically I would be very shy. (Doug)

Doug went on to talk about his difficulties as a parent and how the inability to experience to become close to people contributed to this. He said:

Never being able to be a daddy, I relied on a woman to be a mummy. It is the inability to get close. (Doug)

This participant explained that his inability to experience closeness with other people is due to fear of losing them and this fear stems from the loss of several important relationships as the result of being evacuated. He said:

Doug: I can't get emotionally close to anybody. I won't allow myself.

Researcher: [ ] Why do you think that is?

Doug: Fear of losing them [], without question. I think that goes back to the fact that I had lost my mother, I lost my relationship with her, I lost my relationship with the people I was evacuated with during the War.

Doug describes this separation from his mother in a way that suggests his relationship was severed completely by evacuation and he is no doubt that this experience had an enduring and catastrophic effect on subsequent relationships as illustrated by his comments above. Doug said:

It [ ] was a divorce if you like from parent to evacuee. (Doug).

It is perhaps surprising that only a few participants talked about the effect evacuation and the bombing of London had on their attachments to others and attachment styles. Perhaps one reason so few talked about the effect of these wartime experiences their attachments is perhaps explained by the fact that the majority of participants were evacuated with either siblings or a parent and siblings, a protective factor for attachment identified by Foster (2000) and Foster *et al.* (2003). For example, David said:

There was the fourth child came along with us as well as my youngest brother and me Mother. Dad stayed up in London. (David)

Additionally, it is possible that attachment was not such an issue for some as several participants' attachments with their parents appeared to have been unaffected by the separation of evacuation and they were able to respond to the distress caused by this separation by returning home very soon after they had been evacuated. Therefore it could be said that, as suggested by Bowlby (1980) being able to have some control over the maintenance of the attachment and the proximity of the attachment figure meant that some participants were relatively unaffected by the separation caused by evacuation. Ruth described the distress experienced by her and her family regarding their separation. She said:

My mother was homesick for me [ ] and so I just came home. (Ruth)

Ruth also described missing her parents by saying:

I just missed home, I missed Mum and Dad. (Ruth)

Ruth also described returning home in secret at weekends and this suggests that she did not make any strong attachments to her evacuation billet or hosts due to feeling unwanted at the school which she was allocated to attend (Please see *Relationship with the Local Community*) and simply wanted to be at home. She said:

We were not allowed to go home at weekends although [evacuation destination] was on a direct line to [home]. We used to meet the staff on the station and they also were going home and shouldn't have been. [ ] And nobody ever said anything. (Ruth)

Like Ruth, another participant described the lengths to which she was willing to go in order to return home. Harmony recalls being willing to hitch a lift home when all travel was cancelled due to the soldiers being transported after being rescued from Dunkirk. She said:

So we were very upset when we were told we wouldn't be allowed to go home.[ ] I remember I was a bit bolshie at the time, I said 'I want to go home and see my Mummy [ ] If I can't go, [ ] I am going to go and thumb a lift home. [ ] All I wanted to do was go back and see my Mum again. (Harmony)

To conclude, it would appear that the separation caused by evacuation had an enduring negative effect on attachment for surprisingly few participants. It could be hypothesised that most participants did not experience this negative effect because they remained with their siblings or were able to, unlike Doug for example, exert some control over the length of the separation by

visiting home in secret at the weekends or terminating the evacuation in order to return home to be with parents, a protective factor against damage to attachments suggested by Bowlby (1980).

3.5.5.2. Enduring Wartime Relationships

Several participants described how their relationships with the billet hosts to which they were evacuated have endured throughout their lives. Regarding the maintenance of these relationships, Jane, for example, who previously described a warm, positive relationship with her hosts, said:

I kept in touch with Mrs Green I kept in touch, Mrs Green. It was sad, she died on January of this year and we kept in touch all those years. (Jane)

Like Jane, David also kept in touch with his hosts and they even became family through marriage. He said:

We've always kept in touch, [ ] when the farmer died in 1980, about 1981, we were still in touch with him and his wife. They are family now erm my brother married one of the daughters of the family that we met down there. (David)

Bob regained contact with his host family later in life and similarly he visited them regularly and they came to feel like his own family. He said:

After the War, when I was a bit older [ ] I got in touch with the farm again and from then we went there regularly one, twice, three times a year [ ] so we kept in close contact with them for years, years and years [ ] They were like a second family really. (Bob).

Jane went further to describe the special and warm nature of her relationship with her host by describing how it was acknowledged at her host's funeral. She recalled the Reverend saying:

She was a much-loved lady and her three evacuees [ ] had all sent her flowers. (Jane)

Her host even acknowledged her as his evacuee when she visited him in hospital many years after her evacuation experience.

We went to see him on the Thursday afternoon, Mr Green in there. We walked in and he went 'Aah!' to the man in the next bed, he said Aah this is my little evacuee. (Jane)

By being able to visit her host in hospital in this way, she said she felt she was able to provide some recompense for being cared for when evacuated. She said:

We used to take [Mr Green] bits and pieces that he wanted and Mrs Green said [ ] Well I'll send you the money. [ ] I'm so grateful you are going to see him and I said Don't you dare, [ ] we are just paying you a little bit back for what we had. (Jane)

During the interview, Jane reflected that her host's death had left a gap in her life by saying:

Well I miss giving her a ring during the year actually. (Jane)

This comment suggests that the relationship Jane had with her host was so important in her life that she experienced a strong feeling of loss when her host died. Similarly, the relationship David and Bob had with their hosts was significant in their lives beyond the evacuation experience, so much so that they had regular contact, visit regularly and even became family.

It could be seen as surprising that some evacuees had such close and enduring relationships with their hosts due to the random nature in which they were assigned to each other. Children and hosts were not matched according to similar perceived social class or religion for example (Boyd 1944). Evacuees were sent to a particular area or host simply because they had the room to accommodate a child. On arrival at the reception area, some potential hosts were given the choice of which evacuee they accommodated. Their choices were often based upon first impressions based upon fantasy children (small girls with blond, 'Shirley Temple' curls, for example) or usefulness on the farm (Macnicol 1986; Gardiner 2005). However this still did not guarantee compatibility or mutual warmth. It could be said that the participants' identities as an evacuee endured through the maintenance of these relationships and therefore these relationships contributed to who they are as a result of the War because they were therefore allowed to maintain a tangible connection with this part of their identities.

3.5.6. Enduring Memories

Throughout the interview, all the participants described clear, vivid memories of their wartime experiences. Many talked about the nature of their memories of their wartime experiences. They described these memories as enduring and clear, as if they have not deteriorated over time. Participants described the nature of these enduring memories in many different ways, some detailed and some in specific sensory modalities, for example. In contrast, some participants described having no memory or a doubtful memory of a detail of an event.

Pete implied that specifically his memories of evacuation are different in nature from his memories of other parts of his life. He described having enduring memories of a school he attended as an evacuee and he described this experience as traumatic. He said:

Normally you look back in your life and you remember mostly the good times, but when I look back on this, the thing I remember mostly is going to that school. (Pete)

It could be hypothesised that some participants' memories are so enduring and clear because they are different in nature to memories of other life events due to the uniqueness of the experiences that are recalled. (See trauma literature)

Several participants talked about having retained very detailed memories of their wartime experiences but it is not possible to give exact quotes because it would breach the participants' confidentiality, as the details are so specific that they may identify them. What can be included are the comments they made about having these detailed memories. For example Jane recalled the name of one of her fellow evacuees and commented:

Isn't it funny how names come back? (Jane)

Harmony recalled the date of her evacuation and the number on a placard that identified her school group. Of recalling this she commented:

I remember to this day (Harmony)

Ruth remembered a detail of a job interview she attended when she returned from evacuation and became old enough to work in London during the bombing. She commented:

Little things, you know, they stay in your mind (Ruth)

David recalled the names of his hosts and the farm on which he stayed as an evacuee and he implied that this memory was an enduring one by saying:

I remember the name even now (David)

There appear to be several different recollection processes occurring amongst these quotes. Harmony's comment appears to reflect the enduringness of her memories of evacuation whereas Jane's comment reflects the way in which detailed memories are triggered as the result of the recollection of broader memories during the interview. However, one might hypothesise that

these memories have endured but are not brought to consciousness until they are triggered by the recollection of broader or other memories; perhaps they are triggered by the context. Ruth's comment could be seen to reflect the recollection of small details and it could be hypothesised that children and adolescents tend to remember or encode detailed fragments of an event rather than the broader context or events in their lives within the larger landscape or context of time and place.

Ernest talked about a memory of his evacuation, of leaving his sister to fend for herself in a field full of cows, being triggered by being in a similar context to the encoding of the memory. He said:

Even now when I see cows in [a local] Country Park I think of it. (Ernest)

Ernest's comment suggests that this particular memory is enduring to the present day.

To illustrate how vivid her memories of aspects of her evacuation were, Harmony said:

We were told that day [ ] we were going to be evacuated. So we gathered together and I remember it quite vividly. (Harmony)

David also commented on the vividness of his memories of the job that he was given by his parents to do every morning. Of this routine he said:

I remember vividly (David)

Other participants talked about the completeness of their memories of their wartime experiences. For example David said:

To think I can remember it all (David)

By saying this in this way it could be said that David is surprised himself how much he can remember.

Similarly of the geography of the area in which he lived during the War, Pete recalled very detailed and seemingly complete memories. He said:

I remember everything (Pete)

David also talked about what could be described as the freshness of his memories, that they are effortlessly retrieved and feel close to the present.

The start of the War I can remember as if it were last Sunday (David)

He described how various enduring memories are very fresh and appear to be within a specific sensory modality. About having what could be called an auditory memory of an aspect of the War, he said:

Yep, War was declared at eleven o'clock, you know I can hear it now. (David)

He also described what could be called a visual memory when he said:

Tate and Lyle's [Sugar refinery in London] burnt, oh I can see it now. (David)

David also described a visual memory of his first evacuation billet and the post box where he secretly posted a letter to his parents asking them to come and rescue him from hosts he experienced as uncaring. One might hypothesise that one of the reasons his memory of this particular aspect of his billet was because of the emotional element and connotations and context. He said:

The house, I can see it now, [ ] a raised garden [ ] and in the wall of the garden there was a letter box, a flush fitting letter box and it had VR on it. I remember as if it was yesterday. (David)

Other participants described similar sensory memories. For example Ernest in his case both an auditory and what might be described as a kinaesthetic memory said:

I can still hear that bomb, being on the floor, I can still feel the floor shake and its still there in my mind, that bang. (Ernest)

Ernest also talked about having what could be described as an olfactory memory of the bombing of London. He said:

When I see what happened when the bomb fell nearby and they just collapsed like a pack of cards in a heap of dust and smell was awful from the lathen plaster. Again [I can remember] the smell of the plaster and lathe and dust. (Ernest)

Several participants described having enduring emotional memories of the evacuation and bombing experiences. For example when asked about what stood out for her amongst her memories of evacuation Wendy recalled how she was initially separated from her sister due to her sister having an infection. She said:

Firstly was having been separated from my sister, that was terribly upsetting. (Wendy)

Wendy also talked about an enduring emotional memory. She previously described discovering that she had head lice and tried to get rid of it herself. Of that time she said:

So that was a thing that sticks in my mind because we were ashamed you know. (Wendy)

Doug's one memory of being evacuated reflects both an enduring emotional memory and perhaps the kind of detailed fragments that children encode and therefore recall about events in their young lives (Cohen 1996). He said:

The only thing I can remember is crying er being emotionally upset, wide railings er two bar railings. I can always remember that. (Doug)

Ernest talked about the importance of remembering a friend that was killed during the bombing of London and it could be said therefore that some of the participants deliberately keep memories of people in the forefront of their minds as a way of feeling these people are still close. Ernest said:

I want to know exactly what happened and [ ] and remember him as I do on Armistice day. (Ernest)

In contrast to those participants who describe how clear their memories of some details of their wartime experiences. Others described how they do not recall particular details or how they doubt their recollections. For example, when recalling the details of his evacuation, Doug said:

Who I travelled with I cannot remember. (Doug)

Jane described some of her memories in a manner that suggested that she was doubtful of the accuracy of them and of what she remembered. While describing the process of her evacuation, she said:

I possibly remember being in the village hall (Jane)

Pete described feeling that his personal memories of both his evacuation and the bombing of London conflicted with the public records of the events and circumstances in which he was involved. He questions the accuracy of the public record of an event involving a landmine during the bombing of London. He said:

This one [landmine] landed, so the story went, that the ARP men were trying to shoot it down, but I don't remember any ARP men ever having guns, nothing more threatening than a broomstick. (Pete)

Of the public, published record of his evacuation he said:

They say in the book about the schooling there. I never remember any schooling. In fact there was more photos of this which shows you a room, set up as a classroom, I never saw a classroom, I never saw a teacher. (Pete)

One could hypothesise that the reasons some participants have vivid memories and some have more vague memories is due perhaps the meaning of the event to the person, the more meaning it has, the more likely they are to remember it. It is perhaps possible that memories were vivid or suppressed due to the event being perceived as traumatic. Again, it may reflect the fragmentary nature of memories encoded in childhood or there may not have been sufficient cues during the research interview to trigger the recollection of a memory (Cohen 1996)

It is perhaps this inaccuracy of record and absence or doubt about memory that motivated some participants, including Pete to undertake research about their experiences.

3.5.7. Filling in the Gaps

Several participants undertook research into their experiences of evacuation and the bombing of London. The explanation a number of participants gave for undertaking this research is that they wanted to learn more about these experiences and make sense of them. For example Pete said:

I'm trying to make sense of what happened during the War to me. (Pete)

One possible interpretation of this research is that perhaps participants undertook it as part of a Life Review because they appear to have wanted to return to events and perhaps revaluate and

integrate these events into their life history and therefore sense of self (Haight 1998). Additionally their activities are relatively formal, planned, structured and effortful. In this sense their activities differ from reminiscence, which is a much more informal, spontaneous, activity that concentrates on one particular event or memory (Haight 1998). For example several participants who undertook research found books and contemporary newspapers connected to their experiences. Pete returned to the organisation responsible for his evacuation and purchased a book written by a person connected to it. He said:

I was first evacuated [ ] through the Oxford House Settlement. It was like an association of clubs all over London and they had this small club in Maple Street in Bethnal Green where I lived, and er me Mum used to send me there of an evening. We went to the Oxford House Settlement last week and I see the Principal there. [ ] The vice chairman of the place [ ] wrote this book, so I bought his book. (Pete)

To demonstrate the thoroughness of his research and perhaps therefore his determination to find out as much as he could about his experiences, Ernest said:

I've got all the dates down here. I have researched it all. I've got every experience researched in date form from all the local history. (Ernest)

Another possible interpretation of the reason participants undertook research could be that despite their memories being detailed and feeling very vivid and clear, they consider their childish memories and perceptions of the events and their details to be inaccurate and therefore unreliable. A number of participants commented that their memories were incomplete, perhaps because as previously discussed in *Enduring Memories*, as children they tended to remember details rather than a broader recollection that included time and place and a more general impression of their experiences. Additionally they commented that they later discovered some of their memories to be inaccurate. For example Wendy said that she was unable to remember details and David said that he could recall the places he lived as an evacuee but not any dates of the events. Ernest found that he had remembered wartime events in a different order to what they actually were and he discovered that the picture he had of his evacuation billet was completely different to the reality he discovered as an adult. As a result elements of these experiences need to be researched in order to correct inaccuracies and fill in gaps in knowledge. Of his motivation to carry out his research he said:

Perhaps my memory isn't true. I do this to find out what it was really like. (Ernest)

However life review and unreliable memories do not appear to fully explain these participants' motivation for undertaking their research. One could hypothesise that because their experiences of evacuation and the bombing of London were so temporary and therefore transient, and took place over a relatively short period of time in the context of a long life, they are wanting to gain a greater understanding of why such transitory experiences had such a profound and enduring effect on their lives (and the formation of their identities). All the participants readily acknowledge that they experience long-term effects of these experiences and can identify many of these effects. As reported in other areas of this analysis, Bob, for example, acknowledges the effect his wartime experiences had on the formation of his personality. Others, Doug for example, reported profound effects on their relationships (attachment style particularly), on their futures (educational opportunities) and aspirations as well as their tastes and rules by which they live. It is possible that although they have what some participants consider to be clear memories (e.g. "I can remember it as if it were yesterday") or some memories of these experiences and some understanding of the long-term effects of them. They also acknowledge gaps in these memories and wonder what is in these gaps, perhaps concluding that there must be something significant in these gaps that means that these experiences had such a profound and enduring effect upon their lives. This wondering is reflected in some of the comments the participants made about taking part in this research. They expressed concerns that long-term effects they had not yet identified may be uncovered during the course of the interview. For example Ernest said:

I must admit, talking to you on the phone, I'm looking to see what long-term effects there are (Laughs) and I can't find them. (Ernest)

Other participants suggested that some of their experiences perhaps should have had a more profound effect but did not and it is possible that this has left them wondering why some seemingly obvious events did not affect them while other perhaps less obvious or seemingly innocuous events may have left a profound and enduring effect. For example, of experiencing the aftermath of the bombing of London, David said:

As far as I was concerned it was a marvellous time and I think it's never had no effect on me you know. I know we saw [ ] about six houses taken out by a mine and we all went around there next day [ ] and you see the bodies coming out [ ] but [ ] I don't think it affected us, it hasn't affected me anyhow. (David)

One could also hypothesise therefore that participants carried out research in case they had missed something about the experience that could have caused this profound and enduring

effects. It is possible that they are fearful of unknown knowledge or information about their experiences and this had motivated them to fill in the gaps in this knowledge.

Another hypothesis could be that because these experiences were so temporary, brief and therefore transitory, and took place a long way from home in many circumstances, they could feel disconnected from them and therefore the experiences feel intangible. Therefore it is possible that they feel the need to reconnect with these experiences and gain some tangibility in order to gain a greater understanding of the profoundness and enduringness of the effects of these experiences and the prominent place that they have taken in their lives. This disconnection from their experiences could have occurred as the result of coping strategies used to protect their identities from the threat they faced during evacuation.

One could hypothesise that if a person places different versions of themselves into compartments in an attempt to keep the integrity of a threatened identity then over time they feel disconnected from one of the compartments and the experiences that help build that version of their identity (Breakwell 1986). With reference to the section *Difficulties returning to London after Evacuation,* if the identity they possessed when they returned to London from evacuation was deemed unacceptable by those in that community, then the 'evacuee' element of their identities could have been securely hidden in order to develop their identities in another direction that served the three principles in the East End environment where they would have to live for the foreseeable future. Therefore it is possible to hypothesise that participants attempted to remove themselves from their identity as an evacuee and therefore disconnected from it. It could be said that in later life it has become important to reconnect with this version of their identity.

Participants reconnected with these experiences by returning to the places to which they were evacuated. For example Pete not only returned to the organisation responsible for his evacuation, he also returned to one of the places to which he was evacuated. He described going to great lengths to gain the opportunity to visit this place such as contacting the local police in search of the telephone number of the place to organise a visit. He went on to say:

I went back there. So I got [the billet occupier's] phone number, spoke to him and I said [ ] 'I'd like to come and have a look where we were evacuated and he says 'yes by all means'. (Pete)

Ernest has also returned to the place to which he had been evacuated. He said:

I have been back there twice and I want to go back again. I actually went back and found the school where we went. (Ernest)

Other participants made contact with people involved in their evacuations in order to find out more about their experiences and perhaps reconnect and gain some tangibility. For example, Doug visited a person who helped care for him while he was evacuated in order to find out more about his experiences. He said:

I took a friend to meet her who was Austrian, I was hoping to gain more about my childhood. (Doug)

Several participants hoped to speak to people relating to their experiences but were frustrated in their attempts. For example Pete discovered that someone in the organisation responsible for his evacuation had been searching for former evacuees to speak to only weeks prior to his visit. He attempted to gain contact with this man but without success. Similarly Ernest hoped to speak to someone who knew about his experiences of the bombing of London but was unable to find an appropriate person. It is possible that by speaking to someone who knew about his experiences confirms that they actually did happen and it makes them more real and tangible.

Having a permanent record of their experiences in the form of photographs taken at the time might suggests that they do not need to investigate the experiences involved in the photographs any further for evidence of the reason these experiences had such as profound and enduring effect on their lives and identities. Indeed both Pete and Doug had photographs that confirmed their memories. Pete brought photographs of his evacuation billet to the interview and stated that it confirmed his memory. He said:

Then you would got to the dining room for your food and there was twelve to a table and er I remember that clearly and when I've looked at this old photo its right, 1, 2, 3, 4, 5 chairs that side 5 the other side and one at each end. (Pete).

However, Doug used photographs to speculate about his psychological state while evacuated. He said:

From these photographs would anybody say I looked happy? I don't know. [ ] It's very difficult to say this child is a happy child. (Doug)

It is possible to hypothesise that Doug hoped looking at and showing the photographs to others in the hope that he may gain greater insight into the reason his experiences had such a profound and enduring effect on his life.

It is possible that one of the reasons the participants chose to take part in this research project is perhaps because they hoped that they might be able to reconnect with the experience and that it was the opportunity to share and possibly process and therefore make sense of their experiences. For example Ernest said:

I want to talk about all my experiences if anybody wants to listen. Talking to you and getting some opportunity to get it out of my system if you like. (Ernest)

Taking part in the research may have had a therapeutic element to it. Ernest was able to share his research and experiences and felt that it had a cleansing quality about it. It could be said that Ernest's need for a listener echoes mode two of Garland and Garland's (2001) Life Review.

He also describes taking his children back to the location of his evacuation and his wish for his family to ask him more about his experiences and the results of his search. He requires a listener preferably his family but they are not particularly willing (Garland and Garland, 2001). Ernest gives a sense that he wishes to leave an impression of himself on his family so that they will remember him and how he as a person was formed, and by what experiences so that they can perhaps pass it to future generations.

I have taken my two children back there. Getting some opportunity [ ] to tell people who don't want to listen at the moment like my own family. (Ernest).

The researcher gained an impression that, in some instances, the participants were hoping that she would be able to provide further information about evacuation the bombing of London and the possible long-term effects. Information was provided in the form of organisations relevant to their experiences and the researcher plans to share the outcome of this research with those who participated in order that they may perhaps gain further insight into the reason these experiences had such profound and enduring long-term effects.

3.5.8. Reminders

In relation to the issues discussed in the previous section regarding keeping elements of their identities as evacuees prominent, two participants described having reminders of their

experiences close to them. David described combining his habit of saving and hoarding wood (please see *Attitudes*) and his experience of the farm on which he stayed as an evacuee by making a model out of salvaged wood. He said:

I did make a model of the farmyard cart all out of oak [ ] from [the local] hospital. A big model [ ] of the wagon that we used to get the hay and corn in with [ ] and I've kept that in a glass case indoors. (David)

Another participant is reminded of his evacuation experiences by his sister. This could be seen as a form of reminiscence between siblings. Of one experience Ernest said:

You had to go across the fields to the school. There was often cows right the way across the park but I gave these a wide berth and left my six-year-old sister. My sister always reminds me on the phone, she always pulls my leg about cows even today [she] still reminds me of the time when I left her in a field with the cows. (Ernest)

Of being reminded by his sister of the circumstances of their second evacuation billet, he said:

Then she'll talk about: 'Don't you remember sitting up, the two of us in bed in the old people's place with the candle on the pile of newspapers? (Ernest)

Therefore it is possible that these two siblings feel it is important to regularly reminisce about their experiences. One might hypothesise that items are kept in prominent and special places, conversations are often repeated and reminiscence takes place regularly about the experiences people have in order that perhaps the origins of elements of their lives and identities are kept central and prominent in the present. Perhaps they fear losing or forgetting about this element of their identity or that others might forget or allow it to lose its importance. This is perhaps because at times they feel disconnected these experiences because they occurred at a distance both geographically and temporally from their present lives. They therefore perhaps feel that physical reminders in the form of models or conversations keep the experiences in close proximity.

3.5.9. Trauma

The majority of participants described reactions, behaviours and thoughts relating to their wartime experiences that have endured until the present day thus providing further evidence that elements of their current identities have been moulded by these experiences. Even though none of these participants overtly described their experiences as traumatic, their enduring reactions to

these experiences could be seen to have a relationship with trauma and the reactions those who suffer a trauma experience after the event. One reason for this is that they seem to appear automatically and involuntarily in the presence of an identified trigger or cue (Rothschild 2000).

3.5.9.1. 'I am a Survivor'/Being a survivor

At particular times in their lives, perhaps as part of a formal or informal Life Review, people ponder on times when, as the result of a particular incident, they may not have survived. It is common for survivors of a traumatic event to ponder their survival and ask such questions as 'What if I had not survived?' For example Ernest wondered frequently at how he survived the War and considered this to be a long-term effect of his wartime experiences. When questioned about the long-term effects of his experiences of evacuation and the bombing of London, he said:

How did I survive all this? (Ernest)

He elaborated by saying:

I can look back now and think 'How did I survive?' when we talk about the Blitz. (Ernest)

The possible way in which wondering at his survival is related to his sense of self can be understood through the psychological effects of experiencing a traumatic event. Those who have survived such an event often experience a sense that they are either unsure of how to proceed with their lives as they expected not to survive or that they must now do something special with their lives or make their lives particularly meaningful as they have been given extra life that at the moment of the trauma they did not believe they were going to have (Lewis-Herman, 1998; Matsakis, 1996). Therefore part of their identity becomes that of a 'survivor' or as someone who was saved at that moment for a special reason and they go on the search for this special reason throughout their lives. (Rothschild, 2000) Other people experience a sense of guilt that they survived and other did not, known in trauma literature as 'Survivor guilt' and this becomes part of their identity and relationship with themselves as they continue to experience this guilt and act upon it throughout their lives. Ernest does not express this sense of survivor guilt nor does he go on to describe exactly how wondering at his survival has affected his life so one can only speculate.

3.5.9.2. Conditioned Responses

It is common for survivors of a trauma to react to stimuli that are the same as or similar to that which caused the trauma long after the event as if the traumatic event were occurring again (Rothschild, 2000). Although they do not describe their experiences as traumatic, many

participants described reactions that are triggered by particular cues, which they are able to directly connect to particular wartime experiences such as the air raids. They also describe how these reactions have endured until the present day, thus providing further evidence that the War has contributed enduringly to who they are. For example one participant described the physical reaction she has to hearing air raid sirens in the present day and considers it to be a conditioned response to hearing the sound. Jean summed up the enduring affect that having experienced the air raids in London by saying:

I can't, even now, hearing the air raid warning without having my stomach go over, you know, even when you hear it on plays or television you still get that kind of churning you know because it was so part of you life for such a long time, six years you know, like Pavlov's dog, you are conditioned. (Jean)

The trigger Jean describes to her response appears to be directly related to her experience of hearing the air raid warning during the War. Survivors of trauma are often very sensitive to cues to memories and they can often seem very general or unrelated to the original traumatic event (Rothschild, 2000). Another participant has what could be considered a conditioned response to a trigger that is indirectly related to his experience of bombing of London. Doug described jumping in response to the sound of thunder claps because they remind him of the "**thunderous noise"** (Doug) of the bombs and the fear related to them.

Another participant described continuing to respond to a sound that reminds her of the air raids in London which could again be considered to be a conditioned response, one that was associated with fear and danger during the War but has become a joke since. Wendy said:

My husband and I, [ ] even to this day, and it's a joke now, if we get a low flying aeroplane, it doesn't scare us, but do you know what we'd say to each other? [ ] 'Oh, I hope it's one of ours' [ ] because you would say when you hear this boom boom boom boom boom going over and you'd say 'Oh God, I hope that's one of ours'. [ ] You used to know it's one of our boys coming back [ ] or it was one of them coming to bomb us, it would make a lot of difference. Psychologically we remember that. (Wendy)

The rapid evocation of a memory triggered by a particular smell could also be considered to be a conditioned response to a potentially traumatic event (Rothschild, 2000). Jean described how memories of the air raid shelter are triggered by the smell of a candle burning. She said:

Oh I can't smell candles now, when you put a candle out, I can still imagine, when you put the candle out, that smell, when you put the candle out, you know, that's what we had in

the shelter of a night time to go to sleep and used to just put it out and there was that smell and it always brings it back that smell of the candles, of the candle being taken out…smells can be very evocative. (Jean)

The development of a phobia in response to what could have been considered a traumatic incident might be seen as a conditioned response because if circumstances similar to that of the trauma are encountered they are met with the same fear and are therefore avoided. Therefore the person has been conditioned to respond to these circumstances with fear (Rothschild 2000). Pete described almost drowning in a stream in which he was expected to have a bath while he was evacuated. He went on to describe how he was never able to swim after that incident. He said:

I can't swim now, I couldn't swim then and the experience I had then put me off swimming forever. [ ] I've never tried it, well I suppose I did try and do swimming but those thoughts come back. (Pete)

In the context of Breakwell's (1986) model of identity (Please see *Discussion*), one could hypothesise that these conditioned responses gained value during the War because they were concerned with survival and because survival can be regarded as a strong reinforcer, they have kept a certain amount of their value in the person's identity structure which could provide an explanation for why these responses remain so easily triggered.

3.5.9.3. Preserved traumatic memories

In the previous section, *Enduring Memories*, participants described possessing both vivid and vague memories. Hypotheses about reasons for this variation were discussed and trauma was suggested as one reason for having either enduring or suppressed memories. In relation to this hypothesis, one participant talked about having a very clear, fearful memory of the first time a doodlebug went over and her father's reaction to her asking what it was. Wendy said:

I can honestly say I shall never forget the first night of the doodlebugs, that will always…I was scared. [ ] It was fear of the unknown and I can remember that now. [My father] said 'I have got no idea what they are' [and I can remember] the words and the fear. (Wendy).

Survivors of trauma often describe having very clear memories of a particular part of the trauma such as the words someone spoke and these memories can be so clear that they feel as if they are experiencing the event as if it were happening again. Therefore this memory could be seen to have similarities with flashbacks (Rothschild 2000). However flashbacks are often accompanied by extreme distress (Rothschild 2000) and of recalling the memory, Wendy said

that she does not experience any distress at recalling this memory neither did she show any during the interview. She said:

[The memory] still lingers on. [ ] I mean we don't worry about it. (Wendy)

Additionally flashbacks occur involuntarily and are perceived as out of the control of the sufferer whereas Wendy appears to be able to recall the memory voluntarily and in a manner that is within her control.

3.5.9.4. Recurring Dreams

One participant described experiencing a recurring dream that he believes is related to his experiences of the bombing of London. Pete said:

I have some weird recurring dreams [ ] I am forever running as if I'm running away from something or running to catch something up and there's turmoil going on behind me. It's like, I suppose it's like an air raid, it's like [ ] fighting going on behind me. [ ] I've had this dream since I was about twelve I suppose, [ ] it's when I get a little bit stressed or a little bit worried that dream comes about. (Pete)

One could hypothesise that when Pete feels stressed or worried; this emotional state somehow replicates or reflects how he felt during the air raids, which then trigger this dream and this reaction has endured for over 60 years and could therefore be identified as a long-term effect.

3.5.9.5. Changing Relationships

One participant described how he felt his relationship with his father changed as a result of witnessing the abuse of a child while he was evacuated for the first time. He described hearing one of the local boys being physically abused by his father. Pete said:

The other traumatic thing about that, this little boy, a nice little boy, lived in [ ] that house there [*points to it on a photograph*] and about seven o'clock he'd be put to bed I'd imagine, and he would be screaming 'Please Daddy, don't hit me please'. His father wrought into him with a leather strap, oh it was terrible. (Pete)

When asked about what effect it had on him by the researcher he talked about it making him more frightened of this father. He said:

Well, I could always remember that, my father was a strict disciplinarian as well and it made me a little bit more terrified of my father in case I got the same treatment. (Pete)

It could be concluded that, in a broader sense, as the result of the trauma of hearing another child being beaten, Pete's view of the world changed, which is consistent with the consequences of witnessing a traumatic event (Matsakis, 1996; Janoff-Bulman, 1992). According to Van der Kolk *et al.* (1996) After traumatic events, perceptions of relationships tend to become filtered through those experiences and therefore has a profound effect on a child's ability to trust and, perhaps, feel safe with a particular person, as Pete no longer felt as safe with his father after learning that fathers can beat and hurt their children

3.5.10. Mediating Factors

It is possible to assume that being separated from parents and family, and witnessing the deaths and injuries of others as a result of the bombing of London are universally traumatic experiences. As previously described and discussed in the analysis of this research, many of the participants have reported some enduring negative effects of experiencing the bombing of London in the from of enduring reactions to stimuli both directly and indirectly related to their experiences and one could suggest that these reactions share similarities with those sufferers of traumatic experience. Additionally one participant described negative effects on his ability to form intimate relationships due to being separated from his mother and then those who cared for him while he was evacuated.

However, several participants were sure that their experiences had no long-term effects at all, although a number have been identified from their interviews. It is possible that, in relation to the discussion in '*Life Review'*, the participants assumed that there is potential to experience negative long-term effects from these wartime experiences and that the researcher was looking for these negative long-term effects when she asked them if they felt they experienced any. With this in mind, participants made the following kind of comments when asked about the long-term effects of their experiences. For example when describing witnessing the after effects of an air raid, David said:

It hasn't affected me. (David)

When questioned about the possible long-term effects of evacuation and the bombing of London, Ernest said:

I'm looking for long-term effects and I can't find them. (Ernest)

One participant stated that she had only been left with good memories from her experiences as opposed perhaps negative long-term effects. When questioned about the possible long-term effects Jane said:

Virtually nothing except good memories. (Jane)

One hypothesis regarding this perceived lack of long-term effects is that when asked about whether they experienced any long-term effects of their wartime experiences, they assumed the researcher meant negative long-term effects such as symptoms of having been involved in a traumatic experience/event. As these participants did not perceive their experiences as traumatic they did not therefore feel that they experience any symptoms of having done so or negative long-term effects. However a number of long-term effects have been identified from these three participants interviews such as enduring relationships with a billet host family and the area to which he was evacuated (David and Jane) which could be considered a more positive long-term effect.

Another hypothesis is that the long-term effects of these experiences are so ingrained in the individual that that they are no longer aware of them and are therefore unable to bring them to consciousness and therefore identify them easily.

With these apparent lack of perceived negative long-term effects in mind, the way in which a number of participants described their appraisals of and reactions to their experiences could lead one to hypothesise that there may have been factors present that protected some against the War being a more negative experience, as one might predict. All the possible protective factors appear to be related to the bombing of London. However reference to the possible protective factors against the negative consequences of evacuation in the *Attachment* section must be made at this point. Interestingly, participants who mentioned enduring reactions similar to those after a trauma and enduring difficulties with relationships did not mention what could be considered to be protective factors against negative consequences of the War. Factors that could be considered to be protective included not living in London and therefore only being on the periphery of the bombing as well as the following.

3.5.10.1. Being a child/Not being an adult

Several participants reported that they thought being a child or young teenager during the War protected them from potential negative effects of the War compared with if they had been adults. For example Ernest described feeling that his family protected him more during the bombing of London because he was a young child. He said:

The younger you were in the family, the more protection you got. [ ] We were put in the shelter, [ ] always in the bottom bunk, Mum and Dad on the top bunk so that they could shelter us. (Ernest)

Other participants talked about believing that the War would have affected them more if they had been adults during it and, more specifically, if they had had a family. For example Ruth said:

I would have felt more traumatised now. [ ] I suppose being young, it didn't affect me as it would have done had I been married and had a family. I was young enough to not worry about rations and [ ] when I think now what the mothers had to put up with [ ] it must have been a really hard job. (Ruth)

Similarly Jane felt the War would have affected her more if she had had a family. She said:

I have a family now, my own family. If War broke out, to me it would be absolutely horrendous. (Jane)

From these thoughts, one could hypothesise that having a family changes a person's perspectives about the safety or danger of a situation perhaps due to possible protective feeling towards his or her children and the integrity of the family. Ernest provides some possible evidence to support this hypothesis by saying:

As a child, even getting into your teens, you carried on as normal. [ ] It's amazing you learn that as you get older, you become grandparents and you were parents and you worry more and you realise what your Mum and Dad [must] have gone through in the War and surviving the Blitz, [ ] must have been having terrible anguish [ ] and obviously a terrible experience for my parents. (Ernest)

It could be said that an adult with the responsibility of a family has a different sense of danger and the need to protect than a child, who, as previously discussed is unaware of potential danger to him or herself and others and interprets events and their aftermath such as the bombing as opportunities for adventure and play as discussed in the section *Being a child during the War*. This different sense of danger gained as an adult allowed these participants to place themselves in their parents shoes during the War and empathise with how they might have felt about bringing up a family in such life-threatening circumstances.

3.5.10.2. Becoming Desensitised

Previously Ernest described carrying on as normal during the bombing of London. He goes further to describe incidences such as his mother carrying on with her shopping despite a Spitfire fighter aircraft having just crashed in the road. This kind of behaviour in potentially traumatising circumstances suggests that either people wanted to show the 'enemy' that they were unaffected by their actions or that they had become desensitised to the circumstances and results of the bombing of London. Jane supports the latter possibility by saying:

You do get a bit, like I said, a bit blasé. (Jane)

3.5.10.3. Laughing at the situation

One participant described making jokes about the bombing of London, which suggests that she too possibly became desensitised to the situation or that dealing with the circumstances using humour perhaps distanced the person from the sense of threat and danger thus protecting them from any adverse effects of the experiences. Ruth described how she used humour by saying:

I mean you [ ] were short of food, we were being bombed left, right and centre. [ ] You didn't know whether you were going home to have your windows blown out or what have you but everybody laughed about it, [ ] you could laugh about things. (Ruth)

It could be said that the use of humour serves as a defence against acknowledgement of danger and a life-threatening situation. This kind of defence is well documented in the literature regarding psychological therapy, particularly the literature pertaining to psychoanalytic theory and practice, particularly that of Freud (Lemma 2002)

3.5.10.4. Not losing anyone close

Many participants who said that they were unaffected by events in the War attributed this to the fact that no one close to them were killed as a result and therefore this could serve as a protective factor against negative long-term effects such as trauma. For example Jane said that the reason she became blasé is because no one was hurt who affected her. Ruth also said this was the reason she was relatively unaffected by her wartime experiences. She said:

I went through the War but accepted it because I didn't lose anyone close to me. (Ruth)

Harmony stated that if she had known anyone who was killed in the bombing it would have affected her more. She said:

It affected you personally if you knew the person. (Harmony)

3.5.10.5. Being with family

One participant was able to go and stay with relatives when she and her immediate family were evacuated from their home due to a landmine being dropped in their road. Wendy suggests that this reduced uncertainty about the situation and prevented her from having to find temporary accommodation and it is possible therefore to hypothesise that these factors served to protect her from negative consequences. She said;

I suppose I was a bit frightened about the mine [ ] but [ ] we had family with us and we had somewhere to go [ ] we hadn't got a lot of uncertainty there, it was 'on the train and down to Aunty' which was a darn sight better than some poor soul who had to find a church hall [and] lie on the floor for the night. [ ] I think that made all the difference really because we were with kith and kin. (Wendy).

One might also hypothesise that being with family meant familiarity, safety and comfort in a dangerous, life-threatening situation and therefore served as a protective factor against the negative effects of War.

3.5.10.6. Comradeship/Sense of community

When asked about the possible long-term effects of her wartime experiences, one participant said that she felt she experienced more positive than negative effects of the War due to the way people helped each other. She said:

More positive than negative because [ ] there was so much comradeship there that everybody helped everybody else. I can't remember anyone ever being selfish. (Ruth)

It could be said that the comradeship and helping each other created a sense of both a supportive community and that they were 'all in it together' which in turn protected those involved against an negative effects that may have been experienced by those who felt they were attempting to cope alone in the potentially difficult and traumatising circumstances that the War created.

3.5.10.7. Cognitive Strategies

In addition to carrying on as normal and maintaining a sense of humour about the circumstances, several participants described developing what could be considered cognitive strategies to help them cope. These participants talked about what could be interpreted as taking a day at a time, which could be considered as adopting a way of thinking and therefore a cognitive strategy that helped protect them against the potentially negative effects of the War . For example Wendy said:

You had to live from day-to-day otherwise you wouldn't, would you? (Wendy)

Ruth talked about using a similar survival technique. She said:

When people are being killed right, left…[ ] you sort of have to live for the day. (Ruth)

It is possible that living day to day allowed one not to think about potentially tragic events, such as people being killed by the bombing, that had occurred and also helped prevent them from thinking about how the future would be because this was potentially very frightening as no one knew how long the War would last and what they would have to cope with next, bombs that caused greater devastation with less warning, greater food shortages, and a greater likely hood of losing loved ones as well as perhaps less ability to maintain or adapt normality.

3.5.10.8. Enjoying the War

One participant described having a positive, enjoyable experience of the War. Interestingly this participant also described positive elements to her experiences such as being accepted by her billet host and the local community**,** feeling that her life as an evacuee had strong similarities to her life at home, having regular contact with her parents while evacuated, maintaining a life-long relationship with her billet host and maintaining a strong attachment with her parents as well as being a child in London during the bombing with no protective responsibilities. For example Jane said:

I enjoyed the War in a funny way. (Jane)

Similarly Ruth said:

I enjoyed my War. (Ruth)

She described enjoyable experiences she had during the War at length throughout the interview such as interactions with soldiers in the shelter and giving her lifts to work on their lorries. Even though Ruth was perhaps no longer considered a child during the bombing because she was working, there appears to still be a sense of adventure, fun and play in her experiences. This observation can be linked to the section *Being a child during the War* where wartime events were seen as opportunities for adventure and play and possibly acted as a mediating factor in the prevention of the War causing participants to be traumatised or more negatively affected by its events.

3.5.10.9. Other aspects of War or life history were more affecting

One participant talked about the First World War being more affecting because many of her father's family were killed in action, which may have served as a protective factor against the effects of evacuation and the bombing of London. Ruth said:

I am more affected by the First World War than I am with the Second World War. (Ruth)

There is perhaps a link with Ruth's feeling that she was more affected by the First World War and those participants who felt that not losing anyone close had protected them from the potential negative effects of the Second World War. It could be concluded that Ruth was more affected by the first War because she lost family members and this had a long-lasting effect on her family whereas she did not during the second War and in addition to this, she talked at length about aspects of the second world War that she enjoyed and is glad that she did not miss.

3.5.11. Transgenerational Effects

One participant clearly described how a rule by which she lives her life, formed during the War, has also been adopted by her daughter. This process suggests the War had what could be described as transgenerational effect, where subsequent generations, who were, in some cases not even born during the War, are affected by it events. Ruth talked about a rule regarding food with which her mother indoctrinated her during the War due to rationing also being adopted by her daughter. She said:

My mother always used to say 'Always make sure your pantry is full [ ] and it's only coming back to wartime that when they used to buy their rations it was once a month and [ ] that would have to last a month but then the pantry was full. [ ] And it goes on, my daughter keeps a good stock of food. (Ruth).

Interestingly the rule Ruth's daughter adopted is concerned with food and food is considered a fundamental need for survival (Maslow 1954). It could be hypothesised that this rule was passed on either explicitly or implicitly and has so endured across generations of a family because the lack of food caused by rationing so threatened survival. It is considered so vital to remember to guard against future threat to not only survival of those that experienced the shortage but also to protect against threats to succeeding generations and therefore protect the survival of the species.

To conclude, the identities of the participants as children and the relationships they forged during the War as the result specifically of evacuation and the bombing of London, had a significant and enduring effect on who they could and would have liked to have been and who they are as a result of the War. Their present identities are made up of personality traits, skills, tastes, rules, vivid memories, relationships and attachment styles directly connected to their wartime experiences. The creation and endurance of these elements are considered to be the long-term effects of having experienced evacuation and the bombing of London during the War. Those who have vague memories or who feel elements of their identities relating to the War have faded or even become lost have undertaken various kinds of research into their experiences in order, it has been hypothesised, to reinvigorate these parts of their senses of self. Interestingly, many factors that appear to have mediated the potential negative and traumatising effects of the War were identified, being a child appearing as a dominant factor. Perhaps most surprising and most significant of all is that, not only did the War have enduring long-term effects for those who experienced it but for the children of the participants suggesting that the War was such as momentous event or series of events and such a threat to survival that its effects have been passed on to succeeding generations.

Chapter 4:
DISCUSSION

4.1. Explanation of Model

The model above displays simply the three core categories and their relationship to one another. The green box illustrates the participant's life in order to notate that the long-term effects are so enduring that they reach beyond the person's life into the lives of the subsequent generations. Ongoing time, the ongoing developing identity and the transgenerational effects of the War are denoted with arrows labelled accordingly. The first core category, 'Who I was during the War' is illustrated with the red box noting both the War and the person's identity at the time. The core category 'Who I am as a result of the War' extends across the lifespan and developing identity to note the enduring long-term effects that the War is identified to have had. The core category 'Who I could have been' also extends across the life span and the span of the developing identity as it also was described as having an enduring effect on the participants in that they had spent parts of their lives attempting to make up for lost opportunities and still express regret about them.

Figure 1. **4.2. Theoretical Model**

4.3 Overview of Analysis

The analysis of the data from the interviews in the research project in this thesis have produced an understanding of the long-term effects of evacuation and the bombing of London and their particular origins/causes through both connections the participants made themselves and the process of interpretation and abstraction during the analysis by the researcher. The overall findings of the analysis are that, firstly, these two wartime experiences were very much interwoven and not two distinct, contained experiences. Added to which, they had a cause and effect relationship for the participants. Evacuation was frequently initiated by the threat of bombing or actual bombing, in the case of the V1 and V2 bombing episodes. Experiences and feelings of both the children and parents while separated due to evacuation initiated the return to London, causing exposure to the bombing. Therefore the identified long-term effects may be due to either one or both experiences. Secondly, and most significantly, what emerged from the analysis was the effect these two intertwined experiences had on the development of the participants' identity and the enduring nature of these effects. Therefore, three core categories emerged from the analysis, identifying three apparent elements of the participants' identity development across their lifespans. Firstly, their identity as an evacuee and a child during the bombing of London, secondly, the people they feel they could have been had they been able to benefit from opportunities they feel they missed as a result of the War and therefore how their identities could have taken on a different shape and direction, and thirdly, the people they are today as a direct result of their wartime experiences. It also emerged that their identities were shaped and developed through both interpersonal and intergroup interactions, group memberships and protecting themselves from threat to their identities with mechanisms similar to those Breakwell (1986) describes in her model of the development of and threats to identity, a relationship between the findings of this analysis and her model that emerged during the analysis of the interview data and which will be discussed further later in this chapter.

The first element of identity development to emerge as a result of the analysis was that named 'Who I as during the War'. It could be said that participants developed an identity as an evacuee by the action of being evacuated from London to an area of safety but also through their interpersonal relationships with the billet hosts who were entrusted with accommodating them and intergroup relationships with the communities who were required to accommodate them both in their homes and their schools. Participants reported having both positive and negative relationships with their hosts, being either integrated into the hosts' families or being given the minimum care required but not being accepted by both the host and the surrounding community. Therefore participants' identities could either be seen as part of the host family or as an evacuee living alongside a host family. As part of the analysis, hypotheses about the hosts' acceptance, indifference or rejection were generated by the researcher. A pattern emerged amongst the

participants and their relationships with their hosts and communities. Those who reported positive and accepting relationships maintained enduring, life-long bonds and, perhaps not surprisingly, those who reported negative or somewhat indifferent relationships did not.

Not only did some participants have difficulties being accepted and integrated into the communities and environments to which they were evacuated, they also encountered difficulties fitting back into the groups they left on returning home due to having undergone changes themselves whilst away (developing a the accent of the place to which they had been evacuated, for example) and due to contrasts in the country and urban environments between which they moved. In both environments it is as if their identities were highlighted by differences between them and those with whom they lived. During their experiences of the bombing of London, the resulting bombsites did not, as one might expect, create horror and fear but an opportunity for adventure and play. It was concluded by the researcher that this interpretation of these elements of war defines the participants as children during the War because it could be said that play is synonymous with being a child.

The second element of identity development to emerge from the analysis is that named ‘Who I could have been’. All the participants talked about feeling they missed educational opportunities due to being evacuated and the bombing of London and the identities they feel they could have had if they had had the benefit of these opportunities. They also talked about aspirations they formed as a result of their experiences and their attempts to pursue these as well as what could be seen as attempts to compensate for these lost opportunities such as undertaking training and exams and perhaps attempts to develop their identities in a way in which they would have preferred.

The third element of identity development to emerge from the analysis is that of ‘Who I am as a result of the War’ and within this category, the long-term effects of experiencing the intertwined experiences of evacuation and the bombing of London are described, emphasising how these experiences formed parts of the participants’ identities that endure to this day, having been considered valuable particularly to their survival. These long-term effects could be seen as both directly and indirectly related to the development of identity. Participants described developing particular personality traits as a result of their experiences such as independence. Additionally they developed rules for living relating to hoarding and never wasting materials that were scarce and therefore considered essential to survival during the War such as food and wood. By contrast, participants also described rejecting rules for living with which they felt they were indoctrinated as evacuees, relating to religious beliefs and practices. On an interpersonal level, participants described how their wartime experiences affected their relationships with others, either damaging the ability to form lasting, intimate relationships due to the separation caused

by evacuation or by consolidating and strengthening bonds with family members. The vividness of wartime memories was described. However even those with clear memories undertook research into their experiences in order to fill in the gaps in their knowledge and memories. Several hypotheses were generated by the researcher about why it was important for these participants to undertake research. These included the need to return to events in order to re-evaluate them and the elements of their identities that relate to these experiences, to revive elements of their identities they felt they suppressed in order to reconnect with them, to evaluate an experience that was brief and transitory to see why it had such a profound effect and to check the accuracy of childish memories thought to be vague or inaccurate.

The long-term effects described by participants included enduring responses to stimuli that could be equated with trauma. In one sense, their experiences and resulting reactions could be seen as having been engraved onto their identities due to fears of survival at the time and to ensure their continuing survival. These responses included developing phobias, the maintenance of vivid memories and difficulties in relationships. However, for many, these reactions were not accompanied by the distress and unwanted intrusion associated with traumatic experiences. The research interview and analysis produced some factors that could be seen to mediate trauma such as being a child and therefore protected from some negative elements of war, humour, comradeship and not losing anyone close. Lastly, one participant described how subsequent generations of her family accommodated and assimilated values regarding the storage of food which suggests that the War not only had long-term effects for those who experienced it but also enduring transgenerational effects.

4.4. Substantive Findings

The substantive findings of this research are that the experience of evacuation and the bombing of London during the Second World War had a significant and enduring effect on the development of identity. As illustrated in the analysis chapter and summarised and discussed further in the first section of this chapter, (Please also see figure 1) participants described the development of an identity as an evacuee and child during the War and the influence this had on their life-long identity development due to the assimilation and accommodation of elements from their wartime experiences that they deemed beneficial and valuable then and continue to do so. A theory about why these elements were integrated so enduringly into the identity has been developed and this is concerned with threat and survival.

We are very sensitive to threat and once we have experienced one, we are forever alert to its reoccurrence, coping strategies constantly at the ready. Threats can be considered as threats to

identity, psychological and physical well-being and integrity. Threat to our survival is a strong reinforcer and plays a crucial part in the indoctrination and preservation of rules, habits, attitudes and behaviours that are perceived as helpful for coping with threat, which are integrated into the identity and endure over a life-time. It appears that participants experienced threats to both their identities when evacuated and their lives during the bombing of London. As discussed in this and the previous chapter, participants coped with threats to their identities by either adapting to the beliefs, attitudes and values of the hosts and communities to which they were evacuated, hiding elements of their identities or giving the group to which they belong a stronger identity. It could be implied that choice was exercised over ways in which to cope with threat. However, it must be noted that these participants were mostly young children when they were evacuated and may have been forced to adapt their identities to suit the hosts as they relied on them for the basic requirements of survival such as food, shelter and care. These were requirements they could not meet themselves and therefore they needed to appear acceptable to their hosts in order for the hosts to meet them. For example, it could be said that the development of similar tastes in both food and material possessions and changes in religious behaviour created greater likeness to the hosts and therefore greater acceptability. Additionally developing a taste for the food offered while evacuated may have meant the difference between eating and going hungry. As one participant described, being considered an outsider meant having to develop personality attributes such as independence that aided his survival, thus developing his identity. However, he also developed the ability to work as part of a team he relied on as an evacuated child for his basic needs. He went on to develop a life-long relationship with those people on which he relied.

It could be said that one way of coping with threats to identity is to annex and hide elements that are considered unacceptable either to the person or those around him or her, called ‘passing’ by Breakwell (1986). Therefore, participants may have felt they had to hide elements of their identities to survive as evacuees attempting to integrate into host families and communities or indeed on their return to London from evacuation, to reintegrate into their original families and communities. Additionally they may have lost the opportunity to develop valued areas of their identities when evacuation came to an end and they were expected to resume life in London. However, they may have continued to value these elements despite having to hide them. Therefore it could be said that, in order to allow these valuable elements to survive they either kept reminders of them in prominent places to remind themselves and others of them or they may have undertaken research into their experiences in order to re-evaluate and re-invigorate them. Additionally, this research may have been carried out in order to see if any threat to their survival occurred of which they are currently unaware, and of which they feel they need to be aware.

Attachments to caregivers are required by young children for survival and in order to form these attachments, they must no doubt appear acceptable to the caregiver. For some participants evacuation and the bombing served as a threat to the survival of the integrity of the family that this threat served to reinforce the importance and cohesion of their families. Participants reported how they lost educational and consequently employment opportunities due to threats to the integrity of the family being deemed a greater priority. It could be said it helped create a greater sense of safety and that the integrity of the family was considered a greater need than education at the time. It could be said that this is mirrored by Maslow's Hierarchy of Needs (1954) where love and belongingness are considered a greater needs than knowledge and understanding (Gross 1992). Infancy and early childhood are important periods in the formation of attachment style (Bowlby 1969) and, as one participant demonstrated, multiple traumatic separations at this time led him to fear loss and perhaps be distrustful of further attachments resulting in him experiencing enduring difficulties in forming relationships. For another participant experiencing threat in the form of witnessing abuse made him wary of forming a closer relationship with his father thus ultimately preventing it. By contrast some participants formed such strong and perhaps beneficial attachments that the relationships have endured to the present day.

Many participants identified skills and habits that had endured since the war, some of which were identified by the participants that were directly associated with survival, others which could be interpreted as being so such as learning to ride a bike, keeping belongings in a certain place and making the most of what you have. Food and wood were scarce during the War and are essential to survival, wood providing heat and light. Therefore it is perhaps not surprising that these items continued to be hoarded and never wasted as a result of this experience. Perhaps less expected is the transgenerational transmission of these habits, so great was the threat to such an important resource.

Many participants identified vivid memories and responses to war-related stimuli that could be equated to trauma that have been preserved for sixty years. It could be said that these memories and responses have been so deeply ingrained because they are so directly related to threats to survival. It is vital for us to keep records of threats and coping strategies in order that we are fully prepared for them in the future. For example, participants reported having very clear memories of the how they became aware that the War had started and of the bombing and aftermath, experiences that had the potential to end their lives. Additionally, participants had vivid memories of separation from siblings when evacuated, experiences, which, as discussed earlier, threatened the survival of the integrity of the family. Memories of shame related to discovering head lice, were reported, which could be said to threaten the relationship with the host thus threatening the evacuees' abilities to obtain the essentials of survival such as food and

shelter. Interestingly, one participant described having vivid memories of the post box where he posted a letter to his parents asking them to rescue him from a harsh and unhappy evacuation billet, which they did. This memory could have been preserved because it is a recording of successfully coping with threat. Responses equated with trauma could also be so well preserved because they were formed at the time of a threat such as during the bombing and when having nearly drowned. Reflex responses to these threats have been preserved to ensure that the person is always alert to these kinds of threats, coping strategies always at the ready to protect the person from this threat in the future thus ensuring survival. Distancing oneself from relationships due to traumatic separations could be seen as protection from further threat.

It is vital to note that although participants reported threats to survival of the integrity of their identities and their physical and psychological well-being, they reported little distress. Perhaps one might expect them to have been more distressed and traumatised by such threatening experiences. However, it appears that that they were protected from the full force of threats by some mediating factors, some of which were explicitly described and some of which were implied and interpreted by the researcher. For example, participants described being protected during the bombing by their families because they were the youngest members and given the safest place to shelter. They felt protected by a sense of comradeship and community, from cognitive strategies they developed such as living for the day and not looking too far into the future and from developing humour about the threat. The full danger of the War to their survival was not experienced as no one close to them was harmed or killed by the bombing for example. It would appear that keeping the integrity of the family was a particularly vital element in the mediation of threat. Most participants were evacuated with siblings if not their mothers, and many of their fathers were in reserved occupations in London thus allowing regular contact between them, further allowing the survival of the integrity of their families. Perhaps another mediating factor was that of the positive experiences that the participants reported such as enjoying farm and country life while evacuated, finding opportunities for adventure and play on the bombsites and by collecting shrapnel and enjoying a strong sense of community and comradeship, the creation of which was perhaps created by the adversities war brought. It is important to keep in mind such comments made by participants as ‘I would not have missed it for the World’.

4.5. Relationship to Existing Literature and Theory

The model that is the result of the research project in this thesis appears to be clearly located within the fields of research and literature identified in the first chapter of this thesis. The result of the analysis of the data produced by the research interviews clearly echoes and reinforces the

literature and theories previously presented. However, the analysis and resulting theory also provide a new and unique voice with in the field of research and literature regarding the long-term effects of evacuation and the bombing of London and the combined experiences. In fact it is the only research of its kind. Not only does it echo and reinforce, it also contributes to the literature that is concerned with identity formation and development, life review and the concepts of regret and counterfactual thinking, attachment theory.

In terms of the existing research (Foster et al. 2003) regarding the long-term effects of evacuation, this research cannot directly contribute to the conclusions drawn about attachment, social support and psychological well-being. However, as the reader is now aware, one participant did report experiencing difficulties with forming intimate relationships after suffering several traumatic separations as the result of evacuation and another reported difficulties forging a close relationships with his father after witnessing abuse during his evacuation. Additionally this research echoes the findings of Foster and her colleagues (2003) regarding the benefits of being an older child when evacuated, the presence of siblings and regular parental contact and the influence of these factors on the long-term effects experienced. The participant who experienced enduring difficulties with relationships was the youngest of the sample when evacuated. He was also evacuated alone as he did not have any siblings and reported not seeing his father throughout the War. Those who reported more positive experiences of evacuation were billeted with siblings and, often, their mothers as well as their fathers being available through having reserved occupations in London as opposed to being posted abroad as a member of the Forces. Therefore the integrity of the family and its attachments were maintained and this factor is clearly protective as well as the network of social support it created. Both these factors clearly have a positive effect on long-term psychological well-being. Participants in Foster *et al.*'s (2003) study also mentioned disrupted education and learning independence and self-reliance as the participants in this study did, key to the substantive findings of the research project in this paper.

Waugh (unpublished) concluded that treatment of the evacuee in terms of care and abuse played an important part in the development of attachment style. She suggested that abuse while evacuated contributed to an insecure, disorganised attachment style. This is partially reinforced by the research in this thesis because the participant who experienced enduring difficulties forming relationships not only suffered traumatic separations while evacuated but what could be interpreted in the present day as physical abuse. In terms of Davies' (1997; in press) contribution to the literature, this research echoes how traumatic experiences while evacuated and during the bombing of London give rise to enduring effects, particularly in terms of attachment and responses that could be equated with trauma. However, despite these responses, participants reported little distress and some emphasised what at positive experience it had been.

In fact, it is important to note that assumptions can be made about evacuation and the bombing of London were traumatic events in these people's lives when, in reality, they were times of adventure, play and new, life changing, identity developing experiences. The analysis and resulting theory of this research reflects the social historical literature written about evacuation and bombing experiences. As described in this and the previous chapter, participants described developing tastes and aspirations from their experiences that have endured to the present day, some of which were formed as the result of experiencing a more wealthy life while evacuated as did the people who contributed to Inglis' (1989) account of wartime evacuation. Both samples reported retaining 'visual and olfactory' memories of their wartime experiences. It could be said that some participants made changes to the identity that were not genuine to appear as if they accepted and even preferred their evacuation billets and environments in order to fit in and be considered acceptable by their hosts as David (Inglis 1989) describes. Participants described changing their behaviour to appear more religious while evacuated and then rejecting these values and practices on their return home.

The research in this thesis echoes and reinforces some of the contributions to the literature made by Bowlby (1940) and Anna Freud (Bridgeland 1971) about the effects of evacuation and the bombing of London on attachment formation and reactions to these events. Anna Freud (Bridgeland 1971) concluded that children were more negatively affected by being separated from their mothers than by experiencing the bombing and, indeed, many of the participants in this study reported that elements of the bombing were interpreted as opportunities for adventure and play whereas, even some who enjoyed their evacuations, returned home in order to be with their parents and siblings, sometimes giving up educational opportunities to do so, which they felt would have positively influenced their lives. Additionally, Freud suggested that those who did not suffer loss as a result of the bombing happily played 'air raids' and participants in this research described how not losing anyone close protected them from some of the negative elements of the War and perhaps allowed them to pursue play and adventures on the bombsites. Therefore it could also be said that this research reflects her theory that children found some elements of the War enjoyable because they had not yet suppressed their aggressive instincts and urges. There is some resonance in this research of Bowlby's (1940) findings regarding attachments and wartime events. For example, he observed that the younger the child the less able he or she was to cope with separations due to a lack of coping resources and the participant who clearly suffered the most in terms of separation was the youngest of the sample. However, the participants who were older children during the War coped with separation by putting up with it for a short period of time and then finding a way to return home. In opposition to Bowlby's (1940) view, the youngest participants did indeed appear to have some coping strategies available to cope with separation and those were to adapt elements of their identities to appear acceptable to the hosts and by forming firm, and in some cases, enduring attachments

to them, causing distress when separated. However, Bowlby's (1940) findings give further explanation as to why some participants' identities were adapted and developed by evacuation in research by suggesting that the younger evacuees were more dependent on approval of others for their emotional well-being so therefore may have changed to appear more accepting of and therefore more acceptable to their hosts. However, it must not be forgotten that this research suggests that evacuees had to appear acceptable as they relied on their hosts for the essentials of survival such as food and shelter, not just approval, although it could be said that all these factors are intertwined and relate to each other in a circular manner.

Throughout the chapters regarding the analysis and development of theory regarding the long-term effects of evacuation and the bombing of London, it has been demonstrated that a relationship between the findings of the research in this thesis and Breakwell's (1986) model of identity has emerged. Before discussing this relationship further it is important for the reader to have an understanding of this model. Therefore it will now be discussed in some detail.

Of the many models of identity and its development that are available, that conceptualised by Breakwell (1986) is the most pertinent to the research in this thesis as it addresses threats to identity and the development of strategies to cope with these threats and the events of the Second World War such as evacuation and the bombing of London could be seen as such threats. Breakwell (1986) used Klapp's (1969) definition who said that identity can be defined as "encompassing all things a person may legitimately and reliably say about himself – his status, his name, his personality, his past life." The model Breakwell (1986) built is a social psychological model and it describes the structures and processes of identity as well as factors that might threaten these elements of a person's identity and coping strategies when these threats may be present. The individual is deemed to exist in a matrix made up of intrapsychic elements, interpersonal and intergroup networks, and group membership elements, thus allowing the identity to be modelled within both personal and socio-political contexts and processes. This model of identity does not attach development to age-related stages as Erikson (1963, 1995) and Freud (1924) do, for example.

This model proposes that the biological organism provides the structure of the identity as identity is built up around the basic material of the physical being. This physical being has the capacity to constrain the development of the person but also provides the facilities and abilities necessary for the operation of the processes of the identity such as information-processing. The physical being directs the content of the identity in one way because the physical features of a person such as gender and skin colour carry social significance. As experience and knowledge accumulates for the person, the bio-organism plays a decreasing part in the identity structure (Breakwell 1986). This model of identity proposes that identity contains two functional

elements or planes: content and value. Content refers to the "defining properties" of identity (Breakwell 1986) and the characteristics by which a person describes him or herself and which are both common amongst everyone but exist within a unique combination within any individual, that differentiates one individual from another. These characteristics might include spiritual, material, social and physical components (James, 1890). Social elements may have their origins in group membership and interpersonal relationships. Additionally, components of the identity's content might include aspirations and expectations of him or herself, used as a criteria for perceived success or failure. The content may be constrained by society's expectations, for example, as Anna Freud and her father proposed, aggressive tendencies are considered unacceptable by some societies and are therefore suppressed. However identity is not, Breakwell (1983a) is keen to point out, merely the result of "crude social determinism". The individual is actively involved in the adaptation process brought about by social pressures, roles, past experiences and attitudes. Personal identity however is free from the influences of roles and relationships. The content of identity is hierarchically arranged according to value, importance and frequency of use. The value dimension of identity structure means that each component of the content of identity has a value, which is positive or negative according to existing personal and social values. Therefore the value of an element of the content of identity is never constant. The temporal frame refers to both the development of the identity across time and the different way in which time is experienced including inner time, intersubjective, biographical and biological time (Breakwell 1986).

The operating system of the identity consists of three processes, accommodation, assimilation and evaluation. Assimilation refers to the absorption of new components into the structure of the identity. Accommodation is a process interdependent with assimilation and refers to the modification of the existing identity structure to make space for new elements that have been absorbed. Evaluation is the process which influences what is assimilated and accommodated into the identity according to the value and meaning which attached to both incoming and existing components of the content (Breakwell 1986). The structure and processes of the identity "operate in a principled manner" (Breakwell 1986, p23) meaning that three, if not four (Breakwell 1992) principles influence the processes of assimilation, accommodation and evaluation. These principles could be described as qualities that a person seeks to possess and they therefore evaluate potential components of the content of their identity according to whether they serve these principles. The principles are distinctiveness, which refers to the uniqueness of the individual, continuity across time and situation, self-esteem or personal and social worth, and self-efficacy (Breakwell 1992) or competence and control. These processes and principles which guide them are dynamic and the hierarchy of them changes according to social context, which itself is constantly changing, producing different values and expectations

(Breakwell 1986). Socially necessary labour, family and the State are also discussed as influences and elements of identity.

Threats to identity are defined by Breakwell (1986) as “when processes of identity, assimilation-accommodation and evaluation are, for some reason, unable to comply with the principles of continuity, distinctiveness and self-esteem (and self-efficacy (Coyle & Rafalin, 2000)) which habitually guide their operation”. Therefore, threats to identity demand changes to be made to the content and value of the identity structure that are inconsistent with the continued integrity of the existing content and value components of identity structure. For example, during evacuation, an evacuee may have met threats to his or her identity when the values of the billet host family conflicted with the values they brought with them from their families in London. They may have been forced to make changes to the content of their identities making them feel they lacked distinctiveness, and self-esteem and that challenged the continuity of their London identities. Differences in religious beliefs and practices or family values and practices may have brought about this threat. Threats cannot only be external, as in the previous example but also internal. For example an evacuee may have attempted to change his or her position on the social matrix in order to serve his or her self-esteem such as attempting to integrate with the host family to avoid criticism but this in turn challenges distinctiveness and continuity and also may change interpersonal networks by for example being rejected by fellow evacuees on account of being seen to join another group that is not valued or thought well of.

Strategies to cope with threat, proposed by Breakwell (1986) occur on three levels, intrapsychic, interpersonal and intergroup. She defined a coping strategy as (Breakwell 1986, p79 “any activity, in thought or deed, which has as its goal the removal or modification of a threat to identity.” Some examples of intrapsychic coping strategies are denial (of the upsetting reality of the threat), making a distinction between a ‘real’ and ‘unreal’ self in a particular social context thus being able to be seen to comply with the demands of the social context but maintaining the integrity of the identity and the interests of four principles, and reconstrual or reattribution where part of or the whole meaning of a threat is ignored or reinterpreted to suit the individual identity. Examples of interpersonal coping strategies include isolation, where an individual separates him or herself from others in order to reduce the effects of the threat, often also removing the social support network e.g. an evacuee isolating himself from the group of evacuees in order to remove the threat of being seen as part of that group and not of that of the locals, and passing, a coping strategy recognised only in those under the age of eleven years where the child misidentifies him or herself and uses deceit such as lying about his or her origins, e.g. saying she is a local when she is an evacuee. Intergroup coping strategies include multiple group memberships, which can reduce or remove the negative effects of being seen as

the member of one group and group action where the group of which the individual is a member is relied upon to reduce the threat. Pressure groups and social movements use this strategy. Another coping strategy is applying a stigma to the opposing or threatening group e.g. an as evacuee group applying a stigma to the group of local children.

The importance of employment in the formation of identity has been described by Leonard (1984). He described three social determinants of identity; economy, family, state. The economy determinant describes the role of 'socially necessary labour' and its relation to desired levels of commodity consumption. He suggests that the nature of a person's labour and the level of material sustenance it provides and therefore the opportunities it provides for time to be spent on development of personal capacities shapes the person's self-concept and self-needs. Therefore, by saying this, Leonard supports the importance of the kind of labour a person undertakes in the formation of his or her identity. Therefore if a person is able to undertake labour that is well paid and carries a certain status then it could serve the principles of identity in a positive manner. It is suggested by Breakwell (1986) that criteria for what might be considered to be achievement is developed from both individual (intrapsychic) and interpersonal interactions that allows a person to possess aspirations and goals for the future.

As already demonstrated, perhaps one of the most significant long-term effects of experiencing both evacuation and the bombing of London is to the development of particular aspects of identity and strategies to cope with threat to identity. It could also be said that the events of the Second World War had a profound and enduring effect on the development of the identities because it challenged the established identities of East Enders by taking them out of their familiar environments, separating them from members of their families and placing them in strange rural areas, with alien habits and traditions, and then, once the War had ended, were placed back in an East End changed by events of the War such as the bombing. As noted in the chapter concerning the analysis of the interview data, the participants found various strategies to cope with these perceived threats such as placing parts of their identities in hidden compartments and either accepting or rejecting the values, beliefs and habits of those around them. Also they appear to have placed an enduring high evaluation of strategies that helped them cope with threats to their physical survival. In addition to these connections, it is important to note that the results reiterate both Breakwell (1986) and Leonard's (1984) assertion that education and employment are factors in the formation and development of identity and aspirations to which people work towards. For example, many participants described how, if they had had the educational opportunities they felt they missed then they would have achieved employment at a higher rank than they actually did, thus achieving a higher status, which could be said to have positive implications for self-esteem and distinctiveness in terms of their identity. In relation to other theories discussed in relation to the long-term effects of evacuation

and the bombing of London, and identity, Bowlby suggested that the quality and style of attachments in early life have a profound effect on the development of a person's identity, a process that continues throughout his or her lifetime (Breakwell 1986; Howe and Feast 2000) and this effect was movingly demonstrated by Doug and his experiences for example. The processes of Life Review, Reminiscence and regret, including Counterfactual thinking also contribute to the development of identity in that throughout life the process of evaluating one's life shape and reshape one's identity and can promote and motivate life changes that lead to the further development of a person's identity.

The literature relating to Life Review produced by Garland and Garland (2001) describes how the evaluative process can take place in three distinct modes. The research undertaken by participants into their evacuation and bombing experiences in this project could be said to reflect that of 'Mode 2' life review in that it appears to be a clearly defined, planned activity that is at least semi-structured and that was presented to a dedicated listener, in this case the researcher during the interview. Additionally however, it did not appear to be simply an process of re-evaluation of life events but also the opportunity to rediscover and reinvigorate elements of the identity that had had to be hidden or had fallen by the wayside along the journey of the participants' lives. It was hypothesised by the researcher that the research was also undertaken to check the accuracy of memories and an attempt to understand why such a transitory experience had such an enduring effect. Whether as part of a life review or as a life-long experience, participants expressed regret about the loss of educational opportunities, reiterating Landman and colleagues' research (Landman 1993; Kinnier 1989; Landman & Manis 1992). Counterfactual thinking was also evident in their accounts of lost opportunities because they reflected upon who they could have been if they had had these opportunities. They speculated about the jobs they could have had and the higher status they may have achieved as a result, thus perhaps shaping their identities in a different way. The transgenerational effects of the War identified in this research echo the literature regarding the effects on the children of survivors of the Holocaust (van Ijzendoom, Bakermans-Krunenberg & Sagi-Schwartz 2003; Kav Venaki, Nadler & Gershoni 1986; Levav, Kohn & Schwartz 1998) as well as other autrocities such as slavery, disease and torture (Summerfield 1996; Danieli 1998; Weingarten 2004). Thus this literature reinforces the process by which the generations that did not experience the War may still experience effects and legacies of it both on a personal and societal level.

4.6. An Evaluative Appraisal of this Research

Although there is no doubt that the research project in this thesis has made some credible, valuable and interesting findings, it remains important to evaluate it.

4.6.1. Recommended Criteria for Evaluation

Regarding the evaluation of qualitative research studies, both Strauss and Corbin (1998) and Smith (1996) agree that the 'canons' or standards by which quantitative research is judged such as significance, generalisability and reproducibility are not appropriate for judging research using qualitative epistemology and methods. Therefore, they suggest that standards or 'canons' need to at least be modified if not redefined altogether in order to suit the nature of qualitative enquiry and the social phenomena it strives to document and understand (Strauss & Corbin 1998; Smith 1996). Therefore, these authors suggest several criteria with which to evaluate qualitative studies.

It is proposed by Strauss and Corbin (1998) that attention is paid to the adequate generation of concepts (there should be at least two) and that the relationships and links between these concepts are demonstrated and illustrated. Additionally they recommend that these concepts are examined and developed under a variety of conditions. These various conditions are included in the theory generated and an explanation of them is offered. It would appear that Smith (1996) is in agreement with using this criterion for evaluation because he suggests that different methods or sources of information are used to approach the question. As a result of this variation, the results of an enquiry are more likely to be an accurate reflection of the phenomena being studied. The concepts and categories can be evaluated for adequate development, which is demonstrated by the concepts and categories being shown to have multiple properties and dimensions (Strauss & Corbin 1998). It is suggested by Smith (1996) that internal coherence is a vital property of a qualitative research study. Internal coherence, he suggests, involves the presentation of a coherent argument in which interpretations are robustly supported by the data. Additionally Smith (1996) believes a coherent argument addresses inconsistencies, contradictions and ambiguities and possible alternative interpretations are recorded and discussed. In order for the research study to be credible, Strauss and Corbin (1998) highlight the importance of the findings being significant. They suggest several ways in which findings can be judged as significant. For example, if the findings have produced new information in the field, whether the collected data is rich in quality, whether data collection has been taken far enough and whether all potential resources of the data are drawn out, and finally, if the researcher has demonstrated the ability to be sufficiently analytical and to be able to adequately express the findings coherently. It is also recommended by Strauss and Corbin (1998) that assessment of the resilience of the theory over time and whether it has the ability to be integrated within the discussions of relevant social and professional groups is undertaken. It is suggested by Smith (1996) that participants are offered the opportunity to appraise and comment upon the interpretation of the data during the analytical process in a process he calls 'member validation'. He also suggests that sufficient raw data is present in the research report in

order that the readership to cross-examine the interpretation that has been made by the researcher.

4.6.2. Evaluative Appraisal

The appraisal of the research in this thesis will follow the path of the research process, taking into account the suggestions and recommendations for evaluation made Strauss and Corbin (1998) and Smith (1996). The data collected from the face-to face research interviews are considered to have been collected under different physical or practical conditions. The physical environment of the interview varied in that some participants chose to be interviewed at home where others chose to attend the interview at the research centre. Differences in the interviews according their physical location was observed by the research in that those who were interviewed at the centred tended to be more concise because they voiced concerns about taking up the researcher's time. It could therefore be said that their descriptions were more concrete and less descriptive, making the process of interpretation and abstraction somewhat limited. In contrast it appeared that the participants who were interviewed at home were more relaxed and frequently more talkative and descriptive. It could therefore be said that the participants interviewed at home produced richer data with the potential for a greater number of themes and concepts to emerge or that their interviews were less focussed and therefore themes and concepts were more difficult to extract from amongst what could be considered to be information that was less relevant and perhaps somewhat superfluous to the field of enquiry. Amongst the participants' experiences there was a great deal of variation in elements such as their ages when evacuated, the lengths and locations of their evacuations, with or without whom they were evacuated, the quality of care they received while evacuated and the level to which they were welcomed by the families and communities to which they were evacuated, their appraisals of their experiences, their coping strategies and what they considered to be the long-term effects of their wartime experiences. It could be said that due to these varying conditions, as Smith (1996) suggests, as full and accurate a picture as possible of the long-term effects of evacuation and the bombing of London and their causes has been drawn.

It could be said that although the data produced during this research project is rich and from which many concepts were drawn, the data collection was not taken as far as it potentially could have been, which is due to specifically the timetabling of the interviews and the interview schedule. The interviews took place in relatively close proximity to each other (only a week apart in many cases), which did not allow as much time for the researcher to reflect upon the information gained from an interview and then for the preliminary development of concepts, which could then be integrated into the interview schedule and explored in the next interview. However the reason the interviews took place so close together was in response to the participants' motivation to take part and this was demonstrated, for example, by several

expressing disappointment that they had to wait several weeks to take part in the interview. The researcher gained a sense that the poster prompted memories to come flooding back to the potential participants and that, having decided to share their stories, they felt an urgent need to do so while the memories were still freshly recalled. Additionally it felt as if some felt it was a rare opportunity to evaluate and process these experiences in the presence of a listener and witness, someone with whom to share their story, as documented in the literature concerning life review, reminiscence and regret (Butler 1963; Garland & Garland 2001; Haight 1998; Landman 1993; Roese 2003). The researcher felt that it was imperative to respond to this sense of urgency, as she did not wish to inadvertently cause harm by initiating the recall of memories and then not providing the promised means by which to relate and share them. Neither did she want to lose the opportunity to gather rich and varied data.

The interview schedule may also have limited the breath and depth of the data collection. The interview schedule was developed in a direction that the researcher felt reflected the manner in which, in her experience as a Counselling Psychologist, older people tell their stories of their lives, often in a rich, detailed monologue. Additionally, the researcher hoped the schedule allowed her to approach the enquiry in as open a manner as possible so as to capture a true sense of what the participants considered to be the long-term effects of evacuation and the bombing of London without influence or 'contamination' from the researcher's assumptions and prior knowledge. The openness of the interview schedule did indeed allow the participants to freely tell their stories and it successfully captured both the similarities and contrasts, and the variations in their experiences. However the momentum of the interview timetable and the minimal structure of the schedule meant that some themes and concepts were not as fully pursued and explored as they could have been which may have allowed for greater development and therefore understanding of the emerging concepts. Additionally, many of the concepts presented by the participants including what they considered to be long-term effects were relatively concrete in nature, creating limitations to the abstraction and ultimate theory-building process. Had the interviews been timetabled to allow for greater reflection and consideration of emerging concepts, the researcher may have been better able to further draw out the intrapsychic experiences and reflections of the participants, beyond the concrete concepts presented, allowing a more psychological perspective to emerge. In keeping with Strauss and Corbin's (1998) ideas regarding evaluation, the researcher's interpretation skills developed positively over the data analysis process, meaning that initially they were limited by comparison with their level at the end of the process. Therefore, again some concepts that initially emerged were more towards the concrete end of what could be seen as the concrete-abstract continuum. Additionally, the researcher experienced some initial difficulties in being able to coherently and eloquently express the concepts and related links and hypotheses in writing.

Despite these limitations, and in keeping with Strauss and Corbin (1998) and Smith's (1996) suggested criteria for evaluation, multiple concepts were drawn from the data. Each concept and sub-concept is well developed and therefore possesses multiple properties and dimensions. Concepts were explored and tested under a variety of conditions during the analytical process and, as a result, similarities, differences, contradictions and ambiguities were identified and recorded, the sections named *Being part of the Family* and *Being part of the Community* are good examples of this kind of examination. Hypotheses regarding the presence of these similarities and contrasts were generated in each instance and alternative interpretations are offered, the section named *Filling in the Gaps* is a good example of this. Each concept was illustrated by rich data, demonstrating how the ideas presented are firmly grounded within the data. These sections of data also allow the readers of the thesis to thoroughly interrogate it to evaluate the validity and credibility of the concepts described by the researcher (Smith 1996). The written record of the analysis and emergent concepts is presented in as coherent manner as possible and the links between concepts and sub-concepts are made and noted. It is strongly felt by the researcher that theoretical saturation was reached. Overall the analysis produced new and novel information about the long-term effects of evacuation and the bombing of London and their origins. This information and the theory generated possess endurance and credibility amongst relevant social and professional groups and this has been verified by the researcher asking former evacuees and survivors of the bombing of London outside the research project what they consider to be the long-term effects of their experiences. This process has gone some way to achieving membership validation as suggested by Smith (1996). Additionally she has presented the findings of the research to peers at various conferences and also received both challenge and validation here. Later in this chapter, the researcher suggests how the information and resulting theory from this research project may be relevant to members of other social groups and the professionals who work within them including refugees and older adults being placed in residential and nursing care for example. As suggested by both Strauss and Corbin (1998) and Smith (1996), an transparent audit trail was created throughout the interview and data analysis process by the researcher.

4.6.3. Further Researcher Reflexivity

In keeping with the constructionist, interpretivist, qualitative nature of this research, the last of the criteria addressed by several authors is that of the inclusion of researcher reflexivity (Strauss & Corbin 1998; Smith 1996; Willig 2001). It is suggested that the researcher is as transparent as possible regarding her reactions at various stages in the research process and to the data (Strauss & Corbin 1998). Additionally the researcher is encouraged to gain an awareness of how her interpretation of the data may have been influenced by prior knowledge (Smith 1996) and her 'pet theories' about the area under enquiry (Willig 2001). In the sections named *Epistemological Reflexivity* and *Researcher Reflexivity* the researcher has attempted to be as

transparent as possible both about her prior knowledge and related assumptions and preconceived ideas both about research epistemology and methodology and evacuation and the bombing of London during the Second World War. Below she adds some further reflections regarding the research process.

During the research process I became aware of a further personal beliefs and related behaviours that may have had an influence on the research interview process. Although, as documented previously in this section, the interview was intended to allow the participants to tell their stories in an open and relatively unguided way, I encountered some difficulties interrupting the participants at the times when it was necessary to guide them. As a result I feel that this difficulty may have negatively affected the breath, depth and variety of data gathered. I believe my difficulties interrupting the participants have their roots in a belief that I was both exposed to and indoctrinated with from early in my life. I was taught that one should listen to the conversation of adults, particularly older adults such as grandparents, without interrupting unless asked to contribute. I also grew up with a somewhat distant and fearful relationship with several older members of my family, which has influenced my relationships with other older adults, particularly men. I believe that, despite addressing the need to interrupt during the interview with the participants, this belief surfaced and was difficult to overcome thus allowing the interview to divert away from the area and purpose of the enquiry, creating data that was not always relevant. Added to this belief is my love of both hearing and telling stories and my experience as a Counselling Psychologist working with older people. This experience has taught me that older people are often compelled to tell their stories in detail with the purpose of leaving an impression of their identities, emphasising their strengths and re-evaluating their experiences as part of a life review, and often will not be guided away from the story they have chosen to tell. Additionally I do believe that allowing the participants to tell their stories in their own way was recompense for them assisting me with this research.

However, the open nature of the interview and my lack of guidance and interruption also had its advantages, I believe. In terms of my preconceived ideas and prior knowledge about evacuation, my perception was that it was an experience of polar opposites. The trauma of separation from parents into the care of strangers and the positive benefits of moving from dense urban to country environments I perceived was influenced by reading the novels mentioned in chapter two, from hearing the stories of other former evacuees and from my own feelings about separation and growing up in a country villages. By allowing the participants to recall their memories and tell their stories in an open, relatively unguided manner, I feel I gained a more balanced view of their experiences and I felt better able to put aside my own assumptions as I learnt more about the processes and effects of these two experiences. If I had been more

assertive and the interview had been more structured, influenced by my prior knowledge, I may not have captured many elements and concepts that later emerged during the analysis.

4.7. Implications for Counselling Psychology

In the first instance the research in this thesis has implications for Counselling Psychologists working with people over the age of sixty-five. Although those who were evacuated and experienced the bombing of London during the Second World War are in a diminishing cohort, many are still likely to be alive for at least the next decade. Therefore Counselling Psychologists working in services for older people are likely to continue encountering these former war children and therefore it is vital that they understand these experiences and the possible long-term effects, of which this research offers an insight not previously available in the relevant literature. Overall, what this research suggests is that these wartime experiences had enduring effects that manifest themselves in many forms. Overall they had an enduring, lifelong effect on both the development of identity and their responses to threat to their survival. As discussed previously, it is important for Counselling Psychologists to understand that these people integrated elements of their experiences into their identities in order to survive being separated from their families and being placed in an environment that contrasted significantly with that in which they had been brought up. It is equally imperative that Counselling Psychologists working with this cohort understand two points. Firstly, that even though these experiences appear universal, they are also unique to the individual.

Secondly, that they must put aside assumptions about trauma and the possible benefits from being introduced to a country environment for example, and ask the person about his or her perceptions of the experience and the long-term effects. In terms of trauma, it is important to acknowledge coping strategies and mediating or protective factors. Counselling Psychologists working with older people must understand how deeply ingrained these long-term effects are when challenging what might appear to be unhelpful or outdated coping strategies and that the probable reason that they are so deeply ingrained and immovable is because they were adopted at a time of extreme threat to survival. It is also important, in the context of exploring coping strategies, for example to consider the possible transgenerational effects of such experiences and the resulting ingrained beliefs, habits and behaviours. For example the child of a person who lived through the War might have equally strong beliefs about not wasting food and hoarding items deemed scarce and therefore valuable such as paper and wood. Habits may be equated with such disorders as obsessive-compulsive disorder and Diogenes syndrome (of which hoarding is a common element) when they are not the result of pathology by of an adaptive way of coping with threats to survival.

In terms of attachment and separation theory and practice, it is without doubt that these play an important part in many of the psychological difficulties older people experience. This research highlights the importance of keeping the integrity of the family and that, during the War, this was given priority over educational opportunities for example. It is vital that Counselling Psychologists understand that at times of separation, children cope in many different ways such as forming strong and enduring attachments to new caregivers, developing their identities in order to be integrated into new families and communities as well as to be deemed acceptable or removing themselves from the situation which has caused the separation in search of 'reattaching' themselves to their parents and families of origin. Additionally children will form these attachments in order to meet survival needs or put themselves in greater danger to be with their original families. With this in mind, this understanding can also be applied when working therapeutically with children and families as well as adults who may have experienced significant separations and the introduction of new carers. Additionally to groups such as refugees and asylum seekers, which will be discussed further in the next section.

This research also has implications for Counselling Psychologist working with older people who suffer from dementia and other cognitive and memory difficulties. There are many occasions when a person with such difficulties displays behaviour that seems inexplicable to even those who know him or her well. This research contributes a unique insight into some habits and behaviours that people who were children during the War with dementia might exhibit and which they are no longer able to explain themselves such as hoarding food and other items deemed valuable during the War. Additionally a move into residential or nursing care might reactivate certain attachment seeking behaviours that have their origins in the separations created by evacuation and the bombing of London.

It has emerged from this research that many evacuees created a strong group identity in order to protect themselves against threats to their identity and their physical and psychological well-being. Losses in older age such as retirement and the deaths of friends, siblings and partners who may include those with which they were evacuated or experienced the bombing of London causing losses of roles and elements of their identities. This may motivate them to make efforts to re-engage in this group and it is important for Counselling Psychologists to understand this need and perhaps be able to provide information about groups such as the Evacuees Reunion Association, sources of further information and projects where stories of former war children are being sought.

Fundamentally, it is important for Counselling Psychologists to recognise that their clients may have had these experiences and to take them into account when creating formulations about these clients' difficulties.

Some implications for Counselling Psychologists are also implications for other professionals such as those planning for disasters, wartime refugees and asylum seekers and placing of people in care so they will be included in the next section.

4.8. Implications for the World

It is perhaps pertinent to note that this section is being written as many people England are being evacuated from their homes due to flooding and prior to these events the researcher had considered that the results of this project has implications for other evacuation experiences such as those relating to extreme weather conditions, natural and man made disasters such as volcanoes, earthquakes and accidents such as that at the Chernobyl Nuclear Power Station in 1986. This research also has implications for refugees, asylum seekers and economic migrants as well as for adoption and fostering and placing older people in residential and nursing care. The principles drawn from the research are the same for all these groups and are as follows.

For both displaced individuals and groups, the findings of this research suggest that, provision must be made for group identity to be kept or they must be integrated into the community in which they have arrived. Some way of creating familiarity in the new environment may be attempted such as keeping to a known routine. It must be acknowledged that difficulties are not only experienced in adapting to new environments but also readjusting to original ones and this has implications for the individual and group identity which may be threatened by these changes. Stark contrasts in former and new environments need to be avoided such as moving from poverty to wealth and back again or temporarily being given improved educational opportunities. This research has found that this can cause a life-long sense of not belonging anywhere, as if between the two places. Additionally, the possible loss of such educational and employment opportunities must be acknowledged particularly in the context on the effect on identity and regret. For example a refugee may have had a profession and therefore status in his or her country of origin and then be prevented from pursuing this profession in the new country thus causing loss of elements of identity and status challenging the principles of continuity, self-esteem and distinctiveness in a negative manner.

It is important to acknowledge that due to a transition such as those named above, elements of identity may be hidden in order to be acceptable but still valued and the individual may, at some stage in their lives, whether soon or some considerable time afterwards feel the need to reinvigorate these elements and perhaps reject those he or she has taken on in order to fit in in the new environment. For example an asylum seeker may suppress such elements as his or her native language, traditions and religious rituals that he or she deems are unacceptable and

therefore provision may need to be made for him or her to allow these to remerge in a new environment once he or she is settled. The same applies to those being placed in care either as children or older adults. For example an older person moving to residential care may at first attempt to behave in a way that is deemed acceptable by the other residents thus reducing his or her distinctiveness and challenging self-esteem and continuity but have superstitions or traditions he or she wishes to allow to re-emerge once he or she has established it is safe to do so in order to create continuity and self-esteem, no longer minding that this makes him or her distinct from the other residents.

As discussed at several points in this thesis, it appears that keeping the integrity of a group such as the family at a time of transition is imperative. According to the findings of this research is it vital to keep siblings together in the absence of parents but if possible the whole family needs to remain as a unit. It is important to acknowledge that people are prepared to forgo other opportunities and put themselves in danger in order to be with their families. Therefore refugees or asylum seekers may be tempted to return to a danger zone or children may be prepared to return to an environment where abuse occurs to keep the integrity of the family. It may be interesting to note that a former evacuee that the researcher encountered outside the research project, trained as a social worker in her adult life and initiated a system where children were fostered in the area from which they came with their mothers rather than being sent considerable distances away from their parents and families in order to receive care and protection.

It is important to note that those who have been through what some might assume to be traumatic experiences must be prepared to acknowledge that there may have also been some positive elements and that if survival was under threat then habits, behaviours and beliefs may be particularly ingrained making them difficult to change or adapt.

4.9. Implications for Further Research

The project in this thesis has created a foundation on which further research can be based. In the first instance it would be both interesting and beneficial to test the theory generated from this research with other people who experienced evacuation and the bombing of London. Emphasis could be placed upon the effects these experiences may have on the development of identity, strategies for coping with threats to identity and psychological and physical well-being and integrity and separation and keeping the integrity of the family. It would be interesting to investigate further the effects of the proximity and availability of fathers as, in terms of the existing literature regarding both the effects of these wartime experiences and attachment theory

in general, it appears to be a neglected area but all participants mentioned their father's occupations and how much contact they had with them.

Casting the net more widely, this research could be used as a foundation for research into the effects such experiences as evacuation due to natural and man-made disasters, being a refugee or asylum seeker, adoption and fostering and residential or nursing care, for example, have on the developing identity and coping with threats to identity as well as psychological and physical well-being and integrity. Additionally the effects of separation from or maintenance of the family unit due to these experiences could be investigated further.

4.10. Conclusion

To conclude, this research paper leaves the reader without any doubt that these wartime experiences have long-term effects that endure virtually unchanged over a time span of more than sixty years. The substantive findings of this research relate to the formation and development of identity and the endurance of certain elements relating to the wartime experiences of evacuation and the bombing of London due to their significance in both physical and psychological survival. Rich data emerged from face-to-face interviews and the model built from it introduces new and novel information about this area of enquiry. Some findings also echo existing literature relating to these wartime experiences, attachment and identity theory, life review and the transgenerational effects of the War on Holocaust Survivors. The findings of this research have widespread implications not only for Counselling Psychology and the cohort involved but for the wider modern world. It has been concluded that this research has implications the understanding of the development of trauma and protection against it. Additionally it has implications for the preservation of the integrity of the family and coping with threats to identity during times of war and disaster and during processes such as adoption and fostering and placement in residential and nursing care, so vital to the psychological well-being of each member.

Appendices

Appendix I

DSM IV (APA, 1994) Criteria for Post-Traumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following are present:
    (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;
    (2) the person's response involved intense fear, helplessness or horror.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
    (1) recurrent and intrusive distressing recollections of the event, including images thoughts, or perceptions;
    (2) recurrent distressing dreams of the event;
    (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening and when intoxicated.);
    (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;
    (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
    (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma;
    (2) efforts to avoid activities, places, or people that arouse recollections of the trauma;
    (3) inability to recall an important aspect of the trauma;
    (4) markedly diminished interest or participation in significant activities;
    (5) feeling of detachment or estrangement from others;
    (6) restricted range of affect (e.g. inability to have loved feelings;
    (7) sense of foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:
    (1) difficulty falling or staying asleep;
    (2) irritability or outbursts of anger;
    (3) difficulty concentrating;
    (4) hypervigilance;
    (5) exaggerated startle response.

E. Duration of the disturbance (symptoms in criteria B, C, & D) is more than 1 month.
F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:
Acute: if duration of symptoms is less than three months
Chronic: if duration of symptoms is 3 months or more

Specify if :
With delayed onset: if onset of symptoms is at least 6 months after the stressor.

Appendix II

NHS Ethics Forms

Appendix III

City University Ethics Form

Appendix IV

Recruitment Poster

Were you **evacuated** from London during the Second World War?

Did you **also** experience the Blitz or the bombing in London?

Are you willing to be interviewed about the long-term effects of these experiences for a research project?

In order to take part you must have been a child of at least four years old at the time and have experienced both these events. You must also currently live in the Borough of Barking and Dagenham or Havering.

For more information please contact: **Imogen Sturgeon-Clegg** either in writing or by telephone at:

The Petersfield Centre, Petersfield Avenue, Harold Hill, RM3 9PB Tel: 01708 796476 ***or*** *01708 796464.*

Version 2 09.08.04

Appendix V

Telephone Interview Schedule

Telephone Screening Interview Questions

Instructions: List inclusion criteria for the participant at the beginning of the interview

ID No:	**Date of Interview:**
1. Were you evacuated during the Second World War?	YES NO
2. Did you experience the Blitz/German Bombing in London?	YES NO
3. Where do you live at the moment?	Havering Barking & Dagenham
4. Is that in the Borough of Havering or Barking and Dagenham?	YES NO
5. How old are you now?	
6. How old where you when you were evacuated and experienced the Blitz?	
7. Are you currently receiving therapy or counselling?	YES NO
8. Are you currently seeing a psychiatrist or other specialist doctor?	YES NO
9. Is English your first language?	YES NO
10. Where did you find out about the project?	
11. Are there any questions you would like to ask me about taking part in the interview/project?	
12. Would you like the interview to take place at home or clinic?	HOME / CLINIC

Include/Exclude

Instructions: Explain that a copy of the Consent Form and Information Sheet will be sent with a covering letter on NELMHT headed paper.

Appendix VI

Information Sheet for Potential Participants

Information Sheets for Participants

Long-term effects of living through evacuation and the London Blitz during the Second World War as perceived by those who experienced them:a qualitative study'

What is the aim of the Project?

The research project you have shown an interest in participating in is concerned with trying to discover the long-term effects (positive and negative) of having experienced both evacuation and the London Blitz during the Second World War (1939-45).

What will I need to do?

Once you have contacted the researcher, Imogen Sturgeon-Clegg, you will be asked to take part in a short telephone interview. The purpose of this is to see if you meet the criteria for taking part in the project. You will have the opportunity to ask any questions you have about the participating in the project.

You will then be sent a consent form and this information sheet. You will be asked to give your consent for being interviewed and for the interview to be recorded and transcribed (written). Once you have decided to give your consent and therefore take part in the interview you will need to contact the researcher to arrange a convenient time and date. You will again have the opportunity to ask any questions you have about participating in the project. You will be asked to sign the consent form in the presence of the researcher at the beginning of the interview.

The interview will take place in either your home or a community centre such as the Petersfield Centre according to whichever place is most convenient to you. If you incur any expenses travelling to an interview, these will be reimbursed. The interview will take approximately one hour and the researcher will ask you a series of questions regarding your evacuation and Blitz experiences and what you consider are the long-term effects of these experiences. The researcher may contact you after the interview if she needs to clarify any information you have given her.

What if I change my mind?

If you wish to withdraw from the project or terminate the interview at any point, you may do so and you are not obliged to continue should you not wish to do so. You do not have to provide the interviewer with a reason for wishing to terminate the interview. The interviewer, as a consequence of this decision will not treat you any differently to those who decide to complete the interview.

Who will know about my participation in the project?

Your GP will be informed that you are taking part in the project and will be sent a copy of this Information Sheet and the Consent Form. All the information you give during the interview will be treated as confidential unless you reveal that either you or another person are at risk from harm. In this case someone else such as your GP may need to be informed but this will not be done without discussing it with you first. There will be nothing in the research report that will allow you to be identified. You will be referred to in the report as a code and any information that you give that may lead to you being identified will be changed to protect you identity. The research report may be published or used for educational purposes.

What are the benefits of taking part in this project?

You will have the opportunity to tell your story about your evacuation and Blitz experiences and make a permanent record of it. The information you give will help educate others about the long-term effects of these experiences. During the project you will be given information about organisations where you may be able to meet other people who have had similar experiences and gain support if you require it.

Who is running the project?

A trained Chartered Counselling Psychologist, Imogen Sturgeon-Clegg is the researcher and is running the project. Kaneez Rashid is a Research Assistant. Either Imogen or Kaneez will ask the interview questions. A Consultant Clinical Psychologist, Dr Georgina Charlesworth, is supervising her for this project. They both work for the North East London Mental Health Trust, which is a part of the NHS. These two psychologists can be contacted at the following address: The Petersfield Centre, Petersfield Avenue, Harold Hill RM3 9PB. Tel: 01708 796476.

Please ask the researcher any other questions you have about the project.

Appendix VII

Consent Form

Consent Form

Long-term effects of living through evacuation and the London Blitz during the Second World War as perceived by those who experienced them: a qualitative study

I, (Print Name)…….. consent to taking part in this research project.

By giving my consent, I agree to take part in an interview regarding my experiences of evacuation and the Blitz during the Second World War. I understand that the interview will take about an hour to complete. I understand that I may be contacted following the interview if the researcher needs to clarify any information I have given.

I understand that I can terminate the interview at any time and that I do not have to complete the interview if I chose not to. I understand that I do not have to give a reason to the interviewer for not continuing.

I understand that the information I give will be treated with complete confidence with the exceptions stated in the Information Sheet and any material from my interview will be reported completely anonymously in the project. I understand that I can view the results of the research project if I so wish.

Please tick the following boxes if you agreed to the statement next to it.

- ☐ I consent to my GP being informed of my participation in this research project.
- ☐ I consent to the recording of the interview
- ☐ I consent to the recording and transcript of the interview being used for educational or training purposes.

Signed: (Respondent) **Date:**

Signed: (Researcher) **Date:**

Appendix VIII

Letter to Participant's GP

Older People's Psychology Services
The Petersfield Centre
Petersfield Avenue
Harold Hill
Essex RM3 9PB

Tel: 01708 796476
Fax: 01708 796475

Participant's GP
Name and Address

18th March 2005

Dear Dr

RE: Participant's name and address

[Participant] has chosen to take part in a research project regarding her experiences of the bombing of London and being evacuated during the Second World War. It is an ethical requirement of the research project that I inform you of her participation. I enclose the Information Sheet and Consent form relating to the research.

I would like to take this opportunity to thank you for helping to advertise the research project by displaying the recruitment poster in your surgery. We have had an excellent response.

Yours sincerely

Imogen Sturgeon-Clegg
Chartered Counselling Psychologist and Researcher

Appendix IX

Interview Schedule

Interview Questions

Introduction

The main aim of this interview is to find out what you consider are the long-term effects of having been evacuated and having experienced the bombing of London during the War. This interview will take place in four parts:

1. Firstly I am going to ask you about your experiences of being evacuated
2. Secondly I am going to ask you about your experiences of the Blitz and/or the bombing of London during the War
3. I am then going to ask you about what you consider are the long-term effects of having had both these experiences
4. Then I am going to give you the opportunity to ask any questions you may have about the interview. Of course you may ask any questions you have at any time during the interview. Do you have any questions you would like to ask now?

Each part should take 20 minutes. I apologise in advance because there may be times when I have to interrupt you so that we can move on to the next part of the interview or if I need you to elaborate on any of your answers. You can pause for thought about the questions if you feel you need to.

Part I: Evacuation

I wonder if you could tell me about your experience or experiences of being evacated during the War. I will ask you for any additional information I require.

The following questions are prompt questions:

1. How many times were you evacuated?
2. When were you evacuated?
3. Where were you evacuated to?
4. How long were you evacuated for?
5. Who were you evacuated with? Who was left behind?
6. How were your billet hosts found?
7. How old were you when you were evacuated?
8. Was it by government or private arrangement?
9. **Are there any experiences that stand out for you?**
10. **What kind of experience was it for you?**

Part II: The Blitz or bombing

I am now going to ask you about your experiences of the Blitz or bombing in London during the War. I wonder if you could tell me a bit about your experiences. I will again ask you for any additional information I require. The following questions are ideas for prompt questions:

1. During which part of the War did you experience the Blitz or bombing of London?
2. Where did you experience this? Which part of London?
3. How old were you when you experienced the bombing?
4. Who else was involved in your experiences?
5. **Are there any experiences that stand out for you?**
6. **What kind of experience was it for you?**

Part III: Long-term effects

Before I ask you about the long-term effects of these two experiences, I am going to explain what I mean by long-term effects. I mean anything about these experiences that still has an effect or influence on you now. For example, is there anything about these experiences that has influenced your beliefs about the world or your self or any emotional reactions that you attribute to your experiences? Are there any habits or routines that you have retained that you learnt or gained during either of these experiences? Are there any images, sounds or smells that you recall vividly or any dreams that you still have regarding any of your experiences?

What do you think are the long-term effects of having been evacuated and having experienced the bombing of London during the War?

Prompts include:

1. Beliefs
2. Emotional reactions
3. Habits or routines
4. Images
5. Sounds
6. Smells
7. Dreams
8. Relationships

Appendix X

Interview Checklist

Interview Checklist

Participant No:……Date of Interview:……...

Interview Version No:…… Interviewer:……

☐ Consent form signed

☐ GP's name and address

☐ Travel expenses

☐ Evacuee organisations YES / NO

☐ Explanation of follow-up interview

☐ Description of interview

Appendix XI

Information Sheet:

Organisations, Archives and Research concerning Childhood Wartime Experiences

Information Sheet:
Organisations, Archives and Research concerning
Childhood Wartime Experiences

Evacuees Reunion Association (ERA)
The Mill Business Centre
Mill Hill
Gringley-on-the-Hill
Nottingham
DN10 4RA
Tel: 01777 816166
Email: era@evacuees.org.uk
Website address: www.arp.org.uk

This registered charity offers links, support and counselling to former evacuees. It also seeks to educate the public about evacuation and commemorate the three and a half million children who were evacuated during the Second World War.

The organisation runs a database, funded by the Lottery, which you can use to **trace old friends** from your days as an evacuee. They also organise various reunion events and workshops throughout the year.

You can **become a member** of the ERA by contacting Karen Follows at the above postal address, telephone number or email address.

The Imperial War Museum North
The Quays
Trafford Wharf
Trafford Park
Manchester
M17 1TE
General Enquiries: 0161 836 4000
Information Desk: 0161 836 4007
iwmnorth@iwm.org.uk

A special event organised in conjunction with the **Evacuees Reunion Association,** which will take place on **Friday 23rd April 2005.** Hundreds of people who were evacuees during the War are expected to travel from all over the country to attend. More information can be found on www.iwm.org.uk

The Imperial War Museum London

Lambeth Road
London
SE1 6HZ
General Enquiries: 020 7416 5320
www.iwm.org.uk .

An exhibition called **A Child's War** is being opened on the **18th March 2005** to mark the sixtieth anniversary of the end of Second World War. The exhibition looks at children's experiences of being evacuated and living in London during the Blitz and other episodes of bombing during the Second World War.

Regarding the exhibition, you can contact Laura McKechan at the Imperial War Museum, London on telephone number: 020 7416 5311 or e:mail: Imckechan@iwm.org.uk

The BBC

The BBC is collecting Wartime stories to commemorate the 60th Anniversary of the end of the Second World War.

If you are interested in contributing your story, telephone the following number: 08705 12 2230 (National Rate) or email: wma@bbc.co.uk

The BBC Website is currently collecting an archive of people's memories of being an evacuee. You can also read other people's contributions. It looks as if it might be possible to search for contributor's names and the locations of their evacuations.

The website address is: www.bbc.co.uk/dna/ww2/A2894105

The Research Centre for Evacuee and War Child Studies (ResCEW)

ResCEW "*collects and preserves historical and contemporary materials that document the evacuation experiences and processes of war children evacuated within the UK and those who went overseas, either privately or under the auspices of CORB*"

ResCEW is looking for both evacuees' and war children's written and verbal accounts of their experiences as well as items relating to these experiences such as photographs, letters, postcards, and film or video footage. (This information comes from the following website: www.extra.rdg.ac.uk/evacueesarchive/section4/deposits&acquisitions.htm).

ResCEW works closely with the Evacuees Reunion Association.

The Research Centre can be contacted at the address below:

Ms Daniela Brewis
Research & Administrative Assistant
Research Centre for Evacuee and War Child Studies
Bulmershe Library
The University of Reading
Bulmershe Court, Earley
Reading. RG1 6HY
Tel: 0118 378 5824
Email: d.brewis@reading.ac.uk or evacueesarchive@reading.ac.uk or www.rdg,ac,uk.evacueesarchive

Eastbury Manor House

An exhibition entitled **Escaping War, Finding Safety** is on display until Tuesday 25th May 2005. It contains items loaned by local residents including some relating to experiences of evacuation from the area during the Second World War. The exhibition also tells the stories of people who have escaped more recent conflicts such as Angola, Afganistan, the Congo, the Former Republic of Yugoslavia, Iran, Iraq, Somalia and Sudan.

This information was found on the following website: www.barking-dagenham.gov.uk
For more information about the exhibition contact:
Eastbury Manor House
Eastbury Square
Barking
IG11 9SN
Tel: 020 8724 1002

Valance House Museum
This local museum stocks a variety of books, postcards and old Ordnance Survey maps. A number of the books directly concern life and events in the Borough during the Second World War.

The address of the Museum is:
Valance House Museum,
Becontree Avenue
Dagenham
RM8 3HT
Tel: 020 8270 6865
www.barking-dagenham.gov.uk/4-valance

REFERENCES AND BIBLIOGRAPHY[2]

Ackroyd, P. (2000) *Introduction.* In A. Palmer. *The East End: Four Centuries of London Life.* London: John Murray.

Ainsworth, M.D., Blehar, M., Waters, E. & Wall, S. (1978) *Patterns of attachment: a psychological study of the Strange Situation.* Hillside, NJ, USA: Erlbaum.

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders*.4th ed. (DSM-IV), APA.

Barker,C., Pistrang, N., & Elliott, R. (1994) *Research Methods in Clinical & Counselling Psychology*. Chichester, UK: John Wiley & Sons.

www.bbc.co.uk/history/worldwars/wwtwo/ww2_summary_01.shtml

Bender, M.P. (1997) Bitter Harvest: the implications of continuing age-related stress on reminiscence theory and practice. *Ageing and Society*, 17, p337-48.

Bettleheim, B. (1979) *Surviving and Other Essays.* London: Thames and HudsonLtd.

Bowlby, J. (1940) *Psychological Aspects.* In R. Padley & M. Cole, eds. *Evacuation Survey: A Report to the Fabian Society.* London, UK: Routledge.

Bowlby, J. (1955) *Mother-Child Separation.* In K. Soddy, ed. *Mental Health and Infant Development.* New York: Basic Books.

Bowlby, J. (1969) *Attachment and Loss: Vol. 1: Attachment.* New York: Basic Books.

Bowlby, J. (1973) *Attachment and Loss: Vol. 2: Separation.* New York: Basic Books.
Bowlby, J. (1980) *Attachment and Loss: Vol. 1: Loss.* New York: Basic Books.

Bowlby, J. (1979) *The Making and Breaking of Affectional Bonds.* London, UK: Tavistock.

[2] Harvard Referencing style used

Boyd, W. (1944) *Evacuation in Scotland: A Record of Events and Experiments.* Bickley, Kent, UK: University of London Press Ltd.

Breakwell, G. ed., (1983a) *Threatened Identities.* Chichester: Wiley.

Breakwell, G. (1986) *Coping with Threatened Identities.* London, UK: Methuen.

Breakwell, G. ed., (1992) *Social Psychology of Political and Economic Cognition (Surrey Seminars in Social Psychology).* Academic Press.

Bridgeland, M. (1971) *Pioneer Work with Maladjusted Children.* London, UK: Staples Press

Brisch, K.H. (2002) *Treating Attachment Disorders: From Theory to Therapy.* New York: The Guilford Press.

Bromet, E.J. (1989) *The nature and effects of technological failures.* In: R.Gist & L. Lubin eds., *Psychological Aspects of Disaster.* New York: Wiley.

Bromley, D.B. (1990) *Behavioural Gerontology. Central Issues in the Psychology of Ageing.* Chichester: Wiley.

Brown, G. W. & Harris, T.O. (1993) Aetiology of anxiety and depressive disorders in an inner city population 1: early adversity. *Psychological Medicine,* 23, p143-154.

Buschmann, M.B. & Hollinger, L.M. (1994) Influence of social support and control on depression in the elderly. *Clinical Gerontologist,* 14, p13-28.

Busuttil, W. (2004) Presentation and Management of Post Traumatic Stress Disorder and the elderly: a need for investigation. *International Journal of Geriatric Psychiatry,* 19, p429-439.

Butler, R.N. (1963) The life review: an interpretation of reminiscence in the aged. *Psychiatry,* 26, p65-76.

Calder, A. (1991) *The Myth of the Blitz.* London, UK: Pimlico Books.

Cervilla, J.A. & Prince, M.J. (1997) Cognitive impairment and social distress as different pathways to depression in the elderly: a cross-sectional study. *International Journal of Geriatric Psychiatry,* 12, p995-1000.

Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis.* London, UK: Sage.

Cicchetti, D., & Barnett, D. (1992). Attachment organization in maltreated preschoolers. *Developmental Psychopathology*, 3, p397-411.

Cohen, G. (1996) *Memory in the Real World.* 2nd ed, Hove, UK: Psychology Press.

Conway, M.A. (1990) *Autobiographical Memory: An Introduction.* Milton Keynes: Open University Press.

Coyle, A. & Rafalin, D (2000) Jewish gay men's accounts of negotiating cultural, religious, and sexual identity: A qualitative study. *Journal of Psychology and Human Sexuality,* 12*(4),* p21-48.

Cox, J. (1994) *London's East End: Life and Traditions.* London: Weidenfeld Nicholson.

Crocq, L. (1997) *Chapter 4: The Emotional Consequences of War 50 Years On*. In L. Hunt, M. Marshall & C. Rowlings, eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London: UK: Jessica Kingsley Publishers.

Danieli, Y. (Ed) (1998) *International Handbook of Multigenerational Legacies of Trauma.* New York, USA: Springer

David, K. (1989) *A Child's War.* London, UK: Orion
Davies, N. (1999) *The Isles: A history.* Oxford, UK: Oxford University Press.

Davies, S. (1992) Long-term psychological effects of the civilian evacuations in World War Two Britain. *Unpublished paper presented at PSIGE Conference, Canterbury, UK, July.*

Davies, S. (1994) Remembering traumatic wartime experiences in old age: an initial investigation into the relative significance of episodic and semantic autobiographical memory. *Unpublished paper. European Colloquium, University of Stirlin, UK, May.*

Davies, S (1997) *We'll Meet Again: The Long-Term Psychological Effects on, and Intervention with, UK Second World War Evacuees.* In L. Hunt, M. Marshall, & C. Rowlings, eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London: UK: Jessica Kingsley Publishers.

Davies, S (1999) (Unpublished workshop handout) *Ageing and Trauma: The Implications for Older People.*

DeSalvo, L. (1999) *Writing as a Way of Healing.* London: Women's Press.

Elder, G.H. & clip, E.C. (1988) *Combat Experience, comradeship and psychological health.* In J. Wilson, Z. Harel & B. Kahan. Eds., *Human Adaptation to Severe Stress: From the Holocaust to Vietnam.* New York: Plenum.

Erikson, E.H. (1963) *Childhood & Society (2nd Ed)* New York: Norton.

Foa, E. B. & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99, p20-35.

Erskin, H. (1973) The Polls: Hopes, fears and regrets. *Public Opinion Quarterly*, 37, p132-145.

Foster, D. (Unpublished Conference Presentation) Evacuation of British Children During World War II: A preliminary investigation into the possible long-term effects. *National PSIGE Conference, Birmingham, 2000.*
Foster, D., Davies, S. & Steele, H. (2003) The evacuation of British children during World War II: a preliminary investigation into the long-term psychological effects. *Aging & Mental Health, 7* (5), p398-408.

Gardiner, J (2005) *The Children's War: The Second World War through the eyes of the children of Britain.* London, UK: Portrait.

Garland, J. (1994) *O what splendour, it all coheres. Life review therapy with older people.* In J. Bornat, ed., *Reminiscence Reviewed: Perspectives, Evaluations, Achievements.* Buckingham, UK: Open University Press.

Garland, J. & Garland, C. (2001) *Life Review in Health and Social Care: A Practitioner's Guide.* Hove, East Sussex, UK: Brunner Routledge.

Gibson, F. (1989) *Using reminiscence: Part I: An Introduction* (Tape/slide programme). London, England: Help the Aged, Education Department.

Goldberg, D.B. (1986) *Manual of the Gerneral Health Questionnaire*. National Foundation for Education Research, Windsor.

Goodchild, M.E. & Duncan-Jones, P. (1985) Chronicity and the General Health Questionnaire. *British Journal of Psychiatry,* 146, p55-61.

Glaser, B.G. & Strauss, A.L. (1967) *The Discovery of Grounded Theory.* Chicago, USA: Aldine

Grbich, C. (2007) *Qualitative Data Analysis: An Introduction.* London, UK: Sage.

Gross, R.D. (1992) *Psychology: The Science of Mind and Behaviour,* (2nd Ed), London, UK: Hodder and Stoughton.

Hagerty Lingler, J., Nightingale, M., Erlen, J.A., Kane, A.L., Reynolds, C.F., Schultz, R. & DeKosky, S. (2006) Making Sense of Mild Cognitive Impairment: A Qualitative Exploration of the Patient's Experience. *The Gerontologist,* 46 (6), p791-800.

Haight, B. (1998) *Use of Life Review/Life Story Books in Families with Alzheimer's Disease.* In P. Schweitzer, ed., *Reminiscence in Dementia Care.* Blackheath, London: Age Exchange.

Hazan, C. & Shaver, P. (1987) Romantic love conceptualised as an attachment process. *Journal of Personality and Social Psychology,* 52, p511-524.

Hillman, J. (1999) *The Force of Character: A Study of the Meaning of Ageing.* New York: Random House.

Holman, B. (1995) *The Evacuation: A Very British Revolution.* Oxford, UK: Lion Publishing Plc.

Holmes, J. (1993) *John Bowlby and attachment theory.* London, UK: Routledge.

Holmes, J. (2001) *The Search for the Secure Base: Attachment Theory and Psychotherapy.* Hove, East Sussex, UK: Brunner-Routledge.

Horowitz, M., Wilner, M., and Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine,* 41, p209-218.

Howe, D., Brandon, M., Hinings, D. and Scholfield, G (1999) *Attachment Theory, Child Maltreatment and Family Support.* Basingstoke, UK: Macmillan.

Howe, D. & Feast, J. (2000) *Adoption, Search and Reunion.* The Children's Society.

Hunt, L. (1997) *The Past in the Present: An Introduction to Trauma (Re-) Emerging in Old Age.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London, UK: Jessica Kingsley Publishers.

Hunt, L. (1997) *The Implications for Practice.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London, UK: Jessica Kingsley Publishers.

Hyer, L.A. & Sohnle, S.J. (2001) *Trauma among Older People: Issues and Treatment.* Hove, East Sussex: Brunner-Routledge.

Inglis, R. (1989) *The Children's War: Evacuation 1939-1945.* London, UK: Collins.

Isaacs, S., ed. (1941) *The Cambridge Evacuation Survey. A wartime study in social welfare and education.* London, UK: Methuen & Co. Ltd.

James, W. (1890) *Principles of Psychology*, New York: Holt.

Janoff-Bulman, R. (1992) *Shattered assumptions: Towards a new psychology of trauma.* New York: Free Press.

Kav Venaki, S., Nadler, A. & Gershoni, H. (1985) Sharing the Holocaust Experience: Communication, behaviours and their consequences in families of ex-partisans and ex-prisoners of Concentration camps. *Family Process*, 24 (2), p273-280.

Kinnier, R.T. & Metha, A.T. (1989) Regrets and Priorities at Three Stages of Life. *Counselling and Values*, 33, p182-193.

Klapp, O.E. (1969) *Collective Search for Identity.* New York: Holt.

Landman, J. (1993) *Regret: The Persistence of the Possible.* Oxford, UK: Oxford University Press.

Landman, J. & Manis, J.D. (1992) What might have been: Counterfactual thought concerning personal decisions. *British Journal of Psychology*, 83: p473-477.

Lemma, A. (2002) *Psychodynamic Therapy: The Freudian Approach.* In W. Dryden, ed., *Handbook of Individual Therapy* , 4th ed., London, UK: Sage Publications Ltd.

Leonard, P. (1984) *Personality and Ideology: Towards a Materialist Understanding of the Individual.* London: Macmillian.
Levav, I. Kohn, R. & Schwartz, S. (1998) The Psychiatric After-Effects of the Holocaust on the Second Generation. *Psychological Medicine*, 28, p755-760.

Levi, P. (1981) *Lilit e Altri Ranconti.* First Published in English as *Moments of Reprieve.* London: Michael Joseph Limited.

Lewis, M.I. & Butler, R.N. (1974) Life review therapy: putting memories to work in individual and group psychotherapy. *Geriatrics*, 29: p165-73.

www.livingarchive.org.uk

Mcleod, J. (1996) *Qualitative Research Methods in Counselling Psychology*. In R. Woolfe & W. Dryden, eds., *Handbook of Counselling Psychology*. London, UK: Sage.

McLeod, J. (1997) *Narrative and Psychotherapy*. London, UK: Sage Publications.

Macnicol, J (1986) *The Evacuation of School Children.* In: H.L. Smith, ed., *War and Social Change: British Society in the Second World War.* Manchester, UK: Manchester University Press.

Main, M. (1991) *Metacognitive knowledge, metacognitive monitoring, and singular (coherent) versus multiple (incoherent) models of attachment: findings and directions for future research.* In: C.M. Parkes, J. Stevenson-Hinde & P. Marris, eds., *Attachment Across the Lifecycle.* London, UK: Routledge.

Marwick, A. (1970) *Britain in the Century of Total War: War, Peace and Social Change 1900-1967.* Harmondsworth, Middlesex, England: Penguin Books Ltd.

Maslow, A. (1954) *Motivation and personality*, New York: Harper and Row.

Matsakis, A. (1996) *I Can't Get Over It: A Handbook For Trauma Survivors (2nd Edition).* Oakland, CA, USA: New Harbinger Publications.

Millar, A. (2003) Men's experience of considering counselling: 'entering the unknown'. *Counselling and Psychotherapy Research*, 3(1), p16-24.

Molloy, V. (2002) Identity, past, present, in an historical child-care setting. *Psychodynamic Practice*, 8.2, p163-178.

National Patient Safety Agency and the National Research Ethics Service (2005*) Information Sheets and Consent Forms: Guidance for Researchers and Reviewers*, Version 3.2, May 2005 found at www.nres.npsa.nhs.uk/docs/guidance/Info_sheet_and_consent_form_guidance.pdf

Nicholson, H.V. (2000) *Prisoners of War: True Stories of Evacuees – Their Lost Childhood.* London, UK: Gordon Publishing

O'Neill, G. (1999) *My East End: Memories of Life in Cockney London.* London, UK: Penguin Books Ltd.

Palmer, A. (2000) *The East End: Four Centuries of London Life.* London: John Murray.

Parsons, M.L. (1998) *I'll Take That One: Dispelling the Myths of Civilian Evacuation 1939-45.* Peterborough, UK: Beckett Karben.

Pidgeon, N. & Henwood, K. (1996) *Grounded Theory: practical implementation.* In: J.T.E. Richardson, ed., *Handbook of Qualitative Research Methods for Psychology and the Social Sciences.* Oxford, UK: BPS Blackwell.

Public Information Leaflet No. 3 (July 1939) *Evacuation: Why & How?*

Roese, N.J. (2003) Counterfactual Research News. www.psych.uiuc.edu/~roese/cf/cfback.htm

Roese, N.J. & Olson, J.M. eds. (1995) *What might have been: The social psychology of counterfactual thinking.* Mahwah, NJ: Erlbaum.

Rossouw, T. (2002) The Impact of Trauma and Loss on the Formation of the Attachment Relationship. *Paper presented at Traumatic and Troubled Infant Attachments Conference, King George Hospital, Ilford, Essex, UK, October.*

Rothschild, B. (2000) *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment.* London, UK: W.W. Norton & Company.

Rowe, D. (1995) *Guide to Life.* London, UK: HarperCollins.

Royan, L. (2003)(Unpublished teaching handout) *Reminiscence*.

Sarason, I.G., Sarason, B.R., Shearin, E.N. & Pearce, G.R. (1987) A brief measure of social support: practical and theoretical implications. *Journal of Personality and Social Relationships*, 4, p497-510.

Schreuder, J.N. (1997) *Post-Traumatic Re-Experiencing in Old Age: Working Through or Covering Up?* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* Jessica Kingsley Publishers, London, UK.

Scrutton, S. (1999) *Counselling Older People.* London, UK: Arnold

Smith, J. (1996) *Evolving Issues for Qualitative Psychology.* In J.T.E. Richardson, ed., *Handbook of Qualitative Research Methods for Psychology and the Social Sciences.* Oxford, UK: BPS Blackwell.

Soddy, K. (Ed) *Mental Health and Infant Development.* New York: Basic Books.

Strauss, A. & Corbin, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, 2nd ed., London, UK: Sage Publications.

Summerfield, D. (1996) The Psychological Legacy of War and Atrocity: the question of long-term effects and the need for a broad view. *Journal of Nervous and Mental Disease,* 184 (6), p375-7.

Taylor, A.J.P. (1975) *English History 1914-1945.* Oxford, UK: Oxford University Press.

Tennant, C., Hurry, J. & Bebbington, P. (1982) The Relation of Childhood Separation Experiences to Adult Depressive and Anxiety States. *British Journal pf Psychiatry*, 141, p475-482.

Turner, B. & Rennell, T. (1995) *When Daddy Came Home: How Family Life Changed Forever in 1945.* London, UK: Pimlico.

Van der Kolk, B.A. & McFarlane, A.C. (1996) *The Black Hole of Trauma.* In B.A. van der Kolk, A.C. McFarlane & L. Weisaeth, L. eds., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society.* London, UK: The Guilford Press.

Van Ijzendoom, M.I., Bakermans-Krunenberg, M.J. & Sagi-Schwartz, A. (2003) Are Children of Holocaust Survivors Well-Adapted: A Meta-analytical Investigation of Secondary Traumatisation. *Journal of Traumatic Stress*, Vol.16 (5), p459469.

Waugh, M. (Unpublished Doctoral Thesis) *The Long-Term Psychological Sequelae of Childhood Experiences During World War II.* UCL.

Weingarten, K. (2004) Witnessing the Effects of Political Violence in Families: Mechanisms of Intergenerational Transmission and Clinical Interventions. *Journal of Marital and Family Therapy,* 30(1) p45-59.

Willig, C. (2001) *Introducing Qualitative Research in Psychology: Adventures in theory and method.* Buckingham, UK: Open University Press.

Ziegler, P. (1995) *London at War; 1939-1945.* London: UK:Sinclair-Stevenson

Extended Literature Review

The Dissonance between the Medical Model and the Neuropsychological Model: Are Psychological Interventions Appropriate for WW II Veterans?

By
Imogen Sarah Sturgeon-Clegg

Supervised by
Dr Deborah Rafalin

For
Top-up DPsych in Counselling Psychology

At
City University
Department of Psychology

Submitted: October 2007

Chapter 1: Introduction

1.1. Introduction

The suggested psychological interventions for veterans of WW II (WW II) suffering from war trauma (Robbins 1997; Crocq 1997; Snell and Pandin-Riveria 1997; Matsakis 1996) have been developed from the modern understanding of Post-Traumatic Stress Disorder, namely the neuropsychological model. However, despite there being some psychological understanding and treatment of war trauma during and after WW II, until the 1980s the medical model dominated. Therefore veterans of this war perhaps also understand their difficulties within the framework of the medical model, thus creating a dissonance between their understanding of their difficulties, the interventions they consider to be appropriate and helpful, and what psychologists are currently offering. Added to this dissonance are the more general attitudes towards masculinity, mental health and the negative effects of the War of this unique cohort. Therefore this literature review will include a description of this cohort, the attitude towards war trauma and its treatment at the time of WW II. It will also include an account of the evolution of the modern understanding of Post-Traumatic Stress Disorder and the psychological interventions now considered appropriate. The four suggested psychological interventions for war trauma caused by WW II will then be critically evaluated using both existing literature and the author's therapeutic experience as a Counselling Psychologist.

1.2. Justification for this paper

Despite veterans of WW II belonging to a diminishing population, psychologists working in mental health services for older people (those over the age of 65) are still highly likely to encounter men who saw active service during WW II either as a conscript or a professional member of the armed forces. Various research studies (e.g. Hunt & Robbins 2001b; Guerren & Crocq 1994; Hovens et al. 1992) have provided evidence to suggest that a significant number of WW II veterans suffered and continue to suffer from trauma related to their wartime combat experiences. Perhaps the most relevant is that of Hunt and Robbins (2001b) who found that 19% of a large sample of British veterans reported high levels of distress related to their wartime experiences. Despite findings such as these and the involvement of a huge proportion of the world's population in WW II, modern literature both about the prevalence and treatment of war trauma from this war is proportionately very small. Possible explanations for this perhaps lie with the beliefs and attitudes of the generation who were involved in the War, the understanding of war trauma at the time and attitudes towards older people's ability to engage in psychological therapy and change (Laidlaw, Thompson, Dick-Siskin & Gallagher-Thompson 2003), all of which will be discussed in more detail later in this paper. Interestingly much of the literature now available was produced in the 1990's, particularly in 1997. It may be no coincidence that

this decade saw the fiftieth anniversary of the majority of the events of WW II, the commemorations of which may have reactivated trauma in those who experienced these events (Hilton 1997) causing them to enter mental health services thus bringing this population to the attention of such professionals as psychiatrists and psychologists who now benefit from a greater understanding of trauma.

1.3. The Cohort who fought in the War

As a Counselling Psychologist it is vital to understand the cohort of which a client is a member and the beliefs and attitudes that belong to a particular cohort in the same way that it is vital to understand a client's culture. It is also imperative to recognize any dissonance between the cohort and the psychological formulation and intervention that is being offered. As with each generation, the men who fought in WW II were exposed to and therefore are likely to possess a unique set of attitudes towards war which are likely to colour their beliefs and feelings about the diagnosis and treatment of war trauma. Firstly, at the time of WW II it was considered unacceptable for a man to talk about his feelings or express his emotions because it was seen as a sign of weakness and lack of masculinity (Snell and Pandin-Riveria 1997). Secondly, negative attitudes towards mental health problems were pervasive, one suggested reason for this being that these problems were considered mysterious and untreatable (Horowitz 1999), and certainly, in the author's experience, this cohort commonly feared admission to the local asylum after 'going mad'. More specifically, during WW II, the attitude that war trauma was due to a weakness in the genes or personality or a "lack or moral fibre" (Davies 2001, p99) persisted from the First World War (1914-1918) when traumatised soldiers were executed by firing squad for 'cowardice' or 'desertion' when they could no longer tolerate combat (Holden 1998). Thirdly, on their return to Britain, soldiers were instructed not to talk about their experiences (Hunt and Robbins 2001a).

It was thought that discussion, particularly of negative experiences, between both serving members of the forces and civilians, who had experienced the bombing of Britain, was damaging to the morale of the country, so important in sustaining support for the War (Davies 1997; Calder 1991; Zeigler 1995). After the War, there was probable collusion on an individual, group and societal level to deny its unpleasant and painful aspects (Bender 1997), called the 'Conspiracy of Silence' by Hunt (1997). As observed by both Hunt (1997) and the author of this paper, self-reliance and the ability to deal with one's own problems are highly valued amongst the generation who experienced WW II. This attitude, and the expectation that they should be able to 'pull themselves together', it seems, applies particularly to mental health difficulties, thus often preventing them from seeking help. One result of this is that both veterans and civilians had to find their own, often solitary ways of coping with their traumatic wartime

experiences (Snell and Pandin-Riveria 1997) such as suppressing memories and avoiding reminders such as films and commemorations (Hilton 1997). These mechanisms do not allow the emotional processing of the trauma, so crucial for healing (Hunt and Robbins 2001a) thus allowing for the reactivation of the trauma and its related memories and emotions in later life (Snell and Pandin-Riveria 1997; Hunt and Robbin 2001b).

The circumstances of each war are unique in terms of political and historical context, geography and in terms of the conditions in which members of the Armed Forces were engaged (Holden 1998). These circumstances are likely to add to the characteristic beliefs and attitudes of a generational cohort. Therefore it is important to take into account the unique context and conditions of WW II when considering the veterans' attitudes towards diagnosis and treatment of war trauma. WW II is described as a time of 'Total War' because it affected the entire globe (Marwick 1970; Davies 1999). Not only were the majority of the world's Armed Forces engaged in combat, the civilian population in Britain, for example, were affected by enemy bombing, family and community separation due to the evacuation of women and children to safe areas away from the bombing and severe shortages in resources such as food and clothing. It could therefore be hypothesised that veterans with war trauma are less likely to report their difficulties and feel that they are not entitled to suffer as all those around them had also experienced the horrors of war and many appeared not to be traumatised, or at least did not report suffering. Additionally they may have questioned why they had succumbed and others had not, possibly questioning their sanity and mental and moral strength.

Another unique circumstance of WW II was that of the involuntary conscription of firstly the male then female population into the Armed Forces. At the beginning of the War, the majority of the men in Britain aged between 20 and 22 years became liable for involuntary conscription into the Armed Services. The age for conscription was extended to age 19 to 41 in December 1939, then age 51 in 1941 as more men were needed (www.ww2poster.co.uk; www.johnclare.net/wwii7.htm). A large number of recruits went abroad, many for the first time, to one of the many theatres across the globe, returning sometimes after several years to, for example, children who did not recognise them having been born in their absence. Due to the urgency for more fighting men, being given a brief training compared with voluntary, professional recruits meant being wholly unprepared for warfare both mentally and physically. Perhaps they were even less prepared because they never made a conscious choice to join the Armed Forces and fight. Therefore they were likely to be less prepared than their professional counterparts for the horrors of war and therefore more likely to become traumatised by their experiences (Holden 1998).

Also unique to this cohort was the understanding and treatment of war trauma during WW II, which incorporated both physical and psychological ideas about causes and the necessary interventions. These ideas relate to both the medical and psychological models of war and trauma. Some understanding of trauma, its consequences and treatments were provided prior to WW II by such figures as Freud, Charcot and Janet and their psychoanalytical formulations regarding 'hysteria' in women (Herman 1998). The First World War (1914-1918) brought about a period of research and documentation in response to the huge number of casualties returning from the Front with a bewildering assortment of symptoms for which no physical cause could be found (Holden 1998). It was at this time that Charles Myers, a Professor of Psychology at Cambridge University, coined the term 'Shell Shock' believing that being in close proximity to a shell exploding had a physical effect (Holden 1998). Later he recognised that there was also a psychological element to this syndrome caused by emotional disturbance because many soldiers suffered the same symptoms without having been close to exploding shells (Holden 1998; Yule 1999). Between the First and Second World Wars, a doctor and psychoanalyst named Abram Kardiner (1941) continued to study the negative psychological effects of war. He noticed that symptoms of what he now called 'traumatic neurosis' would often appear several years after the traumatic event experienced during the War, triggered by similar circumstances (Shepherd 2000).

As previously mentioned, the belief that 'Shell Shock' or 'War Neurosis' as it became known during WW II, was caused by weakness of genetics or character, persisted from the First World War. However other schools of thought continued to develop psychological explanations. Dr Colman Kenton believed that soldiers developed war neurosis when the "ego-defences to anxiety are overwhelmed in a greater or lesser degree" (Shepherd 2000, p211). Frederick R. Hanson, a neurologist believed that exhaustion was a major factor in the development of acute war neurosis and exhaustion lowered these soldiers resistance to emotional strain (Shepherd 2000). Major Harold Palmer incorporated both genetic and psychological ideas into his explanation for war neurosis, acknowledging that previous trauma may cause vulnerability to further trauma (Shepherd 2000).

Many treatments offered during WW II had not changed since the First World War, despite the increase in knowledge about the nature of war trauma. These interventions were aimed at returning soldiers to the Front as quickly as possible and played on their loyalty to their comrades and his responsibility for the morale and pride of his unit. For example some soldiers were offered "commonsense restorative measures" (Shepherd 2000, p218) such as sleep, hot meals, showers and a change of kit. However, some more psychological interventions were developed at this time, intended to uncover traumatic memories and the related emotions. For example, Dr William Sargant used a barbiturate called sodium amytal or Pentothal (sometimes

referred to as the ‘truth drug’) to induce the recall of suppressed memories complete with the associated emotions or ‘abreaction’ as it became known (Shepherd 2000; Holden 1998). This technique was known as ‘narcoanaylsis’ because it also allowed the exploration of the memory and the patient’s subconscious. Sargant believed that it produced the same state as hypnosis without the need for a hypnotist (Shepherd 2000).

However not all practitioners involved with the war neurosis patients shared Sargent’s enthusiasm for narcoanalysis. Dr J.L. Clegg found that the patient would not reveal any more information under the influence of Pentothal than he would during ordinary conversation. He agreed that it could be used as a last resort if the patient was prevented from disclosing the memory by high levels of anxiety (Shepherd, 2000). Captain Paul Davis instead offered traumatised soldiers “a simple explanation, reassurance and encouragement” (Shephard 2000, p222). Dr Moses Ralph Kaufman, a Freudian, believed that Pentothal did not relieve amnesia, it simply added to it and that “chemical sedation prevented the establishment of ‘that interpersonal relationship which is one of the most essential relationships in therapy’” (Shephard 2000, p224). He offered reassurance and hypnosis to uncover traumatic memories. The patient would then join soldiers who had had similar experiences and group therapy would spontaneously occur. More physical treatments offered included Electro-Convulsive Therapy (ECT), which induced an epileptic seizure in the patient because it had been noted that psychiatric symptoms in a person suffering from epilepsy improved after they had had a seizure (Holden 1998). Deep Sleep therapy involved inducing a coma by injecting a patient with a huge dose of insulin and then feeding him sugar. Sargant also favoured both these treatments although they both involved high risks of broken bones, brain damage and death (Holden 1998).

It is essential to this paper to note that although psychological interventions were available during WW II, it is not clear to whom they were available and therefore who benefited from them. All the veterans of this war that the author has worked with therapeutically received either no treatment or interventions that could be said to be within the medical model. One veteran received regular doses of ECT, applied to groups of men at a time and an amphetamine he called ‘Purple Hearts’. He also described attending regular appointments with a psychiatrist for many years who provided ‘reassurance’. Another veteran, whose war trauma appeared several years after his experiences, was admitted to hospital for a lengthy period but mentioned no other treatment other than being benzodiazepines, which, by the time I worked with him, had been taking for more than thirty years. In a sense, the use of Pentothal also lies within the medical model because it could give the impression that it is the medication that brings about relief from trauma not the emotional processing of it.

1.4. A Brief History of Trauma Therapy

Before describing and evaluating the four modern psychological interventions suggested for veterans of WW II, it is important to describe their origins and the evolution of the understanding and treatment of trauma, including that caused by war. Following WW II, the interest in trauma has waxed and waned with every new war, research and developments in understanding and treatment being initiated and then abandoned, the result being that with every war, the wheel was somewhat reinvented (Herman 1998; Holden 1998). For example, the principles of cognitive therapy for trauma today are thought to closely mirror those of the treatment offered by such figures as William Rivers, William McDougall, Charles Myers and William Brown during the First World War (Howarth 2000). Despite the knowledge to emerge during the wars of the twentieth century, Korea, Vietnam, the Falklands and the Gulf particularly, there remained an apparent pervasive ignorance of the consequences of traumatic experiences. Consequently veterans of the first three of these wars and other areas of conflict such as Northern Ireland were often left to suffer from the consequences of trauma without it being recognised and treated (Holden 1998). One reason for this is denial of the existence of war trauma by the Armed Forces due to fears that acknowledgment would negatively affect recruitment and may encourage litigation by those suffering (Holden 1998; Shepherd,2000). Research into trauma was undertaken in the 1970's by the Veterans Association in the USA during and after the Vietnam War and by others including Figley (1978), Horowitz and Soloman (1975) and Largen (1976) and eventually, in 1980, the syndrome affecting those who had experienced traumatic events was officially named Post-Traumatic Stress Disorder in the APA's DSM III and this description has remained ever since. Interestingly it closely mirrored Kardiner's 1941 description of war neurosis. The relationship between PTSD and combat exposure was demonstrated by Egendorf in 1981 (Herman 1981).

In Britain, events of the 1980s hastened the acceptance of the existence of Post-Traumatic Stress Disorder (PTSD) including the Falklands War (1982) and such disasters as the sinking of the 'Herald of Free Enterprise' ferry and King's Cross fire in 1987, the Piper Alpha oil rig explosion and Pan Am terrorist attack over Lockerbie in 1988 and Hillsborough Stadium in 1989 (Shepherd 2000). These events also led to the acknowledgment that bystanders and observers could equally suffer from PTSD (Herman 1998). At this time the connection between PTSD and domestic violence, rape and incest started to be made. 1980 also saw the beginning of research and therefore understanding of the neurobiology and endocrinology of PTSD (Kolb 1991, 1987; Goleman & LeDoux 1998; Pitman & Orr 1990)and the forming of the modern neuropsychological model involving the amygdala, hippocampus and sympathetic nervous system used to understand the intrusion and avoidance symptoms of PTSD (Shepherd 2000) described by such authors as Van der Kolk, McFarlane & Weisaeth (1996), Matsakis (1996),

Rothschild (2000) and Scott and Stradling (2001) to name a few. One result of the increased recognition of PTSD in veterans was that families and veterans of the 1991 Gulf War were provided with leaflets that described the symptoms of PTSD and suggested families of returning soldiers encouraged them to talk about their experiences and express their emotions (Holden 1998).

In terms of treatment, the notion that catharsis and abreaction were necessary for recovery from a traumatic experience, advocated and used by therapists from psychoanalytic traditions began to be rejected. The new thinking was that without integration of the traumatic experience into the consciousness and cognitive map of the self and the world, catharsis alone was not useful (Herman 1998; Horowitz, 1997b). During the 1980s debriefing survivors of traumas such as the disasters mentioned earlier in the paper immediately after the event was widely advocated. However, very quickly it emerged that it was likely to cause as much PTSD as it prevented (Shepherd 2000). Although it can be helpful to share experiences with others to encourage understanding and challenge 'irrational fantasies' (Horowitz 1999), each person has his or her own way of coping and talking about his or her experiences with others may not be one of them (Horowitz 1999). Concurrently to the use of debriefing, ideas and research about the use of behavioural interventions were emerging. As PTSD was placed in the category of anxiety disorders in the DSM III (APA 1980), many began to adapt and apply interventions designed to assist with anxiety disorders such as exposure to anxiety-inducing stimuli (related to the trauma in the case of PTSD) through systematic desensitisation (Wolpe 1958) and flooding (Stampfl and Levis 1967) (e.g. Foa, Steketee and Rothbaum 1989; Fairbank and Keane 1982). Evidence to suggest that exposure assisted the emotional processing (Racmman 1980) of the trauma was produced (Foa, Steketee and Rothbaum 1989). Stress inoculation training (Meichenbaum 1974) was also used with sufferers of PTSD (e.g. Veronen, Kilpatrick and Resick 1978) and anxiety management training (e.g. Kozak, Foa and Steketee 1988; Marks, 1987). The connection between war trauma and behavioural interventions was made by Keane, Fairbank, Caddell & Zimering (1989) during a controlled study where relaxation training and imagined exposure were offered to Vietnam veterans.

However, it began to emerge that, as with simple catharsis, behavioural interventions did not allow irrational cognitions to be addressed and coping skills that could be generally applied were not taught as part of these interventions but were necessary for recovery (Shapiro 1989). During the 1980's and 1990's, it became clear that trauma needed to be addressed on three levels: cognitive, emotional and moral and spiritual (Matsakis 1987). In order for the trauma to be addressed in this way, it firstly needs to be brought into the conscious awareness (Matsakis 1987). The following principles then need to be applied: integration into the life story, attaching meaning in the context of other life events, addressing guilt and shame associated with a sense

of responsibility during the trauma, cognitive restructuring creation and telling of the 'trauma story', emotional processing, teaching of the neuropsychological model, grief counselling and reintegration into a social group (Chung 1993; Lifton 1988; Horowitz 1987; Mollica 1987; Ochberg 1995; Bleich, Garb and Kottler 1986; Van der Kolk *et al.* 1996; Rothschild 2000; Scott and Stradling 2001; Herbert and Wetmore 1999; Kennerley 2000). These have become the established principles of psychological interventions for PTSD including war trauma. Such techniques as Eye Movement Desensitisation Reprocessing (EMDR) (Shaprio 1989) have been developed to assist with these tasks and hypnosis it still used except 'safe remembering' as opposed to abreaction is the aim (e.g. Degun-Mather 2006; Cardena, Maldonado, van der Hart & Speigel 2000). Group and family therapy are also advocated. It would appear that Cognitive-Behavioural Therapy is the most widely advocated approach. For example, in the UK, the NICE guidelines support the use of brief cognitive-behavioural interventions and EMDR (www.nice.org.uk/pdf/CG026NICEguideline.pdf 2005).

Counselling psychology advocates the establishment of knowledge and skills from a variety of different theoretical frameworks from which to approach therapeutic work. The core rationale for this is to fit the approach to the client's needs rather than forcing the client to fit the approach. Therefore the promotion of CBT alone results in a somewhat narrow, inflexible and limited framework within which to work with traumatised clients. Additionally, guidelines such as NICE ignore invaluable formulations and interventions from psychodynamic, client-centred, cognitive analytical and systemic frameworks to name but a few. It has been the experience of the author that the promotion of EMDR ignores the invaluable contribution of hypnosis, the reputation of which has been unjustifiably tarnished by claims of the implantation of false memories in therapy clients. Added to which, EMDR has the potential to create high levels of discomfort in traumatised clients because it requires the therapist to sit in close proximity to the client and does not offer the relaxation and establishment of a 'safe place' that hypnosis does, so useful for the calming of hyperarousal symptoms of PTSD (e.g. Degun-Mather 2006). Therefore, in the spirit of Counselling Psychology, four different therapeutic approaches to trauma caused by WW II drawn from cognitive-behavioural, psychoanalytical and systemic frameworks are presented and evaluated in this paper.

Chapter 2: The Dissonance between the Medical and Neurological Model

As a result of the exploration of the attitudes and beliefs of the cohort of people who experienced WW II, the circumstances that this War created and the knowledge of War trauma both at the time of the War and its evolution until the present day, a dissonance between the models of understanding and intervention for war trauma has emerged. This dissonance may in turn affect a veteran's willingness to accept the interventions recommended in the present day. The medical model can be seen as having the aim to 'cure' a 'disease' using an intervention that is outside the realm of a 'patient's' control and requires no active participation from him or her, other than to accept a treatment such as ECT, insulin coma or medication. On reflection, this appears to be a passive process, and certainly in the author's experience, those seeking help from mental health services from the cohort who experienced the War tend to be highly compliant with such medical treatments, accepting them without question, often despite uncomfortable side effects. The concept of consent is often an alien one as the author has encountered older people who have also received invasive and radical surgical procedures without consideration for their own judgment.

As has been described earlier in this paper, medication is indeed recommended to help with the reduction of the hyperarousal symptoms of PTSD. However it is the neuropsychological model of PTSD and related interventions that dominates, supported by a growing abundance of research and literature. To the veteran of WW II, these interventions mean 'talking therapy', which, as we are now aware, conflict directly with the 'conspiracy of silence' advocated during and after the War.

Additional difficulties may be created for the veteran seeking help for war trauma because a collaborative relationship (Beck, Rush, Shaw, & Emery 1979) is required as part of the recommended interventions. This could be seen as an alien concept by someone who has always understood illness and treatment within the medical model. The relationship between doctor and patient can be interpreted as a need for passive compliance on the part of the older veteran with the doctor as the expert and prescriber of treatment. In contrast the therapeutic relationship between veteran and psychologist aims to be one of power balance, of shared responsibility for recovery and of active participation. The veteran is viewed as an expert in himself and acts as a guide to the therapist of his history, experiences, perceptions, beliefs and attitudes. He may therefore be somewhat bewildered by this sense of collaboration and lack of prescription. Frequently the author encounters older people who expect discussion about and prescription of medication having misinterpreted the role of psychologist as psychiatrist.

Further dissonance has been identified between the passive acceptance of prescribed treatment that characterises operation within the medical model and the need to be self-sufficiency

frequently expressed by older people, including veterans. It is possible that they interpret compliance with medication as an act of self-help whereas the seeking of advice and guidance is seen as a sign of weakness and dependence. It has been observed by the author that older people experience a strong sense of discomfort about engaging in therapy due to the time commitment required of the psychologist. Older people often express the belief that they are undeserving of weekly, hour-long sessions but are willing to 'bother the doctor' for shorter, less frequent periods of time. However, in terms of psychological therapy, encouragement of active participation and a sense of responsibility for his recovery may of course appeal to those who believe that they should be able to solve mental health problems by themselves, as this is perhaps essentially what they are being facilitated in doing by engaging in therapy.

The 'language' of the medical model and neuropsychological model may be another point for dissonance and conflict. It has been observed both by the author and in the literature (Hunt 1997) that older people frequently describe physical problems such as pain when, following exploration, it emerges that they are suffering from depression or, relevant to this paper, PTSD. It could therefore be concluded that the reason they use language relating to the physical body is because their thinking operates within the framework of the medical model. This is perhaps one reason PTSD often goes undiagnosed. The author has also observed that, compared with younger populations, the current cohort of older people seem to have a limited vocabulary with which to describe emotions and thoughts. This is due perhaps to never having been encouraged to express emotions and therefore never having learnt how to do so. The cohort with which the author works were mainly born and brought up in the East End at a time of abject poverty. One former client observed that they never had the opportunity to attend to their emotional well-being because they were wholly concerned with ensuring they had sufficient food, warmth and shelter, an observation that fits with Maslow's hierarchy of needs (Maslow 1954). Of course the possibility that a client is describing body memories (Rothschild 2000) need also be taken into account.

Chapter 3: An Evaluation of Suggested Psychological Interventions for Veterans of WW II suffering from War Trauma

With this dissonance in mind, four suggested psychological interventions for trauma caused by WW II will be evaluated with regard to how appropriate they are for those who have previously only been exposed to the medical model.

3.1. A Cognitive-Behavioural (CBT) Approach (Robbins, 1997).

This treatment model is based upon the principles of critical incident stress debriefing which usually occurs following an incident which has the potential to traumatise those who experience it (Dyregrov 1989). It also is based upon the construction of a "trauma story" (Robbins 1997. P55), core to many psychological interventions for trauma including CBT (Robbins 1997). The development of the model was informed by the literature concerning therapeutic work with survivors of the Holocaust and with people that have experienced traumatic events more recently in their lives than older veterans and the war. The model was developed during the author's therapeutic work with eleven veterans of WW II. The aim of the model is to allow the emotional processing of traumatic memories to reduce intrusion of these memories and so that they become more like "ordinary memories" (Robbins 1997. P58) and therefore can be recalled voluntarily. The model has four stages (disclosure of events, exploration of cognitions and emotions associated with the events, behaviour change and termination) which are preceded by an assessment, which is a modified version of the PTSD interview (Watson et al. 1991) and includes such psychometric measures as the General Health Questionnaire (Goldberg 1986) and the Impact of Events Scale (Horowitz et al. 1979). Prior to therapy beginning the rationale and emotional costs and benefits of therapy are discussed with the client, allowing him to make an informed choice about accepting treatment and to retain a sense of control over his treatment. The important issue of the acceptability of the therapist to the war veteran is also discussed by Robbins (1997), details of which can be read in the Client Study of this portfolio. (A fuller account of Robbins' (1997) model can be found in the Appendices of the Client Study in this portfolio).

Evaluation

This model's simplicity prevents the therapist from feeling overwhelmed and helpless by the intensity of the emotion and collusion with the client in the avoidance of telling the trauma story (Robbins 1997). Additionally it allows the therapy to follow a clear direction and helped the author overcome feelings of being stuck. He could refer to the model to remind himself of the therapeutic plan. It allows the therapy to focus on the main issue (the trauma) and prevents the therapist from feeling that he or she has to deal with all the issues the client brings with him

(Robbins 1997). Additionally he addresses the need for the therapist to gain knowledge about the war, which could mean that the therapist, regardless of age and gender gains some credibility with a client who is possibly sceptical about the approach and the suitability of perhaps a younger, female therapist.

In terms of the possible dissonance between the medical and neuropsychological model experienced by veterans of WW II, this suggested intervention fits firmly within the neuropsychological model. Therefore it has the potential to challenge many of a veteran's beliefs and attitudes. For example it directly challenges the 'Conspiracy of Silence' (Hunt 1997) surrounding the expression of thoughts and feelings about wartime experiences due to the telling of the trauma story by the veteran being a central requirement of the approach. This requirement also challenges concepts of masculinity and the expression of emotions. Additionally it may foster feelings that the veteran is letting his generation down by being the one to disclose negative aspects of the war that everyone was encouraged to deny at the time (Bender 1997). Additionally the veteran may struggle, at least at first, to comprehend the benefits of the telling and exploration of the trauma story as it challenges his concepts of illness and treatment, as discussed previously may be placed firmly within the medical model.

However, the time-limited, prescriptive feel of the approach may suit a veteran who sees his difficulties through the lens of the medical model but only if he is also willing to be as cooperative with psychological therapy as he is with a medical intervention. Robbins (1997) describes providing the veteran with a rationale for therapy. If, in keeping with the more general CBT model of PTSD and intervention, this includes a description of the neurology of trauma and the place of therapy in facilitating neurological and therefore psychological change (See Scott & Stradling 2001; Rothschild 2000 and Van der Kolk, McFarlane & Weisaeth 1996 for such a description), then it offers the veteran logical reasons for his difficulties, the unhelpfulness of avoidance including avoiding talking about the experience and therefore the place of therapy in facilitating the emotional processing of the trauma, with the added advantages of support and a different perspective offered by the therapist. The author has found psychoeducation about trauma to be a powerful tool in assisting the veteran in challenging beliefs about weakness and lack of masculinity, particularly by including the fact that PTSD and all its symptoms are an ordinary and normal, adaptive reaction to extraordinary events and that no one survives a war without sustaining some injuries whether physical or psychological (Holden 1998; Matsakis 1996). The author has found that it is useful to have examples of other veterans who have sought treatment for war trauma and have also recovered to help the veteran feel that he alone suffers as a result of the war. The additional advantage of explaining the neuropsychological model is that it has physical elements, involving neurology and

endocrinology, which makes it more accessible again to someone who sees his difficulties through the lens of the medical model.

The time-limited approach is advantageous to a veteran who has already acknowledged the part of the War in his difficulties and could therefore be described as being at the 'Action' stage of the Stages of Change model conceptualised by Prochaska and Di Clemente (1983). However, in terms of time, a more flexible, longer-term approach may be required with a veteran who is distressed by his symptoms but is only at the pre-contemplation or contemplation stage (Prochaska and Di Clemente 1983) not yet ready to acknowledge links and address difficult memories. The author has found that time more time is required to allow the client to move through these stages. If the veteran has difficulty in trusting the therapist due to having never disclosed his story to anyone before due to the 'Conspiracy of Silence', avoidance or having signed the Official Secrets Act on entry to the Forces, time is required to establish a trusting relationship.

3.2. A Psychoanalytical Approach (Crocq, 1997)

This model of treatment for war veterans of WW II was developed following the author's experiences as a doctor in the French army from 1952 to 1987. It is a very good example of how an approach conceptualised shortly after the War, using principles from work by psychiatrists and psychologists during the War can be adapted to incorporate the evolution in understanding of PTSD and of what interventions have been shown to be appropriate and effective in recent years. He has used these methods with 100 clients aged between 60 and 80 years old, 85% of who were veterans whose traumatic experience took place during combat or captivity as prisoners of war. Initially, during the 1950's, Crocq used medication such as Pentathol to bring about emotional catharsis. However, over time Crocq (1997) found that if the client was given a comfortable place to lie down and was encouraged to think back to the traumatic event and talk within the intimacy of the doctor-patient relationship then these conditions were sufficient to bring about a beneficial abreaction.

However, incorporated in the model is the idea that "abreaction alone is not sufficient to achieve substantial or lasting improvement. It must be used to facilitate psychotherapy in which the traumatic events are objectified, the drama is reduced and the events are placed within the normal sequence of a lifetime of good and bad memories" (Crocq 1997, p47). He stipulates that the therapist should not impose the structure because allowing the client to disclose the information freely allows him or her to gain access to the unconscious and achieve the real purpose of therapy, which is to gain insight. It is also stipulated that the usual role of the

therapist in psychoanalysis, that of "benevolent neutrality" (Crocq 1997, p47) is not appropriated when working with war trauma. The author believes that older people with long-term or reactivated trauma require "help and compassion not impassivity" (Crocq 1997. P47). He states that all the clients he worked with in this way did gain authentic insight and were able to incorporate memories of the traumatic event into the sequence of their normal memories.

Evaluation

Crocq's approach to war trauma incorporates the modern concept of integrating memories of the trauma into the veteran's life story and that he addresses the quality of the therapeutic relationship with reference to the particular needs of veterans of WW II, now considered to be older people. The idea of offering "help and compassion" (Crocq, 1997, p47) allows for the veteran to feel supported at a time when he feels he should be dealing with his difficulties himself, due to the beliefs of his cohort regarding self-reliance, particularly concerning mental health problems. Additionally receiving compassion from another person at a time when the veteran may be feeling negative towards himself for breaking the 'Conspiracy of Silence' (Hunt 1997) and challenging his beliefs about masculinity and emotional expression by feeling he needs to or has been persuaded to talk about his experiences, can also begin to help him experience and express compassion towards himself, a relatively recent concept explored by Gilbert (1995). Expression of compassion can also assist in challenging the validity of feelings of guilt and shame a veteran may experience regarding acts of either omission or commission during the War.

Crocq does not suggest the inclusion of psychoeducation, the advantages of which are discussed in the evaluation of Robbin's approach earlier in this paper. As with Robbins' (1997) approach he challenges the 'Conspiracy of Silence' (Hunt 1997) by requiring the veteran to talk about his experiences in order to gain access to his unconscious, gain insight and integrate the trauma story. Likewise he states that the therapy can be time-limited, requiring only twelve sessions at the most, which, as argued previously does not allow for the delicate building of trust or for the veteran to approach and avoid his traumatic memories at a pace at which he is comfortable. He advises against the imposition of a structure, allowing the veteran to work through his memories in his own way. For a veteran who sees illness and treatment in the context of the medical model, this approach lacks the structured, prescriptive approach that Robbins (1997) advocates. For a veteran who has no knowledge of therapy and who tends to be somewhat passive, compliant and unquestioning in environments that he perceives as medical, to not be offered a rationale or a structure may seem alien, giving him nothing to which to comply or a framework to help him understand the offered intervention thus causing him to feel uncomfortable and possibly terminating therapy. Crocq also advocates the use of abreaction which the author understands as a powerful, uncontrolled, emotional out-pouring of the trauma story, a process

which she was advised against initiating due to being advised by her supervisor that it can cause further trauma. Instead 'safe remembering' was recommended, a controlled and contained way of approaching and exploring memories of the trauma (e.g. Degun-Mather 2001, p206). Additionally, veterans and other survivors of trauma with whom the author has worked have expressed fear about this very process occurring in case it overwhelms and therefore harms them in some way, believing that the longer they have suppressed the memories and associated emotions, the more powerful the out-pouring will be. However, the author was also advised that should abreaction occur spontaneously, the same interventions could be employed as in safe remembering. Perhaps, therefore, it matters less how the trauma story is told, and more that the story is told.

3.3. Group Therapy for Older Veteran with PTSD (Snell & Padin-Rivera, 1997)

This group intervention was designed for veterans of WW II suffering from chronic or reactivated PTSD with the aims of developing new ways of coping with their traumatic experiences and symptoms of PTSD and to help the veterans successfully navigate the developmental challenges of older age. The group takes place over 16 sessions which are divided into two distinct phases. Psychometric measures such as the Symptom Checklist (SCL-90-R) (Derogatis 1977) and Quality of Life Inventory (QOLI) (Frisch 1992) are given at the beginning of each phase to help determine whether the group's objectives are being met. Prior to the group commencing, potential members are invited to meet each other for the opportunity to share their hopes and fears about the group. Phase I places emphasis on the creation of a non-threatening atmosphere and the building of group cohesion. Veterans are encouraged to gain of social and emotional support from their fellow group members without feeling ashamed or humiliated. This group incorporates some cognitive-behavioural ideas and interventions such as the building of a collaborative role for each member, psychoeducation about therapy, mental health and PTSD, the tentative exploration of traumatic memories and their associated emotions and the integration of the trauma into their life story with the aim of gaining a more balanced view of their lives. Relevant to this paper, the relationship between emotional tension and physical well-being is discussed. Skills such as assertiveness and relaxation are taught. During Phase II, the veterans begin to work though their traumatic experiences and related memories, the triggers of which they learn to identify. They learn anger management skills with particular emphasis on their fears of anger due to their military training to respond with violence. Life review due to the "developmental imperative to evaluate one's life" (Snell & Pandin-Rivera 1997, p13) is incorporated. The veterans are encouraged to practice self-forgiveness, experimenting with more benign circumstances before addressing those relating to their war trauma. Past and more recent losses are addressed and worked through. Family members are

encouraged to attend a group because it was found that they were more likely to support the veteran if they had some understanding about his difficulties (Snell and Padin-Rivera 1997).

Evaluation

Many of the veterans that the author has encountered in her therapeutic work have expressed a strong reluctance to have contact with other veterans for many reasons thus creating a barrier to a group approach. Some wish to avoid talking about their experiences with others veterans due to the distressing nature of their memories and their wish to forget about events of the War (Also observed by Hunt & Robbins 2001a). Others do not feel comfortable disclosing their experiences for fear of revenge for acts they committed during the War for which they believe they deserve punishment. Several veterans said that they had belonged to veterans groups such as the British Legion in the past but had stopped going because each time they did, another fellow veteran had died and not only did this sadden them it also reminded them of their own mortality, especially in old age. Additionally they may fear that they will be judged negatively for breaking the 'Conspiracy of Silence' (Hunt 1997) and the collusion in denying the difficult aspects of the War as well as being judged as being weak for needing to talk about experiences. Due again to the 'Conspiracy of Silence', and the consequent suppression of memories and emotions about painful experiences, a veteran may be afraid to speak about his pain for fear that he is the only one that is suffering. Because WW II was a time of 'total war' (Marwick 1970), he has no right to suffer, when so many appear to be coping. Group therapy is of course a mainly psychological intervention and for those veterans who operate and understand their difficulties within a medical model may not understand the need for such intervention when they were hoping for medication to take the pain and distress away.

Research carried out by Hunt and Robbins' (2001a) supports Snell and Padin-Rivera's (1997) view that veterans who attended the group were able to assist each other in accurately recalling their memories of the war and that they gain "solace, understanding and companionship" (p12) which helped them work through their traumatic memories. It was reported that group members validated each other's experiences and helped them see that they were not alone. Research suggests that veterans prefer to share their traumatic war experiences with other veterans who may have had similar experiences (Robbins 1997) and that meeting with other veterans allows them to maintain or rediscover the comradeship they enjoyed in the forces.

The group approach that Snell and Pandin-Riveria (1997) includes psychoeducation, the advantages of which are discussed earlier in this paper. In relation to the tenet of this paper, incorporating discussion of the relationship between emotional tension and physical well-being allows a connection between mind and body to be made, two concepts that are usually divided in a traditional medical model thus perhaps bringing together. Additionally the veterans are

taught to think in a more psychological manner, thus 'socialising' them away from the medical model and towards a more psychological understanding of trauma, so vital, it appears to recovery. It could be said that they take a more systemic view of war trauma in seeing the veteran as part of a group who experienced WW II, and as part of a family, acknowledging that the veteran's family is likely to be affected by his war trauma. They encourage family members to attend so they have the opportunity to gain a greater understanding of his difficulties. The author has frequently encountered families who possess the same kind of beliefs as the veteran about self-reliance and the ability to pull oneself together with regard to mental health difficulties, implying that he has some control over the development of war trauma. These family members have always benefited from gaining a different perspective about the veteran's difficulties through psychoeducation. In the author's experience, the veteran's view about the inclusion of family members needs to be respected. One veteran she encountered was very keen for his family not to have any knowledge about his experiences for fear that they would discuss them with others and they may become the victims of revenge for acts he committed during the War. Interestingly, as he recovered, he began to talk more freely about his experiences to his family. One last consideration regarding group work is that the author has never had enough veterans on her caseload at one time to create a group.

3.4. A Self- Help Approach to War Trauma (Matsakis, 1996)

This self-help intervention was created for veterans of WW II, Korean and Vietnam Wars. In her book 'I can't get over it: a Handbook for Trauma Survivors' She suggests working through several general chapters concerning with assessing oneself for PTSD expressed as depression, addiction and physical pain before directly addressing the war-related trauma. This is perhaps because the war-related trauma cannot be worked with until it is accurately identified. In the introduction to the chapter concerned with War and Combat related trauma Matsakis (1996) attempts to normalise a person's behaviour during a wartime situation. For example she explains that in the chaos of war there are probably many events in which a veteran was involved that had an undesirable outcome. She goes on to explain that all decisions in war are painful and the costs of these decisions are heavy. They require the veteran to make the impossible choice between moral, patriotic, and life-preserving principles. She explains that fear generates energy and this energy can be experienced as exhilaration. She suggests that the darker, more aggressive side of a person's personality may be allowed to show itself (the person's "shadow", a Jungian construct) and the person may be encouraged to behave in a way that would be seen as totally unacceptable in ordinary circumstances. Guilt about killing may extend to guilt about feelings of enjoyment of killing. The author then defines factors of war that are considered to compound psychological stress such as serving in a culture that is very

different from one's own, military training itself, physical fatigue and lack of food on the battlefield, and the power to use weapons with the permission to kill.

Written exercises concerned with working through survivor guilt and self-blame, distinguishing anger from grief, identifying triggers and dealing with suicidal thoughts are provided for the veteran. Questions are asked to challenge the veteran's beliefs such as "7. If you didn't make the best choice at the time and should have chosen differently, can you identify your reasons for choosing the way you did?" (Matsakis 1996, p349). Concerning survivor guilt she offers alternative ways of thinking by quoting Williams (1987a), for example, who suggests that war itself is to blame for a person's death not those who survived it. At times when the veterans feel suicidal she suggests that he or she discuss his or her feelings with a professional or someone close.

Evaluation

With regard to a veteran's understanding of health and treatment within the medical model, this self-help approach is firmly placed within the neuropsychological model. However, as identified previously in this paper, the neuropsychological model has physical components with which a veteran, who has lived in a time when the medical model dominated, may be able to identify. A self-help approach could be seen to collude with the 'Conspiracy of Silence' (Hunt 1997), denial of negative aspects of the War (Bender 1997) and a veteran's expectation of self-reliance by reinforcing the message that the veteran can and should cope alone, without the social support that has been demonstrated to be so important in recovery from trauma (Snell & Pandin-Riveria 1997; Holmes 1993). On the other hand, a self-help approach could be seen as ideal for a veteran who is not yet ready to disclose his experiences and distress to others. Psychoeducation and normalising of the veteran's experiences and distress are included in this approach, as well as the addressing of guilt and shame, which may lead him to later be able to gain social support due to changing his perspective of his distress and experiences.

Matsakis does not advocate the tackling of one's difficulties alone, thus avoiding collusion with the 'Conspiracy of Silence' (Hunt 1997). Of self-help Matsakis (1996, p9) writes: "No self-help book, regardless of its quality, is a substitute for individual counselling or other forms of in-depth help. You will probably need the assistance of caring friends, other survivors and qualified professionals in understanding and meeting the challenges the trauma has thrust upon you. Establishing a social support system is critical." The last step of each exercise involves the suggestion of talking through your thoughts and feelings with a counsellor, another person you trust or another veteran. Therefore, it could be suggested that this self-help approach could be used either concurrently with an individual or group intervention for 'homework' tasks or as part of a more linear 'recovery programme' for which a self-help approach could by introduced

at the beginning to expose a veteran to the idea of approaching and working with his traumatic experience and memories. It could alternatively be used between an individual and group approach or at the end of the programme to boost therapy and consolidate the work that has been done during it.

Chapter 4: Conclusion: Recommendations for Working Therapeutically with WW II Veterans

As a result of the exploration and identification of this dissonance in this paper, it could be said that a fifth approach to working therapeutically with traumatised veterans of WW II is required. The psychologist needs, firstly, to keep this dissonance foremost in mind when offering therapy and be prepared for rejection at worst or otherwise a sensitive 'socialising' process into a psychological way of thinking and perceiving the problem. It is suggested by the author that, in addition to a ready knowledge of the events of WW II as advocated by Robbins (1997), it is vital for a psychologist to have a thorough understanding of the cohort who fought in WW II. As a newly qualified counselling psychologist, new to the field of older adults and the area of East London, the author found that this kind of information can be sought from colleagues who have spent time working with this cohort. Attitudes and beliefs regarding physical and mental health and the 'language' with which a veteran describes his distress need to be observed. These two factors need to be taken into consideration when psychoeducation about PTSD and a rationale for therapy is offered to the veteran. The need for self-sufficiency is likely to need addressing with the veteran prior to him engaging in therapy. A rationale for therapy using the neuropsychological model can be used but a more direct approach has also been found effective by the author. She has frequently asks older clients the following quesiton: 'If you had a broken leg, would they expect to reset and plaster it yourself?' to which they answer negatively. She then asks if the same applies to mental health difficulties.

It would appear that psychoeducation is the central to engaging in a psychological approach with traumatised veterans. Using the neuropsychological model of war trauma allows a physical explanation of trauma to be used incorporating neurology and endocrinology thus potentially providing a model to which the veteran can relate. As suggested by Snell and Pandin-Riveria (1997), making a link between physical well-being and emotional tension provides a link between mind and body and therefore, the medical and neuropsychological model, thus creating a pathway to a psychological conceptualisation of recovery. For example, the author explains the role of the amygdala in trauma in terms of intrusions and hyperarounsal and then the need to transfer the memories from the amygdala to the hippocampus by allowing emotional processing of the memories through describing them and expressing associated emotions and thoughts with the result of being able to recall the memories voluntarily (Robbins 1997). Most people she has used this explanation with during therapy, including veterans, have responded well and easily understanding the concepts presented, as the author attempts to present them in an accessible way, in the veteran's own 'language'. The author also includes the concept that war trauma is a normal, adaptive reaction to extraordinary events. In future, she will also include the idea that it

is war that is responsible for unpleasant and inhumane acts, not the individual and that no one survives war without some physical or psychological injury as suggested by Matsakis (1996).

As a result of this literature review, it could be said that neuropsychological interventions can be delivered beneficially in individual, group or self-help formats. Alternatively another approach could be to include all as a 'therapy programme', group therapy being omitted if there is not a sufficient number of veterans to create one. However, two veterans meeting may be as beneficial as a group. Each one could be seen to promote the idea of self-reliance but, with the exception of self-help, with the support and facilitation of a therapist in an active and collaborative process, with the addition of the offer of help and compassion (Crocq 1997) to challenge feelings of guilt and responsibility. The self-help approach (Matsakis 1996) can not only be used by those not yet ready to challenge their beliefs and to share their experience, but can also be used alongside therapy as 'homework' or to consolidate progress after an episode of therapy. It would appear that, if possible, group therapy is particularly beneficial because it can go some way to recreate comradeship experienced during the war and so missed by many veterans. It can challenge beliefs about the 'Conspiracy of Silence', mental illness, masculinity, self-reliance and the right to be suffering amongst peers, which could be considered to be more powerful than being challenged by a young therapist, who is more likely to come from a cohort who believe suffering and discussing emotional distress is much more acceptable. Individual therapy needs to be flexible in terms of length to allow time for the building of a relationship where trust is a central issue or where the veteran is distressed but at the contemplation stage. Where difficulties persist with the 'language' of therapy and verbal expression of emotions so important in the processing of a trauma, non-verbal interventions such as art or music therapy could be considered. The contribution of medication and its help with hyperarounsal should not be ignored and referral to a GP or psychiatrist for prescription can be discussed as part of therapy.

This paper has highlighted the unique attitudes and beliefs of the generation who experienced and participated in WW II and the unique circumstances of this War. An exploration of the conceptualisation and treatment of war trauma at the time of the War and contributions by the author about her encounters with this generation has found that veterans are likely to understand health problems and treatment within the medical model. An examination of the literature regarding the evolution in the understanding of trauma and the conceptualisation of PTSD and appropriate interventions have concluded that modern approaches lie firmly within a neuropsychological model thus creating a dissonance for veterans between their understanding of their difficulties and the interventions currently available. With the modern literature in mind, it can be concluded that war trauma cannot be treated within the medical model alone as emotional processing of traumatic memories and the integration of the memories into the

veteran’s life story is essential to recovery, as supported by the abundance of research and literature concerning PTSD. This process can only be achieved by verbally describing events, thoughts and emotions, conflicting with the ‘Conspiracy of Silence’ advocated during and after the war and the veteran’s beliefs about masculinity, mental health, the right to be suffering and self-reliance.

References & Bibliography

American Psychiatric Association (1980) *Diagnostic and Statistical Manual of Mental Disorders Third Edition (DSM-III)*. APA.

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV)*. APA.

Beck, A.T., Rush, A.J. Shaw, B.F. & Emery, G. (1979) *Cognitive Therapy for Depression.* New York: Guilford Press.

Bender, M P, (1997) Bitter Harvest: the implications of continuing war-related stress on reminiscence theory and practice. *Ageing and Society* 17**,** p337-48.

Bleich, A., Garb, R. & Kottler, M. (1986) The treatment of prolonged combat reaction. *British Journal of Psychiatry,* 148, p493-496.

Calder, A. (1991) *The Myth of the Blitz.* Pimlico Books, London, UK.

Cardena, E., Maldonado, J., van der Hart, O. & Speigel, D. (2000) *Hypnosis.* In E.B. Foa, T.M. Keane & M.J. Friedman, eds., *Effective Treatments for PTSD: Practical Guidelines from the International Society for Traumatic Stress Studies.* New York: Guildford Press.

Cohen, S. & Wills, T.A. (1985) Stress, Social Support and the Buffering Hypothesis. *Psychological Bulletin.* 98 (2), p310-357.

Chung, M.C. (1993) Understanding post-traumatic stress: a biographical account. *British Psychological Society. Psychotherapy Section Newsletter,* 14, p21-29.

Crocq, L. (1997) *The Emotional Consequences of War 50 Years On*. In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London, UK: Jessica Kingsley Publishers.

Davies, N. (1999) *The Isles: A history.* Oxford, UK: Oxford University Press.
Davies, S. (1997) *We'll Meet Again: The Long-Term Psychological Effects on, and Intervention with, UK WW II Evacuees.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People*. London, UK: Jessica Kingsley Publishers.

Davies, S. (2001) The Long-Term Psychological Consequences of Traumatic Wartime Experiences in Older Adults. *Aging & Mental Health,* 5(2), p99-103.

Degun-Mather, M. (2001) The Value of Hypnosis in the Treatment of Chronic PTSD with Dissociative Fugues in a War Veteran. *Contemporary Hypnosis,* 18 (1) p4-13.

Degun-Mather, M. (2006) *Hypnosis, Dissociation and Survivors of Child Abuse: Understanding and Treatment.* Chichester, UK: John Wiley & Sons, Ltd.

Derogatis, L.R. (1977) *SCL-90 administration, scoring and procedures manual – I.* Baltimore, MD, USA: John Hopkins University.

Dyregov, A. (1989) Caring for Helpers in Disaster Situations: psychological debriefing. *Disaster Management.* 2, p25-30.

Arthur Egendorf**;** United States. Congress. House. Committee on Veterans' Affairs.**;** United States. Veterans Administration.**;** Center for Policy Research (U.S.)**;** Vietnam Era Research Project. (1981) *Legacies of Vietnam : comparative adjustment of veterans and their peers : a study.* Washington : U.S. G.P.O.

Fairbank, J.A. & Keane, T.M. (1982) Flooding for combat-related stress disorders: Assessment for anxiety reduction across traumatic memories. *Behaviour Therapy* 13, p499-510.

Figley, C.R. ed., (1978) *Stress Disorders in among Vietnam Veterans: Theory Research and Treatment.* New York: Brunner/Mazel.

Foa, E.B., & Kozak, M.J. (1986) Emotional Processing of Fear: Exposure to Corrective Information. *Psychological Bulletin,* 99, p20-35.
Foa, E.B., Rothbaum, B.O., Riggs, D.S. & Murdock, T.B. (1991) Treatment of Posttraumatic Stress Disorder in Rape Victims: A Comparison between Cognitive-Behavioural Procedures and Counselling. *J. of Consulting and Clinical Psychology*, 59, p715-723. In M.J. Horowitz, ed., (1999) *Essential Papers on Posttraumatic Stress Disorder.* London, UK: New York University Press.

Foa, E.B., Steketee, G. & Rothbaum, B.O. (1989) Behavioural/cognitive conceptualisation of posttraumatic stress disorder. *Behaviour Therapy*, 20, p155-176.

Friedman, M J, Schnurr, P P, McDonagh-Coyle, A. (1994) Post-Traumatic Stress Disorder in the Military Veteran. *Psychiatric Clinics of North America.* 17 (2), p265-277.

Frisch, M.B. (1992) *QOLI: Quality of life inventory manual and treatment guide.* Minneapolis, MN, USA: National Computer Systems, Inc.

Futterman, S. & Pumpian-Mindlin, E. (1951) Traumatic War Neurosis Five Years Later. *The American Journal of Psychiatry.* Dec, p401-408.

Gilbert, P. ed, (2005) *Compassion: Conceptualisations, Research and Use in Psychotherapy.* London, UK: Routledge.

Goldberg, D.B. (1986) *Manual of the Gerneral Health Questionnaire.* National Foundation for Education Research, Windsor.

Goleman, D. (1997) *Emotional Intelligence.* New York: Bantam

Grey, N., Young, K., and Holmes, E. (2002) Cognitive Restructuring within Reliving: A Treatment for Peritraumatic Emotional 'Hotspots' in Posttraumatic Stress Disorder. *Cognitive and Behavioural Psychotherapy.* 30, p37-56.

Guerrero, J. and Crocq, M A. (1994) Sleep disorders in the elderly: Depression and post-traumatic stress disorder. *Journal of Psychosomatic Research,* 38 (1), p141-150.

Kardiner A (1941) *The Traumatic Neuroses of War*. New York, Hoeber.
Kolb, L.C. (1991) The Psychobiology of PTSD. Paper given to ISTSS Conference, 1991.

Kozack, M.J., Foa, E. B. & Steketee, G. (1988) Process and outcome of exposure treatment with obsessive-compulsives: Psychophysiological indicators of emotional processing. *Behaviour Therapy,* 19, p157-169.

Herbert, C. & Wetmore, A. (1999) *Overcoming Traumatic Stress.* London, UK: Robinson.

Herman, J.L. (1981) *Father-Daughter Incest.* Cambridge, MA: Harvard University Press.

Herman, J. (1998) *Trauma and Recovery: From Domestic Abuse to Political Terror.* London, UK: Pandora

Hilton, C. (1997) Media Triggers of Post-Traumatic Stress Disorder 50 Years After WW II. *International Journal of Geriatric Psychiatry,* 12, p862-867.

Holden, W. (1998) *Shell Shock.* Channel 4 Books, London, UK.

Holmes, J. (1993) *John Bowlby and attachment theory.* London, UK: Routledge.

Horowitz, M.J. (1997b) *Stress Response Syndromes,* 3rd ed. Northvale, NJ: Aronson.

Horowitz, M. J. (1999) *Introduction.* In M.J. Horowitz. *Essential Papers on Posttraumatic Stress Disorder.* London, UK: New York University Press.

Horowitz, M.J. & Soloman, G.F. (1975) A prediction of stress response syndromes in Vietnam veterans: Observations and suggestions for treatment. *Journal of Social Issues,* 31, p67-80.

Horowitz, M.J., Wilner, N., & Alvarez, W. (1979) Impact of Event Scale: a measure of subjective stress. *Psychosomatic Medicine.* 41(3), p209-218.

Horowitz, M.J. & Stinson, C. (1994) Stress-Response Syndromes: Personality features related to neurotic responses to events. *Current Opinion in Psychology.* 7, p144-149.
Hovens, JE., Falger, PR., Op den Velde, W., Schouten, EG., De Groen, JHM., and Van Duijn, H. (1992). Occurrence of Post-Traumatic Stress Disorder among Dutch World War II resistance veterans according to the SCID. *Journal of Anxiety Disorders,* 6, p147-157.

Hunt, L. (1997) *The Past in the Present: An Introduction to Trauma (Re-) Emerging in Old Age.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London, UK: Jessica Kingsley Publishers.

Hunt, N. & Robbins, I. (2001a) World War II Veterans, Social Support & Veterans Associations. *Aging & Mental Heath.* 5(2), p175-182.

Hunt, N. & Robbins, I. (2001b) The Long-Term Consequences of War: The Experience of World War II. *Aging & Mental Health.* 5(2), 183-190.

www.johnclare.net/wwii7.htm

Keane, T.M., Fairbank, J.A., Caddell, J.M., & Zimering, R.T. (1989) Implosive (flooding) therapy reduces symptoms of PTSD in Vietnam combat veterans. *Behaviour Therapy.*, 20, p245-260.

Kennerley, H. (2000) *Overcoming Childhood Trauma.* London, UK: Robinson.
LeDoux, J. (1998) *The Emotional Brain.* London: Simon & Schuster.

Laidlaw, K., Thompson, L.W., Dick-Siskin, L. & Gallagher-Thompson, D. (2003) *Cognitive Behaviour Therapy with Older People.* Chichester, UK: Wiley.

Lifton, R.J. (1988) *Understanding the traumatised self. Imagery, symbolisation, and transformation.* In J. Wilson, Z. Harel & B. Kahana, eds., *Human Adaptation to Severe Stress: From the Holocaust to Vietnam.* New York: Plenum.

Marks, I.M. (1987) *Fears, phobias, and rituals: Panic, anxiety, and their disorders.* Oxford, UK: Oxford University Press.

Marwick, A. (1970) *Britain in the Century of Total War: War, Peace and Social Change 1900-1967.* Harmondsworth, Middlesex, England: Penguin Books Ltd.

Maslow, A. (1954) *Motivation and personality,* New York: Harper and Row.

Matsakis, A. (1996) *I Can't Get Over It: A Handbook For Trauma Survivors (2nd Edition).* Oakland, CA, USA: New Harbinger Publications.

Meichenbaum, D. (1974) *Cognitive behaviour modification.* Morristown, NJ: General Learning Press.

Mollica, R.M. (1987) *The trauma story: the psychiatric care of refugee survivors of violence and torture.* In F.M. Ochberg, ed., *Post Traumatic Therapy and the Victims of Violence.* New York: Brunner-Mazel.

www.nice.org.uk/pdf/CG026NICEguideline.pdf (2005)

Ochberg, F.M. (1995) *Post traumatic therapy.* In: Everly, G.S. & J.M. Lating (Eds) (1995) *Psychotraumatology.* New York: Plenum.

Pitman, R.K. & Orr, S. (1990) The Black Hole of Trauma. *Biological Psychiatry,* 27, p221-223.

Prochaska, J.O. and DiClemente, C.C. (1986) *Toward a Comprehensive Model of Change.* In W.R. Miller, ed., Heather, N. *et al.* (1986) *Treating Addictive Behaviours: Processes of Change*. New York, NY, USA: Applied Clinical Psychology, Plenum Press.

Rachman, S. (1980) Emotional Processing. *Behaviour Research and Therapy,* 18, p51-60

Robbins, I. (1997) *Understanding and Treating the Long-Term Consequences of War Trauma.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London, UK: Jessica Kingsley Publishers.

Rothschild, B., (2000) *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment.* London, UK: W.W. Norton & Company.

Scott, M.J. & Stradling, S.G. (2001) *Counselling for Post-Traumatic Stress Disorder.* London, UK: Sage.

Shapiro, F. (1989) Efficacy of the Eye Movement Desensitisation Procedure in the Treatment of Traumatic Memories. *Journal of Traumatic Stress,* 2(2), 199-223. In M.J. Horowitz (1999) *Essential Papers on Posttraumatic Stress Disorder.* London, UK: New York University Press.

Shepherd, B. (2000) *A War of Nerves: Soldiers and Psychiatrists 1914-1994*. London, UK: Pimlico.

Snell, F.I. & Padin-Rivera, E. (1997) Group Treatment for Older Veterans with Post Traumatic Stress Disorder. *Journal of Psychosocial Nursing.* 35(2), p10-16.

Solomon, Z., Margalit, C., Waysman, M., & Bleich, A. (1991) In the Shadow of the Gulf War: Psychological Distress, Social Support and coping among Israeli soldiers in a high risk area. *Israeli Journal of Medical Sciences.* 27 (11-12), p687-695.

Stampfl, T.G. & Levis, D.J. (1967) Essentials of implosive therapy: A Learning-theory-based psychodynamic behavioural therapy. *Journal of Abnormal Psychology*, 72, p496-503.

Van der Kolk, B.A. & McFarlane, A.C. (1996) *The Black Hole of Trauma.* In B.A. van der Kolk, A.C. McFarlane & L. Weisaeth, eds., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society.* London, UK: The Guilford Press.

Veronen, L.J., Kilpatrick, D.G. & Resick, P.A. (1978) Stress inoculation training for victims of rape. *Paper presented at the Association for the Advancement of Behaviour Therapy, Chicago, November.*

Watson, C.G., Juba, M.P., Manifold, V., Kucala, T. & Anderson, P.E.D. (1991) The PTSD Interview: rationale, description, and reliability and concurrent validity of a DSM III-based technique. *Journal of Clinical Psychology*. 47(2), p179-187.
Wolpe, J. (1958) *Psychotherapy by Reciprocal Inhibition.* Stanford, CA: Stanford University Press.

Williams, T. ed., (1987a) *Post-Traumatic Stress Disorder: A Handbook for Clinicians* Cincinnati, Ohio, USA: Disabled American Veterans.

www.ww2poster.co.uk

Yule, W. ed., (1999) *Post-Traumatic Stress Disorder: Concepts & Therapy*. New York: John Wiley & Sons.

Ziegler, P. (1995) *London at War; 1939-1945*. London, UK: Sinclair-Stevenson.

Client Study

Working with clients with war trauma who are avoidant: Reflection on a learning process

By
Imogen Sarah Sturgeon-Clegg

Supervised by
Dr Deborah Rafalin

For
Top-up DPsych in Counselling Psychology

At
City University
Department of Psychology

Submitted: October 2007

1.1. Introduction

In this paper I will be describing and discussing my therapeutic work with three clients who were all suffering from war-related post-traumatic stress disorder (PTSD). I will be concentrating on the avoidance I encountered with these clients, a central feature of PTSD and war-trauma. I will reflect upon my learning process in terms of my understanding of war trauma and avoidance and how the therapeutic work I undertook with the first client, Harry*[1], guided my work with Alan* and Joe*. This paper will conclude with a reflection upon my work as a result of what I learnt from these three clients.

1.2. Brief Biographies of Harry, Alan and Joe

Harry was 68 years old when he was referred to the Older People's Psychology Service in which I had begun working five months previously on qualifying as a Counselling Psychologist. He was referred by the day hospital that he had been attending and was described as suffering from anxiety and depression, and frequently complaining of many physical symptoms. During his assessment, which took place at the centre at which the psychology service was based, it was not immediately obvious that he was suffering from war-related trauma. He complained of feeling 'useless' following an operation, which had left him with sexual dysfunction and a tremor in his hands and which he had later discovered was not necessary. It had caused him to retire from work early on medical grounds. He revealed the traumatic experiences, which occurred while completing his national service in Korea, in hints and in what sometimes felt like code as well as during periods of vivid descriptions and intense emotions. His active service came to an end when he was sent home and he later discovered that two close friends from his unit had 'disappeared' shortly after he left. I found him to be a man of strong principles who told stories in a rich and detailed narrative. He was slim and walked with a slight stoop, which, at times, gave him a slightly fragile appearance. We forged a therapeutic relationship that spanned a total of eight years, which will be reflected upon later in this paper. It might be pertinent to note that Harry died while I have been writing this paper and it has been a time of further reflection on my work with him and our unusual and enduring therapeutic relationship.

Alan was 70 years old when he was referred to the Older People's Community Mental Health Team in which I work as a Counselling Psychologist. Prior to engaging in therapy, both a Social Worker and a Psychiatrist assessed him and it was clear from these assessments that he was suffering from PTSD relating to experiences of having both to give and carry out orders to shoot at women and children used as a human shield by the Chinese in Korea, the faces of which he had recently started seeing in dreams and flashbacks. During his initial assessments and his

[1] * Pseudonyms have been used to protect the identities of these clients.

assessment with me he revealed several other war-related traumatic experiences as well as others while serving in the emergency services. Added to these traumas, his mother, brother and dog had all died in the past two years, his brother being the only person with whom he felt he could discuss his wartime experiences. He had reported consuming large amounts of alcohol each day, feeling depressed and unmotivated, and behaving in an irritable manner towards his wife. I actively sought a referral for Alan from the psychiatrist motivated by a feeling of now being well equipped to help him having now worked for a considerable amount of time with Harry. Alan attended therapy sessions over a period of eighteen months. I found him to be a warm, friendly, sociable man who was in a great deal of psychological pain, which appeared to prevent him from connecting from others.

Joe was 80 years old when he was referred to the Older People's Community Mental Health Team in which I work as a Counselling Psychologist. His referral gave no hint that he was suffering from war trauma. His referral reported that he felt physically unwell, low agitated, tearful and unable to cope. He had stated that he wanted to go to hospital for 'proper treatment'. It was during his assessment with me that his wife, whom he had asked to be present, described his frequent nightmares, which he acted out and which were related to his active army service during the Second World War and his later service in the RAF. I visited him at home for seven sessions. I found him to be a shy, polite man. He and his wife made me feel a member of the family, always offering me tea and making me feel welcome.

1.3. The Neuropsychological Model of PTSD

Before discussing these clients any further it is important to describe the theoretical framework I used to understand and therefore formulate and work with their difficulties. The neuropsychological model (e.g. van der Kolk, McFarlane, & Weisaeth 1996) is the one that I was introduced to during my training and of which I have built knowledge and understanding since then. To me, it offers a clear framework to which any form of PTSD, including war trauma, can be applied and therefore understood. Additionally, I find this model provides an invaluable framework with which to explain a client's symptoms to him or her and to link his or her experiences with these symptoms. It is the model that informs the Cognitive-Behavioural interventions suggested for PTSD.

This model describes how the amygdala, part of the limbic system, acts as the brain's alarm system, judging whether incoming information is threatening or not. Benign information continues on to the hippocampus where context of time and place is added so the information can be stored meaningfully amongst the person's other memories. The hippocampus also

provides feedback to the amygdala as to whether the alarm signalling threat is still required or not (Scott & Stradling 2001; Rothschild 2000; Degun-Mather 2006). During the course of a traumatic event, “extreme fear, helplessness or horror is thought to inhibit full emotional processing of the traumatic event at the time (Foa & Kozak 1986; Rachman 1980) …this disrupts formation of an autobiographical memory.” (Scott and Stradling 2001; Rothschild, 2000; Degun-Mather 2006) Therefore the incoming information is deemed to be threatening to the amygdala and much of the information is not then fed into the hippocampus for meaning and context to be attached (Scott & Stradling 2001). Because the amygdala is activated during a traumatic experience and not ‘switched off’ once the experience is over, it continues to indicate danger, which results in a state of continual physiological hyperarousal and continued intrusions in the form of memories, flashbacks and nightmares (Scott and Stradling 2001; Rothschild 2000; Degun-Mather 2006).

It has been suggested that trauma memories are therefore stored in two parallel systems (Brewin, Dalgleish & Joseph 1996). Some memories encoded at the time of the trauma remain in the amygdala and are stored in a “fragmented, sensory and context-less manner” (Grey, Young & Holmes 2002, p38). These kinds of memories are called Situationally Accessible Memories or SAM’s and are triggered involuntarily by sensory stimuli similar to the trauma. However, for the person suffering from PTSD, some triggers do not appear to be in any way related to the trauma on face value but links can often be made on further exploration. SAM’s appear in the individual’s consciousness as flashbacks, nightmares and intrusive memories (Grey et al. 2002). Since no context of time and place has been added to the memory by the hippocampus, locating it in the past, it seems as if the trauma is eternally reoccurring in the present (Grey et al., 2002). Other memories of the trauma that did enter the hippocampus are called Verbally Accessible Memories (VAM’s) which are autobiographical memories and can be recalled voluntarily thus allowing them to be edited if necessary (Grey et al. 2002).

For Harry, it became apparent that he experienced flashbacks triggered by, for example, the use of a word and the sound of a vehicle relating to his wartime experiences as well a painting. He also described experiencing nightmares relating to the traumas and an exaggerated startle response, which caused him to jump at the slightest noise. Because these symptoms existed nearly fifty years after his experiences, it could be concluded that little or no emotional processing had taken place during these years and therefore his memories had remained situationally accessible, stored in his amygdala, which was still signalling threat and danger. Alan reported flashbacks during which he could see the faces of the women and children at which he was ordered to shoot. He felt confused by these as he said, at the time he did not actually see their faces, therefore it could be concluded that his imagination had perhaps filled in these details and that some of these memories that he had built upon were perhaps now stored in

his hippocampus. Both he and his wife reported that he was ‘always on edge’ which in terms of the neuropsychological model suggests hyperarousal and a continuing sense of threat created by the amygdala. However, during therapy sessions, Alan connected this with always having to be prepared to respond quickly after long periods of inactivity and boredom while in the army and emergency services. Joe’s wife reported that he frequently experienced nightmares, which he acted out, once placing his hands around his wife’s throat in his sleep, despite them having a long and loving marriage. These, it appeared had been triggered by the war in the Iraq which suggests, as with Harry, that his memories had remained unprocessed emotionally and therefore being stored as SAM’s in the amygdala, continuing to alert him to threat on which he acted in his sleep even though it was no longer physically present.

1.4. Avoidance

Avoidance is a central feature of any kind of PTSD including war trauma and creates many difficulties in engaging a client in therapy despite intense distress they may be experiencing as a result of the actual traumatic event and the resulting intrusions. Criterion C of DSM IV (APA 1994) defines avoidance as “persistent avoidance of stimuli associated with the trauma” and includes “efforts to avoid thoughts, feelings or conversations associated with the trauma” and “efforts to avoid activities, places, or people that arouse recollections of the trauma”. (P?) (Please see Appendix I for the full criteria for PTSD). For example, Harry described carefully planning his viewing of television programmes in case their content triggered memories or changing stations if the content of a programme unexpectedly contained a trigger. It appeared that he avoided sleeping in order to avoid having nightmares and as a result lost the ability to do so. In therapy sessions, Harry reacted to recalling his traumatic memories with tearfulness, fear, grief and confusion about these reactions. Alan reported spending time in bed during the day and drinking large amounts of alcohol. This behaviour could be interpreted as attempts to avoid intrusive memories and related feelings of responsibility and guilt. However, during therapy, Alan related it to feeling close to his brother, with whom he used to drink beer while they talked. Joe’s avoidance of his wartime memories became clear when he informed me directly that he was not prepared to discuss his experiences with me. It was his wife who informed me of his nightmares and the fact that he never remembered them afterwards, which suggested to me that he had suppressed his memories very deeply in order to perhaps avoid triggers and related distress.

In therapy sessions, Harry, Alan and Joe’s avoidance took on different forms. I recognised that Harry was suffering from war-related PTSD during an intense session where Harry had allowed his story to pour out. So strong was the feeling of ‘it’s now or never’ that I allowed him to speak

without interruption for two hours. I then recognised that he was highly avoidant of approaching his experiences when I attempted to address them further in the next session. He did not respond and instead chose to talk about the dogs he had had as pets. At first I was somewhat confused by this process, and also, as a newly qualified Counselling Psychologist, anxious because it could be said that I had allowed him to 'chat' and move away from my therapeutic plan. With the help of supervision and after further therapy sessions, I began to realise that he would periodically approach the trauma and then avoid it, keeping to 'safe' subjects such as his dogs, work and his life prior to his operation, emphasising the strength of his personality and his physical abilities. No doubt this was partly to remind me of his strength after I had seen him in a 'weakened' emotional state. Additionally he would alternately accept and reject the idea that he was suffering from war trauma. He also frequently and proudly described how he had never been ill prior to the operation except to have a major surgical procedure from which he recovered impressively quickly. He had also survived the war and it appeared that he therefore felt almost invincible and therefore unlikely to succumb to PTSD. My hypotheses about this process was that when he was distressed, it was perhaps comforting to receive a logical reason for it but when he was avoiding his traumatic memories he was unwilling to accept it due to seeing it as a weakness. Where Harry attended therapy sessions without fail, avoiding addressing the trauma within them, Alan frequently cancelled his appointments. Therefore, despite expressing a willingness to engage in therapy and set goals, for example, he physically avoided addressing his experiences. The reason he sometimes cancelled appointments was in order to visit a friend in America. At first he explained that he was able to forget about his traumatic experiences while there but later he admitted that his memories would intrude, therefore providing evidence that avoidance does not work. As previously described, during his assessment, Joe informed me directly that he did not want to discuss his traumatic experiences.

Several reasons for avoiding anything thought to be associated with the trauma have been documented in the literature. For example, in the simplest terms, those who are traumatised avoid thinking about the trauma and reminders that trigger memories in order to avoid the emotional pain and distress that is activated by these reminders (Hilton 1997; Hunt 1997). They fear they will disintegrate or harm those they choose to tell about it (Scott & Stradling 2001). Harry expressed concerns about my ability to cope with his traumatic experiences after I described an incident after which I had felt mildly and temporarily traumatised in an attempt to illustrate my explanation of PTSD. However, it is interesting to note that the reason I was explaining trauma and its effects to him was because I had identified that he was suffering from PTSD following a very intense session early in therapy when he allowed much of his traumatic story to pour out. Additionally, after he had voiced this concern, he did go on to describe these traumas in detail. Therefore, it could be said that Harry felt I was able to hear details of his traumas without being harmed and perhaps concerns about me could be seen as a projection

about concerns for himself and a way of putting me off addressing the memories rather than allowing him to approach them in his own time. In therapy sessions, confidentiality was one of Harry's greatest concerns as he reported that he had never previously discussed his wartime actions and experiences in such detail with anyone. He expressed concerns about with whom I shared information from his sessions because his central fear was that someone who knew of his actions may be able to identify him or his family and cause them harm as revenge for these actions. He also cited this as the reason for not having described his experiences to his family. I hypothesised that another reason may have been that he was afraid his sons, who clearly hero-worshipped him, would change their opinion of him irreversibly. Alan expressed fears for his mental well-being if he addressed his traumatic experiences, the exploration of which is discussed later in this paper.

Both Harry and Alan appeared to not only suppress and avoid memories of the trauma but also those of having addressed the memories in therapy sessions. Following this and further intense sessions where he described his memories, Harry stated not understanding what I was talking about when I attempted to address an aspect of the memories he had previously described, choosing instead to talk about dogs he had had as pets, which could be considered to be a safe and comforting subject. In one therapy session Alan talked about the deaths of two of his children due to a liver disease for which Alan felt blamed by a doctor who treated them, saying he must have carried back from Korea. Several sessions later he stated that he had not told me about the deaths of his children and thought it would be helpful to do so. My hypothesis is that these losses, for which he was made to feel responsible, were so painful that he dissociated from them therefore not creating a memory for having talked about them.

In terms of the neuropsychological model of trauma, cues to memories are avoided in order to avoid triggering the amygdala and the intrusions and hyperarousal that it in turn activates (Scott & Stradling 2001). However, avoidance behaviour is not effective and, as demonstrated by Wegner, Schneider, Carter and White (1987) "the more a thought is suppressed, the more it rebounds" (Scott & Stradling 2001, p40). Therefore, "the traumatic memories cross the 'real world' boundary and there is a fusion of the person's thoughts and their day-to-day reality…life being looked at through the lens of the trauma gives a sense of the trauma having just happened and of present vulnerability." (Scott and Stradling 2001, p40). This phenomenon has been named 'Trauma-Real World Fusion' (Scott & Stradling 2001). Research has provided evidence to suggest that avoidance is associated with higher levels of continuing difficulties whereas talking about the trauma is associated with fewer present problems (e.g. Bramsden 1995). Additionally avoidance leads to emotional numbing and gradual withdrawal from the world and relationships (Scott & Stradling 2001). Both Alan and Harry could be considered to be socially isolated, rarely seeing friends and family, perhaps avoiding taking the risk of forging close relationships having suffered so many traumatic losses. For example, Alan described on-going

difficulties building a relationship with his surviving son due to the death of his first son. I identified a sense of disappointment from Alan that his surviving son was simply not his first son and was not a sufficient replacement. He understood their lack of relationship as due to a difference in values and interests. As Harry emotionally processed his memories, he began to make friends and to share his experiences with one friend who was also an ex-member of the Forces. I hypothesised that part of Alan's consumption of alcohol was to numb feelings with which he felt unable to cope.

Although avoidance is a universal concept in PTSD, it is important as this point to describe avoidance behaviour specifically related to older people (people over the age of 65) due to the very specific social circumstances in which some will have developed war trauma and how it manifests itself in later life. Two kinds of war trauma have been identified by Futterman and Pumpian-Mindlin (1951). Some veterans will have succumbed to the psychological symptoms of war trauma at the time they were involved in combat, whereas others appear to develop symptoms after many years of seemingly normal functioning (Hunt & Robbins 2001b), the latter sometimes being referred to as 'reactivated trauma' (Davies 2001). It is thought that some experience a waxing and waning of symptoms over time with long periods without symptoms and intrusions. The latter two manifestations of war trauma may be due to veterans containing "their emotional reactions for many years by mechanisms of suppression and denial" (Dinnen 1993, In: Hilton, 1997, p863). Certainly Harry, Alan and Joe were suffering from reactivated trauma after having suppressed their reactions to deeply traumatic and affecting experiences for at least fifty years.

Reasons for avoidance, suppression and denial may not just lie with avoiding pain and distress but also in the attitudes at the time of the Second World War, which are likely to have been sustained during and after the Korean War, the two wars, which those who are older adults today are likely to have seen action. For example soldiers returning to Britain were expected not to talk about their experiences because, firstly, it was not considered acceptable or masculine for a man to talk about his emotions (Snell & Pandin-Riviera 1997). Secondly, there was collusion on an individual, group and societal level to deny the most painful and unpleasant aspects of the War (Bender 1997) because acknowledgement was seen as potentially damaging to the morale that was so important in sustaining support for the War (Davies 1997; Calder 1991; Ziegler 1995). It is what Hunt (1997) refers to as the 'Conspiracy of Silence'. Joe's wife reported that he had never described his experiences to her but had, on rare occasions talked to their granddaughter, thus leading me to hypothesise that he considered his wife part of the generation to which this 'conspiracy of silence' applied but their granddaughter did not. Additionally he may have feared both harming his wife and her becoming part of the trauma rather than symbolising a happier life separate from the trauma.

It is important to note the differences in circumstances between the Korean and Second World War in order to understand how veterans from either war might present differently in therapy (Fleming 1985; Rosenheck & Fontana 1994). The Second World War was a time of 'total war' (Marwick, 1970), involving the majority of the world's population. It was a war with clear objectives and continued public support, ending in victory for Britain and her allies. Therefore the veterans benefited from public appreciation and support from the state on their return from the many theatres of war around the globe (McCranie & Hyer 2000). However, the 'conspiracy of silence' may have been a stronger influence on returning soldiers behaviour as none of the Second World War veterans I have encountered, including Joe, have described a positive feeling of celebration and victory on their return, just a sense of struggling to build a post-war life, finding a home and work in a surroundings now unrecognisable due to the wartime bombing, and reacquainting themselves with their families or getting to know children who had been born in their absence. In contrast, the Korean War is referred to as the 'forgotten war' (McCranie & Hyer 2000). In Britain it was considered to be an American war and, as Harry described, he returned home from the conflict to find that those around him did not even know where Korea was let alone have knowledge of the war, leaving him to keep his experiences to himself, an experience that may of course also apply to Alan. Despite there being evidence of both psychological understanding and treatment of war trauma at the time of the Korean and Second World War, in the author's experience, many veterans were only offered such interventions as electro-convulsive therapy, medication or no recognition or treatment at all, with little or no opportunity to emotionally process their experiences and related memories (Holden 1998; Shepherd 2000). Therefore veterans such as Harry, Alan and Joe, for whom their war-related traumas never appeared to have been recognised, had to find their own solitary and hidden ways of coping, such as avoiding reminders, leaving their memories to fret in their amygdalas until recent years.

Triggers that reactivate trauma in later life could be seen as being related specifically to older age. Those documented, and observed in therapy, are mainly related to losses that are frequently associated with ageing such as deterioration in physical health and feelings of related vulnerability (Hunt & Robbins, 2001b), retirement and loss of role and occupation (Hunt & Robbins, 2001b), the deaths of spouses, friends and fellow veterans and resulting reminders of war-related losses (Davies 2001) as well as loss of social support, and anniversary commemorations (Hilton 1997). While working with Harry I hypothesised that his war trauma had been reactivated by his operation because, firstly, although he had taken an active part in Remembrance Day for many years for example, work had served as a means of suppressing his more painful memories and therefore preventing essential emotional processing. Retirement from work had served to rob him of a role in which, by helping fight his own and the battles of others, he had felt useful, thus perhaps helping him justify his survival of Korea. Secondly, I

hypothesised that the operation and its results were interpreted as punishment for acts he committed during the war and for having survived when his friends and fellow servicemen had not. He stated that, following his operation, it suddenly occurred to him that the 'enemy' whom he had committed the acts against also had families. Thirdly, I hypothesised that his feelings of uselessness after the operation replicated feelings of helplessness he experienced when he had been unable to prevent friends and fellow servicemen being harmed. For Alan, medical retirement due to ill health had also robbed him of a role, which allowed him to feel that he was compensating for his actions in Korea and perhaps also his survival was justified. He explained during therapy that he had chosen to join the emergency services in order to help save lives in an attempt to make up for having killed the women and children at which he was forced to shoot. Older age is often associated with a time of life review and attempts to re-evaluate and resolve difficult events encountered earlier in life (Snell & Pandin-Riviera, 1997; Garland & Garland, 2001). The significance of Alan reaching a milestone birthday just prior to his referral has only occurred to me while writing this paper. Reaching the age of seventy can sometimes make people feel as if they have been propelled into old age thus initiating life review and activating thoughts and beliefs about death. Alan reported he felt that as he was getting older, he was coming closer to death when, he believed he would have to justify himself to God for his actions in Korea.

A life-time of avoidance, suppression and denial and disapproval of talking about distressing wartime experiences makes it difficult for a person to seek help, especially in Northern Europe "where independence and the ability to deal with one's own problems (especially if they are psychological or social) without recourse to outside help are strongly valued, cultural norms may serve to reinforce avoidance of discussion of what is troublesome." (Hunt 1997, p216), which may be one reason Harry, Alan and Joe did not seek help earlier in their lives. Certainly Harry frequently expressed the need to find the answer to both his mental and physical health difficulties himself. Therefore, it is very common for older adults with trauma, including war trauma, as demonstrated in the cases of Harry and Joe to present themselves at mental health services reporting distressing physical symptoms, some of which are related to a trauma (Hunt 1997).

1.5. Psychological Interventions for War Trauma

Before describing and reflecting upon my work with the three veterans with war trauma, I would like to describe the principles of cognitive-behavioural therapy for trauma to introduce the reader to the therapeutic framework in which I aimed to work with the veterans in this paper.

A review of therapeutic interventions for veterans of the Second World War can be found in the preceding part of this portfolio (Part II: Extended Literature Review).

1.5.1. Cognitive-Behavioural Therapy

In addition to the basic principles of cognitive-behavioural therapy such as identifying and challenging negative and unhelpful thoughts, beliefs and behaviours and psychoeducation, it is suggested by Grey et al. (2002) that: "Successful emotional processing of a traumatic event will result if sufficient Verbally Accessible Memories (VAM's) are formed and accommodated within an individual's belief system, which will then prevent the continued activation of Situationally Accessible Memories" (p38) and the related hyperarousal, intrusion of memories and distress. The aim of therapy is to facilitate this process and to create a narrative that includes the events of the person's whole life, not just with attention paid to the traumatic event or events, thus integrating the trauma memories into the autobiographical memory (Scott & Stradling 2001; van der Kolk et al. 1996 Degun-Mather 2006; Foa & Kozak 1986). Another aim of therapy is to identify 'peritraumatic emotional hotspots', or the moment of the most distress during a trauma during the reliving of it in therapy because cognitive restructuring of the 'hotspot' is thought to significantly improve the outcome of cognitive-behavioural therapy (Grey et al. 2002). Additionally the aim of therapy is to expose the client to information they would usually avoid, allowing them to habituate to the strong emotions they experience on recall (Grey et al. 2002; Scott & Stradling, 2001). Because sufferers of PTSD often feel overwhelmed by the emotions they experience when they recall memories of the trauma, Robbins (1997, p53) suggests: "The purpose of recounting the trauma is to return to the terror and thereby eliminate its power to terrorise".

Robbins (1997) developed a cognitive-behavioural approach for working therapeutically with war veterans using his own experiences. The approach includes the principles outlined above (Please see appendix for a more detailed description of the model) and addresses the suitability of the therapist. For example, veterans may have difficulty talking about their experiences with a younger person due to concerns about his or her understanding of the war or that the therapist will be unable to cope with hearing about his experiences. Additionally, a younger person may be the age the veteran's comrades were when they died, thus reminding him of their loss (Degun-Mather 2001). It is not always possible to offer a veteran a choice of therapist so, Robbins (1997) recommends that he or she gains relevant knowledge of the war in which the veteran was involved, the disclosure of any personal military connections and regular supervision.

A life-long interest in the Second World War was cultivated in me from an early age by my parents partly due, I believe, to it being very much in the family consciousness. Three of my grandparents as well as aunts and uncles saw active service during this War and my parents were born at the end of the War, experiencing the aftermath as children. Stories are still told about their experiences. As a result, I have felt that I have at least a basic knowledge of the War to understand the context of clients' wartime experiences. I admit that I had virtually no knowledge of the Korean War when I started working with Harry. I did then purchase a book and watch various related television programmes to gain further knowledge. However, I find that veterans are able to give accounts of their personal experiences, placed within the wider geographical, political and social context of the War. Knowledge gained from this perspective is perhaps more pertinent to therapy as it is the individual experience and perceptions that are central. I have on occasions disclosed having been an 'army wife' for many years because it conveys a sense that I have a degree of knowledge about the internal workings of the Forces. In terms of therapeutic relationship, Crocq (1997) suggests that the therapist actively offers "help and compassion" (P47) to the veteran, compassion having been shown to challenge feelings of guilt and shame and to help develop self-compassion (Gilbert 2005).

To specifically address avoidance, Scott and Stradling (2001) suggest various interventions. They suggest educating the client about the rebound effect of avoidance, which in turn produces what they call 'Trauma-Real World Fusion' (Discussed earlier in this paper). Psychoeducation about the role of the amygdala in trauma can also take place including reminding the client that although the amygdala continues to alert him or her to danger, there is no longer any objective threat, the alarm system is just faulty and needs to be switched off. It is suggested that avoidance strategies are explored and their usefulness tested. It is suggested that detailed discussions of the trauma and therefore the processing of it are postponed to a specified time and place thus creating a sense of safety and control over the memories by engaging in a hippocampus driven activity rather than an amygdala driven avoidance and its rebound effect. As a result, the authors state that intrusions such as nightmares begin to diminish in frequency and the client can start to engage in activities previously avoided (Scott & Stradling, 2001).

1.6. Working Therapeutically with Avoidance

The therapeutic work I undertook with Harry, Alan and Joe will be presented in the order in which I saw them in order to demonstrate my learning process and how I applied what I learned with one to another. I feel it is important to note that although I was newly qualified and had only worked with two clients with PTSD, I felt I had a good foundation of knowledge about PTSD gained from workshops, training and supervision. I felt I was competent in recognising

and that I could apply the basic principles of cognitive-behavioural therapy for PTSD. However, I had not encountered such complex presentations of PTSD neither had I had any experience of war trauma, except that of my grandfathers as described by my parents.

1.6.1. Harry

As soon as Harry's avoidance of addressing the trauma became clear, following the very intense session described earlier in this paper, I used the neuropsychological model to provide him, at his request, with a psychoeducation about PTSD. I offered explanations for his experience of flashbacks, the unbidden and unpredictable intrusion of memories, nightmares and exaggerated startle response. I then offered a rationale for the need to talk about his experiences and memories in order to emotionally process them, explore cognitive distortions and reality test feelings of responsibility, guilt and shame, and ultimately allow his memories to pass from the amygdala to the hippocampus. Harry was particularly attracted to the idea of the therapy helping him have the ability to recall his memories voluntarily. Over the course of his therapy sessions, I periodically had to refer back to this information as Harry alternately accepted and rejected the idea of suffering in the way he did as the result of his experiences, as discussed earlier in this paper.

Two important elements of therapy were put in place very early in the course of therapy, these being regular sessions and a confidentiality agreement. As soon as I recognised that Harry was suffering from war-related PTSD, my supervisor suggested that I consult a colleague whose specialist interest is in the field of war trauma. As well as gleaning invaluable information about the Korean War and war-related trauma, he instilled in me the vital importance of arranging therapy sessions at the same time and on the same day each week. The idea of creating predictability, safety and containment is not by any means a new concept. However, in terms of the neuropsychological model of trauma because it allows the addressing of memories to become a more controlled, hippocampus-driven activity as opposed to the chaotic, unpredictable, intrusion and avoidance cycle driven by the amygdala (Scott & Stradling 2001). Therefore it allows the client to gain a sense of mastery and control over his memories. In terms of confidentiality, I arranged for Harry to meet my supervisor so he knew with whom information from his sessions was being shared. I also agreed not to inform his GP of his involvement with the service, particularly as Harry described him as being of an ethnic origin, which potentially connected him to Korea. I felt it was safe enough to do so as Harry had regular contact with his GP due to his physical health difficulties and was not a high clinical risk. I did not disclose my connections with the army to Harry because I felt that he may see this as a further point where confidentiality may be breached or through which he and his family may be identified.

At the beginning of Harry's therapy, I made relatively formal plans to use cognitive-behavioural interventions and hypnosis to assist Harry in emotionally processing and integrating his traumatic memories into his autobiographical memories. However, as his avoidance became more apparent, I adopted a different, more flexible, less formal approach. For example, my supervisor suggested using hypnosis to facilitate 'safe remembering'. It is thought that during a traumatic event, a person can experience a state that is the same as when under hypnosis (Alden 1995; Degun-Mather 2001, 2006). The state experienced during the trauma needs to be replicated in order to gain fuller access to the fragmented, sensory memories of the trauma and the accompanying affective, cognitive, sensory and emotional aspects of the trauma memories. Hypnosis therefore allows this access and results in reassociation with feelings that may have previously been numbed that simply talking about it does not. It therefore facilitates the formation of a coherent verbal narrative and integration of the memories into the person's autobiographical memory in the hippocampus (Degun-Mathe, 2001; 2006). A full account of 'safe remembering' using hypnosis can be found in Degun-Mather (2006). Suffice to say when using hypnosis with survivors of trauma, I have found that it creates the impression of being able to approach memories in a controlled and safe manner, without feeling overwhelmed, particularly important for those who avoid their memories for fear of being so, and the relaxation element helps gain control over hyperarousal symptoms. Because 'safe remembering' sessions are planned in advance, it may also allow recall of trauma to be hippocampus rather than amygdala-driven. Harry had reservations about the use of hypnosis due to similar methods being used as a form of torture and brain washing, which he had been taught to resist during his training. He did however enjoy the relaxation element, which helped him with chronic insomnia. He was far less willing to engage in the safe remembering element and I eventually abandoned the idea after a period of feeling that I ought to encourage it use but finding that it felt like having a cumbersome machine in the room, which, while useful, caused a barrier and obstruction to the other useful therapeutic work that was occurring.

While working with Harry, I encountered Rothschild's ten steps for trauma therapy in her book 'The Body Remembers' (2000). One step suggests, "view the trauma system as a pressure cooker. Always work to reduce – never increase- the pressure" (p99). If I had not discovered and abided by this rule, I feel there could have been a tendency to increase the pressure by attempting to keep to the therapeutic plan and avoid 'chat'. She also writes "the therapist must be prepared at times – or even for a whole course of therapy – to put aside any and all techniques and just talk with the client." (P99). There are also several arguments that trauma therapy is never a comfortable experience for both the client and therapist because it frequently involves the descriptions of very unpleasant events and circumstances and the expression of powerful emotions. Therefore decreasing pressure and just allowing the client to talk could be seen as further avoidance, with the therapist colluding. Additionally, it could be said that

without the application of specific therapeutic principles (e.g. Scott & Stradling 2001), sufficient emotional processing of the trauma will not take place and the client is less likely to recover (Scott & Stradling 2001). However, with Rothschild's (2000) idea in mind, many sessions with Harry were spent 'just talking' about everyday life. I felt this process was therapeutic in itself as it helped Harry to remind himself, perhaps on a more unconscious level, that he was in the present, not back at the time of the trauma. Additionally it allowed him to build a trusting relationship with another human being at a time when he was very isolated. During these conversations I kept the overall aim of therapy in mind at all times, that is the emotional processing of Harry's memories, identification of 'hotspots' (Grey *et al.*, 2002), the alteration of cognitive distortions, and integration of memories into his life story. Therefore, when he did approach the memories, I could gently question him about his feelings and thoughts during the trauma and also gently challenge them. With the above aims in mind, during our conversations, I would also attempt to find links between what he had chosen to talk about and the trauma in order again to gently address them. This process has been documented in the literature by Papadopulous (1999) when writing about his work with Bosnian medical evacuees in Britain. I found that this more informal way of addressing the trauma can be a far less intimidating and threatening than an overtly using a more formal therapeutic plan.

As a result of the open-ended, conversational approach I adopted with Harry, we met regularly for almost eight years. I feel that working over this time span reflects several aspects of the therapeutic relationship we forged. When we addressed the therapeutic process at points during the course of therapy Harry said that he trusted me one hundred per cent and that I knew more about his war experiences than anyone else, about which I felt privileged. I feel that this had an influence on the length of Harry's therapy because I was concerned that if I discharged him and then he wished to talk about his experiences, he would have no one with whom to do so. I believe that the length of therapy reflected Harry's avoidance of endings due the experience of losing the friends with whom he served in the army. He described how they had considered him a lucky charm because they had survived in many dangerous situations. This was 'proved' when he left them to return home and two of them 'disappeared'. Additionally when he had placed one of his much-loved dogs in kennels she became unwell. Therefore I hypothesised that he was concerned that if he left me, I would come to harm but never felt able to address this belief. He also expressed a fear that I would 'get rid of him' as he felt the army, his work and the day hospital had done. It felt as if addressing the ending of therapy was therefore avoided by both of us.

Therapy ended by mutual agreement as Harry and I agreed that, although he was physically unwell, he was no longer as depressed, nor were his symptoms of PTSD so debilitating. Interestingly, as therapy ended, the physical health problem was also brought under control. If

seen symbolically, it could be said that as his digestive system became unblocked, he became emotionally unblocked. He reported making a friend who had also served in the army and that he had shared his story with him, allowing himself to express the accompanying emotions. He also began to disclose it to his family and to take up interests he had felt unable to attend to for many years. He was therefore able to enjoy a happy period of feeling more himself before he died.

1.6.2. Alan

From my experience of avoidance from working with Harry, I addressed the likelihood of times when Alan would not feel like approaching and addressing the trauma. I suggested that he could still attend the session and talk about other things. My rationale for this suggestion was that it would help create a comfortable and safe environment in which he would then be able to address his memories when he felt able to. Additionally, it would provide exposure, or a kind of 'pre-exposure' in that it exposed him and allowed him to habituate to the idea of addressing memories. Therefore, as with Harry, Alan could allow recall of his trauma to become a hippocampus rather than amygdala-driven activity. It also allowed us to continue to build a sound working relationship.

In order to address any fears Alan had about addressing his traumatic memories that may be causing avoidance, I used the 'Vertical Arrow', a technique that I have always found useful for exploring negative thoughts in order to discover underlying beliefs (Burns 1989) by asking such questions as 'If you talk about the trauma, what do you fear will happen?' It emerged that, as an ambulance man, Alan had escorted patients to the local psychiatric hospital who had appeared to have 'lost their minds' and he was afraid that addressing the trauma would cause him lose a grip on his sanity and descend into a similar state. We were then able to examine the evidence for this prediction by asking 'What has actually happened when you have talked about your traumatic experiences?' As a result of this question, he was able to produce evidence that he had not lost his mind or sanity.

Consequently I introduced the idea of using hypnosis for 'safe remembering' not only to help him create a sense of control over the recall of his memories, allowing him to return to a 'safe place' established prior to the exploration of memories but also because this process allows the client to choose which memory is the most important but most manageable to address (Dolan 1991; Degun-Mather 2006). I felt this process would be particularly helpful to Alan as he had experienced so many traumas and without hypnosis there is the likelihood of both the client and therapist making assumptions about which is the most important memory to address. However, it would appear that the use of hypnosis does not necessarily reduce avoidance because on one

occasion Alan chose to explore a safe, pleasant, benign memory. The pattern of Alan's inconsistent attendance at therapy sessions made it difficult to use hypnosis for 'safe remembering' since it requires adherence to a relatively structured plan over several regular therapy sessions. As with Harry, he clearly decided when he was ready to address memories and I learnt that although I feel that I ought to have been using hypnosis for safe, controlled remembering I felt that the person-centred principle of "the client knows best" (Mearns& Thorne 1988, p1) applied. If Alan decided he was ready to address memories then I just needed to bring the principles of emotional processing, identification of 'hotspots', links between symptoms and experiences and addressing of cognitive distortions into the session, gently questioning Alan as he told his story.

Unfortunately I feel that Alan was something of a victim or casualty of my keenness to help, informed by my passionate interest in war trauma. I also feel that, learning from working with Harry, I attempted to avoid the work being so diffuse and unfocussed with Alan, partly because I did not feel I had the same luxury of time in the service in which I saw Alan. I believe that both these factors combined to make me push Alan to address his traumatic memories rather truly working with the ideas of decreasing the pressure (Rothschild 2000) and the client knowing best (Mearns & Thorne 1988). It could be said that by my seeking a referral for Alan's from the psychiatrist created several difficulties. Therapy was offered to him in the style of assertive outreach rather than him being given options from which to choose, one being therapy, thus raising questions about his true motivation to engage in therapy. Additionally although we discussed the likelihood he would be avoidant at times, implying that I accepted it as part of the process and could work with it, I did pursue him perhaps a bit too assertively, causing him to avoid further. Learning from my work with Harry, I assumed that Alan would be willing to attend sessions but avoid his trauma within them. In terms of our therapeutic relationship, I believe that in my haste and keenness to help him, I did not give time for the relationship to form sufficiently to do the required work. I feel that, at times, Alan engaged in therapeutic activities perhaps to please me rather than to address his difficulties for his own sake. He would also bring me presents such as a packet of mints each session saying he knew I liked them, having offered me one previously, which I believe reflected some need to please me and be liked. It is important to mention that the physical environment of the therapy sessions did not feel at all safe and containing to me. I worked in a building where rooms were in great demand and despite requesting block bookings, other members of staff were often using the room at the time of Alan's sessions. The building was also frequently subjected to physical attacks and the room was dirty and scruffy. There was also a window in the door in which people often looked meaning that the room lacked vital privacy. We were not allowed to cover the window to protect the safety of both clients and staff.

However, the exploration of his memories that did take place led to an important discovery of a barrier that was preventing resolution of his traumas. He felt that above all he needed forgiveness from an external source about his actions during the War and we agreed that a psychologist was not able to provide this. It was unfortunately a time before I had discovered Paul Gilbert and his colleagues' ideas about compassionate mind training and self-forgiveness (Gilbert 2005). If I had possessed knowledge of these ideas and interventions, I would have attempted to introduce them to Alan, with the premiss that he would gain an internal ability to forgive himself that he could carry with him at all times as opposed to relying on an external, perhaps even conditional, source for which he had to rely on the judgement of others. Alan decided to go on a series of retreats to a monastery in search of the forgiveness he required. He brought his therapy sessions to an end by writing to me, informing me that he had benefited greatly from the retreats because a priest had been able to provide this forgiveness. At this point, I truly accepted that Alan had decided that a psychological approach to his traumas and related feelings of guilt was not as helpful as a religious one. I think I assisted in this process by saying that psychologists are not able to offer the same kind of external forgiveness. I was left with a slight feeling of having been robbed of the opportunity to help in a way that I continue to have a great deal of faith and belief, almost as if psychology is my religion. It is as if Alan converted to a faith different to mine. Part of my belief in psychological approaches is that the only true change and resolution has to be internally, within the individual and that external change might only be superficial and therefore temporary.

1.6.3. Joe

When Joe said that he did not want to discuss his wartime experiences with me, I was somewhat surprised by agreeing not to address them with him. This agreement goes against the neuropsychological model's idea that avoidance perpetuates intrusion through 'trauma-real world fusion' (Scott & Stradling 2001). However, I brought to my work with Joe invaluable and salutatory lessons that I had learnt with Harry and Joe. These being allowing approach and avoidance and not applying pressure to approach fuelled by my eagerness to help in a situation where I feel I had expertise. I also learnt to allow time and have patience, particularly with Harry but also because of its apparent absence in my work with Alan. These factors allow a person to exercise control over when they address the trauma. Importantly, when they do decide to, the psychologist is prepared to work on the memory, reinforcing the message that addressing a trauma can bring relief from intrusions and hyperarousal, and feelings of guilt and responsibility for example. Therefore, when I assessed Joe and began to work therapeutically with him, I took the opposite approach to the one I had with Alan and kept in mind my work with Harry. It could be said that my intervention was one of omission rather than commission.

I also believe that I learnt, by working with another veteran of a similar, older age to Joe, to perhaps be more respectful of avoidance of difficult war-related memories. This is partly perhaps due to a perceived sense of these men are nearing the ends of their lives and therefore being more respectful of how they wished to spend their limited time. In terms of countertransference, I feel that perhaps I related to Joe as I had to my own grandfather, with whom I had had a warm relationship but at a respectful distance. This was created somewhat by fear due to his apparent intolerance of children at times and his temper. There was also an unwritten rule in our family that he did not talk about the war, during which he had suffered 'Shell Shock'. It has been documented in the literature that frequently there is a large age gap between therapist and client in work with older adults and this can cause both the therapist and client to see each other and therefore behave towards each other as if they are grandparent and grandchild (Knight 1996).

I responded to Joe's request not to talk about his wartime experiences in two different ways. Firstly, Joe's wife was present during all of his sessions with his agreement. I feel that she wanted him to address his nightmares but he allowed her to be there as protection against me addressing them. When she did describe them, I offered an explanation based upon the neuropsychological model, explaining that they occurred because Joe had not sufficiently processed his traumas and related memories. Since Joe was in the room he was also able to hear this explanation, which perhaps challenged his beliefs that his sanity was not sound. This is a common belief amongst suffers of PTSD I have discovered, particularly amongst older people who have experienced a greater negative attitude towards mental health difficulties.

Secondly, together Joe and I agreed to address two difficulties he addressed: his difficulties breathing preventing him from doing things he enjoyed such as gardening and his cold feet for which there seemed no answer. I offered him ideas drawn from pain management, which I had learned during a PSIGE (Psychologists' Special Interest Group in the Elderly) Regional Group meeting several years before. Therefore I suggested that firstly, he concentrated on what he could do rather than what he could not. Secondly, I suggested that he timed how long it took for his breathing to become difficult and stopped gardening to rest just before that happened, thus preventing his breathing difficulties reaching crisis point. He took to these ideas very quickly and reported each session that he was using them, thus he was able to enjoy gardening again. For his cold feet, I offered him a technique involving hypnosis which involved relaxation and then transformation of the cold sensation in his feet (Hammond 1990). He imagined placing his feet in a bowl of warm water and the warmth penetrating them. The post-hypnotic suggestion was that any time his feet felt cold he would be able to easily imagine the warming sensation. He was able to engage well in this procedure, reporting that he particularly enjoyed the relaxation.

Following this procedure, he began to spontaneously talk about his wartime experiences, describing his role in his unit. I hypothesised that the hypnotic intervention had allowed him to feel calm and relaxed enough to do so. I have often encountered individuals with lung disease who state that their difficulties breathing often create feelings that mirror those of anxiety and panic. During the hypnosis, Joe's breathing became more even and less laboured. It is therefore possible that the level of anxiety he usually experienced dissipated somewhat, allowing him to safely address his memories, a process that may heighten his anxiety levels, leading them to feel out of control. At this time, he repeatedly described how blankets issued under which to sleep were sewn up and used as body bags or shrouds if a man was killed. The following session Joe's wife reported that he had not experienced any of his usual nightmares and by the time therapy ended, he still had not.

1.7. Conclusion: A Reflection on Learning

As the result of working with Harry, Alan and Joe, I have learnt to apply various principles when working with clients suffering from PTSD who are highly avoidant. These principles can be universally applied throughout my work as a Counselling Psychologist both in the NHS and independently. Firstly, I have learnt that providing psychoeducation about PTSD and a rationale for the need to address traumatic experiences is invaluable. It reassures clients that his or her sanity is still in tact. The client it then also aware that addressing the trauma has the potential to provide relief from symptoms, hyperarousal and the distress that accompanies these symptoms. Secondly, I have learnt that allowing avoidance at times is not always collusion. Allowing the client to approach and avoid the trauma in his or her own time creates a sense of control over the therapy. Sometimes, as with Joe, even agreeing not to address the trauma allows the client to feel more able to do so as pressure to do so is taken away and again a sense of control is created. Thirdly I have learnt to recognise a client's personal signals that he or she is becoming too distressed to continue with exploration of memories. In addition I have learnt to identify subjects that are considered safe and comforting for a client, these being pet dogs for example with Harry and Alan or the garden with Joe. The client can then be encouraged to talk about these when his or her distress becomes unmanageable. This principle fits with Rothschild's (2000) ideas about reducing pressure and that sessions may be spent 'just talking'.

Fourthly, I have learnt, particularly from Harry and Alan that 'just talking' is an invaluable way in which to build or at least begin to a therapeutic relationship or simply connect with another human being. It also allows a client to remind both him or herself and the therapist of his or her strengths and safe subjects. It allows the client to feel in touch with the present at a time when the gap between the past and present feels as if it implodes in the face of intrusions. I learnt with

Harry that it also allows the therapist to find in-roads to the trauma by recognising attitudes and beliefs or themes that may link with the experiences. Fifthly, the principles of trauma therapy (emotional-processing, integration into the autobiographical memory, identification of 'hotspots', addressing of cognitive distortions and linking experiences and symptoms) should be kept easily accessible in the mind for when the client does decide to address the trauma, which may occur unexpectedly for both the client and therapist. Sixthly, if a client is reticent about attending therapy sessions due high levels of distress and a preference for avoidance, then the decision about when next to meet can be placed with the client. With a client I encountered since working with Harry, Alan and Joe who was deeply affected by multiple traumas, I simply asked him when he would next like to meet and kept his slot open if a longer period and shorter one was required between sessions. I have realised that, as I am highly likely to continue encountering clients with war-trauma and other kinds of PTSD, I need to organise my caseload so I have the capacity for one client who will require long-term work. Seventhly, from my work with Harry, Alan and Joe, I have learnt that hypnosis is probably inappropriate for those clients who are highly avoidant. I have since used it to great benefit with traumatised clients who are actively ready to address the traumas and who therefore are not avoidant. Lastly, I have learnt to keep my passion for working with war veterans and keenness to help in check, instead practicing patience and respect for the client's pace.

When reflecting on what I would have done differently if I were to work with these clients now, I encounter a dilemma. If I allow the client to go at his own pace and approach and avoid when it suits him, it means that therapy could take a great deal longer than perhaps it needs to have done and the client could find relief from the symptoms of PTSD much more quickly. Additionally, there is not always capacity in the NHS or private practice (especially if the client is paying) to work with a client indefinitely and work like this has to be balanced with the needs of other clients waiting for therapy. However, if pressure is applied to the client and the sessions inflexibly structured, the client may choose not to continue, thus losing the opportunity to gain relief from the trauma and its effects. Therefore, a discussed in the previous paper in the portfolio, The Stages of Change questionnaire (Prochaska & DiClemente 1986) and relevant PTSD measures such as the Impact of Events Scale (Horowitz et al. 1979) could be used as one way of ascertaining how ready a client is to address the trauma. The client could then be offered shorter-term 'episodes' of therapy appropriate to the stage at which they are regarding their preparedness to address the trauma.

Appendix I

DSM IV TR Criteria for

Post-Traumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following are present:
    (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;
    (2) the person's response involved intense fear, helplessness or horror.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
    (1) recurrent and intrusive distressing recollections of the event, including images thoughts, or perceptions;
    (2) recurrent distressing dreams of the event;
    (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening and when intoxicated.);
    (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;
    (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
    (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma;
    (2) efforts to avoid activities, places, or people that arouse recollections of the trauma;
    (3) inability to recall an important aspect of the trauma;
    (4) markedly diminished interest or participation in significant activities;
    (5) feeling of detachment or estrangement from others;
    (6) restricted range of affect (e.g. inability to have loved feelings;
    (7) sense of foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:
    (1) difficulty falling or staying asleep;
    (2) irritability or outbursts of anger;
    (3) difficulty concentrating;

(4) hypervigilance;

(5) exaggerated startle response.

E. Duration of the disturbance (symptoms in criteria B, C, & D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than three months

Chronic: if duration of symptoms is 3 months or more

Specify if :

With delayed onset: if onset of symptoms is at least 6 months after the stressor.

Appendix II

Suggested Interventions for War Trauma in Veterans of the Second World War (Robbins, 1997)

Robbins' (1997) 4 Stage Model

Prior to beginning these four stages, Robbins suggests discussing the rationale for therapy with the client in order that he or she is aware of the purpose of the process and gains a sense of control over his or her 'treatment'. The stages include:

1. **Disclosure of Events**

   During this stage the construction of the trauma story begins. Firstly the client is asked to give an overall picture of the trauma and then a more detailed one. The telling of the story begins the process of gaining a coherent narrative, and of emotional processing as well as exposure to the trauma story (Grey et al., 2002). Additionally negative cognitions begin to be identified.

2. **Exploration of Cognitions and Emotions associated with Events**

   During this stage, particular issues for the client are identified and discussed and links between the past events and current thoughts and feelings are established. This is where negative cognitions about the trauma can be identified and challenged (Grey et al., 2002)

3. **Behaviour Change**

   During this stage the client's behaviour arising from his cognitions and emotions and his usual coping mechanisms such as avoidance are discussed. The potential for changes in usual behaviour are discussed and implemented.

4. **Termination**

   During this stage the therapeutic ending is discussed and the client is encouraged to take responsibility for future planning.

References & Bibliography

Alden, P (1995) Back to the past: Introducung the 'Bubble'. *Contemporary Hypnosis,* 12, p59-68.

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV).* APA.

Bender, M P, (1997) Bitter Harvest: the implications of continuing war-related stress on reminiscence theory and practice. *Ageing and Society,* 17**,** p337-48.

Brewin, C.R., Dalgleish, T. & Joseph, S.A. (1996) A dual representation theory of posttraumatic stress disorder. *Psychological Review,* 103, p670-686.

Calder, A. (1991) *The Myth of the Blitz.* Pimlico Books, London, UK.

Davies, S. (1997) *We'll Meet Again: The Long-Term Psychological Effects on, and Intervention with, UK Second World War Evacuees.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People*. London, UK: Jessica Kingsley Publishers.

Davies, S. (2001) The Long-Term Psychological Consequences of Traumatic Wartime Experiences in Older Adults. *Aging & Mental Health,* 5(2): p99-103.

Degun-Mather, M. (2001) The Value of Hypnosis in the Treatment of Chronic PTSD with Dissociative Fugues in a War Veteran. *Contemporary Hypnosis,* 18(1), p4-13.

Degun-Mather, M. (2006) *Hypnosis, Dissociation and Survivors of Child Abuse: Understanding and Treatment.* Chichester, UK: John Wiley & Sons, Ltd.

Dinnen, A.H. (1993) The incident in Kure: A 40-year old follow-up of post-traumatic stress disorder. *Med. Law,* 12, p369-374.

Cardena, E., Maldonado, J., van der Hart, O., & Speigel, D. (2000) *Hypnosis.* In: E.B. Foa, T.M. Keane & M.J. Friedman. Eds., *Effective Treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies.* New York: Guilford Press.

Fleming, R.H. (1985) Post-Vietnam syndrome: Neurosis or sociosis? *Psychiatry,* 48, p122-139.

Foa, E.B., & Kozak, M.J. (1986) Emotional Processing of Fear: Exposure to Corrective Information. *Psychological Bulletin,* 99, p20-35.

Futterman, S. & Pumpian-Mindlin, E. (1951) Traumatic War Neurosis Five Years Later. *The American Journal of Psychiatry.* Dec, p401-408.

Garland, J. (1994) *O what splendour, it all coheres. Life review therapy with older people.* In: J. Bornat. ed., *Reminiscence Reviewed: Perspectives, Evaluations, Achievements.* Buckingham, UK: Open University Press.

Grey, N., Young, K., and Holmes, E. (2002) Cognitive Restructuring within Reliving: A Treatment for Peritraumatic Emotional 'Hotspots' in Posttraumatic Stress Disorder. *Cognitive and Behavioural Psychotherapy.* 30, p37-56.

Hammond, D.C. ed. (1990) *Handbook of Hypnotic Suggestions and Metaphors.* London, UK: W.W. Norton & Co.

Hilton, C. (1997) Media Triggers of Post-Traumatic Stress Disorder 50 Years After the Second World War. *International Journal of Geriatric Psychiatry,* 12, p862-867.

Holden, W. (1998) *Shell Shock.* Channel 4 Books, London, UK.

Horowitz, M.J., Wilner, N., & Alvarez, W. (1979) Impact of Event Scale: a measure of subjective stress. *Psychosomatic Medicine.* 41(3), p209-218.

Hunt, L. (1997) *The Past in the Present: An Introduction to Trauma (Re-) Emerging in Old Age.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past Trauma in Late Life: European Perspectives on Therapeutic Work with Older People.* London, UK: Jessica Kingsley Publishers.

Hunt, N. & Robbins, I. (2001b) The Long-Term Consequences of War: The Experience of World War II. *Aging & Mental Health.* 5(2), p183-190.

McCranie, E.W. & Hyer, L.A. (2000) Posttraumaitc Stress Disorder Symptoms in Korean Conflict and World War II Combat Veterans Seeking Outpatient Treatment. *Journal of Traumatic Stress,* 13(3), p427-439

Marwick, A. (1970) *Britain in the Century of Total War: War, Peace and Social Change 1900-1967.* Harmondsworth, Middlesex, England: Penguin Books Ltd.

Mearns, D. & Thorne, B. (1988) *Person-Centred Counselling in Action.* London, UK: Sage

Papadopoulous, R. (1999) Working with Bosnian Medical Evacuees and their Families: Therapeutic Dilemmas. *Clinical Child Psychology and Psychiatry,* 4(1), p107-120.

Prochaska, J.O. and DiClemente, C.C. (1986) *Toward a Comprehensive Model of Change.* In W.R. Miller, ed., Heather, N. *et al.* (1986) *Treating Addictive Behaviours: Processes of Change*. New York, NY, USA: Applied Clinical Psychology, Plenum Press.

Rachman, S. (1980) Emotional Processing. *Behaviour Research and Therapy,* 18: 51-60

Rosenheck, R., & Fontana, A. (1994) Long-term sequelae of combat in World War II, Korea and Vietnam: a comparative study. In: R.J. Ursano, B.G. McCaughey & C.S. Fullerton. eds., *Individual and community responses to trauma and disaster: The structure of human chaos.* New York: Cambridge University Press.

Scott, M.J. & Stradling, S.G. (2001) *Counselling for Post-Traumatic Stress Disorder.* London, UK: Sage.

Shepherd, B. (2000) *A War of Nerves: Soldiers and Psychiatrists 1914-1994*. London, UK: Pimlico.

Snell, F.I. & Padin-Rivera, E. (1997) Group Treatment for Older Veterans with Post Traumatic Stress Disorder. *Journal of Psychosocial Nursing.* 35(2), p10-16.

Van der Kolk, B.A. & McFarlane, A.C. (1996) *The Black Hole of Trauma.* In: B.A. van der Kold, A.C. McFarlane & L. Weisaeth, eds., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society.* London, UK: The Guilford Press.

Wegner, D.M., Schneider, D.J., Carter, S.R. & White, T.L. (1987) Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology,* 53, p5-13.

Ziegler, P. (1995) *London at War; 1939-1945.* London, UK: Sinclair-Stevenson.