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Ordinary men: extraordinary times

An exploration of the impact of combat experience on World War Two Royal New Zealand Air Force aircrew across the life course from the perspectives of the veterans, their spouse/partner, siblings, children and grandchildren
A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Nursing, The University of Auckland, 2011
Abstract

Although there has been much research on physical and psychological war trauma, there has been little concerning the way in which World War Two combat veterans coped following demobilisation and none exploring the longer term impact. This study sought to: (i) assess and describe the long term impact of the war combat experience on the veteran; (ii) identify those factors in the combat experience that are the most significant to the veteran; and (iii) examine the autobiographical memory of the combat veteran, spouse, children, grandchildren and sibling in identifying how each believes the combat experience influenced the veteran, and the family.

Participants: A total of 24 World War Two Royal New Zealand Air Force aircrew, two New Zealand army veterans, five wives, 15 family members and two friends.

Methods: Semi-structured interviews, using narrative inquiry with inductive analysis, using the framework of Elder’s Life Course theory. The study was conducted in two phases, in Phase One, six veterans and one wife were interviewed. The results were analysed and the interview schedule modified. In Phase II, a further 41 interviews were conducted and analysed.

Results: Results revealed exceptional clarity of memory about the war experience. Combat veterans identified the camaraderie of aircrew resulting in lifelong associations. The intense training to be aircrew improved the basic education and enabled for some greater post-war vocational choice. Demobilisation and returning to civilian life was described by all as a particularly difficult time. Combat aircrew had to manage stress when on operations in order not to endanger fellow aircrew. Family reported the psychological consequences of combat stress, such as irritability, depression, anxiety, all of which affected the marriage relationship and the family dynamics as the children grew up. Several veterans are still troubled by traumatic memory from the war that ended 66 years ago. Only in the last 10-15 years have a few veterans started speaking about their experiences, breaking a long silence concerning the war.

Conclusion: The veterans and families identified that World War Two had changed their lives, affecting the career trajectory, marital relationships and their children. Combat stress can be the unseen variable in the health care of older people. Memory implanted during the stress of combat endures a lifetime, can become more apparent in older age and needs recognition as such.
Dedication

Dedicated with profound respect to the Royal New Zealand Air Force World War Two combat aircrew and their comrades in arms who gave their youth and for many, their lives, for freedom.
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I am particularly grateful to those New Zealand Army and Royal New Zealand Air Force veterans, wives, siblings and families who so graciously consented to be interviewed. The veterans and their families opened up a fascinating world that for too long has been lost from the general public gaze, and in so doing, demonstrated yet again the untapped richness of knowledge that our older people hold, and the resilience of the human spirit.

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My thanks to the war veterans past and present of Ranfurly Veterans Home and Hospital in Three Kings in Auckland who inspired this study. It has been an immense privilege to have talked with them, shared their stories and a little of their lives. They survived, often at great cost, a conflict that changed the world, and 66 years later, speak of it, if asked, as though it were yesterday.
Contribution

I, the researcher, undertook all aspects of this study under the guidance of my supervisors. This involved choosing an appropriate study design. I personally performed all interviews, undertook all analysis and drew the presented conclusions.
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Chapter 1: Introduction

We owe respect to the living; to the dead we owe only truth

Voltaire. Oeuvres Vol. I, p. 15n (1736)

1.1 Introduction

A significant proportion of the children born between 1946 to 1964, known as the post war generation or baby boomers (Binstock & George, 2006; Spoonley, Pearson, & Shirley, 1994), are the generation born to parents who in some way were part of or were influenced by World War Two (1939-1945). Many of the fathers of this generation saw active service in the main theatres of war, Europe, North Africa and the Middle East, South and South East Asia and the Pacific. A significant proportion of the men who had been in active combat adjusted and learned to cope in the world at peace to which they returned after the war. Now in their eighth or ninth decade of life, the memories of the war in which they fought as young men are for many as fresh as they were 65 years ago.

New Zealand combat veterans are those who served in the front line in armed forces as fighting troops, as opposed to those in the base units who serviced the front line. These combat veterans served not only in New Zealand Forces but also in those of England. The forces in which they served include those who fought on land, the New Zealand Army, on the sea, the Royal Navy, the Royal New Zealand Navy or Merchant Navy, or under the sea as submariners. Those who fought in the air were part of the Royal Air Force or Royal New Zealand Air Force or the Fleet Air Arm. Also included are prisoners of war who while serving in the armed forces, were captured and imprisoned in prisoner of war camps of the Axis partners, Italy, Germany and Japan.

New Zealanders had taken part in the South African War (1899-1902), the fallen of which are remembered at the national memorial in the Ranfurly Veterans Home in Three Kings, Auckland. Nothing however, had prepared the young colonial volunteers and conscripts for the horrors of World War One: the failed Gallipoli campaign, the Somme, Messines, Passchendaele and the Middle East amongst others. Approximately 20 percent of the available New Zealand work force was sent overseas to fight. Of these, 17,000 were killed and 41,000 wounded (M. King, 2003). The troops came home to be ravaged
by the Influenza epidemic, as were their families. This epidemic was particularly deadly for those 20-40 years of age, devastating World War One Veterans, as well as their families and leaving many children without a parent (Rice, 2005).

The Great Depression of 1929 to 1935 that followed the Wall Street crash precipitated families into poverty throughout the developed world as banks foreclosed on businesses and home mortgages and jobs disappeared. The less developed world also suffered as trade was severely disrupted. In New Zealand, large numbers of men joined labour queues to obtain work of whatever kind, wives picked up work where they could (Coney, 1993) and relationships and families struggled to survive. Others profited from the misfortune of the majority, a fact that many service people never forgot (Bush, 1971). It has been said that for many, the suffering of the Depression was greater than the suffering of the war (A. J. P. Taylor, 1963).

The cohort of New Zealand men who volunteered at the outbreak of World War Two (1939-1945) were predominantly born in New Zealand between 1904 and 1921. Age limits of 21-35 years were established for the Special Volunteer Force, which was mobilised on 6th September 1939, and became the basis for the second New Zealand Expeditionary Force (NZEF) (Clayton, 1990). Many of the volunteers were born to parents who had already endured the upheavals of the early twentieth century, and had had only 21 years of respite from war before World War Two broke out. New Zealand was already in economic recovery from the Depression by the 1935 general election and the advent of the Michael Savage Labour government (M. King, 2003). The new government started a programme of recovery using the accumulated capital of the previous coalition government, investing in public works, and new housing. In September 1938, parliament passed the Social Security Act. It was declared that this act would ensure social security from the cradle to the grave (Sinclair, 1993). The opposition called this Act ‘applied lunacy.’ The Prime Minister retorted that it was ‘applied Christianity.’ However, just a year after the promise of this security, New Zealand was again at war with Germany.

Nazi Germany invaded Poland on the 1st September 1939, contravening established treaties with Britain and France. New Zealand, which was closely allied to Britain with familial and trade links, declared war against Germany on 5th September 1939. Hitler’s
Third Reich was considered an onslaught against the freedom of the world and a consequent danger to the British Empire, national security and trade, the mainstay of the New Zealand economy (Wood, 1958).

For countless young men and women, the declaration of World War Two (WWII) was an opportunity to escape on a great adventure. Young men enlisted in droves, believing that the war would be over by Christmas 1939. Conscription was introduced in 1941, and as the war continued the age limit became more flexible, many creating papers that enabled them to join the forces as young as 14 years (J. Rudolph, personal communication, November 4, 2006), although such escapades were often short lived. Men in the New Zealand armed forces variously served in the theatres of war of Europe and the Mediterranean, North and West Africa, the Middle East, Asia, the Pacific, on land, on and under the sea and in the air. Women served overseas as nurses and as support staff for the various forces: Women’s Auxiliary Air Force (WAAF), Women’s Auxiliary Army Corps (WAAC), which in 1942 incorporated the Voluntary Aids (Rogers, 2003), and the Women’s Royal Naval Service (WRNS). In others areas, women served in a more social capacity as in the Women's War Service Auxiliary (WWSA) in the New Zealand Forces Clubs in Egypt and Italy. Women who served in this organisation were known as Tuis. The New Zealand Army Nursing Service provided registered nursing staff for most theatres of war. Some men who had served in World War One served again in World War Two, mainly in non-combatant roles. Those in essential services at home or those who were medically unfit for the armed services overseas, joined the Home Guard, formally established on 2nd August 1940 under the leadership of Robert Semple (N. M. Taylor, 1986).

The Japanese Imperial Navy bombed the United States naval bases at Pearl Harbour in Hawaii and Singapore on the 7th December 1941 with the apparent intention to neutralise the United States Pacific Navy and enlarge the Japanese Co-prosperity sphere. Instead, the Japanese attack precipitated the United States into a declaration of war with Japan a day later and with the Axis powers of Germany and Italy on the 11th December 1941. The war, once 12,000 miles away, now was in the Pacific and uncomfortably close to Australia and New Zealand. The Allies were fighting the Axis powers on every front.

During the years of war, the wounded were treated and returned to service where
possible or invalided home. The dead lay where they fell and were summarily buried, for later disinterment and formal burial, being identified by the ‘dog tags’ that all military were required to wear. In some cases, the dog tags were absent so the dead were never formally identified, and their remains, if found, were interred under a memorial stone that read simply ‘Known unto God’. The Commonwealth War Graves Commission, established in 1915, maintains a data base of the 1.75 million Commonwealth war dead, and has established cemeteries where the known and unknown lie. At Churchill’s behest they also established a roll of the Commonwealth civilian dead which contains 67,000 names.

Newsreels, newspapers and the British Broadcasting Corporation (BBC), the British public service broadcaster brought the war news into most homes. There was also the dreaded arrival of a telegram advising of the death of a son or daughter, missing believed dead or missing in action. For those at home there was the stress of waiting for news, coping with rationing, fulfilling family responsibilities, a considerable number working in essential industries, and maintaining a semblance of normality. World War Two was the first time that many women had worked consistently in the work force, doing the jobs that the men had done prior to leaving for overseas (Coney, 1993). However, it was not until the men started returning home that New Zealand began to perceive the horror and futility that was war. The returning veterans mainly spoke of their experiences among themselves as no one else understood, except the veterans of the killing fields of World War One and in part, this silence helped to keep difficult memories suppressed.

When the veterans returned, there was no counselling, no real understanding of what they had seen, heard and experienced and no expectation that the combat experience would have changed them, yet many were changed utterly. Those with severe battle fatigue or what the Royal Air Force unkindly called ‘lack of moral fibre’, were treated in psychiatric hospitals if the condition was considered serious enough. There the combat veterans were treated by staff, who unless themselves veterans or with some understanding of combat stress disorder, had little or no appreciation of what the combatants had lived through. It was not until the aftermath of the Vietnam war (1955-1975) that progress began to be made in treating the victims of enduring combat stress defined in 1980 as Post Traumatic Stress Disorder (Briere, 2004). Those with physical
trauma who returned to New Zealand were dealt with in mainstream hospitals, such as the Military Annex in the Auckland Domain, Middlemore Hospital in South Auckland, or the New Zealand St. Dunstan’s equivalent for the blinded in Cornwall Park in Auckland (Stout, 1958). The Evelyn Firth Convalescent Home in Parnell (Stout, 1958) provided care and rehabilitation for those who had lost limbs. This pattern of care provision was repeated throughout the country. Many men married the nursing staff who had cared for them. Those apparently fit, found work and carried on their lives, the war seldom if ever spoken about to spouse or families.

The majority of returned war veterans if asked, would probably state that the impact of war does not end at the armistice and repatriation into civilian life (Parr, 1995; Smith, 1996; C. Thompson, 1996). New Zealanders paid a heavy price in fighting for peace and the continuance of their way of life. As a country, New Zealand had the highest proportion of deaths of any allied country per million of population (Ministry for Culture and Heritage, 2008b). Nearly every family was affected in some way by not only by the deaths, but also by the casualties wounded in mind if not body, who came home. Some of the men had been prisoners of war for more than five years.

During war service, veterans usually worked out some method of coping with the necessities of war: killing or being killed, death, injury, destruction, cruelty and suffering. To complete the work required, people in combat just had to suppress as well they could the emotions the experience evoked, in a method called emotional numbing (Briere, 2004). They knew that the ethics of war that countenanced such actions as killing or maiming were the reverse of peace (Vetter, 2007). The constant waiting for action was extremely trying. Learning to live with fear, cope with it and still do the job, took a lot of emotional control. Of all things, most combat veterans did not want to lose face or cope with the opprobrium of their fellow veterans. They often felt guilty that they had survived and their comrades had not, the phenomenon of survivor guilt (Davidson, Kudler, Saunders, & Smith, 1990). Constantly having to be in readiness and doing the same thing repeatedly was emotionally and physically exhausting. The camaraderie of all being a team in a common cause helped to alleviate many of the stressors of being in combat, but seeing comrades being killed was difficult, as was watching the enemy die.

In the post World War Two society of New Zealand, marital and family abuse was
known but seldom spoken of except in hushed tones. Such abuse was not necessarily physical, but could be emotional or psychological. Many of the abusers were returned servicemen trying to cope with disturbing war memories, the death of comrades, the loss of structure and camaraderie of the forces. These factors were compounded by the difficulty of adjusting to the reality of everyday peacetime life and family responsibilities. Few of the wives had a real understanding of the veterans’ distress, and there was very little help available, many families preferring to cope rather than involve others. Not only the wives but also the children could remain frozen in the fear of that time (de Zulueta, 2009). This post-war marital and family phenomenon has been known for a long time, one article recounting that in late 17th century Portsmouth in England, spousal abuse like assaults in general, was more likely to arise whenever soldiers were demobilized (Warner & Lunny, 2003). Most veterans appeared to cope with the transition to civilian life, becoming supportive husbands and fathers. Others experienced considerable difficulty in adjusting to civilian life, resorting to violence and alcohol. The complexity of factors that caused the difficulties in the transition from service life is still not fully understood. Whether it was the nature or the intensity of the combat and war stressors, the underlying personality type, the previous life experience, or a combination of both that caused some men great difficulty in re-establishing themselves, remains a topic of inquiry. It was to be decades after World War Two before the enduring effects of combat stress were to be explored.

1.2 This study

Much was written about New Zealand at war in official war histories; in particular the government sanctioned ‘Official History of New Zealand in the Second World war 1939-1945’ under the editorship of Major General Sir Howard Kippenberger, and later Brigadier Monty Fairbrother, all 50 volumes now available on the internet (www.nzetc.org/tm/scholarly/tei-corpus-WH2.html). There have been autobiographical accounts, biographies, particularly of war heroes such as Nancy Wake, the New Zealand born British Special Operations Executive agent, Violette Szabo (Minney, 1956) and war heroes such as Charles Upham (Sandford, 1987). There have been accounts of significant events such as Dunkirk and D-Day, the Kokoda Trail in Papua and the battle of Guadalcanal in the Solomon Islands. Sociologists have examined how war affected the combatants’ life course (Elcheroth et al., 2003; Settersen, 2006b). There has been a wide range of investigation and discussion of combat stress reported in medical and

However, it would appear that there has been much less written about how the average combat veteran coped during the war and then returned to civilian life in a world at peace. There has been little formal examination about how the men coped with post demobilisation and the long term impact of the war experience. Published individual reminiscences tend to be factual accounts of the war experience with brief accounts of the return to civilian life (Smith, 1996). Speaking of his monograph, one former prisoner of war said to the researcher 'There are no psychological or hard bits in it. Too difficult' (J. Wilson, 2006). Some New Zealand veterans grievously wounded in mind, but not body, spoke of their experiences in the book ‘Silent Casualties’ (Parr, 1995). The majority of the combat veterans chose not to talk about how their war experiences affected them. The war was over and the population at large wanted to resume everyday life (Smith, 1996), and not dwell on what they saw as the past.

Boyack (Boyack & Tolerton, 1990) interviewed World War One veterans in their later years and identified that the residue of war continued in the lives of those who had been war combatants, but it was not always clear about how that war experience affected them. The researcher for this present study had listened to and cared for many veterans over a long professional career, and had read widely on the subject of World War Two and the people involved. It appeared that the impact of the combat experience continued into post-war civilian life and affected the veteran and the family in a variety of ways. Some combat survivors had managed to deal with the stress of war and had been able to develop productive and caring lives, devoting their peace time lives to their children and families and wider community. For a significant number, it appeared that families, and often the spouse had little or no knowledge of the veterans’ war, apart from the fact that the husband, father or brother had seen service overseas during the war. A considerable number of veterans did not appear to successfully deal with the stress of
war. Repeatedly, the researcher was told of children with troubled childhoods because of the father’s behaviour or of spousal abuse and unhappy marriages. ‘He had a bad war’ could be the excuse given to account for an early divorce or troubled family. What had caused these experiences to linger so long in the veteran’s memory? How did the combat experience affect the men? Why did an army veteran 27 years after the war wake up one night in a hospital bed, after a heart attack, screaming, not from pain, but from fear. The last time he had been in hospital was during the war in a Japanese prisoner of war camp. Then he had awoken from a night’s sleep to find he was the only patient alive, the other prisoners having succumbed to starvation and disease. Why was the war experience remembered so vividly by older veterans who had long retired from the active work force? There were studies looking at the effect of the war on the life course (Elder, 1997; Elder, Shanahan, & Clipp, 1997; Settersen, 2006a, 2006b) and articles and text books about Post Traumatic Stress Disorder. There appeared to be little about the elements in the combat experience that so affected the veterans, influencing their post war life course, their marital relationships and children and continue to affect them as old men. It was to try to identify such elements that this study was undertaken.

The study aims to investigate how the combat experience affected the men, how they dealt with the effect of that experience throughout the life course (Elder, et al., 1997) and its effect now on their lives as old old men. The study will also examine how the veterans’ war affected their spouses, children and/ or grandchildren and / or siblings, and wider family looking in particular at New Zealand armed service personnel, predominantly aircrew who served in combat during World War Two.
Chapter 2: Literature review

The armed world and wars will be ended one day, and not by kings and rulers of this world, for war is profitable for them. War will cease at the moment when people who suffer from it understand that it is evil.

_A Calendar of Wisdom_. Leo Tolstoy 1903

2.1 Introduction

This chapter examines the literature pertaining to the combat veterans of World War Two, discussing the population they represent, not just defined by the war but also by their generation and the changes they have lived through. All now belong to the old-old generation of our society that is they are aged 85 years and over, and thus they represent in part the changes that have been happening in population structure globally and in New Zealand over the past century. World War Two changed the history of the world, and the combat and war experience changed the lives of those involved and of their families. The war and its effects are considered on a global and general level and then on the more individual level, which is the focus of this study.

Part One examines population changes globally and nationally and the impact of ageing. Part Two discusses the theories of ageing and the theory of life course. Part Three investigates the human impact of World War Two.
Part I: The ageing of the population

2.2 Literature review methodology

Information and articles relevant to the topic were identified by searching the databases accessed through The University of Auckland library namely MEDLINE, CINAHL, PsychINFO, ProQuest, Social Sciences Citation Index, Sociology, Sage Full-Text Journal Collection, Dissertations & Theses. The main searches were for data related to the methodology of qualitative research and narrative enquiry, war and its effects on the individual combatant, the pathology of the effects of war, and the sociological theories of life course. Index New Zealand (INNZ), The Australasian Military History Database ‘MihiList’, Historical Abstracts, History Compass, Kiwi Research Information Service’, and New Zealand Statistical Sources ‘NZStats’ were used for Historical and statistical data. Voyager, The University of Auckland Library catalogue of books was used to access books pertinent to the subject from the New Zealand perspective. The New Zealand Ministry of Culture and Heritage website (www.nzhistory.net), and the Veterans Affairs New Zealand website (http://www.veteransaffairs.mil.nz/docs/bim/veteran-community.html) provided access to relevant New Zealand aircrew historical information. The electronic text centre version of The Official History of New Zealand in World War Two (www.nzetc.org/tm/scholarly/tei-corpora-WH2.html) was of particular use in confirming facts relating to air and other military operations affecting New Zealand during World War Two. The Royal New Zealand Air Force website (http://www.airforce.mil.nz/about-us/history/wwii.htm) was also of use in providing and substantiating data.

The key words used were: Veterans, World War Two (The First World War), aircrew, Royal Air Force (RAF), Royal New Zealand Air Force (RNZAF), War, Bomber Command, Pacific, Europe, South East Asia Command, qualitative research, narrative research, life course theory, generational characteristics, aged, ageing, life expectancy, population ageing, elderly, morbidity, Post Traumatic Stress Disorder (PTSD), Late onset stress symptomatology (LOSS), survivor stress, intergenerational effects, conflict, spousal stress, theories of ageing, and theories of psychosocial development, including gerotranscendence.

2.3 Study definitions

The focus of the study clearly concerned combat within the context, initially of the New
Zealand Army, and then of the Royal New Zealand Air Force and the impact of war on combat veterans and their families. There are several key concepts, which require definition and clarity.

‘Older people’ is the term presently given in New Zealand to people over the age of 65, who are at the age of entitlement for Government superannuation, and age related benefits such as travel concessions and means tested home care. It is anticipated that this age of entitlement may increase over the next two decades to 68-70. For statistical purposes, (Statistics New Zealand, 2009a) the age ranges of older people can be divided into 65-74 years, sometimes called the young old (Kinsella & Velkoff, 2001), 75-84 years, (the ‘old old’) and 85 years plus. The latter can be referred to as the ‘oldest old’ (Hinck, 2007), sometimes called the fourth age (Neugarten, 1974; Suzman, Willis, & Manton, 1992) or the very old-old. Others classify the old-old as being 80 years plus.

The Royal New Zealand Air Force (RNZAF) was until 1941, an arm of the Royal Air Force. In 1941, it was given a Royal Warrant by George VI to stand as an independent entity. Men and women of the RNZAF served in Britain, Europe, the Middle East, the Mediterranean, Africa, South East and South West Asia, the South West Pacific and on Ferry Transport. The Royal Air Force (RAF) is the air force of the United Kingdom formed in 1918. During World War Two, many New Zealanders flew with Royal Air Force squadrons. Combat veteran is a service person who was actively involved in the frontline of the fighting, including frontline army, aircrew, naval and merchant navy personnel. The majority of these were men, but women were also deployed overseas, predominantly as nursing and support staff. Women from the British Empire or the United States of America did not serve in the front line as fighting troops. Aircrew refer to RNZAF personnel who flew as a pilot, navigator, flight engineer, bomb aimer (who doubled as front gunner), Radio operator, mid-upper or rear gunner. Irrespective of rank, the pilot was the commanding officer. The Fleet Air Arm refers to the Air Arm of the Royal Navy.

The Allied Forces included Britain, its Empire and Dominions, the Soviet Union after June 1941, China, France until 1940 and after 1944, and after December 1941, the United States of America. The Axis Forces were those of the totalitarian regimes of Nazi Germany, and its allies, fascist Italy, Bulgaria, Croatia, Hungary, Romania, Slovakia,
and the Japanese Empire. Finland sided with Nazi Germany against Russia. The Triple Alliance signed in 1940 by Nazi Germany, Italy and Japan was designed to immobilise the United States (Calvocoressi, Wint, & Pritchard, 1999) and protect the three protagonists. By the end of 1944, most of the world was at war with the Axis powers.

World War Two, the Second World War refers to the World War between the Allied and Axis powers from 3rd September 1939 when the British Commons forced Neville Chamberlain to deliver an ultimatum to Nazi Germany protesting against the invasion of Poland on the 1st September 1941. Nazi Germany did not reply and Britain was at war (A. J. P. Taylor, 1963). On 8th May 1945, Germany unconditionally surrendered, resulting in what is known as Victory Europe or VE day. Many countries in Europe such as Belgium, the Netherlands, and the Czech Republic that were invaded by Nazi Germany count their war from the day of invasion to the day of liberation. The war against the Japanese from an Allied perspective only, lasted from 7th December 1941, when the Japanese Navy bombed Pearl Harbour and Singapore, to 15th August 1945 when the initial announcement of Japan's surrender was made. The surrender of Japan after the dropping of the H Bombs on Hiroshima and Nagasaki effectively ended World War Two. World War Two is considered the deadliest war in human history, in terms of fatalities, injuries, property and environmental destruction. This war involved most of the nations of the world.

2.4 Global population changes

The majority of those who served in World War Two were born in the first quarter of the twentieth century, many the children of those who served in World War One. In the 111 years since the turn of the twentieth century the world population rose from 1.6 billion in 1900 to 6.7 billion in 2010 (United Nations, 2009) and reached 7 billion at the end of 2011. Much of this increase occurred in 1950-2000 when 3.55 billion were added to the world population (United Nations, 2004). It is estimated that by 2050, the world population, will exceed nine billion, 1.1 billion of whom in the developing countries will be 60 years of age or over (United Nations, 2009), a significant proportion of whom will be in the old - old age group, that is over the age of 80 years.

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1 World War One, known variously as the First World War (WW1), or The Great War, refers to the World War 1914-1918. The ‘enemy’ were Germany, Austro-Hungary, and Turkey. The Allies were Britain and France who were joined by 18 other states, the most significant being Japan, Italy and, after 1917, the United States of America.
The average annual growth rate of the world population from 2000 to 2500 was assessed in 2004 as 0.77 percent which is 43.7 percent less than that of the period 1950 to 2000 (United Nations, 2004). Much of the projected demographic change in the 21st century is expected to occur in the least developed regions of the world such as Africa (United Nations, 2004), which by 2050 will account for 20 percent of the world's population. In these regions there continue to be high mortality rates from human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS), (United Nations, 1999), civil unrest and wars, genocide and natural and manmade disaster such as the Kenyan drought. This drought is considered one of many “interwoven ecological disasters which have resulted from deforestation, over-grazing, the extraction of far too much ground water, and massive population growth (Vidal, 2009, p. 6).

Fertility rates have fallen throughout the more developed world to sub replacement levels, and in the less developed world a couple now has on average 2.73 children (United Nations, 2009) compared to six, 30 years ago (United Nations, 1999). It is thought that fertility may fall to lower levels for some decades before settling back to replacement. As birth rates fall and populations age, it is projected that life expectancy at birth will increase as observed in the following graph.
The above figure looked at world projections of the total fertility rate and life expectancy. There is however, a considerable difference among the various regions of the world, particularly between the more developed and the less developed, as evidenced in the following graphs.
The crude death rate will rise and then fall, intersecting with the crude birth rate in 2075 (United Nations, 2004) resulting in a relatively stable world population. The young populations of history and fertility levels of 2.2 or higher are not expected to return in the more and less developed countries. In the least developed countries a projected reduction in fertility is less assured as modern contraceptive practices are not widely used (United Nations, 2009). The most significant result of this declining fertility is considered to be population ageing.

By 2040, it is estimated that the old will outnumber the young for the first time in human history (Reuters, 2009). Improvements in life expectancy come predominantly from reducing mortality at an advanced age rather than at a young age (United Nations, 2004). This process has been gradually occurring in the more developed world over the last century. It is expected to influence exponentially the less developed world in the coming century provided that the ravages of disease, war, and natural disaster can be managed.

There are declining proportions of those aged under 15 years, and an increase in those aged over 60 years (United Nations, 2002). This phenomenon is well recognised in more
developed countries, which comprise most European nations (exclusive of Eastern Europe), North America, Japan, Australia and New Zealand. What is less well recognised is that in the Second Millennium 59 percent of those aged 65 years plus live in developing nations (Kinsella & Velkoff, 2001). It is expected that the proportion of those aged over 60 years will rise to 71 percent by 2030, and continue to rise as demonstrated in the following graph.

![Graph showing life expectancy at birth, development regions, 1950 to 2050](image)

**Figure 2-3:** Life expectancy at birth, development regions, 1950 to 2050, adapted from (United Nations, 2001)

In 1999, 10 percent of the world population was estimated to be over the age of 60 years. By 2050, it is believed that this figure will exceed 2 billion older persons, which is 22 percent of the world population (United Nations, 1999). Many people will live 20-25 years after retirement and will have to exist on what retirement savings they have and/or the state pension where it exists. In many parts of the developing world, there is no pension and people have to keep working in some capacity to survive. In China, it is estimated that by 2015 there will be 200 million retirees and by 2050, 430 million, a third of the population. The ratio of retirees to workers is expected to decline from six to one in 2007, to two to one by 2040 (French, 2007). The Chinese state pension is very limited, and although women can retire at 50 and men at 55, this does not mean work cessation. Rather it means the adoption of another income-earning career. In the more developed world, pension age has been gradually rising to ensure the sustainability of the available pension schemes, and it is increasingly common for men and women to
continue to work even if receiving a state pension (United Nations, 2010b). However, a shortage of employment opportunities and the need to maintain skills in a rapidly changing technological world can prejudice the opportunities for ‘post retirement’ paid employment.

Ageing of the global population has ramifications across society as it is presently known. Older members of society have different social and economic arrangements to younger workforce members of society, many of whom are actively childrearing. Older people have different needs. Population ageing has an impact on economic growth, taxation, savings, pension schemes, and other investment (United Nations, 2002). The continuing global economic and financial crisis that started in 2007 with the collapse of major investment banks and negative returns on pension funds as well as other onslaughts on the fragile global economy saw many older people in the more developed world and less developed countries lose all their retirement savings (United Nations, 2010a).

Population ageing affects labour supply as an increasing number of people are not in the paid labour force and the fertility rate is dropping. A proportion of the ageing population will require some support. It has also been suggested that the young old, the ‘sandwich’ or ‘pivotal’ generation, aged 65-74 years, could provide informal care for the old-old, if this was needed (Robine, Michel, & Hermann, 2007). A survey in New Zealand however suggested that these informal caregivers need considerably more formal support if they are to provide such care (Jorgensen, Parsons, Jacobs, & Arksey, 2010). A United States survey in 2004 identified that only 50 percent would appear to require such care (Spillman, 2004). However, there remains considerable debate about the key findings of Spillman’s survey as others report very different conclusions from their analyses. This debate may be attributed to the somewhat self-selected data of Spillman’s work. The provision of care for the oldest old and disabled people without family support is of course an employment opportunity, but continues to be undervalued, predominantly female, and poorly paid (Burns, Dwyer, Lambie, & Lynch, 1999; Foner, 1994). It attracts as a result less skilled workers (M. Parsons, Dixon, Brandt, & Wade, 2004; M. Parsons et al., 2004) and those trying to re enter the workforce.

The impact of World War Two on what was to become the present old-old population of today was considerable (Gilbert, 2009). The sex ratio, which is the number of males
per one hundred females in a population at older ages, presently vary considerably among major regions of the world, in part due to the sex differentials in life expectancy. Due to the destruction of World War Two, Europe has the lowest sex ratio of those over the age of 60 years (70 men per 100 women) and 46 men per 100 women amongst those aged 80 years plus (United Nations, 2010a). There are no definitive numbers for military personnel and civilians killed in World War Two. Of the Jewish people in Europe at the time of the Third Reich, it is estimated that six million, 78 percent were killed. In the Soviet Union, the number killed as a result of the war, vary from 20 to 27 million military and civilians. Germany is thought to have lost 6.8 million people, over half of whom were civilians, while Poland lost about 6 million people during the war, and more after the Soviet invasion. It is estimated that six million Chinese civilians were killed during the first two years of the Japanese invasion of China (Gilbert, 2009). The death toll as a result of the Japanese Imperial War of 1937 to 1945 will probably never be known as so many populous countries were invaded, but it is thought to be about 20 million plus. Regardless of this statistic, the sex ratios in Asia of those 80 years plus are about 68 men to 100 women (United Nations, 2010a), and Japan continues to have the population of the greatest longevity, despite the loss in the war of an estimated three million, two million of whom were civilians.

Although more boys are born than girls are, by the age of 25 years there is gender parity, after which women outnumber men (Mathews & Hamilton, 2005; Statistics New Zealand, 2009c; United Nations, 2010a). In the older age groups, there is a gender imbalance as women continue to outlive men. In 2000 there were 63 million more women than men aged 60 years plus, and in the old-old category there are anything from two to five times as many women as men (United Nations, 2002). There is evidence however that this gender gap is narrowing (Falkingham & Grundy, 2006) and that men are living nearly as long as women.

The current global population has been greatly affected by the changes of the twentieth century. There are greater migratory flows than at any other time in recorded human history. This is largely as a result of socioeconomic, political, and environmental forces (United Nations, 2009). Migration was predominantly to the United States, Canada, and

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2 In Asia, particularly in South Central, West, and East Asia, of which India and China are the most populous, the ratio is 106 men to 100 women (Ministry of Health, 2008). In large part, this is explained by the one child policy of China, and the preference for male children throughout Asia, and elsewhere.
Australia, mainly from Europe and Russia and increasingly from Asia (United Nations, 2009). The Austro-Hungarian Empire and the Ottoman Empire collapsed after World War One (WW1) and the empires of Britain and Europe crumbled after World War Two. National boundaries were drawn and redrawn, often across traditional tribal, ethnic, and religious boundaries as in the Middle East and Africa. The Soviet Union that started with the Russian revolution of 1917 (Seton-Watson, 1964) collapsed in 1991, leading to the formation of the Russian Federation and much civil unrest. The Peoples Republic of China became a reality in 1949 and by 2000 was a considerable world power. Civil wars divided countries of Central and South America, Eastern Europe, the Middle East and continue to tear apart countries in Africa, The Middle East, and Asia. As a result of these forces, many people left the country of their birth, or emigrated, resulting in immigrant populations seeking work and support in receiving societies, and the challenges of integration (European Union, 2011).

In the twentieth century, the world population was decimated by the 1918 Influenza epidemic, coming straight after the end of WW1, killing at least 50 million people worldwide if not double that (Johnson & Mueller, 2002). The world economy failed in 1929 precipitating the Great Depression (Leighton, 1964). The global population, although decimated by two World Wars and the 1918 Influenza Epidemic, rose from one billion in 1900 to six billion by 2000 (United Nations, 1999). Socially, politically, economically and technologically the century arguably saw more tumultuous change than any other period of human history. The effects of this change continue into the present day with continuing population growth, particularly in developing countries, an ageing population worldwide, and a growing gap between the more affluent and the less affluent.

2.5 New Zealand population changes

During the 20th century, there were considerable changes in the New Zealand population. Family size reduced. Mortality was high in 1900. One hundred out of every 1000 live births died before their first birthday. Life expectancy is a measure of the “expected number of years remaining to be lived by a person of a certain age” (Everitt, 1996, p. 142). The average life expectancy at birth for a New Zealand born male in 1900 was about 57 years, and that for a New Zealand born female about 60 years (Khawaja, 2000).
Fertility remained relatively low until the end of the World War Two when what became known as the Baby Boom (post war generation) started throughout the more developed world and peaked in 1961 with 4.3 births per woman. By December 2010, the total fertility rate was 2.15 births per woman, which was slightly above the replacement level of 2.1 births (Bascand, 2011) The total fertility rate in 2010 in New Zealand of European was 1.77, Māori 2.83, Asian 1.67, Pacific 2.94 (Statistics New Zealand, 2011). The national ethnic population projections assume that by 2026 the total fertility rate for European will be 1.75 births per woman, 2.50 for Māori women, 1.55 for Asian women, and 2.60 for Pacific women (Statistics New Zealand, 2009b). In New Zealand, people can relate at different times to more than one ethnicity so these figures are not mutually exclusive. Prior to 1986, a biological concept was used to determine a person's ethnicity for census and statistical purposes, but since that time a self-identification model has been used (Zodgekar & Khawaja, 2002) resulting in an overlap of ethnic populations. Self-reporting of ethnicity possibly suggests one aspect of self and the social group with which that person identifies (Thomas, 2001) rather than biological descent.

As fertility fell, the average life expectancy climbed throughout the century and as elsewhere in the more developed world, population ageing became a significant socioeconomic factor. Infant mortality rate reduced markedly with better nutrition and obstetric care. In June 2010, the New Zealand infant mortality rate was 5.1 per 1000 live births (for Māori it was 6.6 per 1,000) (Bascand, 2011). By 2009, it was estimated that a newborn girl could expect to live for 82.4 years. This compared with life expectancy at birth for a female: in Japan (85.8 years), in Australia (83.5 years), and in the United Kingdom in 2005 (81.1 years). Life expectancy for a newborn boy in New Zealand in 2009 was estimated at 78.4 years. This compared with Australia (78.7 years) and in the United Kingdom (77.1 years in 2005) (Cribb, 2009). Māori in 2007 had a life expectancy of about 8.2 years lower than non-Māori (Statistics New Zealand, 2008), but it is thought that this gap may be reducing (Statistics New Zealand, 2008). People live considerably longer than in 1900 and in 2007 it was estimated that one fifth of the population by 2020 would be over the age of 65 years (Statistics New Zealand, 2007). The oldest old (85 years plus) are expected to increase in New Zealand to over a quarter of a million by 2051 (Khawaja, 2000).

Migration is an essential part of the human occupation of New Zealand. By virtue of
its geographical isolation, New Zealand is a nation of immigrants. Māori, the indigenous people arrived in New Zealand about 1280-1300 CE from islands of the Pacific (M. King, 2003). The major wave of immigration started in the 1840s bringing predominantly Europeans of British descent to New Zealand, many by assisted immigration (Phillips, 2008). By 1902 the population was 816,000, of which Māori, the indigenous population, were 50,000 in number. Half the population was below 23 years of age (Khawaja, 2000). World War One took at least 16,697 lives (Census and Statistics Office, 1990) out of a total population of 1,150,509 (1916). The impact of the war has been very significant for New Zealand males. One-third of deaths by age 30 of males born in the mid-1890s were war deaths (Statistics New Zealand, 2006). This loss was further compounded by the Influenza pandemic which took a further 8,573 people, that is 7.4 per 1,000 people (Rice, 2005). World War Two resulted in 11,625 war deaths (Ministry for Culture and Heritage, 2007).

Net migration through the last century was volatile with periods of significant outflow offset by significant inflows. Between 1876 and 2005, net migration contributed 790,000 people to New Zealand, of which 420,000 were males (Statistics New Zealand, 2006). The migrants came from Britain, Europe and the Netherlands in particular, and from the 1950s, the Pacific. The Immigration Act of 1987 changed the entry criteria to New Zealand from ethnicity to merit. Many Asians entered New Zealand as immigrants after 1991: from China, Hong Kong, Korea, Japan, India, Sri Lanka and Fiji, joining those of South East Asia who came in the 1970s (Phillips, 2008). Over the century there were 68 million arrivals and 67 million departures, 90 percent of the flows occurring in the period 1975-2005 (Statistics New Zealand, 2006). By 2011, New Zealand was a country of considerable cultural diversity with a population of 4.4 million, more than a third of which was in Auckland (Statistics New Zealand, 2010).

2.6 Theories of morbidity

Levels of fertility have traditionally been considered the major determinant of population size and age structure (Statistics New Zealand, 2004), but during the twentieth century there was a progressive decline in mortality throughout the world, and a rate of population ageing that is unparalleled in human history (United Nations, 2010a). There is now unequivocal evidence that a much greater number of people are living well beyond 65 years (Hubert, Bloch, Oehlert, & Fries, 2002). The population
ageing together with the almost universal decline in fertility is now considered the major demographic factor in determining population size and age structure.

There is much discussion whether increasing age is an indicator of increasing morbidity, chronic illness and disability (Melzer, McWilliams, Brayne, Johnson, & Bond, 1999). Disability, usually measured through the inability to perform one or more Activities of Daily Living (ADL) varies in severity (Jagger et al., 2007). Technological progress can assist a disabled person to maintain their independence and autonomy through much if not all the period of old age (Oliveira-Martins & De la Maisonneuve, 2006). As people age, lifestyle and environmental diseases, influenced in part by genetic history and disadvantage from conception (Gluckman, 2009) in particular heart disease, cancer and stroke affect the health and independence of many older people. In most cases, this has resulted in some degree of chronic illness or disability that is managed rather than cured.

The cause of the phenomenon of an ageing population has engendered much debate. It is considered that one of the most significant factors has been the increase in adequate and available food supplies as a consequence of the Agricultural Revolution (McKeown, 1978), together with sanitation, improved hygiene (Brownson & Bright, 2004), and clean water. In other words, social measures could appear to be more significant than medical measures in reducing mortality and morbidity. Although agreeing with the essential tenets of the McKeown proposition, others have suggested that the expansion of economic resources has also been critical in improving nutrition and health in the more developed and developing societies (Link & Phelan, 2002).

Two researchers felt that only the poliomyelitis vaccine made any significance difference to death rates from infectious disease in the twentieth century and that modern medicine had contributed little to the decrease in mortality globally (McKinlay & McKinlay, 1977). Although this may have been true in 1977, there is clear evidence that advances in population health measures, such as addressing tobacco use and obesity and promoting exercise (Bruce, Fries, & Hubert, 2008; Michaud, Goldman, Lakkadwala, Zheng, & Gailey, 2009; Ministry of Health, 2005) are assisting in promoting a healthier lifestyle. Now the triad of heart disease, cancer and stroke are the leading causes of death through much of the developed world, accounting for almost two-thirds of all deaths (Brownson & Bright, 2004). Early detection and treatment have considerably modified
the progression of these diseases in the last forty years, and for many have lengthened life (Anderson et al., 2005; Feigin et al., 2006; Sharpe, 2006), but also possibly have increased morbidity.

Three major theories of morbidity and premature death have dominated the literature over the last quarter century, as the world has faced an increasing number of people surviving to old age worldwide. The majority of premature deaths in the developed world post World War Two are due to the chronic diseases of later life (Kalache, Aboderin, Hoskins, & Fries, 2002). Much of the cost of modern health care is in the cost of emergency, secondary and tertiary care, and pharmaceuticals (Silow-Carroll & Alteras, 2004). Being proactive would appear to be the more effective way to manage the health burden. Appropriate strategies could be: preventing disease, reducing exposure or production of cheap micronutrient poor foods, teaching people to self-manage minor or self-limited problems, directing patients to the appropriate provider at the primary health level, and teaching those with chronic illness or disability to self-manage as much as possible (Fries, 1997).

The compression of morbidity hypothesis was proposed by Fries (1980). He pointed out that that 80 percent of lives lost to non-traumatic premature death had been eradicated, and that most premature deaths were now due to the chronic diseases that appear in later life. These were identified as stroke, hypertension, coronary artery disease, cancer, arthritis and increasingly adult onset diabetes mellitus associated with the obesity epidemic, and chronic obstructive pulmonary disease, mainly attributable to smoking. These conditions were considered manifestations of accelerated loss of organ reserve. They lead for the most part to increasing disability, a reduced quality of life and eventual death. If the average age onset of chronic infirmity was delayed, and this delay was greater than increases in life expectancy, then the average cumulative morbidity over a lifetime would decrease (Fries, 2005; Hubert, et al., 2002) leading to considerable economic and social savings (Fries, 1997). An improvement in modifiable health risks could result in much greater vitality among the older population (Vita, Terry, Hubert, & Fries, 1998). Taking such measures as eating a nutritious diet, increasing exercise, maintaining a healthy weight, smoking cessation and taking personal responsibility for one’s own health could delay ill health (Jagger, et al., 2007) if not mortality, and could enable older people to enjoy a relatively disability free life. A major United Kingdom
study with a ten year follow up clearly showed that by concentrating on specific conditions such as stroke, coronary heart disease, diabetes mellitus and cognitive impairment there could be considerable benefits in reducing the years of disability in old age (Jagger, et al., 2007).

Despite all the studies done to support this theory, other researchers have reflected that the compression of morbidity may not be wholly attributable to controlling lifestyle factors such as diet, lack of exercise and smoking. Medical advances of the last fifty years such as joint replacement, the use of statins, and better control of diabetes and hypertension (Swartz, 2008) have also played a significant part in reducing disability, and improving the quality of life for older people (Jacobzone, 2000). Some of the non fatal major causes of morbidity in older people are manageable if not curable, for instance the musculoskeletal disorders of arthritis and osteoporosis, and neuropsychiatric disorders such as depression. Other conditions however, such as neurodegenerative disorders resulting in memory loss and dementia are presently incurable, but it is known that higher education early in life and continued mental stimulation appear to be protective of their onset (Khaw, 1997). Sensory-neural deafness and visual loss are permanent.

Not all support the hypothesis of compressed morbidity, compelling though it be. The expansion of morbidity hypothesis was proposed by Gruenberg (1977) and developed by others (Olshansky, 2004; Olshansky, Rudberg, Cassel, & Brody, 1991; Verbrugge, 1984). This hypothesis stated that as life expectancy increased, older people became more vulnerable to chronic diseases and spent more time in ill-health. People survived to older age because medical intervention increased the life span but did not improve their health state. It was felt that lifesaving technology has exceeded our health preserving technology (Gruenberg, 1977), and it was the latter that was now of importance. Increased survival meant a greater percentage of the population was old and therefore more prone to chronic diseases. In a world at comparative peace the causes of disability were shifting from fatal to non-fatal, and chronic disease could become a risk factor for other diseases, such as metabolic syndrome and type two diabetes mellitus being risk factors for cardiovascular disease (Alberti, Zimmet, & Shaw, 2006).
The dynamic equilibrium hypothesis was proposed by Manton (1982). It postulated that the postponement of death to higher ages due to falling mortality was accompanied by a parallel postponement of morbidity and/or disability. The increased prevalence of disease due to the greater number of older people would be offset by a decrease in the severity of the diseases that caused the morbidity and/or disability (Robine & Michel, 2004). Consequently, healthy life expectancy would parallel total life expectancy and the number of years spent in bad health would remain the same. Later research by Manton (2008) using data from the National Long Term Health Care Survey suggested that the level of disability was declining in the United States. This was thought to be mainly due to biomedical research leading to clinical innovations, controlling risk factors and early disease and in dealing with the consequences of such diseases as cancer and cardiovascular disease.

Drawing data from the United States Health and Retirement Study 1994-2005, Freedman and others (2008) also found there had been a significant decline in the prevalence in disability, expressed as difficulties with activities of daily living in those aged 75 years and over. This was countered to some degree by the finding that there was as well an increasing use of assistive technology to overcome functional deficits. Early and midlife factors contributed to this finding, particularly the changes in the composition of the older population in relation to their education and that of their mothers, childhood health and lifetime occupations. The National Health Interview Survey 1997-2004 yielded data that demonstrated reductions in heart and circulatory conditions, visual impairments, related to the high level of cataract surgery, and possibly arthritis. Manton, Gu and Lamb (2006) reporting from a longitudinal health study also showed a significant rate of decline in chronic disability over a 22 year period, that is a decrease of 1.52 percent per annum, and this was further affirmed by (Martin, Freedman, Schoeni, & Andreski, 2010). However, it also showed a small increase in obesity as a cause of disability (Freedman, Schoeni, Martin, & Gornman, 2007).

A New Zealand study used repeated cross-sectional survey information on functional limitation prevalence, combined with population mortality data and census information on the use of institutional care to provide health expectancy indices for the years 1981 and 1996. Their objective was to assess the evidence for the three theories of population health change. They concluded that the dynamic equilibrium theory was the
most applicable to the New Zealand situation (Graham, Blakely, Davis, Sporle, & Pearce, 2004).

Other researchers disputed that the dynamic equilibrium theory was a true reflection of what was happening in the older age groups (Crimmins & Beltrán-Sánchez, 2010; Martin, et al., 2010). They did not believe that disability was declining. Although it was recognised that the pathology of disability was less fatal and disabling, it was more chronic but perhaps less progressive (Crimmins & Beltrán-Sánchez, 2010), meaning that a longer life resulted in living longer with disease. This belief was supported by the OECD study of Lafortune and others (2007), who reviewed trends in Activities of Daily Living disability in those aged 65 years plus, finding that in only five of the twelve countries studied was there clear evidence of a decline in disability.

Crimmins and Beltran-Sanchez (2010) proposed that using primary prevention to delay disease onset could result in longer disease free life. Delaying the onset of pathology however is a complex issue. The chronic inflammation that results in many of the diseases of older age has a strong genetic component (Franceschi & Bonafe, 2003) and our knowledge in this area is still developing. Presently there is little evidence that much has been achieved in eliminating non-infectious disease or the physiological changes associated with ageing.

![Morbidity scenarios](image.png)

**Figure 2-4:** Morbidity scenarios, adapted from (Dormont, Martins, Pelgrin, & Suhrcke, 2007; Fries, 2000)
These three theories have dominated research into ageing and morbidity in the last three decades: the expansion of morbidity of chronic diseases and disability, the Fries compression of morbidity, and the Manton hypothesis of a dynamic equilibrium between prevalence and severity. There is evidence for all three theories from three long chronological studies outside of the United States: the proportion of years lived in good health decreased in Australia, remained constant in Great Britain and increased in Austria (Robine & Michel, 2004), suggesting perhaps that much more longitudinal, comparable data is needed for further study in this area. Morbidity and disability indicators also tend to vary between countries (Robine & Michel, 2004). Regardless of the difficulties incumbent in these theories there appears to be a general consensus that there is nothing in current available world data to discount them (European Commission, 2009; Mathers & Shibuya, 2008).

The Lynch and Brown model, using United States data, suggested that the age at which mortality deceleration begins is gradually increasing, and the mortality curve is flattening, with gender differences steadily merging with age (Lynch & Brown, 2001). The phenomenon of more people surviving into old age was first described by Fries (Fries, 1980) and has become known as rectangularisation of the life curve, in other words a more rectangular shape of the survival curve as a result of increased survival and consolidation of deaths around the average age of death (Nusselder & Mackenbath, 1996).

![Projected survival curve, World – showing rectangularisation, adapted from (United Nations, 2010a)](image-url)
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There are many factors that influence ageing, and two of the more significant are health status and socioeconomic circumstances. Risk factors such as unhealthy nutrition, lack of exercise and associated diseases are more common in those who live in underprivileged areas (Oxley, 2009), often with poor quality housing, inadequate public transport and limited health and other services. A 2008 paper identified that many Māori and Pacific people living in New Zealand were disadvantaged in terms of income, health, life expectancy and housing (J. A. Davey, 2008). An illustration of how such factors translate into adverse health outcomes was the Auckland Regional Stroke Study of 2002-2003 (Feigin, et al., 2006), which concluded that there were ethnic disparities in the incidence of stroke subtypes, Māori / Pacific and Asian/other people being at higher risk. When compared to New Zealand Europeans, Māori, Pacific Islanders and Asian people were at 1.5 to 3 times greater risk of ischaemic stroke and intracerebral haemorrhage. This increased risk was considered partly attributed to a higher prevalence of obesity, diabetes and high blood pressure in these ethnic groups and socioeconomic conditions (Anderson, et al., 2005). The decrease in vascular risk by reducing cigarette smoking was offset by increasing age and body mass index, the latter associated with an increase in the incidence of Type Two Diabetes Mellitus

The study reflected what persists throughout the developed and developing world, namely considerable, lasting societal inequalities in health and racial-ethnic disparities. These continue to be a challenge to improving the health of communities (House, 2001). Much of this research confirmed the Matthew hypothesis (Merton, 1968), namely the belief that the advantaged and the privileged gather more advantage and privilege, at a rate that makes the poor become relatively poorer, resulting in what Merton called Cumulative Advantage. If economically disadvantaged people also live with a chronic health condition they become at high relative risk for morbidity and premature mortality (Flaskerud & Winslow, 1998). Dupré (2008) having examined 20 years of longitudinal data to test the Matthew hypothesis, which he called Cumulative Disadvantage, found a clear correlation between education and health outcomes, with a negative relationship with smoking, overweight or obesity, low income, unemployment status and being unmarried. Those who had poor educational attainment were also more likely to accumulate multiple health risks, and die at an earlier age. Dupré concluded that education was positively associated with age of onset and/or length of survival for hypertension, myocardial infarction, diabetes and stroke, but educational disparities in
disease prevalence declined in late adulthood. Behavioural risks such as smoking, high Body Mass Index and heavy alcohol intake mediated the effect of education. Nevertheless those who were less well educated were less likely to have the economic and social resources to identify symptoms of significant illness or to seek medical attention in a timely manner, resulting in earlier mortality or significant morbidity (Dupre, 2008).

As was found elsewhere, in New Zealand there is clear evidence that the poorer the socioeconomic status, the poorer the overall health (Ministry of Social Development, 2010). The New Zealand Primary Healthcare Strategy of 2001 (Ministry of Health, 2001) aimed to close the social gaps in health outcomes by improving access to primary care, particularly for the substantial ethnic minorities in New Zealand, Māori and Pacific Island people and those people living in NZ Deprivation index 9-10 decile areas. The Organisation for Economic Cooperation and Development 2009 review stated that the strategy had not met its objectives and there was still more to be done as had been noted in the Health Survey (Ministry of Health, 2008). The lower economic status and wealth is also associated with less secure housing, reduced access to transport and less social contact, all of which can contribute to a higher prevalence of frailty in older people in such circumstances. In these situations it can become harder for the older person to adjust to their living environment, and can reduce their potential for recovery and maintenance of health (Barrett, Twitchin, Ketchko, & Ryan, 2006).

Health expenditure is known to increase with age (St. John, 2006), but the expenditure is not spread across the continuum of old age, from 65 years to death. Time to death is the primary reason for higher inpatient expenditures regardless of the age at which people die, for it is known that older people use more healthcare in the last years of life (Yang, Norton, & Stearns, 2003). The reality is that the older one gets the greater the chances of health deterioration and dying. As Bryant and Sonerson (2006) pointed out it was not age itself that was important but the underlying health status. It was this which drove the need for more health care for older people. The other significant factor was the cost of the provision of that care, increasingly higher wages for health workers, administrative costs, new biomedical technology and treatments, and better coverage of the population. Overall they considered that ageing itself did not add significantly to public health expenditure.
Nevertheless, because people are living longer, the length of time they require treatment for an existing pathology increases, and it is believed that this accounts for the rise in Medicare spending in the United States over the last 20 years (Thorpe, Ogden, & Galactionova, 2010). Older people are also more vulnerable to developing chronic conditions (United Nations, 2010a) having less physiological reserve than those who are younger. The challenge of primary prevention is to prevent the development of pathology, to promote independence (Goldman et al., 2009; Spillman, 2004) and to reduce the cost of the treatment. Burgeoning technology has resulted in ongoing changes of practice for a given morbidity and there is evidence of health improvement among the older population (Dormont, Grignonc, & Huber, 2006). If this trend continues and retirement becomes a time of healthy, productive life then society as a whole will benefit (Olshansky, Goldman, Zheng, & Rowe, 2009), as it will increase the availability of human capital (Suhrcke, Fumagalli, & Hancock, 2010), arguably the most precious resource in any human society.

The health expenditure of those people aged under 65 years in New Zealand and in the developed world, is a quarter of that for those aged 65 years and over with the ratio rising between five to nine times for the older age groups (J. Bryant & Sonerson, 2006; Productivity Commission, 2005). If the hoped for compression of morbidity eventuates, then it does not necessarily follow that there will be an decrease in health expenditure (Rodway & Wilson, 2006). However, if there is an expansion in morbidity, health expenditure may well rise, and could be catastrophic for world economies.

Health expenditure in New Zealand accounts for a significant amount of the Gross Domestic Product, as in other developed countries, accounting for 9.1 percent in 2010 (Organisation for Economic Cooperation and Development, 2010). Expenditure on health tends to be relatively high when the economy is doing well and low when the economy is struggling (J. Bryant & Sonerson, 2006). It is anticipated that up to 63 percent of the health budget will be spent on the health of older people by 2051, up from 40 percent in 2004 (Ministry of Health, 2004). However, the same report stated that according to their model the ratio of per capita expenditure on a person over 65...

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3 A ‘chronic condition’ is interpreted as including any form of chronic illness, disease or symptom complex or disability... The Ministry of Health refer to chronic or long term conditions or long term as any ongoing, long term or recurring condition that can have a significant impact on a person's life. There are many definitions of chronic or long term conditions. Some of these relate to the time period of the condition that is of 3-12 months duration, course of the condition or the impact of the condition on patients and families. (e.g., conditions that are of ‘more than 3/6/12 months duration’ (Turner-Smith, 1999).
years to that of a younger person would decline. This could be because there is a greater possibility of counteracting health expenditure by reducing disability among the elderly (J. Bryant, Teasdale, Tobias, Cheung, & McHugh, 2004). Nevertheless, biomedical technology, societal and personal expectations and social priorities continue to influence health expenditure (Dormont, et al., 2006).

In New Zealand, not all health expenses often incurred by older people are covered by the public health system, for example dental care, and optometry needs. Some expenses are subsidised, such as general practitioner visits (Ministry of Health, 2011b), pharmaceutical costs and hearing aids. An older person may need to meet the cost of catastrophic healthcare, including ongoing term residential care4, which is stringently means tested (St. John, 2006). Private health insurance in New Zealand does not cover this eventuality. Available general health insurance is weighted heavily against the older person, and is consequently very expensive (St. John, 2006), and for most, unaffordable. The health burden as a result falls predominantly on the public health sector.

There are many services in New Zealand to assist those with chronic illness and / or disability, but they mainly come with a cost. Most community organisations such as Alzheimer's New Zealand or Diabetes New Zealand rely heavily on charitable donation, and much of their energy is spent fund raising in a not particularly monetarily affluent society. All emergency, acute medical and surgical care is provided by the public, government funded health sector (Ministry of Health, 2009a). Ongoing care in the home for older people is means tested and paid for by the public purse through government allocated District Health Board funding. There is also fully subsidised residential care for those older people who fall below the income and asset-testing threshold (Ministry of Health, 2009b). A small proportion of older people are provided with short-term care through the Accident Compensation scheme, which provides a 24-hour no-fault personal accident insurance cover, but accident rather than age related causes have to be proven (Accident Compensation Corporation, 2011). War veterans with war related disability such as deafness, artillery, shell related, or Merlin deafness5.

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4 Residential care in New Zealand refers to those facilities in the private sector who provide institutional care for those older people, aged 65 years plus who can no longer be cared for at home. Residential care includes rest homes, specialist dementia units, long-term care hospitals, or a psycho-geriatric unit.

5 Named after the Rolls Royce Merlin engines that powered the Avro Lancaster four engined bombers, Spitfire fighters and the twin engined Mosquito planes.
vision problems such as Pilot's twitch, solar skin disorders, smoking related disorders, war related stress disorders, or physical injury can apply to Veterans Affairs New Zealand for funding to assist with such health issues. Each claim is vigorously investigated before being granted. Any compensatory payment is designed to offset the impact of any disability attributable to military service and which affects a veteran's quality of life (Veterans Affairs New Zealand, 2004). There are many diseases that can cause chronic illness and/or disability, possibly one of the most significant being irreversible dementia (Curran & Wattis, 2004). The human and financial cost of dementia is yet to be calculated.

Of the various types of dementia, the most common is Alzheimer's dementia (Alzheimer's New Zealand, 2010). Most dementias are presently irreversible, and as more old-old survive it is inevitable that the incidence of dementia will increase even further (Alzheimer's New Zealand, 2010; Ritchie, Carriere, Ritchie, & Berr, 2010). Of all diseases dementia may become the dominant disease of age in the 21st century, for although there is an increasing knowledge about the pathophysiology of Alzheimer's disease and other forms of dementia, there is as yet no definitive method of preventing it, or a cure (Baltes & Smith, 2003). As a disease primarily of older people, dementia inevitably leads to a loss of such qualities as independence and autonomy (Mura, Dartigues, & Berr, 2009) intentionality, independent living (Murumatsu, Yin, & Hedeker, 2010), personal identity, social connectedness, all qualities that underlie human dignity and enable people to exercise their human rights (Baltes & Smith, 2003). Cognitive impairment, such as dementia, is also a known predictor of reduced survival (Stump, Callahan, & Hendrie, 2001).

In Europe it was estimated that the number of people with dementia would reach six million in 2010, and 14 million in 2050 (Mura, et al., 2009) about 2.6 percent of the population. Research is increasingly aimed at prevention: improving knowledge and skills throughout life, eliminating diabetes and depression and increasing the dietary intake of fruit and vegetables (Ritchie, et al., 2010). In the Alzheimer's New Zealand and Access Economics study in 2008 the national cost of dementia was given as nine billion dollars annually, taking into account the direct, indirect and intangible (carer and family)

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6 All New Zealanders who served in the armed forces in World War Two were routinely issued with cigarettes, in part to calm nerves during times of great stress. Cigarettes were also used as informal currency, particularly in the prisoner of war camps.
costs of dementia (Ministry of Health, 2009c). Many people with dementia are cared for by informal caregivers, a spouse or family member. Carer stress and the lack of informal support may lead to admission to long term residential care (Ministry of Health, 2002a), which in turn results in much of the higher government expenditure attributed to ageing.

A major contribution to successful ageing and good health is a lifestyle that includes a diet balanced in protein, carbohydrate, a moderated intake of fat and regular exercise (Burbank, Padula, & Nigg, 2000). Since the latter part of the twentieth century there has been an increasing availability of cheap, energy dense, appealing, low nutrient foods and reduced physical activity, resulting in an obesity epidemic that now afflicts all sections of society. Worldwide obesity has doubled since 1980, and now in developed and developing countries particularly, overweight and obesity and their co-morbidities are linked to more deaths worldwide than underweight (World Health Organization, 2011). There is evidence that obesity is reducing longevity in most developed countries, and this is likely to occur in developing countries if food supplies increase with improving Gross Domestic Product (GDP) (Olshansky, 2004). In New Zealand, the 2007 health survey found one in four adults to be obese, with the obesity rate being particularly high in Pacific adults with a rate of 63.7 percent and that of Māori 41.7 percent (Ministry of Health, 2008). These rates in New Zealand were closely associated with high neighbourhood deprivation (Ministry of Health, 2008).

Obesity and associated co-morbidities (Swinburn et al., 1997) such as cardiovascular disease, type 2 diabetes mellitus, hypertension, are major challenges for health services, particularly as people age. Swinburn believed that obesity alone accounted for 2.5 percent of the total health costs, and these costs will have increased exponentially as obesity becomes a considerable health problem, not only in New Zealand but also in many countries of the world. With the increase in obesity associated co-morbidities there is inevitably a cost to the individual and the health system (Anis et al., 2010; World Health Organization, 2011). However, a 13 year study in healthy overweight and normal weight seniors in the United States indicated that regular physical activity considerably reduced the development of disability, and that obesity by itself was not an independent predictor of mortality (Bruce, et al., 2008).

Ageing affects health and health care, family composition, housing and migration (United Nations, 2002). Politics also are affected as older people still vote, and they have
an increasingly loud voice. Continuing to live independently in their own homes is the preference for the majority of older people. In the Enhancing Wellbeing in an Ageing Society (EWAS) study, 97.5 percent of the people interviewed could identify what would enable them remain in their own home and age in place. The most important aspects in order of importance were their own or their spouse’s good health: having family and friends close by, living in a desirable neighbourhood, having easy access to transport and/or reasonable rent or maintenance (Koopman-Boyden & Waldegrave, 2009). In 1994, health and social policy ministers from the countries of the OECD stated that they believed that older people should be enabled to continue living in their own homes. When that was not possible they should be enabled to live in a sheltered and supportive environment, geographically and socially close to their community (Organisation for Economic Cooperation and Development, 1994). Throughout the developed world this engendered a new movement away from institutional care for frail older people and towards maintaining them in their homes for as long as possible, with appropriate support. From this developed the policy of New Zealand of Ageing in place.

2.7 Ageing-in-place

In New Zealand, two major policy statements have promoted ageing in place, namely the New Zealand Positive Ageing (Dalziel, 2001) that sought to encourage and assist older people to stay in their home and retain their independence. The Health of Older People Strategy (Ministry of Health, 2002b) aimed to integrate health and disability support services in such a way that older people could stay in their own homes, obtaining appropriate support when needed. Home could be either their home in the community or living independently within a residential village. Residential care whether rest home or private hospital was specifically excluded. As more people live into the eighth decade, ageing in place has engendered much research, using data from overseas and from New Zealand to develop a sound data base and look at strategies by which this may be enabled (Boston & Davey, 2006; Koopman-Boyden & Waldegrave, 2009; Marek et al., 2005).

A major study in New Zealand looked at overseas models as well as what was currently available in New Zealand in exploring accommodation options for older people who were living in the community (J. Davey, de Joux, Nana, & Arcus, 2004). This indicated that some older people still lived in the family home, many lived in smaller housing units,
in multi unit dwellings and those with financial means had the choice of moving into a retirement village. In such a village, a resident purchases a licence to occupy, the purchase of the unit or apartment being a capital investment. It is a form of tenancy, where the village resident pays a monthly fee to the establishment for various services. In most villages when the unit is vacated the village owner takes the capital growth. The retirement village industry on New Zealand is now monitored under the provisions of the Retirement Villages Act 2003 and the Retirement Villages Code of Practice 2008 which are administered by the Department of Building and Housing (New Zealand Parliament, 2003). Despite these statutory provisions, there are still anomalies and difficulties that arise, particularly when the older person moves to a serviced apartment or requires assisted care on site or residential care (Age Concern, 2011). A proportion of older people rent from Housing New Zealand Corporation, most from local authorities outside of Auckland, some of which have dedicated retirement housing, and charitable trusts (J. Davey, et al., 2004). There is small amount of cluster housing and sheltered housing such as the ‘Abbeyfield’ Homes. Since 1994 there has been a decline in home ownership among older Pacific and Māori people (Dudding & Hastings, 2011), and amongst the population generally, as house ownership costs have increased, but renting has more affordable as household incomes have increased at a faster rate than rents (Dudding & Hastings, 2011).

Those older people who live in their own homes still have the problems of maintaining the property, adapting the property to their changing needs and renovation, (J. Davey, 2006) but many manage this with some assistance, often from family or friends. Many of the primary carers in the home are the spouse or partner, sometimes a daughter or son, but this too has a cost as many carers will attest, in lifestyle, stress, social isolation and family difficulties (Jorgensen, et al., 2010). For war veterans, contacts through the Returned Services Association7 or service clubs may often assist with housing or managing personal business. The government initiative of the Energy Efficiency and Conservation Authority is also helping to retrofit many homes with insulation and heating (New Zealand Government, 2011), and providing a subsidy to achieve this. Healthy, warm dry housing is essential to health at any age and especially to older people who lose a degree of physiological reserve as they age (Eurowinter Group, 1997; Evans,

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7 The Royal New Zealand Returned Services’ Association (NZRSA) is a service organisation. Established in 1920, it is one of the largest voluntary welfare organisations in New Zealand, primarily caring for veterans and their dependents. It is represented at a local level by the Returned Services Association branches.
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Hyndman, Stewart-Brown, Smith, & Peterson, 2000; Frost, Auliciems, & de Freitas, 1992). Assistive technology\(^8\) such as community equipment, housing adaptations, aids, and personal alarms all assist the older person to remain independent in their own homes.

Older people are living longer, and for many, healthier lives than their forebears had. Being old, no longer means relative inactivity and just waiting for death. For those who enjoy reasonable health (Cameron & Waldegrave, 2009), it is a time of involvement in activities of interest and enjoying their leisure without the constraints of paid employment. The age of retirement does not necessarily indicate an inevitable deterioration in health or work capacity. Some people remain in full paid employment well past the age of 65 years, particularly those with higher skill levels and good health. Some work in part time, temporary or transitional jobs. A proportion of older people are in unpaid employment involved in such activities as community voluntary work (Koopman-Boyden & Waldegrave, 2009). For others, ill health, disability or the physicality of their work preclude a healthy and enjoyable retirement. In part the ability to enjoy a retirement is linked to some degree of financial security. Economic well being for the coming retirees may well be more closely related to their work histories and their skill base (Falkingham & Grundy, 2006). An increasing number of younger old age people provide vital family support, or are part of social support networks (Boston & Davey, 2006). Such activities contribute to the ongoing social integration of older people, their well being and dignity as contributing members of society and positive perceptions of health (Sanchez Palacios, Trianes Torres, & Blanca Mena, 2009). A common perception is that we live in a society that is becoming a burden in old age (Campbell, 2007), although evidence contradicts this. It appears that only a limited percentage of older people will require residential care.

In a further initiative to assist to enable frail older people to continue to stay in their own homes, restorative home care has been advocated. Older people can functionally decline after an acute illness or hospitalisation, and it was decided to change the type of home care delivery in a Connecticut study. Rather than the usual home care model in which the older person is maintained, the restorative home care model involves assisting the older person to increase their functional independence, by setting and achieving mutually

\(^8\) An assistive device is a device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and any safety with which the task can be performed.
agreed goals. A controlled clinical trial by Tinetti and others (2002) matched 691 pairs, recruited from a home care agency, all participants receiving at least seven days home care. On analysis of the data it was found that those people who had been allocated to the restorative care model had a greater likelihood of staying at home, had slightly improved self care, mobility score and ability to manage their home than those who were in the maintenance care group. A similar study in Australia produced parallel results (Lewin, Vandermeulen, & Coster, 2010). A literature review of such studies confirmed better quality of life as well as improved functional independence (Ryburn, Wells, & Foreman, 2009). Studies in New Zealand have also favourably implemented and evaluated this approach (A. I. King, Parsons, & Robinson, 2011; J. Parsons, Rouse, Robinson, Sheridan, & Connolly, 2012).

Some form of social security is an essential part of any active ageing strategy as it guarantees an adequate standard of living for those who because of age, disability or infirmity for example cannot earn their own living (International Social Security Association, 2002). Poor socioeconomic status is known to adversely affect health. There is therefore a need to ensure that older people, regardless of their financial circumstances have access to sufficient welfare state monies to provide an adequate diet, quality housing and heating (Bartley, Blane, & Montgomery, 1997). In New Zealand (the pension), is legislated to be at 27½ to 35 percent of the average adult wage (New Zealand Parliament, 2001). More women than men will receive New Zealand superannuation reflecting the greater longevity of women and among those receiving superannuation, men are more likely to be married than women are (Ministry of Social Development, 2003). The ability to save sufficient money to supplement superannuation depends very much on socioeconomic status during the working years, and the ability to work. In New Zealand, a proportion of retirees are now very reliant on national superannuation (Koopman-Boyden & Waldegrave, 2009), having no personal savings. Since 2007, financial institution collapses and failing global markets have resulted in many people, who were retired or facing retirement, losing their invested retirement monies. Despite having actively saved for their retirement, they are now facing most of the same difficulties as those dependent on government funded superannuation. Currently half a million plus receive this funding in New Zealand. About seven percent of retired people do not qualify because of residency provisions (Ministry of Social Development, 2003). Additional to this is the money required to provide health care for
the retirees, many of whom may face outliving their capital (St. John, 2006). Having sufficient money is however not necessarily protection against the social isolation or depression that can accompany old age. Good community focussed or family focussed networks are as if not more important (Ministry of Social Development, 2009).

Amongst older people, the heaviest users of health services would appear to be those with moderate to severe disability and those requiring inpatient care, pharmaceuticals (Heinrich et al., 2008) and residential care. This suggests that efforts to reduce disability rates amongst older people over time would be beneficial for the older individual and would flatten the age – cost curve (Ministry of Health, 2004) and decrease government expenditure on health (Bruce, et al., 2008; Goldman, et al., 2009; McMurdo, 2000). In turn this would result in greater intergenerational equity of health (European Commission, 2009).

Older people who are extremely frail with multiple co-morbidities or have severe cognitive impairment (J. Davey, et al., 2004) may require admission to private institutional care for safety and oversight. The largest health cost arising from age related morbidity and disability is that of such care (J. Bryant & Sonerson, 2006; Ministry of Health, 2004). Residential care for older people has varied nomenclature throughout the world, variously called a nursing home as in Australia, convalescent home or care home in the United Kingdom or rest home in New Zealand. Basically such a facility is intended to provide accommodation, shelter, support and surveillance for frail and dependent people (Hennessy, 1995). Private Hospital care provides 24 hour nursing care for those who can no longer meet their own care needs, and for those who are dying. Such an institution requires that there be a Registered Nurse in attendance 24 hours a day (Ministry of Health, 2011a). There are psycho-geriatric hospitals for those with mental illness and secure Stage Three units for those who have dementia and wander. Payment for care in these facilities is means tested by Work and Income New Zealand reducing as much as possible a charge on public funds, as is reportedly done elsewhere in many OECD countries (Hennessy, 1995). As a result long term institutional care for an older person incurs a much greater personal cost than those of acute health services. It is felt that there are better solutions for the care of a society’s frail older people than such institutions, but in New Zealand the alternatives are extremely limited.
A study that has arguably provided the most useful data base of residential care in New Zealand has been that of the Older Person’s Ability Level census (Boyd et al., 2008), which looked at the characteristics and dependency of people in aged care in Auckland over a 20 year period. In the decade 1998 to 2008 there was an increase of 41 percent in the population of the oldest old in the area surveyed and an increase of 51 percent in private hospital beds, while the proportion of rest home beds decreased. Their survey indicated that only about seven percent of the rest home population in 2008 were assessed as low dependency9. The levels of high dependency had steadily increased in the total residential aged care population during the 20 year period from 36 percent in 1988 to 56 percent in 2008. A survey by the New Zealand Aged Care Association of its membership in April 2011 showed 94 percent occupancy (exclusive of earthquake damaged Christchurch) (Le Roy, 2011). Those figures could indicate that there is still a demand for residential care for our frail elderly citizens, possibly because there are insufficiently developed or available alternatives. As was identified by an OECD commentator, (Hennessy, 1995), the continuation of the traditional nursing home or rest home appears to be more related to the unanswered problems of low income, suitable accommodation and social support, rather than disability and a need for continuing care. More stringently controlling this sector of health care provision as suggested by a 2010 report (New Zealand Labour, Green Party of Aotearoa New Zealand, & Grey Power New Zealand, 2010) would not appear to address the underlying problems or need for this type of care, when other models of care could perhaps be more actively pursued. The debate continues.

Human history has never before seen a time where fertility is reducing in all but the less developed nations and where the population is ageing to the extent that the old may overtake the young in some developed nations. With age can come chronic illness and disability, which can be a considerable strain on public expenditure. However, as commentators have pointed out, age itself is not the cause of expenditure, but rather the morbidities that may be associated with it. In much research literature, ageing is considered just in a medical context (Bowling & Dieppe, 2005), but it has many more dimensions, and these will be explored in the following sections, looking at the psychosocial theories and biologic theories of ageing.

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9 Dependency is indicated by the degree of impairment of urinary and faecal incontinence, mobility and cognitive function.
Part II: Ageing in a social context

Over the latter part of the last century, it became clear that human longevity was going to be a permanent part of the human condition. The survival of people into older ages would influence all aspects of society. With greater numbers of older people, it was also possible to research the phenomenon of ageing, and move beyond theory to formal research with potentially more statistical reliability. Before this, researchers had started to develop theories of ageing, not just the biological theories, but also those related to the personhood of age and the theory of life course.

2.8 Psychosocial theories of ageing

Psychosocial theories of ageing try to explain human development in relation to the individual ageing, cognitive ability, roles, relationships, coping ability, social changes and individual behaviour. They aim to describe what ageing means within the context of the life course (Wadensten, 2006). Three major psychosocial theories of ageing have been proposed in the last fifty years, which endeavour to explain ageing. The first formal psychosocial theory to try to explain the process of ageing was the Activity Theory proposed by Havighurst and Albrecht (R J Havighurst & Albrecht, 1953). The second was the Disengagement theory developed by Cummings and Henry between 1957 and 1961 (1961), and the third, which followed in 1968, was the Continuity Theory of normal ageing proposed by Havighurst and his associates (1968) as they felt that the previous theories were inadequate in explaining ageing.

Havighurst and his associates proposed the Activity theory that claimed a positive relationship between an older person’s level of involvement in social participation and life satisfaction (R J Havighurst & Albrecht, 1953). Apart from age related changes in biology and health, older people are essentially the same as in middle age, with the same psychological and social needs, seeking to be involved with others and to participate in group and community affairs (Knapp, 1977). The individual involvement may be curtailed by social norms such as retirement, or death of a spouse or physiological decline. As roles change with ageing the individual finds substitutes, a parent becomes a grandparent for example, the retired person becoming a mentor for a younger person. Morbidity and disability were not by themselves considered to cause poor adjustment or low role activity (Burbank, 1986).
The disengagement theory of ageing is thought to be possibly the first attempt to develop a multidisciplinary theory of normal ageing (Achenbaum & Bengtson, 1994), compared to pathological ageing. Cummings and Henry (1961) saw ageing as an inevitable process in which there was a mutual withdrawal or disengagement of the ageing person from the society to which they belonged, resulting in fewer socially mandated roles and thence decreased interaction with others in the same social system. Many of the relationships between the aged person and the other members of their society would be severed, and those that remained would be altered. They saw disengagement as being culture free, yet its form being culture bound. Death was the last logical step in the process of living (Achenbaum & Bengtson, 1994), the final and total disengagement from society and life. The process of withdrawal they considered to be associated with normal ageing (Burbank, 1986). Cumming and Henry based their theory on data drawn from the Kansas City studies of Adult Life, but others, such as Havighurst would use that same data to refute the disengagement theory.

The Continuity theory, a reaction to the apparent negativity of the disengagement theory was developed in 1968 by Havighurst and associates. Writing of the theory, Havighurst stated that in 1968, the average person at 65 would live four more years, and that the person in good health would be able to learn, to use initiative, and be effective in the everyday relations of life until the age of 85 years or more (R. J. Havighurst, 1968). In this theory personality appeared to be the pivotal factor in predicting relationships between levels of activity and life satisfaction, older people using their past experiences to adapt to the changes associated with normal ageing. By preserving roles and capacity or finding new roles, the identity of the individual was maintained. Because neither the disengagement nor the activity theories dealt directly with personality differences, neither was considered satisfactory (R. J. Havighurst, 1968).

None of the three theories have been well supported by subsequent research, possibly because of the difficulties in achieving a consensus on the concepts of life satisfaction and personality, much less, what activities are considered meaningful for the individual (Burbank, 1986). It is perhaps more appropriate for the older person to assign meaning to their ageing, and use this for the basis of further research. However, the theories do contain underlying meanings that society and the individual ascribe to ageing and in some part, to death, and have formed a foundation for later research.
Erikson (1964) believed that the course of human development was determined by the interaction of body, mind, and cultural influences and was very aware of such influences as depression and war. His theory of eight developmental stages originally encompassed from birth to 65 years plus, integrity versus despair, this eighth stage being the ego integration of the previous seven stages. If an older person could look back on the life lived, and feel a sense of satisfaction, the older person would be said to have achieved ego integrity or life satisfaction, and achieved what Erikson called wisdom. If the person did not reach this stage, he/she would experience despair and fear death, in what Erikson called disgust and contempt. Studies have substantiated the belief that successful resolution of psychosocial crisis stages is related to life satisfaction (Lowis & Raubenheimer, 1997; Woods & Witte, 1981), but Erikson later reflected that the outcome of Stage Eight was not necessarily predetermined by how life had been lived to that point (C. Brown & Lowis, 2003). Having lived into his nineties, Erikson added a ninth stage to consider the challenges of extreme later life, a stage that was further developed by his widow. In this stage, previously resolved crisis points are revisited. There is an acceptance of change, an increased understanding of the meaning of life and closeness to those people who have gone before, as well as a decrease in self-centredness and material possessions, an emphasis on the present day rather than the future, a selective withdrawal to an inner world, with more time spent on quiet reflection. Death is seen not so much as the end, but rather as a transition to something else (Ågren, 1998; C. Brown & Lowis, 2003).

Tornstam (1989) developed a psychosocial theory of ageing that he called gerotranscendence, a reformulation of the disengagement theory. He saw human development as a lifelong process that continued through old age progressing towards maturation and wisdom. It involved a shift from midlife rationalism and a materialistic worldview to a more cosmic and transcendent one (Wadensten, 2007). This process when it reached fruition led to a new and qualitatively different perspective on life and greater life satisfaction (Wadensten, 2005), looking beyond the self and into the future. In many ways, this theory reflected that of Erikson's ninth stage, but looked beyond life, rather than within life itself. Some commentators have reacted adversely to the Tornstam theory believing that it created the risk of becoming blind to the diversity of old people's interests and needs. They believed that gerotranscendence is not about what old age is, but rather of what age could become (Jonson & Magnusson, 2001).
Nevertheless, as a theory describing the life of the oldest old it has gained a certain following, not least amongst those in the oldest old group, who, in two studies were grateful to be able to freely discuss their ageing, reflecting the essence of the theory of gerotranscendence (Hyse & Tornstam, 2009; Wadensten, 2005). As they told their stories, they felt they were able to make sense of their lives. People live their stories, and by telling them, restate them, modify them and create new stories (Koch, 1998).

The psychosocial theories provide a general understanding of what happens to people as they age, beyond the medical or biological models. Ageing brings physiological, psychological, and social change. The behaviours of people change, as do their social interactions and the activities in which they engage. It is for many a time to reflect on the past as well as interact in the present. Useful those theories are, some researchers felt that there was an interdependence between each life stage, and what went before would influence in some degree what came after. From these reflections came the theory of life course that will underpin this present study.

2.9 Theory of life course

Although the psychosocial theories of ageing assisted to inform this research, it was the theory of life course that provided the theoretical foundation. The theory of life course developed from the writings of Darwin, his framework of natural selection and what Mayr (1982) called his population thinking. This thinking was based on the core ideas that competition occurs among individuals rather than species, and that variation and reproduction of forms was the predominant characteristic of life. The concept of life cycle was composed of stages (life periods of variable length that have a degree of stability and balance (Elcheroth, et al., 2003), maturation, and generation, from which came the idea of population process and intergenerational cycles, one generation transferring to the other. A concept used in many of the social and biological sciences was that of life span, that is from birth to death, but without the concept of generation or stages (O’Rand & Krecker, 1990). Life course involves timing and progression of stages through the processes of maturation. As a less static concept than life cycle or life span, it enables recognition of the variability of experiences as people mature and age (Kronenfeld, 2006), and stresses “the social forces that shape the life course and its developmental consequences” (Elder, 1994).
Elder (1997) having studied children of the Great Depression and the Second World War developed what he called ‘life course theory,’ to provide a framework to guide research in problem identification and conceptual development. Life Course has been defined as "a sequence of socially defined events and roles that the individual enacts over time" (Giele and Elder 1998, p. 22). In this paradigm, time incorporates various meanings such as biological time, age, social time, and historical time (Daaleman & Elder, 2007). Elder’s theory provides an interdisciplinary framework that considers people within the social, cultural, and historical trajectories of their lifetime, trajectories being long term patterns within a specific area such as family and social situation linked with life circumstances such as poverty or illness (Daaleman & Elder, 2007).

The life course model is centred on five core principles; the first being the recognition that human development and ageing are lifelong processes, and thus nothing in life is static. Trauma experienced at a young age can have life long consequences as evidenced in studies of holocaust and concentration camp survivors (Reulbach, Bleich, Biermann, Pfahlberg, & Sperling, 2007; Sperling, Kreil, & Biermann, 2011; Yehuda et al., 1996). Another study demonstrated age related decline of immuno-competence indicated by the morbidity and mortality effects of war trauma (Elder, et al., 1997).

The principle of historical time recognises that the individual life course is entrenched in and shaped by the historical times and events each experiences over a life time, such as the Great Depression and World War Two. Elder explained this by the examples of the children who were born during or after World War One but before 1929 and had very different life patterns from those who were born during the Great Depression. This second cohort grew to adolescence in empty households with parents either at war or working long hours in essential industries at home (Elder, 1998).

The principle of timing in lives reflected that the developmental impact of a life transition or event depended on when it occurred in a person’s life. Losing one’s home and/ or a parent has a different impact on a child than on a mature adult. A young man going to war with no family or work responsibilities will have different stressors to an older man with family and an established work career. Timing in lives is now very different from that of previous generations, much social change becoming what Neugarten (1979) called age irrelevant.
The observation that lives are lived interdependently lead to the principle of linked lives, which acknowledged that social and historical influences are lived out in the personal networks of individuals, and their shared relationships, individual lives being closely entwined with the lives of others (Settersen & Hagestad, 1996). Throughout life, an individual’s social world is lived out in interactions with people, family, friends, work colleagues and others. The success or difficulties of one person affects in varying degrees those with whom the person is associated, and in families this can result in intergenerational transmission of problems (Elder, 1994).

The final principle was the principle of human agency that stated that people construct their own life course through the choices and actions they take within the opportunities and constraints of history, social circumstance and culture. Social change affects the lives of people, and human agency brings social change. Reflecting on this principle of human agency Hitlin and Elder (2007), saw their model as representing individual capacity, intellectual investment and planning, success and optimism, yet being constrained by socially structures. This is of particular significance to this study as it is expected to include not only what the study veterans lived through and survived, but also the choices they made subsequently in their peacetime lives. In times of great difficulty some people manage to successfully adapt to their circumstances, whereas others are overwhelmed and become victims. It can be argued that nowhere was this more apparent than in those who managed to survive the destruction of World War Two and build new lives.

The military is a significant social institution in supporting young people during the transition to adulthood (Settersen & Ray, 2010). In war, the military plays a major if not dominant role in society at large. Being part of the military in the World War Two offered an opportunity for people to change their lives, and has been shown to benefit those from disadvantaged backgrounds, as was illustrated in a study of 1,000 case matched delinquent and non-delinquent boys of the Great Depression who served in the US military during World War Two (Sampson & Laub, 1996). The military environment was seen to provide firm discipline, strong leadership, role models, and demanding teamwork and social responsibility. Going overseas and thus disengaging the boys from their past was seen of particular importance. The military also provided those with poor educational achievement with on-the-job training and the chance of further education.
Others disputed their findings, finding no evidence of lower mortality in later life, or amelioration of early life disadvantage (London & Wilmoth, 2006), but whether these were the appropriate measures to assess the complexity of the military experience could be questioned.

The principles of life course have been developed and refined over time, and now form the basis of much research in the social sciences, looking at criminality and delinquency (Sampson & Laub, 1994, 1997), the impact of military service on the life course (Schnurr, Lunney, Sengupta, & Spiro, 2005; Schnurr & Spiro, 1999; Settersen, 2006a), the linkage between socioeconomic status and health (Alwin & Wray, 2005; Chittleborough, Baum, Taylor, & Hiller, 2006) and the ageing population (Hungerford, 2007; Schnurr, et al., 2005; Settersen, 2005; Whalley, Dick, & McNeill, 2006). It is increasingly appreciated that looking at people within the context of their lived lives, produces data that differs from that of longitudinal or cross sectional studies, and has a unique value.

### 2.10 Summary

This section looked in particular at the theories of ageing, with emphasis on the psychosocial theories of ageing, rather than the biological theories. The theories of ageing are of interest as it is expected that the interviewees of this study will be men and women in the oldest old age bracket, and their children will be those approaching the age of retirement. These theories, together with those of life course, provide a background against which it will be possible to examine in part the life course of the combat veterans, their spouses, and their children. The historical times through which they lived are significant in recent human history, and these theories will assist in assessing in some part how it affected their lives, those with whom they shared their lives, vicariously or directly and how each in turn shaped his/ her life. It is anticipated that for many of the interviewees the most significant part of their lives may be the time of the Great Depression and World War Two.
Part III: The human impact of World War Two

Those people who are now in the fourth age of life, which is over 85 years of age, have lived through what is considered the greatest global conflict of all time. No war in the history of humankind has had greater military and civilian impact than World War Two. Possibly no war has been more intensively investigated, looking not only at the justification for the war, but also the way it was conducted (Calvocoressi, et al., 1999). This section will review the impact of war on the combatants and the victims of war, predominantly civilians.

2.11 The human cost of World War Two

The numbers of those killed in or as a result of World War Two will never be known, as tens of millions were killed, unrecorded, and unremembered, particularly civilians. Whole families and generations of families were destroyed. Millions of soldiers were killed in action with no record of who they were or where they fell (Gilbert, 2009). Of all the countries involved in the conflict Stalin's Soviet Union was the worst affected, with an estimated ten million military dead of whom 3.3 million were prisoners of war, the price of the Eastern Front that eroded Hitler's forces. An estimated seven million citizens were killed and 28 million were made homeless (Calvocoressi, et al., 1999). Germany calculated that 3.25 million soldiers died and 3.6 million civilians, including crimes against humanity. Six million Polish citizens were killed while Poland was under Nazi occupation, half being Polish Jews. Yugoslavia, which was over run by the Nazi forces sustained 1.2 million deaths as well as 305 thousand military personnel. In China, in the war with Japan who invaded China in 1937, two years before World War Two was declared, an estimated six million Chinese died (Gilbert, 2009). Japan calculated that the war cost them two million civilians, of which 138,890 were attributable to the Hiroshima bomb, and one million military. Looking only at those groups which lost a million civilians and military or more, the total was 46 million (Gilbert, 2009). The British and Commonwealth death toll was 484,472, plus thousands who served and died in the Merchant Navy. The fatalities of the United States were 405,399 military personnel. Every country involved in the war lost military personnel, and in those countries that were occupied, the civilian populations suffered severely. The Netherlands, Czechoslovakia, Hungary, and Romania each sustained about at least 200 thousand civilian deaths each. The death toll in France was about 170,000 military,
150,000 civilians and an estimated 240,000 prisoners and deportees, of which a significant number were Jews (Ross, Grant, Sheehan, & Woolf, 2005). How many civilians died in China, the Dutch East Indies, The Pacific Islands, the Philippines, Burma, Singapore, Malaya, Korea, as a result of the Japanese invasion will probably never be known. In 1943, approximately 2.5 million Indian people died in Bengal as the result of a famine, in part war related. During the course of the war 24,000 Indian military personnel died (Ross, et al., 2005).

A total of 104,988 men and women served in the New Zealand Expeditionary Force, and of these 6839 died in service to their country (New Zealand Army, 2008), with a further 15,324 being wounded, and 7,863 being taken prisoner or interned, mainly from the defeats in North Africa or Crete. The injury rate was 22 percent (New Zealand Army, 2008), which although high was only 40 percent of World War One. The fatality rate at 6.5 percent was far less than that of the Royal New Zealand Air Force. Sailors in the New Zealand Division of the Royal Navy, which after October 1st 1941 became the Royal New Zealand Navy (RNZN), saw action in many theatres of war such as in the Atlantic, Mediterranean, the Pacific and Indian Oceans. They were also involved in such events as the battle of Dieppe and the Normandy landings. Approximately 6,000 served, of which 573 were killed, 170 wounded and 57 taken prisoners or interned. The Merchant Navy, with mainly civilian crews transported troops, military equipment, cargoes of food, fuel and raw materials across the world. It is thought about 3,000 New Zealand personnel served, 110 losing their lives and 123 taken prisoner or interned. Although not officially a military service, they were known as the Fourth Service because their work was critical to the war effort (Pugsley, Barber, Mikaere, Prickett, & Young, 2008).

In the Royal New Zealand Air Force approximately 42,000 people served, the majority as ground crew, with 4,700 women serving in the Women’s Auxiliary Air Force (WAAF), which was established during 1941 (Royal New Zealand Air Force, n.d.). About 9000, of whom most were signed up for the duration of hostilities only, served as aircrew from 3 September 1939 to 15 August 1945. During that time 4,149 RNZAF personnel (Pugsley, et al., 2008), including 150 from the Fleet Air Arm (Martyn, 1999), died through combat or accident, accounting for nearly 35.6 percent of New Zealand’s total war dead, the majority being aircrew who died whilst in Bomber Command squadrons of the Royal Air
Force (Martyn, 1999). Of those who survived, 255 were wounded and 575 taken prisoner (Pugsley, et al., 2008). Twenty four RNZAF squadrons saw service in the Pacific, initially under Royal New Zealand Air Force Command, some as Transport squadrons, taking essential planes and supplies to the war front, others as fighter and bomber squadrons. Much of the time they served as combat squadrons, under the umbrella of the United States Air Force, supporting US bombers in removing the Japanese Forces from the Solomon Islands (Royal New Zealand Air Force, n.d.). In the last year of the war RNZAF squadrons, now operating under the control of the United States Navy flew fighters and bombers to clear the last of the Japanese forces from South West Asia (Royal New Zealand Air Force, n.d.).

In the course of World War Two, a total of 157,000 New Zealanders were mobilised for the war effort, of which 135,000 men and women served overseas, although women did not fight at the front. Thousands served on home soil. The peak number in the Home Guard, established in August 1940 was 124,000 men who were employed in essential services in New Zealand or were medically unfit for the armed services overseas. The number of those who served in New Zealand in the Emergency Precaution scheme was 150,000 when the service was the most active. A total of 147,300 men, 41 percent of the 355,000 men of military age (18-45), and 9,700 women served in the armed forces in either New Zealand or overseas (Pugsley, et al., 2008) a very large commitment for a small country considering the population in 1939 was only 1.632 million.

New Zealand felt relatively safe at home on the outbreak of war but this feeling of security did not last long. The laying of mines across the entrance to the Hauraki Gulf by the German Armed merchant navy raider ‘Orion’ and the subsequent sinking of the SS Niagara off the Whangarei Heads energised the population. The Orion and other German raiders then torpedoed several more ships. In one case civilian passenger were captured, bringing the European war uncomfortably close to New Zealand’s shores (Waters, 1948). In December 1941, the bombing of Pearl Harbour in Honolulu, and Singapore, and later Darwin in Australia, brought the reality of the war home to the people of New Zealand. Although the country was never physically attacked, and the civilian population was safe, it did not feel like that at the time.
World War One was an appalling experience for everyone at or near the front line (Boyack & Tolerton, 1990) and for those who waited for news from the front. However, it did not dent the strong feeling that New Zealanders still felt for Britain and its Empire. Many New Zealand Europeans had parents or grandparents born in the ‘Old Country’ and the ties were strong. Much of New Zealand’s economy depended on trade with Britain, as did its defence, and very largely its culture (M. King, 2003). New Zealand was inextricably bound to Britain and the Empire and as Michael Savage said, ‘Where Britain goes, we go’ (5th September 1939). This was War, again. It was the great ‘Boy’s Own’ adventure for those who had grown up during the Depression and read the glorified stirring tales of bravery from the previous World War. Those who had served in World War One, such as Howard Kippenberger and who were called up again were much more realistic, being only too aware of the human cost in the pursuit of victory. For those born after World War One, this new war represented the chance to travel, to escape from parental authority, to learn and do new things, and show their loyalty to King and Country at the same time.

2.12 Events that shaped the men who joined the air force in World War Two

Most of the men who voluntarily enlisted at the outbreak of war in September 1939 were aged 20 and 23, and therefore had been born during or after World War One. The 1920s in New Zealand when they were growing up was a time of relative prosperity (Sinclair, 1993) but of slow economic growth and a degree of unemployment (McClure, 1998). In most families, the father was the breadwinner and the head of the household, the mother was the nurturer, housekeeper, and family manager. For deserted and single women with children there was no family allowance or state support of any kind (McClure, 1998). Discipline was firm, and for most, what the parents said, was what the children did. In 1936, only 3.7 percent of married women worked outside the home (Coney, 1993). Prior to the Depression, a man’s income was sufficient to pay the mortgage or rent and feed the family. This was to change however as the effects of the Great Depression started to be felt in New Zealand as elsewhere in the world.

In 1929, the collapse of the United States economy and gold standard failure led to

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10 Enlistment is a term that refers to those who voluntarily enlisted to become a member of the fighting forces of the army, navy or air force, or serving forces such as the Royal New Zealand Army Nursing Service (RNZAS), Women’s Auxiliary Army Corps (WAAC), Women’s Auxiliary Air Force (WAAF) and Women’s Royal Naval Service (WRNS).
collapse of economies throughout the world. New Zealand, heavily dependent on the British market, was badly affected by the collapse of the commodity market in London. Farmers in New Zealand who supplied most of the primary produce for that market were severely affected as they tried to repay debt with no income. Industries such as meat processing plants, woollen mills, and dairy factories, dependent on primary produce were all adversely affected. Export prices fell by 40 percent, the government coffers shrank to half their normal revenue, and so the government cut costs. Public works expenditure was slashed, the modest family allowance was abolished, and old age and war pensions cut. Wage rates were lowered and the minimum wage rate disappeared. Tens of thousands became unemployed (M. King, 2003). Businesses collapsed, banks foreclosed on unpaid debt and a significant number of families lost their homes, and became dependent on the charity of others who were not affected. Large numbers of men joined labour queues to obtain work of whatever kind, many in the North Island being transported by train to the Central Plateau to live in labour camps, to prepare the land and plant the great pine forests such as the Kaingaroa. They lived in flimsy tents throughout the year, coping with the inclemency of a harsh climate, earning little, but enough to assist their families to keep body and soul together. Others were employed to work, for minimal wages, on public works ‘relief’ projects, that were later to benefit the community, such as the building of the waterfront drive in Auckland (Bush, 1971). For those more used to office work, or non-manual skilled work it was a humiliating, degrading and physically hard time, going off to work not with a Gladstone bag but with a shovel.

Women had to queue for staple items such as flour and sugar, maintain a vegetable garden, care for the children and subsist as best they could. Many women took on additional work at home such as dressmaking or laundry for the better off. Some made clothes out of cloth flour and sugar bags to help economise. Children had to help at home, the older ones caring for the younger, many children leaving school at 14, the legal school leaving age. Marital relationships were strained as husbands and wives struggled to survive and maintain their families, often physically separated from one another by considerable distance. Telephones were a luxury. Telegrams were the quickest method of transmitting essential information but were expensive, so letters by post were the primary methods of communication between husband and wife. The literate wrote and read letters for those who had limited schooling. The poverty did not start to lift until
the advent of Michael Savage in 1935 and the Labour Party who started a programme of recovery, public works, new housing, and in September 1938, the Social Security Act. The government declared that this new act would ensure social security from the cradle to the grave (M. King, 2003). It has been said that for many the suffering of the Depression was greater than the suffering of the war (N. M. Taylor, 1986), and it left a legacy that was to endure. It was from this background that men and women joined up for war from 1939.

2.13 The effect of the war experience on veterans

The experience of World War One was known to those who had endured it and survived, but they seldom spoke of it. As a result, few, apart from the veterans ever knew of the reality of that time in the interbellum period if ever. One New Zealand veteran speaking of Gallipoli sixty years after the event spoke only of the stench and the flies (R. Martin, personal communication, August 23, 2003) and the glutinous mud of the trenches. Just over 20 years after the 1919 Treaty of Versailles, Germany again took the world to war. Many of those in New Zealand who were conscripted or volunteered for the Second World War were the children or nephews of World War One veterans, and even some veterans of the earlier war were called up again. Those found fit to serve, were offered the choice of the army, air force or navy. Two thirds served in the army. Wherever they served overseas, they were exposed to danger, some far more than others were, depending on where they were posted and what they did. Most military personnel were young and considered physically strong enough to serve in the forces. A proportion of military personnel were married with children, but the majority had no such commitments.

Some men were to set sail for Europe and the Middle East within weeks of war being declared, others being called up and posted overseas at various times during the six years of war. A considerable number did not return to New Zealand until a year after the cessation of hostilities. The youngest age for military service was 18 years. A few were considerably younger, altering their birth date so that they would seem to qualify. These were usually returned home if their youth became known. The induction into the army, navy, and air force was conducted at allocated bases throughout New Zealand. Square

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11 Conscription refers to those men who from 1941 in New Zealand were compulsorily conscripted to the fighting forces, although, like those who enlisted not all served overseas.
bashing (drill on a barracks square), running and route marching soon sorted out the fit from the unfit. Army, navy, and air force ground crew completed most of their training in New Zealand before being posted overseas.

Approximately 7,000 of those who were to serve as Royal New Zealand Air Force aircrew were sent to Canada to train in the Empire Air Training Scheme (McGibbon, 2003), later called the British Commonwealth Air Training Scheme. This scheme trained aircrew from throughout the British Empire and supplied Britain with skilled aircrew during the war. After the fall of Singapore and the collapse of British authority in the Far East (Horner, 2005), New Zealand sent military to serve alongside other Empire forces and United States military in the South East Asian and Pacific theatre of war against the Japanese. Most of the New Zealand Forces continued to be deployed in Europe and the Middle East, whereas many Australian troops were withdrawn from Europe to fight in the Pacific Theatre (McGibbon, 2003).

Within weeks of deployment, the reality of war became all too obvious. With Italy and Germany in the ascendancy, within a very short time the war dead and the wounded were being posted in New Zealand newspapers. The front line troops quickly knew what war was about: periods of intense activity while under attack, coping with fear, physical and emotional exhaustion (Lindorff, 2002), finding the strength to keep going, coping with trauma and death, interspersed with long periods of waiting and watching. Those who flew above the land did not see the blood but they did see the devastation of bombed cities. Many of those who travelled on or below the seas were in constant danger of being torpedoed, shot at or drowned. Not all service people overseas were in combat. Many kept the essential machinery of war going behind the front, working in the stores, kitchens, laundries, machinery workshops, ground crew, hospitals or wherever their skills were best used. However, they too could be bombed or suffer disease. War was not fun, so leave was important.

Leave depended entirely on where the men and women were based, and where they were fighting. Maadi Camp in South Cairo in Egypt was the base for the North African, Greece, and the Crete and Italian campaigns. Although Britain was frequently bombed, it was still relatively safe. Wherever service people were based, there were impromptu sports, alcohol, and socialisation with the local community and a variety of exploits.
There were short-lived romances and romances that were to last a lifetime. Between 1942 and 1948, about 3700 women (and 1000 children) from 37 different countries, came to New Zealand to join their servicemen husbands or fiancés (Auckland War Memorial Museum, 2011). Many women, who served in the various services overseas, married servicemen they met while they were away (Rogers, 2003).

Over nine thousand New Zealanders were captured, mostly from the North African, Crete, Greek and Italian campaigns and spent up to five years of their lives as internees of enemy prison camps (W. W. Mason, 1954). It is estimated that of a total of 112 New Zealanders interned by the Japanese Imperial Army, 31 died in captivity (Sherwin & Sugino, 2009), 28 percent. In Europe it is thought that there was about a four percent mortality rate in the prisoner of war camps for allied servicemen. Conditions within the camps varied greatly, dependent on the country, where the camps were situated, the period of the war, and the person in charge of each camp. Those who worked in the Silesian coal mines in Poland and Czechoslovakia, or on any of the Far East Japanese projects such as the Burma railway had their health seriously compromised (Dikel, Engdahl, & Eberly, 2005; Engdahl, Dikel, Eberly, & Blank, 1997; Goldstein, et al., 1987; Summers, 2005). Servicemen in the German POW camps were released in January and February 1945, during one of the coldest winters recorded in the 20th century with temperatures well below freezing. It was a march for some of up to 1,000 miles until they reached freedom, and at least 200 died on the march.

The physical environment and the supply of food and water all affected the well being of the men. For many prisoners of war, particularly in the Far East, obtaining food was the dominating influence in their lives (C. Thompson, 1996). Once a prisoner of war, some men had endure such treatment as beatings and torture by the Gestapo, or in Japanese camps by the Kempetai (the Japanese Military police), or the prison guards (W. W. Mason, 1954). Those in German camps usually received mail and eventually Red Cross parcels. In the European prisoner of war camps, the men were overworked, had inadequate food because of Allied blockades of Germany (Tharakan, 2010), and were frequently ill as a result. In the Far East the prisoners of war were isolated from the rest of the world, in a hostile environment with little chance of escape. News from home was non-existent. As Robson and others (2009) described, the prisoners were treated as slaves, and watched their friends and comrades die in their hundreds and thousands. Just
about all allied prisoners of war were suffering from malnutrition, avitaminosis and anaemia when they were liberated. It is commonly said that the dislike of the enemy was racist. It could be that when faced with the enemy, people judge those hostile to them as different to themselves, unreliable, incommunicative and incapable of negotiation (Vetter, 2007).

War poses the greatest threat to the physical and mental health of individuals and societies (Davies, 2001), and as war is associated with famine, widespread disease and death, this could be a justifiable pronouncement. Of the service people who survived World War Two, some had experienced injury that would leave them physically disabled for the rest of their lives, or years later would lead to disability such as deafness, and illness such as melanoma (Page, Whiteman, & Murphy, 2000). Gunfire, shrapnel, the physical difficulties of the terrain in which they fought, and the living conditions left many injured or with lingering illness such as malaria and hepatitis. Possibly even more disabling was the psychological trauma of war.

People dealt with war trauma differently. Some had the ability to dissociate during or shortly after the event and appeared less at risk of developing battle fatigue, later to be called Post Traumatic Stress Disorder (Ehlers, 2006). Others experienced then or years later the effects of what came to be known as combat disorders: Post Traumatic Stress Disorder, Late Onset Stress Symptomatology (LOSS), or survivor stress. During World War One, soldiers coming out of the trenches were presenting with abnormal behaviours of stuttering, crying, trembling, stating that they could not see, and could be immobilised with terror (Pols, 2006). It was initially called war neurosis and thought to be an enfeeblement of character. Later association with these behaviours occurring after heavy shelling altered the name to shell shock. The imperatives of war largely negated psychiatric intervention (Rae, 2007) during hostilities, but as the men returned home after peace was declared, the psychological cost became apparent. War related psychological trauma was recognised in the 1st Diagnostic and Statistical Manual of Mental Disorders (DSM-1) of 1952, as Gross Stress reaction. It was expected that any such reaction would disappear once the stressors were removed. If there were any lingering behaviours it was thought to be due to an underlying mental condition.

Over time, and particularly after the Vietnam War, there came a greater appreciation of
the psychological processes involved in trauma (E. Jones et al., 2003). The DSM-III, published in 1980, constructed what came to be known as Post Traumatic Stress Disorder (PTSD) a clinical entity separate from mood disturbance such as depression (Naifeh, Richardson, Del Ben, & Elhai, 2010). The specific diagnostic criteria for PTSD were further refined in the DSM IV. These criteria were identified as the development of characteristic anxiety, dissociation and other symptoms occurring within a month after exposure to the extreme traumatic disorder, intrusive re-experiencing such as flashbacks, avoidance of reminders/ emotional numbing, and hyperarousal symptoms (American Psychiatric Association, 2000). The symptoms could lead to such difficulties as disturbed sleep (Briere, 2004), irritability and concentration problems. However, several commentators recognise that culture has an impact on the expression of distressing memories, veterans from World War Two being far less likely to voluntarily acknowledge the existence of continuing symptoms than those from Vietnam or subsequent conflicts (Lindorff, 2002; A. D. McLeod, 1994; Mohamed, Neale, & Rosenbeck, 2009).

It is now evident that there can be delayed onset PTSD, for which diagnosis clinically significant distress or functional impairment must be present. The reason for the delay is not clear and various theories have been proposed: the failure of repression, Erikson's developmental theory of integrity versus despair and neurobiological explanations (S. Hiskey, M. Luckie, S. Davies, & C. R. Brewin, 2008; Olszewski & Varrasse, 2005). It has been suggested that age-related decreases in working memory, as well as explicit memory and prospective memory, increase the likelihood of intrusive memories and subsequent psychological distress (Floyd, Rice, & Black, 2002). Post Traumatic Stress Disorder in an older person can be so severe that it can be misdiagnosed as a dementing process (Davison et al., 2006).

Prisoners of war have been found in many studies to be at considerable risk of developing PTSD (E. Jones & Wessely, 2010; Page, 1992). A study of 36 United States POW survivors and 29 combat veterans from the Pacific Theatre of World War Two compared the two groups 40 years after the event. All the veterans had been exposed to catastrophic war trauma. Many of both groups presented with anxiety and depressive disorders, but 79 percent of the POW survivors met the criteria for PTSD compared to 18 percent of the combat veterans. The Far East POW survivors spoke of the death
marches, capricious executions, psychological intimidation, severe beatings, incessant death threats, semi starvation, deliberate physical torture, which was designed to humiliate and degrade, overcrowding and unsanitary conditions which lead to other physical diseases. The study authors identified the persistent nature of symptoms, which they considered the sequelae of extraordinary stress, and the important relationship between the severity of the psychiatric distress and the nature of the stressors (Sutker, Allain, & Winstead, 1993). The majority of prisoners of war in South East Asia and the Far East were British, and an English study of 2,000 survivors revealed a third had clinical PTSD, presenting decades later, nutritional deficiency syndromes, with about five percent coping with resultant chronic neuropathy, persisting gastrointestinal disorders, parasitic infestation and other infectious diseases (Robson, et al., 2009). The survival of any prisoner of war was a testament to the resilience of the human spirit, but they each paid a heavy price for their survival.

In New Zealand, a study of 45 veterans with chronic PTSD also revealed the possibility of symptomatic reactivation of war trauma in old age, and the indelibility of the memory of fear (A. D. McLeod, 1994). Ill health, retirement, loneliness, anniversaries, service reunions and alcohol were all capable of reactivating disturbing memories, yet at the same time, occasions such as reunions and commemorations were also comforting as others there understood. Some researchers believe that the challenges of normal ageing, retirement, death of spouse and close friends, diminishing physiological reserve and limited social support predispose combat veteran survivors for what has been conceptualised as Late Onset Stress Symptomatology (LOSS). It is a condition among veterans, exposed to combat trauma when young, who functioned successfully during in the middle years, but with the challenges of ageing, have experienced an increase in combat related memories and stress (Davison, et al., 2006; N. Hunt & Robbins, 2001a; A. D. McLeod, 1994). Whatever the explanation, the scars of war run deep in the human psyche. Distress and suffering are part of the human condition, and every society deals with them in different ways, as do different generations.

2.14 Post demobilisation and return to peacetime New Zealand

Many veterans stated that coming home was the hardest part of the war experience (Allport, 2009). New Zealand military personnel people who had served in the Middle
East and the European Theatre of war took months to come home, mostly by sea. This gave an opportunity to debrief with other service people and to look forward to the future. Those from the Pacific and South East Asia mostly returned by sea, and the hospital ship MS Oranje and others brought home the wounded. When service people returned to New Zealand, those who came in the main contingents were given rousing welcomes, with newspaper photographs of happy veterans’ reunited families. They were also enjoined with medical advice to be stoical (MacLeod, 1994), possibly due to the fact that traumatic memory was still not well understood by the medical profession at that time. Unfortunately it was not quite as easy for the veterans to put the war experience behind them, as they and others who had stayed at home anticipated.

Some men married during the war before they were posted away or while on service overseas. The great majority married on their return to New Zealand, leading to what became known as the Baby boom, with the birth of the post war generation. What was not appreciated for many years was the stress of what combat veterans had seen and done during the war could affect not only their own lives and also those of their marriage partner and children. How much was the underlying personality of the veterans, and how much could be attributed to war trauma could be argued. This stress could manifest in many ways. Sometimes the veteran could express anger and intolerance, have nightmares, or become socially isolated, lonely, and lack the ability or desire to express what was wrong. Some veterans took refuge in alcohol as a mechanism to allay their response to the stress of war and returning to civilian life. Some had difficulty in communicating with wives and family, became overly anxious or depressed over what others might perceive as of little consequence, and become verbally and physically aggressive leading to troubled marital relationships (Dekel & Solomon, 2006; Nelson Goff et al., 2006), and sometimes separation and divorce. It also led to what became known as secondary traumatic stress disorder or compassion fatigue of the wife constantly having to cope with the sometimes mercurial and difficult behaviour of her spouse (Benor, 2006; Figley, 1995). However, the mother could use her role to buffer the consequence of the husband’s distress and thus protect her children despite her own stress (Dekel, et al., 2005). Despite their own personal suffering, it is also known that such men could be caring parents, always being available for their children (Lev-Wiesel, 2007).
Parental stress could lead to some traumatisation of the children. This could manifest as physical or psychological maltreatment, or feeling totally isolated from that parent. Learning not to antagonise or irritate the father could be protective mechanisms. Other potential manifestation of the intergenerational transmission of trauma could be children presenting with behaviour problems, poorer school performance and less social competence (Dekel & Goldblatt, 2008). The effect on the children could also be dependent on the personal characteristics of the child: their intelligence, sense of humour (Dedert, Calhoun, Watkins, Sherwood, & Beckham, 2010), and natural ebullience or shyness.

Over time, work, family commitments, building a home and security took up much of the service people’s energy. As the veterans approached middle age and retirement, some started to present with physical and psychological problems, which were in part war related. It is suggested that there is an association between PTSD and metabolic disease (Veterans Affairs New Zealand, 2004), but there is no clear evidence that links it with cardiovascular disease. However, there is a well-proven association between cardiovascular disease and smoking, to the extent that is considered a war related disability (Lindorff, 2002; MacLeod, 1994). The psychological effects of war were often accepted as just being part of the legacy of such trauma. Families knew that the husband and father had been to war, but often had little knowledge beyond that. There was little understanding of the effects of war and limited psychological assistance available to assist war veterans and their families, even if it was wanted (National Public Health Partnership, 2001).

2.15 Research underpinning this study

Both World Wars of the 20th century were of such magnitude that they engendered a considerable amount of research, which continues with the survivors, as with this study. Since the latter half the 20th century there has been a large body of research about Post Traumatic Stress Disorder, looking at war combatants (La Verda, Vessey, & Waters, 2006; Levy & Sidel, 2009; Monson, Schnurr, Resick, Friedman, & Young-Xu, 2006; Murray, 2009; Pizarro, et al., 2006; Pols, 2006; Rae, 2007; Rivers, 1918; Roelfs, Shor, Davidson, & Schwartz, 2010; Settersen, 2006b; Shephard, 2001; Spiro, Schnurr, & Aldwin, 1994), prisoners of war (Beal, 1995; Dikel, et al., 2005; Engdahl, et al., 1997; E. Jones & Wessely, 2010; Lindman Port, Engdahl, & Frazier, 2001; O'Donnell, Cook, Thompson,
Riley, & Neria, 2006; Sutker, Allain, & Winstead, 1993; Tharakan, 2010), and civilians (Bernsten & Rubin, 2006; Forstmeier, Kuwert, Spitzer, Freyberger, & Maercker, 2009; Glaesmer, Gunzelmann, Braehler, Forstmeier, & Maercker, 2010; Kuwert et al., 2010). Research included those who were destroyed because of their race, namely the Jewish and Roma people of Europe (Gilbert, 2009) and those who survived the Holocaust (A. B. Grossman, Levinac, Katzenb, & Lechnerc, 2004; Sperling, et al., 2011; Yehuda, et al., 1996). People who were deprived of their rights because of their ethnicity or nationality have also been researched. Such people, interned for the duration of the war, included foreign nationals particularly German or Austrian in the British Empire and the United States of America, plus Japanese living in the western United States of America, (Nagata & Tsuru, 2007). As a result of this research there is now greater understanding of how severe physical and psychological trauma can damage the human psyche, how people cope with trauma, and how that stress may or may not re-emerge in later life (Andrews, et al., 2007; Davison, et al., 2006; L. A. King, King, Vickers, Davison, & Spiro, 2007).

The negativity of stress can be counterbalanced by resilience, which is often considered one of the essential features of physical and psychological survival after trauma. Some people during times of great stress are more resilient than others and this topic too has been explored (E. Jones & Wessely, 2010; Masten, 1994; Masten et al., 1999; Myatt & Johnson, 2009; Pietrzak et al., 2010; Shephard, 2001; Solomon, Zur-Noah, Horesh, Zerach, & Keinan, 2008; Ungar, 2008).

As a result of greater understanding of post traumatic stress, researchers have studied the effects of war stress on partners and children, and then the possibility of transmission of that stress through the generations (Benor, 2006; Bonwick, 2002; Dekel & Goldblatt, 2008; Dekel, et al., 2005; Dekel & Solomon, 2006; Dirkzwager, Bramsen, Ader, & van der Ploeg, 2005; Fals-Stewart & Kelley, 2005; Manguno-Mire et al., 2007; O’Donnell, et al., 2006; Ruscio, Weathers, King, & King, 2002; Solomon, et al., 2008; Thabet, Abu Tawahina, El Sarraj, & Vostanis, 2008). This knowledge has gradually been used to inform military organisations in the care of the partners and children of service people deployed to overseas theatres of war. Although not of significant use to World War Two veterans it has increased understanding of how families can vicariously suffer from war trauma.
A considerable difficulty faced by any service person is the transition from military life and the exigencies of combat compared to civilian life. This is now receiving more attention, particularly with returning United States veterans from Afghanistan and Iraq facing demobilisation into the civilian work force in times of economic depression (Allport, 2009; Semuels, 2011; Sherwin & Sugino, 2009). In the military, each person by rank and trade has a specific identity. When leaving the military a new identity has to be reforged, and this subject too has received increasing attention (Arnett, 2000; Coleman & Podolski, 2007; Masten, 1994; McLean & Pratt, 2006; Miller, 2010).

The underlying theory of this research is that of life course, and the four stages of Elder’s foundation theory that has since been developed by others. This theory has particular resonance in this study as it examines the (dis)continuity of military service in the life course (Davison, et al., 2006; Elcheroth, et al., 2003; Elder, 1999b; Gaylor, 2002; Gramling & Carr, 2004; Hungerford, 2007; London & Wilmoth, 2006; Settersen, 2006a, 2006b; Wilmoth, London, & Parker, 2010). Research has also identified the individual benefits in the war experience in the life course (Elder, Shanahan, & Clipp, 1994; Jennings, Aldwin, Spiro, & Mroczek, 2006).

In summary, the research underpinning the topic included examination of the combat experience and its effect on the combatant, family and life course, resilience, the transition from military to civilian life, and the effect of ageing. Associated with the study were discussions of the ageing of the population and ageing in a social context. Some of the more significant combat research with sizeable numbers, was developed from data drawn from the United States Normative Ageing Studies, started in 1963, The Berlin Aging Study of Baltes and Mayer (2001), the Oakland Growth Study of Elder (1999a), and from data extrapolated from the Department of Veterans Affairs in the United States. In addition, research has been sought from British Commonwealth countries. The research questions were developed from the underpinning literature.

### 2.16 Research questions

This study sought to determine whether the combat experience influenced the subsequent life course of the veteran, and by association his wife/partner, children and grandchildren, and if so, how?

More specifically, it examined the following research questions:
Chapter 2: Literature review

1. What was the long term impact of the combat experience on the veteran?

2. What factors in the combat experience were most significant to the veteran?

3. From the perspective of the veteran’s spouse, children and/or grandchildren, how has the combat experience influenced the individual, and the family?
Chapter 3: Methods

To Thales the primary question was not what do we know, but how do we know it

Aristotle 384-322 BCE

3.1 Introduction

This chapter discusses the methodology and the methods used for the research. The purpose of the study was to obtain new insights about combat veterans of World War Two, their childhood and early adulthood. In addition, the war experience and long term effects of this on their subsequent lives and on those associated with them within the nuclear and wider family were explored. The experiences of war are far reaching and are not limited to just the veterans of such conflicts. The veterans’ experiences of World War Two potentially affected their spouses, children, grandchildren and siblings, reflecting the overwhelming civilian impact of war (Gilbert, 2009). For that reason, wives, siblings, children or grandchildren were also recruited and interviewed for the study. There was a dual purpose for these interviews, to gain participants’ perception of the war experience and also to provide a level of affirmation or otherwise of each veteran’s story. It was therefore important to identify a methodology and method that would enable the intention of the research to be fully realised. By its nature, this study was more suited to an interpretive non positivist methodology, namely qualitative research and specifically, narrative inquiry.

Methods are described as a set of procedures for gathering and analysing data (Strauss & Corbin, 1998), or more simply the tools, techniques and procedures used to gather the evidence (Harding, 1987). Methods were used in this study to explore how the combat experience of World War Two affected the subsequent life course continuum of veterans, the spouse, children and/or grandchildren and/or siblings. Having chosen the methodology of narrative inquiry, the research population, sampling strategies and data collection methods were then developed. The primary method of data collection was interviewing using a guideline. The data were then analysed using inductive analysis to identify codes, categories and themes.

This chapter is broadly separated into two parts. The first includes the philosophical underpinnings of the study, discussing the various types of qualitative research and the
preference for narrative enquiry. It also introduces the researcher and her position. The second part examines the methods used to obtain and analyse the data that resulted from the research.

3.2 Philosophical underpinnings

In qualitative research, particularly in earlier years it would appear that some researchers tried to distance themselves from the results believing that their position would prejudice the positivist emphasis on objectivity (Northway, 2000). Reflexivity is now considered an essential part of the research, in particular the relationship between the researcher and the participant. Not only are the data from the participant examined, but also the personal position, identity and self of the researcher as part of the ongoing reflexive process in what Koch and Harrington (1998) called the critical gaze. Indeed, the personal reflection of the researcher is considered an important resource and new insights can become part of the research, rather than being ignored (Hand, 2003).

Koch (1994) presented the argument that attention be paid to the process of the interviewer’s experience in collecting and analysing the data, with considerable emphasis being placed on reflexivity. In its application to qualitative studies, Polit and Beck (2006) defined reflexivity as critical self-reflection about one’s personal prejudices, preferences and preconceived beliefs. Koch (2006) proposed that a way of achieving reflexivity was by maintaining field notes that would also contain the researcher’s theoretical, methodological and analytical choices while conducting the research. The contents of the notes could then be used to provide authenticity in the research report.

Field notes were taken during and immediately following the interview, noting where the interview was held, the content of what was spoken about and reactions of the interviewed and the participant as well as any other questions that arose. Field notes included stories, actions doings and happenings (Clanindin & Connelly, 2000). The final analysis and discussion incorporated these notes.

As part of the reflexivity process, the researcher sought to identify sources of personal preconceptions. It was however inevitable that the research would contain some bias, as it is not feasible for researchers to take bias into account (Ahern, 1999, p. 408). The researcher has not experienced war, only its aftermath, memorials, writings and
representations through film, documentaries and individual stories; therefore the researcher depended on the data from the research participants to convey the reality of war, as they perceived it. In turn, the researcher interpreted their reality as told in their stories as accurately as possible, within the context of their life course.

### 3.3 Subjectivity

It was appreciated that the background, education, profession, other interests, and commitment to veteran welfare would influence this study in some degree, as no researcher in qualitative research can be considered neutral. People carry with them their race, gender ethnicity, class, education, life histories, experience, and beliefs. Inevitably these factors affect any interaction with another. While acknowledging this, the aim is to allow the voice of the research participants to be heard, recognising that the interpretation of that voice will include that of the researcher.

The researcher was born after World War Two and although both parents served in the forces in New Zealand, neither saw overseas service. However, many other members of her extended family from New Zealand, Australia, England, Canada and Ireland did serve in war zones, and there some of them still lie. The effect of the war on the survivors and on the families of those who did not return was well known and on occasion, discussed. While completing an undergraduate degree majoring in world history and English, the researcher began nurse training, and subsequently registered as a New Zealand Registered Nurse. Further professional study in England, and travel through Great Britain, Ireland, much of Europe, behind the then Iron curtain, including Russia, and later Turkey, Egypt and also Singapore enabled visits to many of the areas where the Allies fought in World War One and World War Two.

Many of the post war generation and thus the researcher’s peer group, had parents, uncles or aunts who had served overseas during World War Two, and in the way of children this was spoken of from a child’s perspective. Often schoolteachers and university lecturers were returned veterans, and although seldom talked about in those settings, the effects of the war were known, if not always understood. Many of the patients the researcher cared for as a nurse were returned war veterans, spouses, parents or children of veterans. The last 20 years of professional life have been involved indirectly in the care of older people, many of them veterans. The last nine years of that
time have been spent at a dedicated war veterans’ home, specifically working with World War Two veterans and their families and listening to their life stories.

World War Two thus had an indirect effect on the researcher, hearing firsthand the stories from those who served, and suffered, and those who everyday coped with memories. Most would not talk about the experience unless specifically asked. Very few were voluble. People appeared to want to put the events of the war behind them and move on. Over time, the researcher appreciated that if the veterans’ stories were not captured they would be lost forever. From this came the motivation to pursue further study, to record at least some of the stories, and to recognise the effect of war on the combat veterans who served overseas in the armed forces, and on those they lived with or parented.

The researcher by nature prefers peace, but is also a realist and prepared to take a stand if required. To the researcher, war, violence, and the destruction of people, communities, and the environment are inherently unjustifiable and utterly abhorrent. Nevertheless, history however has shown that not all conflicts can be settled by peaceful means. It can be argued that World War One and World War Two were such conflicts, when essential freedoms were threatened or destroyed and ethics compromised if not shattered (Vetter, 2007). During World War Two, the Allies were fighting against what Churchill called “monstrous tyrannies which menaced our life and freedom” (1945, 15 August) (Langworth, 2008). In these situations, war was perhaps the lesser of two evils, for as Pericles stated in his funeral oration, “freedom is the sure possession of those alone who have the courage to defend it” (Thucydides, c 450 BCE, p. 44).

The researcher continues to be intrigued by the polarity of human experience from agony to ecstasy, from the selfless courage of the individual to the greed of the profiteer. Through the anguish, brutality and horror of World War Two came extraordinary stories of gallantry, inspiring literature, medical developments such as the synthesis of penicillin notatum (Bennett & Brown, 2008), the founding of computer science (Stokes, 2002), and the development of rocket technology that heralded the space age (R. V. Jones, 1978), to name but a few. The survival of humanity is perhaps due in part to its ability to adapt and endure, and to make progress when facing insuperable odds. Gathering these extraordinary stories required a particular methodological approach in order to
capture the rich data and to analyse and interpret the resulting information. One methodology well suited to this was that of narrative inquiry.

3.4 Qualitative research methodology

Methodology or the practice of science is concerned with procedures that will provide credible information, such as the mathematical analysis of data (Rawnsley, 1998) resulting from experiment or survey, as in quantitative research. Qualitative research seeks to develop theories that enable understanding of social phenomena in natural, living settings rather than in experiment. Such research looks at the meanings, experiences and viewpoints of each participant (Pope & Mays, 1995). Meaning rather than truth is hence the valid result of qualitative research inquiry (P.H. Bailey, 2002). This type of research is predicated on the belief that there is no single universal truth, and the social world as a result of human agents interacting, means that there is no indisputable reality (Ashworth, 1997).

Most qualitative methods focus on investigating the lived experience of individuals and social groups from the point of view of the actor (Bryman, 1984). Such methods address questions of process, such as organisational change, perceptions, comprehension and experience (Barbour, 1999). They are increasingly used with quantitative research to provide the lived or human dimension to the study, and to validate such areas as accuracy, content and meaning (Bowling, 1999). Latimer (2006, p. 102) stressed that in qualitative inquiry “people’s experience and judgement are legitimate criteria for knowing and understanding.” Passerini (1989) believed that all autobiographical memory is true, but the interpreter had the task of discovering in which sense it was true, where and for which purpose. The raw data of all qualitative inquiry is considered as pure description and quotations, the description, without any attached judgement, taking the reader into the settings (Patton, 1990). Qualitative research is seen then as a critical tool in exploring new knowledge, gathering rich data and a depth of understanding (Bowling, 1999).

Many have questioned the validity of qualitative research, believing only the empirical scientific method of quantitative research will produce valid results. Others have disputed this assertion. Polit and Beck (2006, p. 331) believe that any “instrument of measurement cannot be absolutely identified as valid or invalid, the judgement being a matter of degree.” The instrument’s validity is supported by an accumulation of
evidence rather than proved. If there is a significant amount of evidence to support the research question, the greater the likelihood of researcher having confidence in the validity of the research. Hammersley (1992, p. 69) reflected a similar belief, asserting that an account is “valid or true if it represents accurately those features of the phenomena that it is intended to describe, explain or theorise.”

All research is selective in some degree as it concentrates on a specific area of interest, uses particular methods to collect and analyse evidence, each method having its own strengths and weaknesses (Mays & Pope, 1995). Qualitative research cannot measure the significance of an attitude of a belief or attitude in terms of the distribution throughout the population nor provide prevalence figures, as quantitative research is able to do. This dichotomy is explained with some truth that “quantitative methods are reliable but not valid, and that qualitative methods are valid but not reliable” (Britten, 1999, p. 271). The methodology used in the research was therefore all important. The aim was to fashion an explanation of the method and data that another researcher could use and come to similar conclusions, and to produce a credible and consistent explanation of the topic being explored (Mays & Pope, 1995).

There are various strategies used in qualitative research, and although there are variations within these, only five which could have been applicable were considered, and of these only one was thought appropriate. Those considered were ethnography, grounded theory, case studies, phenomenological research and narrative inquiry. Ethnography, deriving from anthropology, studies an intact cultural group in a natural setting over a prolonged period of time (Creswell, 2003), using primarily participant observation and interviewing as the major methods. Its primary task is to describe a particular cultural reality so accurately that it becomes potentially the guidebook to living in that particular culture. As much of the present research was based on accounts of life pre, during and post World War Two, that is 65 or more years in the past, and being recounted and analysed in the present, ethnography was not an appropriate choice.

Grounded theory, initially developed by Barney Glaser and Anselm Strauss in the 1960s, has progressed over the intervening years. This is a process of discovering theory from data that has been purposefully and systematically generated and analysed (Bowling, 1999), rather than a researcher’s past theoretical viewpoint (Barbour, 2001). The process
of analysis can begin while the data are still being gathered, often moving from the particular to the general. Explanation and theory develop from the emerging data analysis using what the theory originators called the constant comparative method (J. Mason, 2002). The primary purpose of grounded theory is inductive theory generation (Zimmer, 2006), compared to just description or accuracy of facts (Slaughter et al., 2007). The purpose of this study was making sense of lives, rather than the development of theory.

Case studies seek to understand complex social phenomena, and can be explanatory, exploratory and descriptive. It seeks to contribute to knowledge about an individual, group, organisation, social or political phenomena. The case study method allows researchers to retain the essential characteristics of real life events. It also seeks to clarify why a decision was made, how it was implemented and with what result (Schramm, 1971). The veteran participants in the research were all male, and all but two had served as aircrew, but in a variety of theatres of war and with different responsibilities. It would be difficult to present the research participants as a cohesive group, suitable for a case study approach.

The phenomenological research method, arising from the work of Husserl (1969, as cited in Wimpenny & Gass, 2000) and Heidegger (1962, as cited in Wimpenny & Gass, 2000) seeks to establish the circumstances of the participants’ experiences, to construct the experience and then reflect on its meaning (Slaughter, et al., 2007). The researcher in this method recognises the inevitability of their own ‘situatedness’ (Zimmer, 2006), that is the conscious spectator is in the world being observed, and is not external to it. The phenomenological approach involves in depth reflective descriptions of the experience of what it feels like to be in a situation (Denzin & Lincoln, 1998), for example being old, being aircrew. The research topic required nevertheless a methodology that would involve not just a defined experience or situation, but rather a breadth of experiences and situations within an extended chronology and diverse geographical settings. Phenomenology as a research method therefore was not appropriate. As a result a form of qualitative interpretive methodology, namely narrative inquiry was chosen as the preferred option.

Methodology is a vital part of any research for it provides the framework for the project,
without which the findings would have little structure or even validity. In qualitative research the researcher is an active participant in the process and therefore requires to be identified as such, their biases, beliefs, and interests known. The main pivots of this study were the stories and the personalities of the veterans and their wives. Being now of the oldest-old generation they were part of a remarkable time in the history of the world, and their stories brought to life a reality that is usually found only on film or in books. As older people, they had their own needs and wishes in the process of the interview, and these demanded respect.

3.5 Narrative inquiry

Narrative inquiry is described as understanding experiences as lived and told stories. Drawing from many disciplines such as philosophy, anthropology, sociology, psychology (Priest & Roberts, 2002), narrative inquiry has become its own entity during the last 20 years. It is based on the epistemological assumption that humans make sense of arbitrary experience by using stories to interpret and explain the occurrence (York University, 2008). It aims to capture human and personal dimensions that are unable to be quantified into facts and numerical data (Clanindin & Connelly, 2000). As pithily explained by Bailey (1996), narrative inquiry is the contextual analysis of stories that focuses on the life story or a particular event in the subject's life (Polit & Beck, 2006). It emphasises the importance of the story people tell of their lives (Bowling, 1999), within their historical, cultural and social contexts (Riessman, 2002), and to a lesser extent, class context. This strategy recognises that the content and method of telling our stories provide insights about our experiences (Thorne, 2000). “It is because we all live out narratives in our lives, and because we understand our own lives in terms of the narratives that we live out, that the form of narrative is appropriate for understanding the actions of others” (Mishler, 1991 p.68). Narrative inquiry also has the benefit of the dimension of individualism not captured by questionnaires (Overcash, 2004) or more structured research methods. In this study, narrative inquiry focused on the story as a whole, rather than pieces of text (Greenhalgh, Russell, & Swinglehurst, 2005).

The defining characteristics of narrative are chronology, that is events linking events in time, plot making, namely lining up events and actions into a causal sequence, harm or risk of harm, in this case being a war combatant and survivor, and how the personal story sits within the context of the times (Greenhalgh, et al., 2005). This method
appeared to best encapsulate the essence of the research that is the autobiographical memories of the Air Force combat veterans and their close relatives and the impact of that combat experience on the life course of each. The research explored through interview the stories of these men and their families within the context of the times in which they lived (Zimmer, 2006) in war, and in peace.

Both a major strength and a significant difficulty of narrative inquiry is its inherent subjectivity (Greenhalgh, et al., 2005). This study was undertaken and presented by one researcher rather than with collegial collaboration, meaning that the researcher conducted the interviews, interpreted the stories, identified the themes and selected the supporting quotes (P. H. Bailey, 1996), and thus privileged the researcher's interpretation (Riessman, 1993). It was the researcher's responsibility therefore not to favour her own judgement over that of the participants. In presenting both the stories of the veterans and those of their family or significant other stories it was important to seek for the underlying meaning in what Clanindin and Connelly (2000) call the third space, that is the space of interaction between the interviewer and the participant. By its nature, narrative inquiry within an interpretive paradigm does not necessarily support the positivist view that the more people who are likely to agree with the interpretation, the more likely the interpretation is to be accurate (Cutliffe & McKenna, 1999).

Because of the intrinsic subjectivity of this research method, it would seem impracticable to check the results by a set of rigorously applied previously agreed approaches and procedures. Rather there could be the acknowledgement that each study is individual and unique (Rolfe, 2006) and should be judged on its own merits. Notwithstanding, the researcher was responsible for leaving an audit trail including the rationale for the research, decisions taken during its course and what actually happened in the research process rather than a sanitised version of events.

This study followed men from their childhood, to combat and return to New Zealand. Life Course (Elder, 1998) appeared to be the most appropriate theory to support the chosen methodology of narrative inquiry. This is a developmental theory, not only applicable to children, but to people of all ages as they progress through the various stages of life. Elder, Shanahan and Clipp (1997) had also linked Life Course with combat, initially looking at how the combat experience affected veterans’ physical health.
3.6 Researching older people

When working with older veterans, the researcher had to be mindful of what these men had experienced in combat and in the war zones, which for the most part was beyond the researcher's experience. Retelling of old stories that for many were as vivid as when they occurred could be painful and reawaken feelings and emotions long thought faded. It was imperative that sensitivity, respect and tact were shown during the interview process, and the interviewer accepted that the veteran would tell only that which they wished to share. The stories were those of the combat veterans and their families, and it was only their generosity that allowed these intensely personal stories to be told. Every effort was made to ensure that the participants in no way felt exploited. As stated by Faulkner (2002) “… the precious resource of users' goodwill, time and energy needs to be cherished and utilised wisely” (p. 20).

The veterans, the wives and siblings were in the oldest-old age group that is over 85 years of age. Some participants stated that they had been very worried about agreeing to be interviewed. ‘Would the researcher ask what it was like to kill someone’ being one query. Another asked the researcher in the preliminary phone call, after the letter of request had been received ‘Was the researcher antiwar, a peacenik?’ If so, the potential participant did not want to be interviewed. Others said ‘I was really worried about what you would ask me, and if I could answer it.’ The researcher believed that the research was more of a partnership (Dewar, 2005), than one dominating the other. The focus was very much on the older person, before, during and after the interview. The researcher assumed the role of facilitator, questioner and listener, clarifying as needed, and being supportive while the participant reflected on the past and the present.

Older people are interviewed as part of many research projects, and increasingly in health research. It is important that this group of people, as consumers of social and community services, are involved in identifying what each believes is needed to sustain his/ her independence and quality of life. Without such knowledge, that which is available may be far from what is wanted. Some interviewers may experience difficulty in interviewing older people, as older voices are not always easy to hear, and the participant may have perceptual difficulties such as auditory or visual loss, and fatigue easily. A considerable proportion of older people, as they move into their seventies and eighties, will have some cognitive impairment. However, this varies from person to person and
does not necessarily mean that a person so affected cannot be interviewed.

Those people in their late seventies and older are often thought of as a vulnerable population as they have an increased risk of or susceptibility to adverse outcomes, with increased morbidity and diminished quality of life (Flaskerud, 1998). Much depends on the individual circumstance, and as with other vulnerable groups, it is very difficult to generalise. Each participant was an individual person, with a voice, and could not be underestimated. By agreeing to be interviewed, the participant also had an agenda. If a researcher comes and goes, it can be what Russell (1999) calls the ‘Stranger on the bus’ phenomenon, where people share private thoughts that they otherwise would not consider sharing, on the basis that neither the researcher nor the participant would meet again. On the other hand, some participants could be very suspicious about the motives of the researcher, and subject them to a great deal of probing before feeling free to answer the questions in any depth. In any interview, the interviewer and the participant have their own biases and beliefs, and these can be difficult to deal with at times. What the researcher feels about the subject matter that the participant may introduce into the conversation and is not part of the research, requires the researcher to maintain a degree of polite, engaged neutrality without sacrificing personal safety.

Like all adults, those over the age of 65 years have the right to make choices and exercise control over their own lives (Peace, 1990) and are a particularly valuable source of information, providing information about life experiences, perceptions and attitudes and quality of life that is not readily accessible from any other source (Greenwell & Spillman, 1995). The aim in qualitative interviewing is to follow the participant’s lead, to capture their perspectives (Robinson, 2000) and to let the area of interest to emerge in its own way (Domarad & Buschmann, 1995). This enables a much more comfortable interaction between the two research participants. What is captured may be far more rewarding, than what is intended to be caught.

3.6.1 Researching older veterans

The primary participants in this study were veterans who had served in combat. In research that was largely dependent on face-to-face interviews there were always going to be power differentials that had to carefully negotiated (Mishler, 2005). The researcher was a nurse who was known to have a longstanding connection with veterans, and this
may have caused subtle difficulties of which the researcher was aware. As the researcher was female and the veterans male there was also a gender inequity. What a veteran may say to a fellow veteran may well be very different to what he says to a woman, much less a nurse. With few exceptions, veterans hold nurses in high regard, many marrying the nurses who cared for them during and after their war. There was also always the possibility of the Hawthorne effect where the presence of the researcher had an impact on the participant, most commonly resulting in a change of behaviour (Pope & Mays, 1995). Any participant, much less a war veteran was inevitably going to be somewhat uncertain as to what the interview would involve (Romyn, 2003), an uncertainty that was shared in some degree by the interviewer, and possibly not solved unless there was a mutual engagement (Gaydos, 2005) in the interview process.

While gathering data the researcher was sensitive to the changing contexts and circumstances in which that data were gathered. In interview, veterans and families who had experienced difficulties could reconstitute, repair and realign themselves with the lived in social world (Langellier & Sullivan, 1998), rather tell the story of how it really was and is. To counter this in part, the researcher was alert to the repetition of certain facts from other interviews and from published histories to discern where the true meaning might lie. It was also expected that disconfirming data could become known, with veterans in particular saying it was the best time of their lives, preferring to ignore the guilt they feel that they survived and their comrades did not (Personal Communication with veteran, 2006).

### 3.7 Research design

Having chosen the methodology, namely Narrative Inquiry, it was necessary to develop an appropriate strategy for the conduct of the research (Bowling, 1999), which included the sampling, data collection and data analysis. As this was research involving human subjects, ethical and consent issues were also addressed. The research was designed in two phases. The first was the developmental phase and involved identifying and constructing a sampling framework and subsequent interview schedule, which were then trialled. Data were collected and analysed and the results used to inform the second part, the main study.
3.7.1 Phase 1: Developmental

The developmental phase was primarily concerned with the creation of the sampling framework and secondly the refining of the interview schedule. In addition, this phase was employed to test the researcher's interview technique, time, place, and length of interview and the audio recording equipment being used. More specifically the developmental phase sought to address the questions highlighted in Table 3.1.

<table>
<thead>
<tr>
<th>Question</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the inclusion of the spouse, children or grandchildren contribute to the understanding of the combat veteran experience and the effect on the subsequent life course?</td>
</tr>
<tr>
<td>2.</td>
<td>To what extent did active combat experience versus service support i.e. as base/ground crew support have on the experience of war?</td>
</tr>
<tr>
<td>3.</td>
<td>How were war experiences affected by rank?</td>
</tr>
<tr>
<td>4.</td>
<td>Were war experiences affected by the theatre of war i.e. the Middle East, versus the Pacific?</td>
</tr>
<tr>
<td>5.</td>
<td>How did the World War Two combat experience differ in the various services: Navy, Fleet Air Arm, Submarines, Merchant Navy, Army, Air Force?</td>
</tr>
</tbody>
</table>

In considering these questions it was anticipated that the sampling framework in the main study, the second phase, would be informed by the first phase. Phase one was developed to inform the development of the interview schedule and develop skills in the practicalities of conducting interviews and managing the audio recording equipment. It emerged however that the most significant part of this phase was the development of the sampling framework employed in Phase Two. The first phase began in December 2008 after all ethical issues had been resolved and consent given to the research project.

Population

During World War Two, New Zealand had at least 140,000 personnel who served overseas (Ministry for Culture and Heritage, 2008b), only about 20 to 25 thousand of whom are now believed to be alive (Ottaway, 2011). In this phase of the study, representatives from the New Zealand Army, the Royal New Zealand Navy and Royal
New Zealand Air Force (RNZAF) were sought, as these were population groups who would be considered for the second phase. However it was not possible to identify a navy veteran. Consequently four RNZAF veterans, all of whom served over Europe, and two army veterans, one from the 21st Battalion Second New Zealand Expeditionary Force (NZEF) who became a prisoner of war and one from Korea (K) Force (known to the researcher) were invited to participate, as was the wife of an air force pilot.

Narrative data are most commonly acquired by asking open-ended questions (Overcash, 2004) using a semi-structured interview schedule. The participants, the World War Two army, and air force combat veterans living in the community were initially recruited through the various branches of the Auckland District Returned Services Association from which permission had been sought and granted. Specific welfare officers or branch presidents were asked if they had any members who would agree to be interviewed. They spoke to the veterans and gave them the participant information sheets. It was recognised that many returned service people chose not to join the Returned Services Association (RSA) on their return from war as they either did not drink, or did not choose to revisit the war or all its memories and associated emotions. However, the RSA Welfare officers often had knowledge of such people, particularly as the veterans’ aged, and health and other issues came to prominence. They then provided the initial names of potential participants.

From the preliminary contacts in the developmental study there was a snowball effect of one hearing of the interview and either participating and/or putting another forward for interview. In this way research participants were recruited. The Brevet club to which many aircrew veterans belong was also approached to place an advertisement in their local newsletter. The Museum of Transport and Technology in Western Springs in Auckland has an aviation section that restores, amongst others, combat planes of World War Two, and has a dedicated following of veteran volunteers. They too were personally approached at the Museum on a Club day to see if they could assist. The Returned Services Association officers approached veterans to seek permission, and the researcher then contacted the prospective participant by letter and confirmed the date and time by telephone. It was expected that the sample although purposive could also be serendipitous, with names being suggested by people who heard of the research, and this proved to be the case.
Once the veterans had given consent to be approached, the researcher telephoned the veterans, and explained the nature of the interview and the need for consent. Each veteran was sent a further participant information sheet and a time and place set for the interview. Before the interview proceeded, the veteran was asked for written consent for the interview to take place. The spouse of one of the first phase participants was also asked to consent to an interview, this time using a guideline specifically focussed on the experience of being a spouse (one interview) of a veteran (Luttik, Blaauwbroek, Dijker, & Jaarsma, 2007).

The numbers of aircrew are decreasing rapidly, and some, although contacted by telephone, letter and personally, declined to be interviewed, mainly for reasons of health. Every effort was made to accommodate anyone who was prepared to be interviewed, and no one was excluded. Much consideration was given to the inclusion criteria particularly in relation to those veterans with cognitive impairment. Approximately 25 percent of those over the age of 85 years have some degree of dementia/ cognitive impairment (Curran & Wattis, 2004), although there is a lack of reliable data for New Zealand (Ministry of Health, 2007). It was known that many war veterans who have dementia can speak of their war experiences with a clarity denied to their daily life (L. Dawkins, personal communication, July 12, 2007).
Figure 3-6: Population sampling framework

**Sampling framework**

In the first phase any veteran contacted, with active combat experience, who consented to be interviewed was included. The sample was purposive as the researcher sought to find information rich cases whose study would assist in understanding the study questions (Patton, 1990).
Table 3-2: Phase one sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Age</th>
<th>Navy</th>
<th>Army</th>
<th>Air Force</th>
<th>Rank</th>
<th>Spouse</th>
<th>Theatre of war</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>83</td>
<td>1</td>
<td></td>
<td></td>
<td>Sgt</td>
<td>RIP</td>
<td>Korea</td>
</tr>
<tr>
<td>2</td>
<td>87</td>
<td>1</td>
<td></td>
<td></td>
<td>Signals</td>
<td>RIP</td>
<td>WW2 – Middle East</td>
</tr>
<tr>
<td>3</td>
<td>85</td>
<td>1</td>
<td></td>
<td></td>
<td>Flt. Sgt. Air Gunner</td>
<td>RIP</td>
<td>WW2 - Europe</td>
</tr>
<tr>
<td>4</td>
<td>90</td>
<td>1</td>
<td></td>
<td></td>
<td>Flt. Lt</td>
<td>Y</td>
<td>WW2 - Europe</td>
</tr>
<tr>
<td>5</td>
<td>85</td>
<td>1</td>
<td></td>
<td></td>
<td>Sgt. Radio Ops</td>
<td></td>
<td>WW2 - Britain</td>
</tr>
<tr>
<td>6</td>
<td>87</td>
<td>1</td>
<td></td>
<td></td>
<td>F/O</td>
<td>RIP</td>
<td>South East Asia</td>
</tr>
<tr>
<td>7</td>
<td>88</td>
<td>1</td>
<td></td>
<td></td>
<td>Sgt. Radio Ops</td>
<td>RIP</td>
<td>WW2 - Europe</td>
</tr>
</tbody>
</table>

Note: Sgt=Sergeant; Radio ops=Radio Operator; Flt.Lt. =Flight Lieutenant; F/O=Flying Officer

Interview schedules and guideline

Creswell identified four different data collection types in qualitative analysis, namely observations, interviews, documents and audiovisual materials (2003). In this research all types were used to varying degrees, the most productive being interview, observation, field notes and other relevant data such as written histories of the time, veteran photograph collections, log books (aircrew), videos made of events relevant to a veteran’s story and veterans’ personal libraries.

The interview schedules needed to reflect the major research questions as detailed in Chapter One, and three schedules were developed for each category of participant, one for the World War Two combat veteran, one for the spouse/partner, and one for the sibling, child or grandchild. Patton (1990) wrote that good questions should be open ended, neutral, sensitive and clear to the participant, and this advice was heeded. As a
guide, two sources were used, namely the Veterans History Project from the United States Library of Congress (United States Library of Congress, 2000) and New Zealand History project – War from Memory (Ministry for Culture and Heritage, 2008a). The questionnaire was designed to particularly reflect the possible cues for World War Two combat veterans.

The research questions had a clear focus; so much of what was suggested in the source questionnaires was irrelevant and would not have provided the depth of information needed. It was decided to include some demographic data for the veterans and spouses, although this would not be collected for other participants. For this reason, full name, date and place of birth, place in the family, and where they spent their childhood and early adulthood were included as prompts. This was also a useful ice breaker for the interview as it required facts, rather than recollection and was relatively non-threatening.

Prompts about schooling were also included, as it was common at that time to leave school at 14 years of age, if not earlier, and what work was done after leaving school was of significance as it affected ability to gain a job. It was expected that the participants would have been born during or after World War One. This opened another line of questioning. There was the possibility that a World War Two veteran was the child of a World War One veteran. If so, what did the veteran know of his father’s war, and how did he believe the war affected his father and the veteran’s childhood. This would closely reflect the questions subsequently put to a spouse, sibling, child or grandchild of the World War Two veteran.

Mid and later twentieth century histories of New Zealand talk of the effects of the Great Depression on New Zealand society (M. King, 2003; Sinclair, 1993). Although the Depression was a worldwide phenomenon the researcher wanted to elicit the specific memories of this time as it affected schooling, families, work prospects and indeed every part of life, at a time when most veterans were old enough to remember. It was felt that the Depression would have some effect in moulding the men who were to serve in the war.

The prompts relating to the war were further developed after the pilot study, as much valuable information was gained from a well informed participant in that first part of the
research. Why the men chose or were conscripted to the force in which they served was of interest, as was the training they required. There were various prompts to be asked about the combat experience. Where did they serve, what did they do. Prompts such as thoughts about the cause they were fighting for and the enemy were designed to elicit opinions about the war in general. Originally, mainly out of interest, participants were asked about their living arrangements while overseas. This proved to be an important area as for some health issues later in life reflected back to the living conditions during their war postings.

With peace declared, most surviving New Zealand servicepeople eventually returned home. What was the process they followed to come home and what was it like for them trying to re-establish a life in peacetime? These prompts were asked to evoke memories of that time, and how this readjustment affected the life course of each. A further question was whether the participant had married, and if so, where, and whether he had become a parent. If he had become a father how did he think his war experience affected him as a parent. This described a further stage in the life course, but also affected in some degree the life course of his spouse and his children. Seeking work and obtaining a job was an important part of this process of adaptation to peacetime and accounted for a considerable part of subsequent adult life. Questions about this time were open ended, and allowed the participant to be as sparse or elaborate in detail as he wished.

The interview schedule for a wife was identical to that of the veteran in the demographic section. Then the questions asked about how her war and how she had met her husband, their marriage and setting up in New Zealand as a young married couple. A wife was then asked how she believed the war had affected her husband and its effects on each of them. The questioning moved as appropriate to being a parent, and how she felt her husband had fulfilled that role. Finally the wife was asked to reflect on her life as an older person.

The schedule used for the siblings and the child/ grandchild concentrated on exploring from the perspective of each how they believed the war experience of the veteran impacted on the veteran’s life and on the sibling/ child or grandchild. So the participants were asked to describe what their life was like as a child growing up with a sibling/
father/grandfather as a war veteran. They were asked what they knew about what the veteran did in the war and where he had served. Did the veteran ever talk about it and what did he say? Did you exchange war stories with school friends? How do you believe your father's war service affected you growing up? Did it have any effect on your family life? Did your father spend time with you or did he spend more time with his mates? Do you think that your father talks about the war more now that he is older? Knowing that your sibling, father or grandfather was a war veteran, how do you feel that war affects people over a long period of their life?

Table 3-3: Interview schedule directing developmental phase

<table>
<thead>
<tr>
<th>Key areas of interest</th>
<th>Cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demography</td>
<td>Your name/ Date and place of birth/ place in the family Place where you grow up/ Schooling/ After leaving school</td>
</tr>
<tr>
<td>Family</td>
<td>life like before the war parents, siblings, school, depression, early working life/ your parent’s service in World War One</td>
</tr>
<tr>
<td>The Great Depression</td>
<td>Effect of the Depression Memories of that time</td>
</tr>
<tr>
<td>Training in the armed services</td>
<td>Qualifications/ eligibility for the forces/ Trade selection within the Forces/ Training in the Forces/ Place of training</td>
</tr>
<tr>
<td>Combat experience</td>
<td>Overseas postings/ Feelings about the cause you were fighting for/ Your duties/ The loss rate/ Feelings about the enemy/</td>
</tr>
<tr>
<td></td>
<td>Most significant time overseas/ Living conditions</td>
</tr>
<tr>
<td>Returning to New Zealand</td>
<td>Length of time to come back/ Feelings on returning to New Zealand/ Residence when returned to New Zealand/ Obtaining a job?</td>
</tr>
<tr>
<td>Post war experience</td>
<td>Getting married/ Being a parent/ Effect of the combat experience on your life and being a parent/ husband/ Your career/ work experience</td>
</tr>
<tr>
<td>Reflecting on your life as an older adult</td>
<td>Your feelings about your experience in the war/ Clearest memories/ Importance of your independence to you/ Help available to you should you need it?</td>
</tr>
</tbody>
</table>

The interviews

The interviews with the combat veterans and/or spouse were conducted face to face at a place of the participant’s choice, in every case their home. These interviews were predominantly life history accounts for the veterans and the spouse/partners and a potentially powerful method to understand their stories (DiCicco-Bloom & Crabtree,
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2006). The face-to-face interview enabled the collection of contextual and non-verbal data, and in some cases copies of photographs of service days. On one occasion, a spouse was present, which proved useful in providing triggers for memories that the participant had forgotten. The interviews followed a set format, but in order to elicit the information it was important to use some prompts, such as the Empire Air Training Scheme in Canada, Pearl Harbour, Nola Luxford, the names of aerodromes, navigational aids used in World War Two, personalities such as Sir Keith Park, or events of the time. This technique usually triggered another set of memories. As different subjects were raised, the researcher also asked for clarification, and then researched the matter later. An example of this was the various names of the navigational aids used such as Gee, and H2S, and Royal Air Force terminology of the time such as ‘Rhubarb' for strafing, ‘Gardening’ for dropping mines and Window (Radar Blocking aluminium strips thrown out of the plane windows over Germany to confuse German Radar) (Wragg, 2007).

Each interview was recorded and transcribed by the researcher and additional expressions such as laughter and pauses in the transcriptions (Mishler, 1991) were noted in the transcription. Initially a Sony MP3 digital recorder was used, which was replaced by a 24 bit 96 kHz quality audio recorder at the request of the National Library (Oral History Centre, 2008).

After each interview, the transcription and a letter of thanks were sent to the participant. The participant was contacted to determine whether any alterations were required12. If necessary, the researcher revisited the participant to clarify the required amendments. The researcher altered the transcription accordingly and a copy was returned to the participant.

Data analysis

Inductive analysis is a method of “developing conclusions from specific observations” (Minichiello, Sullivan, Greenwood, & Axford, 1999, p. 39). This analytical method enabled themes and categories to emerge from the transcribed data (Morse, 1998; Patton, 1990) the field notes of the researcher, and other related media such as photographs, drawings, two videos and books to which the participants directed the researcher. In 1933, Dewey the educationalist, wrote about what became known as

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12 It was not possible to alter the original recording, but a caveat would be put on its use if the participant gave permission for the interview to be stored as part of the New Zealand at War archive.
critical reflection, that is we learn by thinking on experience (FitzGerald & Chapman, 2000), as Aristotle had proposed in his philosophies of learning. This involves asking the question ‘why,’ that is examining the evidence to determine the truth or form an opinion. It requires the researcher to ask what does this mean, how does this affect the situation or the person, when does this occur, who does or did this happen to, thus systematically reading through the data to find the evidence, which in turn assists to generate the results. ‘Analytic lens’ is a term used by some to refer to the methodological and interpretive presuppositions (Caelli, Ray, & Mill, 2003, p. 6) that a researcher uses to generate data and achieve a result. Chase (2005, p. 656) outlined a set of five analytic lenses through which the researcher can approach the data gathered from the investigation. She proposed first the analytic lens, looking not just at the words of the story but “the emotions, thoughts and interpretations” that are an intrinsic part of that story. Secondly is the perception of narratives as the voice of the narrator, and evolution of the story. The third lens is the recognition that stories develop within the social and historical reality of each narrator. The next lens is that narratives are socially situated, produced in a distinct situation for a distinct audience for a specific purpose, the structure and content of the narrative being shaped by the dialogue with the researcher (Chambon, 1995). Another audience could elicit a different variation on the story. Finally, qualitative researchers see themselves as narrators, as they too interpret what they hear, see, feel and make meaning out of the data they have collected and experienced.

Inductive analysis was used in this study to explore the textual data, to gradually generate themes and categories from which could come theoretical explanations. However, its success depended largely on the “skill, vision and integrity of the researcher” (Pope, Ziebland, & Mays, 2000, p. 114). Mason (2002, p. 7) believed that all qualitative research should be “systematically and rigorously conducted,” provide readers with sufficient material as a basis for judgment, and sufficient detail about how the data used was obtained (Wolcott, 2002). The individual narratives were analysed for structure, coherence and meaning within the identified contexts (Greenhalgh, et al., 2005). This required the researcher to develop and explicate in the results the trail by which data were gathered and subsequently analysed. The analysis needed to incorporate all the research questions, and provide a clear account of how early simpler forms of classification developed into more complex coding structures.
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Muller (1999) described five overlapping stages in analysing narrative: entering the text, reading and preliminary coding to gain familiarity with the process, interpreting by finding connections in the data through multiple readings and reflection, searching the text for confirmatory or disconfirming data or alternative explanation, and writing up what has been learned, using representative quotes. The data analysis required the researcher to produce argument and explanation rather than description (J. Mason, 2002), to tell and take a view, and to synthesize the data generated into findings which Sandelowski and Barroso (2002, p. 216), have described as “the sum of an irreplaceable socio-cultural performance involving researcher and subject(s).”

By the time the researcher had listened to the recording several times, checked the field notes, transcribed the interview into text, or checked the transcription against the recording there was a reasonable knowledge of what each transcription contained. All the transcriptions were placed in a dedicated file on the computer, each with its source audio recording. Text was sorted using the search and find capability of the Word programme for key words in the transcriptions. Key words such as discipline, fear, failure, loss, illness, accident arose from the text.

There was a preliminary analysis of this data, looking for possible codes such as fear, categories, perhaps emotion and themes such as mortality. One of the most useful methods to identify the codes for example was to listen to the recording again while reading the transcription. This brought the interview to life, and enabled the researcher to reflect on the voice inflection, the emphasis, and the emotion, which were not available in the written text.

I think of them every day... (Long pause)... (A tear slid down his face). Poor old xxxx. Poor old xxxx. (Mark 2, Mosquito pilot)

The key concepts and recurrent themes were drawn out by the aims and objectives of the study, as well as new issues, which arose from the interview data, and data used for corroboration of the veteran accounts. Codes were defined as data that related to specific patterns, such as a sense of belonging. However codes can break the data into pieces so care had to be taken to ensure that the codes retained their context. It was expected that a considerable number of codes would be generated. These then were classified into various categories, each category incorporating codes with a common idea or thought. These categories eventually reduced to themes that enabled a
comprehensive picture of experiences to be developed (Aronson, 1994). Theme can have a variety of meanings, including a frequency of recurrence, and a unifying element, essence or singular thread (Sandelowski & Barroso, 2002), the latter sense being used in this study.

The interview schedules were used as guidelines, and codes, categories and themes were placed in a chronology of events. This resulted in some overlap of codes, but the resultant theme was also influenced by circumstance. Loss in the Depression could mean physical hardship because of the lack of money and employment for the main wage earner. In war, loss usually meant the death of colleagues, friends, and siblings for example. The chronology of life course provided a useful framework throughout the research, providing continuity and a unifying thread.

As each transcription was read and the interview listened to again, free hand notes were written or areas highlighted on the transcriptions. Removable self-adhesive notes attached to the transcriptions were also used to identify codes. Subsequently the identified codes were transferred to an Excel spreadsheet. The review function of the Word programme was used in one transcription, to identify codes and categories, but the researcher preferred to use self-adhesive notes or highlighters.

In order to check the validity of these codes, categories and themes, two independent researchers were sent copies of the audio recordings and the transcriptions, and asked to identify codes, categories, and themes. These were used to corroborate the categories and themes identified by the researcher.
Table 3-4: Summary of the developmental phase

<table>
<thead>
<tr>
<th>No.</th>
<th>Detail</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the inclusion of the spouse, children or grandchildren contribute to the understanding of the combat veteran experience and the effect on the subsequent life course?</td>
<td>Although only one spouse was interviewed in the developmental phase, she was well informed and articulate. Her perspective’s of her husband’s war experience and their subsequent life made it very apparent that interviewing other family members would potentially add a valuable dimension to the research. A considerable body of research has explored how a person’s war experience has subsequently affected the spouse, and/or children and/or grandchildren (Dekel &amp; Solomon, 2006; Dirkzwager, et al., 2005; Fals-Stewart &amp; Kelley, 2005; Nelson Goff, et al., 2006). This confirmed the necessity of including the perspectives of the wider family in the research.</td>
</tr>
<tr>
<td>2.</td>
<td>To what extent did active combat experience versus service support i.e. as base/ground crew support have on the experience of war?</td>
<td>Naval and army bases, air fields and industrial sites were key targets for destruction by the enemy as the highly trained personnel working there repaired damaged transport and prepared equipment vital to the war effort. The roles of those serving in such bases were however different as they were not necessarily part of the front line troops, yet the front line could not have operated without them. This study looked specifically at the active front line and excluded others without in any way diminishing their importance to the war effort. Women did not serve in British Empire or United States combatant roles in World War Two, hence their exclusion.</td>
</tr>
<tr>
<td>3.</td>
<td>How were war experiences affected by rank?</td>
<td>All armed forces have a hierarchy of rank, so the chain of command is very clear. The officer gives the orders and the enlisted men carry out the orders under the supervision of a non commissioned officer, such as a sergeant. All aircrew after June 1940 were given the rank of Sergeant on the orders of the Air Ministry (AMO A 416/40). Rank was disregarded, as it did not appear to be a significant factor in determining the intensity or type of the war experience. What was more significant was the trade such as infantry, armourer, gunner, pilot, engineer.</td>
</tr>
<tr>
<td>No.</td>
<td>Detail</td>
<td>Comment</td>
</tr>
<tr>
<td>-----</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>4.</td>
<td>Were war experiences affected by the theatre of war i.e. the Middle East, versus the Pacific?</td>
<td>The war experiences varied considerably in the various theatres of war, mainly because of geography and conditions. The experiences of the heat, cold and blinding sand of the desert were very different from the tropical climate and difficulties of South East and South West Asia. Whether on land, on or under the sea, or in the air, all were fighting a relentless enemy. It was considered for this study that it was the combat experience rather than the theatre of war that was significant, and so participants were recruited from all theatres of war.</td>
</tr>
<tr>
<td>5.</td>
<td>How did the World War Two combat experience differ in the various services: Navy, Fleet Air Arm, Submarines, Merchant Navy, Army, Air Force?</td>
<td>The multiple threads of the combat experience in the World Wars were complex. The greatest majority of all combatants fought in the armies, New Zealand Army personnel accounting for at least 104,000 of the total 140,000 New Zealanders who served overseas in World War Two (New Zealand Army, 2008). Experiences within each force varied according to trade. The experience of an infantryman was different to that of an engineer, but no less hazardous. Those in the navy had the forces of the sea to contend with as well as the enemy above and below. Air Force crews were not involved in hand to hand conflict, nor did they see the human face of the enemy, except in a fleeting glance in the air, but their losses were proportionally much greater than any other force, as the air is unforgiving. After the preliminary interviews it was clear that there was wide variation in individual combat experiences between the army and the air force. The decision therefore was made to concentrate on a section of a single force namely combat aircrew, who shared much in training and in operational experience.</td>
</tr>
</tbody>
</table>
The developmental phase thus fashioned the second phase. World War Two RNZAF aircrew from all theatres of war, from all ranks who served in combat were to become the participants of the main part of the study.

### 3.7.2 Phase 2: Main study

Phase two continued soon after the completion of the developmental phase and took from March 2009 to May 2010. The research was designed to incorporate not just the veterans but also at least one other person who was in a close relationship to the veteran, namely a wife, or veteran nominated child, grandchild or sibling.

**Population**

This study aimed to interview a purposive sample of veterans of World War Two, resident within the Upper North Island. The study population identified in Phase One was relatively heterogeneous as it involved multiple services as well as consideration of rank and theatre of war, one participant being a war veteran who served in as part of the Commonwealth Force in the Korean War (1950-1953) rather than World War Two. As a result of this developmental stage the sample identified for Phase Two was more homogenous, as the sample was selected on the basis that they were aircrew who had experienced combat or had flown in combat zones. Notwithstanding, war results in multiple experiences and it was expected that the themes would be varied. A theme saturation approach was employed so that every five interviews, transcripts were analysed and coded.

**Data Collection**

The veteran interview schedule was modified as a result of Phase One. Table 3.5 outlines the final schedule, with the modifications in bold. However, the schedule was a guide only. The key areas of interest remained constant and the extra cues were added to enhance the clarity of the information.
Table 3-5: Interview schedule directing phase 2

<table>
<thead>
<tr>
<th>Key areas of interest</th>
<th>Cues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demography</strong></td>
<td>Name/ Date and place of birth/ place in the family</td>
</tr>
<tr>
<td></td>
<td>Where did you grow up? Schooling</td>
</tr>
<tr>
<td></td>
<td>Age at leaving school</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>Life before WW2/ parents, siblings/ school, Depression, early working life/ either parent serve in World War One/. Your knowledge of their war/ Your work after leaving school</td>
</tr>
<tr>
<td><strong>The Great Depression</strong></td>
<td>Effect of Depression on your family/ Memories of that time</td>
</tr>
<tr>
<td><strong>Training in the armed services</strong></td>
<td>Enlistee to Air Force or conscripted/ your Air Force number? qualifications for entry to the Air Force aircrew Selection as aircrew or pilots/ training as aircrew/ place of training</td>
</tr>
<tr>
<td><strong>Combat experience</strong></td>
<td>Pre and post combat experience/ planes you flew (in). Crew selection/ responsibilities on the plane/ coping with operational flying/ the loss rate/ Feelings about the enemy the most significant time for you in the Air Force/ living conditions / POW experience if applicable</td>
</tr>
<tr>
<td><strong>Returning to New Zealand</strong></td>
<td>Length of time to come back/ Feelings on returning to New Zealand/ Residence when returned to New Zealand</td>
</tr>
<tr>
<td></td>
<td>Getting a job</td>
</tr>
<tr>
<td><strong>Post war experience</strong></td>
<td>Getting married/ Being a parent/ Effect of the combat experience on your life and being a parent/ husband/ Your career/ work experience</td>
</tr>
<tr>
<td><strong>Reflecting on your life as an older adult</strong></td>
<td>Look your feelings about your experience in the war. Returning to war time placements overseas/ reunions Clearest Memories across your life/ the most important thing in your life now</td>
</tr>
</tbody>
</table>

Some men came to the Air force via the army or navy, and the first two digits of their air force number identifies the year when they actually joined the air force. The educational and physical requirements for aircrew were different from the other forces, as was the selection process for the trade they were trained for in the aircraft. The method of crew selection was known to be unique to the air force, and thus of considerable interest. Coping with operational flying with its high loss rate were specific to the aircrew experience. The prisoner of war experience was added, as this was the fate of many combatants. The return to war time stations was of interest, as was reflection on what each considered the most significant time in their life.
Where there was a spouse she was asked if she would agree to be interviewed, and all those approached did agree. Most veterans were however widowers. Initially this appeared surprising that so many of the veterans were widowed, but as all but one were 85 years old plus, in the oldest old age group, this is not unexpected. The life expectancy at birth (1912 - 1927) of the study veterans was 62 - 65 years, that of women 70 – 73 years (Dunstan & Cheung, 2007). Presently in New Zealand, a new born female can expect to live 82.4 years and a new born male 78.4 years (Ministry of Social Development, 2010). Each veteran was asked to nominate a child/ grandchild, or sibling (for those without children) who would agree to being interviewed about being parented by a veteran. Telephone interviews were arranged for this group. Such interviews had both advantages and disadvantages. The cost was considerably less, and enabled contact with family outside of the geographical area. The telephone granted a partial anonymity that possibly increased the validity of the responses by reducing the embarrassment of responding to emotionally or socially loaded questions (Fenig, Levav, Kohn, & Yei, 1993), but the immediate personal interaction was lacking.

**Data analysis**

All the data were analysed using the method detailed on page 82 of identifying codes, categories, and themes from the interview transcriptions. Each reading required looking for nuances that may have been missed in earlier readings. The researcher classified, sorted, arranged and analysed data using codes and categories from which dominant and significant themes emerged and assisted in forming the theoretical frame for the research (Caelli, et al., 2003).

The field notes, although brief were also useful. As Clanindin (2000) had expressed, much of the content of the interview was in the third space, in the interaction between the researcher and the participant. This added much information to the written data as did photographs, explanations and the end of interview time of socialising. Two videos were made available for the researcher to view: one was of the Royal Air Force, Captain Verity who landed his Lysander in occupied France to drop off saboteurs, and collect service people escaping from the enemy, and the retrieval of a plane in the 2000s from the Zuider Zee.

The final discussion and results incorporated the content of the interviews, the field
notes, and published data such as relevant war histories, which lead to the findings of the research. The findings did not represent the definitive truth about the combat experience and its aftermath, but aimed to represent a justifiable interpretation of the truth of art as opposed to the truth of fact (Rose & Webb, 1998). Interviews were conducted until thematic saturation was reached, that is when no significantly different new material was forthcoming (Polit & Beck, 2006).

It was appreciated that the participants did not represent all the areas in which aircrew veterans served during World War Two, in particular it was not possible to secure an interview with an aircrew veteran who had served in the Middle East. This apart, the other significant commands were well represented, in particular Bomber Command, Ferry (Transport) Command, Coastal Command, and South East Asia Command. It was fortunate that a member of what had been Fighter Command during the Battle of Britain, later the Second Tactical Command, was available to be interviewed. Māori did serve as aircrew in during the war, but the one veteran to whom the researcher was directed chose not to be interviewed, and his decision was respected.

There was a wealth of data generated from all the interviews, the interviews with siblings, wives, and children being particularly helpful. As the transcriptions were listened to, read and analysed, it became apparent that narrative inquiry with inductive analysis had produced sufficient information from which the research questions could be explored and potentially defended.

### 3.8 Ethics

The University of Auckland Human Participants Ethics Committee approved the Ethics application after some amendment to the Participant Information Sheets, and additions to the consent for veterans, on May 15th; 2008, number 015/2008. This approval was conditional upon written consent from all parties who agreed to be interviewed. Because of the nature of this study, the Ethics Committee were very keen to record the interviews with the combat veterans and the spouse/ partner in a manner that could result in the deposit of the recordings and transcriptions with the Alexander Turnbull Library in Wellington. This would be a further contribution to their archive ‘New Zealand at War’. No recording could be used without the written consent of the participant, and so the consent forms were amended accordingly.
3.8.1 Consent
In any research involving people, the safety and rights of each participant are of overriding concern (Alt-White & Porter, 2006). The researcher is required to abide by the ethical principles of respect, treating each participant as an autonomous agent, and protecting those whose autonomy is diminished for any reason. The principle of beneficence requires the researcher to respect the participant's decision, protect them from harm, enable possible benefits and reduce the likelihood of potential harm as a result of the research. The other significant and much debated area is the question of justice, namely who should benefit from the research (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978).

The consent for all categories of participants in the study was in the agreed format reflecting the requirements of the approving Ethical Committee. Consent was sought from each participant before the interview proceeded. As part of the ethical approval, consent forms, Participant Information Sheets (PIS) and a questionnaire had to be developed to the satisfaction of the Ethics Committee. The Participant information sheet for each category of participant advised who the researcher was, the intent of the research and how the interview would be conducted, as well as the need for written consent.

3.9 Validity and reliability of the study – Rigour
Koch (1994) argued that the trustworthiness, not truth of a qualitative study can be established if the reader is able to audit the events, in this case the presentation of the original data, audio recordings and transcriptions, the influences, actions and interpretations of the researcher. It was also important that there was a clear outline of how the researcher reconstructed the data (P. H. Bailey, 1996). This then would allow the reader to follow the process and draw affirming or alternative conclusions. A valid interpretation is considered one clearly based on the data (Sandelowski & Barroso, 2003). Any description of an interview or observation involved the researcher’s choices, and to a degree, perceptions. Such descriptions had always to accurately convey events in their correct sequence, hence the need for verbatim transcriptions. The descriptions must have descriptive validity, and the meanings participants attributed to those events, or have interpretive validity (Maxwell, 1992). Although proposing a useful set of prompts
for appraising qualitative research, Dixon-Woods et al. (2004) recognised that many of the significant and interesting aspects of such research could be very difficult to appraise except through the subjective judgement of experienced qualitative researchers. This conundrum still seeks an authoritative answer.

To ensure there was consistency, in the second phase two transcripts were independently analysed and coded half way through the second phase data collection. These were then compared with those of the researcher and agreement was reached.

### 3.10 Summary

The study question in large part determined the methods and methodology used in this study. It was important to capture the voices of all the interviewees, but particularly those of the study veterans and their partners. The methodology of narrative inquiry was chosen as the study involved interviewing older people about their childhood during the Great Depression, their participation in World War Two when just emerging adults (Arnett, 2000) and their subsequent lives, involving partners, children and the wider family. As Berger and Quinney (2004) noted in their conference paper, narrative inquiry is the meeting point of history and biography and much of this research will involve both. Listening to others speaking of their past is a way of making sense of lives (Ashworth, 1997) and enables both the speaker and the listener to totally engage in the story being relayed. Chapter Four introduces the study veterans and those characteristics significant to this study.
Chapter 4: The interviewees

Both with gratitude for the past and with confidence in the future we range ourselves without fear beside Britain. Where she goes we go, where she stands, we stand. We are only a small and young nation, but we are one and all a band of brothers, and we march forward with a union of hearts and wills to a common destiny

Michael J Savage, Prime Minister New Zealand 5th September 1939

4.1 Introduction

The next four chapters include the results of the interviews and the thematic analysis. These chapters lead on to a discussion of the findings. Chapter Four introduces the men who were interviewed. Chapter Five discusses the study veterans’ and partners’ childhoods, which for most were shadowed by the worst economic recession in world history. Chapter Six contains the results of the interviews about the war experience, being overseas, involved in a force in which there was a high fatality rate, and coping with the pressures of being actively involved in the war machine. Chapter Seven results encompass the life that each veteran made on their return to New Zealand and their perceptions of that experience. This Chapter also includes the interviews with wives, siblings, children, grandchildren and friends, which were used to corroborate the veteran accounts of the war and its impact on each combatant and the family.

This chapter is organised around two main sections; the first focuses on the sample of the veterans interviewed with an overview of their demographic characteristics and the second describes their lives, and the planes they flew or flew in during World War Two.

4.2 The sample

The data collection for this study in total involved 48 interviews. Two of the initial interviews were with army veterans of which one was a Korean War veteran, the other from the 21st Battalion, New Zealand Expeditionary Force. Of the other veteran study veterans, 24 were Royal New Zealand Air Force aircrew veterans of World War Two. Additional separate interviews were conducted with five of the wives, one brother, one sister, 14 children and one grandchild. These interviews were undertaken to provide not

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13 The wife of one veteran could not be interviewed because the participant had an accident between the initial interview and planned interview with his wife
only an exploration of the impact of war on families but also to provide a means of establishing additional context for the perspectives of the veterans as well as being able to corroborate much of what was said, or omitted. Of the sample of 48 interviews, three veterans had no associated informants. A total of 32 interviews were held face-to-face and 16 interviews with children and grandchildren and one sibling were held over the telephone. All veteran interviews took a minimum of an hour, though some took in excess of two hours, and one was completed over two sessions.

4.3 The interviewees

The majority of veterans interviewed had been pilots on a variety of aircraft over Europe and in the Pacific. Some ferried planes across the world. Table 4.1 illustrates the characteristics of the 26 veterans. The names of the veterans are variously pseudonyms or sobriquets by which the study veterans were known or referred to by others.

The study veterans were a unique group of men, not just as survivors of the war, but also as survivors into old old age, living 20 – 30 years beyond their age cohort at birth (Dunstan & Cheung, 2007). The factors that may have contributed to their long term survival is difficult to elucidate. Indeed, when questioned, the study veterans themselves would say it was luck. Clearly, the sample was unusual in that they were a group of very long lived men, many of whom had outlived their partners. As previously explored in Chapter 2, this very fact places them in a relatively unique position and when considering the results described later in the thesis, this must be considered.
<table>
<thead>
<tr>
<th>Name</th>
<th>YOB</th>
<th>Birth place</th>
<th>Place of Interview</th>
<th>Father in WW1</th>
<th>School level</th>
<th>Job post school</th>
<th>Wife status</th>
<th>No. of children</th>
<th>NZ Army/ RNZAF</th>
<th>Theatre of war</th>
<th>Post war job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art</td>
<td>1927</td>
<td>Auckland</td>
<td>Auckland</td>
<td>Y. RFC</td>
<td>3 yrs. secondary</td>
<td>Warehouse</td>
<td>RIP</td>
<td>3 (1)</td>
<td>Sgt.NZ Army</td>
<td>Korea</td>
<td>Buyer</td>
</tr>
<tr>
<td>Ray</td>
<td>1922</td>
<td>Auckland</td>
<td>Auckland</td>
<td>N</td>
<td>Matriculated</td>
<td>Bank</td>
<td>RIP</td>
<td>2</td>
<td>Signals NZ Army. POW</td>
<td>Middle East</td>
<td>Bank</td>
</tr>
<tr>
<td>Des</td>
<td>1920</td>
<td>Rawene</td>
<td>Auckland</td>
<td>N</td>
<td>Matriculated</td>
<td>2yrs University</td>
<td>RIP POB Eng</td>
<td>6 (1)</td>
<td>Navigator Lancaster</td>
<td>Europe</td>
<td>Cargo - Wharf</td>
</tr>
<tr>
<td>Kit</td>
<td>1921</td>
<td>Auckland</td>
<td>Auckland</td>
<td>Y Army</td>
<td>2 yrs Seddon Tech. Left at 14</td>
<td>Apprentice M Engineer</td>
<td>RIP POB Eng</td>
<td>3</td>
<td>Pilot Mosquito Pathfinder Force</td>
<td>Europe</td>
<td>Engineer</td>
</tr>
<tr>
<td>Ken</td>
<td>1923</td>
<td>Gisborne</td>
<td>Auckland</td>
<td>Y -France Mounted Rifles</td>
<td>2 yrs high School</td>
<td>Apprentice Electrician</td>
<td>1st wife RIP, POB Eng 2nd wife div. alive</td>
<td>2 (1)</td>
<td>Air Gunner Wellingtons &amp; Lancasters</td>
<td>Europe</td>
<td>Electrical trade</td>
</tr>
<tr>
<td>Bunny</td>
<td>1919</td>
<td>Gore</td>
<td>North Auckland</td>
<td>N</td>
<td>Proficiency</td>
<td>Nursery</td>
<td>RIP</td>
<td>3 (1)</td>
<td>Navigator Bombers</td>
<td>-</td>
<td>Europe RNZAF</td>
</tr>
<tr>
<td>Jack</td>
<td>1923</td>
<td>Auckland</td>
<td>Auckland</td>
<td>Y Passchendaele</td>
<td>18 months Technical</td>
<td>Salesman</td>
<td>RIP</td>
<td>0 (1 sibling)</td>
<td>Pilot Liberators - India</td>
<td>India</td>
<td>Salesman</td>
</tr>
<tr>
<td>Nobby</td>
<td>1921</td>
<td>Dunedin</td>
<td>Auckland</td>
<td>Y Gallipoli</td>
<td>3yrs Ag.Cse</td>
<td>Farm</td>
<td>RIP, POB: Australia</td>
<td>3 (1)</td>
<td>Pilot – Ferry Command</td>
<td>Atlantic</td>
<td>Commercial Pilot</td>
</tr>
</tbody>
</table>

14 RFC= Royal Flying Corps  
15 A bracketed number indicates the family member/ friend interviewed
Table 4-6: Participant characteristics (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>YOB</th>
<th>Birth place</th>
<th>Place of interview</th>
<th>Father in WW1</th>
<th>School level</th>
<th>Job post school</th>
<th>Wife status</th>
<th>No. of children</th>
<th>RNZAF - Trade</th>
<th>Theatre of war</th>
<th>Post war job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colin</td>
<td>1917</td>
<td>Dunedin</td>
<td>Bay of Plenty</td>
<td>No</td>
<td>Matriculated</td>
<td>University &gt;RAF</td>
<td>RIP</td>
<td>3 (1)</td>
<td>Pilot Squadron Leader</td>
<td>Singapore</td>
<td>Insurance Assessor</td>
</tr>
<tr>
<td>George</td>
<td>1920</td>
<td>Wellington</td>
<td>North Auckland</td>
<td>Y Passchendaele</td>
<td>Matriculated</td>
<td>University, Railways</td>
<td>RIP</td>
<td>3 (1)</td>
<td>Radio Operator-Wellingtons - POW</td>
<td>Europe</td>
<td>Electronics</td>
</tr>
<tr>
<td>Moz</td>
<td>1924</td>
<td>Raetihi</td>
<td>Auckland</td>
<td>N</td>
<td>2-3yrs</td>
<td>Lawyer's office</td>
<td>Alive</td>
<td>5 (1)</td>
<td>Radio Operator – Sunderland Coastal Command</td>
<td>Britain</td>
<td>Teaching</td>
</tr>
<tr>
<td>Gus</td>
<td>1915</td>
<td>Dunedin</td>
<td>Auckland</td>
<td>N</td>
<td>Matriculated</td>
<td>Buyer Merchant</td>
<td>RIP</td>
<td>0 (1) friend</td>
<td>Navigator - Pacific</td>
<td>Pacific</td>
<td>Accountant</td>
</tr>
<tr>
<td>Mauri</td>
<td>1918</td>
<td>Auckland</td>
<td>Auckland</td>
<td>N</td>
<td>Matriculated</td>
<td>Teachers College</td>
<td>Y(1) POB: Eng</td>
<td>3</td>
<td>Pilot - Wellington - Convoy Escort West Africa</td>
<td>Europe / Africa</td>
<td>TEAL / Air NZ / Aviation</td>
</tr>
<tr>
<td>Ron</td>
<td>1924</td>
<td>Auckland</td>
<td>Auckland</td>
<td>N</td>
<td>Matriculated</td>
<td>Meat Processing Teachers College</td>
<td>RIP</td>
<td>3 (1)</td>
<td>Bomb Aimer Bombers</td>
<td>Europe</td>
<td>Teacher</td>
</tr>
<tr>
<td>Ivan</td>
<td>1920</td>
<td>Otahuhu</td>
<td>Auckland</td>
<td>N</td>
<td>Standard 6 Dux</td>
<td>Motor trade</td>
<td>RIP</td>
<td>0 (1) sibling</td>
<td>Radio Operator–Bombers POW</td>
<td>Europe</td>
<td>Storeman</td>
</tr>
</tbody>
</table>
## Table 4-6: Participant characteristics (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>YOB</th>
<th>Birth place</th>
<th>Place of interview</th>
<th>Father in WW1</th>
<th>School level</th>
<th>Name</th>
<th>Wife status</th>
<th>No. of children</th>
<th>RNZAF</th>
<th>Theatre of war</th>
<th>Post war job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reg</td>
<td>1921</td>
<td>King Country</td>
<td>Auckland</td>
<td>Y - Gassed Somme - invalid</td>
<td>8 months at secondary</td>
<td>Tyre factory/ leather trade</td>
<td>Y x2 1. Div. POB. Eng 2. RIP</td>
<td>3 (1)Grand Daughter</td>
<td>Pilot Officer. Mosquitos Bomber Command</td>
<td>Europe</td>
<td>Sales/ Various</td>
</tr>
<tr>
<td>Snow</td>
<td>1912</td>
<td>Pukekohe</td>
<td>Auckland</td>
<td>No</td>
<td>2 years</td>
<td>Bank</td>
<td>1. RIP 2. Y (1)</td>
<td>0</td>
<td>Navigator</td>
<td>Pacific</td>
<td>Bank</td>
</tr>
<tr>
<td>Jimmy</td>
<td>1923</td>
<td>Papakura</td>
<td>North Auckland</td>
<td>No</td>
<td>School leavers cert</td>
<td>Apprentice Boiler maker</td>
<td>Y x3 1. RIP POB. Eng 2. RIP 3. Alive</td>
<td>1 (1)</td>
<td>Pilot, Fighter Spitfire</td>
<td>Europe/ Malta</td>
<td>Bricklayer</td>
</tr>
<tr>
<td>Bert</td>
<td>1922</td>
<td>Matamata</td>
<td>Bay of Plenty</td>
<td>No</td>
<td>Technical/ Ag Course</td>
<td>Farmer</td>
<td>Yx2 1x Div 1x Y (1)</td>
<td>3 + 2</td>
<td>Pilot – shot down - DFM. Lancaster</td>
<td>Europe/ Ferry</td>
<td>Farmer</td>
</tr>
<tr>
<td>Guy</td>
<td>1916</td>
<td>NZ</td>
<td>Bay of Plenty</td>
<td>N</td>
<td>High School</td>
<td>Hydro</td>
<td>Yx3 1x div 1x RIP 1x Y</td>
<td>0</td>
<td>Pilot Pacific – Sq. Ldr</td>
<td>Pacific</td>
<td>Civil aviation</td>
</tr>
<tr>
<td>Jim</td>
<td>1922</td>
<td>Auckland</td>
<td>Bay of Plenty</td>
<td>Yes - Gassed</td>
<td>3 years Technical</td>
<td>Harbour Bd.</td>
<td>Yx2 1x RIP POB. Eng</td>
<td>1 (1)</td>
<td>Radio Operator - Stirling</td>
<td>Europe</td>
<td>Wharf</td>
</tr>
<tr>
<td>Mark2</td>
<td>1919</td>
<td>Rangiora</td>
<td>Auckland</td>
<td>N</td>
<td>4 years Technical</td>
<td>Joined Sales Technology</td>
<td>Y (1) POB. Eng</td>
<td>2</td>
<td>Pilot – Mosquito Pathfinder Group</td>
<td>Europe</td>
<td>Sales technology. Govt. Dept.</td>
</tr>
</tbody>
</table>
### Table 4-6: Participant characteristics (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>YOB</th>
<th>Birth place</th>
<th>Place of interview</th>
<th>Father in WW1</th>
<th>School level</th>
<th>Job post school</th>
<th>Wife status</th>
<th>No. of children</th>
<th>RNZAF</th>
<th>Theatre of war</th>
<th>Post war job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian</td>
<td>1922</td>
<td>Australia NZ</td>
<td>Auckland</td>
<td>Y - Egypt</td>
<td>Matriculated</td>
<td>Tannery</td>
<td>Y RIP</td>
<td>3 (1)</td>
<td>Pilot</td>
<td>Pacific</td>
<td>Pilot/ Retail/ Bank</td>
</tr>
<tr>
<td>Bob</td>
<td>1921</td>
<td>Auckland</td>
<td>Auckland</td>
<td>Y NZ</td>
<td>2 years</td>
<td>Public Utility</td>
<td>RIP</td>
<td>3</td>
<td>Radio Operator/ Air Gunner</td>
<td>Pacific</td>
<td></td>
</tr>
<tr>
<td>Skipper</td>
<td>1923</td>
<td>Auckland</td>
<td>Auckland</td>
<td>N</td>
<td>4 yrs Did not matriculate</td>
<td>Family business</td>
<td>Y (1)</td>
<td>3</td>
<td>Pilot - Lancaster Bomber Command</td>
<td>Europe</td>
<td></td>
</tr>
<tr>
<td>Don</td>
<td>1922</td>
<td>Matamata</td>
<td>Auckland</td>
<td>N</td>
<td>Cert in AG</td>
<td>Farmer/ Builder</td>
<td>Y RIP POB Eng</td>
<td>1 (1)</td>
<td>Pilot- Stirlings Bomber Command</td>
<td>Europe</td>
<td></td>
</tr>
</tbody>
</table>

Nine study veterans had fathers overseas in WW1. Another interviewee’s father was in the army but stayed in NZ.
Chapter 4: The interviewees

4.4 The lives of the veterans

The following accounts summarise the lives of the two army and 24 aircrew veterans. They provide an overview to aid the reader to comprehend the impact of the war experience on the veterans’ subsequent lives. All names used here are pseudonyms or sobriquets. In addition, the other main characters in this story, the planes are described. The planes are included because they were an essential part of the combat experience. Aircrew who served in Bombers were at much higher risk of being shot down, particularly over Europe and the Mediterranean seaboard. The twin engine, twin crewed aircraft such as Mosquitos flew much higher and had a considerable range. Because of the relative risks of the various planes, a tour of operations varied according to the plane and its function. The crew of a Mosquito would fly 50 missions in one tour of operations. The crew in a long range heavy bomber such as Wellington, Stirling or Lancaster would fly 30 missions, before being removed from operations for six months. In the Pacific the tour of operations varied according to the plane and its role: bombing, escort or transport. Those who flew in the Royal Air Force Ferry Command, later Transport Command ferried planes of many types and sizes from the factories to operational war units. These flights involved flying across the Atlantic from North America and later from Britain to India and the Far East.
All prospective pilots interviewed were taught to fly on De Havilland Tiger Moths.

Figure 4-7: The de Havilland Tiger Moth (Air Force Museum of New Zealand PR2148)

The de Havilland Tiger Moth planes were probably the most eminent ab initio flight trainer in the world at that time. It was a bi plane that was used extensively throughout the Britain and the Commonwealth to train pilots. It had a crew of two. Having gained mastery of the Tiger Moth, the aspirant pilot then went on to more sophisticated aircraft, the advantages of which included having brakes, unlike the Tiger Moth (Wragg, 2007). The Tiger Moth could be used with a 20 lb. practice bomb to introduce the pilot candidate to the role of the fighter bomber.
Art (83-year-old widower, living in his own home, Korea Force army veteran)

Art was born in Auckland the third of four children. After completing his education he worked in various jobs, before becoming a warehouseman. Too young for World War Two he joined up when troops were required to form a transport company in Korea. He travelled there on the Wahine, a New Zealand troopship that grounded on a reef north of Darwin, all the troops being rescued and landed in Darwin. He served in Korea for two years behind the front line, obtaining and issuing supplies for the troops. The conditions were poor, water and sanitation less than satisfactory and the unhygienic conditions eventually damaged his health. He returned to New Zealand when peace was declared. He subsequently worked as a buyer until his retirement. He married and had three children. Widowed he lives in his own home, with the support of his family.

Ray (87 year old widower living at home. Signals NZ Army. North Africa, Greece, Crete. POW, Germany)

Ray was born and brought up in various parts of Auckland. An only child, he matriculated before leaving school. He was fortunate to be sponsored for a bank job as his first employment, where he stayed until the outbreak of war. Joining up he eventually trained as a signaller. While serving in Northern Africa he was captured, and was interned for the rest of the war in prisoner of war camps in Italy and Germany. Returning to New Zealand, he married the young woman he had met prior to leaving for overseas. They had two children. He worked in the bank until he retired. Widowed, he lives in his own home, supported by his family and friends.
Des (89-year-old widower, living in his own home, Navigator, Lancaster Bomber, Bomber Command)

Des was born into a country family in 1920, the third of four children and spent his early childhood roaming the countryside but came to the city to complete his secondary education. He spent two years at University following a course of study that he did not enjoy, and entered the Air Force one year after his brother. His brother did not go overseas but Des, after initial training was selected to join the Empire Air Training Scheme (EATS) in Canada where he trained as a navigator. He then was sent to Britain, where after further training he became a navigator on a Lancaster, completing a five month tour of 30 missions over Germany, after which he taught trainee navigators. He married his wife in England, and she immigrated to New Zealand. They eventually settled in Auckland where Des after trying various jobs, settled for work as a stevedore on the wharves where he stayed thirty years. He and his wife had five children. Now widowed, he lives in his own home with the support of his family.
Chapter 4: The interviewees

Figure 4-9: Avro Lancaster - four engined bomber (Air Force Museum of New Zealand MUS940484)

The most notable bomber of the Allied defence was undoubtedly the four engined Avro Lancaster, which first flew in combat in March 1942. The Lancaster carried a bomb load of more than 14000 up to 22,000 lbs, more than any other aircraft of the time. Being so heavily laden, Lancasters were specifically targeted by enemy fighters, more than 3000 Lancasters being lost in the course of the war, out of the 7,377 built. The Lancaster had a crew of seven. Weeks before the end of the war, with permission of the German authorities, all the ammunition and guns were removed from the Lancasters and the planes loaded to deliver food to the starving Dutch nation in what was known as Operation Manna, 28 April to 8 May 1945, VE day. The Lancasters were later converted to carry up to 25 passengers. With the crew reduced to five, they brought home prisoners of war, in what was known as Operation Exodus, 74,000 prisoners of war being repatriated. The planes were then used in Operation Dodge to bring home the British Eighth Army from Italy and the Central Mediterranean. In war, the Lancasters brought destruction to the enemy, in despair; hope to the starving, and in peace they brought men home.

Kit (88 year-old widower, living in his own home, Mosquito pilot, Pathfinder Force)

Kit was born and educated in the city. He was the younger of two children. Leaving school aged 14 he used his bicycle to find work briefly as a delivery boy before starting his engineering apprenticeship. On completion of his time he joined the Royal New Zealand Air Force. As ground crew were oversubscribed he was sent for aircrew, finishing all his pilot training in New Zealand before being sent to Singapore. With the Straits Settlement under imminent attack he was evacuated in the last week before Singapore fell. After a brief visit to New Zealand, he was posted to England and became a flight instructor. He was one of the few selected for the Pathfinder Force in which he flew Mosquitos operationally for nine months. Pathfinder Force used the most highly skilled pilots and navigators of the Royal Air Force. Kit eventually returned to
New Zealand, and married the young woman he had met in England. They had three children. He completed further professional qualifications and worked in engineering, and later pursued other interests, retiring finally in his early eighties. Now widowed, he maintains an active interest in the world of flying, but is still reticent about his war time career.

![Mosquito aircraft](image)

**Figure 4-10: The De Havilland Mosquito aircraft – The Wooden Wonder (From a private collection)**

The Mosquito was known as the ‘wooden wonder’ or ‘timber terror’ because it was made primarily of plywood – spruce and balsa – with Rolls Royce Merlin engines. It flew much higher and was much more manoeuvrable than anything Germany had. It carried a pilot, ‘who flew the plane and a navigator who told him where to go’, sitting side by side. The Mosquitoes, painted black when night flying, could carry a 4000 lb bomb, known as a ‘cookie’ or four 500 lb bombs and also threw out foil of differing lengths (Window) to confuse the German radar operators. It has been said that 700 – 800 Mosquitoes dropping Window created the same effect on German radar as 11,000 bombers about to attack. ‘Window’ was a useful tool. Mosquitoes were also used for photographic surveillance, Pathfinder Force which marked the target for the main force by dropping flares over the target, as a day or night fighter, fighter bomber and on occasion covert personnel work. Because of its manoeuvrability and flying height the loss rate of Mosquitoes was a tenth that of the heavy bombers (Crosby, 2006).

**Ken (86-year-old divorcee, in residential care, Air gunner, Bomber Command)**

Ken was one of seven children, and was born on the East Coast, growing up on a Northland farm. He was apprenticed to a trade after leaving school and had completed his apprenticeship by the time he enlisted for the Air Force. He trained in Canada as an Air Gunner and Observer, as did his brother and then both served in a New Zealand Squadron in England, completing many missions over Europe. He flew on Wellingsons, Stirlings and Lancasters. His pilot throughout was a friend of childhood days. Ken married in England, his wife joining him in New Zealand. They had two children. He worked in retail after being demobbed, reaching a senior management position.
Widowed, he remarried and later divorced. In poor health and finding it difficult to cope alone, he moved into residential care. He retained a lively and detailed memory of his war years until his death.

![Figure 4-11: The Vickers Wellington two engined bomber (Air Force Museum of New Zealand MUS040764)](image)

The Vickers Wellington was a two-engined bomber capable of carrying 4,500 pounds of bombs. The Wellington's geodetic structure, pioneered by Barnes Wallis of Dam Buster bomb fame, gave the aircraft strength and lightness. It was a criss-cross fabric covered metal structure and able to absorb a great deal of damage. The Wellington was in action from the start of the war. The original less reliable Pegasus engines were eventually replaced with the more reliable Bristol Hercules engines. The plane had a crew of six (Batchelor & Lowe, 2004). There are various theories about the nickname for this hardy fighter. Wimpey was the name of the construction company that converted many of the grass aerodromes in England to all weather aerodromes. The United States troops believed it was named after Wellington Wimpy, Popeye's friend in E J Segar's comic strip.

**Bunny (90-year-old widower living in his own home, Navigator, Bomber Command)**

Bunny was born in the South Island, growing up in a small country town, and working in the family horticultural business after leaving school. He joined the Air Force in 1941 and completed his training as a navigator in Canada. He then was posted to England and to Bomber Command. He variously served on Wellingtons, Stirlings, Lancasters and finally Mosquitos. He completed 50 missions over Europe, and after D Day spent some time based in France. Returning to New Zealand he was asked to stay on with the Air Force, retiring eventually as a Squadron Leader. He married and had two children. After he left the air force he and his wife worked in horticulture and then ran a specialist food store. His wife died a few years after his retirement. He lives alone supported by family and good friends.
The Short Stirling was a four engined heavy bomber that could carry a bomb load of 14,000 lb over a distance of 3,000 miles. The wingspan was adjusted so that it could pass through the Royal Air Force hangar doors of the time. At a low altitude it was the fastest of all the RAF heavy bombers, but was less successful at higher altitudes (Crosby, 2006). Due to its operational difficulties in performance and load carrying capacity the Stirling was gradually phased out from late 1943 to September 1944, but was used as a Glider tug for the D Day landings in June 1944 (Batchelor & Lowe, 2004). It had a crew of eight. Most of the fatalities of Bomber Command occurred in the Stirlings and the Lancasters.

Jack (87-year-old widower living in an apartment in a retirement village, Pilot, Liberator, India, Burma & East Asia)

Jack was born and educated in the city, leaving school at 14 to become an office boy in an electrical firm. He was the middle child of three. After a brief time with a government department he joined a retail firm. He qualified to enter the air force, completing all his training as a pilot in New Zealand. Sent to England he was shipped to Calcutta in India to fly Liberators as far as Hanoi and all points in between, over Japanese occupied territory. He completed a tour of nine months. Returning to New Zealand, he resumed work in his old firm. He married but had no children. After his wife’s death he moved to an apartment in a retirement village, close to his surviving sister.
Figure 4-13: **Consolidated B 24 Liberator Bomber (Air Force Museum of New Zealand MUSO700058)**

The heaviest bomber, well suited to the Pacific and Asia because of its excellent range of 2,100 miles, was the Consolidated B 24 Liberator, which carried ten crew members. Liberators were also used extensively in Europe. It was the most widely produced American bomber of World War Two. It was able to carry a 6500 lb. bomb load and was also able to be converted to transport. It was powered with four Pratt Whitney engines of 1,200 horsepower each. Liberators were used by the United States Forces, the Royal Air Force and many Allied Forces (Batchelor & Lowe, 2004).

**Nobby (89-year-old widower, living in his own home) Pilot, Ferry Command**

Nobby grew up in a farming family in Otago, finishing his education at a Boarding School. He was called up for the Air Force and learned to fly in New Zealand, completing his training in Canada. From there he was posted to Ferry Command and spent the next three years ferrying combat aircraft from their country of manufacture to RAF bases in theatres of war. There was a great deal of training required to fly the various planes safely over vast treks of land and sea. He also flew military passengers as required. After the war he gained a commercial pilot’s licence in England, joining Tasman Empire Airways Limited (TEAL) on his return to New Zealand. He retired from Commercial flying when he was 55 and followed other interests. He married and had two sons. His wife died shortly after the interview. He lives alone in the city, supported by his family. He has never lost his love for flying.
Figure 14: Map of the 1943 Allied worldwide air transport routes

Source: The Origins of the Ferry Division vol. 3 of 7, Historical Unit, Intelligence and Security Section, Ferrying Division, Air Transport Command, 1945-1947. HRA file 301) US Public Domain - http://en.wikipedia.org/wiki/File:WW2_1942_Ferry_Cmd_Air_Rtes.jpg Note the planes flew via Greenland and/or Iceland

Colin (93-year-old widower; living in an apartment in a retirement village. Pilot, Vickers Wildebeest bombers, Singapore later South East Asia Command)

Colin was born and educated in the South Island. He had nearly completed his degree when he read a Royal Air Force recruitment poster. Meeting all the criteria, he was accepted by the local representative. He worked his passage to England on a merchant ship, arriving in time for the coronation for the new King. He completed his training as a pilot in Scotland, and was then transferred to an English air base to learn to be an ‘officer and a gentleman’. Having met the requirements he was posted out to the RAF station Seletar in Singapore. There he flew Vickers Wildebeest torpedo bombers which were large, slow, cumbersome single engine bi planes. He was at the fall of Singapore in 1942, and managed to escape to Batavia and thence Australia. He returned to England, and finished his career on Mountbatten’s staff in India. He returned to New Zealand, married and had three children. He worked as an insurance assessor until his retirement. Twice widowed he lives in a retirement village supported by family and neighbours.
The Vickers Vildebeest was a land based torpedo bomber originally developed in the 1920s to protect the coastline of Britain. Already obsolete by the outbreak of World War Two it was one of the main types of plane available in Singapore when it fell in February 1942.

The Japanese torpedo-bomber easily outstripped the bi-plane Vickers Wildebeest, which had a speed of 156 mph and was not surprisingly nicknamed a 'Flying Coffin'. The Japanese Zero fighter could fly at 331 mph.

George (90-year-old widower living in his own home, Radio Operator, Wellingtons, Bomber Command)

George, an only child was born and brought up in the city. He matriculated and completed a degree, joining a government department. He was in the first RNZAF intake to Wereroa (Levin) the Initial Training Wing (ITW). He was sent to the Electrical and Wireless School to train as a Radio operator, already being proficient in Morse code and having an interest in radio and electronics. Shipped to England he became a Radio operator tutor for new crews. After a long wait he was told to crew up, which he did, joining a Wellington bomber squadron that flew over Germany. Shot down over Holland he spent the rest of the war in a POW camp. After the liberation of the camps he returned to New Zealand and developed a business in electronics and telecommunication, an interest he maintained throughout his working life. He married and had three children. Twice widowed he lives alone.
Moz (86-year-old living at home with his wife – Radio Operator, Catalinas, Coastal Command)

Moz was brought up and educated in a small country town, one of four boys. He enlisted in the Air Force and after initial training in New Zealand as a radio operator was sent to Canada to complete his training. From there he travelled to Britain for further training. He completed his service on Coastal Command in Scotland, flying on PBY Catalina flying boats. Returning to New Zealand he trained as a teacher and completed a degree. He married and had six children. A talented musician he also pursued a very successful career as a concert tenor. He lives close to family.

Mauri (92-year-old, living in his own home with his wife, Pilot, Wellingtons, then Catalina Flying Boat, Convoy Duty in West Africa)

Mauri was born in a country area but educated in the city. He trained as a teacher and learned to fly as a civil reserve pilot. Accepted into the RNZAF as a pilot he completed his basic training in New Zealand before being sent to England. He joined a Wellington crew on bomber operations over Europe. During a rough landing after a bombing run, he sustained an injury that removed him from the bomber squadron. He worked as a pilot for men training to be Radio operators and air gunners, building up many flying hours. He was selected to join a Catalina flying boat squadron and completed the war on convoy duty off Africa. He married his wife in England, and after the war they relocated to New Zealand. They had three children. After some time pursuing various interests, he took the opportunity to join a commercial airline as a pilot, flew for 17 years, and then completed his career working in aviation. A published author he lives with his wife in the city. Both remain committed to the welfare of family and the community.
Figure 4-16: The Consolidated PBY Catalina Flying Boat (Air Force Museum of New Zealand MUS9410435a)

The Consolidated PBY Catalina Flying Boat was the most widely produced Flying Boat during World War Two. The planes were used for anti submarine patrols, as northern Atlantic ferry, and for rescuing personnel from the sea. With a range of 2,350 miles, a maximum speed of 179 mph and carrying weaponry as well as 4000 lb. of bombs or depth charges they were formidable weapons for enemy submarines, playing a part in the sinking of the Bismarck in May 1941. With such versatility and their amphibious capability, these planes were used throughout the world (Batchelor & Lowe, 2004). They carried a crew of eight or nine.

Gus (95-year-old widower, living in a serviced apartment in a retirement village) Navigator, Transport Squadron & TBF Avenger, Pacific)

Gus, an only child was born and brought up in the city. Working in a major retail firm and studying at night he had nearly completed his degree when World War Two was declared. He joined the Royal New Zealand Air Force and trained as a navigator. He became part of the Transport Squadron that flew to the South West Pacific theatre of war transporting men and materials, and completed a tour in a Torpedo Bomber squadron in the Solomon Islands. After being demobbed he resumed his studies, and then met his future wife. They set up a successful professional practice that they conducted for many years. They had no children. After the death of his wife he moved into a serviced apartment in a retirement village, where he continues a lively interest in aviation.
Produced by the Eastern Aircraft Division of General Motors in the United States the Grunman Avenger was designed as a torpedo bomber, although it was more often operated as a level bomber. It was used extensively in the Pacific by New Zealanders, particularly over the Solomon Islands. The Avenger had a crew of three (Crosby, 2006).

Ron (86-year-old widower living in an apartment in a retirement village. Bomb Aimer, Lancasters, Bomber Command)

Ron was born and educated in the city. He matriculated but did not pursue professional training because of the war. He was called up for the Air Force completing his initial training in New Zealand. He was sent to Canada to train as a Bomb Aimer. From there he went to England and further training before being crewed up, the average age of his Lancaster crew being 20. He and his crew survived their tour of operations. Coming back to New Zealand he completed his degrees, became a well known sportsman and qualified as a teacher. The war had inspired a love of travel, so he travelled extensively for some years before settling back to a senior teaching position in the city. He married and had three children. Now widowed he lives in a retirement village, and maintains a lively interest in flying.
Ivan (89-year-old widower, in residential care, Radio Operator, Stirlings, Bomber Command)

Ivan was born in the city, the eldest of six boys. He was four when he and the family moved to a country town, staying there until the outbreak of war. He reached Standard Six, being the Dux of the school before leaving. He worked initially repairing pushbikes and later worked in a motor repair shop. He signed up for the Air Force but there were delays in accepting recruits so he went to Fort Takapuna as a signaller in the army, eventually being called up for the Air Force in 1941. He did months of Morse training in New Zealand before being sent to Canada where he was trained as a Radio operator, and completed training in the bombing and gunnery school. In England he did further flying training, before being crewed on to a Stirling. Returning from their fifth bombing mission over Germany the plane was shot down over Belgium, and he bailed out. He was the only survivor. He spent the rest of war in Prisoner of War camps, being evicted from the camps in February 1945. He was in England for VE day in May, and was promoted to Warrant Officer. He returned to New Zealand meeting his future wife before being demobbed in January 1946. He worked in the motor trade and then in a warehouse for the rest of his working life. He was very happily married for 61 years. They had no children. Without his wife he was bereft and his health deteriorated. He moved into residential care and was there for the last 18 months of his life. He maintained in close contact with the surviving Prisoners of War until his death.

Reg (89 year-old widower living in a serviced apartment in a retirement village, Pilot, Mosquitos, Bomber Command)

Reg was born in a country town, one of two sons. His father was a war pensioner from WW1. Reg was in Hawkes Bay when the Napier earthquake struck, after which the family moved to the city. He was forced to leave school when he was 13½ years old, being put to work in the motor trade and had just gained an apprenticeship in the leather trade when war broke out. He joined the Territorials and did some army training but wanted to fly. With considerable determination and some good fortune he achieved his aim, learning to fly on Tiger Moths in New Zealand and completing his training in Canada. He was posted to a New Zealand night fighter squadron in England and later France and Belgium where he was based for 17 months, flying Mosquitos two nights on, two nights off. During this time he met his future wife and married. As much as possible he recorded his experiences on his faithful Box Brownie camera. He and his wife returned to New Zealand, and had three children. Reg had a variety of jobs
throughout his working life. Eight years subsequent to his divorce after 22 years of marriage he married again for 31 very happy years. Widowed and with health problems he moved into a retirement village. Family and friends remain in close contact. He maintains a lively interest in the Air Force.

**Snow (97 year-old, married, living in an independent unit in a retirement village, Navigator, Transport Squadron, Pacific)**

Snow was born in a country town, the third of five children. When he was five, the family moved to a farm in the bush. Educated in a country town he left school at 14 years of age, and joined the bank. He married two years before the war being called up to the Air Force in 1941. Training as a navigator he was en route for England when the Japanese declared war on the United States of America. He returned to New Zealand to teach navigators and then joined a Transport Squadron delivering supplies to the troops and the Air Force in the Pacific. He was awarded a Kings Commendation for Valuable Services in the air (KCVS). After the war he returned to the bank and stayed there until retirement. After the death of his wife, he married again and he and his wife moved to a retirement village. In failing health he and his wife moved into residential care. Snow died just before his 98th birthday.

**Jimmy (87 year-old, married, living with his wife in their home, Spitfire Pilot, Fighter Command and Malta)**

Jimmy was born in the city, the fifth of seven children. He achieved a School Leaver's certificate and on leaving school, he was apprenticed to a boiler maker. On the outbreak of war he immediately applied to join the Air Force. Being under 17½ years of age he required his parents’ consent, which was reluctantly given. He learnt to fly in New Zealand and was then sent to Canada to complete his training as a pilot. He was posted to England, and after many more hours of training was eventually selected to fly Spitfires. He flew over France and did many convoy patrols out of Scotland, and then in August 1943 was posted to Malta. At the end of 1944 he was posted to Coastal Fighter Command and reluctantly returned to New Zealand in late 1945, where his English wife later joined him. Unable to continue flying he underwent trade training eventually building up a successful business. His wife was hospitalised for many years so he brought up his only son by himself. Widowed he moved to a small country town where he pursued his trade and married again. After the death of his second wife he moved to a popular coastal area and became harbour master, a position he still holds. He lives with
his third wife, remains in close contact with his family, and continues to be very involved in RNZAF events and those of the Returned Services Association.

Figure 4-18: Supermarine Spitfire (Air Force Museum of New Zealand PR 187)

The Supermarine Spitfire is arguably considered one of the most famous aircraft and best fighter ever built. With its powerful single Rolls Royce engine, range of up to 490 miles and significant armament, it was a highly versatile machine that continued to be improved throughout the war. It became a match for the German Focke-Wulf fw 190 fighter. The Spitfire famously featured in the Battle of Britain. A short range interceptor aircraft, it was crewed only with the pilot. It was employed in every part of the European theatre of war, the Mediterranean, North Africa, the Middle East and the Far East. It was used primarily as a fighter and for reconnaissance work (Batchelor & Lowe, 2004).

Bert (88-year-old, married, living with his wife in their own apartment. Pilot, Lancaster, Bomber Command, later Ferry Command)

Bert was born into a farming family, the fourth of four boys and one girl. He completed four years of secondary education, a technical and agricultural course. He applied for the air force, and learnt to fly on a Tiger Moth at the Elementary Flying Training School at Bell Block. He completed his training in Canada and was then posted to England. He eventually flew Lancasters over Europe. On his thirteenth trip the plane was attacked by a Junkers 88, a German bomber, and crashed in Belgium with the loss of two lives. Four crew were captured by the Germans and spent the rest of the war in Prisoner of War camps. Bert managed to escape and through the courage of a Belgian Family and the Resistance, was picked up from France and flown back to England. He served the rest of the war based in Montreal, as a pilot on the Trans Atlantic Ferry Transport Command
delivering planes for Air Force squadrons in England, Africa and India. He married overseas and had three daughters. He returned to New Zealand as a farmer, and continued in that occupation after his divorce. He married again and he and his second wife subsequently had two more children. Bert and his wife retired to an apartment at a beach resort and regularly visit the family in the United States as well as maintaining close contact with their New Zealand family, and friends. Married now for over fifty years, his wife has only learned in the last seven years of Bert’s war time adventures. Bert was awarded the Distinguished Flying Medal (DFM), only 6,637 of which were awarded during the war. (The DFM was awarded to non commissioned officers for acts of valour, courage or devotion to duty performed whilst flying in active operations against the enemy).

Guy (94-year-old, living with his wife in their home, Pilot, Kittyhawks / Vought Corsairs, Pacific)

Guy was born into a farming family the second of four boys. After leaving school he worked on a farm and the joined the State Hydro building steel towers for power and telephone. He joined up early in the war and learned to fly on Tiger Moths and Air Speed Oxfords. He then spent two years in New Zealand as a flying instructor before volunteering for the Pacific war, flying Curtiss P-40 Kittyhawk (American) fighter planes, and Vought Corsairs, completing three tours over fifteen months. He was mentioned in dispatches (MiD) 1945, an MiD being an award for gallantry or commendable services and a year later was awarded a King’s Commendation for Valuable Services (KCVS) in the air. After being demobbed he continued in civilian aviation establishing a successful agricultural aviation business. Married during the war he had two children. After his business was sold he moved on to other business ventures with his second wife. After her death he eventually retired, and lives close to a country town, looked after by his third wife and his family.
These planes produced by the Curtiss factory in the United States were used extensively in the Middle East, the Mediterranean and the Far East. Although not the fastest of fighters and without the abilities of the Supermarine Spitfire, it nevertheless managed to hold the line until more successful fighters came along (Batchelor & Lowe, 2004).

Jim (88-year-old, married, living in his own home. Radio Operator, Stirlings, Bomber Command)

Jim was born in the city, the third child of four, with three sisters. After school he worked in engineering but did not complete an apprenticeship, and then worked with a harbour board before enlisting with the air force. He initially trained in New Zealand as an air gunner but in Canada trained as a Radio operator. After further training in England he completed about 50 trips on a Stirling, over Germany, then spent the rest of the war instructing on radio. He was demobbed in New Zealand and was joined by his English bride. They had one daughter. Jim eventually returned to the Harbour Board and stayed with them until his retirement. He and his wife retired to a country town, where she died. After some time he met a widow and remarried: they live in their own home. Jim and his daughter remain in close contact.

Mark II (91-year-old married man, living with his wife in an apartment in a retirement village, Pilot, Mosquito, Bomber Command)

Mark II was born in a small country town, the first of two children. His father owned a
manufacturing business, but after Mark II completed his education at a Technical College his father suggested that his son pursue other interests after school. Mark II joined a global technology company and was working with them when war broke out. He enlisted for the Air Force and was trained as a pilot in New Zealand, and then was selected for further training in Canada where he earned his ‘Wings’. Posted to England, he travelled across the Atlantic with the first contingent of American troops. He was posted to Training Command spending 18 months there, training pilots and accumulating over 1900 flying hours. He was known as a fine instructor. In September 1944 he was selected to fly Mosquitos of Pathfinder Group, and completed 53 missions over Germany as part of the Light Night Striking Force. Just before the end of the war he married his English bride. He spent a further nine months in North America gaining further training with his pre war employer before returning to New Zealand and rejoining his bride who had immigrated to New Zealand. Settling in the city they had two children. In due course Mark II switched careers to join a government department where he stayed until retirement. He and his wife now live in an apartment in a retirement village.

**Ian (88-year-old widower, living in residential care, Pilot, Kittyhawk Bombers, Pacific)**

Ian was born in Australia of New Zealand parents, returning to New Zealand when he was three. An only child, he lived in the city and completed his education by gaining Matriculation. He worked briefly in the leather tannery business before enlisting in the Air Force. He trained as a pilot, completing all his training in New Zealand. He was posted to the Pacific, flying the one man Kittyhawk fighters for four tours. He married during the war and had three children. He separated from his wife after two decades of marriage and disappeared from her life and from the lives of his children for 46 years. After the war he worked in retail, the hospitality trade and finished his career working for a bank. By chance one of his family found him and he was reconciled to two of his children who maintained contact with him and oversaw his care. In failing health, he required private hospital care for the last 15 months of his life.

**Bob (89-year-old widower, living in his own unit in a retirement village, Radio Operator, Ventura aircraft, Pacific)**

Bob was born in the city, the firstborn of five children. He was educated to the fourth form, having to leave school when his father died in an accident. He joined a public
utility company in a clerical capacity. When war broke out he joined the Territorial Force with other work mates, but volunteered for the Air Force. Called up, he was trained as a Radio operator/air gunner and completed his training in Canada, being awarded a silver identification bracelet as best air gunner of his course. Scheduled to be posted to England he was instead returned to New Zealand with the first American troops to be sent here in June 1942. He was initially posted to Fiji and was then sent up to Guadalcanal in the Solomon Islands, as a Radio operator on Ventura aircraft. He completed three tours of duty in the South West Pacific before being invalided back to New Zealand eight months before the Japanese surrender. He married his New Zealand wife and they had three children. He returned to work for his pre-war employer, completing 41 years of service. He then spent a further seven years working in finance in civil aviation before finally retiring. He and his wife moved to a retirement village where his wife died after 62 years of marriage. He lives alone. He is closely involved with his family and retains a lively interest in the ex-service aircrew club.

Figure 4-20: A Lockheed PV1 Ventura being bombed up in the South West Pacific (Air Force Museum of New Zealand P4899 Ventura in the Pacific)

Not particularly successful in Europe as a bomber, most Venturas were used in the Pacific by the RNZAF, where they did routine patrols, anti-shipping strikes, mine-laying, bombing and strafing missions, air-sea rescue patrols, and photographic reconnaissance missions. They saw much action before being phased out. By June 1943 the Ventura bomber had been phased out of service over Europe in favour of the de Havilland Mosquito. They however were used extensively on Coastal Command in the Northern Hemisphere.
Skipper (87-year-old, living with his wife in their own home) Pilot, Lancasters, Bomber Command

Skipper was born in the city, the fourth of five children and the youngest son. After four years secondary education he left school to join the family business. He enlisted in the Air Force, completing all his training in New Zealand. He was commissioned as Pilot Officer before being posted to England. After finishing a variety of training courses he was trained to fly Lancasters, and completed 31 missions over Germany in the latter part of the war, after which he instructed young pilots who were being trained to fly in the Far East. He was demobilised in New Zealand and returned to the family firm. He married the young woman he had met before the war and they had four children. He was managing director of the firm before he retired. He was always a keen and gifted sportsman, and enjoyed gardening, hobbies he and his wife continue to enjoy although in a more limited capacity. They live in their own home in the city, closely supported by family.

Don (88-year-old widower, living in an apartment in a retirement village, Pilot, Stirlings, Bomber Command)

Don was born in a country town, the elder of two children. His parents purchased a farm close to the city and he completed his three year secondary education at an agricultural high school with the intention of returning to farming. However the farm was sold and the family moved to the city, where Don initially worked for a builder, and then drove a van, delivering mail, groceries, meat and bread to the area. Called up for the Air Force he was trained as a pilot in New Zealand and was posted to Prince Edward Island in Canada to complete his training. He was posted to England flying Wellington planes, and then did a tour of 25 operations in a Stirling over Europe. He spent the rest of the war instructing pilots on Stirlings and later Lancasters, which he enjoyed. He returned to New Zealand and was followed a month later by his English bride. He developed a career in retail, and later, training. He and his wife had one daughter. Now widowed he lives in a retirement village, with his daughter close by, and takes a keen interest in his grandchildren. He was awarded a Distinguished Flying Medal for his courage in bringing his badly damaged plane home.
4.5 Summary

There were three main research questions and the themes that arose from the interviews interweave with these. The first question of the study was to assess and describe the long term impact of the combat experience on the veteran. It was important to ascertain the influences that shaped the men before the Air Force experience, the Air Force experience itself and their subsequent lives. Themes that came from discussion of their early lives were those of family and survival and then after the outbreak of war pursuing the opportunities of becoming RNZAF combat aircrew and adapting to the demands that these roles placed on them, and then readjusting to civilian life in a world no longer at war.

The second question was to identify those factors in the combat experience that were the most significant to the veteran. The themes that arose from this part of the interviews were playing the part, coping with fear and loss, camaraderie, health and injury and the consequences, fate, luck and survival. This question partly overlays the third question of examining autobiographical memory of the combat veteran, spouse, sibling, children and grandchildren in identifying how each believed the combat experience influenced the individual, and the family. Each veteran, and spouse, sibling, child or grandchild all identified different aspects of the same themes, namely fear and loss, the camaraderie of being in a squadron at war, the long term consequences of reengaging with civilian life, identity loss and recovery, reflection on the past, and the changes in the veteran as they advance into old-old age.

These research questions and the themes form the basis of the following three chapters, and the subsequent discussion. The chapter headings reflect in part the transition from being a child in Depression torn New Zealand, to Chapter Six, Up and Away, the Air Force experience, and then to Chapter Seven – Good Bye and Good Luck. This was the time when the aircrew veterans acclimatised to a world without the political terrorism of war; re engaged with a different reality, built a new life with their families, and now as veterans aged 85 years plus, reflect on their long lives and what they survived.
Chapter 5: Childhood and family

The childhood shows the man, as morning shows the day.

Paradise Regained. Bk. IV. John Milton

5.1 Introduction

This chapter presents the themes that were identified from the interviews with the aircrew veterans, as they talked about their childhood and growing up in New Zealand, for most, between the World Wars, and including the Depression. The themes are those of family influences, hardship and survival and are supported by quotations from the interviews. Family here is spoken of as the nuclear family, being parents and children, as defined by Laslett and Wall (1972), but at times the use of the term family also includes the extended household, namely the conjugal family unit with one or more relatives other than offspring.

5.2 Family influences

One of the dominant themes that arose from the interviews was that of family influences, including being parented by a World War One veteran if applicable. The study veterans were asked what they knew of their fathers’ war service and how the study veterans believed that war service had influenced the World War One veterans as people and as parents. Later in the interview, the World War Two veterans were also asked about the effect of war on their lives and on their parenting. Wives, siblings, children, and grandchild of the World War Two interviewees were subsequently also asked if they felt the war experience of their veteran had influenced their lives. The responses to the questions varied quite considerably and varied from the positive to neutral to very negative, and anger. Those responses are presented in Chapter Seven.

A Liberator pilot speaking of his father who served in France in WW1

It got him into the R.A where he got him into a lot of trouble, but that's all I can remember. (Jack – Liberator pilot)

Subsequent research by the interviewer revealed that the father had in fact been in the reinforcements that went to Passchendaele 1917, the year of the great battle. His two
children said in later conversation that this knowledge explained much of their father’s behaviour during their childhood, and they wished they had known more about their father’s life and war. Another speaking of his father who was invalided off Gallipoli said,

\[\text{He was wounded in Gallipoli...And he had a little lump, like a pigeon egg on his head. It must have been shrapnel or something. It was never moved. Of course as kids we used to sit on Dad’s knee and fondle his lump...but parents didn’t speak to their children about the things they’d done. (Nobby, Pilot – Ferry Command)}\]

This father never spoke of his war to his children, although it had an impact on his subsequent life.

\[\text{He (Father) was keen on the RSA. On Armistice Day, on the farm, 11 am on the 11th November, every year, whatever we were doing on the farm, we stopped for two minutes...He was very patriotic on that front...he was involved in the RSA ...and operation of it. (ibid)}\]

Another had a father who was in France for only about ten months in the trenches, but in the thick of the final fight for Baupaume, a city controlling access to the northern plains of the Somme.

\[\text{He was in the Army in France. He was most emphatic, when this war came along, that ‘Not to join the XYZ Army!’ I could let fly with a string of other adjectives if you wish, but I won’t! I had no inclination to join the Navy, so that left the Air Force. (Kit, Pilot, Pathfinder Force, Mosquitos)}\]

Some had fathers badly wounded in the conflict.

\[\text{He (father) was in the infantry. He got badly gassed and got invalided out. He was on a war pension for as long as I can remember...Through the Depression we were pretty well off on a war pension. I used to be very proud (of him) and skite about it. (Jim, Radio Operator, Stirling)}\]

One spoke of his father who had been a coal miner on the West Coast and in the North Island before WW1.

\[\text{He was gassed on the Somme and was then invalided home and became a full First World War pensioner. He was on the war pension. Never worked...he used to come up and see Dr Hardie Neill (a War Pensions Medical Officer) every so often to be assessed. (Reg, Pilot, Mosquitos)}\]

Another remembered his father who had been a commissioned officer in France.
He fought in Passchendaele and Ypres. He was a Captain there...He got blown up in 1917...he was sitting in a trench and a shell landed behind him and blew him up and he had a hunk of shrapnel at the back of his shoulder and in his arm...and he could use them but with difficulty. (George, Radio Operator - Wellingtons)

Art had a father who had taken a boat to England from New Zealand to join the Royal Flying Corps, as a driver in France.

Occasionally he would be a passenger in a biplane to throw bricks on the enemy plane underneath, as neither side could fire guns without damaging the propeller. (Art, NZ Army, K Force)

The food from England to the front was often poor.

To the end of his life Father retained a great bitterness about the British war profiteers who sent out jam to the men at the front, in kerosene tins that had not been cleaned properly so all the jam was contaminated with kerosene and inedible. He thought that was the lowest of the low. (Art, New Zealand Army, K Force)

The children knew their fathers had been veterans but had no first-hand knowledge of that experience from either parent, if in fact the mothers knew. As the children grew older and became veterans themselves they regretted this lack of knowledge.

Father seldom if ever spoke about it and then only snippets. (Art, NZ Army, K Force)

Others had uncles who had served in WW1, not all of whom came back. A few study veterans had been named after these men.

The one I am named after...went to Gallipoli, got a DCM (Distinguished Conduct Medal), wounded several times. He went to France. Got a Military Cross. He went through...amazing. His brother hadn't been there very long and he got killed in the big push. (Kit, Pilot, Pathfinder Force, Mosquitos)

Another spoke of his father's brother.

My uncle who bought the farm with Dad had been to France and got gassed. For that reason he did not last very long on the farm, because he couldn't stand up to it. He was a very good wool classer. (Nobby, Pilot, Ferry Command)

The influence of the people who had been involved in or affected by World War One was part of the world in which the study veterans grew up. They accepted it as part of their everyday life.
The majority of the World War Two veterans interviewed did not have fathers who had served in World War One, but were still alert to the sacrifices their parents had made for them in what was an austere time for the majority of New Zealanders. One family moved to a northern part of New Zealand towards the end of World War One. A three hundred mile journey took about three weeks. The then five year old son remembered.

*My father and mother and myself, the cat and the dog went up in a one horse buggy. We went by boat from the port and then the horse and buggy were stuck on the boat and we landed at a small wharf. The horse and buggy were put on a raft, put behind a launch and taken up to a landing near the farm.* (Snow, Navigator – Pacific)

Not only was the travel onerous, but the living conditions were basic.

*There were five boys in the family. Poor Mum. Because we lived in the bush too, which didn’t have any facilities …or even a stove? We used to have an open fire… and a galvanised iron chimney just within the hearth. We used to get water from the river. We didn’t know any better. We thought it was quite good.* (Snow, Navigator, Pacific)

One interviewee growing up in a small Southland town where his father ran a nursery, reflected.

*I thought growing up there was great. My father was one of the old very strict Christians so called type of bloke.* (Bunny, Navigator, Bomber Command)

All the study veterans attended local schools for their primary education where they were thoroughly grounded in reading, writing and arithmetic. A country boy recalled.

*Primary School. 15-20 kids…one teacher. Entertainment…We climbed the trees at the back property, girls and boys. We didn’t muck about at school. We got on with things.* (Mauri, Pilot, Bombers)

Another remembered as part of his secondary agricultural course being sent for practical experience.

*We went out to a farmhouse…the farmer…whacked the kids into teams in competitions. Cutting hedges, pulling his mangles and so on, and getting paid for it. The old sod! We were all farm boys anyway so we used to do it at home.* (Nobby, Pilot, Ferry Command)

The majority of study veterans left school after three years’ secondary education, called Form Five. If they were in an academic course in Form Six they could sit examinations
for The University of New Zealand Matriculation which gave them access to University (Koopman-Boyden & van der Pas, 2009). Less than a third of the study veterans reached this level. Others who went to secondary education were directed into trade training or agricultural courses.

*I did four years secondary. I wasn’t taking a matriculation course. I did a technical and agricultural course half of each.* (Bert, Pilot, Lancasters and Ferry Command)

Schooling was tailored to the work the student would do after leaving school, hence the combination of technical and agricultural courses. Night school at technical colleges and university provided further education for those who had left school early and wanted to pursue further qualifications whilst working during the day.

All but three of the study veterans had siblings and the relationships with them were significant, particularly with those who also served in the forces during the war. Parental influence was strong and children, even when they became young adults were expected to do as they were told without argument as long as they were under the parents’ roof. As children they certainly did not volunteer an unasked for opinion.

*I never knew when they bought the farm. We didn’t ask questions in those days.* (Nobby, Pilot, Ferry Command)

However, families, and society in general, were to come under great stress with the collapse of the Wall Street Stock market in 1929 in the United States, which at that time was the world’s banker. This heralded the Great Depression with the financial collapse affecting much of the westernised world and beyond. For many the Depression was a time of despair, great financial hardship and suffering (Leighton, 1964). The lack of money was to prejudice schooling and work opportunities.
5.3 The influence of the Depression on the families

The Great Depression from 1929 until 1936 had a profound influence on the young men who were to become aircrew and veterans. Answers to the question ‘How did the depression affect your family?’ fell into two distinct groups, namely those who were not affected and those who were. Those parents who managed to retain their jobs or keep their businesses survived, but it was a grim time. Some families lost everything, and the children’s education was terminated.

We were quite a comfortably off family because of the business... but I remember seeing my mother taking the coat off her back to hand it to a lady in the street. (Mark 2, Pilot, Mosquitos)

My father ran a Billiard Room. He was making enough money out of that to keep the family so we never had hard times as such. (Jim, Radio Operator, Stirlings)

The son of a World War One pensioner recalled.

We were pretty well off on a war pension...I was able to wear shoes to school, but I used to go round the side of the house and kick them off and go barefooted. Because if you wore shoes to school in those days you got ragged [teased]...When I got home I'd go to the side of the house, put them on again, and come inside. (Jim, Radio Operator, Stirlings)

Those who lived off the land were better off for food than many in the city.

We were very fortunate really because having a nursery and quite a lot of land...we grew a lot of vegetables, fruit and so forth and that was exchanged...with one of the farmers for mutton or something. We didn't suffer too much. We were very fortunate. (Bunny, Navigator, Bombers)

Dad used to go to the city about once a month on business and to collect bulk groceries...a sack of flour, a sack of sugar and other things. The garden kept us going. I learned rabbiting and gardening from our gardener. (Nobby, Pilot, Ferry Command)

Parents economised where they could.

As a family...once shearing was done we used to go down to a boarding house at the seaside for a week or ten days. When I think now it was during the Depression that stopped...Instead we used to go to one of Grandpa’s (rental) houses (on the coast). So that was the way they economised. (Nobby, Pilot, Ferry Command)

Many veterans had parents who lost everything and were destitute, dependent on hand
outs and the generosity of the better off.

We lost our house – a beautiful home. Dad lost his business which was one of the largest engineering firms and we were right down to it during the Depression. The depression years were with me I suppose right through my life. I still remember them. My family certainly did too. (Ron, Bomb Aimer, Bombers)

1929 to 1933 was a grim period for us. My mother, who did not enjoy good health, sacrificed her health to ensure that my education was not impaired. There was a lot of unemployment and I saw poverty that I never want to see in my life again, but which existed until the Government was changed in 1935. Then the whole country started to get new confidence...new hope and new life. (Gus, Navigator, Pacific)

The Depression ruined my father financially and we went to live in a cottage that we had on the beach...ghastly hole of a place in those days...what investments he made vanished completely in 1933. He was flat broke...he had to borrow £100.00 from his brother-in-law to take us to the beach... to set up home there. (Ray, Signals, NZ Army, North Africa)

When I left school you could not get a job. Some of the neighbours, actually the kids were hungry. It was a terrible time. Nothing been like it since...My father went broke...My mother took on dressmaking and subsidised the income with her efforts. She was a great mother. (Guy, Pilot, Pacific)

When the Depression came Dad was out of work. I remember he had a bicycle and a shovel, and he was on road works. There was no money. My mother was a music teacher. (Moz, Radio Operator, Coastal Command)

(The family) just lived, just scraped along. Our big meat ration...every Wednesday I used to have to run up to the fish shop and buy a rabbit; One and three pence for a rabbit. It was stuffed and roasted and that was our one big meal. The rest was tripe and things like that...My old man he loved his vegetable garden. Vegetables all the time. (Reg, Pilot, Mosquitos)

The son of a timber mill owner recalled.

It was the Depression and the mill closed down so we came back (to Dad’s family home in the city). We lived there with my grandmother. I don’t know how we would have got on if we hadn’t bad her. (Dad) was on relief...I remember turning the mangle (to squeeze the water out of the washing), running messages for my grandmother, down to xxx Street to pick up meat from the butcher, things like that. She was a very generous person. (Bob, Radio Operator, Pacific)

Another remembered seeing the men out of work.
I remember the relief workers, they called them, working in the grounds of the school. It was sad to see men who weren’t really fitted for it, doing that type of task, but I wouldn’t say menial jobs. I think any job is important if it is done well. (Skipper, Pilot, Lancasters)

Everyday luxuries disappeared.

Where we used to go out on a Saturday or Sunday, we’d go and catch the tram. That didn’t happen. If we went out at all, one walked. There was nothing in the household...so much so that I found myself an after school job in my second year at College. I saved a shilling a week... It was a lot of money in those days. (Kit, Pilot, Pathfinder Force, Mosquitos)

In my final year at school, the family’s finances improved to the extent that I was able to buy a pushbike, second or third hand, and I was able to take part in some of the school activities...It was a long ride over metal roads in those days (4 miles), no tar sealing until 1938 and after that it was easy. (Ray, Signals, New Zealand Army, North Africa)

Smoking was a common habit, but that too had a cost in the depressed economy.

Dad smoked yellow Castle tobacco, rolled his own and Capstan tailor mades...He started smoking wild Woodbines, which was the cheapest cigarette you could get. (Nobby, Pilot, Ferry Command)

Many out of work men lived in public works camps scattered throughout the country, doing such work as road construction, drainage work or tree planting. The men on public works programmes earned a small wage. They were also given food in return for their work.

We ate a lot of rabbit, which we shot. There was a public works camp right next door and I know my father (a store owner) had to keep an eye on the whole show because he never knew when somebody would be owing him money and ship out. One of the risks they took. I used to ride a horse to school, with my sister on the back. (Don, Pilot, Stirlings)

A large number of school pupils left school at a young age because money was needed to keep the family going. Education was compulsory to the age of 12 and free to the age of 14 years.

I left school at 14. It was not unusual at that time (Kit, Pilot, Mosquito)

My father was killed so I had to leave school to help the family. (Bob, Navigator, Pacific)
I came home from school one Friday afternoon and my Dad said ‘you won’t be going back to school my boy, you are starting work on Monday.’ I said ‘I don’t want to. I want to go back to school.’ The next Monday I was taken into town and started working for ten shillings a week of which I got sixpence in pocket money... (the rest) went to help the house. My father had no time for education. Education didn’t mean a thing to him. My elder brother never even went to secondary school; he went straight from primary school to work in a mattress factory. My father just did not think education was necessary. It was a bit unfortunate because I was always one of the brightest ones in the class myself. (Reg, Pilot, Mosquito)

Two years’ secondary education was the minimum to join aircrew, so the lack of education was a considerable impediment for some. Involvement in school sporting activities was helpful for a few in pursuing an air force career. One interviewee recalled his Air force interview in Rotorua, at the Initial Training Wing. He was doing poorly until the officer in charge, a teacher from his previous secondary school, said

‘You were in the first fifteen weren’t you...I remember you getting into the finals in boxing...You were in the athletic team too weren’t you and you played cricket, I remember.’ I did all those things and that just turned the scales. I was then accepted to be a pilot because I had been pretty much a sportsman. (Skipper, Pilot, Lancasters)

This same master was to save yet another air force aspirant.

‘I remember this boy, and he was a pretty bright boy when he was in my class.’ And I think to soften the blow, he said, ‘I would recommend that, if he is prepared to sit the assignment exams we accept him for aircrew.’ So as I walked out, he walked out behind me and his exact words were - Now, you little bastard, he said; you have got a cheek. I said all I wanted to do was fly! He said, ‘I know, but look, I’ve given you the opportunity, you work like hell, if you have any problems, you come and see me and I’ll help you out.’ So I did, I worked like hell for the next few months going next to Banks Box building in Wakefield Street for lectures. (Reg, Pilot, Mosquitos)

However, economically, education beyond the legal school leaving age of 14 years was a luxury many families could not afford. They needed children to earn an income to help the family coffers.
5.4 Parental Influence on post school work choice.

Despite the hardship of the Depression, most study veterans lived at home until leaving for military training. Just as parents had dictated most aspects of the study veterans’ lives while at school, so parents often dictated what work children would do after leaving school, such decisions influenced by family circumstances. Security of work and income was a dominant consideration after the economic and social difficulties of the previous years.

When I left school my parents told me to get a government job. Good permanent jobs, you can’t go past that...So I did...We used to obey our parents pretty well then. (Jack, Pilot, Liberators, India).

I wanted to be something constructive like a civil engineer...but the family could not afford that and I had to take a job and I was lucky enough to get a clerical job at (a merchandising firm) and I just went slowly up the promotional ladder...But if you took an accountancy job...it was like an insurance policy. You wanted to have some security and that was something that always kept us going. (Gus, Navigator, Pacific)

I had two years at University doing commerce, but I didn’t like it. I didn’t want to, that was the whole thing but my dad thought it would be a good idea. He said ‘No matter what you do it will always be an advantage if you have a bit of experience of ...bookkeeping and that sort of thing,’ Then the war broke out in 1939 and he said ‘you’d better come back home.’ (Des, Navigator, Lancasters)

With the help of the headmaster I got the job (in a bank). In those days, banks and insurance companies you needed someone to promote you, and I was fortunate in having the headmaster (Ray, Signals, NZ Army)

When war came parents were also influential in suggesting the forces, their children, if eligible might join if conscripted, or if they wished, to voluntarily enlist.

In June 1939 there was an ad in the paper - Wanted. ‘Those with mathematical degrees or etc. ‘To join the air force.’ I always remember the old man sitting at the table one night and I said to him ‘it wouldn’t be a bad idea to join the air force’. He said ‘A very good idea... at least you go to bed in a sheet,’ ... So I applied to the Air Force (George, Radio Operator, Wellingtons)

Some followed their siblings into the Forces

My brother having become a prisoner of war when I was 17½, I applied to join the air force which was the age you could get in. (Skipper, Pilot, Lancasters).
Chapter 5: Results - Childhood and family

All my (four) brothers served. My eldest brother was in the navy. (Moz, Radio Operator, Sunderlands, Coastal Command)

Parents had to give their permission for their sons to join the forces unless the sons were 21 years or older. One Air Force aspirant was a year too young but was determined to join up, so altered the year of his birth on the application papers.

They (the Air Force) kept asking for my birth certificate and I told them I was having difficulty getting it because the old courthouse had burnt down and all the records had been moved...to the new courthouse. My mother wouldn’t sign the papers because she knew when I was born...and she never forgave me...My father signed because he knew that sooner or later I wanted to get away. (Jimmy, Spitfire Pilot)

One veteran spoke of his mother refusing to allow him to join J Force in 1944.

My mother’s three brothers all went to war (WW1), one in an artillery regiment in France. He went right through the war without being shot, but the war took a toll. My mother had a hatred of the military... she never forgave the army for what happened to her brothers...One was never quite right afterwards. (Art, K Force)

Many study veterans spoke of the strict and authoritarian parenting of their childhood where children were expected to obey their parents and elders, and to contribute to the daily running of the home. With few exceptions however the aircrew veterans remembered their parents with respect and some, with much affection.

The effects of family and family relationships and the parental discipline of their childhood and adolescence were to stay with these men. With one exception all the study veterans had been brought up in two parent homes, with the mother being the homemaker and the father the wage earner. In the Depression some mothers also joined the work force to earn money to feed the family. The study veterans were used to parental discipline, being told what to do, and as children being expected to obey, and as they grew to adulthood, being accountable for what they did. For many of the study veterans the hardship and survival of the Depression reinforced the importance of home in providing security in a difficult world. There was a sense of loyalty to parents and siblings that continued throughout their lives, despite the difficulties that some experienced in childhood.

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16 J (Japan) Force was the British Commonwealth Army of Occupation of Japan after World War Two to assist Japan in its recovery from the war, and as a peacekeeping force
The discipline and loyalty instilled within the family, the need to work to achieve and earn, and seeing the effects of hardship and survival during and after the Depression were significant in moulding these men. They were to serve in forces in which self discipline, the ability to learn and become highly skilled, team work, determination, loyalty and commitment were essential to physical and emotional survival. At the same time they were young men yearning for adventure, and the war provided such an opportunity.

### 5.5 Summary

The influence of family and family relationships was a major theme throughout the study. The family was the stable unit which provided security, a sense of identity and belonging. Loyalty and commitment to the family were important attributes for survival of the family group. Later these attributes were to be expressed in a different way, when the family unit changed from the biological family to aircrew. The Air Force became the controlling authority and provider of housing, clothing and food. The Commanding Officer of the Squadron was the authoritative and usually a supportive parent, the peers becoming both the supporters and critics of personal performance. Loyalty to and protection of one’s peers was vital for survival, but not at the expense of safety. The difference from the birth family was that as aircrew in the air force as young adults, the men had to earn the right to be there and to stay there. They had to deal with and face very real danger and fear on a constant basis. This theme of the Air Force family and associated relationships and other themes that arose from the interviews are explored further in the next chapter.
Chapter 6: Up and away. The World War Two Air Force experience

Few men are brave by nature, but good order and experience may make many so

Niccolo Machiavelli. The Art of War (1520)

6.1 Introduction

Many men applied to the Air Force but few, even those who volunteered, were chosen as aircrew. Fewer still had the essential eye – hand coordination and instinct for flying, although many aspired to be pilots. In this chapter, the study veterans of the Royal New Zealand Air Force (RNZAF) aircrew of World War Two (WW2) describe their experiences, training and preparing for operational duty in the various theatres of war in which they were involved. Explanatory text is used to provide context. The themes that arose from this part of the interviews were opportunity to join the military forces, adaptation and playing the part as combat aircrew of the Royal New Zealand Air Force (RNZAF), coping with fear and loss, camaraderie and being part of the air force family, health and injury and the consequences. The themes of fate, luck, survival and humour are interwoven throughout the text. Where possible, events are presented in chronological order to enable the various aspects of the experience to be captured.

6.2 War and the opportunity to serve

The war gave men and women the opportunity to join in something bigger than them. The war had its own impetus. Service people had a common purpose and they accepted the risks, the excitement of combat, the belief in their own survival, the invincibility of youth, and the expectation that they would be able to reflect on the experience on their return home. In the RNZAF, as with the other services, the aircrew learned what it was to be part of a service tradition of courage, self-sacrifice and compassion for one’s fellow. The experience of war appeared to leave an indelible impression on the study veterans who survived it.

When war was declared with Germany on the 3rd September 1939 some young people saw the war as an opportunity to serve King and Country, but for many it was the chance for a great adventure overseas, away from the grind of everyday life, and away from
parental authority and control. They did not reflect on the fear of loss that their parents
and siblings might feel. This was to come later, when they also were to experience the
loss of siblings and friends.

*I can easily see how young people just automatically go to war. All the people I had
gone to school with...were either flying planes or driving tanks or something...You
thought you had to go in those days. It was the thing to do.* (Bert, Pilot, Lancaster)

Some saw it as their duty

*Anyone that didn’t volunteer to go to the war was less than a man. When your
country is threatened and your people are threatened, by filthy beasts like they were.
Anyone who didn’t volunteer should have been executed almost. And I knew one or
two like that.* (Guy, Pilot, Pacific)

The decision was with which force to enlist. Some joined the army before transferring
to the Air Force. Others had been involved with Territorials or the Air Training Corps.
The Air Force offered men with limited education the opportunity to improve their
education and participate in ongoing training to a greater extent than in the other forces.
There was also the opportunity to leave New Zealand and be involved in the action
overseas at the younger age of 18-19 compared to 20-21 if in the army, particularly in
the early part of the war.

The Air Force was a popular choice for many men who either enlisted or were
conscripted to the war effort. The study veterans were variously inspired to join the Air
Force by seeing 'Mad Mac' McGregor a flying ace of the thirties, or Kingsford Smith,
reading the many books and magazines about flying, such as ‘Flying Aces’. Others saw it
as preferable alternative to the trenches of the army or the wiles of the sea.

*We had talks when I was still at school. Army...trench warfare was in everybody’s
minds and foot slogging. That wasn’t too good, navy got seasick; Air Force was
something new, exciting, thrilling that appealed... and I suppose we joked about
things. If you got knocked down in the Air Force you would die very quickly.* (Ron,
Bomb Aimer, Bombers)

*When war broke out I thought to myself well I don’t want to have to dig trenches,
and I thought if I go into the navy I would get seasick. So I thought, well I’d have a
go at the Air Force...I thought I might have been a brave dashing pilot. But, when I
went for my medic my eyesight was not right, so vision put me out of being a pilot.*
(Bunny, Navigator, Bombers)
My first trip in an aircraft was in 1936 in a Hawker Tomtit. Small aircraft similar to a Tiger Moth, and it was there that I went up with an old pilot of the First World War, which gave me a joy for flying. But I was well stirred up because I originally saw the aircraft of Kingsford Smith’s first trip across the Tasman flying low over Canterbury in 1928, as a boy of ten years of age. (Mark 2, Pilot, Mosquitos)

For the study veterans joining the Air Force as aircrew was a matter of choice. Aircrew in the Royal New Zealand Air Force and elsewhere in the British Empire were all volunteers, but volunteering did not necessarily mean a place in aircrew. To even get an interview for a place in aircrew applicants had to complete and pass 21 assignments on such subjects as Trigonometry and Mathematics, usually through night school. For those with limited education this was a test of determination and ability

But when it came to flying an aeroplane they were no use to you whatsoever
(Skipper, Pilot, Lancasters)

Applicants for aircrew had to pass stringent physical tests, including a decompression chamber test, vision and eye hand coordination, and aptitude tests of the time. Second chances at passing the tests were comparatively rare.

We had medical exams and we rushed around the city seeing specialists. I was so excited my pulse rate was way up. So I didn’t pass on that occasion, and being young and stupid I tried again. But I had been sneaky. Dr... was (my) doctor. In theory he gave me some little medicine that would quieten...my pulse and I would go in there and I would sit for half an hour and it was as bad as ever...I was quite sure I’d fail again and I passed. (Jack, Pilot, Liberator)

When I went to have a medical I failed the decompression test because I always had terrible hay fever...so I was delayed...nearly a year. (Skipper, Pilot, Lancasters)

Some tried to cheat the system, but such efforts could go wrong

We had to rush around and supply some urine and there were forty of us, but any way Sugar...couldn’t produce any urine so he said to the bloke next to him, lend me some. So the bloke said ‘righto’ and he asked the only fellow in the room who had too much sugar in his urine. (Jack, Pilot, Liberator, South Asia)

Those who were selected as potential aircrew completed six weeks ground training at an Initial Training Wing (ITW) one of the earliest of which was at Levin, formerly the Wereroa Boy’s Training Farm, not far from Wellington.
Levin was a boot camp and they really kicked it into us. Did us a world of good too. Lectures and drills. Being taught to do as you were told, punished if you didn’t, all that sort of thing. Very good stuff. We didn’t much like it at the time. (Guy, Pilot, Pacific)

Men assessed as being suitable for pilot training were given the opportunity to be taught to fly in what was considered elementary flying training.

We did the flying by rote, when I look back on it. Round the circuit, such and such a tree...you go round and go down and so on. What I hadn’t realised when the instructor got out the plane was a bit lighter and the damn thing wouldn’t come down quick enough. So it took me three attempts to get down and I nearly took the top off one of the hangars...because I kept extending the cross wing leg before coming in. I finally got it down without breaking it. (Nobby, Pilot, Ferry Transport)

Flight training on biplane Tiger or Gypsy Moths in New Zealand was fraught, and many failed

We were learning ‘ab initio’ and had not gone solo when a Chief Air Instructor came down. We were the first course to experience the routine of grounding. I did the test (with him) and he wiped me just like that. The standard of instruction was pretty grim. I did not realise what I was doing. I could not have gone solo. I would have killed someone. (Gus, Navigator, Pacific)

They grounded the ones...that did not look as though they were going to make it...We lost several on our course. (Guy, Pilot, Pacific)

I had a young frustrated pilot (as an instructor) and he was just horrible...I said to my girlfriend I am going to be grounded...She had a brainwave and rang her uncle who rang her friend who took me up and said you can go solo tomorrow, which I did...When I was instructor on the bombers I was very sure that I’d never be severe with a chap. Being in charge of a big plane the first time, you had to be sympathetic. (Skipper, Pilot, Lancasters)

In New Zealand each potential aircrew member had to go before a panel. The panel decided whether a man was going to be for example an air gunner, navigator, pilot or Radio operator. Only a few were selected as pilots. A percentage of those who failed the initial pilot testing went on to train as Radio operators, navigators, bomb aimers or air gunners. Those selected as aircrew did further training in New Zealand and then over 7000 were assigned to complete their training at one of the 151 schools of the Empire Air Training Scheme in Canada, as New Zealand did not have the facilities to train sufficient numbers for the European war (H. L. Thompson, 1953).
In Canada, aircrew completed their training in their particular trade, but all the way through had to satisfy exacting requirements

*We had the air phones on from dawn to dusk and you would get this dit dit dah in your head. We had to pass out of radio school at 22 words per minute, but when we operated we only operated at about eight to ten, but you had to pass out at 22. It took a lot of doing. A lot of them fell by the wayside you know. They went as straight air gunners.* (Jim, Radio Operator, Stirlings)

The men had to be resilient as the instructors were tough. Arriving at Radio School a trainee operator and his intake were firmly put in their place.

*When we got there the CO [Commanding Officer] said, ‘this used to be a deaf and dumb school but the only difference between you and them is that you are not deaf, in other words you are dumb.’ A very cruel thing to say but they said that to every lot they came in. The only difference is that you aren’t deaf; you are a dumb lot of sods. I suppose we were then, as we hadn’t learned anything.* (Jim, Radio Operator, Stirlings)

Gunnners were taught skeet shooting to learn deflection techniques and to develop ‘the eye’.
Others completed all their training in New Zealand before either being shipped to Europe, or after 7th December 1941, flown to the Pacific. For all successful aircrew there was ongoing training throughout their service life. Wastage during training was estimated at about 75 percent and there were no second chances in training. A trainee had to meet the standards or was moved out of aircrew training. For those who completed their training and went on to fly over Europe in Bomber Command there was a 55 percent or less chance of surviving the experience particularly for those on the heavily laden four engined bombers (Bishop, 2008).

In Canada, pilots were sorted into potential fighter pilots, training on single-engine North American Harvards while pilots selected for bomber, coastal, and Ferry Command were trained on twin-engine Avro Ansons, Cessna Cranes or Airspeed Oxfords. After successful completion of all the requirements on land and in the air, they received their wings in a formal ceremony.

_A very proud moment actually (Reg, Mosquito pilot)_{\textit{}}
In New Zealand there was no such ceremony.

_We were just given our wings... and told to sew them on._ (Kit, Pilot, Mosquitos, Pathfinder Force)

Having their ‘wings’ as pilots did not assure that they would automatically be commissioned as officers.

_Once we got our wings, some guys got their commissions straight away but the rougher elements like me got Sergeants (sergeant pilots)._ (Jimmy, Spitfire Pilot)

Being commissioned immediately gave the young officers authority, responsibility and a
certain prestige.

*Just before we went away with (No.) One Squadron the pilot, the navigator and myself were commissioned. It was good that we were able to go away on that too with a commission. It did (make a difference) not that we were snobs of course, but yes it gave us a bit more freedom I suppose or pleasure.* (Bob, Radio Operator, Pacific)

*When you are a commissioned officer there is a sort of an aura attached to it which is quite false. We were just a bunch of snobs in many respects. It opened a lot of doors for me.* (Gus, Navigator, Pacific)

When travelling by boat commissioned officers were more likely to be given cabins. The non-commissioned were allocated hammocks. On operations and on base the commissioned officers had one mess, the non-commissioned another. In class ridden Britain, the commissioned officers had a more privileged time than the non-commissioned had, but also were expected to behave appropriately. In the Pacific the divide was not as significant.

One young newly commissioned pilot officer travelled from New York to Britain on the Queen Mary, loaded with 15,000 plus, troops and crew, and no convoy as the ship was fast.

*I was sent down below as a young officer to sort of supervise...and I had had no experience really, and these were Yanks...very fit men...waiting to go to the war in England.* (Skipper, Pilot, Lancasters)

Pilots did not choose their command. They were placed there on the recommendation of instructors and others. There was no argument.

*They can assess from the type of flying that you do whether you are a fighter pilot or a straight and level guy. They saw that I was suited to Ferry Command...If I had gone to the UK with the bomber squadron...you had about a 20 percent chance of coming through one tour. Fate works in strange ways really.* (Nobby, Pilot, Ferry Command)

*In Brighton I went in front of this panel and they asked me what I had been flying. I said Harvards, and they said you will have to learn to fly Oxfords and then Wellingtons and become a four engined pilot. I was horrified...But looking back I realised that I was miles better suited to that than the mad headed attitude you almost had to have as a fighter pilot.* (Skipper, Pilot, Lancasters)
Chapter 6: Results – Up and away

The steadier guys they picked for bombers, but mad headed ones like me, well I was a bit of a rascal...and I made it quite clear to all and sundry that I didn’t want to go on bombers. Fighter was my thing... after flying Spitfires all those years, every time I took off in one I still got the same kick out of it. I loved it. The darn war all finished too quickly. (Jimmy, Spitfire Pilot)

For those who trained in New Zealand for the Pacific theatre of war the demands were similar although the aircraft they flew in, the tropical vegetation and seas they flew over and the enemy, were very different from Europe.

For many the opportunity to go to Canada was the time to shake off parental shackles and when on leave, to thoroughly enjoy themselves. All the study veterans who had trained in Canada spoke of the extraordinary generosity of the Americans and Canadians.

They couldn’t do enough for us. We couldn’t spend money there and what little money we had they said keep it in your pockets. So we had seven wonderful days of leave in New York. (Mark 2, Pilot, Mosquitos)

I cannot emphasise enough about the Canadian people, how good they were to us...yes, they were marvellous. (Bob, Radio Operator, Pacific)

In the course of their training in North America the study veterans had the opportunity to see the vast landscapes and many of the great cities of that subcontinent. Having come from a small isolated country in the South Pacific, it opened their eyes to the wider world, but nothing prepared them for the reality of being in a war zone.

6.3 Adapting to air force life as aircrew

‘The end for which a soldier is recruited, clothed, armed, and trained, the whole object of his sleeping, eating, drinking, and marching is simply that he should fight at the right place and the right time’ (Howard & Paret, 1989, p. 95). Now fully trained and inculcated with the need for discipline and cohesion (Murray, 2009), the aircrew were posted to Europe or the Pacific and in some case both. Here they now had to adapt to the reality of war and the huge psychological pressures that war imposes.

We were certainly initiated by lot of marines from Guadalcanal. They were tough guys. We went up the gang way with our kitbags (with the marines calling out) ‘You’ll be sorry. You’ll be sorry.’ (Ron, Bomb Aimer, Bombers)
On the way over to America on one transport they asked for volunteers to look after the wounded American soldiers from the Pacific.

*Some had no hands, some could not see... we used to mostly feed them, write letters for them...It made me very compassionate to try to do things for these boys. To have to write a letter to their girlfriend—oh God, it makes you cry really - to tell them how much they loved them.*  (Reg, Pilot, Mosquitos)

Aircrew continued to receive instruction as they travelled the ocean, and had various duties such as doing night watch. One ship set off in a convoy of 26 going down the east coast of America to Panama.

*Every night there would be star shells flying about and the next day there would be one less ship...The (German) subs were following alongside and would just knock one (ship) off every night...By the time we went through Panama we had five ships left. Even though we were on watch, we were useless. We couldn’t do anything.*  (Snow, Navigator, Pacific)

Those who travelled to Britain were entrained almost immediately to Brighton or Bournemouth in Southern England.

*For the first time we realised there could have been a war on because there was a blackout. We were stuck in London for a few hours during an air raid; There were sirens, searchlights...bangs and guns and bombs and we were peeping out under the blackout off course with all this terrific stuff... and then on to Brighton*  (Ron, Bomb Aimer, Bombers)

After some time at these assembly points, doing a bit of drill, the men were sent to the Air Familiarisation Units to become used to the terrain of Britain.

*They said flying in Canada... you had two railway lines, but England was a mass of railway lines. We had to get used to map reading.*  (Des, Navigator, Lancasters)

Aircrew were sent to a variety of bases throughout Britain to acquire the many skills that they would require as aircrew and to get the requisite experience. Before formally going on a tour of operations, they were sent to Operational Training Units (OTU) to be trained on to the planes which they would be flying in or flying. At this time the trained aircrew were also ‘crewed up’.

*We were put in a huge bangar and told we had a couple of hours to crew up... There was urgency to get the best...The person we wanted as our captain, our pilot was very cautious and didn’t want to make a decision so we helped him ... and we crewed up.*
One gunner did not measure up so we weren’t going to keep him. (Ron, Bomb Aimer, Bombers)

The men who made up the crews came from all over the world, and sometimes it took a little while to cope with various versions of the English language, so that they could understand each other, especially in an emergency.

I will never forget my first trip. Ever tried to understand a Welshman in the front turret (of a Wellington) talking to a Scotsman in the rear turret and an Irishman (as pilot) who luckily lived in England and had lost the rawness of the Irish...but as radio ops I controlled them all and could turn off their intercom. (George, Radio Operator, Wellingtons)

Crews formed very close bonds and most study veterans had stayed in touch with their crews over 60 plus years. They made every effort where possible to cross the world and catch up—with their old crew mates War, many said was a great leveller and friendships formed at that time lasted a lifetime, the bonds remaining as secure now as in wartime.

Every time the men moved to another base, they had to move accommodation. Officers and the non commissioned men had separate quarters, Sometimes the living accommodation was in a permanent base, but often wasn’t.

We were in Nissen huts. The idea was shrapnel would hit them and they’d just bounce off. So we lived with a fire, a little furnace, they gave us a ration of coal, and we had to warm themselves by that. They weren’t wonderful conditions but you put up with that. The officer’s mess was just brilliant. (Ron, Bomb Aimer, Bombers)

All my time in UK only twice did I have permanent building...Once for three months, once for four weeks. Other times we had a sort of framework with malhoid roofing, no insulation whatsoever. Worse than that were Nissen huts, which if you don’t know is purely galvanised iron such as used for roofing, formed into a semi-circle with doors at either end. They were hellish, particularly through winters! In fact, one time five out of six of us from one hut were in hospital. I had pneumonia. (Kit, Pilot, Pathfinder Force)

Even for those who trained in New Zealand the Nissen hut was a reality

We were sent up to Waipapakauri, with a whole lot of other hopeful, flying crew people and we had to sort of set up the camp. The realisation that the Japanese were becoming an absolute threat to New Zealand was coming to pass by that time. I think it was May ’42. We were sent up there...to build from broken down Nissen huts and lived in them. It was a pretty grim place. It was so depressing. (Skipper, Pilot, Lancasters).
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After the tragic death of one young trainee, the base at Waipapakauri was closed in 1943.

The Pacific War and that of South East Asia is considered by many as the forgotten war, but the sacrifice of life or health of thousands of allied service people stopped what seemed to be the inexorable advance of Japan into the Pacific and Asia. New Zealand aircrew who fought in the South West Pacific did most of their flying over the sea, across the scattered islands occupied by the Japanese. The islands were mainly tropical rainforest, a host to a myriad of disease-causing parasites and worms, snakes and dangerous plants. These men would do a tour of eight weeks and then return to the comparative calm of New Zealand. Those who flew over South East Asia particularly Burma which was at that time primarily rain forest, encountered similar problems, but they were deployed in South East Asia for the duration of hostilities. Many of their trips were very long over enemy occupied territory and a hostile environment.

We flew from Calcutta to Bangkok with 4000 lbs of bombs and a four hour trip. Calcutta to Hanoi was 16 hours on the round trip, Christmas Eve 1944. The trip was designed to show the Japs we were not reluctant to work at night (erroneous). The Burma-Siam railway was a seven hour trip, and we managed to drop prisoners of war some cigarettes. We would fly every third day if possible. There was no real anti-aircraft fire, but the weather and the countryside were against us. (Jack, Pilot, Liberator)

Royal Air Force and Royal New Zealand Air Force were in Singapore when it fell to the Japanese forces on the 15th February 1942. This capitulation to the Japanese was seen as the worst defeat in British history (Churchill, 1951, as cited in Langworth, 2008).

Prior to the Japanese invasion life was very pleasant for RAF aircrew serving in these British colonies.

We didn’t have any enemy at all in Singapore so we concentrated on flying and navigation and so forth...We just flew in the mornings from 7.30 am until midday and then went into the city to the swimming pool or had a rest. It was a good life. (Colin, Pilot, Pacific)

However they remained mindful of those with whom they had trained in Britain.

The number of times, we as a group of officers used to say ‘Well I wonder if the pals that we got our licence with...I wonder if there any of those surviving? Because they were bombing...over to Berlin and places. (Colin, Pilot, Pacific)
Then their turn came. On the same day that Pearl Harbour was bombed, Singapore was bombed. The following day the Japanese invaded the Malayan peninsula near Kota Bharu, taking two months to conquer the peninsula and take Singapore. Both in the air and on the ground life became well nigh impossible because of the constant Japanese air attacks, and their infinitely superior air power. Where possible, troops were evacuated from Singapore as all efforts to defend it failed.

One young pilot who had just gained his wings in New Zealand never flew in Singapore as most of the allied planes were destroyed by the Japanese bombing. Looking for some work he sought out the Commanding Officer (CO) of his station.

_The CO said ‘you are not supposed to be here – aircrew are supposed to be evacuated’. You see if I had not gone to see him (CO), I would have just been lost, completely and utterly lost... and become a Prisoner of War of the Japanese._ (Kit, Pathfinder Force, Mosquitos)

It took him three attempts to board a ship before he was able to sail to safety to Batavia (later Jakarta), despite the ship, the SS Darval being badly strafed and leaking. After brief leave in New Zealand he returned to the war effort and a distinguished service career. Speaking 68 years after the event, he considered this visit to the Commanding Officer a defining moment in his life.

One New Zealand officer managed to fly his obsolete Vildebeest from Singapore to Batavia where it was bombed on the runway, and was lucky to escape from there by ship to Fremantle in Australia. Many ships carrying evacuees and military personnel were bombed out of the water before they reached safety. This officer then had to take 200 aircrew and ground crew by train across to Adelaide and Melbourne.

_Here we were on this train for about six days. No food arrangements, no bar, no water, no sleeping arrangements. No beer...as soon as the train stopped 200 of my men dashed to the pub. I had to get out my revolver and threaten them if they didn’t get back on the train immediately I would have a shot at them...this happened about six times._ (Colin, Pilot, Pacific)

He got his men to their destination, and returned to the war effort. With his health damaged by malaria contracted in Singapore, he never again flew in combat. He served instead as a Squadron Leader on the staff of South East Asia Command (SEAC) in India which was lead by the allied supreme Commander, Admiral Lord Louis Mountbatten.
The Japanese Imperial Forces were an implacable enemy, a well trained, battle hardened force with a military code (bushido, Warrior’s Path) that did not countenance the dishonour of surrender (Showalter, 2005). The results of their progression through China, Manchuria, Malaysia and the Philippines were to become as well known as the atrocities of the Nazi Third Reich. Although not in immediate contact with the Japanese, the aircrew in South East Asia and the Pacific knew their fate if their engines failed or they were shot out of the sky.

In answer to the question ‘What was the general feeling about the Japanese?’ the replies had singular uniformity

_We were scared of them...we of course all had guns and if we were ever captured we were going to shoot ourselves...We knew that if we got caught it was spilt, and not quite that easy either, because they would torture you first. That was quite a thing...They killed all the aircrew they captured so I was frightened of them._ (Snow, Navigator, Pacific)

_The Japanese were savages you know. They all carried their religious books with them and their books of poetry but if they got a prisoner it was just too bad what they did to him. Mind you the Americans were not much better. They, and justifiably so, dished out what was handed to them._ (Gus, Navigator, Pacific)

_One of our boys, I saw his parachute disappear into the jungle... two or three days later, advancing Australian troops (driving the Japanese troops back) found this New Zealand boy (on a jungle trail) hanging from the branch of a tree by his thumbs. His thumbs were wired to the horizontal branch of a tree across the trail. Imagine the pain of that. God knows how he hung there for so long...and his stomach was slit open and his entrails hanging down. Dead. Still in his New Zealand flying suit. He must have suffered terribly before that happened... (I've) still got a hatred for them._ (Guy, Pilot, Pacific)

_Poor old Japs. They were gradually moving north...they were absolutely shot up, but they still didn't give in._ (Snow, Navigator, Pacific)

The Pacific war was a war without mercy for either the aggressor or the defender. For both sides it was kill or be killed. Japanese forces were ‘starved and neglected’ (Summers, 2005) by their commanders, beaten, abandoned or killed if they were wounded or diseased and thus of no further use. Japan had signed the 1929 Geneva Convention but it was not ratified by the Japanese Diet and was therefore considered non binding by the Japanese Empire.

_The Japanese were still on Guadalcanal when we got there, but gradually their troops were forced up to the northwest of the island. 17,000 survivors were evacuated at_
night on very fast enemy destroyers on what they called the Tokyo Express. Another 8,000 Japanese were left behind and 11,000 were the victims of disease and starvation; all left behind. (Bob, Radio Operator, Pacific)

Yet another aircrew taking supplies to J force after the Japanese surrender was astonished when meeting the Japanese in their own land.

I’ll always remember the first night there. I was here with these Japs and they were so nice and polite. (Snow, Navigator, Pacific)

Living conditions in the Pacific were also very different in the early years from those in Europe and these had long term consequences for the aircrew.

The food was appalling because we were part of the American squadron and were eating at their mess. We did not even bother having breakfast, as the American breakfast did not appeal so everybody lost a lot of weight. We suffered from lack of liquid too. You couldn’t drink the water as the water was polluted – by us and so everybody lost a lot of weight...I got kidney stones...through not having enough liquid...I had malaria, I’ve had dengue...I think one effect is that I’m pretty anaemic. (Snow, Navigator, Pacific)

I get a pension from Veterans Affairs – my head is covered in sunspots from up there. (Gus, Navigator, Pacific)

All the men were required to take Atabrin to protect against malaria, and salt pills to combat the fluid loss from living in the tropics and the RNZAF officers ensured that this was strictly enforced. Living in the jungle was treacherous and New Zealand Forces were issued with a pamphlet written by the New Zealand botanist, Lucy Cranwell, ‘What to eat’ to help those stranded in this environment.

The Australian army and the United States Forces over time established a safe allied bridgehead, pushing the Japanese north, at fearful cost to all, particularly to the civilian population. As the Allied troops became established living conditions improved markedly for all the troops.

Conditions had changed markedly at the RNZAF base at Bloody Ridge (Guadalcanal). I mean they had wooden floors in tents, electric power, proper mess, ablutions. Yes, I couldn’t get over it. (Bob, Radio Operator, Pacific)

Flying in the tropical Pacific was difficult for much of the available land was hostile physically and enemy wise and the flying conditions could change dramatically, with
sudden tropical storms totally disorienting the pilots (MacDonald, 10th October, 2010). Numerous airfields were bulldozed out of the jungle and overlaid with Marsden matting or with white crushed coral forming a hard base for the heavy planes. However the sun strike from the white coral initially caused many a failed landing and so all allied pilots were issued with sunglasses. Pilots had to get used to taking off and landing on different surfaces in unpredictable weather. It was hazardous.

The RNZAF aircrew had various jobs in the Pacific, as bombing, reconnaissance and transport, but in the last year of the war their role was mainly garrison duties such as patrolling under United States Command.

*Our primary role as aircrew was to keep alert for hostile fighters and the sighting of enemy ships. We used to do about three in the morning and three in the afternoon...Most patrols were flown at 1,000 feet and up to 400 miles from base (on Hudsons).* (Bob, Radio Operator, Pacific)

They flew in close support of the Australians and escorted American bombers as they fought against the entrenched Japanese.

*It wasn’t a very rewarding job...but it was a necessary one. We never lost any bombers except through attacks (anti aircraft) while we were doing it. We lost one or two...But Jap fighters, on any job I was on, never got one of their (US) bombers. It was a great compliment to our people...that was why the Americans wouldn’t go without us.* (Bob, Radio Operator, Pacific)

However, the association with the American forces denied many of the New Zealand aircrew the recognition they felt they deserved.

*All the recognition is in the United Kingdom, and all the flags were flying. But because our people were with the Americans (in the Pacific) they did not get much recognition.* (Guy, Pilot, Pacific)

RNZAF aircrew were however in the aerial fighting, to isolate and bypass Rabaul from November 1943 and subsequent forays, and here as in Europe they experienced the reality of being in action over enemy territory. The RNZAF were to lose 338 men in the Pacific, 58 seriously wounded, and seven prisoners.

### 6.4 Coping with fear and loss (Operations)

The aircrew interviewed served variously in Bomber Command, in heavy and light
bombers, Pathfinder Force and Pathfinder Group in Europe, Coastal Command and Ferry Transport, and in bombers, escorts and transport in the South West Pacific and South East Asia.

In Britain aircrew arriving on station were orientated to the base. Then before operations over Germany they were issued with their equipment:

*Escape kits and compasses, two fly buttons to sew on. You'd have to cut them off, suspend one above the other on a cotton and they swing to the north... If you were escaping, then you'd have an open fly I suppose for the rest of the escape, but never mind.* (Ron, Bomb aimer, Bombers)

Before starting on operations, bomber aircrew usually did a few familiarisation flights over safe territory getting used to each other as a team and doing such manoeuvres as “Bulls eye” a simulation as close as possible to an operational night flight over enemy territory.

*On the night trip all the defences were alerted, the searchlight crews and all the rest of it to make it as near as possible to ops...In one of these I remember the skipper saying ‘Gee, they are really making it realistic tonight...They are putting up dummy flak. It wasn’t dummy flak at all...it was the Jerry raid on Southampton.* (Des, Navigator, Bombers)

Others did gardening flights (mine laying) over enemy waters, in theory to blow up enemy ships. Then all the training was put into practice. In fact as many said, in different ways, the real training was on operations.

*You learned most of your bomb aiming/ navigation etc on operations and in enemy conditions. That was the real training and you improved as you went on, with experience.* (Ron, Bomb Aimer, Bombers)

To the question, what was it like going on operations, the responses varied.

*Well you went through the routine – there was a briefing...and then there is the process of getting your parachute, getting your Mae West (life jacket) and then getting your transport, and the WAAF officer calling out S for Sugar which was ours... I remember the CO came round and said ‘Good luck chaps. This is your first trip,’ and we were issued with flying rations. If we were nervous we didn’t show it but we probably were inside. There is this feigned indifference which you had to assume...And once you were in the air you’re away.* (Ron, Bomb Aimer, Lancaster)
As soon as I found that that we were ‘on’ (flying), round about eleven o’clock in the morning after they had had their conference...you would find the battle order for the night would be pinned to each section’s board...outside the Nav (navigation) office. Straightaway I used to get this funny feeling in the pit of my stomach and it would stay there for the rest of the day, and it wouldn’t go until we climbed in to the aircraft to take off and then I was okay. (Reg, Pilot, Lancasters)

Others seemed to mentally prepare, as there was so much concentrated on each flight.

Another trip! Wonder what it would be like? Would we get there on time (ahead of the bombers, to drop marker flares)? Will we get the beam (to guide them on course)? Would I fly it correctly? What’s the opposition...and you would worry about your navigator en route. Is his gear working? Because we had it, when it didn’t work. And we had fun and games getting back because...we didn’t get called in, and we didn’t know where we were when you got back until you got in to VHF 17 range. (Kit, Pilot, Pathfinder Force)

The first five trips were always considered dangerous, as the crews were inexperienced in combat and liable to make mistakes. Many planes and crews were lost on these first few operational trips despite all the training and practice. There were so many imponderable factors and the aircrew had to cope with whatever happened on each flight. Self discipline was vital amongst aircrew. No matter what was happening, each man just had

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17 VHF means very high frequency
to keep on doing his job, each supporting the other(s) for as long as needed.

Team work was so important and one of the biggest fears, if there was a fear, was the fear of letting your own team down, so you’d never make a mistake and human errors cost lives (Ron, Bomb Aimer, Lancaster)

For a crew member perceived as making a mistake by the other crew, the disapproval was merciless. A navigator carefully plotted the course to Berlin, using the wind forecasts of the Meteorology office, but his plane finished up well south of where they should have been. They could not see the target, and were in great danger of being shot down. Pathfinder markers were eight minutes late, the bombs were dropped, and the pilot with instruction from the navigator flew the plane back to base. After landing

The first man out always pulled his fags out and stood at the bottom of the ladder and you’d grab one. First smoke for six, seven, eight hours, and nobody offered me a fag. They were standing in a group and I knew they must have been talking...not a very nice feeling, horrible feeling actually...The skipper came across and said what went wrong tonight. I said ‘I’m buggered if I know’... I thought I was for the high jump (Des, Navigator, Lancaster).

That night 74 RAF aircraft were lost, over 500 men. The navigators had plotted on 70 knots, but the planes had hit a low jet stream of 135 knots, the first time this had been encountered. None of the planes hit the planned targets that night, as the entire flight had been blown about 60 miles south. Although vindicated, the navigator never forgot that feeling of failure. If the Station Commanding Office lost confidence in a crew member, this could quickly lead to the Air Ministry label of ‘Lack of Moral Fibre’ and prompt removal of that man from operations.

The war in the air brought many tensions and dangers, although thousands of feet above the bitter war fought on the ground, and on and under the sea. Being in action caused considerable emotional and physical strain in all the forces. Lord Moran, writing in 1945 stated that when a force is being trained to fight it must weed out those whose character or temperament make them incapable of fighting (Moran, 1945). In base training in New Zealand and Canada, many aircrew deemed unfit were in fact weeded out, but a few survived to go into combat, but were not able to complete their tour. In the stress of action, or after too much action, some aircrew failed to perform. During WW2, as in WW1 the Royal Air Force called it lack of moral fibre, a label that was abandoned at the conclusion of the war. The men referred to it as being LMFed, men who were so
emotionally and physically exhausted or agitated that they could no longer perform.

*We first got a big Scotsman for a pilot and we thought he’s good... but on the first trip he didn’t like it and instead of going straight on target, he went around and the co-pilot screamed at him, get back on course. I will put you on a charge when we get back, but the (Scotsman) wouldn’t. He’d go back round the outside and that’s where the (German) night fighters are waiting and the night fighters were coming at us you know, boom, boom...when he got back to England he went LMF, Lack of Moral Fibre (Jim, Radio Operator, Stirlings).*

Hopeless for a pilot to be in that sort of situation, when you’ve got a crew to go with you. *(Skipper, Pilot, Lancaster)*

Although the men joked in the Mess about a Lack of Moral Fibre it was still a very real fear of how they would cope when things went wrong as they often did. This highly trained volunteer force in Europe, the Middle East and in the Pacific was expected to undertake exceptionally hazardous missions to distant targets, far from home (E. Jones, 2006). If an aircrew member was perceived to be no longer competent he was stigmatised with a dubious psychiatric diagnosis, ostracised, removed from operational duty and often discharged to civilian life to an uncertain future (E. Jones, 2006).

The mental fatigue, particularly for pilots and navigators was immense. Those on bomber raids in Europe flew in darkness and radio silence, with no heating at the rear of the four engined aircraft, on oxygen because of the height, and with total concentration.

*It was mental work and it was very tiring. These blokes in Britain who were bombing Germany for example, they used to come back here and they were worn out mentally. It was pretty tough mentally. It might have been a reasonably short trip from Britain over to the Ruhr or somewhere like that but it took the stuffing out of them really.* *(Gus, Navigator, Pacific)*

In the Pacific, navigating

*If you worked at it all the time you have got to be keeping access to exactly where you were so if an engine failed or something like that and you had to ditch, you had to be able to give the Radio operator note of your position so that he could put out the SOS, and that is where they’d go out to look for you. You have to be working all the time.* *(Gus, Navigator, Pacific)*

In Europe and the Middle East, a ‘tour of operations’ for bombers was 30 sorties over occupied territory, for Mosquitos it was 50 sorties as these planes flew much higher and faster, and a tour could last 8 months or more. After a tour aircrew were rotated into
non-combat units at the end of a tour of duty, and many became instructors, building up huge numbers of flying hours which equipped some to fly special missions such as in Pathfinder Force and Group in the latter stages of the war.

The true figure of those who flew in Bomber Command over Europe and died is thought to be more than 55 percent; the majority lost being in the heavy bombers, so comparatively few survived for a second tour. The length of a tour in the Pacific was eight weeks, back to base, and then back again, with the result that some aircrew in the Pacific did up to four tours, virtually unheard of in Europe.

In the early years of the war the bombing over Europe was not effective and targets were seldom hit, but the loss of bombers and their crews was considerable. It was only when the 1941 Butt report (Murray, 2009) irrevocably proved that the bombs were seldom if ever hitting their targets that the Bomber Command hierarchy were forced to seriously look at night navigation aids (Murray, 2009).

Well, I am quite certain in my day, which were the earlier days, we killed a lot of cows and did not demolish too much of the enemy installations...I think we just scared a lot of people unnecessarily. (Don, Pilot, Stirlings)

Recognising the limited effectiveness of the bombing, and the huge loss in aircraft and men, strenuous efforts were made to improve the safety of the planes and bombing accuracy. To determine whether or not a target was reached photographs were introduced. Every time a bomb or target flares were released a bombing assessment photograph was taken which when developed would indicate whether or not the target was hit.
After 1942 technological advances in navigation, bomb aiming and the use of the Pathfinder Force to mark aiming points by dropping Target Indicators, variously coloured flares, markedly improved the Allied bombing accuracy. This resulted in the gradual destruction of German military capability much of which was in heavily populated areas.

To protect the heavy bombers, which laden with crew, fuel and armament seldom flew above 20,000 feet, and thus well within reach of the anti aircraft guns (ack-ack) of the Axis powers, the bombers were escorted by Mosquito aircraft.
Our Mosquitos were called the cookie carriers, carrying one 4,000 pound bomb in the aircraft bomb bay. No armament whatsoever and relied on speed and height to escort the bombers onto the target and mostly we were leading. (Mark 2, Pilot, Mosquitos)

Figure 6-26: A Mosquito night fighter crew ready for take off (From the private collection of RWM)

Various techniques were used to confuse the enemy. One was ‘Window’.

Window was tinfoil and had a frequency. They had special lengths (which) varied depending on the frequency of the radar they were trying to block, and it was the Navigator’s job while navigating into the target and doing all his work, navigating, watching the weather, to dispose of this stuff in front of the heavy bombers, escorting them into the target so that we had some rough nights some times as we were the first ones in. (Mark 2, Pilot, Mosquitos)

Many civilians close to bombing targets in Germany lost their lives, as had people in countries under the occupation of Nazi Germany. Similarly in Britain, many who had been bombed by the Luftwaffe were killed. After June 1944, the long range bombs

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18 By late 1941 the British had worked out that they could create spurious echoes in German radar receivers by using strips of aluminium cut to a length that mimicked the return that a bomber would give. Both the radar sets on board the night fighters and those on the ground supporting the Flak and Ground Control Intercept sites used the same frequency, which meant that the same length of aluminium strip would render the entire German air defence system ineffective. Eventually Luftwaffe Command realised what was going on, and were able to identify Window.
launched from France, and later Belgium, the Doodle Bugs\(^\text{19}\), and the V (Vengeance) rockets, the first long range ballistic missile took many lives.

They were really nerve wracking the doodle bugs. You’d be sitting there. You would hear them coming and the motor was cut off. We used to dive under the table or dive under the nearest cover and they would come. Boom. But the rockets after that would go just whoosh, bang. You never heard them coming. But quite a lot fell on London...There was one night when I was on leave there...and I spent most of the night under the bed, clinging to the mattress. (Jim, Radio Operator, Stirlings)

![Bombed V2 Rockets on their train in the Forest of Henneberg, Germany. April 1945 (From the private collection of RWM)](image)

**Figure 6-27:** Bombed V2 Rockets on their train in the Forest of Henneberg, Germany. April 1945 (From the private collection of RWM)

Very few aircraft got through an operational tour in the Northern hemisphere theatre of war without some damage. Planes were shot up by flak, or enemy fighters or they lost engines, and suffered equipment failure. It took skill, a cool head and Lady Luck to come home safely. Luck was mentioned by every interviewee, wherever each flew. One Mosquito pilot speaking of his navigator

*We were at 34,000 feet awaiting call in. G asked, “Where is the spare helmet?” I replied ‘Behind me why?’ “Lost my oxygen” and as he turned to reach behind me he collapsed across my legs...I pushed the Mosquito’s nose down and didn’t reduce power and boy did we come down.” G’s terrible noises gradually eased so I levelled off at 17,000 feet by using the trim tabs as the control column forces were just too great to do it alone. G came round, sorted out his oxygen problem, so back up to 34,000 feet*

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\(^{19}\) Doodle bugs (V1) Rockets were so named by the British as the rocket’s target was unpredictable and its course, erratic. A bug was an unwanted visitor.
we went...It was a bit of a wake up call to see how hypoxia works very, very fast at that altitude. (Kit, Pilot, Pathfinder Force)

On a raid, the planes could bunch up well clear of the target waiting for the final call, and collisions happened. In a thousand bomber raid it was estimated that 4-5 percent would be lost to collisions as visibility was limited and all the planes were camouflaged to look like the night sky (Bishop, 2008). Pilots and navigators depended on their eyes, instinct and training, as there was no air traffic control. It was every crew for itself and the skill of the pilot was paramount. Nevertheless, accidents happened.

I clipped his wing and lost my starboard propeller. They spun in and did not survive...Our aircraft went from 25,000 to 16,000 feet in a space of a second in a spin and I recovered at 16,000 feet and then it was a matter of releasing our bomb on the coastline and trying to struggle back to England. The starboard engine was on fire and the propeller had come off and cut a great lump out of the nose of our aircraft. It had splintered our windscreen and it was difficult to see through. We had no communication because the generator was worked by the starboard motor, so all communication was writing little notes on the Gee 20 (navigation) chart. The aircraft sank to 8,000 feet, and on 2,700 revs and we headed across the North Sea...and ended up at an airfield designed to receive damaged aircraft in England. (Mark 2, Pilot, Mosquitos)

Subsequently nearly every night for the rest of his life he had the same nightmare of the plane spinning to earth, trying to stabilise it and get home safely.

Being hit by enemy fire was a constant danger.

One night we got hit in one engine, the starboard outer and the engine burst into flame. And something went wrong with the engine. It was the constant speed unit on the propeller because the revs on the propeller just wound up and up and off the clock and you couldn’t control the motor at all. Couldn’t even feather and stop it, so in the end the prop fell off...I can see it now and the flames went out and we came home on three motors...It made my leg ache, controlling the rudder hard over one way to keep it straight...but we came home alright. (Don, Pilot, Stirlings)

Radio operators were responsible for identifying German aircraft detection beams on their radar sets.

I used to have a set in front of me that could tell if a German was beaming in on you so a sort of light would come up and tell the pilot to corkscrew, to get out of it. Cork

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20 Gee, a navigational device that used the intersection of radio beams from different stations began to appear in numbers in March 1942 and gave British bombers a much greater position accuracy than the previous methods of dead reckoning or celestial navigation (Murray, 2009).
screw is going down and then up and when you go down you leave your stomach up there (Des, Navigator, Lancaster Bomber)

A big four engine bomber going down like that you know and then up...the G (gravitational) effect...I would say corkscrew, cabin corkscrew and wouldn’t take no for an answer (Jim, Radio Operator, Stirling Bomber)

Others were in planes that were fatally hit.

We flew over the target, dropped our bombs and started on our return trip. We had only just put course to take us to England we were actually attacked by a night fighter... we lost an engine and the plane was pretty well shot up, and so the only thing was to get away, headed for the clouds. A fighter came at us again later on as we were over Luxembourg and he shot us up badly; and we actually crashed...If you crash, any survivors are supposed to get out of the immediate area because the Germans used to throw a cordon round around the crash, which was up to five miles...We all split up and I took refuge in a potato patch. (Bert, Pilot, Lancasters)

A farmer pointed out the way to France, and off this pilot went, finally contacting the Resistance. Two weeks later he was taken off from France in a Lysander back to freedom, never to fly over Europe again because of the risk of capture and interrogation by the Gestapo, and possible torture to disclose the underground organisation.

Other crews were not as lucky. A Radio operator in a Wellington, returning from a raid over Germany spoke of the German bomber that downed his plane and finished his war.

We were about at five thousand, the fighter had taken out the left motor; it was burning. And Bill on the intercom said, “Looks as if we’re going to have to ditch into the Zuider Zee,” and I looked down and sure enough there it was, just a dark mass between the two lands, Holland. I remember getting out of my operator’s seat, I went forward and stood beside Bill... and he said, “I’m going to have to splash it.” We didn’t hit water we hit solid ice at two hundred miles an hour. (George, Radio Operator, Bombers)

One was killed, one was badly injured and eventually repatriated and the others finished their war in a prisoner of war camp.

Spitfires were used in many squadrons and theatres during the course of the war. Highly manoeuvrable and with good armament they were very effective in shooting down enemy aircraft, and in low level strikes.
We were on readiness / standby all the time, but then medium bombers (United States Air Force) Bostons and Baltimores...were doing a lot of low level bombing around just over in France. When we could we were at liberty to do some ‘Rhubarb’ (low level strike operations against enemy targets) and we had to pick a day with bad weather, (so the Germans couldn’t pick us up on their radar) low cloud, and we were shooting up transporters and trains and things in France. They were a lot of fun. (Jimmy, Pilot, Spitfires)

Figure 6-28: Spitfire pilots, ‘A’ Flight’ 185 Squadron – Malta 1944 (From the private collection of AJO)

The Spitfires also did convoy duty, protecting the boats that were bringing in vital supplies to Britain, and close support for the advancing allied troops after D Day. To be in combat the aircrew needed planes, and they had to be transported to where they were needed. The division of the Air Force set up to achieve this was Ferry Transport. Civilian and air force pilots flew military aircraft over the oceans and continent in steps, as the engines and fuel capacity were limited. They flew at the whim of wind, weather and terrain to deliver planes for the war effort. Pilots who ferried planes across the world to theatres of war enjoyed their off duty time if they landed safely, but many didn’t. Engine failure was common, and the distances great. In one case, four planes of a newly modified American bomber had already been lost over the Atlantic. In the fifth one
We got as far as Gandar...and they checked our engines and the exhaust system was made of crap metal or something. Already they had holes burnt in them, so bad we gone off we would never have made it. So that was a bit lucky. (Nobby, Pilot, Ferry Transport)

They gave the crew a Hudson, which we duly got to the UK. We were supposed to land at Prestwick in Scotland, and when we got over to the UK, there was fog everywhere, and the skipper panicked a little bit. We were out over the Irish Sea, and you could see land underneath the fog, and he decided to go in and the navigator rushed up from the nose and said there are bloody hills in there. Finally we were flying around and there was a spire sticking out of the fog, it was so low. The navigator said, I know what that is, that’s the Blackpool Tower. So that’s how we found out where we were (Nobby, Pilot, Ferry Transport)

We were supposed to be flying out brand new Stirlings. The Air Force said that Stirling engines wouldn’t overheat when they got down into North Africa and on the route, but they did. We were lucky we had a flight engineer who’d been a boy apprentice at Halton21...He would go out with the ground crew in the morning, taking baffle plates out. Transport command had brought out an order that crews must not, repeat not, touch the baffle plates...So those trips we did out to Karachi we didn’t carry many supplies because the old Stirling was full of engines that were for Stirlings stranded on the route with overheated engines. Honestly I don’t know how countries are run sometimes, that sort of thing goes on all the time you know even now. (Des, Navigator, Bombers)

Others were posted to Coastal Command, on the Atlantic seaboard, the Mediterranean and North Sea, looking out for German Kreigsmarine U Boats,22 depth charging them where possible, and protecting the convoys from the aerial threat of the Luftwaffe.

We were all on Sunderlands with two navigators, two pilots, two Radio operators and three gunners. The planes would be loaded up underneath with two depth charges...We dropped several over time, but the German submarines disappeared very quickly, and these lovely old aircraft only travelled at 120 mph. My job was watching on the screen for something coming up on the radar and sitting at a gun turret. I remember relieving the tail gunner. The gun turret had opened and I thought, “Oh my God it’s opened, he has fallen out”, so I sent a message to the Skipper who said ‘It’s nothing of the kind, he is having tea. Cut out the shit and get on with the job’. A lot of watching and waiting in Coastal Command. (Moz, Radio Operator, Sunderlands)

Asked what they felt about the war most expressed no regret for their war service. War is a moral and ethical conundrum for those enmeshed in it. The study veterans believed that they were waging a war against oppressive tyrannies that endangered the free world,

21 RAF Halton in Buckinghamshire was the base for the aircraft apprentice scheme where many RAF ground crews were trained.
22 U Boats or underwater boats were the very successful German submarines of the Kriegsmarine, the German Navy 1935-1945.
and its way of life. They were well aware of the consequence of their actions, but for the most part described it as a job that had to be done, and were careful about what they chose to reveal. Acknowledging the receipt of the interview transcript one interviewee said

*I didn't tell you about the bombing and all that sort of thing in the Pacific. I have spent 65 years trying to forget it.* (Gus, Navigator, Pacific)

One interviewee recalled an address on base in England.

*Early on we had a talk from an intelligence officer because the fellows were talking about how we were bombing cities and people were dying down there and we were seeing planes going down...He said ‘You are doing the big job. You are the only force that can attack Germany, Berlin. The navy, the army can’t...You are doing more than your share to end the war as quickly as possible.’* (Ron, Bomb Aimer, Lancasters)

Intelligence was coming through about the Nazi atrocities and this too hardened the resolve of many.

*There were the rumours of the concentration camps and what they were doing there and we were utterly convinced we were doing the right thing, and I had no worries about the bombing. I remember one navigator, a sensitive fellow perhaps, whose hair turned grey in a few days. Others could have been married with children; that would have been very different for me too. But we were lucky to be young.* (Kit, Pilot, Pathfinder Force)

### 6.5 Camaraderie and being part of the air force family

For those who returned safely to base in England after flying over Europe, life on and off station was mainly very enjoyable, even if the accommodation was sparse. Many used their spare time to travel and socialise with friends from within the Squadron, further cementing close friendships. At the end of a tour leaving the Squadron was a release from stress, but also a lonely time.

*Oh well as soon as you finished your tour then in a couple of days you went off on two weeks end of tour leave...Then officially you were finished ops for six months. It was a life that sort of got you; you know once you were what we called a deadbeat you were out of everything. You didn’t want to know the petrol loads, you didn’t know anything... and it wasn’t a very nice feeling to be quite honest because, you knew you were going to be posted away from the squadron when you came back from the end of tour leave.* (Des, Navigator, Lancasters)
Many tried to overcome the six month stand down ban and be reassigned to another Mosquito Squadron

It was a good life on a squadron as long as you were where you were supposed to be when you were supposed to be. Your time was your own really if you weren’t on that night or very seldom there’d be a training programme on because all the aircraft available would be away on ops and you missed the camaraderie. The crew you lived like a family. (Ron, Bomb Aimer, Lancasters)

One pilot, who before and after his tour taught trainee pilots, spoke of his off duty time, recognising that air bases were regularly targeted by the Luftwaffe.

Most of the time we spent in the mess. Like one evening, we were in the mess at my EFTS (Elementary Flying Training School), which was a permanent building, and the air raid siren went...I went up on to the flat roof of this building and had a look round to see who was being bombed. Whilst standing up there...a chandelier flare burst above us so we said ‘Oh! Don’t like this!’ So down we went into the building and we told everybody in the mess ‘Chandelier flares up there!’ And before we got out of the building to go to the shelters, the bombs arrived. You could hear them coming down. I hit the floor somehow – so did many other people, the airfield... had a company manufacturing aircraft, which was probably the target for the bombers. (Kit, Mosquito Pilot)

Heavy drinking was not encouraged during their spare time, as they had to be fit for duty. But being young, not all the aircrew were discouraged, and would either socialise in the Mess or go to the local pub

Dad and his mate went down to Devon where they made cider. They had drunk in a pub down there. He could remember as they left the pub there were these two old Devonshire people with broad accents saying “It’s very cold ain’t it George?” Dad and his mate were piddling away from the light of the pub, and one of the old couple said, “My feet seem to be getting very warm.” Dad and his mate nearly fell over laughing. (Son of a Bomber Navigator)

If not fit to fly, they could be stood down. A minority did not drink at all, then or now. Some used their off duty time to travel, using their off duty passes to travel throughout Britain, visiting homes made available for recreation of aircrew under the Lady Ryder scheme, Alestrean House in Scotland for RAF personnel, and visited homes of people they met while on base. A third of study veterans met their future wives in England during this time. As the war drew to a close various squadrons were stationed in newly liberated France and Belgium and then were able to visit a little of Europe and see it from the ground, rather than from the air.
For those off duty in the Pacific and South East Asia socialisation in the Mess was about the only luxury. Those in West Africa on convoy escort had a better life than those in the Pacific, but were still subject to the many tropical vector borne diseases of the area such as malaria, with its complication of black water fever, and yellow fever. In India the heat and the conditions meant that there was very little travelling outside of the base.

Wherever they served humour was one way of coping and the Air Force knew this. In the Royal Air Force there was a strict code of behaviour amongst the officers particularly about talking about what you had or had not done in the war effort. This was epitomised in Pilot Officer Prune who was mentioned in several informal conversations by the study veterans. The Royal Air Force was extremely dependent on the skill of both the ground crew and the aircrew to keep the aircraft in service and safe. Therefore, it was important that all required personnel received training and instructional points as painlessly as possible.

Various RAF officers were recruited in London to develop and publish Tee Emm, classified Training Memoranda which featured Pilot Officer Prune. This figment of imagination became a cartoon figure with captions representing all the mistakes that pilots could and did make. His creator believed that there was always one Prune to some degree in every squadron. Pilot Officer Prune had the effect of reminding pilots to adhere to the rules, not to take unnecessary risks, and above all, not to boast.

Pilot Officer Prune did everything wrong...and he did outrageous lines like 'We flew so low the air speed turned to knots'. You know funny things. We had a line book in the mess and we were trained never to shoot a line, never to boast or exaggerate, and we were dead scared of being in a line book so people never boasted about ops. We never talked about courage, never talked about fear. (Ron, Bomb Aimer, Lancasters)

The British tradition for understatement (Ball, 1970; Kington, 2003) and repression of exaggeration or expression of fear was to stay with these men throughout their lives.

I never talked about it (the War) much. I felt it was shooting a line (Des, Navigator, Bombers)

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23 Prune was a term used in the Air Force to describe a pilot who had just given a brave and dashing - but very dangerous - display of flying
24 Shoot a line means to describe something in an exaggerated or untruthful way
6.6 Health and Injury

Inevitably, in this dangerous working and living environment, many were killed and many survivors were injured. Although the number of Allied aircrew killed is largely accounted for, there is no definitive account of the many wounded in body and in mind. The physical damage was immediate. The psychological and emotional sometimes took years to surface.

"We were just coming back) from Pont Remy (France) from a V1 / V2 site and I can remember saying to the pilot, “Skipper, there is flak our height angling towards us...” He acknowledged and it engulfed us as I knew it had to because it was coming closer and closer and closer. He wasn’t going to swerve and we were engulfed and it badly damaged the front of the plane, the Perspex panel beside me disintegrated... I had to bomb manually because the electrical circuit was gone... Then the engineer noticed there was blood around and I was taken back to the bed and the next thing I remember was coming in to land... I went to Hospital and they got out some Perspex from both eyes and I’ve still got powdered Perspex in my eyes. In hospital, the pilot and navigator came in one day... he didn’t know quite how to put it, he said, “You won at the races,” I knew the Ascot was coming in, “You got an immediate DFC.” I was a bit shocked and the pilot also got a DFC at the end of his trip, yes, so that was it. I was just lucky. (Ron, Bomb Aimer, Bombers)

A co-pilot of a Wellington was coming back from a bombing raid, and it was a rough landing.

"I ended up with my right foot facing backwards instead of forwards. My foot had become tangled in the geodetic construction of the Wellington... My foot had gone in and twisted, banged and split the ankle during the landing. The pilot said “Get up, get up, what are you doing lying there?” I said, “Frank my foot’s cut off I think, I can’t see it.” You see I couldn’t see my foot... the skipper said, “Get up man” and I said, “I can’t, I’ve got no foot.” At this time they realised there was something funny going on so he had a look with his torch and he said "My word." And that was it. (Mauri, Pilot, Wellingtons, Catalinas)

After many months of reparative surgery he was posted to Coastal Command flying Catalinas, guarding convoys on the Atlantic. He described his accident as a lucky event, otherwise

"I would have been one of the RIP fellows. (Mauri, Pilot, Wellingtons, Catalinas)"
The Pacific War presented different challenges because of the nature of the terrain.

*Our aircraft was Ventura 4526 and we were first off from Piva (Bougainville). However when we were airborne the port motor failed. Dan decided to make a belly landing on the remaining length of the airstrip, but when the aircraft struck the metal (Marsden) matting it overshot the end of the airstrip and went right down into a big swamp on fire...I bumped my head on the roof radio gear...above the pilot was an escape hatch...and I opened it up, got out and of course it was well on fire by this time* (Bob, Radio Operator, Ventura, Pacific)

He was taken to the American Field Hospital, together with the other survivors, and had three foreign bodies taken out of his eye and a broken nose set. He lost all his personal belongings, the greatest loss of which was his Log Book. Returned to New Zealand he was precluded from further flying duties, and put on the Officer reserve.

Loss of aircrew comrades and colleagues was an everyday reality during the war, more common in Europe than anywhere else. Nazi Germany fiercely defended its homeland.
and invaded countries. From necessity the aircrew were economical with grief. It is estimated that 55,500 Bomber Command aircrew were killed in the course of the war, of which approximately 3300 were RNZAF aircrew.

I remember sitting in the nav (navigation) office... and all across one wall was Perspex with the names of all the squadron crews, how many trips they had done or all sorts of information in china graph. And after a while the nav officer got up with his bit of paper and walked across past us all with this bit of cloth and just rubbed out two group names, the whole crew, seven, and the old hands sitting there just went on talking and I’m in there thinking Jesus, and it wasn’t long you know you would do it for the nav officer yourself. Yes you came to sort of expect it. It wasn’t going to happen to you. (Des, Navigator, Bomber Command)

Worst of all was hearing news about your family

The CO came over and said ‘I’ve got some bad news for you. Your brother was killed yesterday’. That’s when I first learned that my brother had been killed. He was a Pathfinder on Mosquitos. (Mauri, Pilot, Catalinas)

This Pathfinder pilot was also the last RNZAF aircrew to be killed on active service over Europe.

Also hard was watching other crews, whether ally or enemy die as they fell from the skies, their planes mortally damaged.

My closest friend told me he still worries about the pilot of the Messerschmitt he shot down over France. He saw him going down with his parachute on fire. He just took 65 years to tell me that. (Jack, Pilot, Liberators)

Dad and his crew were coming home from a bombing raid over Europe. The Radio operator heard a voice coming from an American Flying Fortress\(^25\) that had got separated. All they could bear was this southern accent saying ‘Wild Goose, wild goose where are you.’ It went on and on and then it stopped. When they landed everyone was very quiet because basically they heard this man die over the radio. It brought the war home to them. (Son of Navigator, Bombers)

Errol Martyn, who has painstakingly created a record of New Zealanders who have died while serving with RNZAF and Allied Air services, stated that a third of all casualties were due to accidents while training (Martyn, 1999).

(My) other younger brother, toward the end of the war, he was qualifying as a pilot and training and at night flying, he spun into the strip and exploded and was killed.

\(^{25}\) Boeing B17 four engined American bomber with a crew of ten.
I actually saw that. I was there at the end of the war back instructing again. And I was officer in charge of night flying...Saw my brother killed. An awful thing. They say he fainted; carbon dioxide fumes must have been the thing. Suddenly I saw these lights crop like that, come to a stop and do a spiral down and crash down into the strip itself. (Guy, Pilot, Pacific)

As senior station officer it was his responsibility to notify the next of kin

It was my job to go down to town from ... the station, next day, to tell my mother her youngest son was killed the day before. I got down in an Air Force car. She was shopping, and I found her in the shop in the town. She came out and I wasn’t smiling. She smelt a rat; I could see the look on her face. What you doing down here in an Air Force car? And that’s how I had to come and tell her. Nobody else could have done it, because it was my job to do so. Pretty tough on her, pretty tough. (Of four sons, one died, one was a POW in Europe and two were unscathed). (Guy, Pilot, Pacific)

For those men who survived a crash over enemy territory in Europe and captured, there would be interrogation by German military, which were always remarkably well informed. This would be followed by long train journeys over Europe to the camps, years of poor food and containment, relieved in part by the bounty of Red Cross parcels, getting news of what was happening outside from new prisoners and illegal ham radios. Despite the poor conditions prisoners in some German controlled POW camps did get prompt medical care. It depended on the Camp Commandant

I’ll say this much for the Jerries that if you were sick, well all we had to do was go to the main gate and say ‘Krankenver’ (Doctor)... they’d rush away and the doctor would come in and if it was serious he (the prisoner) would go out for medical care. (George, Radio Operator, Wellings)

In June 1943 a Radio operator, the sole survivor of his crew, parachuted out of a Stirling shot down over Belgium. He was captured, interrogated, held in the city jail, fed on soup made out of old potatoes and grass, and then incarcerated in various camps in Poland and Germany for the rest of the war.

I worked in the laundry. That was the only way to get hot water to have a bath. We used to wash in wooden barrels, and after you had finished work in the Laundry you used the dirty water to have a wash and soak. (Ivan, Radio Operator, Bombers)

Food was always a major issue

In the camps we used to get horse meat now and again. Once a week we used to get swede soup and I haven’t eaten a swede since. At the weekends if you were lucky you
would get a bit of horse meat, a bit of meat floating round in the soup. (Ray, Signals, New Zealand Army)

We had a pretty rough period. We were down to eating the dogs and horse meat...a bit of cabbage from the local area, and then we got three thousand British Red Cross parcels and a thousand Canadian Red Cross...they had powdered milk and those beautiful biscuits in them...I would say it saved a lot of people to be able to get that into their body. (George Radio Operator, Wellingsons)

Towards the end of the war, the men in the Prisoner of War camps were forced out on the road, in what became known as the Long March as the Russian troops approached from the east.

They closed the camp and turned us out on the road. (We) marched out under guard. It was February. We were marched round the countryside from farm to farm, sort of thing, billeted at night in a barn somewhere. The poor old farmer lost all his bens. They weren't very well cooked unfortunately. As we were going along the road marching there were what you called potato mounds — mounds of potatoes covered in earth and we would stop every now and then a grab a few potatoes to eat...We had a little machine that boiled water. It was a little furnace thing...You turned the handle and it had a fan in it....We were at this place and we woke up one morning and there wasn't a guard to be seem...The British Second Army had caught up with us...We were on the way home. (Ivan, Radio Operator, Bombers, Europe)

The death rate in German POW camps was variously considered as 1-4 percent, but the evacuation of the camps in the appalling winter of 1945 meant hundreds died trekking to safety. One interviewee spoke of his brother on that same march.

It wasn't a march. It was a rabble really. I remember him telling me how they were picking up bones off the side of the road. Initially, it was or two South Africans in the group, made soup out of nettles. (My brother) used to get them to go into a Brussels sprouts paddock that may have been finished, but you still got something off it. When he got back to England he was seven stone in weight. I took him up to Doncaster to fatten him up (Skipper; Pilot, Lancasters)

In Japanese camps the death rate was more than 27 percent, partly because of the lack of medical care and the pestilential environment. In China under Japanese occupation, and the Soviet Union, the rate was double that. Then came the Normandy landings on June 6th 1944.

Flying at a height of about 14-15,000 feet. On a dark but fairly clear night...and we were just about ready to break out because we were on the Dawn Patrol...when all hell broke loose. We saw the opening barrage of D Day...It was the most awe inspiring sight that I can never forget. When dawn broke we could see ships of all
sizes, shapes covering the whole of the channel from England to France. You could see the movement down below (Reg, Pilot, Mosquito)

D-Day that was interesting because we actually bombed at nine and a half minutes past five in the morning and nobody told us it was D-Day. We did wonder because all of a sudden yes we were off to briefing, I think we were woken up and instead of us having to work out our individual flight plans they'd all been prepared and were handed to us. And the only thing was we were told if we were later than a certain time, don't drop your bombs. But it wasn't until we bombed and we were heading back up the channel in daylight, and I remember hearing the engineer saying, “Jesus, look at those ships.” I had a look at the ships, I think I stood up because it was daylight and here were. I'll never forget it, here were all these white wakes, they reckon there were five thousand ships in that all heading in the one direction. (Des, Navigator, Lancaster)

After the Nazi surrender, some of the veterans had the opportunity to go over the areas that they had bombed.

Hamburg. Absolutely flabbergasting...The air field we landed at was Fuhlsbüttel. Transport took us in to what I believe was the only hotel standing. The way from the air port to the centre was very narrow roadng where all the rubble was piled high, mile after mile. (Kit, Pilot, Pathfinder Force)

Although there was still nearly a year of fighting ahead in Europe, with many lives and property destroyed, this was the start of the German retreat of the war, despite Hitler's determination to never surrender. By the 8th of May 1945 Victory Europe had been declared and returning home became a reality rather than a dream for the aircrew. For those in the Pacific and South East Asia, the Allies had to wait until after the H bombs on Hiroshima, August 6th 1945 and then Nagasaki before Hirohito surrendered on August 15th. The war was over.

6.7 Summary

All the veterans interviewed took the opportunity to join the military forces, leave New Zealand, and fight overseas in a war that changed the world. They had to adapt to a regimented way of life and perform to a standard, especially as aircrew, because there was no room for error, although all confessed to making errors especially in training. They had to face fear and control it so they could complete their assigned tasks on operations. Some were more willing to acknowledge the fear than others were. Most lost many friends especially over Europe, and they remember them still. The experience of war was intense, war perhaps being the most intense of any human endeavour.
Friends made at that time, remained friends for a lifetime. Many suffered injury, physical and emotional or had health compromised by starvation or disease. They had to live on with that residue of war, but none complained. It was just part of the whole experience as was good fortune, or fate that saw them survive to come back to New Zealand.

The training, the adventure, the challenge, the friendships, the travel, the experience of being in the air force as combat aircrew with all its inherent dangers, the intense loyalty to other crew members, the camaraderie, being united in a common cause, the discipline, all had an effect on the men. The wartime experience in varying degrees was to influence their lives in the peacetime New Zealand to which they returned, and to determine their close friends. Of all the things these study veterans remembered in their long lives, it was the time that they spent as aircrew that appeared to have the greatest clarity of memory 65 years after the end of the war. The long term effect of the combat experience on them, on their subsequent relationships and their families forms the basis of the next chapter.
Chapter 7: Goodbye and Good Luck
reengaging with civilian life

Only those who had been there really understood

A veteran from the study

7.1 Introduction

This Chapter examines the lives of the aircrew veterans as they re-engaged with civilian life in a world after the war and built a new life, for most outside the framework of service life. The autobiographical memory of the combat veteran, spouse, children and grandchildren is used to identify how each believes the combat experience influenced the veteran, his post war life, relationships and the family. Many of the themes of the previous chapters reoccur, but now in a different context. For the returning veterans there was a change in roles, and the building of a new self identity, a loss of camaraderie and loneliness in non-service life, and the expectations of a society that had little understanding or tolerance of the returning veterans. As battle hardened and mature men, the veterans yet again had to adapt to a different world. Re-engaging in this chapter means reconnecting or fitting back into, in this case, civilian life.

These veterans at the time of interview were all 85 years plus, discussing events that happened more than 65 years ago. This too produced a unique set of reflections on the past, as the veterans recognise what is now of most importance to them, and as they live through the developmental period of what has been described as gerotranscendence (Tornstam, 1989), a time of maturation and wisdom, looking beyond one's own life. These themes will be presented in a chronological sequence mirroring the lives of the men as they return to New Zealand, build lives as civilians, and their present situation.

7.2 Re-engaging with civilian life

Most of the study veterans who had served in the South West Pacific and India returned to New Zealand after Japan capitulated, although a few stayed on ferrying supplies to the forces in Japan with J Force. Some aircrew wanted to stay on in the air force but competition was fierce. One interviewee was offered a place as a pilot but declined, believing he was not good enough. Married and with a child on the way he decided to
take his chances outside service life, but subsequently regretted that choice. Others had taken on Air Force transport work after the war but had not enjoyed the experience, so decided to return to civilian life. Aircrew returned home from the Northern hemisphere at various times, depending on the work they were doing and the availability of shipping. Many did not reach New Zealand until 1946. Wives came separately, on the so-called ‘Bride Ships’, being called Mr Jones’ wives, Mr Frank Jones being the New Zealand Minister of Defence. Aircrew came back to a country that had not been invaded or under real threat of invasion, never bombed but had waited up to six long years for its service men and women to return from overseas.

In the society of that time, few of those who had stayed at home had little understanding apart from newsreels and letters of what aircrew or other military had been through in the war effort. Many families had however suffered the grief of losing a son, daughter, husband, brother, nephew or cousin in the war. Some families lost several family members. For a number of families there was no certainty, as the family member had been reported as missing in action and it would be a long time before the final fate was known if ever.

Aircrew had to deal with the added burden of being held personally responsible by some people in Europe and New Zealand for the devastation that the bombing had wrought in Europe and the high civilian casualty rate. Those who had served in the Pacific against the Japanese Imperial Army were similarly held by some as responsible for what the Atomic (H bomb) bombing of Hiroshima and Nagasaki. One interviewee remembered.

*I heard Churchill’s victory speech and I remember his words, “We’re grateful, thanks to the armed forces,” and he listed the armed forces and he did not mention bomber command... He was politically correct already knowing that peace time it wasn’t quite the thing to bomb civilians and we never got a bomber command medal, so Churchill became the wily politician. (Ron, Bomb Aimer, Bombers, Europe)*

Coming back to New Zealand for many was on crowded troop ships and the initial welcome was not encouraging for the service members or their wives.

*Landing it was Anzac Day, the 25th of April 1946 when we arrived in the stream. Because it was a Public holiday the wharfies refused to berth the ship and we were waiting in the stream a further 24 hours. Husbands and relatives on the wharf were extremely angry as they waited through the cold night, because they were all returned*
service men and they were all in their demob suits, you know with their trilby hats... they came home with no money. They couldn’t afford to go and find a hotel or bed and breakfast. So they dossed down on the wharf. (Wife of a Mosquito pilot)

And there were chaps on that boat, who had been prisoners of war for donkey’s years. They really were terribly affected and really keen to get home and these wharfies wouldn’t work. (Skipper, Pilot, Lancasters)

A war bride remembers.

The New Zealand Houses, tin roofs, wooden houses, of course we were used to stone houses and brick houses in England, the colour of the roofs which were mainly orange and cream painted houses, the buildings all looked so temporary. The factories were made of corrugated iron. (Wife, Mosquito pilot)

A pilot returning with his overseas wife and their little child recalls

We spent almost a month, I think in Sydney. The powers that be chartered a TAA (Trans Australian Airline) DC4 and flew us to Auckland... I had booked into the Station Hotel in Auckland. We got in 6.30 pm, and were told there was no food there, and also were told at the counter, had we known you had a child, we wouldn’t have booked you in, and that was my wife’s first trip out of her homeland. (Nobby, Pilot, Air Transport)

There were reunions with families and sharing the loss of those who would never come home. Then there were the hard decisions of where to live, what to do for the rest of their lives, how to make some money and how to survive. It was not easy and it was a lonely time without the support of the Squadron. Many aircrew found it was better not to discuss their wartime experiences and just got on with life. Only those who had been there really understood.

The only time we would talk about it was if we had a reunion. We always talked about it then, but outside of that, no, we never discussed it...We always thought that perhaps they (non military) weren’t interested and they’d be bored. That’s the way we looked at it, or we were trying to put a line across or something like that. (Bob, Radio Operator, Pacific)

I don’t know why there’s always this feeling... that you’re shooting a bit of a line to use an air force expression. About the only time you know most of us get talking is when we’re with others because they know what you’re talking about and no matter how much talking you can do people can’t realise. People can’t realise unless they’ve been there and done that themselves. You get the odd bloke who sort of like revels in what I call the blood and guts of it but not a lot. (Des, Navigator, Lancasters)
Some did a bit of ‘skiting but only with mates’, but this phase soon passed as they re-established themselves.

*I went back to see that firm that I’d worked for, and I was really filling in time... I got home and there was all this beer and there was no regulations about it, and, I tried boldly to catch up on that, and, that started me on a path which I survived alright* (Jack, Liberator pilot)

There was no house building in New Zealand during the war. There were prefabricated fibrolite houses available for those with limited means, but there were not many.

*You couldn’t get a house for love or money to take a wife to; we had to live at home for a period. That wasn’t the ideal situation* (Don, Pilot, Stirlings Bombers)

Those who were delayed getting home had an even harder job finding accommodation.

*(Houses) that been for sale had all been bought up by the returned service men who were here a year prior. They were letting them out in rooms, bedsitters...They weren’t living in them. They were putting a deposit down and letting the people who were renting, pay for them. That made us very despondent. We could not find anywhere to live.* (Wife of a Mosquito Pilot)

One couple was ready to return to England, as New Zealand had nothing for them when they were told of a property in three flats, one room of which was available.

*There was this lovely wooden bungalow set in half an acre of ground...So we had a look round and decided that we would get up and view this one room because both other flats were tenanted...The only entrance to this beautiful room was a veranda that probably stood eight feet high...We came across an old painting ladder that I carried round...and climbed up.* (Wife of a Mosquito Pilot)

They managed to purchase the freehold, but were constrained by the Fair Rents Act (1936) when tenants could only be evicted for non payment of rent.

*First we had to make toilet arrangements, as we had no plumbing at all. The back section of this property had an orchard in which amongst the trees we built a long drop toilet...We had no amenities for washing so to have a bath we fired the copper (in the Laundry). It had two big wooden tubs and we sat in one each, knees round our chins and that is the way we washed. We lived like that for twelve months.* (Wife of a Mosquito Pilot)

Others were more fortunate, but many had to stay with family until some alternative accommodation could be found, often staying in a boarding house or flat until they
could raise the equity to purchase their own home. Others lived in State rental accommodation when it eventually became available.

New Zealand Government legislation required that the jobs service people had before they went overseas to war should be available to them when they came back. One went back to his previous employer to say he was thinking of returning to that employment. He received this reply from the manager.

> Ah, you can come back if you want to but don’t expect to get a job. Some of the blokes who stayed with us during the war, while you were away enjoying yourselves round the world, they kept the company going. We’ve got to give them jobs. So I thought well bugger you and stayed out another year, but then eventually decided I would go back and they said ‘You can go into the scrum’ so I did. (Snow, Navigator, Pacific)

Some study veterans were lucky and were able to join the peacetime rapidly downsizing Royal New Zealand Air Force. A few were able to move eventually into commercial flying, and continued to do a job they loved. Others their health damaged by years of flying at high altitudes, or combat related disability, failed the air force medical examinations and were forced to find another trade.

The government gave all service people six months to rehabilitate and find work or complete trade training. Some went back to previous occupations, but for many, their trade training disrupted by the war it was hard to find the enthusiasm to pick up study again.

> When I went back to work I started to study again, I found that I just couldn’t. My brain would not take it in and so I struggled on...I hadn’t had to use my brain all those years I was in the Air Force (Gus, Navigator, Pacific)

> I went back to my home town and I can remember I was lost. I couldn’t sit still. I couldn’t stand still. I did not know anybody. We used to get a free rail pass when we got back and I decided to get the night train and go and see my aircrew friends in the city...I was most unrelaxed as you see... (Moz, Radio Operator – Coastal Command)

> After I was demobbed, I talked to the education board and you were given an opportunity to go to university, and in between times when you didn’t have university, you could hang around the school... and we did a little bit of teaching, not much. But it was really just letting us fit ourselves into a civilian regime again. They were very forbearing, and we found that our service pay was still being paid. (Mauri, Pilot, Wellingtons & Catalinas)
Eventually they all found employment, but not necessarily in the profession for which they had trained or worked pre-war. A few of the study veterans were unable to cope with highly stressful jobs because of the traumatic effects of their war service.

*Dad went ... to work for a (major food) company. He was a rising star, but he gave it away because he could not handle the pressure – that is why he worked on the wharves (Daughter, of a Radio Operator, Bombers, Europe)*

Another interviewee tried out a variety of jobs before he too found work on the wharves, working again in a team

*I'd got to know bods on the executive of the wharfies... it was good money then so I applied for the wharf and I ended up a wharfie... I rang Mum just before I started and said, “I'll do it for two years and then have a go at something else.” Thirty years later I took my redundancy... And I enjoyed it. It was a team effort you see. (Des, Navigator, Lancasters)*

Some were able to use the knowledge they had gained during their aircrew days to start new businesses or to progress with considerable success in their chosen employment. Others regretted that they had not done more with their lives after they returned to New Zealand and were never able to find work that engaged their true capability. But as a son said of his father

*I always think the tragedy is that, for like many of those men, who had the brains, there was no way like an open university or a night school scenario where they can go and get accounting papers, or get a law degree or something, which extended their minds. It was just out of the question with family and little money (Son of a pilot)*

The one thing that appeared to help most men settle in to peacetime work was a happy marriage and an understanding and patient wife. However, even with the stability of marriage and family it was still difficult.

*I found it difficult to settle back...I didn't complain to my dear wife. I kept it to myself...oh that's what I missed of course was the camaraderie...living together, flying together (Bob, Navigator, Pacific)*

Most of the study veterans were either married by the time they were demobbed from the Air Force or married within a few years of returning to New Zealand. For those wives from overseas it was not always an easy transition. Some finished up in small country towns, isolated and in a very different environment from what they were used to. Most wives managed to adapt, but not all did. Most families were welcoming of the new
brides that their sons brought home from overseas and helped them adjust to this very different way of life. Others felt the new wife had to adapt totally to their expectations with some resulting battles of wills.

We arrived at my husband’s family home and his mother was waiting with breakfast all ready in the house...We sat down and had to say grace. After grace a big bowl of porridge was set out in front of me. Well I have never eaten porridge in my life... so I said Mrs--- I don’t eat porridge. Would you mind very much if I don’t have porridge, so she took the porridge away and within seconds she put down a plate of toast with scrambled eggs on it...I am allergic to eggs... I am sorry Mrs --- I am allergic to eggs. So anyway the eggs disappeared. So I said ‘If I could have a couple of pieces of toast that would be fine.’ (English bride of a pilot)

With a wife coming into the family from overseas there were also some basic values that needed to be sorted out between the new wife and the parents in law.

Father (father in law) says ‘I have a present for you’ and he brought out a good sized parcel... I opened it and it was Methodist hymn and prayer book’. I said well that is very nice of you Mr --- but you realise that I am not a Methodist. I am Church of England..., we have discussed it and the decision is made. I thought he would ask for his hymn book back, but he didn’t. (English bride of a pilot)

Some wives came from a very different way of life in Britain. As a son said

It must have been really hard for Mum in those formative years because she was from a landed gentry background, and to marry aircrew and come halfway across the world and then have to adjust to a totally strange, not only social class, but a New Zealand which was very colonial and very different. I have huge admiration for Mum in even coping (Son of a pilot)

Another recognised how hard it must have been for her husband’s family when she arrived from England

I was not easy. I was homesick and very young and I do not think I was terribly easy to live with...There were during those first few years a group of English women, We all sort of made contact and kept in touch, and ...I had two friends who lived down at the (nearby beach) and we’d sit on the beach and compare notes and say ‘ain’t it awful’. (Wife of a pilot)

Only a small percentage of marriages to overseas wives ended in divorce. Most were long and happy marriages, as were those of the men who married New Zealand brides. But as they adjusted to their new lives their priorities changed from those of their war years.
While you are at work, while you are bringing up a family I found that those were the priorities. (Skipper, Pilot, Lancasters)

Few of the aircrew told family or their children about the war, except occasionally the funny stories. In one family one of the toys the children played with was their father’s Distinguished Flying Cross (DFC). Another family thought the bit of old ribbon Dad had was just that, not recognising that it was a Distinguished Flying Medal ribbon for exceptional courage.

We know that he had been away at war but did not really know anything. It was never mentioned at home. (Daughter of a Bomber Pilot)

A sister talking of her brother said

He is quite a reserved man. Only in the past years has he started talking about his experiences. He never talked about it before, but would talk about it with his Air Force mates and old school friends. They still get together every Thursday for coffee. He would not miss that for anything. (Sister of Liberator Pilot)

Many of the men were plagued with nightmares for years or were very short tempered with their families, and wives had to cope with disturbed sleep, upset husbands and children who did not understand what was going on. A son spoke of his father.

For many years he was subject to nightmares. After I was married I can remember Mum telling me she had a bruise or something like that, and she said Dad had whacked her in the middle of the night because he would start flailing around in bed...be told us that he got these terrific nightmares where he was trapped inside something which was burning and he had to kick his way out. (Son of Navigator, Bombers)

Another would suddenly get very depressed and short tempered.

For the first year I used to get very short tempered. I used to have to check myself with the kids, and I used to get very depressed and (my wife) knew when and she’d say to me ‘Now come on, just go for a drive, just forget about it.’ I would get a real dose of the blues, extreme blues, depression to the utmost, and it’d only last for the day; wouldn’t attack me again for another three to four months. But it took the best part of a couple of years before it actually disappeared completely. (George, Radio Operator, Wellingtons, POW)

Speaking of her father a daughter said,
As he grew older he felt that he was responsible for the murder of hundreds of innocents. It rested heavily on him about the bombing of Dresden (February 1945). He coped very poorly. There was no counselling. He was left to his own devices. Mum coped very well. One Anzac Day we were sitting with Mum and my children at the table. Someone asked about his war, he just burst into tears, and then he talked about it. War is hell. It was quite cathartic for him. He settled a lot after that.  (Daughter of Radio Operator, Bombers, Europe)

Some of the wives had lived through the ravages of war or been in service life and this gave them a considerable degree of understanding of how war affects civilians and service people alike.

Fortunately for me she had worked with pilots...most of whom, if not all were ex service people who had changed over to civil (aviation) and no doubt they would discuss these things. (Bunny, Navigator, Bombers)

Most of the wives appeared to cope well with their husbands’ emotional and physical trauma, even if they did not always understand what was going on. There was no assistance to help the men cope with what they had been through, or to help the wives. The War Pensions Act of 1954 helped those with obvious war related injury, but it was not until after the Veterans Affair Unit of the New Zealand Defence Force was established in 1999 by the Helen Clark government that the Veterans started to receive the assistance that they needed.

When WW2 aircrew came home and became parents most had learned a great deal from their time away, and valued the opportunity to father the next generation.

All I want(ed) to do was to finish the war, and get home, settle down and have a family. I think that would apply to most blokes actually (Des, Radio Operator, Lancasters)

Most of the study veterans enjoyed being fathers, and their children spoke of them with affection and respect, and at times with humour. One son speaking of his father

I remember one birthday party. I must have been about eight or nine, Dad iced my birthday cake and he had a squadron of little icing green bombers about three or four of them flying across the cake. They were pretty rough...but I thought this was terrific ...and my friends (at the Party) thought this was absolutely amazing. ...He had a game called aeroplanes. You would be blindfolded and sit on a plank of wood. My mother would lift the plank so your feet were off the ground and he would give a commentary on what you were doing; “corkscrew to starboard” and things like that. I
was pretty proud of him because he was popular with my friends. (Son of a Navigator)

A daughter speaking of her father who had a ‘bad war’ and suffered for years afterwards said

I had a marvellous upbringing. He was a great Dad.... He was so pleased that I was a girl. It meant that I would never have to fight. (Daughter of a Radio Operator, Bombers)

The parenting of others was more formal. A wife speaking of her pilot husband said

I think he fathered his children like many New Zealand men. At a superficial level they were excellent fathers as far as family rules, taking them to sports and so on, but never knowing them at a deeper level...That’s not only me, that’s what my sons have told me. (Wife of a pilot)

Discussing her father, who had been the only child of a WW1 Veteran, a daughter said,

He was always very self-contained...not distant but fair. I think he expected an awful lot of us, but I think that is because an awful lot was expected of him as an only child. (Daughter of a Radio Operator)

Some of the returning aircrew, although speaking proudly of their children did not manage to relate to them at all.

Dad just never took any interest in us as children. He was very remote and quite verbally abusive. He would put us down an awful lot. But it didn’t seem to affect my brother much until, well about the last ten years. And (now) he (brother) suffers from depression, I think ... and he has just removed himself from the family. (Daughter of an air gunner, Bombers, Europe)

One Pacific veteran abandoned his family when the youngest was four, and it was nearly 46 years before they found out where he was, just 20 minutes drive from his daughter.

He was a very selfish man ... My mother said that he had been very strict with my brothers, expecting them to be well mannered and polite...I do not know him as a father...My younger brother will not have anything to do with him (Daughter, pilot, Pacific)

For most aircrew their relationships with their wives and their children had been the dominating features of their lives. Many of the aircrew interviewed were widowed, and the majority spoke of the debt they owed their wives for their support and in bringing up
their children.

I had a good wife. By Jove she was good --- we were married 62 years (Bob, Radio Operator, Pacific)

A prisoner of war from the Army, who having escaped Greece and Crete was captured in the Western Desert in Egypt to be a prisoner of war for over four years.

Part of my life ended in September 1933 when my father went broke, and started again when I came back from the war. I proposed to and married my girlfriend. We had kept in touch all through the war. (Ray, Signals, New Zealand Army)

One veteran, widowed twice

Oh she (first wife) was beaut. Mind you let's be very honest, both of them were absolutely marvellous women, they really were...They were great losses to me. (George, Radio Operator, Bombers, Europe)

Family was everything, particularly as the veterans aged and life became more precious. Where there were no children the family of siblings or of a wife's family were important. For those families damaged by poor relationships between the father and mother, and father and children, life had been much harder. These children had struggled to establish themselves and find a degree of personal happiness.

Health issues arising from the war were significant for some men when they returned and in later life. Although young and fit at the start of the war, the men did suffer from the privations of that time. Living in a Nissen hut or similar uninsulated dwelling in the middle of winter in England with only a small coal burner for heat meant that those housed in such conditions often succumbed to respiratory infections. Flying caused its own difficulties, pilots twitch being a common eye problem. Another repatriated from a German POW camp at the end of war decided to join his companions for a swim.

I remember this day we belted in and I said, “Right-oh up to the end of the pier and round and back.” So the four of us dived in and I swam for about a hundred yards and thought gee I'm running out of breath...there's something not right (George, Radio Operator, Bombers, Europe)

When he returned to New Zealand it was found that he had acquired tuberculosis in the POW camp, the previous occupant of his POW bed having died of the disease. After years of treatment he was left with one lung.
A pilot who loved flying was offered a position test flying for a major aeronautics company. He just needed to get his discharge from the forces.

Getting towards the end of the three months leave I had to go to Auckland for my discharge and I was discharged A1 with 20/20 in both eyes and 3 weeks later I went back to the same examiner to get my civilian flying and he scrapped me, and I said why? ‘Well you have a condition called aortic regurgitation’ I said ‘what the devils that?’ ‘Well in your language’ he said, ‘you’ve got a leaky valve in the heart.’ (Jimmy, Spitfire Pilot)

He was refused a pension. Years later when he was urgently admitted to a cardiac unit, he spoke with the cardiologist

When I told him the circumstances of my discharge he said ‘do you mean to say the War Pensions just scrubbed you?’ and I said yes. ‘We’ll see about that’ he said. Anyhow I hadn’t been long out of hospital, I got a letter from the War Pensions, just a check up and I was granted an 80 percent pension. (Jimmy, Spitfire Pilot)

Many study veterans had varying degrees of deafness, from flying for hours in the various combat planes and skin cancers requiring treatment. Unlike other forces, very few of those interviewed had alcohol related illnesses. Those who had served in tropical zones had the residue of the diseases they had contracted during service to cope with. The veteran study veterans coped with health vicissitudes with stoicism and just moved on, recognising when interviewed that they were coming to the end of their lives, but were too engaged to give life away just yet.

7.3 Adapting to retirement and older age

After retirement, and the children away from home and making their own lives, many of the study veterans said that they thought more about their war experiences. As they got older that time of the combat experience became more important to them. Still many wives and children had little knowledge of what that experience had been.

A wife speaking of her husband

A lot of what he has not talked about through his life has been because he never wanted to hurt me in any way. He’s always protected me...It would have been fifty years before he started telling any of his stories at all. And now at 65 years since the war we’re getting things we never heard before.
In reply to the question asking whether her father thought much about the war a daughter replied

Yes. He became extremely attached, especially in later life to all the people in his crew. I believe there had not been correspondence in the middle years but they sought each other out as they came to their late 60s and 70s...and made quite close contact and then everybody died slowly and you know Dad became quite upset when they did pass on (Daughter of Bomber Pilot)

Another son revealed that it was only because his granddaughter had found about her grandfather's extensive box brownie photograph collection and had taken the time to listen to his stories that the family learned about their father's war experience. As the veterans aged and started telling a few of their war stories some families and veterans became keen to record the events of the war, some writing monographs mainly for family consumption.

Others managed to hold onto the stories of their war, their interview with the researcher being the only time for some their story had ever been told. A transcript of one interviewee was read after his death by his family; it was the first time that they any true knowledge of his war experiences. He had never told his wife either, preferring to live only in the present. The only ones who knew his story were returned fellow prisoners of war

Out of a set of 159 you would be surprised what that bond was...It's quite amazing really, one would do anything for the other. (George, Radio Operator, Bombers)

Bonds with comrades who had been through the same experience became increasingly important to the veterans, dominating some lives more than others.

During their working lives and in retirement a significant number of the study veterans who had served in Europe returned to air force reunions or to visit old haunts. For a few the return had particularly poignancy as they returned to find out where fellow crew who had been killed, were buried.

For years and years we had tried to find where those two men's bodies lay. We had even spoken to the man in charge of the War Graves Commission in Europe... A friend of ours was going to Holland (and) took herself on little buses all over the place. She finally came to (a little village) and was wandering around and she came to a cross, the two graves. (Wife of Mosquito Pilot, Europe)
They flew to Holland after notifying the appropriate authorities and were greeted and feted by the people of the village.

_They were all the people who had been involved during the war, the resistance members in that village and the three boys who were youngsters when the plane crashed in 1945. One was then 16, one was 12 and one was nine. Like all boys when a plane crashes or anything like that they were in for souvenirs...they were ordered by the German soldiers to pick up bits of flesh, hair, limbs and all the other things that were left on the ground... then take them to the Mayor of the region and told to place them all in one hole in the ground. There was not to be any mark or anything on the grave, and their tags were taken off them, which is why they couldn’t be found. (Wife of Mosquito Pilot)_

After the war the villagers had dug up the remains and those of the shot resistance workers who had been buried with them, and reburied them, each with their own headstone, each suitably honoured. The veteran said

_It eased my mind...because it (the collision) had happened on my birthday and every year I said ...another bonus year but what about those boys_ (Pilot, Mosquito)

As with others who made similar pilgrimages, this visit reduced the nightmares and improved his health.

The veterans did not forget those on the ground in occupied Europe who helped them when their planes came down, and a few escaped airmen were able to return to thank them

_We went back exactly 50 years later. We met all these young jokers who were now mature men, and they said we'll re-enact my arrival in (the village)...They treated us as if he had single handedly liberated Belgium; it was just amazing. (Wife of Bomber Pilot)_

_The thing that would have impressed you now was looking at the field of workers (in occupied Europe). There’d be say about 50 I suppose, all working in the fields with their hoes...They wouldn’t gather round (as you approached). They’d just keep going...and you’d go and ask and they’d tell you. The enthusiasm of the young in France and Belgium, yes, the bravery of the joker who came and rescued us (from France), that was really something (Bert, Pilot, Lancaster)_

One interviewee was balloted to represent New Zealand at the commemoration of D Day.
Actually the most touching part to me was when we left the official part on the beach on our way home and we called at a little French town...apparently they have a celebration and a service every year. They've a monument there to a Typhoon Squadron...and after the service the two of us were walking and here's a lady with two little girls with a bouquet... and there were three little old ladies sitting just inside the door, they were old too, and one of them beckoned me over she gave me something, she gave me a flower. (Des, Navigator, Lancasters)

None of those interviewed who had served in the Pacific or South West Asia ever went back.

*Stinking hole as far as I am concerned. I've only got lousy memories of the Solomons itself.* (Guy, Pilot, Pacific)

Many of the men had been widowed at the time of interview, some more than once, and they felt this loss keenly. Most of them had cared for their wives in the final illness.

*She was a wonderful wife until she took sick... That's why... I want to look after her. You can't abandon people in that situation. And the other thing if it had been me, she'd have certainly looked after me. She was very caring.* (Nobby, Pilot, Ferry Command)

Another said of his friend's wife

*They were like two halves of a whole. They did everything together and when she died he was just desolate.* (Friend of a Navigator, Pacific)

One Pacific veteran was totally at a loss in the kitchen when his wife died, but his neighbour, a skilled cook helped out.

*She taught me how to cook. I am quite good now.* (Bob, Radio Operator, Pacific)

One thought after his wife's death he could cope on his own.

*It only took me about three months. I was never allowed in the kitchen until the meal was over and I did all the cleaning up. In that respect I did not appreciate what was done for me.* (Gus, Navigator, Pacific)

Like several other widowers he sold his home and moved for his final years into a serviced apartment in a retirement village. The men who were married for the most part were in their own homes, as were some veterans with close family support. A few study veterans who were unable to care for themselves because of deteriorating health were in residential care. The presence of a wife, stable health or a committed family appeared to
determine who was able to stay in at home.

### 7.4 Reflecting on the war experience

Most of the study veterans had very clear memories of their time away.

As far as operations were concerned the search lights beaming a plane, planes going down especially over the target. Seeing it go down and knowing that they were not going to get home...Seeing planes go down, in flames, it was a horrible experience really. (Skipper, Pilot, Lancasters)

I can recall things quite clearly. The outstanding things where one’s life is in danger (Kit, Pilot, Pathfinder Force)

Getting into the plane, getting into our seats and taking off. The effect of war on our lives (Reg, Pilot, Mosquito)

Most of the veterans went away before they had attained their majority, which was then 21 years of age. They returned as adults whose war experience had forced them to mature, make difficult decisions and cope with whatever was thrown at them. It was an intense experience.

It opened up my mind to a greater world, particularly the UK because I was there some years (Kit, Pilot, Pathfinder Force)

I did it and I wouldn’t want to do it again. But I suppose we were pretty young in those days. And we used to probably do silly things with aeroplanes... The chop rate as we called it was pretty high. (Ron, Pilot, Stirlings)

It broadened my total understanding of human relationships (Skipper, Pilot, Lancasters)

It gave me confidence yes...It gave me maturity...and being able to manage people...that’s why I got jobs like that. (Bob, Radio Operator, Pacific)

The war affected me in that it gave me the ways to meet and treat tragedies and joys with aplomb (Ron, Bomb Aimer, Bombers, Europe)

It provided me with a lot of skills I may not have been able to pay for. (Mauri, Pilot, Wellingtons & Catalinas)

The war did make a big impact on me...because my chances of coming back were not good. To get an illustration of that; my first tour up there, in ten days we lost a third
of the squadron shot down... I was always grateful I survived you know. (Bob, Radio Operator, Pacific)

A Prisoner of war (POW) reflecting said

*It influences your life to a degree...Ask as many questions as possible before you trust...Think twice before you do anything is one of the reasons I survived. You trust nobody* (George, Radio Operator, Wellingtons)

Many said that the war had not affected them in any way, although some children interviewed disagreed. As one said

*The war affected Dad hugely. He struggled to adjust back into the New Zealand way really. He was obviously a highly intelligent man... When he came back: war bride coming...and then three kids quite quickly. The impact on Dad was to move houses... (he) was constantly on the move and never settled really...Changed jobs and changed cars and changed houses, which ultimately got Mum down...and could have been a contributing factor to Mum’s ill health.* (Son of a pilot)

The stress of trying to settle back to New Zealand took its toll.

*(Dad) was quite tormented by it in some ways that he looked back and regretted some decisions in life. He became a Flight Lieutenant and was offered (the chance) to stay in the RNZAF, and he did not, and for a long time he used to talk about making the wrong ‘call’ and making the wrong decision...So you can see the sort of unease that he was going through.* (Son of a pilot)

The wife and family had to cope with the veteran’s moods and difficulties in readjusting.

*(Dad) just got a bit depressed, he’d feel down, and he’d go into sort of sulky moods... As he got older those moods changed. As he got more serene, and more accepting and more at one with himself: the sulkiness went, and he’s just become more delightful.* (Son of a pilot)

Another said of his ex-Prisoner of War brother

*I think he looked at it (the War) as a job he had to do and he moved on to the next thing. I think it changed the social life for him because the social life revolved around the war connections. One of the things he used to do when they lived in (the city) he would disappear... and come back with cream cakes. I think perhaps when they were away they did not have them.* (Sibling of POW)

The reaction to the combat experience varied considerably among the study veterans. Those who had suffered emotional or physical injury or were more sensitive found it
perhaps harder than others to cope with the war experience. For most Anzac Day remains a time to remember the fallen and honour the living. Few seemed to live in the past, but none expressed regret about their war experience.

_I think people of my age who missed out really missed something, and I think most of them are conscious of that too._ (Guy, Pilot, Pacific)

Family was of prime importance to the majority of study veterans. The relationships with wives and children, siblings and friends were extremely significant. Caring for family was paramount.

_Helping with the problems associated with children and grandchildren and great grandchildren, wherever. And the ones who are sick and I do lots of (charity) work, keeps you active in one way or another (Mauri, Pilot, Wellingtons & Catalinas)_

_We have six lovely children and family is the most important and treasured thing I could ever have._ (Moz, Radio Operator, Catalinas, Coastal Command)

_My family without a doubt. It would be a terrible place if I didn’t have the family wouldn’t it. Oh I love them all._ (Bob, Radio Operator, Pacific)

Health was also a consideration

_My health I suppose. But I am fortunate in that I am, touch wood, healthy and I have no financial worries. My kids have been well provided for and they can rely on the old boy to help them if they are stuck._ (Bunny, Navigator, Bombers)

However, for one there was a different ambition.

_Seeing if I can make the Rugby World Cup) next year I don’t know whether I will... the kids are all settled. They’re all good kids._ (Des, Navigator, Lancasters)

Maintaining contacts with old aircrew was very important as they all shared a similar reality of childhood and that long ago conflict. Most of the men were proud to show their medals that they had earned or been awarded, but very modest about how they had earned them. They appreciated that their stories were considered worth recording as they reflected on their long lives, but considered themselves as just ordinary men.

_You know when you think about it we weren’t heroes or anything like that. We were just ordinary people. We were just doing what we were told to do and that’s the way we thought._ (Ken, Air Gunner, Bombers, Europe)
7.5 Summary

For the majority of study veterans, despite the strains and stresses that they faced preparing for and engaging in the combat experience as aircrew in WW2, they believed on reflection that the experience had brought more positives than negatives. Most had used their time away at war as young men to benefit in their subsequent lives, and had succeeded as husbands and fathers. Not all however had been able to achieve this, but in old age nevertheless had found a degree of equanimity of spirit.

The themes identified in Chapter Four emerged in varying contexts through the life course of the veterans and of their families, as illustrated in these last four chapters of results. Family and survival took different forms in these last four chapters. As children, as aircrew and as civilians again they had to adapt to differing demands. The men had to cope with fear and loss, health issues and injury and keep going. The camaraderie of being aircrew was to be a dominant force throughout the subsequent life course. The men learned to in some way control fear so that they could play the part, but some paid a heavy emotional price for their courage. The difficulties the men experienced in adjusting to a peacetime life were significant. These themes in the context of the research questions will be discussed in the next chapter.
Chapter 8: Discussion

They ask how we remember. I ask how can we forget!

Geoffrey Wellum 1921 – WW2, RAF Spitfire Pilot

8.1 Introduction

World War Two left an indelible memory for those actively involved in it, particularly the combatants who served at the front line. Their capacity to cope with combat was influenced by many factors such as personal resilience (Greenwood, 2009; Pietrzak, et al., 2010; Shephard, 2001), pre military life experience (Erikson, 1964), the Great Depression (Elder, 1999a), education (R. J. Havighurst, 1971), personality (Specht, Egloff, & Schmukle, 2011) and family commitments. Having joined the military, other significant factors that interacted with the role they played during the war included (K. Wilson, 2007), the level of training (K. Wilson, 2007), the theatre of war to which they were deployed, their individual experiences and how they coped with the situations with which they were faced (Wragg, 2007). In World War Two, most air force combatants (K. Wilson, 2007), were in the period of emerging adulthood that is from the age of 16-25 (Arnett, 2000). The other forces had a greater range of ages from 18 to young adulthood, which is from 25 to 38 years of age (Arnett, 2000).

Elder (1997) writes of timing in lives as one of the four major principles of his theory of the life course. Adulthood has been defined as being financially independent, leaving home, completing school and working full-time (Davis, Smith, & Marsden, 2003). Those who went to war had all lived through the Great Depression which caused considerable physical and financial hardship and put many families under much psychological stress trying to find money for rent and for food (Granados & Diez Roux, 2009; Scheibach, 1985; Wright, 2009). During the Depression, 10 study veterans were forced to leave school prematurely to seek employment. Despite the hardship, many of the study veterans, whose families were affected by the Great Depression, spoke of sacrificial parents or grandparents who ensured that the family unit remained strong, and that the children did not suffer unduly. Effective parenting appears to help the development of resilience in children and adolescents (Masten, et al., 1999), resilience being defined as successful adaptation despite risk and adversity (Masten, 1994). This early life experience was to be an enduring memory for those affected. It was from this background of
economic stress and hardship that young men joined the military to serve in World War Two.

This discussion chapter examines the results presented in the preceding four chapters, and discusses the findings in the context of the literature. Section One of this Chapter answers the three research questions, Section Two contains the discussion of the research findings, Section Three identifies the study limitations, conclusions and opportunities for future research
Part I: The research questions

8.2 What was the long-term impact of the combat experience on the veteran?

The long-term impacts of war on the veterans interviewed do not fall easily into a single category. The combat experience had physical and psychological effects as well as influencing their friendships, vocational choice and family relationships (Baer & Vorbruggen, 2007; Bramsen, et al., 2007; Davies, 2001; Elder, et al., 1997; Levy & Sidel, 2009). The experience of combat and war resulted in lifetime friendships and shared memories that counteracted the negative aspects.

Historically in New Zealand and elsewhere, a significant number of women died as a result of childbirth, but if they survived, women outlived men (Dunstan & Cheung, 2007). In the 20th century, 40 percent of New Zealand males aged 20-44 years served in the World War One military overseas. Of these 18,166 died, and 41,317 were wounded, many dying prematurely of their injuries (Pugsley, et al., 2008). In World War Two, 11,671 New Zealand military personnel died on overseas duty, and there was a total of 36,038 casualties, again with many survivors dying prematurely (Pugsley, et al., 2008). The number of these deaths had a significant effect on the male/female survival rates of the study veteran’s birth cohort. Men are more likely to work in heavy industry and other dangerous settings than women (Holmes, Davies, Wright, Pearce, & Borman, 2011), and a greater number die as a result of accidents such as work-related accidents or motor vehicle accidents. It is therefore unusual to obtain a study group of men, who have survived into old age and survived their marriage partners, and in some cases, their children and therefore this unique sample set of very old veterans will undoubtedly influence the conclusions that can be drawn from the work.

Of the approximately 60 million people who served in the military in World War Two, (157,000 from New Zealand) there is an estimate that 23 to 25 million died (Ross, et al., 2005). However, of significance were the military injured who returned home to years care, such as those who were burned (Mayhew, 2004), or had lost limbs (Trunkey, 2000), vision or hearing, or had chronic disease. The notified permanently disabled from the Soviet Republic was 2.6 million (Krivosheev, 1997), with 670,846 from the United States
of America (Leland & Oborceanu, 2010), 405,400 from the United Kingdom (HMSO, 1946) and 15,749 from New Zealand (Pugsley, et al., 2008), the latter inclusive of those who fought with British Forces.

Seven of the veterans in the study acknowledged that they had suffered some injury, varying from a fracture dislocation, to penetrating eye injuries, and shrapnel wounds. However, all had survived for 65 years after the war. In older age, injury or illness attributable to military service had become more apparent such as occupational deafness from the high decibel rating of aeroplane engines (D. C. Brown & Milner, 2009), reported in varying degrees by 80 percent of the study veterans, and solar induced melanoma, reported by two of the veterans. A retrospective study of 9,200 ex United States World War Two military who served in the Pacific or Europe confirmed that solar skin damage was particularly high in Pacific veterans (Ramirez, Federman, & Kirsner, 2005) and in those who served in the Middle East. A similar study by Page et al. (2000), also supported the hypothesis that exposure to high levels of solar radiation in young adulthood is associated with a higher risk of melanoma mortality. The physical injuries attributable to war can be totally disabling but disease for some troops was even more disabling. It was to be a problem for military in every theatre of war, particularly in the Pacific, South East Asia and North Africa (Havens, 1963; Page, 1992; Pizarro, et al., 2006).

It is suggested that the age of the veterans and the appearance of symptoms relating to combat exposure almost seven decades previously is significant. As people age there is a reduction in functional reserve affecting amongst other systems, pulmonary function, renal function and a decline in muscle mass (Steel, 2005). There is a major reduction in skin cell proliferation leading to increased susceptibility to sun induced skin disorders (Gilehrest, 1989). Disease or injury earlier in life is not so readily compensated when a person ages. The slow decline in strength in muscle mass and the delayed failure of re-innervation has been implicated in post poliomyelitis syndrome (Maynard, 1995), where symptoms may reappear 40 years or more after the original infection.

Identified here and reported elsewhere were diseases such as malaria, dengue fever, tuberculosis, avitaminosis, beriberi and diarrhoea from contaminated food or water for those who served in the Pacific, Asia and Africa (Havens, 1963; Robson, et al., 2009; C.
Chapter 8: - Discussion

Thompson, 1996; Zapor & Moran, 2005). For some, these diseases continued to cause problems such as anaemia or dysentery throughout and after service life. Similarly afflicted were those who were interned in the prisoner of war camps. So considerable were the health problems of prisoners of war that a presumptive list of disabilities attributable to internment was created by Veterans Affairs in New Zealand, (Veterans Affairs New Zealand, 2011), with similar schemes operating in Australia, the United States and the United Kingdom.

Identifying disabilities attributable to war in the wider population can be crudely identified by those who have applied for and received a veteran’s pension. As at September 30th 2011, there were 5,837 veterans receiving a War Disablement Pension, having indicated in their first pension application that World War Two was the war they took part in (Ottaway, 2011). In New Zealand, veterans' pension figures generally include those over 70 years of age, rather than a specific conflict (Veterans Affairs New Zealand, 2011). As most Vietnam veterans are now over this age, they are also included in the general war pension statistics. This is not particularly significant in New Zealand, because only 3,000 fought in Vietnam, but of great significance in the United States which committed eight million men to fight (Leland & Oboroceanu, 2010). One result of the Vietnam War was a greater understanding of the psychological impacts of combat. The 1990 National Vietnam Veterans Readjustment Study identified that fifteen or more years after their military service half a million Vietnam veterans, 15.2 percent of the men and 8.5 percent of women, suffered from post-traumatic stress disorder (PTSD), the rates being 27.9% among Hispanic men, 20.6% among black men, and 13.7% among white/other men (Schlenger et al., 1992). Physical injury is a major cause of ongoing disability for war veterans, but perhaps of equal or greater significance is the psychological impact of war

Broadly, psychology is defined as the study of the mind and behaviour (Henriques, 2004). Psychological well being is complex, varied and culturally defined (Ungar, 2008). The psychological impacts of war on combatants vary from Post Traumatic Stress Disorder, in World War Two called battle fatigue (E. Jones, et al., 2003), to depression (Bramsen, et al., 2007), grief (Bonwick, 2002), anxiety (Bramsen, et al., 2007), and inability to make attachments (A. D. McLeod, 1994). Some also feel isolated from society, as though they are on the outside looking on and feel very alone (Solomon &
Mikulincer, 2006). The psychological affects of war can also present physically. In this research, six Bomber Command pilots mentioned that at various times they had suffered from pilot’s twitch, stress induced nervous eye tics (Harris, Thachray, & Shoenberger, 1966) caused by constantly looking out for enemy aircraft, the physiology for eye twitching being unknown (Cooke, Kavussanu, McIntyre, & Ring, 2010). Another stated that he received a veteran’s pension for the stutter he acquired during operations (Caruso, Chodzko-Zajko, Bidinger, & Sommers, 1994), and still has. Wives and children spoke of veterans having nightmares, thrashing about in bed, hitting out and trying to escape from a burning plane, turning the plane to avoid being hit by an enemy fighter, or trying to get a damaged plane back to safety.

During the war, all the study veterans depended on their peers for support during difficult times, as their families had provided during the hardship of the Depression. The squadron acted like a family, with rules and regulations that were required to be followed and so it was a powerful support mechanism for the men coping with the stress of preparing for and being on operations (Wragg, 2007). The study veterans talked about the close relationships that they had forged with other personnel who were serving with them. Such relationships were vital, and in many cases having lived together in the squadron and served together, each knew the other well, and could rely on that friendship to sustain them through the difficult times of combat. They could talk to each other, laugh or otherwise and feel safe. Many indicated that such relationships were much closer than that of brothers. This close support during the trauma of combat did not take away the negative memories, but it did reduce their impact. Counselling was not offered, nor was it readily available. Even if available, there is now some doubt that counselling after a traumatic event is helpful (Foa, Hembree, & Rothbaum, 2007; McNally, Bryant, & Ehlers, 2003).

Those men who served as Empire aircrew in World War Two had to meet significant academic criteria (Royal New Zealand Air Force, 1940) before they could be considered for aircrew and were subsequently intensively trained to meet the demands of their assigned role in the aircraft (K. Wilson, 2007). For example it took 18 months for a Radio operator to reach the level of expertise required to be part of a crew. When aircrew graduated each was automatically given the rank of Flight Sergeant or commissioned as an officer with commensurate authority (Wragg, 2007). It is possible
that the academic requirements, the intensive training and rank as well as the squadron cohesion gave the men a higher degree of resilience (Sutker & Allain, 1995).

However, the risks, excitement and stress of war left its residue. Of the aircrew in the research, 16 spoke of some sadness or depression after the war, and 16 mentioned flashbacks from the war of being attacked, or planes on fire, hearing voices disappear as the planes crashed and seeing damaged planes plummeting to the ground. All of the men had lost close friends or family during the hostilities and such loss was felt. Everyone said in some way that it was just luck that he survived and others didn’t. When they were demobilised and returned to civilian life mostly outside of aviation, they said that they missed the excitement, the challenge and the adrenalin rush of their combat days, but they would not like to relive the experience. Once was enough. The experience of the study veterans is similar to that reported elsewhere. Depression is a common result of the combat experience, and has been widely reported in the literature (R. A. Bryant & Harvey, 2002; Iversen, Dyson, et al., 2005; Myatt & Johnson, 2009; Shephard, 2001; Wulsin, Vaillant, & Wells, 1999). Flashbacks and irritability were also commonly reported (Briere, 2004; E. Jones, et al., 2003). Despite the difficulties that the study veterans faced, some over many years, they did not dwell on them, instead talking about the good times, the camaraderie, the excitement of the chase and the relief of coming home safely. However, it is appreciated that this was a self selected group, and that not all would be so positive in their response.

During World War One it was thought that being a Prisoner of War would protect the military from suffering from war neuroses. It was not recognised until 1942 that many prisoners of war were at risk of psychological disorder, and even then the severity of the disorder was not fully recognised (Dikel, et al., 2005; Engdahl, et al., 1997; E. Jones & Wessely, 2010; Lindman Port, et al., 2001; W. W. Mason, 1954; Moran, 1945; Rae, 2007). As many researchers have noted, the chances of post traumatic stress or late onset stress symptomatology is considerable amongst former prisoners of war, particularly those who were in the Japanese camps (Dikel, et al., 2005; Goldstein, et al., 1987; E. Jones & Wessely, 2010; Sutker, Allain, & Johnson, 1993). Three study veterans who had been prisoners of war in Germany spoke of the difficulty of psychologically coping with their capture and consequent isolation from the war effort because of their internment. In the German prisoner of war camps for Allied military there was a 96 percent chance of
surviving (Ferguson, 2004), unlike the Japanese prisoner of war camps where the death rate has been reported as 28-33 percent (Ferguson, 2004). The experience of the ex-prisoner of war study veterans was similar to those reported elsewhere. The positive aspects of their experience were the strong bonds they built while interned, their commitment to supporting and assisting one another being life long. Like most of the other study veterans, the ex-prisoners of war demonstrated a high degree of resilience to what they had endured and survived, and were reticent about their suffering.

The study veterans were asked what skills they had developed in their military life and how they might have used those skills post demobilisation. Some reflected that their military and combat experience had affected their later careers. Aircrew had to be disciplined in the air: function as part of a team, take a leadership role as needed, make prompt and correct decisions and manage fear. Of the 26 men interviewed, the war had in some way influenced their choice of vocation in peace time. For half of the research sample, the war had interrupted their incipient careers. Of those who had been studying at the start of their war, three found it extremely difficult to return to study, four lacked the resources to study outside of the military and four did not bother, taking on work that was not intellectually demanding but was satisfying. Of those who had started study before their war service, most eventually did return to their previously chosen careers. This process of resuming interrupted personal careers is reflected in war biographical literature (Boyack & Tolerton, 1990; Gordon, 1963; Summers, 2005). In the wider context, demobilised men had to compete with others for jobs, but most found some employment. This experience was common to many (Allport, 2009; Elder, et al., 1994) and as after the Vietnam War in the United States, most adjusted successfully to post war life (Schlenger, et al., 1992).

Of the study veterans, 18 had completed three years secondary education, trade education or were nearing completion of their tertiary university education before joining the military. Some who had not had this opportunity were able to use the Air Force to further their education, as did those who developed particular skills that were to lead to post war employment in the air force and civilian aviation. Four of the men interviewed continued to fly in commercial aviation or the Air Force. Others had also initially sought a career in aviation, but rejected it for a variety of reasons. One pilot who had been accepted to test fly new aircraft after the war, was rejected because of
previously undiagnosed aortic valve regurgitation so had to learn a new trade. Two of the men who had been associated with a bank pre war, eventually returned to it, both retiring from senior management positions. One used his radio operator experience to work in the burgeoning electronics field post war. Three tried a variety of jobs, finding it difficult to settle. Two of the men chose to work on the wharves, as part of a team, with regular pay. Several used their leadership and management skills from the war to develop successful business careers in the private and public sectors. Two study veterans became secondary school teachers. Several reflected that they could have achieved more in their careers, but after the war they just wanted a quiet life.

Not only did the war provide skills training and further education, it enhanced for some their post war occupational status and provided new options for marriage. This was a similar finding to that of Elder's research using data from the fifty year (1931-1981) Oakland Growth study in California of 167 children born in 1921 who grew up during the Great Depression. Elder spoke of the war as being a positive force in the United States of America for the disadvantaged children of the Great Depression, because the military pulled young people from their past and enabled new beginnings and growth into manhood. It gave the men a defined break from disadvantage, enabled them to put their lives in some order, offered a new range of experiences for personal growth and provided post war training opportunities (Elder, 1999a). The post war GI Bill (Servicemen's Readjustment Act of 1944), in the United States gave many an education (Altschuler & Blumin, 2010) that would otherwise have been denied them. A similar but much more limited scheme was available in the United Kingdom, the Further Education and Training Scheme grants that enabled 83,000 demobbed men and women to gain further education, 43,000 of whom used the grants for university education (Lowe, 1988) but helped only one in a hundred of returning service people (Allport, 2009). New Zealand offered a similar scheme to the United Kingdom, providing some with training and new careers. In the present study, not all the men who served came from socioeconomic disadvantage and the military experience was not necessarily advantageous to their later careers as Elder (1999a) suggested from the United States experience.

In summary, the long term physical impacts of the war became more evident as the study veterans aged with skin cancers, vision and hearing difficulties producing problems,
again reflecting a reduction in functional reserve with ageing. Over the years the men had learned to accept the negative memories of war, and had learned to avoid anything that could trigger such memories. They recognised that intrusive memories and nightmares could occur, but would eventually pass. It was better to concentrate on the present, family and friends rather than dwell in the past. Although the number of war comrades dwindled with the passing years, these friendships were important, as was involvement in such organisations as the Brevet Club. For most study veterans, their vocational choice had provided sufficient income to provide for their old age, and most had enjoyed their work. Family however was the most important part of their lives today. They prefer to remember the happy days of the war, the camaraderie and the fun. They consider themselves the lucky ones. They came home.

8.3 What factors in the combat experience were most significant to the veteran?

The study veterans were remarkably consistent in what they considered the most significant elements of the war experience, namely the camaraderie and the fun they had with their comrades. There was also the intense stress of combat, the fear of failure and ostracism, the death of so many of their comrades, the associated grief and learning to cope with loss, pride in their military service and recognition of what they had survived and how they had matured as adults during the course of the war.

However, they all shared the conviction that they were fighting the evil of tyranny and it was a job that had to be done. Aircrew were dependent on each other in the air and effective team work was essential (K. Wilson, 2007). For aircrew, the pilot, whatever his rank, was in charge and all crew had to defer to him. No member of aircrew could afford to take unnecessary risks or fail to concentrate on the job in hand as the results could be fatal. Not all crews or squadrons functioned well, and where there was obvious dysfunction, crews were often rearranged, with some aircrew being sent to other crews or squadrons. Nevertheless, in most situations spoken of in the interviews, the bonds among crew were enduring. Such bonds in the military are well reported (Burnell, Coleman, & Hunt, 2006; N. Hunt & Robbins, 2001b; H. L. Thompson, 1953; K. Wilson, 2007), and these bonds supported the aircrew especially in times of stress (de Zulueta, 2009).
In contrast to the stress of being on operations, the study veterans spoke of their leave, their escapades, girlfriends and meeting future wives. One spoke of spending the entire night with his girlfriend under a hotel bed as Doodlebugs flew overhead. They hoped that the mattress would cushion them from the bombs. All enjoyed the opportunities to socialise and enjoy themselves, and spoke of freewheeling on borrowed bicycles from the pub to the base, trying to get back to base before being discovered absent, and having great fun in the mess, as well as enjoying the hospitality of the British. When not flying, it was a good life, and something to look forward to when flying. Those in the Pacific had only the Mess for recreation but if based alongside the United States Forces, could enjoy their recreational facilities.

In 1940, the Royal Air Force introduced the term ‘lack of moral fibre’ to disgrace aircrew who refused to fly without a medical reason (E. Jones, 2006). It was a military diagnosis of expediency, not a psychiatric diagnosis. The Royal Air Force needed every aircrew member they could find, as many planes and aircrew were lost in the early months of the war and there were no reserves (Wragg, 2007). The thought of being singled out as lacking moral fibre, losing the respect of their peers, being shamed, ostracized, losing rank and all associated privileges and being ousted from the squadron to an uncertain future because they could not perform (Wragg, 2007), was identified by over 80 percent of the aircrew interviewed. Most of all was the fear of letting the team down. As a result, they developed various ways of coping with the strain of long periods of intense concentration when flying over enemy territory, and trying to avoid being shot at, shot down or coping with mechanical failure. Those aboard the long-range heavy night bombers (Bishop, 2008) were at particular risk. What assisted the men to cope was being debriefed on their return to base, talking with trusted friends, socialising in the Mess or the local pub and recognising that they were not alone.

Having lost a considerable number of aircrew and planes, a Royal Air Force investigation in 1942 found that aircrew needed regular rest periods, responsible leadership, group cohesion and well armed and reliable aircraft (E. Jones, 2006), leading to a specific number of operations being allocated per type of plane flown. On a Lancaster Bomber, a tour would consist of 30 operational flights over enemy territory. In a Mosquito twin-engined twin crewed plane, a tour would consist of 50 operational flights, as these planes flew at much higher altitudes, were fast, highly manoeuvrable in
the air and less vulnerable to attack. However it was known that even the most diligent and the most courageous aircrew could break down (Wragg, 2007) because the stress of constantly flying in extreme danger could exceed human endurance. Several of the study veterans spoke of people who had been taken out of the service because of the “Lack of Moral Fibre” label. For the most part, if an airman was seen to be ‘twitchy’ he was interviewed by the Squadron Commander, Flight Commander or Medical Officer on Station who would decide if an airman was malingering or if he was suffering from genuine combat stress and would benefit from psychiatric intervention in a dedicated Royal Air Force Hospital (K. Wilson, 2007). For the most part, aircrew just kept going no matter how exhausted they were (K. Wilson, 2007).

It was stressful being on operations and living in areas that were frequently bombed. It took a huge toll physically and emotionally. The study veterans spoke of their planes being attacked and trying to fly the damaged plane and its crew back to safety. Not all made it, some being in planes that were downed over enemy territory. They spoke of trying to avoid being hit by enemy aircraft, or if forced to land, at least land with as little damage as possible. There were stories of propellers spinning off, engines catching on fire, failure of equipment, trying to avoid the ground based anti aircraft batteries over occupied territory or being attacked by enemy fighters of the German Luftwaffe, the Italian Regia Aeronautica or the Japanese Imperial Army and Navy Air Forces. None of the men rejoiced in the planes they downed, as they knew they were sending men to their deaths, but at the same time, it was one less plane to attack them. Nor could they think about the death and destruction the bombs wrought on the ground. In Britain, having leave helped and despite the difficulties of war the British were very hospitable. The Mess or the local pub was the one place where they most commonly relaxed. What they did not appreciate that the Medical Officers or Commanding Officers who joined them for a drink were also watching aircrew carefully for signs of burnout or untoward stress that could affect their performance (J. Stewart, personal communication, July 24, 2010), and jeopardise fellow aircrew on multi-crew aircraft (Wragg, 2007).

Combat stress was reported from every service (Engdahl, et al., 1997; Glaesmer, et al., 2010; E. Jones, et al., 2003; MacLeod, 1994; Watson & Daniels, 2008). As the personal narratives and literature show, for many the physical and psychological war trauma persisted throughout life affecting not only the war veterans but also their families.
(Dekel & Goldblatt, 2008; Lev-Wiesel, 2007; Thabet, et al., 2008). Millions of people were exposed to catastrophic stress during the course of the war and individuals process stress differently. It has been suggested that the emphasis should be on the resilience of people to cope with stress rather than what they suffered (Shephard, 2001).

Despite the fact that the veterans were fighting what all believed to be a justifiable war against tyranny, all spoke of the brutality and futility of war. They have never forgotten their lost comrades. War meant the endless loss of so many brave, gifted service men and women, damaged or destroyed civilian lives, danger, destruction and ongoing grief. Anzac Day is primarily a time of remembrance, for those who never came home or who survived with lives irreparably damaged by war. Perhaps the most telling of quiet grief was one interviewee who rang the researcher after his interview transcript had been returned to him for checking. He asked that the name of a fatally injured aircrrew member in his squadron be corrected in the transcript.

He was my best friend. (Bob, Radio Operator)

The study veterans knew that in combat they faced the threat of death or disfigurement, especially by fire if flying26. They watched some die and others survive badly wounded knowing that this could also be their fate (Ehlers, 2006; Hagenaars, van Minnen, & Hoogduin, 2007). In combat, they dealt with loss and grief primarily by dissociation (Briere, 2004) and the belief that that somehow they would survive. Therefore, most coped by distancing themselves, and the grief they felt for lost comrades was not dwelt on, but their comrades were remembered. For most dissociation was a short term coping mechanism. Only when it persisted for months, was it likely to become a precursor of post traumatic stress (Briere, 2004). Two of the study veterans were unable to sustain close personal relationships with a wife or children.

The study veterans recognised that the war had made them mature beyond their years. They had learned to read people and to discern the better from the lesser. They had learned how to be part of a team, and how to manage and motivate people, skills that many later used in their civilian careers. They had learned various ways to cope with intense stress and painful memories, most exhibiting a high degree of resilience. All but one said that the war experience had affected their lives to some degree. Although they

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26 The fuel used for the planes was mainly petrol and was highly flammable. The fuel tank in the Spitfire was directly in front of the pilot.
had no wish to ever repeat the experience, they were pleased that they had served in the military and had had sufficient courage to fight and risk their lives for freedom. They accepted their part in the conflict and said ‘it was war.’

During the course of World War Two, Allied Forces’ recruits ranged in age from 18 to 38 in the United States (Elder, et al., 1994), 18 to 41 in the United Kingdom (Allport, 2009), and 18 to 45 years in New Zealand (Ministry for Culture and Heritage, 2008b). The recruits varied considerably in their life histories, skills and social responsibilities such as families and work (Elder, et al., 1994), the younger recruits usually having had little work experience. Some men were away from their country of origin for six or more years (Allport, 2009). For those combatants in the stage of emerging adulthood, they had to learn to be responsible for themselves and for others, make sensible decisions, and be accountable for their actions. One of the significant factors in this maturing into adulthood was resilience. Further to Matsen’s (1994) definition of stress as effective adaptation, Hoge et al. (2007) suggested a psychological and biological construct of resilience. Included in that argument was the work of Kobasa who having studied the response to high stress of 160 executives in the United States introduced the concept of ‘hardiness’ (Kobasa, 1979). Hardiness was defined as a stable personality reserve consisting of three psychological attitudes and mental processes: ‘commitment’ was the ability to give events meaning; ‘control’ was the individual’s perception that they could influence what was happening to them, and ‘challenge’ was the belief that the individual could grow from the adverse experiences leading to greater life fulfilment. All three attributes suggest optimism and control (Shephard, 2001) rather than pessimism and victimhood.

Developing resilience to the stress of war was a significant factor in a veteran’s emotional survival. Resilience is considered to be a culturally and contextually sensitive construct (Ungar, 2008). Some people appear to be able to tolerate stress without significant damage to their physical or psychological health, others can not (Ungar, 2008) and this is possibly due to pre war experiences and life course events (Solomon, et al., 2008). A traumatic event is usually beyond a person’s experience, and therefore difficult to understand (Horowitz, 1997). Having experienced and survived previous stressful incidents may reduce the impact of the stressor and enable more successful adaptation, the so called ‘inoculation effect’ (Knight, Gatzx, Heller, & Bengston, 2000; Norris &
Murrell, 1988). Combat is traumatic and coping with additional stressors within that environment compounds the stress and the severity of the reaction (Solomon, et al., 2008). Constant repetition of stress gradually depletes coping resources and makes the veteran more vulnerable to subsequent stressors. This may lead to depression, combat stress reaction and for some post traumatic stress disorder (Briere, 2004).

For the veterans, the happiest memories were those of qualifying as aircrew, the camaraderie and the fun they had as members of a squadron. On operations, fear of letting the team down, ostracism and the stress of combat were significant stressors. They had to keep going despite the loss of good friends and learned to manage fear so that each could continue. To survive, the study veterans had to develop a degree of personal resilience in order to cope with loss, the stress of combat and Squadron expectations, and in doing so, matured into men. Nevertheless, each ascribed their survival to fate and luck rather than personal skill.

### 8.4 How did the combat experience affect the veteran and the family?

When interviewed, the study veterans revealed that most had not shared their war memories with their families and not necessarily with their partners. Many spoke of how they lived with disturbing war memories, and the difficulty in reconciling to a life after war. Wives and children spoke of the difficulties they faced in living with a man who had come back from combat but could not or would not explain the memories he lived with every day. All the men spoke of the lack of recognition from governments for the role they had played. As so many said, all the glory went to the Battle of Britain boys, and not those who flew the bombers, transported the planes and bombed the enemy for six long years. They knew the air force was the only force capable of inflicting damage on Germany until after June 1944 and the Allied invasion of Normandy. Most attributed their rehabilitation in civilian life to their wives. Not all the study veterans had children, but those who were fathers spoke with great pride of the achievements of their offspring and the grandchildren.

The interviews with spouses, children and grandchildren were partly for the corroboration of findings; it was also to enable a more thorough explanation of the longer term impact of war. However, it was noteworthy that few wives and no children
knew about what their spouse / father had undertaken during the war, except in the more general sense, such as he was a pilot, or a navigator. Of the wives interviewed, only two British wives had any real knowledge about their husband’s war. Most veterans who married New Zealand wives had not shared their war experiences with their spouses either. It appeared as though there was a tacit silence about the war, and certain subjects were not to be broached. Some of the veterans stated that they did not want to burden their families or spouses with the residue of the stress, grief or reality of war. It was better forgotten and they preferred to suppress the memories totally. It was often the grandchildren who were the catalyst for the war time stories to be told, and for adult children to understand for the first time what their fathers had lived through. Even stories for the grandchildren were edited, and tended to be the humorous stories of experiences on leave, rather than for example the experiences of a 20 year old navigator guiding a heavy laden bomber over Occupied Europe to Germany. Despite the passing years the veterans still found it difficult to revisit painful memories of coping with the fear of combat, death and destruction.

At interview, the veterans would provide factual information about their training, the planes they flew, where they flew and about the tour of operations. It took some time to get beyond that reticence, and elicit how they felt about their experience. It was apparent that some men had not fully recognised how the stress of being in extremely hazardous situations had affected them. In these cases the children or wives were more discerning, and could state how the husband / father had behaved in the marriage or family situation after the war. Examples of such behaviour were the veteran being irritable, depressed or disparaging the achievements of his wife or children. The study veterans, the wives, siblings and children interviewed all agreed however that the war had been the turning point in each study veteran's life and it had affected his subsequent life, and in varying degrees their lives too.

After the war the general attitude of the military authorities in the British Empire was go home and don't talk about it (N. Hunt & Robbins, 2001b). This attitude had been well entrenched from World War One. Rivers, a psychiatrist specialising in post traumatic stress during World War One, spoke of the many men he treated with ‘shell shock’ as dissociating from the war and life. His advice to his patients was to process the recollections of the war, acknowledge what happened but not to dwell on the war.
Processing recollections is one way of coping with war trauma (N. Hunt & Robbins, 2001a); another is avoiding all mention of it, or anything that might trigger intrusive memories such as war films. Trying to cope with intrusive combat memories, nightmares, disrupted sleep, depression and anxiety have all been implicated as expression of combat stress reaction, which for some veterans persist to the present (N. Hunt & Robbins, 2001a; Jennings, et al., 2006; E. Jones, et al., 2003; Kuwert, et al., 2010; Lindorff, 2002; Rasmussen, Rosenfeld, Reeves, & Keller, 2007; Schnurr & Spiro, 1999; Sutker, Allain, & Johnson, 1993). Most study veterans managed to process what they had endured and move on, but for some the memories were too intense, and their resulting behaviour of irritability, anger, violence or dissociation damaged relationships and their families, as reported elsewhere (Allport, 2009; Dekel & Goldblatt, 2008; Dirkzwager, et al., 2005; Fals-Stewart & Kelley, 2005; Manguno-Mire, et al., 2007; Ruscio, et al., 2002; Thabet, et al., 2008). Telling or writing their war stories had assisted some veterans to acknowledge this part of their life course (N. C. Hunt, 2010).

Of all life transitions the study veterans made, perhaps the most difficult was adjusting to life after the war was over, when they returned to a peacetime New Zealand. Every man interviewed described it as an extremely hard time, even those who had been in the Pacific and returned home to New Zealand after each tour of duty. The war had changed them. They did not readily fit back into the everyday life of New Zealand, where apart from other veterans no one really understood their experiences. Finding housing, getting a job if previous employment was unavailable, retraining, earning money, coping with family and finances (Miller, 2010) and changing to a new reality away from military life were stressful transitions. Some managed better than others did, a considerable number taking years before they felt truly settled as civilians again.

The New Zealand public has never understood the reality of war (J. McLeod, 1986), its post war interests being inward looking. Those left at home understood the loss and grief of ruined and lost lives that war had brought. They had coped with rationing, raising families alone as solo parents and working (Coney, 1993). Most people just wanted to put the past behind them and build a new life (Gustafson, 1993). Many families did not ask what returning veterans had been through, either not knowing what to say, or just feeling it was better to bury the past, look to the future, and not broach the subject of war service. There was little recognition or understanding that many returned
veterans were in some degree physically and/or emotionally scarred by their war experiences. Veterans did not want to necessarily talk about the war, nor perhaps could they necessarily express what they wanted to say (Elder, et al., 1997). Their experiences were largely ignored as non-military did not understand. Only those who had been there really understood.

This lack of societal support was certainly not unique to New Zealand. The veterans who came home had often been away for years, had been part of a hard fought war and had changed. When the war ended most service people were demobilised, although some stayed on in armies of occupation in Europe and Japan (Allport, 2009). Demobilisation meant the dissolution of fighting units, and discharge of the military, most of whom had signed up or been conscripted for the duration of hostilities only. Allied demobilisation took months as transport was in short supply; 11 million gross tons of British shipping had been lost through enemy action, and RAF transport command was working continuously to return men home (Allport, 2009). American soldiers who did not qualify for discharge after Victory in Europe in May 1945 were sent to Asia until Japan surrendered (Garcia, 2010). When the men reached home, families were reunited but quickly the effect of the long years absent became apparent. Wives wondered what had happened to the husbands they once knew and children did not recognise their fathers. Previous girlfriends and some wives had often found other partners (Allport, 2009).

Societal recognition and support of the war veteran is known to have a powerful effect on how war veterans adjust again to civilian life (Allport, 2009; Burnell, et al., 2006; N. Hunt & Robbins, 2001b; Manderscheid, 2007). However, this was not generally available to the returning World War Two veterans and consequently many suffered significant difficulties readjusting to civilian society. Where possible they turned to their comrades from the war and veteran’s associations to help them cope with their wartime experiences and process traumatic memories (N. Hunt & Robbins, 2001b). The bonds forged between service people in training and combat were to last a lifetime, and provide enduring support as returned veterans tried to adapt to a changed family, community and job expectations (Manderscheid, 2007). The other significant support for many veterans came from their life partner.
It is now well recognised that veteran war trauma affects the marriage/partner relationship and the children, (Dirkzwager, et al., 2005; Fals-Stewart & Kelley, 2005; Manguno-Mire, et al., 2007; Nelson Goff, et al., 2006) although most of this research relates to later conflicts and younger generations. The evidence suggests that wives/partners can experience considerable difficulties, including compassion fatigue, in coping with the husband’s/partner’s distress, and that trauma can spread to the following generation (Lev-Wiesel, 2007). This became apparent in interviews in this study with wives and with children, many of whom mentioned that nightmares, depression, self-isolation, and irritability had caused difficulties in the marriage relationship and family life. One wife had found it difficult, isolated from her English home and traditional supports. She relied heavily on friends and others to help her as her health deteriorated with the constant demands of coping with children and a husband who could not communicate or settle. Another routinely dispatched her husband from the house to drive to the beach until he felt better, and yet another just took over the household and family management, enabling her husband to pursue his career. These problems continued for only a comparatively short time for the majority of the study veterans. Generally, family members spoke of a husband or father, who, although silent about the war, was caring, involved, firm, but fair disciplinarians, committed to the family welfare and worked hard to provide the children with a secure and loving home.

Men who married women from the war torn areas, mostly from Europe, were more likely to be able to share some of their war experiences. Some wives either from overseas or from New Zealand coped better than others did with the unpredictable behaviour the veterans could express if stressed. Most of the study veterans had been in long and successful marriages, not necessarily their first marriage, and spoke with great affection of their wives. These veterans also credited their wives with helping them to settle after the war, coping with occasions of distressing war memories with tolerance and patience as well as providing a secure and safe home both for them and for their children. Having a safe relationship can militate against trauma (Klarić et al., 2008) in many ways, and this probably insulated the children against the worst effects of the father’s war. The importance of wives/partners in providing stability for combat veterans has been demonstrated in other studies, one of World War Two veterans (N. Hunt & Robbins, 2001b), the other of Falklands veterans (Burnell, et al., 2006).
Nonetheless, for a few veterans, the first marriages were not successful, resulting in separation and divorce, but most remarried successfully. Family was important to all those men who had children, and they spoke of them with great pride. Not all the children were so generous in speaking of their fathers. Ruth and Oberg (1996), using oral life narratives from a selection of older people identified six types of life narratives. These demonstrate how events over a life course are reflected in old age. One of these life narratives was called ‘The Bitter Life’, involving a difficult childhood, lacking real contact with a parent, poor adult relationships with a life partner and others and health problems leading to difficulty in functioning in older life. A few families spoke of their veteran fathers as being distant, bullying or intimidating, strict disciplinarians who never engaged in the children’s lives and made life utterly miserable for both the children and the wives. Two of these veterans had done extended tours in active combat, and appeared to have coped at that time with the significant stressors that were involved, but were unable to relate to the intimacy of children and family or establish any family cohesion. Their children variously described these fathers as detached, remote and the source of much family dissension and damaged mental health within the family structure. Although the children continued to oversee the veterans’ care as they aged, it was more from a sense of duty than of love.

All the wives and children said that the Air Force or military experience had defined their fathers; most of their father’s friends shared a military connection and the social life of many families had largely revolved around those wartime friendships. As the veterans had aged the bonds with their wartime comrades had become more precious, and when these friendships passed in death there was the sadness of loss but also of inevitability.

Of note, and identified in the research, was that as the veterans approached the end of their lives some had started to tell a little of their stories, some writing monographs, mainly for family consumption. The veterans appreciated being able to tell their story in interview as it affirmed a significant part of their lives, and gave the war experience meaning. There was also the belief that they were leaving a little of themselves for the next generation. For all the men when asked, family was the most important part of their lives. Many study veterans continued to actively care for their war comrades or their widows, and contributed where they could in the wider community. There remained a strong sense of camaraderie; duty and loyalty to fellow veterans despite the
passage of years, yet their lives were not dominated by the war despite its significance. A large number of World War Two military kept their combat memories from their wives and families, as did the study veterans. They had taken the military advice on demobilisation and had not talked about the war. This made it difficult for wives and children to understand unpredictable veteran behaviours that could cause considerable distress in the family. Over the years the study veterans had found ways of coping with stress. Fellow veterans and veterans associations helped a great deal in assisting the men to cope with the emotion of residual war memories, and families were often there to support with the practicalities of everyday life (N. Hunt & Robbins, 2001b). The lack of societal understanding of the physical and psychosocial damage of war combatants did not assist them. It is now recognised that many who came home were severely damaged by the war (Allport, 2009), and this in turn damaged relationships and children. It says a great deal for the resilience of the human spirit that despite what they had endured, so many veterans were able to become caring and supportive husbands, fathers and contributing members of society.
Part II: The costs of war

The study veterans interviewed in this research went to World War Two primarily for adventure, but also in part out of a sense of duty to ‘King and Country’. They were young, fit, energetic and looking for something different from their other hitherto proscribed lives. It took little time for the young men to learn the reality, but by then they were committed and had to see it through to the end. Although they served in many different theatres of war, at different times, in different commands, there was a considerable degree of commonality in their experiences.

The first section discusses ‘War as opportunity’ followed by an examination of the combat experience and its effects on the veteran, ‘Conflicts of war’. The third section titled ‘Legacy of war’ discusses the isolation and dislocation experienced when returning to civilian life. Vicariously families were affected in varying degrees, and this too will be explored. Now as older men, the study veterans have had a lifetime to ascribe meaning to the combat experience and its effects on their lives. This is discussed in the final section of the ‘Consequences of war with ageing’. Life course has been the underlying theory of this research and the final paragraphs of the discussion suggest elements in the combat experience that made it so influential in the study veterans’ lives.

8.5 War as opportunity

Elder (1997) spoke of war being a positive force for the disadvantaged children of the Great Depression, as it gave individuals a second chance. Elder’s thesis certainly has validity but his research suggested that the overall war combat experience was more beneficial than this present study suggested. As described previously, not all veterans in this study came from economic disadvantage, nor was the war experience necessarily helpful in the veterans’ peacetime years with regard to employment or personal lives. The military service however, did significantly affect the timing and experiencing of adult roles (Spiro, et al., 1994).

Of the study veterans, 10 were in families that suffered severely during the Great Depression and others were well aware of the considerable financial constraints of that time. Some left school early to find work to help the family finances. At a young age they learned that life could be difficult and they had to adapt. Being young they accepted
this, but did not forget. This possibly helped some develop a degree of adaptability and resilience, attributes that were needed in combat situations (Iversen, Dyson, et al., 2005).

Before 1940, the Royal Air Force depended primarily on interview by serving officers as its primary mode of aircrew selection. There was no specific testing of ability or skill. Criteria consisted of the right school as well as sporting ability. As a result, there was a 50 percent pilot training failure rate (M. Bailey, 1999). In New Zealand, the successful completion of 21 tests of ability in mathematics and trigonometry amongst other subjects was a prerequisite for consideration for aircrew, (Royal New Zealand Air Force, 1940) as well as meeting stringent physical tests such as the decompression tests, followed by interview. Those who aspired to be pilots were then sent for pilot training. As in Britain, the failure rate was high. Those who failed as pilots were given the choice to retrain in another trade as aircrew. All used this training in various ways to improve their basic education. The training for all aircrew became even more intense and many failed. The intensity of the training was to ensure that each reached the requisite standard for aircrew and could cope appropriately in an emergency. Only those who completed all the requirements graduated as aircrew, and graduation was a source of great pride. After graduating, they progressively acquired more skills on increasingly sophisticated combat aircraft, until they were finally assigned to operations (Ops.).

A veteran’s pre-combat personality was a factor in determining the role each would fulfil as aircrew and the planes each would crew. One who described himself as ‘a level headed sort of chap’ became a Ferry Command pilot as he could cope with the demands of long distance flying over land and sea. The ‘mad headed’ ones he said became fighter pilots. A navigator described himself as not an emotional type, feeling things but not getting too upset about them. A Mosquito pilot recognised that he was possibly over conscientious. A Bomber navigator said that he was always very controlled and well organised but inclined to speak his mind. All had been determined to succeed as aircrew. After operations, most were then posted back to train others. Of the study veterans, 18 were posted to the United Kingdom after completing their basic training in New Zealand or Canada, and 14 of these flew over Europe as part of Bomber Command; one flew with Fighter Command, and one flew with Coastal Command. Two pilots in Singapore when it fell were posted back to the United Kingdom. Of these, one completed his war service with South East Asia Command in New Delhi, the other with
Bomber Command. One pilot was posted from the United Kingdom to Calcutta, flying over Burma and all points east. One pilot was posted to Ferry Command transporting planes from the United States manufacturers to England. Only two of the men were able to return home briefly between postings. The others were away from home until the end of hostilities. The five men who served in the Pacific had shorter tours and were more likely to return to New Zealand between postings. Both the army veterans were away for the duration of hostilities.

Being aircrew had given the men the opportunity to improve their education, and for some the skills they learned were able to be readily translated into post war careers in aviation. The war gave all the men the opportunity to see more of the world, to expand their circle of friends and acquaintances, and to move in very different sections of society from that to which they were accustomed. In the air force, men became aircrew because of their ability to fly a plane safely or to fulfil other roles on the aircraft. As a result, aircrew came from all sections of society. All the study veterans commented that was a great leveller, and it changed the way they thought about others. The war gave some of them the opportunity to meet wives, and build connections that were to assist them in later life. However, it is recognised that the study veterans were the survivors, having reached the eight or ninth decade of life.

8.6 Conflicts of war

Over Europe, night after night, if the weather and conditions permitted, aircrew took bomb loads to Germany, or escorted the bombers to keep Axis aircraft from attacking them. The pace was relentless, yet at any time, ready to board the aircraft for a mission an aircrew could be stood down, because of weather or strategy. The build up of tension before each mission was considerable, and if stood down until another night, the men had to find some way to release their stress. Many study veterans stated the waiting could be as bad as taking off over Europe. Once in the air, aircrew had to concentrate on the job in hand, knowing that they could be tracked by German radar. As most of Western Europe was occupied by German military, this made the journey to Germany extremely hazardous. Sometimes the combat aircraft were bombed as they sat on the airfields in England and aircrew could do nothing until new planes were delivered.
Unless physically injured, or unable to fly because of illness, the aircrew were expected to continue until their tour of operations was over. They relied on the support of fellow crew, other squadron members, or good friends to relieve the tension. After each mission, aircrew were debriefed by the Intelligence Officer at base. Aircrew were required to describe what they had seen and done and answer specific questions. This technique of post mission debriefing has since been proven to be an essential tool in managing combat stress (D. Grossman, 2009). The aircrew learned to keep their stress and emotion to themselves, and put on a false face of bravado or control and use humour as a release. Those who were posted to the Pacific or East Asia fought over dangerous waters and inhospitable, Japanese occupied terrain. In the Pacific, the Air Force had a combat role in the early and later stages of the war. Their primary role was to escort the American bombers to the drop zone, and ensure the bombers got there and back safely. More than 300 New Zealand aircrew were lost in the Pacific conflict.

When in flight, aircrew needed training, skill and luck to survive danger. Planes were shot out of the sky or collided, many aircrew died and some survived. The sheer intensity of the tension and concentration required when flying over or trudging through enemy territory ensured that many memories were seared into memory. It is known that acute stress affects memory formation in humans although the mechanisms are not fully understood (Henckens, Hermans, Pu, Joels, & Fernandez, 2009; St Jacques, Botzung, Miles, & Rubin, 2011). Such memories have a persistence and clarity that other memories seem to lack (Phelps, 2004). This possibly explains why the veterans remembered their war experiences so clearly, yet later memories of their peacetime life were not so easily recalled.

It was thought that aircrew were largely immune from the stressors of combat as physically they were distant from the human suffering on the ground (D. Grossman, 2009). The majority of aircrew in World War Two were not conditioned to kill people. They were trained to crew aircraft, drop bombs, Window or pyrotechnic markers; take reconnaissance photographs, and fire guns at attacking aircraft or other threats. Although they did not always see the physical destruction of aerial bombardment or the human cost, it did not mean that they were immune to the effects of what they were doing. However, the greatest pressure on aircrew was ensuring that they completed the job expected of them and did not let the team down, although they were under constant
threat of being killed (D. Grossman, 2009).

8.7 The legacy of war

For some study veterans the transition back into civilian life was not as successful as their military life where they had a clear identity and purpose within a highly structured environment. In civilian life for some, the Air Force identity and a life purpose seemed to fall away never to be fully reclaimed. Research has shown that veterans who found support with comrades, family or veterans associations after demobilisation tended to adjust better to civilian life than those who lacked any significant social support (Allport, 2009; N. Hunt & Robbins, 2001b). Without such support, a veteran could become isolated or detached from society. This study supported this thesis, but also recognised that some men were very difficult to support, as they felt so disconnected from society at large. Some study veterans did not marry nor have children until years after the war, and some wartime marriages did not survive in peacetime.

Combat veterans returned to peacetime life in a world that no longer wished to think about the war. Their home country was familiar but not really known. The care and affection for family and friends were still there, but the war had changed the military personnel who returned. The veterans’ involuntary estrangement from family, friends and other members of their community on their return home was keenly felt, and for a few this sense of dislocation persisted for many years. These feelings were also experienced elsewhere in the world by other returning veterans (Allport, 2009). In America, Elder (1994) reported that the prevailing post war climate also did not support communication and sharing trauma, because it was felt that most people experienced some trauma in a life time, and therefore did not consider war trauma significant.

The war experience unsettled the men and disrupted careers for half of those interviewed. Many of the skills that aircrew had so painstakingly developed were not readily transferrable to civilian life. Several wished to continue flying but the opportunities were limited, or as they discovered, flying in peacetime, even when still in uniform was very different from flying in war. The urgency, the excitement, the equality, the sense of camaraderie and support in the Squadron were no longer there (K. Wilson, 2007). There were few openings in civilian aviation and maintaining flying skills was expensive. Many veterans therefore had to rethink their careers. Retraining was available
such as teaching, dentistry, medicine and trades training and some study veterans did take advantage of these government schemes. Some chose not to retrain, and accepted work that was relatively undemanding, but produced a regular wage. During this time of re-establishing themselves, the veterans relied on their military comrades to a large extent for emotional support, and on their wives for practical support. A few later regretted that they had not achieved as much in peacetime as they had during the war, and some chose a quiet life.

It was during this time of transition to civilian life and subsequently that some of the legacy of the war became apparent. The men could not readily explain to family or others how they felt. The study veterans variously reported periods of intense depression, irritability, isolation, intolerance, feeling withdrawn, morose and finding life difficult. The only times that they felt at ease were when they were with their war comrades, a finding corroborated in the research of others (Allport, 2009; N. Hunt & Robbins, 2001a, 2001b). There was minimal psychiatric or psychological help available, although some psychiatric institutions provided help for the most severely afflicted veterans (Joyce, 2002). The study veterans, who were affected in some degree, struggled on with the help of their war comrades. In the New Zealand society and predominant British culture of the time (M. King, 2003), it was not considered appropriate to show emotion, and men were expected to remain stoic regardless of the situation. Not all could cope with the recurrent dreams and guilt of being responsible for killing others so coped by seeking less stressful employment. In later life, a few study veterans acknowledged that they had been assessed for combat stress when applying for war pensions, but most just kept going, often but not invariably assisted by an understanding wife.

The resourcefulness that some study veterans showed in combat was to be apparent in later aspects of their lives. The bonds of friendship and loyalty forged in war were to continue in civilian life, providing not just social connections, but also a mechanism to relieve the intensity of the experiences by talking about them with others who understood. It was through such mechanisms that the men were to learn to live with the combat trauma, the survivor guilt, the delayed grief for those who were lost, and for some the guilt of doing violence to others (Stein, 2007). The veterans could not change what they had lived through, so they had to change their attitude to it to survive. For
most study veterans these strategies worked over the years. However, initially three
turned almost exclusively to their fellow veterans for support, largely ignoring their
families.

The wives and children spoke of coping with husbands or fathers who could become
emotional or withdrawn, easily stressed or argumentative. Children in turn could
become distressed if the father had emotional problems (Dekel & Goldblatt, 2008). The
silence of the fathers about their past meant that the children became sensitive about not
mentioning the war in case it increased the father’s distress. It was usually the mother
who was the buffer to actively protect the children. These dynamics within the family
had the potential to reduce the family cohesion (Manguno-Mire, et al., 2007). Where
there was good communication between the marriage partners, understanding and
support, it was more likely that there was a good relationship between them (Nelson
Goff, et al., 2006), and this in turn had a positive effect on the children.

War survivors carry that trauma for the rest of their lives, and can transfer that trauma to
their partners and children (Dekel & Goldblatt, 2008; Dekel & Solomon, 2006;
Dirkzwager, et al., 2005; Fals-Stewart & Kelley, 2005; Thabet, et al., 2008) although the
exact mechanism for the transfer of trauma is not known (Dekel & Goldblatt, 2008).
War trauma may remain hidden until another life changing event alters the ability of the
affected individual to compensate. Most people do not want sympathy for their past
traumas, but they do appreciate some informed understanding.

8.8 Consequences of war with ageing

War veterans are a unique group within our community as they have survived a world
war. Those who have reached old-old age have learned to cope in various ways with the
stressors and memories of that time. The impact of the memories was often distracted
by the busyness of middle life, but now in old age the memories have become more
vivid, and more dominant in their everyday thoughts. People react differently to extreme
crises. Some see severe crisis as a threat and are consequently fearful, some face crisis as
loss and can become severely depressed, and others see crisis as a challenge and do
anything that they can to survive it, and carry this resilience on to other aspects their
lives (Shephard, 2001).
Over time, work, finding a life partner, marriage, family commitments, building a home and financial security took up much of the veterans’ energy. As they approached middle age and retirement, some started to present with physical and psychological problems, which were in part war related. The study veterans, all now over 85 years of age, have the potential to suffer from late onset stress syndrome, when age related depression or a sudden unexpected event such as fireworks, earthquakes, or severe illness can trigger unexpected flashbacks and nightmares (Andrews, et al., 2007; Bramsen, van der Ploeg, & Boers, 2006). It may be that as people age, there can be a reduction in cognitive functioning that can reduce their ability to use hitherto effective coping mechanisms in dealing with intrusive memories and symptoms (A. B. Grossman, et al., 2004). Traumatic memory remains throughout life (Miller, 2010). Even those with cognitive impairment from dementia continue to carry war trauma (Pitman, 2010; Sperling, et al., 2011; Yaffe et al., 2010), often remembering the war experience with considerable clarity and accuracy.

As people age and a proportion become significantly frailer, health services tend to look at meeting pathophysiological needs and a limited number of the social needs of the older person, and leave it at that. The reality is that any long term care provision, whether in the home, sheltered housing or in residential care needs to recognise that people live within the context of their lives, including the socio-political and economic times through which they have lived (N. C. Hunt, 2010). Old age is not an entity separate from other parts of a life. It is a continuum of that life, all the parts contributing in some measure to the totality of the present. It is important to recognise that any person who is a war or trauma survivor may face problems as they age. Psychological and emotional trauma endures and can manifest under duress, particularly in older people, and the possibility should be recognised. What may appear to be dementia may be the re-emergence of war trauma (Davidson, et al., 1990). Re emergent war trauma may also present as somatic complaints. It is for this reason that a full military history must be taken from veterans who may present to the health service (Bonwick, 2002).

It is suggested that veterans who do exhibit distress in old age may have exhibited some signs of war trauma after active combat or when coping with the demands of readjusting to a civilian world post war. Such episodes may have gone undetected or been forgotten.
(Andrews, et al., 2007). In the Andrews et al. review, nearly all the case studies reported such events as sudden physical illness or adverse circumstances as generating symptoms of clinically significant distress or deterioration in functioning in older veterans. Over time some veterans can speak openly of their war experience and appear to be able to remove the impact of the event, even though they remember the details. Others have actively suppressed disturbing memories for years, do not wish to share or may have received little support when they have tried to share with others what they were feeling. It is also possible that they have not been able to articulate their feelings and thus retain the intensity of the emotion which can continue without some release.

A great deal has been written about the psychological cost of war, but from this small study the most significant feature of the stories of these lives, was the extraordinary resilience of the veterans. They were of course the survivors who had lived into old old age. Of those combat veterans who survived the war, the majority had died by the time of this study. During and after the war, a significant percentage of the study veterans had coped with considerable personal tragedy, the illness and death of spouses and death of children, difficult personal circumstances and professional setbacks, but had just kept going, some working into their eighth decade before formally retiring. Not one revealed in interview or appeared to consider themselves victims of what had happened to them, nor did they apportion blame to any event or any person. They just accepted that war stress is a normal and common reaction to combat (Shephard, 2001) and carried on with living. They did not seek pity or understanding, but just told their story factually as they perceived it, and were grateful for the interest shown in their life history. Over the life course the study veterans had developed strategies to avoid emotional conflict and temper their responses, such strategies being perhaps more common in the old than the young (Baltes & Smith, 2003). The study veterans looked on the world with benevolence rather than malevolence, viewing their past experiences in a positive rather than a negative light despite the difficulties that they had experienced on the way. One son speaking of his veteran father, with whom childhood experiences had been fraught, said that the veteran was becoming more and more serene as the years passed, and now each delighted in the other’s company. Most veterans interviewed continued to adapt to the ageing process with much humour, and appeared to enjoy the reminiscence of their past aircrew exploits.
It is easy when writing about war veterans to concentrate on the negativity of war, but there were many positive aspects. Many of the men spoke of the wonderful time they had during the war both on and off base. Despite the grief of losing friends, the endless destruction and the fear, many also stated that they had a great deal of fun. They enjoyed the camaraderie and social support of other aircrew and squadron life. They were part of a huge machine that had its own purpose, its own language and humour and network, and as several wryly pointed out, its own bureaucracy. As aircrew, each had an identified job and responsibility and the rules governing behaviour both on and off base, were clear. Some travelled extensively and enjoyed the hospitality of their host country and eleven study veterans met their future partners while serving in the military. Having qualified as aircrew, the majority were able to rise through the ranks. With increasing rank, came increasing responsibility, and this together with the combat and flying experience matured the men beyond their years.

8.9 Life Course and the combat experience

The underlying question of this research concerned the elements of the war experience that resulted in such enduring memory and in many cases, psychological trauma for the veterans interviewed. Some of these elements can be explained by Elder's theory of Life Course and its four principles (1997), the principle of historical time, the principle of timing in lives, the principle of linked lives, and principle of human agency. The first principle of Elder's theory is that of historical time, the belief that the individual life course is established in and shaped by historical times and events. Four of the veterans interviewed were born just before or during World War One. The other 22 veterans were born in the period between the two World Wars when there was the Great Depression, economic disorder and social disruption, many people being left financially straitened if not destitute. As children and adolescents, these men lived through times of great financial and social difficulty, but most in some form had a stable home and supportive parents or relatives, which helped to buffer the difficulties of that time.

The principle of timing in lives considered that the impact of a life transition or event depended when it occurred in a person's life. Those study veterans who had lost their homes during the Depression never forgot it. The young men who went to war to serve in combat were young adults with nascent identities that were to be forged in the violence of conflict. Many returned from war with a maturity that was different from
those who had not served. Some of the men commented that they were lucky to be young in war, with no responsibilities, and no one dependent on them. They also believed themselves to be invincible despite the reality of death and destruction surrounding them. The nature of their combat experience singled them out from others, and it did not help them to adapt to a post war world. However, the disciplines of learning, taking responsibility and leadership roles and working with a team were to help many of the study veterans as they developed their post war careers and lives.

The principle of linked lives recognised that lives are lived interdependently, lives being closely entwined with those of others (Settersen & Hagestad, 1996). Although applicable throughout the life course, this principle had a particular resonance for those who served in the armed forces in combat. In such situations they were dependent on each other during times of acute danger, when their lives were in jeopardy. The bonds of war were to govern many of their future relationships, with their closest and most trusted friends being fellow veterans.

The final principle of Elder’s Life Course theory (1998) is that of human agency which states that people construct their own life course through the choices and actions they take within the constraints of history and social circumstance. Joining the armed forces, leaving home for adventure and an uncertain future, successfully completing the extensive training that aircrew undertook and then the combat experience itself were important turning points in the lives of the veterans. Through these experiences they constructed their own life courses and grew as people, reflecting Erikson’s belief that people grow through such experiences (Erikson, 1964). The veterans could not change the war experiences they had survived but they could choose how to cope with those experiences, learn from them and move on (Frankl, 2006). Most of the study veterans managed to do this over time and now in older age look back with acceptance on their war careers.

8.10 Summary

World War Two was an opportunity for young men to travel from their home of origin, be involved in a global conflict and incidentally see some of the greater world. The results of conflict were to damage some people physically and psychologically, but others were able to make sense of their experiences and move on to successful and productive
lives. However, as the veterans age traumatic memory can still emerge and present in a variety of ways. Elder’s Life course theory was used to identify some of the key elements that influenced the veterans’ lives. These elements were their youth and the fact that these study veterans were relatively unencumbered with family or financial concerns. The Air Force standards were high, the training was intense, their successful graduation as aircrew was hard won and the culmination of their training on operations was stressful. There was the personal imperative not to fail in their duty, and let down the team as well as the stress of being in combat. There was little formal assistance for those troubled by traumatic memory, so most just struggled on, and gradually learned ways to cope with it. The camaraderie of linked lives was an enduring strength in the lives of many study veterans and helped them construct a new life after demobilisation. With post war recovery there was also a different historical context, and gradually in New Zealand and elsewhere there was full employment, an increase in the average wage, an improvement in living standards and greater opportunity for upward social mobility (Gustafson, 1993).
Part III: Conclusions

8.11 Study limitations

This study predominantly involved a unique cohort of men who survived the combat aircrew experience that resulted in more war casualties than any other military endeavour during World War Two. All the study veterans were of New Zealand European ethnicity. There were a few Māori airmen but although personal contact was made with a Māori pilot, the interview was not able to proceed because of health issues. As a result, the study accesses a very select group of participants, in other words, survivors, and therefore it would be problematic to generalise the findings presented here to the wider group of war veterans. However, the findings of the study reinforced the findings of other studies. Of these, the most significant were the persistence of clear memory of the war despite the passage of many decades, the effects of the war experience on the subsequent life course, the persistence of combat trauma, and how each veteran had dealt with their memories over the years.

The results of the aircrew interviews can not be readily applied to combat survivors of other military. The experiences of aircrew were very different from those of the army combat forces on the ground and naval forces on the sea, who saw and experienced the physical destruction of life by artillery and bombardment. Aircrew flying high above the action did not see the human cost of bombing, until after the D Day invasion, although one recalled looking down when the Lancaster Bomber descended to drop its bombs over Germany and seeing women and children rushing to safety (Ken, Air Gunner, Bomber Command). Aircrew were highly trained, and that training weeded out many who Moran (1945) described as not being fit to bear arms. The structures of the Royal Air Force and the New Zealand equivalent provided a tightly knit community that enabled the men to deal with much of the combat stress. Many army and naval combat commands had similar cohesion.

Interviews were conducted by one person, and the interviewer was an active participant in the process, seeking elucidation and clarification during the interviews and where necessary reading intensively before and after the interviews to gain a greater understanding of the aircrew's war. Those who were interviewed had survived for 65 years after the war, and all were in the eighth or ninth decade of life. They had outlived
most other war survivors. Their memory recall was selective due to recall bias, but many of the study veterans used their log books or other source material to ensure that what they were saying was factually correct. Interpretation of the fact was of course individual to the interviewee and the researcher. The data of the men's war experiences were collected retrospectively, after a long time interval. As in any interaction, particularly in narrative inquiry the reality of the material is in the third space between the interviewer and the interviewee. As Chambon stated, taking a life history is a dialogical activity, and the correct questions need to be asked to get the required answers (Chambon, 1995).

The war experience as described to the interviewer was clear and for the most part, able to be corroborated. This suggests that memory laid down under duress has the ability to endure with a high degree of accuracy. The veterans were asked about their lives in their entirety, but with particular attention being paid to lives before during and in the decade after World War Two. It took some time and much reading for the researcher to identify the various triggers of memory. The veteran interviews took many turns and were not a logically expressed history but a series of random memories, stories and explanation of their importance, descriptions of times, places and events, resulting in a spontaneity and total engagement by both parties in the interview process. It is recognised that no interview can collect all the nuances or experiences of an individual life.

8.12 Future research

Society will continue to have survivors of severe trauma, and inevitably some of those survivors will grow old and experience another acute event that reactivates past traumas. This requires that healthcare staff have sufficient knowledge and wisdom to listen, understand at least a little and be a supportive presence, until more informed assistance is available. Many of the veterans in the present study preferred to deal with traumatic memory in their own way rather than seek skilled help. It is acknowledged that combat exposure decades ago can have repercussions in the present (MacLeod, 1994; Spiro, et al., 1994). This too must be considered when caring for a veteran's wife or children who may have suffered vicariously from the veteran's combat experience.

Rather than using only the predominant biophysical and social model to support older people as they age, it is suggested that a wider viewpoint be employed. It is helpful if
health care professionals have some knowledge of the socio-political times through which older people have lived. Regardless of age, people live within the context of their lived lives, and for a proportion of the population of older people, this will include those who have physically survived significant trauma. There is ample evidence that the emotional and psychological effects of that trauma can be reactivated long after the traumatic events (Bramsen, et al., 2006; Goldstein, et al., 1987; E. Jones & Wessely, 2010; Kuwert, Spitzer, Trader, Freyberger, & Ermann, 2007; Lindorff, 2002; MacLeod, 1994; Schnurr et al., 2000; Schnurr & Spiro, 1999).

This study identified factors that assisted aircrew in combat to survive considerable stress and continue in their duties, namely excellent leadership, group cohesion, discipline, accountability, education and expectation of achievement (Murray, 2009). An examination of the benefits or otherwise of these factors for people coping with unremitting stress could be of benefit both for those in the military and civilian society.

Without a doubt, one of the greatest difficulties the men faced on their return to New Zealand was their sense of dislocation from their home, and their loss of identity and purpose when they were demobilised. It seems apparent that this is still a problem as service people are discharged from the military after being involved in later conflicts. The question arises as to what the armed forces can do to facilitate the rehabilitation of combat service men and women post deployment, and support them when returning to civilian society. In all likelihood, these combat veterans will have partners and / or children at some point in their lives. It is as important to support these other family, as they too may become unwilling victims of the veterans’ distress (Dekel & Goldblatt, 2008; Dekel, et al., 2005; Manguno-Mire, et al., 2007; Nelson Goff, et al., 2006; O’Donnell, et al., 2006).

It is suggested that psychological resilience of the individual, unit support and post deployment social support all may play a part in militating against post traumatic stress disorder and depression (Pietrzak, et al., 2010) in the combat veteran. This in turn may have a protective effect for the spouse and children. The difficulty appears to arise for some military when they are demobilised into civilian life. Two studies by Iversen et al. (Iversen, Dyson, et al., 2005; Iversen, Vasilis, et al., 2005) suggested that it was perhaps the lower ranks who suffered more mental distress after deployment and experienced
greater difficulty finding a job on demobilisation. In the straitened world economy of 2011, it appears that in the United States of America, regardless of skill or qualification it is very difficult for the newly demobilised to gain employment outside of the military (Semuels, 2011).

Older people can suffer from the resurgence of traumatic memory, especially when faced with such life crises as the loss of spouse or deterioration in health, or physical event such as an earthquake. Therefore, healthcare professionals need to understand what to do in such situations, and how to assist family and caregivers to cope. Thinking of an older person's distress as confusion or ramblings may in fact be a failure to recognise resurgence of long suppressed memory. This research does not suggest a particular technique to support an older person in this situation, as people are unique in their expression of suffering, and in part, their response is culturally determined. It is helpful however if health care professionals have some knowledge of the older person's past history and can provide support by intelligently listening, hearing what the older person has to say if they can articulate their grief, or just by being a caring presence. Family or caregivers need to be provided with information about available assistance should the combat veteran or trauma survivor becomes distressed and is unable to be comforted.

8.13 Study implications for practice and policy

Nursing has been defined by the New Zealand Nurses’ Organisation (2010, p. 2) as a “practice discipline with a unique body of knowledge and skills underpinned by nursing theory and research. Nursing’s core focus is people, and the way in which people respond to health, wellbeing, illness, disability, the environment, health care systems, and other people.” This study highlights the importance that significant events have on people’s lives. It is not enough for nurses to concentrate only on the biophysical model, for people live within the context of their lived lives, particularly older people. Such people have a lifetime of experience to draw from and to reflect upon.

The cohort of World War Two veterans is now diminishing. However there continue to be war veterans from later conflicts. Veterans as they grow older may carry traumatic memory, particularly if they were in combat during the war. During the life course, war
veterans use a variety of techniques to cope with their war memories. Some suppress the memory, by not talking about it, except to those who shared the experience. A few talk about it endlessly as their main topic of conversation. Others will mention a few facts, but prefer not to talk about their experiences. Traumatic memory is most likely to emerge after retirement when there is more time for reflection, the busyness of the mid years and the majority of family responsibilities have passed. Unexpected stress can trigger traumatic memory. In older age, there is increased medical frailty (L. A. King, et al., 2007) as a result of reduced physiologic reserve, and there may be a degree of cognitive decline (A. B. Grossman, et al., 2004), which can predispose the older veteran to the reactivation of traumatic memory. Whatever the mechanism, it is important to recognise that older veterans are at risk. A straightforward way to test the suspicion that the cause of a veteran's distress may lie in their previous military history is to ask the veteran, or a close relative or friend. Such questioning may relieve the veteran, and enable the cause of the distress to be identified, and thus appropriately dealt with. Table 8.1 provides a tool to enable the nurse to gain information that could prove vital in appropriately meeting a veteran's needs.
Table 8.1 A Guide for obtaining a veteran’s military history

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<tbody>
<tr>
<td>What service were you in?</td>
<td>Those who join the military straight from school or without achieving any formal qualification, appear more at risk of sustaining some psychological trauma in combat (Iversen, Dyson, et al., 2005).</td>
</tr>
<tr>
<td>Army, Navy, Air Force, Submarines, other</td>
<td></td>
</tr>
<tr>
<td>What age were you when you joined the forces?</td>
<td>The questions concerning rank are to identify the responsibilities the veteran held during service and if they were promoted to higher rank.</td>
</tr>
<tr>
<td>What rank were you when you had finished your training</td>
<td></td>
</tr>
<tr>
<td>What did you do in the services e.g. gunner, Signals, Communications</td>
<td>The role the veterans played in the war is significant, for example infantry or artillery, and whether or not they were in combat zones. A few veterans may be Special Operations Executive or their equivalent that is they operated inside enemy lines</td>
</tr>
<tr>
<td>Did you serve overseas? If so, where</td>
<td>Service overseas is significant as this suggests that the veteran was in or close to combat zones.</td>
</tr>
<tr>
<td>How long were you away?</td>
<td>The longer the deployment, the greater the chance of adverse events.</td>
</tr>
<tr>
<td>Did you serve overseas more than once?</td>
<td>Repeated exposure to trauma can increase the possibility of adverse effects.</td>
</tr>
<tr>
<td>Were you in the support forces or in the battle zone?</td>
<td>As previously indicated support forces are back from the front line but can still be bombed.</td>
</tr>
<tr>
<td>Were you in a special unit such as the SAS, US Seals etc</td>
<td>These personnel are very highly trained and consequently undertake the most hazardous missions, which for reasons of national security, they may not be able to disclose</td>
</tr>
<tr>
<td>Were you physically injured at any time while serving in the Forces?</td>
<td>The nature of the injury may have lead to ongoing trauma</td>
</tr>
<tr>
<td>What happened?</td>
<td></td>
</tr>
<tr>
<td>Were you a prisoner of war?</td>
<td>Prisoners of war are a very high risk of physical morbidity as well as post traumatic stress disorder (Dikel, et al., 2005; Ferguson, 2004; Myers, TA, Booe, &amp; Freeman, 2005; Sherwin &amp; Sugino, 2009).</td>
</tr>
<tr>
<td>What age were you when you left the forces?</td>
<td>Long tenure in a military organisation may reflect the degree of enculturation to the service</td>
</tr>
<tr>
<td>What rank were you when you left the forces?</td>
<td>How much responsibility did they have when leaving the forces, as this reflects in part their identity in the forces</td>
</tr>
</tbody>
</table>
Do you have any disability from serving in the forces? If so, do you get a War pension?

Ongoing war related disability, recognised by a war pension, suggests that a veteran may have incurred physical or psychological injury that may be exacerbated with age. Combat related physical injury may also be associated with psychological distress.

Is there anything else significant about your military history?

The veteran may have been invalided home. If so, the reason for this may be significant.

What do you feel about your time in the military?

This provides the veteran the opportunity to talk about their service life and for it to be recognised as part of their life story.

<table>
<thead>
<tr>
<th>Potential Stressors</th>
<th>Possible presentations of war stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden life threatening illness, accident, or sudden bereavement especially of a life partner or child.</td>
<td>Unusual apathy, irritability or withdrawal into themselves, self imposed isolation or hostility (L. A. King, et al., 2007)</td>
</tr>
<tr>
<td>Fireworks (Bramsen, 2006), sirens, blasting, or loud heavy beat music that can sound like gunfire or flak</td>
<td>Signs of confusion, difficulty in concentrating, memory loss and functional impairment, suggesting a diagnosis of dementia (Davison, et al., 2006).</td>
</tr>
<tr>
<td>Media reports of a disaster (S. Hiskey, M. Luckie, S. Davies, &amp; C. Brewin, 2008) can reactivate unwanted memories.</td>
<td>Somatic complaints, such as chest pain, unexplained fatigue, gastrointestinal disturbances.</td>
</tr>
</tbody>
</table>

Having the resource of a veteran’s military history can alert the nurse to possible stressors and how they may affect the veteran. The following table 8.2, provides a brief guide to what can cause stress and how it may manifest.

**Table 8.2 – Stressors and possible manifestations of war stress**

Some knowledge of the significant events in world history through which veterans lived is necessary if nurses are to provide informed care to this group of people. Health professionals who have no knowledge of the veteran’s world may miss the cause of a veteran’s distress. Taking time to listen to and understand what the veteran has to say may be more beneficial for their well being than other treatments. The same consideration applies to all survivors of war trauma, veteran or not.


8.14 Study conclusions

Throughout the interview the identified themes were played out against a variety of life events. These were themes of: family, whether biological or military, hardship and survival, opportunity and adaptation, coping with fear and loss, playing the part, health, injury and the consequences, fate, luck and survival in war, identity loss and recovery when reengaging with civilian life, and in old age reflection on the past.

As children and adolescents, the study veterans were directly or indirectly exposed to the socioeconomic difficulties of the Great Depression, and many learned at an early age what it meant to survive, adapt and cope. This learning was of importance when they became part of the most vulnerable service in World War two, namely aircrew. Aircrew were volunteers, yet only a limited number were chosen for training and of these, only a few succeeded. Flying over enemy skies required determination to play the part and a resolve not to talk about or exhibit fear and thus lose the respect of their peers. They saw many die or saw familiar names wiped off the Squadron lists, yet had to keep going, knowing that death or imprisonment could so easily be their fate. The squadron became the family, nurturing aircrew through times of extraordinary stress, and lead to friendships that would continue a lifetime. Despite the injuries, diseases attributable to war service and the sequelae of stress, all the study veterans said that they were lucky to survive. They attributed their survival to luck or to fate, seldom to skill.

During the war, as aircrew the men had status, many being commissioned as officers, with the associated benefits, and a proportion were awarded medals for gallantry. Once demobbed, this reality changed utterly for most. In peace it was necessary to forge a new identity, new career, and try to survive the loss of the aircrew identity. Their aircrew friendships were vital in supporting this transition into a world at peace, as was the presence of supportive marriage partner. Forging a peacetime identity was extremely difficult and took many years to achieve, and for a few was perhaps never totally achieved.

Now, as old old men, they reflect on their past, most with a degree of equanimity.
and acceptance. They recognise that the war was their apprenticeship to adulthood and defined them as men. For the most part they preferred not to talk about their war experiences as aircrew as others were quick to condemn them for being part of the bombing. It would take 67 years before a memorial to the fallen of Bomber Command was built in London, not by public monies, but by private subscription. For those who served in other Air Commands, recognition was more forthcoming.

The study veterans had the courage to see through their time as aircrew, and if the war experience did affect their later lives, well, that was the cost. They had survived, adapted, coped with fear and loss, found the strength of camaraderie and done their duty as military. They accepted their part in the war, recognising the positive rather than the negative, moved on to forge new lives but never forgot.

*Lie in the dark and listen,*

It’s clear tonight, so they’re flying high –
Hundreds of them; thousands, perhaps,
Riding the icy moonlit sky –
Men, machinery, bombs and maps,
Altimeters and guns and charts,
Coffee, sandwiches, fleece lined boots,
Bones and muscles and minds and hearts,
English saplings with English roots
Deep in the earth they’ve left below.
Lie in the dark and let them go
Lie in the dark and listen.

‘Lie in the Dark and Listen’ Noël Coward (1899-1973)
Appendices

The following section is organised around three Appendices

Appendix 1: Ethics permission
Appendix 2: Participant information sheets
Appendix 3: Participant consent forms
Appendix 2  Participant Information Sheets

The researcher is a NZ Registered Nurse and doctoral student in the School of Nursing in the Faculty of Medical and Health Sciences at the University of Auckland and is exploring the impact of war on World War 2 Royal or Royal New Zealand Air Force aircrew and pilots. I will ask how this experience affected their subsequent lives and that of their spouses, children and/or grandchildren.

You are invited to take part in a research study because you as aircrew or pilot served in the Royal or Royal New Zealand Air Force as a member of the regular forces/ as a volunteer or enlistee.

Your participation is voluntary (your choice). You do not have to take part in this study. If you do agree to take part, you are free to withdraw from the study at any time, without having to give a reason. To help you make your decision please read this information sheet. You may take as much time as you like to consider whether to take part.

What happens if you do decide to take part?

If you decide you would like to take part, you will be asked to sign a consent form consenting to be part of the study. Your participation would be for one to two digitally recorded interviews of one to two hours in length, or whatever time is suitable for you. You will be asked questions about your life before the war, about your childhood, whether or not your father was in the First World War, how you came to join the Air Force, your training, your experience overseas, coming home, finding employment, getting married, setting up house, having a family and your subsequent life, and now.

The study started in December 2008 and will continue until 2010.

Taking part in this study is voluntary and you may withdraw yourself or any information traceable to you at any time up to December 2009 without giving a reason. Your withdrawal will in no way affect your future care.

People in the study

Any combat veteran of the Royal or Royal New Zealand Air Force who served in World War 2, the spouse of the participating veteran, their children and/ or grandchildren are eligible to be in the study.
Those excluded will be those who have
Severe cognitive impairment, which means that they can not consent to being a participant in the study
Evidence of any unstable medical condition that may be aggravated by spending a period of time talking, or reviving past memories
Inability to communicate freely because of a communication disability
Not reached the age of 16 years

The risks and benefits of the study
Taking part in this study will take some of your time and require you to be interviewed and recorded in your own home, or wherever you feel most comfortable. Your participation in this study will be stopped should any harmful effects appear or if your doctor feels it is not in your best interests to continue
This is an opportunity for your stories to be heard, recorded and analysed, resulting initially in a thesis and then publication of the findings in the RSA Review and those journals of interest to historians and health professionals.
You will be sent a summary of the findings. If it is your wish, your recording will be returned to you, together with a copy of your transcript of the recording.

Compensation
It is extremely unlikely that you will suffer any undue effects from participation in this study.
If you have any questions about cover or entitlements under the ACC scheme you should contact your nearest ACC branch office for further information before you consent to participate in this trial.

Confidentiality
The study files and all other information that you provide will remain confidential and no material that could personally identify you will be used in any reports on this study. Your GP will be informed of your participation in this study if you become unwell or distressed. Upon completion of the study, your records will be stored for six years in a secure place at the central coordinating centre in Auckland. All computer records will be password protected. All future use of the information collected will be strictly controlled in accordance with the Privacy Act.

Your Rights
If you have any queries or concerns regarding your rights as a participant in this study you may wish to contact a Health and Disability Advocate. Telephone 0800 423 638; Free fax. 0800 27877678 (0800 2 SUPPORT) Email. advocacy@hdc.org.nz
Ethics
If you have any concerns of an ethical nature you can contact The Chair of The University of Auckland Human Participants Ethics Committee. Tel. 3737599 Ext 87830

Approval
Approved by the University of Auckland Human Participants Ethics Committee, on 10/4/08 for 3 years. Reference number 2008/015

Further information
If you have any questions please contact the researcher: Barbara Smith. Cell phone. 027
Supervisor: Dr. Matthew Parsons, Professor, Gerontology, School of Nursing, The University of Auckland, Private Bag 92019, Telephone: (09) 373 7599 ext xxxxx
Head of Department: Associate Professor Judy Kilpatrick, School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland, Private Bag 92019, Telephone (09) 373 7599 ext xxxxx

I greatly appreciate your assistance in this study and hope that you will agree to take part.
Participant information sheet

The researcher is a Registered Nurse and a doctoral student of the School of Nursing in the Faculty of Medical and Health Sciences at the University of Auckland. I am exploring the impact of war on World War Two combat veterans and how this experience affected their subsequent lives and that of their spouses, children and/or grandchildren.

You are invited to take part in a research study because you are a spouse of a combat veteran who served in the Royal or Royal New Zealand Air Force in WW2 either as a member of the regular forces/ as a volunteer or enlistee.

Your participation is voluntary (your choice). You do not have to take part in this study. If you do agree to take part, you are free to withdraw from the study at any time, without having to give a reason. To help you make your decision please read this information sheet. You may take as much time as you like to consider whether or not to take part.

What happens if you do decide to take part?
If you decide you would like to take part, your participation would be for one or two digitally voice recorded interviews of one to two hours in length, or whatever time is suitable for you. You will be asked questions about your life before the war, about your childhood, whether or not your father was in the First World War, how you met your husband, getting married, setting up house, having a family and your subsequent life, and now.

The study is expected to start in early 2008 and will continue until 2010.
Taking part in this study is voluntary and you may withdraw yourself or any information traceable to you at any time up to December 2009 without giving a reason. Your withdrawal will in no way affect your future care.

People in the study
Any combat veteran of the Royal or Royal New Zealand Air Force who served in World War 2, the spouse of the participating veteran, their children and/ or grandchildren are eligible to be in the study.
Those excluded will be those who have
Severe cognitive impairment, which means that they can not consent to being a participant in the study  
Evidence of any unstable medical condition that may be aggravated by spending a period of time talking, or reviving past memories  
Inability to communicate freely because of a communication disability  
Not reached the age of 16 years  

The risks and benefits of the study  
Taking part in this study will take some of your time and require you to be interviewed and recorded in your own home or wherever you feel most comfortable. Your participation in this study will be stopped should any harmful effects appear or if your doctor feels it is not in your best interests to continue  
This is an opportunity for your stories to be heard, recorded and analysed, resulting initially in a thesis and then publication of the findings in the RSA Review and those journals of interest to historians and health professionals.  
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Head of Department: Associate Professor Judy Kilpatrick, School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland, Private Bag 92019, Telephone (09) 373 7599 ext 82897.

I greatly appreciate your assistance in this study and hope that you will agree to take part.
The researcher is a doctoral student of the School of Nursing, in the Faculty of Medical and Health Sciences at the University of Auckland and is exploring the impact of war on World War Two combat veterans and how this experience affected their subsequent lives and that of their spouses, children and/or grandchildren.

You are invited to take part in a research study because you are a child or grandchild of a combat veteran who served in the New Zealand forces overseas, Royal or Royal New Zealand Air Force either as a member of the regular forces/ as a volunteer or enlistee.

Your participation is voluntary (your choice). You do not have to take part in this study. If you do agree to take part, you are free to withdraw from the study at any time, without having to give a reason. To help you make your decision please read this information sheet. You may take as much time as you like to consider whether or not to take part. If you require an interpreter this can be arranged.

**What happens if you do decide to take part?**
If you decide you would like to take part, your participation would be for one or two digitally voice recorded interviews of one to two hours in length, or whatever time is suitable for you. You will be asked questions about your childhood, and what you know of your father’s/ grandfather’s war service and its impact on your life

The study is expected to start in early 2009 and will continue until late 2010 Taking part in this study is voluntary and you may withdraw yourself or any information traceable to you at any time up to December 2009 without giving a reason

**People in the study**
Any combat veteran of the Royal or Royal New Zealand Air Force who served in World War 2, the spouse of the participating veteran, their children and/ or grandchildren are eligible to be in the study.

Those excluded will be those who have Severe cognitive impairment, which means that they can not consent to being a participant in the study Evidence of any unstable medical condition that may be aggravated by spending a period of time talking, or reviving past memories
Inability to communicate freely because of a communication disability
Not reached the age of 16 years

**The risks and benefits of the study**
Taking part in this study will take some of your time and require you to be interviewed and recorded in your own home or wherever you feel most comfortable. Your participation in this study will be stopped should any harmful effects appear or if your doctor feels it is not in your best interests to continue.
This is an opportunity for your stories to be heard, recorded and analysed, resulting initially in a thesis and then publication of the findings in the RSA Review and those journals of interest to historians and health professionals.
You will be sent a summary of the findings. If it is your wish, your recording will be returned to you, together with a copy of your transcript of the recording.

**Compensation**
It is extremely unlikely that you will suffer any undue effects from participation in this study.
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Head of Department: Associate Professor Judy Kilpatrick, School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland, Private Bag 92019, Telephone (09) 373 7599 ext 82897.

I greatly appreciate your assistance in this study and hope that you will agree to take part.
Appendix 3    Consents

Participant consent

The Impact of war on combat veterans and their families over the Life Course

Participant consent: Veteran

This consent form will be held for a period of six years
I have read and I understand the information sheet dated ___________ for volunteers taking part in the study designed to explore the impact of war on combat World War 2 aircrew veterans and their families throughout the life span. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
I understand that taking part in this study is voluntary and that I may withdraw myself or any information traceable to me at any time up to December 2009 without giving a reason. My withdrawal will in no way affect my future care.
I understand that the interviews will be stopped at any time by myself or the interviewer
I agree/ do not agree to be audio-recorded
I wish/ do not wish to have a copy of the interview and the transcript of the recording
I understand that I will be sent a summary of the findings
I understand that there are no anticipated adverse effects from taking part in this study.
I wish/ do not wish material from the interview to be made anonymous with regard to name, and possible identifying details such as places of service, rank and unit
I have had time to consider whether to take part.
I know whom to contact if I feel unwell during the interview.
I know whom to contact if I have any questions about the study
I give/ do not give permission for a copy of this audio-recording to be archived with the oral history programme of the Ministry of Culture and Heritage as a permanent record of my war service
I understand that even if I choose to remain anonymous the information I provide may identify me in reports produced from the study
I agree to take part in this research.

Further questions
If you have any questions please contact the researcher: Barbara Smith.
Appendices

Cell phone. 027 xxxxxx  email xxxxxxx.ac.nz
Supervisor: Dr. Matthew Parsons, Professor – Gerontology, School of Nursing, The University of Auckland, Private Bag 92019, Telephone (09) 373 7599 ext xxxxxx

Signed:_________________________________________

______________________
Name – please print

______________________
Date

Approved by The University of Auckland Human Participants Ethics Committee on 10th April 2008 for three years. Reference number 2008/015
Participant consent

The Impact of war on combat veterans and their families over the Life Course

Participant consent: Spouse

This consent form will be held for a period of six years

I have read and I understand the Participant information sheet dated _______________ for volunteers taking part in the study designed to explore the impact of war on combat veterans and their families throughout the life span. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary and that I may withdraw myself, or any information traceable to me at any time up to December 2009 without giving a reason. My withdrawal will in no way affect my future care.

I understand that the interviews can be stopped at any time by the interviewer or myself. I agree/ do not agree to be audio-recorded

I wish/ do not wish to have a copy of the transcript of the recording

I understand that I will be sent a summary of the findings

I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study without my consent.

I know whom to contact if I feel unwell during the interview

I know whom to contact if I have any questions about the study.

I give/ do not give permission for a copy of this audio-recording to be archived with the oral history programme of the Ministry of Culture and Heritage as a permanent record of my life with a combat veteran.

I agree to take part in this research.

Further questions

If you have any questions please contact the researcher: Barbara Smith.

Cell phone. 027 xxxxxx  email xxxxxxx.ac.nz

Supervisor: Dr. Matthew Parsons, Professor – Gerontology, School of Nursing, The University of Auckland, Private Bag 92019, Telephone (09) 373 7599 ext xxxxxx

Signed:_______________________________________________________________

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<td>Date</td>
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Approved by The University of Auckland Human Participants Ethics Committee on 10 April 2008 for three years. Reference number 2008/_015
The Impact of war on combat aircrew and their families over the Life Course

Consent Child/ grandchild/ sibling

This consent form will be held for a period of six years

I have read and I understand the information sheet dated _________________ for volunteers taking part in the study designed to explore the impact of war on combat veterans and their families throughout the life span. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary and that I may withdraw myself or any information traceable to me at any time up to December 2009 without giving a reason. My withdrawal will in no way affect my future care.

I understand that the interviews can be stopped at any time by myself or the interviewer

I agree/ do not agree to be audio-recorded

I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.

I wish/ do not wish to have a digital recording of the interview and the transcript of the recording

I understand that I will be sent a summary of the findings

I understand that there are no anticipated adverse effects from taking part in this study

I have had time to consider whether to take part.

I know whom to contact if I have any side effects to the study.

I know whom to contact if I have any questions about the study.

I give/ do not give permission for a copy of this audio-recording to be archived with the oral history programme of the Ministry of Culture and Heritage as a permanent record of my memories of my father's/grandfather's/ siblings life

I agree to take part in this research.

Further questions
If you have any questions please contact the researcher: Barbara Smith.

Cell phone. 027 xxxxxxx email xxxxxx.ac.nz

Supervisor: Dr. Matthew Parsons, Professor – Gerontology, School of Nursing, The University of Auckland, Private Bag 92019, Telephone (09) 373 7599 ext xxxxx

Signed:___________________________________________

Name – please print
Date

Approved by the University of Auckland Human Participants Ethics Committee on 10th April 2008 for three years. Reference number - 2008/015
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