Practitioners' experiences of former World War Two child evacuees in therapy: A qualitative study.

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Submitted in partial fulfilment of the requirements of the University of

Hertfordshire for the degree of DClinPsy

June 2010

Word count: 29437

Acknowledgements

I would like to thank the people who have supported me through the process of this research, in particular, my research supervisors Steve Davies and Clare Lawson for their support, encouragement and guidance. I would also like to express my gratitude to all the clinicians who participated in this study and generously shared their experiences with me. I wish to offer many thanks to Imogen Sturgeon-Clegg who was so generous with her time while I was planning the project. Finally, to my family and friends and in particular, Paul and my mum, I would like say a huge thank you for all their love and support, which has been invaluable.

CONTENTS

1   ABSTRACT

Aims: The Second World War had a dramatic impact on the lives of those who lived through it (Davies, 1997) and its long-term impact continues for older people whose formative life experiences were affected by the process of Britain's wartime child evacuation scheme (Foster et al., 2003). Despite the place in the national psyche that remembrance of the World Wars holds there is very little literature or psychological research investigating the long-term effects of evacuation. There have been some previous quantitative studies using questionnaires to explore the effects of evacuation (e.g. Rusby, 2008, Foster et al., 2003, Waugh et al., 2007). There has also been one qualitative study exploring evacuees' experience of evacuation (Sturgeon-Clegg, Dpsych unpublished thesis). However, with an increasing number of former evacuees now becoming eligible for older people's services and being seen by mental health practitioners in specialist older people's services, this study is the first to ask psychologists who have worked with former evacuees about their experience of the therapy and whether they consider there is a long-term impact of evacuation.

Method: Six psychologists took part in one-to-one, face-to-face interviews to investigate their experiences of working with evacuated clients whether they thought there had been a long-term impact of the evacuation on former evacuees. Interpretative Phenomenological Analysis (Smith et al., 2009) methodology was used to analyse the data. Each interview was analysed individually before cross analysis.

Results: The research produced three prominent themes related to the way psychologists understood the therapy with former evacuees. The first theme was the different voices around evacuation in the therapy room and how these different voices (the therapist's, the former evacuee's and dominate discourses) influenced participants' understanding of the evacuation experience. The second theme around 'being genuine' explored psychologists' beliefs about their role and the role of therapy for former evacuees. The third theme was an awareness of death in the therapy with former evacuees and the impact this had on the therapeutic relationship.

Implications: The main implications identified were: the need for psychologists working with former evacuees to have an understanding of evacuation and knowledge of the research on the long-term impact of evacuation on former evacuees. The importance of supporting psychologists working with former evacuees around the complex task of making sense of the relationship issues in the therapeutic relationship. Finally, participants in the study stressed the importance of developing a trusting, non-judging environment to encourage psychologists to process their response to the former evacuees they worked with.

2   INTRODUCTION

2.1 Overview

The introduction will outline the evacuation programme and a brief summary of attachment theory which developed out of context of the Second World War and proposed that separation from the main caregiver could have a long-term impact on the child. Contemporary and long-term research into the impact of separation on evacuees will be considered. Finally research looking at psychologists' experience of working with older clients will be explored to give a context for this study.

2.2 The evacuation scheme and its implementation

In 1938 there was recognition by the British government that a British war with Germany was a serious risk (Taylor, 1975). There was fear of the risk of aerial attack on major cities, particularly by poison gas, which a number of Whitehall officials had seen at first hand in the First World War (Ziegler, 2002). Military planners worried that there would be widespread panic among the lower classes if war broke out (Gardiner, 2005; Parsons, 1998). There was also a belief among military planners that young people would need to be protected as they represented a future fighting force in a war that it was being predicted might last over twenty years (Gilbert, 2000). During the summer of 1938 the Anderson Committee investigated how an evacuation scheme could be implemented by the Ministry of Health (Titmus, 1950). The country was divided into zones, classified as either "evacuation", "neutral", or "reception", with priority evacuees being moved from the major urban centres and billeted on the available private housing in the countryside. Each area covered roughly a third of the population. The "evacuable" areas under the government scheme were focused on large cities (such as London and Glasgow (Titmus, 1950)). In early 1939, 100,000 volunteers surveyed potential reception areas and made lists of available accommodation with rural householders. Space for 4.8 million people was identified and the government expected more than three million people to take advantage of its voluntary evacuation scheme. The Anderson Committee Report was not published until the end of October 1938, due to government concerns over secrecy. However, Parsons (1998) identified that this meant that there was little emphasis on the potential difficulties that might arise from such a unique evacuation in the UK. "Operation Pied Piper" was so-called because the committee had recommended that children of school age (five years old and above) were to be evacuated in

school groups without their parents (and accompanied instead by an estimated 100,000 schoolteachers). Children under five years old were, on government advice, accompanied by their mother. In addition, pregnant women and people who were blind or had specified physical health problems were also evacuated (Titmus, 1950).

Parsons (1998) felt that the committee's recommendations for evacuation "came from a bureaucratic procedure which ostensibly ignored the feelings of the individuals concerned, both in the evacuated areas and the designated reception areas" (p59). Rusby (2005) suggested that in many cases householders in reception areas were uncomfortable with the suggestion that they should provide accommodation to unaccompanied children from the cities who they feared might be "dirty... likely carriers of disease" (p24, Rusby 2005). Parsons was critical of the government's lack of consideration for the potential social and human impact that the evacuation might cause: "[the government] thought fit to create a billeting scheme which required no expert supervision and monitoring from outside agencies either before or during the evacuation process" (p59, Parsons, 1998). This was in the context of an era before psychological theories of development (particularly attachment theory) had gained any purchase in the public sphere and the committee's lack of consideration for psychological factors reflected this.

On the 1st of September 1939, three days before the outbreak of war with Germany, the British government began the process of evacuation. There were many types of evacuees, from the Kinder transport of nearly 10,000 children who arrived in Britain, without their parents, from Austria, Germany, Poland, and Czechoslovakia, to the 'Seavacs'; children evacuated abroad to USA, Canada and Australia. Many parents did not use the government scheme opting instead to send their children to family or friends in the country or abroad. This meant that many evacuee children did not show up in the government statistics (Marwick 1973). The government programme of evacuation "represented a logistical nightmare of co-ordination and control" (http://www.bbc.co.uk/history/british/britain_wwtwo/evacuees_01.shtml). Prior to the evacuation children were assembled in the school playground, with name tags, gas mask and their belongings. They travelled by train, coach or ship to their destination with no certainty about where they would be sent, with who they would be staying, or for how long (Welshman, 2010). The Government had left arrangements for the children's arrival and care to local

authorities. However, the previous Government survey identifying billets for evacuees had not taken into account the extent to which wealthier families would have arranged to stay in the designated reception zones and often households who had previously offered to take in evacuees had no room available (Titmus, 1950). In addition, in the confusion of the evacuation some evacuees were put on the first available train (regardless of its destination) leading to children arriving in the wrong area (often accompanied by few rations). Some reception areas became overwhelmed with the number of evacuees and others found themselves receiving people from a different priority group or social class from what they had been prepared for (Titmus, 1950). This meant that there were sometimes not enough homes in which to put the children.

The selection process was often very simple; in some cases billeting officers simply lined children up against a wall or on a stage in the village hall and invited potential hosts to choose which child they wanted. The memory of this selection process has stayed with many former evacuees (see Parsons' social history of the evacuation entitled "I'll take that one" (1998)). The separation of siblings through this selection process was often difficult for children who had often been instructed by parents to stay together and look after each other (Welshman, 2010). In the first three days of official evacuation just under one million children were moved (Titmus, 2005). There was a feeling among some host families that the evacuees from urban areas had lower standards of personal hygiene and some evacuees were suffering from lice and impetigo (Macnicol 1986). In addition, Isaacs (1941) and Boyd (1944) mentioned the difficulties created by the common behavioural issues that evacuees suffered with as a response to the stress of evacuation (most commonly enuresis). These difficulties were often exacerbated by a feeling among hosts that there was a gap between themselves and the urban evacuees (a large number of London's evacuees were from the urban slums of the East End of London) in terms of social class, background and cultural expectations (Parsons, 1998).

A large number of children returned to their homes when the bombing raids failed to ensue. By early December 1939 it was estimated that almost 30% of evacuated children had returned to London (Titmus, 1950).However, evacuation began again when the Battle of Britain and the Blitz began in 1940 (Titmus,1950). Evacuation ended for the majority of children by 1944 with the allied landings in the Channel (Titmus, 1950).

2.3 Contemporary research exploring evacuation

There were a large number of studies from the time exploring the impact for children who were evacuated. However, the majority of these studies have been criticised for lacking scientific validity due to methodological issues (Wolf, 1945). This section will focus on several of the most influential at the time:

Anna Freud and Burlington (1944) reported on their observation of 103 children under five years old who were at their residential nursery in Chelmsford from 1940 to 1942. The majority of these children were orphans from the London bombings. They concluded that separation due to evacuation was significantly more distressing for younger children than the experience of staying in London with primary caregivers. Their recommendation was that any separation should be implemented gradually (they theorised that a sudden separation from a primary caregiver could lead to children feeling rejected). Freud and Burlington identified two main factors that seemed to characterise those children who adapted most 'successfully' to their evacuation billet: firstly those that had had a previous stable relationship with a primary caregiver and secondly those that were identified as friendly and outgoing prior to their evacuation. The children who were found to have the most difficulty adapting to evacuation were children who had had prior psychological issues, especially if those difficulties were associated with aggression or over-activity.

Isaacs et al., (1941) were the editors of the Cambridge Evacuation Survey (which included input from Bowlby and Fairbarn). Their report is based on the observations of the untrained billeting officers. It also utilised essays written by 650 school-age evacuees in 1940 who had been evacuated from London to Cambridge. Their findings supported Freud and Burlington's study in identifying that a 'match' of temperament between host carers and children was important. They also felt that prior temperament and a prior stable relationship were the key factors in whether evacuees adapted to their evacuation. They stressed the importance of a continued relationship with the family of origin, either through visits from parents or being evacuated with a sibling.

Another study from the time was a series of surveys carried out by Burt (1940, 1941, 1943) exploring the experience of evacuated children. The surveys identified that 25% of children were

identified as showing signs of stress (most commonly enuresis). However, it was felt that 17% had had similar issues prior to evacuation. Burt's recommendations focused on the need for trained social workers to be employed to provide better preparation for evacuation and a system of matching children with host families.

None of the studies carried out at the time had a follow-up to explore whether evacuation had a long term impact for children. However, in 1949 Carey-Trefzer published the results of her study on children seen at the child guidance clinic at Great Ormond Street from 1942 to1946. Of the 1203 children seen, 17% were seen for difficulties which could be attributed to war time experiences. Carey-Trefzer conducted follow-up interviews with the young people and their mothers. Her results indicated that 33% of these children were experiencing reactions to the experience of evacuation, and their symptoms were felt to be of a more severe nature than the children affected by other war experiences. She identified that psychomatic reactions occurred equally in those children who had experienced evacuation or other war experiences. However, she noted that behaviour changes characterised by the clinic as 'delinquency' (e.g. petty thieving) were in all instances seen in children who had been evacuated. Carey-Trefzer hypothesised this was linked to children's feelings of rejection.

After the war there were only two Government reports on the evacuation. The first was a factual report detailing the practical arrangements of the evacuation published by the Ministry of Health (1948). The second was a report published by the Home Office exploring "Problems of Social Policy" (Titmus, 1950). Organisations during and after the War, in particular the Women's group on Public Welfare and the Fabian Society, sought to raise government and public awareness of inadequacies in the care of children away from their birth parents. Their influence can be seen in the post war Children's Act of 1948, which focused on the care needed when selecting a foster carer and the need for systems of supervision to protect children in private or residential foster care placements.

2.4 Psychological theories that may have been influenced by evacuation
During and after the Second World War psychological theory and therapy developed into the impact of evacuation. Bowlby and Winnicott published a letter in the British Medical Journal in

the summer of 1939 warning about the psychological effect of evacuation. Bowlby and other psychologists (coming from a psychoanalytic perspective) developed ideas and theories of child development focused on the importance of a child's relationship to a primary caregiver (usually the mother) and hypothesised that a negative impact resulted if the primary caregiver and the child were separated for a prolonged period.

Anna Freud identified that children were the "casualties of evacuation" (Bridgeland 1971). She hypothesised from her study of children at her residential clinic that the dependent infant in his or her first few months could adapt quickly to a change in main caregiver and anyone would be accepted in this role. However, she observed that from the age of several months to three years old separation from the mother (seen as the main carer) resulted in the child showing physical and emotional changes associated with low mood. In contrast, she believed that a child who was separated over the age of three was more able to understand the reasons for the separation, externalise the grief and bond with a new carer. Anna Freud's work suggested that a child's separation from a primary caregiver was a negative experience and that a child's perception of rejection by their parents led to the child's rejection of them. She hypothesised that this disruption could have long-term consequences on identity formation (Freud & Burlington 1944).

Bowlby's theory of attachment (1969, 1973, 1980) had its foundation in his work with children who had been evacuated during the Second World War. He was asked to explore the effects of displacement on children in Europe after the Second World War in the survey he published for the World Health Organisation. His report explored the impact of maternal deprivation on children and was adapted into a widespread book (1953). Bowlby formulated his influential therapy of attachment while working for the Medical Research Council. His aim had been to develop a theory that linked ethological and psychoanalytic traditions. His theory of attachment was the first to conceptualise the bond between caregiver and child as fundamentally psychological (Bowlby, 1969). He suggested that this "attachment behavioural system" (p7, Bowlby, 1969) could be conceptualised as a biological function for survival that developed in humans through evolution. He gave the illustration of a young child that stays close to the main caregiver to remain safe from potential risks of harm (e.g. predators). By developing this "secure base" (p13, Bowlby, 1969) the child is later able to explore to a safe degree, in a way that aids

the development of knowledge. Bowlby postulated that this attachment relationship developed between birth and the age of three and was maintained throughout the person's life (Bowlby, 1980). He suggested that through children's formative experience with their caregivers they built up an internal model of the self and relationships which could be seen as predictive for other relationships. Bowlby suggested that once formed these assumptions were enduring and not easily modified (Bowlby, 1980). He suggested that early patterns of relating would be replicated in other relationships throughout the person's lifetime (Bowlby, 1980).

2.5 Studies exploring the longer term impact of evacuation
The mass evacuation of children without their parents represented a unique experience in British history (Parsons, 1998). There has been a strong sense from former evacuees (Parsons, 1998) and the few researchers in the area (for example Rusby, 2008) that there is comparatively little known about the experience and its possible long term impact. However, in recent years there have been a number of first person accounts by former evacuees who are members of the Evacuation Reunion Association describing their memories of evacuation from over sixty years ago (for example, Richardson, 1990 and Hayward, 1997)

There have been several studies that have used a quantitative methodology to explore the potential long-term impact of evacuation for children during the Second World War. Foster et al., (2003) investigated whether evacuation had long-term effects on psychological well-being (measured through self-report questionnaires). The study used attachment theory as an exploratory framework, with attachment style and social support used as mediators. They hypothesised that the results would parallel the findings of Bowlby's attachment theory (1979). The study involved two groups: one group of former evacuees who had been separated from their parents as the result of evacuation and the other group who had stayed with their parents at home during the War. The average duration of evacuation was 3.75 years. 80% of the former evacuees never saw their mothers or saw them infrequently while evacuated. Only 48% were given an explanation for being sent away from home. Participants completed self-report questionnaire measures. Foster et al., (2003) concluded that former evacuees had lower levels of psychological well-being compared with the non-evacuees sixty years after evacuation. 29% of former evacuees reported seeking psychological therapy and half of these discussed their

evacuation experiences. In the non-evacuee group only 9.3% of participants who had therapy mentioned war-related experiences in sessions. Foster et al., (2003) proposed that difficulties with close relationships might lead to former evacuees being seen by mental health services. They theorised that death and loss of close relationships (a common experience for older people) might re-activate difficulties for former evacuees due to the disruption they experienced in formative early attachments because of evacuation. Foster et al., (2003) also concluded that evacuation predicted a greater likelihood of insecure attachment, associated with lower levels of psychological well-being. They further identified that satisfaction with current social support mediated the relationships between attachment style and psychological well-being. Finally, some respondents revealed both sexual and physical abuse whilst evacuated. The experience of severe negative events during evacuation has important implications for psychological therapy with former evacuees in older people's services.

Waugh et al., (2007) expanded on Foster et al's research also using an attachment framework and investigated the long-term effects of experiences of evacuation and the impact of sexual abuse that occurred during childhood. 341 former evacuees completed self-report measures. Waugh identified that children who were evacuated were at greater risk of being sexually abused than children who stayed with their original carers and that this affected former evacuees' attachment style as seen on attachment style questionnaires. Waugh's research indicated that people with insecure attachment style lacked social support due to the difficulties they experienced with forming and maintaining relationships. The research indicated that children who had been abused prior to their evacuation were more likely to be abused when evacuated. In addition, children abused while evacuated were more likely to be abused when they returned to their home.

Rusby (2008) investigated the long-term effects of evacuation during the Second World War and people's later psychological development and adult relationships. He investigated a large sample of 859 former evacuees from Kent and asked them to complete self-report questionnaires on measures of mental health, marital history and adult attachment. He used univariate and multivariate analyses and found significant associations for mental health and aspects of the

evacuation experience, including: age at evacuation, care received and the incidence of depression, clinical anxiety and self-criticism.

A qualitative study by Sturgeon-Clegg (2007, DPsych unpublished thesis) explored the long-term effects of living through both evacuation and/or the bombing of London during the Second World War as perceived by those who experienced them. She interviewed ten participants to investigate their experiences and whether they perceived that these experiences were still affecting their lives in the present. Grounded Theory (Glaser & Strauss 1967) methodology was used to analyse the data. The study concluded that experiencing evacuation and/or the bombing of London had an impact on identity formation and development. Participants perceived that the effects their wartime experiences had endured to the present day.

A valid criticism is the extreme retrospective nature of the studies; the researchers are asking people to recall events that happened sixty years ago. Hunt (2007) identified that when talking about the past, any form of assessment is skewed, because of the "bias, confabulation or reconstruction of memory that inevitability takes place when a participant is recalling past events" (p7, Hunt 2007).

The majority of the evacuation research focuses on the negative impact of evacuation. It could be argued that this comes from a position of pathology that makes the assumption that the experiences were negative and ignores positive experiences (Sturgeon-Clegg, 2007, DPsych unpublished thesis). However, there is evidence from these studies that evacuation had a significantly negative impact on former evacuees even at the distance of sixty years. This has implications for older people's mental health services who are now being referred these former evacuees (Hunt, 1997). It is recognised that this study will be investigating a particular sample, i.e. psychologists' experience of older people (i.e. seen in specialist services for those over 65-years-old) who have come for therapy and have an evacuation experience. This suggests that there may have been issues in these former evacuees' lives that have caused distress and it may mean that they are people for whom the evacuation experience was perceived more negatively than people who have not been seen for therapy.

2.6 Literature on the experience for psychologists of working with older clients

There have been no previous studies looking at psychologists' experience of working with clients now entering older age who were evacuated as children during World War Two. However, in recent decades a body of work has developed in the psychoanalytic literature that has examined the experience of the psychologists working with older people. The majority of the literature comprises of case studies (Vallenstein, 2000 and Wheelock, 1997). However, there have been a few qualitative studies exploring the experience of psychologists in their therapy with older clients. These studies often explore the relationship between the psychologist and the client in the therapy and consider the transference (transference is a psychodynamic term that refers to the redirection of feelings and desires, particularly those unconsciously learnt from childhood relationships, towards another person) and the countertransference (countertransference has traditionally been seen (as postulated by Freud, 1912) as the psychologist's response to the client's transference).

Plotkin (2000) conducted interviews with nine psychologists exploring their response to working with older people and she also reflected on her own response to seeing older people for therapy. Her work highlighted transference issues for the psychologist, especially relating to illness and loss. Woolfe and Biggs (1997) investigated counselling older people and highlighted similar issues to Plotkin in the issues psychologists identified in their work and the awareness they felt they gained.

Atkins and Loewenthal (2004) drew on Plotkin's work in their paper looking at the experience of psychologists working with older people. They used a heuristic methodology to examine their own experience in conversation with seven other practising psychologists who had worked therapeutically with older people. They identified several themes from their reflections: perceptions of old age and ageism, boundaries and settings, changes to practice in response to working with older people, the impact of culture and experiences, awareness of time, loss, decline and mortality, and the transference and countertransference on around the parental and child role. They felt that their work with older people developed a sense of connection to the past and the future. Their research highlighted that issues in the psychologists' reaction to working

with this client group could have a negative impact on their work if psychologists did not reflect on process issues in their work.

2.7 Personal position

As a psychology assistant working in a memory clinic in South London I was struck by how much older people with a diagnosis of dementia referred back to feelings of dislocation from the familiar during the Second World War and I got the sense that something in that former separation echoed with their current experience. During my older adult placement on the Clinical Psychology Doctoral training course at the University of Hertfordshire I worked with someone who was evacuated during the Second World War and whose narratives about himself were bound up with his early experience of evacuation. In therapy I noticed that the relationship this client and I built seemed influenced by his evacuation and that themes of separation and loss dominated our work together. The experience of working with a client who construed evacuation as central to his identity led me to reflect on what it is like to work with someone who has had this separation experience and the impact it has on therapy. As I worked with other clients my experience of the powerful effect that evacuation can have made me more aware of other clients' childhood experiences. I began to ask about people's early life and wartime experience in greater depth. However, I wondered about my own position and my belief that childhood experiences have an ongoing influence on our development. I wondered how other psychologists understood the experience of working with clients who had been evacuated and I started to explore the literature around the area and discuss it with colleagues.

2.8 Summary

The Second World War had a dramatic impact on the lives of those who lived through it (Davies, 1997) and its long-term impact continues for older adults whose formative life experiences were shaped by the war (Foster et al., 2003). Despite the place in the national psyche that the Second World War occupies there is little psychological research that investigates the long-term effects of the government policy of child evacuation pursued at that time. An increasing number of former evacuees are now becoming eligible for older people's services and are being seen by mental health practitioners in specialist older people's services. There is no published literature exploring what psychologists have learnt from doing therapy with people who were evacuated

for other psychologists to learn from and add to. Without this understanding there is a risk that the complexity of older peoples' experiences may be ignored. There is a need to develop an understanding about this experience of evacuation and the impact it may have had. This project is the first to look at the beliefs of psychologists who have seen former evacuees for therapy in order to explore how they conceptualise clients' evacuation experiences in their therapeutic work with clients.

2.9 Aims of the research

This study aims to develop an understanding of how clinical and counselling psychologists make sense of their experience of therapy with clients who as children experienced evacuation and to explore whether they think that there is a long term impact for clients. This research project is unique because it explores psychologists' experience of therapy with the client group. It is hoped that this research will benefit psychologists working with older people and will contribute towards the research information available on evacuation. However, it is also felt that the process of examining the long-term impact of a childhood separation may have implications for psychologists who are working with other client groups who have experienced separation from caregivers.

The objectives of this research were to explore the experience for psychologists of the therapy with an older person who was evacuated as a child. I explored whether psychologists routinely ask about the client's experience of the Second World War and how psychologists used the information that a client had been evacuated and whether they felt evacuation had an impact on the relationship the client and psychologist formed. The aim was to offer a rich descriptive and interpretive account, paying attention to the contradictions, complexity and context of psychologists' experiences.

2.10 Research question

With the above aims in mind the main research question was framed as:

How do psychologists' experience therapy with older people who as children were evacuated during the Second World War?

3. METHODOLOGY

The methodology section will outline the rationale for the method chosen and will describe the recruitment, collection and the analysis of the data, as well how the research quality was established and maintained.

3.1. A qualitative epistemology

The aim of the study was to develop a rich phenomenological and detailed account of the "lived experience" of psychologists who have worked with older people who were evacuated as children during the Second World War and to develop an understanding of how this experience is understood by the psychologist.

There has been one qualitative study which interviewed clients who were evacuated as children during the Second World War and this identified long-term effects of evacuation. However, the majority of the other studies were questionnaire based. There have been no studies looking at whether psychologists consider evacuation when working with older people and whether they reflect on issues connected with this experience. This gap leaves an "impoverished map of psychological knowledge" (p20, Smith, 1996). Qualitative approaches are ideally placed to explore individuals' experiences in-depth and in novel areas (Barker et al., 2002).The aim of this research is to understand and represent the diversity and complexity of psychologists' understanding of their experiences of working with older people who have experienced evacuation. It was recognised that as a phenomenological investigation this study would be focused on exploring psychologists' subjective account of reality rather than being able to identify an objective "reality" (Giorgi, 1986).

In order to generate richer data than in traditional structured interviews, a flexible semi-structured interview schedule (see Appendix H) was developed (Smith & Osborn, 2008). This also facilitated "person-centred" research where the participants were viewed as "experiential experts" who could generate new themes and concepts not previously considered by the researcher (Smith et al., 2009). The value of this would be an expansion of the knowledge base in an area previously unexplored. However, the idiographic nature of the research, where

individual cases were used to build the argument for findings would necessitate caution in moving to generalisations regarding a wider group (Smith & Osborn, 2008).

3.2. Design of the study: Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009, Smith & Osborn, 2008; 2003) was chosen as the methodology for a number of reasons:

1. IPA methodology fitted with the exploratory aims of the research: to gain an understanding and explore the lived experience of therapy from the perspective of the psychologist. IPA aims to investigate individuals' subjective view of the world to try and establish an "insider's perspective" (Conrad, 1987) on their lived experience, by exploring in depth how people make sense of and give meaning to their experiences (Smith et al., 2009, Smith & Osborn, 2008; 2003).

2. IPA's philosophical underpinnings assert that people construct individual meanings (influenced by social constructions) as a response to experiences. It empowers participants' narratives, which is useful where they are large power imbalances (e.g. where the propaganda of a "good war" makes it difficult to speak out about a negative experience or where older people discussing their evacuation experiences could be subject to ageism). IPA does not see that there is an objective reality to be uncovered (Smith et al., 2009). Rather, IPA sees its role as making sense of individuals' experiences by detailing experiences from a psychological perspective through interpretation (Larkin, et al., 2006). IPA's interpretative element is a reaction against positivist traditions in research and stems from the belief that knowledge can develop from interpretation and an empathetic understanding (Palmer, 1969) and a recognition that data always has a context, even in empiricism.

3. IPA's theoretical position is inductive and idiographic, this fits well with the research aim to report in detail about the perceptions and understanding of a small group of people rather than developing generalised claims or theories (Smith et al., 2009, Smith & Osborn, 2008; 2003). The analysis highlights individual stories as well as themes across

individuals, this allows the exploration of both divergence and convergence themes (Smith & Osborn, 2003). Smith & Osborn (2003) suggest that to gain an insight into the "essence" and universality of experiences it is necessary to explore individual experiences in depth.

4. The utility of IPA analysis has been demonstrated within health and clinical psychology research (Smith et al., 2009; Knight et al., 2003; Murray & Harrison, 2004). However, there have been few IPA studies on the experience of therapy, particularly from the psychologist's viewpoint.

5. The structure and practical guidance on how to conduct IPA research (Smith & Osborn, 2008) provides valuable support for researchers who are new to this methodology (Smith et al., 2009; Smith & Osborn, 2008).

6. Finally, IPA's theoretical underpinnings are in line with my epistemological position. IPA draws on social cognitive thinking, with the belief that an individual's experience can be understood by exploring their cognitions (Smith & Osborn, 2008; 2003). IPA identifies that access to other peoples' experiences can only be partial and complex and because of this IPA highlights the influence of the researcher on the process (Smith et al., 2009; Smith & Osborn, 2008; 2003). Smith (2004) identifies that the knowledge produced will be dependent on the researcher's standpoint and that the researcher can not break free of the influence of their biographies and preconceptions on the data. Reflexivity is therefore seen as vital to create transparency. However, it is acknowledged that the accounts are co-constructed and shaped by the relationship between the researcher and participant and any discoveries made will be a function of this encounter (Larkin et al., 2006).

3.2.2. The strengths and limitations of IPA
A fundamental strength of IPA is that individuals' experiences are the focus of the research (Larkin et al., 2006). In addition, IPA's inductive nature is a valuable asset which allows for the emergence of unanticipated themes (Smith & Osborn, 2003). This method of open exploration

allows the complexity of individual experiences to emerge and defends against restricting the focus to existing knowledge (Smith et al., 2009, Smith & Osborn, 2008; 2003). However, there has been criticism over the lack of clarity in the level of interpretation needed. Larkin et al., (2006) have concerns that the first level of analysis may simply summarise individuals' concerns, rather than developing an interpretative or conceptual account. There are concerns that this could undermine IPA's potential to thoroughly explore individuals' experiences (Larkin et al., 2006). A related concern is the lack of clarity over how researchers' beliefs influence the analysis. Willig (2001) has suggested there needs to be more guidance on how reflexivity should be incorporated. However, Smith argues that IPA's flexibility is its strength allowing an individual response to the context (Smith et al., 2009, Smith & Osborn, 2008; 2003).

IPA requires individuals to articulate their experiences (Willig, 2001). This reliance on language has been suggested as a limitation of the approach: people may not be able to convey the subtleties of experience with language and this perhaps raises questions over the validity of IPA analysis (Willig, 2001). However, this critique would also apply to other qualitative and quantitative methodologies, where individuals' experiences are categorised to fit with pre-existing conceptualisations of experience (e.g. questionnaires).

A cogent argument from a social constructionist perspective is that language is a construction of reality (rather than a description of reality), so interviews merely show how individuals talk about an experience, rather than experience itself (Willig, 2001). IPA's exponents argue that this limitation is inherent in research and that IPA, with its foundations in social constructionism, identifies the action orientated nature of language and represents a challenge to more narrow views of individuals as only as discursive agents (Eatough & Smith, 2006). IPA conceptualises part of the researcher's role as interpreting the interviewee's emotional states from what is said and identifies the need for the researcher to question critically what is unspoken (Smith &Osborn, 2008).

3.2.3. Choice of IPA as the methodology for the current study

A number of other possible research methodologies were considered during the development of the research, in particular: discourse analysis, grounded theory and narrative analysis. The choice of IPA was made after careful comparison with these other qualitative methodologies.

The theoretical underpinnings of IPA and its analytical structure are similar to Grounded Theory (Strauss & Corbin, 1990). However, it was felt that it would not be possible to obtain the necessary sample size to reach saturation in a grounded theory approach within the practical time limits of the thesis. In addition, Willig (2001) has suggested that IPA takes more of a psychological approach whereas grounded theory can be conceptualised as a more sociological approach. IPA was therefore seen as more appropriate for the aims of the study; to access individuals' 'life worlds' (Smith & Osborn, 2008) rather than placing an emphasis on theory construction which privileges data convergences (Charmaz, 2008).

A criticism of postmodernist constructivist approaches is that they may 'lose' the participant's experience due to a focus on the theory level (Crossley, 2000). However, both IPA and Narrative approaches aim to 'retrieve the subjectivity' through their focus on participant's lived experience (Crossley, 2000). A narrative methodology, which looks at the narratives people construct to interpret the world was an alternative to the IPA approach. However, it was decided that IPA offered a structure (Smith et al., 2009) that was attractive when doing a piece of research in an under-researched area.

The final alternative was discourse analysis which emphasises individuals' use of language to construct knowledge, meanings and identities (Starks & Brown Trinidad, 2007). However, this approach did not fit as comfortably with my epistemological position where meanings were conceptualised as constructions by people within their social interactions and also independently through their personal world (Smith & Osborn, 2008). A "light social constructionist position" (Eatough & Smith, 2006, p. 485) such as IPA fitted with the "experiential" nature of the research, which was in contrast to the "discursive" nature of discourse analysis (Crossley, 2000).

The experimental nature of the research and the time constraints on data collection led to the conclusion that a structured IPA approach was the preferable methodology.

3.3. Study Development

3.3.1. Selected group for study

Participants were required to be chartered clinical and counselling psychologists with experience of working with older people (older people were specified as the client group because the cohort who had been children during World War Two would now be over 65 years old). The participants were limited to clinical and counselling psychologists for homogeneity. All psychologists were required to have had experience of therapy with older people who had been identified as child evacuees from the Second World War. All the participants would be fluent English speakers as this is a selection criteria for UK based clinical and counselling psychology training courses and working in the NHS.

3.3.2. Recruitment

A purposive sampling strategy was used to elicit a closely defined group for whom the research question would be pertinent (Smith et al., 2009). An email was sent out to psychologists registered with a regional forum for clinicians with an interest in work with older people (Psychology Special Interest Group Elderly (PSIGE)) to take part in one-to-one, face-to-face interviews. The aim of this strategy was to tap into the population of psychologists working with older people. However, there were no responses to this email. Emails were therefore sent to the regional heads of Older People Specialist Mental Health services for distribution to psychologists working with older people in their area.

The target number for recruitment was six to eight psychologists (this followed the recommendations of Smith et al., 2009). Eight potential participants contacted me via e-mail and/or telephone expressing an interest and saying they had seen one or more former evacuees for therapy. One potential participant did not seem suitable as she had only seen one former evacuee for three sessions of therapy and therefore had little experience of therapy with former Second World War evacuees. The other seven psychologists were emailed an information sheet about the study (see Appendix B) and they were asked to contact the researcher if they still

choose to participate. All seven people interested arranged interviews with the researcher, although one participant withdrew for personal reasons.

3.3.2. The sample

The sample consisted of six participants, five clinical psychologists and one counselling psychologist: four were men and two were women. Some participant demographic and background information can be found in Table 1. However, personal details such as ethnicity and age have not been included, in order to protect the anonymity of participants.

Table 1: Participant information

Participant Pseudonym	Gender	Clinical or Counselling Psychologist	Years post qualification in psychology	No. of years experience working with older people
Simone	Female	Clinical	6	5
Ben	Male	Clinical	4	4
Jonathon	Male	Clinical	17	11
Kish	Male	Clinical	2	2
Dominic	Male	Clinical	10+	4
Vanessa	Female	Counselling	6	4

3.4. The setting of the study

The services which helped recruit were all based on the outskirts of London and encompassed the 'new towns' that were built after the end of the Second World War to house people from the East End of London. This programme of building was part of a Government policy in the 1940s and 1950s of providing new homes for those whose homes were destroyed in the London 'Blitz' and where the standard of housing was deemed unsuitable (often described as the "East End slum housing") (Abercrombie, 1944). The Abercrombie Plan for London Housing Needs (1944) led to the building of eight 'new towns' on the outskirts of London in the counties bordering the city and substantial numbers of East Enders (including children who had been evacuated) moved

out of London. Within this study the decision was made to restrict participation to psychologists working on the fringe of London in an effort to maintain participant homogeneity in terms of geographical area and due to research time restraints.

3.5. Ethical considerations

Ethical approval was sought from the Hertfordshire NHS Research Ethics Committee for recruitment through the NHS. The ethics approval confirmation letter is included in Appendix G.

3.5.1. Informed consent

Information sheets and an introductory letter were given to participants. These outlined: the aims of the research, what participation would involve, confidentiality, the right to withdraw at any time, and the potential advantages and difficulties that people might experience due to participating. This information was given again verbally before the interviews and there was the chance for participants to ask questions to ensure informed consent. Participants signed a written consent form (including consent to audiotape interviews) and this was countersigned by the researcher (Appendix C).

3.5.2. Confidentiality

Confidentiality and its limits were explained to all participants. They were made aware that all personal identifying information such as names, addresses, etc would be removed to preserve anonymity and that participants would be identified by pseudonyms or their ID number in the data and in the write-up and that audio-recordings would be password protected. When psychologists discussed individual clients I asked them to use pseudonyms to preserve the client's anonymity. Participants were informed that only basic descriptive information would be included in the write-up in line with good qualitative research practice (Elliott et al., 1999). Participants were told that the research supervisors might see anonymised transcripts as part of the analysis.

Under Research Degree Regulations the University of Hertfordshire's procedure is to destroy all confidential material, which is kept securely, after 5 years. However, the Doctorate of Clinical Psychology course has a policy commitment to destroying all highly sensitive confidential

information such as original recordings, etc on conferment of the degree. Participants were informed that data would be kept securely until this time in order to cover any appeals procedure or possible examination queries re the veracity of the data. After this time all tapes of research interviews would be destroyed.

Participants were informed that information would not be shared and that confidentiality would only be breached in accordance with the British Psychological Society code of conduct i.e. if any information was disclosed during the interview that led to sufficient concern about the person's safety or the safety of others.

3.5.3. Potential distress

The nature of the subject was thought unlikely to cause distress in the participants. However, reflection on their work might have led to psychologists considering different ways they could have formulated about a client. Clinical and counselling psychologists have access to clinical supervision and it was considered that issues that arose from these reflections could be appropriately taken to their clinical supervision. Psychologists were informed that they could choose to not answer questions, take a break or withdraw from the study at any time. After the interviews the psychologists were given debriefing information (see Appendix F).

3.6. Data collection

3.6.1. Interviews

All participants were interviewed (at their request) at their place of work. The interviews lasted between 50 and 80 minutes and interviews were digitally recorded and later transcribed (identifying information was removed or disguised). The transcription was verbatim and a note was made of non-verbal gestures, as well as pauses and other sounds (e.g. laughter and sighs). An interview schedule was developed (see Appendix H) based on the limited literature available and discussions with my research supervisors, as well as referring to interview schedule development guidance (Smith et al., 2009; Rubin & Rubin, 2005). The content and structure of the schedule was adapted after a pilot interview completed with a clinical psychologist working with older people. The schedule was used flexibly during the interviews to facilitate conversation and allow the psychologists taking part to position themselves as the 'experiential experts'. The

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aim of this was to encourage detailed descriptive accounts guided by the information participants chose to share. The interview used both open nondirective questions and 'funnelling techniques' with the aim of generating rapport and creating a mood of reflexive exploration into new areas (Smith et al., 2009; Smith & Osborn, 2008). The iterative nature of IPA allowed for the opportunity to review the interview guide after each interview and refine it in response to unexpected and interesting areas that emerged. A reflective diary was used to record personal reflections on the interview and on the content and process. The aim of this process was to increase reflexivity.

3.7. Data analysis

The IPA analysis followed the principles described by Jonathon Smith (Smith et al., 2009; Smith & Osborn, 2008; 2003). The data analysis consisted of several stages:

1. **Individual case analysis:** An idiographic approach was used whereby each interview was analysed individually. This facilitated staying alert to new themes emerging and the data divergences, while also seeing patterns and convergences within the data (Smith et al., 2009; Smith & Osborn, 2008, 2003).The interviews were read repeatedly and summarising comments, associations, connections, language, similarities, contradictions and preliminary interpretations were added in a first column next to the text.

2. **Emergent themes:** After this first level of analysis, the transcripts were read again and a second column was added for emerging themes. These emerging themes were more interpretive and analytical, using psychological concepts which developed theoretical connections across cases. Within the IPA literature this process has been likened to how a magnet functions, with a theme drawing other themes to it (Smith & Osborn, 2008). The interpretations were constantly re-checked with the text to ensure they were grounded in, and made sense in, the context of the text. The clusters of themes that emerged were given super-ordinate titles to capture the essential meaning of the text. The super-ordinate concepts were presented in a table along with the associated sub-themes and key sentences from the verbatim text (chosen to represent each theme and ensure they were grounded in the text). An example of the complete analytic process for one interview

transcript is included in Appendix K). The above process was then carried out for each interview individually. Themes already identified in previous interviews helped to orientate the analysis, however, new emerging themes were also highlighted. This enabled me to observe convergences and divergences in the data.

3. **Cross case analysis:** After all the interviews had been analysed individually, the super-ordinate concepts and theme clusters for all the interviews were examined and were clustered together. This list was refined and consolidated into a master list of themes and their constituent subordinate themes for the group as a whole. This enabled the development of a coherent framework of psychologists' experiences. These themes were then expanded into the narrative account in the Results section.

3.8. Presentation of results

The master list of super-ordinate themes and the constituent subordinate themes that emerged from the interviews is shown in Figure 1. This master list is described narratively: the themes have been described and illustrated with verbatim extracts from the interviews. The themes are then discussed in relation to the connected literature. Throughout the results it is kept clear which comments are the psychologists' own words and which are interpretations made by the researcher.

3.9. Quality and validity in qualitative research

The research utilised several evaluation frameworks that have been developed to assess the quality and rigour of qualitative research (Yardley, 2008 & 2000; Spencer et al., 2003; Elliot et al., 1999). Please refer to Appendix I for a description of how the guidelines were applied to strengthen the validity (Yardley, 2008).In addition, peer review and supervision were used to strengthen the credibility and validity of the research. The peer IPA group consisted of seven peers who were completing IPA research and a Consultant Clinical Psychologist who was experienced in IPA. In addition, my academic and field supervisor both audited one of the analysised transcripts. This process of triangulation strengthened the validity of the data. Within supervision there was a discussion on the emerging themes and the data convergences and divulgences. In this way the analysis was continually being reviewed. A key part of the research

was the use of a reflective journal (Smith et al., 2009) for the documentation of process issues, ideas of interest, personal learning and theories of interest that developed from the research. Within my research supervision there was the opportunity to reflect on what factors influenced my analysis (please see the Discussion for an exploration of these).

3.10. The researcher: identity considerations

In the introduction I considered my personal motivation for developing this research. In this section I have considered some of my assumptions, beliefs and clinical experiences and the impact they may have had on the interviews I conducted and on my analysis (Elliott et al., 1999).

I am a white British female, aged 32, who grew up in a middle class area near London and has worked in the NHS for nine years. I am also a final year trainee clinical psychologist and am undertaking this research as part of a Doctorate programme. A combination of the Clinical Psychology course's emphasis, my work experiences and my personal and philosophical values have informed my current theoretical position, which privileges social constructionist and systemic ideas. I have become increasingly aware of the impact of social and environmental influences on people's reaction to life experiences and the differences that exist. My interest in older people's experiences and impact they have for psychologists originated during my time as an assistant psychologist in a memory clinic and links to broader existential questions about how people make sense of their experiences and the role of therapy in reflecting on life events. The combination of my interests and my own life experiences will inevitably have shaped my contribution to co-constructing meaning with the participants in this study. Within the framework of IPA I utilised an open interview approach to try to explore participants' beliefs and experiences. However, I am aware that my choice of responses and my non-verbal communications would have encouraged and discouraged certain discourses and it is likely that a different person interviewing would have privileged different responses and would have drawn different themes from the analysis. I kept a journal of my personal reflections during the research to highlight these processes and try and to try to increase my reflexivity. During the research process I became increasingly aware of issues of power in the therapeutic relationship and of the nature of my dual role as a psychologist and as a researcher. These issues are explored in the reflective section of the Discussion.

4. RESULTS

An Interpretative Phenomenological Analysis of the interviews was carried out in the way detailed in the method. Throughout the analysis narratives emerged about participants' understanding of the experience of therapy and how they thought about their clients' evacuation experience. Three super-ordinate themes were developed from the data and formed the basis of the results. The themes (shown in Table 2) were:

- Different voices
- Being genuine
- Death in the picture

When verbatim extracts have been given, there are slight changes from the transcripts: in cases where participants repeated words, hesitated briefly or 'ummed' this detail was included in the transcription and analysis, but has been removed from the extracts for ease of reading and the missing words have been replaced with ellipses (….). In addition, at times where the participants left out a word, which was understood from the context of the conversation (but is unclear when reading a brief extract), I have added this word in square brackets to increase readability. To preserve confidentiality the names used are pseudonyms and all identifying information were changed or omitted.

Table 2: Super-ordinate and Subordinate themes

Super-ordinate theme	Sub-ordinate themes
Different Voices	• Assumptions • Powerlessness and chaos • Displaced in the room • Evacuation as evaluation • The power to decide • Different realities • What voices get heard?
Being Genuine	• Validation • Empathy and sadness • Use of the self
Death in the Picture	• Fears of death • Pandora's box • Dependency fears

4.1 Different Voices

4.1.1 Overview

This theme aimed to capture participants' beliefs in the different voices around evacuation in the therapy room and how these different voices (the therapist's, the former evacuee's and dominate discourses) influenced the narratives around the evacuation experience. Within this theme participants explored the features of the evacuation experience that they felt led to them perceiving evacuation as negative. Key among the reasons why participants felt the experience was negative was their belief that the client would have felt rejected because of being evacuated. Participants reflected on their assumptions about evacuation, considering how this influenced the therapy, especially in terms of their power as therapists to influence how the evacuation

experience was formulated and discussed. Participants explored their sense of the difference between their lives and that of their evacuated clients and reflected on the impact they felt this had on their ability to understand the evacuation experience.

4.1.2 Assumptions

All the participants stressed that the evacuation experience was "*highly individual*" (Dominic, 217, p22) and "*enormously varied*" (Kish, 57, p6) and all the participants said they had met clients who had identified positive experiences and others who felt their experiences as evacuees had been negative. However, when participants were asked about the assumptions they had when they met clients who had had an evacuation experience they all discussed the immediate assumption that as a separation, its impact would have been negative and would have resulted in a sense of being "*displaced*" (Dominic, 167, p19). Interestingly, the participants who talked about themselves as parents (Jonathon and Vanessa) both talked far more personally about their assumption that evacuation would have been: "*wholly negative ...[a] terrible emotional wrench*" (Jonathon, 161, p20). Vanessa said that her assumptions were drawn from her own feelings of what it would be like to evacuate her own children:

 "*If I think about personally sending my children off on a train and not seeing them for five years and how they would cope, it would fill me with horror and I would expect that the children would suffer terribly and have ... abandonment issues*" (Vanessa, 18, p2).

Jonathon also felt what he called a "*prejudice*" (163, p22) that evacuation was negative, which he felt stemmed from his cultural background. He described this:
"*I have a deep antipathy to the whole idea of sending your children [away] and a part of it is my background. That's just not in my culture. ... that's my prejudice: that it... cannot have been other than harmful, even the best experiences cannot have been other than harmful it seems to me*" (Jonathon, 169, p22).

Participants' beliefs about evacuation appeared to be informed by current cultural and psychological discourses around the importance of a child's early attachment to a caregiver and their belief that there could be a long-term negative impact if this relationship had been "*disrupted*" (Ben, 121, p17) by evacuation. Participants conceptualised evacuation as a

significant event because of their belief that it happened during a "*critical period*" (Ben, 123, p17), i.e. a belief from the psychological literature that sees childhood as a key time in people's lives where the relationships children have with significant caregivers form a blueprint for future self-identity and their way of relating to others in the future. In this way evacuation was seen as significant because it was conceptualised as outside the pattern of what participants saw as "*normal development*" (Kish, 47, p6). All the participants viewed evacuation as a specific form of "*separation experience*" (Simone, 224, p16) and several participants felt that the separation from family and from their closest caregiver was the reason evacuation was seen as causing "*instability*" (Kish, 90, p7). Dominic discussed his belief that the experience of being alone and separated from a close relationship through evacuation was significant. He felt that people's sense of self developed through relationships with other people with whom they have an emotional connection. He felt that as evacuees clients would often have felt alone, and without the feedback from others, their sense of self would feel lost, i.e. that being with strangers created sense of "*strangeness*" (Dominic, 219, p22).

Kish talked about the impossibility of avoiding making assumptions and "*stereotypes*" (97, p7) about evacuation. Whilst Ben stressed the importance of trying to "*assume less*" (180, p18) about things that happened in the client's past, through being more "*curious*" (187, p18) to hear clients' own understanding of events. Vanessa described that the impact of hearing clients' narratives encouraged her to challenge her assumptions that the experience would have been negative and instead keep an open mind:

"The evacuee experiences have ... been very significant experiences ... and they've been both positive and negative, which has been very interesting. So I've... learnt with that to try and keep a very open mind when they bring up the whole evacuee experience" (Vanessa, 14, p2).

4.1.3 Powerlessness and chaos

Participants in the study reflected on how they thought they would have coped if they had been faced with evacuation. Ben talked about the worries he felt he would have had if he had been evacuated and his uncertainty about the reactions evacuees expressed to him:

"No one's [former evacuees] ever told me that they felt very frightened by the experience itself... I would have been....There seemed lots of uncertainty around what would happen" (Ben, 125, p17).

Four of the participants (Ben, Kish, Dominic and Vanessa) discussed at length their feeling that evacuation would have made them feel powerless. These participants also explicitly mentioned their beliefs about the "*chaoticness*" (Kish, 131, p8) of the evacuation experience. All the participants appeared to be struck by the impact of chance. Ben described it as "*almost a lottery in terms of where you ended up*" (Ben, 143, p19). In addition, participants highlighted the random, unplanned nature of the evacuation:

"There's an underlying sense of ... disorganisation running throughout it, you know, "We were sent to here." Most of the children were never informed of what was going to happen... and I wondered ... just what that does to your sense of security" (Ben, 122, p16).

Participants discussed their sense of the impact of evacuation and the uncertainty they believed was inherent in the evacuation experience. Dominic talked about evacuation describing it as a "*huge upheaval in terms of people's early sense of security and continuity" (Dominic, 129, p16).* Vanessa described it as:

 "*A time when the world is in terror and chaos and confusion and being taken away from families and thrust back into families ..., form[ing] an impression of the world as an unsafe, terrifying, chaotic place where... people die or you're taken, people disappear and then they appear again in your life and... that stays with people"* (Vanessa, 117, p19).

Her quote captured a feeling that many of the other participants expressed about the trauma of evacuation: feelings related to their perception of evacuees' lack of control and a sense of chaos.

4.1.4 Displaced in the room

Vanessa formulated that evacuation had an ongoing significance in the lives of former evacuees and she believed that the impact of evacuation was still being felt by clients in current time and led to them coming therapy:

"Having carried anxieties, abandonment issues... a range of emotions that have catapulted from that... experience .... the effects are still there sixty, seventy years later" (Vanessa, 112, p13).

There was an assumption that when evacuation was discussed it would be connected with former evacuees' continued sense of themselves as an outsider:

"'I'd be listening out for ... [a] sense of displacement and being unwelcome in where he'd been evacuated to ... as a spontaneous free association... without any particular prompting... Then one might be wondering about the client to some extent feeling displaced within the therapeutic relationship. The psychologist can then become something like perhaps the surrogate family either welcoming or unwelcome ... see what clues it might give about the here and now relationship and where the... client feels in relation to the psychologist ... Is the client finding it somehow... feeling uncomfortable in the therapy and ... is there some echo there with a sense as though they've been displaced from their natural place. That's a way of communicating something about... and it's as though they've been perhaps pushed away or rejected" (Dominic, 47, p5).

Ben also felt that evacuation and clients' response to the experience could be seen as a *"marker" "playing out"* (98, p12) in the therapy. He gave examples of its impact in the relationship between himself and clients, where he noticed clients adopting a *"one-down position"* (102, p12). He also felt that as adults the clients still seemed to feel powerless to "*dissent or discuss*" (106, p12). Jonathon saw the impact in therapy being related to clients' "*feeling of not being noticed. Not taken sufficient account of and therefore need to ...maybe overemphasise their... needs. Sometimes to be a bit overdramatic*" (Jonathon, 69, p8). He went on to suggest: "*What seems to have been activated for the person is a... need to... be reattached, to be made to feel safe and looked after, then I think that plays itself out in the therapy room, usually in terms of... a desperate attempt. It seems desperate attempts to get you to notice their distress*" (Jonathon, 32, p3).

4.1.5 Evacuation as Evaluation

Participants felt that the majority of clients had experienced evacuation as negative. All of the participants explored in depth what led to their perception that the evacuation experience was conceptualised by the clients as negative. Within the interviews all the participants highlighted their sense of the evaluation for clients in the evacuation experience and their feeling that this had stayed with the clients. Ben wondered what impact this had on clients:

"*I just wonder if that can't help but play up in other ways. A critical period, almost, where you're evaluated in some way and possibly seen as wanting*"(Ben, 56, p8). Ben and Jonathon identified clients' beliefs about evacuation as an experience of being judged and evaluated by adults, which they felt had a long term impact on former evacuees' identity:

"*For children of a certain age, these experiences ... almost rubber stamp those early beliefs in someone*" (Ben, 114, p15).

Participants felt that the evacuation experience represented a real disruption for children in their relationship with their main caregivers. They felt children may have experienced evacuation as a rejection:

"*As though they've been perhaps pushed away or rejected ... it may have been done for all sorts of benign purposes, but that isn't necessarily the way the children experience it. They could have been feeling they been gotten rid of... that they weren't wanted. Being sent off, for simply being naughty. All sorts of fantasies, conscious and unconscious that the children may well have had about that. About being... suddenly being sent... and ... they could well feel responsible for it, because of their bad behaviour or something about them... made them feel they have lost the security and comfort of their own family*" (Dominic, 57, p7).

All of the participants talked about evacuees who experienced feeling like an outsider in their host family and host community. Ben identified an evaluative, judging element that he felt clients experienced, sometimes from the very beginning of the evacuation. He talked about his understanding of the process of evacuees arriving at their billets and described it as:

"*A kind of grading experience where children are graded in terms of their desirability, which seems to be very, very personal. Somebody comes along and there are a whole host of children there standing around looking fairly bewildered and someone says, "Well I want you, but I don't want you," and kind of where that leaves you... So in that sense of being graded I wonder if there's also a kind of degrading*" (Ben, 48, p7).

Jonathon explored his belief that the long term impact of this sense of being unwanted was sometimes still being felt strongly by clients in therapy decades later: "*The isolation, the loneliness... what strikes you is the... sense of isolation and abandonment must have been*

profound" (Jonathon 73, p9). Jonathon illustrated what many participants identified: their perception that evacuees had the dual difficulty of feeling an outsider from their home and from their evacuation environment:

"They felt unwanted. They felt displaced. Not only displaced, but that there was no place for them. There was no place for them to go back to either" (Jonathon, 175, p23).

Participants explored their sense that the feeling of being an outsider had had a long-term impact on some former evacuees' sense of their identity. Several participants talked about their belief that clients felt they had had to "*change identity to fit in*" (Simone, 187, p15) both during evacuation and coming home. When talking about one of his clients who experienced feeling rejected by his family of origin Jonathon suggested that:

"[He] continued to feel that he never... did belong anywhere... Once he was set on that course then he was labelled as... defective in some way and ... further ostracised. So it was a repeated history of isolation and abandonment" (Jonathon, 137, p17).

Several other participants highlighted their belief in the "*terrible, terrible abandonment issues*" (Vanessa, 18, p2) of former evacuees they had worked with.

4.1.6 The power to decide

Several of the participants drew attention to the power they had in the therapeutic relationship, i.e. "*to decide*" if things were "*relevant*" (Simone, 130, p14). I.e. to decide what things were taken up and discussed in the therapy. Kish felt that focusing on the "*here and now*" might have "*de-emphasise[d]*" (179, p24) evacuation and other past experiences which might not be seen by the psychologist as directly related to the current difficulties the client presented with. He wondered if a lack of therapeutic flexibility led to relevant issues, such as evacuation, being "*skirted over*" (Kish, 189, p24). Dominic and Jonathon reflected on the psychologist's power in deciding what gets commented on as important in the therapy and wondered when it came to evacuation: "*have I given it due importance?*" (Dominic, 165, p18) and whether it was a potential "*blind spot*" (Jonathon, 134, p10). Dominic talked about this further:

"The sense in which one overlooks it [evacuation] ... you hear about it and think, "Oh yes of course they are evacuees, what else happened to them?" Have I devoted enough time to thinking about it and the impact of it?" (Dominic, 215, p22).

4.1.7 Different realities

Several participants emphasised the differences between their childhood experiences and the experiences of their clients who had been evacuated as children. Kish described his feeling that listening to clients' descriptions of evacuation felt like a "*different world*" (86, p7) from his childhood. These different childhood experiences created a sense in the participants of "*different realities*" (Jonathon, 201, p20) between themselves and their clients who had been evacuated. The effect of this on some of the participants (particularly on Ben and Jonathon) was to make them feel "*cautious*" (Jonathon, 210, p20) about imposing their beliefs on clients who they felt had had a very different childhood due to evacuation. Participants described finding it difficult to understand what the experience of evacuation might have been like for former evacuees:

"Their [former evacuees'] experiences [through evacuation] are so very different, profoundly different from our own, that it feels ... that past is another place. It's also another culture... it feels like history" (Jonathon, 149, p19).

Vanessa described finding it hard to understand parents' decision to evacuate their children and not visit them:

"How... could a parent only see their child… twice in that time...? Trying to get my head round it without judging the parents ... which is very difficult. ... Again all very much relating to me as a mum of young children of those ages" (Vanessa, 28, p4).

Within her interview there was the suggestion that it was too painful to think of making the same decisions that those parents who choose to evacuate their children did (maybe because it threatened current cultural beliefs):

"Now we're several generations on and we... couldn't possibly imagine what it's like to live through that time when the whole world is at war and you're under constant threat and ... you're under such threat that you'd send your children away. ... You can't possibly imagine the ... thought processes and emotional processes people... went through then. It's very, very difficult. So lots of reasons why I think it... was not spoken about" (Vanessa, 163, p18).

Several of the participants highlighted their perception of a change in attitude: Dominic felt there was a lack of "*thoughtfulness*" and "*psychological thinking*" (270, p25) at the time about the

impact evacuation could have long-term on children. He also suggested that the context of war meant that it was not possible to find the "*mental space*" (273, p25) to reflect:

"There wasn't that kind of thoughtfulness really about the impact that this [evacuation] would have on them. And then also there wasn't the mental space because they [parents of evacuated children] were panic stricken and preoccupied" (Dominic, 244, p24).

Several of the participants discussed in the interview whether they felt it was important to find out factual knowledge about evacuation. Ben talked about his feeling that knowledge about evacuation was important:

"It can be really important to know about the historical context of evacuation for when people are talking... I think it's often the case when people are talking in session, despite... my... youthful age, there is an expectation, from clients, that you're familiar with what was going on at the time" (Ben, 7, p7).

Kish saw the knowledge needed to understand the clients' experience as having two parts: having both an awareness of the political context through finding out "*factual*" information about evacuation, but also the "*crucial*" importance of understanding how clients personally experienced evacuation:

"Try[ing] and understand what's happening … the factual things… the climate of the day... is useful to provide... context... But then I think it is crucial that you then get that sort of personal meaning making... the client themselves then being able to take you through, what the experience was like individually for them...... within the context of what was going on at the time... it can be a bit of a mixture of both" (Kish, 73, p7).

Jonathon felt that the emphasis needed to be on the client's understanding of their evacuation. He wondered if factual knowledge about evacuation might result in a lack of openness to the client's individual experience:

"I … could investigate facts... But I am sanguine... I'm reluctant to try and make myself into an expert, because I might end up finding these things out... and trying to ... impose it in such a way that it feels as if I'm not listening to the individual experience... They [former evacuees] can tell me what I need to know...if all I do is I go away and read up about it and become a kind of pseudo expert ... I might end up not asking questions I would otherwise have asked of them.

and... that questioning... might be really important in positioning them as people who... as the experts on their own lives ... experts ... in their culture or,... kind of historically as well.... So it's about... trying to... maintain your curiosity in the room" (Jonathon, 159, p20).

4.1.8 What voices get heard?

All of the participants talked about their assumptions of what the evacuation experience would have been like. Three of the participants (Ben, Kish and Vanessa) talked about their image of evacuation prior to working with this client group and described in similar terms an "*idealised view*" (Kish, 67, p7) or a "*rose tinted*" (Vanessa, 137, p16), "*cosy*" (Ben, 75, p11) image of evacuation. These participants talked about their uncertainty about where these assumptions had come from. Kish and Ben suggested that these beliefs had been there from childhood and developed from films and media images. All three participants were struck by the difference between image of evacuation in the media and clients' memories. Ben described the disruption of the cosy image of evacuation when listening to clients' memories, which developed new beliefs in all the participants that "*times were tough*" (Ben, 108, p12). Vanessa emphasised the impact of "*war propaganda*" (151, p16) when thinking about the discourses around evacuation. She felt that the complexity of evacuation in the context of war brought a desire (both for people at the time and people now looking back) for certainty. She hypothesised that this was borne out of people's desire for reassurance and led to the perpetuation of narratives about the positives of evacuation. Vanessa felt that evacuation came under the banner of the "war effort" and people during and after the war felt that they should not talk negatively about the "*send them away, keep them safe*" (139, p16) message:

"There was also a tendency to not want to talk negatively about the British war effort and I feel... the not saying anything negative about the great British war effort includes not saying anything about that theory that... we should send children away... and... not question that... it might have been not very healthy emotionally for children to be suddenly sent off for years on end without seeing their parents. So I think there was a tendency not to question that at all. And... that's probably lasted quite a long time, 'cause ... we... celebrate the great British war effort and wonderful... didn't everything go so... well" (Vanessa, 142, p16).

Following on from the subject of what discourses get heard (and dominate) about evacuation Vanessa also thought about the discourses that did not get heard at the time and perhaps still do not have a voice. All of the participants felt that evacuees were the un-talked about people in the war, they thought that it was the people who fought whose experiences were seen as central to the narrative of war. Kish suggested this was because the dramatic nature of fighting caught the imagination and other experiences were seen as the "*back story*" (71, p6):

"When you hear about war and they talk about World War Two ... the emphasis tends to be on people who went away [the people fighting] and...... the kind of experiences that they went through, cause they can be very stark and quite dramatic but... we've not really ... come across much in the way of experiences for people who... were... sort of behind" (Kish, 67, p6).

Participants felt that the evacuation experience was marginalised and that the public perception of evacuation as a "*light-hearted*" (Vanessa, 47, p6) event was at odds with individuals' experience. Vanessa suggested that clients' narratives showed the "other" side of evacuation and that clients often felt alone and outsiders to the main discourse:

"*Alone, very alone in thinking they're the only ones that would have had a bad time*" (Vanessa, 62, p7).

Vanessa felt that former evacuees carried the effects of evacuation without recognition from others. She felt that the complexity of individuals' stories made them harder for others to hear and accept, i.e. that people found it difficult to accept the range of experiences and often (especially with a topic that evokes strong fears) ignored or blocked the difficult feelings associated with it. Both Kish and Vanessa suggested that there had been a recent change in what could be talked about and different discourses of evacuation have become more "*allowed*"(Vanessa, 98, p8), i.e. people are more able to tolerate hearing narratives of varied experiences. Kish suggested that hearing the less dominant narratives of evacuation changed the view about it: the negative could come through and the "*grim stories of war*" (75, p7) could be heard.

4.2 Being genuine

4.2.1 Overview

This theme looked at the two-way impact of therapy: both what the participants identified as their role in working with former evacuees and also the impact on the participant of the therapy and the knowledge they felt they gained from former evacuees. Within this theme participants explored their feeling that they gained an understanding of evacuation through working with former evacuees and they also expressed their "*admiration*" (Simone, 270, p18) for clients for how they had coped with evacuation. Many of the participants talked about the importance of using themselves in therapy as part of creating a "*genuine*" (Kish, 210, p25) experience.

4.2.2 Validation

Vanessa conceptualised the role of therapy as giving former evacuees an understanding of themselves and an opportunity to make meaning of their experiences of evacuation through giving them a framework for understanding. All the participants agreed that the role of therapy could be to help clarify the sense that former evacuees had made of their experiences. All of the participants talked about a sense that the therapy relationship could offer former evacuees a different experience of how people related to them, through "*experiencing their self as mirrored in psychologist's view*" (Dominic, 172, p20) and by acknowledging and empathising with the client. It was felt by participants that this could enable former evacuees to develop a changed sense of self:

"*That's... where therapy comes in.... a... opportunity for new figures who can offer very different experiences to the ones... earlier on, you know and that's very valued... It can have a ... almost corrective quality to some of the experiences that may have been quite damaging earlier on.... That can be very therapeutic you know*" (Dominic, 177, p20).

Four of the other participants (Simone, Jonathon, Kish and Vanessa) described therapy's role as to "*validate*" (Simone, 219, p16) former evacuees' achievements, i.e. how well they felt clients had coped with the experience of evacuation. Participants felt this validation could promote clients' self-esteem. Vanessa expressed this when she talked about therapy's role as being to validate former evacuees' previous coping techniques, i.e. to be clear that "*nothing is 'wrong' with clients*" (180, p21) and to point out achievements:

"[support clients to] praise themselves for having survived and manage[d] so well for so long, considering evacuation and what they've been carrying since" (Vanessa, 189, p21).

Jonathon expanded on his feeling that the role of therapy was to validate clients when he said:
"[To] a*llow [the] client to process these experiences [evacuation]... a need to be noticed and acknowledged and... given some kind of ... nurturing..., encouragement and comfort and helping him to think about himself and his experiences in a more rounded way*" (Jonathon, 103, p11).

All of the participants expressed a strong belief in the value of "*talking about things to process them*" (Kish, 180, p24). Simone, Dominic and Vanessa felt that the role of therapy could be to support clients to reflect back now as adults to understand their feelings as children experiencing evacuation. Jonathon also felt that talking could expand and enrich clients' narratives about themselves and the experiences they had had and would enable clients to re-process the evacuation critically as adults. All of the participants suggested that therapy allowed clients to gain an expanded view of evacuation by exploring the complexity of their experiences, rather than seeing evacuation as good or bad. Ben felt that talking through the experience of evacuation might allow clients to challenge previously accepted self beliefs. Kish felt that talking could help clients to become conscious of the strategies they had used to manage their feelings when they were evacuated and draw parallels and understand the impact such strategies might be having on their life now. Kish was interested in how clients talked about the experience of evacuation and his feeling that some people found it hard to access their emotions when they talked, even when the memories they were sharing with the participant felt to him to be "*raw and unprocessed*" (62, p6). He wondered if that was because they had not talked about the experience of evacuation before. Other participants also mentioned a lack of emotion when clients talked about experiences while evacuated, which the participants felt would have been of emotional significance:

"One client I remember was saying, talking in a fairly disparaging way about himself, but without any strong affect so just in... a matter-of-fact way would say, "I wasn't a particularly attractive child, I had a big head. And when I... was evacuated and I was standing on the stage a couple of people said, "Oh, we don't want him, we don't like the look of him"" (Ben, 52, p7).

Vanessa wondered if this lack of affect was due to clients not having had anyone at the time with whom to talk about these experiences so the emotions connected to the evacuation were suppressed by the client in order to be able to "*just get on with their lives*":

"They were ...carrying all of this. And ...I try and... steer away from suppression being a negative thing. It's there for a purpose, you know and ... these things have been buried deep, because they had to get on with things... they had things to do" (Vanessa, 203, p22).

All of the participants talked about the importance of the concept of "*life review*" (Ben, 70, p11) in the therapeutic work with older people who had been evacuated. Vanessa talked her belief that later life was a time to explore the evacuation experience and "*put these things to rest*" (Vanessa, 200, p22) and the idea that life review in therapy offered the opportunity to make peace with life before death. Several of the participants mentioned that along with gaining understanding, the "*goal*" of therapy was to "*create change*" (Simone, 245, p17), either in the ways of thinking about their past experiences or *"to bring about changes in the here and now"* (Ben, 92, p12). Jonathon felt that the role of therapy could be to think with client about whom they could turn to talk about experiences and gain support.

4.2.3 Empathy and sadness

All the participants talked about the empathy and sadness they felt for clients. All the participants talked about feeling moved both by clients' stories and by clients' pain, especially the feeling of sadness that clients had carried the pain from evacuation over their lifetime. Simone talked about her experience:

"It resonates in me in that I can feel upset, or because I better understand how that person close to me went through something similar" (Simone, 231, p16).

Some of the participants (Ben, Jonathon, Dominic, Simone, and Vanessa) described a strong feeling of empathy for the client as a child and often this had a sense of the participant feeling protective about the client as a child, in a seemingly parental role. Vanessa, in particular, expressed this by linking her emotional response to a client she worked with who had been evacuated, with her parental feelings as a mother of young children:

"The first client [who she saw who had been evacuated] ... I felt, being a mum of young children about the same age as when she was ... removed or taken... away. ... It ... affected me, because I couldn't help thinking about how it would feel... how it would be for my children... And seeing the effects still there sixty, seventy years later is deeply upsetting really as a... mum. As a psychologist, you try not to bring it into the room, but ... I did find myself reflecting a lot on this particular lady and even after I'd discharged her" (Vanessa, 34, p4).

Many of the participants expressed their respect for former evacuees and their belief that their experiences of evacuation should be valued. Most of the participants talked explicitly about feeling that they had learnt from former evacuees. For example, Ben described feeling that he was benefiting from "*accrued wisdom*" (Ben, 121, p13). There was a sense that participants wanted to learn from former evacuees and understand how they had coped. Participants described feeling that they had gained access to another person's experience, or a new way of seeing the world. Several participants mentioned that the "*gritty realism*" (Ben, 136, p13) of clients' experiences of evacuation had provided a "*hard awakening*" (Vanessa, 56, p5) to new knowledge. Several of the participants (Ben, Kish, Simone, and Vanessa) used the same expression: that hearing about clients' experience of evacuation made them feel "*humbled*". Participants described a sense of privilege that they were the first people, in many cases the only people, who had been "*chosen*" (Kish, 190, p24) to hear clients' experience of evacuation:

"So you get the impression that what you're being told is... something very personal. You're being confided in and you're having these things explained to you almost for the first time so they may have just been there in the background, but never expressed before. And that's very powerful and, as I say, humbling in some ways... There just feels that there's a real emotional weight to that" (Ben, 66, p8).

Vanessa described her admiration of clients' resilience in having coped with the experience of evacuation:

"The strength of people to survive that and to keep going and to only walk into a psychologist's room for the first time at the age of seventy, having carried this for the last ... sixty plus years, having survived... and had families and... got married and done what... I do, but ... I hadn't had to carry the sort of trauma that they... do" (Vanessa, 82, p10).

Vanessa expanded on this suggesting that the hearing the stories of evacuees and what they had survived motivated her to feel she could cope with life:

"Reminds you of... how terrible those times are and how lucky we are now, cause that's what I think every day when I go home to my children and get stressed about the toaster not working or something and I think ..."come on, this...is nothing compared to what people...". A real life trauma of the threat and the abandonment ... It's very humbling working with these people, evacuees. It's very humbling and it... reminds me to count my blessings" (Vanessa, 82, p10)

Several of the participants (Jonathon, Kish, and Vanessa) described how former evacuees' stories stayed with them. Jonathon described it as:

"It's the pain of some of those descriptions that... stays with you... Experiences that are generally outside of our own ... they're usually of such a vivid and astonishing nature that stay with you. Stories really seem to resonate ... with ... the part of you as a psychologist that works with pain and distress. It really speaks to that part of you. It's that... the sense of a child" (Jonathon, 73, p9).

Participants described that life review for clients sparked a similar process for the psychologist: Ben described that it *"evokes a small kind of life review process" (Ben, 86, p11).* And Kish said that:

"It does make me think a lot about getting older and... the influence that age and experience has as you... go through life" (Kish, 183, p24).

Vanessa described feeling that evacuation and its importance had inspired her with a sense of injustice and a feeling of wanting wider public recognition for evacuees. She felt a desire to champion those former evacuees who felt themselves to be outsiders and to show them they were not alone. There was a feeling that through the participants these clients finally had a voice and a sense of place, because the participants carried former evacuees' stories with them. Psychologists were the witnesses and it felt that there was a two-way gain in the therapy; whereby clients were able to tell their story and had it valued by participants and participants felt they had gained an understanding through the older client. Vanessa highlighted those themes and also her sense of a time pressure (i.e. former evacuees are ageing and will soon die). Vanessa felt society would

then lose an access into history and the chance to make amends to former evacuees for their sacrifice by validating their experiences:

"It's fuelled my own sense of indignation ... and made me want to... broaden the understanding in the general public arena of their experiences ... Working with these people and... understanding... the impact of being an evacuee during the war on people and... a lot of people have already died, never having spoken about it. Being very alone. Having carried anxieties, abandonment issues... the very mixed experiences and... I do feel pressure to want to do something before that whole generation dies. ...It sort of feels that they deserve some acknowledgement... honouring them for ... getting on with it in such an admirable way, despite their traumas" (Vanessa, 112, p13).

4.2.4 Use of the self

All of the participants mentioned their feeling that empathy was important in the therapy with former evacuees and having a "*genuine connection*" (Jonathon, 97, p11). All the participants talked about the value of using themselves in the therapy in order to develop an emotional connection and a genuine relationship with the former evacuee.

Kish talked about using personal experiences in childhood to compare his experiences with the client's experience of evacuation. Jonathon said he used his own experience and reflection on how he had coped with difficult situations to help consider what might help the client. Ben said that he felt drawn back to his sense of self as child to look for comparable experiences and "*use[d] [his] own experiences as a baseline*" (81, p11) to try and understand and empathise with the clients' evacuation experience:

"That's part of trying to connect with the client again, trying to connect with their experience...So trying to be empathetic to it, but wondering if there's anything in my own life that might... connect that as well in an attempt, I've always felt, to... have a genuine experience with someone... For it to be authentic to them and in some way it's authentic for me as well" (Ben, 86, p11).

Jonathon talked about using his experiences to form a connection with the client and to understand them. He felt that this enabled him to keep a genuine relationship and to reflect on the client's needs in a way he felt might be difficult without this process:

"Maybe most of us if you...live a... reflected upon life, then you can find within yourself experiences that... resonate a little bit ... I've been lonely and ... anxious about a sense of belonging... Much more fleeting than these experiences of... clients [who were evacuated]. But that's... what ... feels like your resource... Helps you to understand and ... if you didn't understand ... you'd have... walked away. You'd have done what other people tend to do and say: "you haven't presented me with any obvious needs. I don't think you meet our criteria"" (Jonathon, 95, p12).

Several participants expressed the feeling that they had not had the same level of difficult experiences as their clients had had due to having been evacuated. Participants questioned how they thought they would have "*handled*" evacuation:

"When I compare myself to people who've been through those kinds of ... things ...you get this real sense of resilience ... of being able to manage through a lot... I... sense that I'd ... crumble at the feat of ... having to go through... some of things that my clients have" (Kish, 154, p20).

4.3 Death in the Picture

4.3.1 Overview

This theme focused on participants' beliefs that evacuation was a time of uncertainty where an underlying fear of death had a long-term impact on former evacuees. All of the participants believed evacuation led to old age "triggering" a reoccurrence of beliefs and fears present in childhood evacuation. Participants conceptualised both childhood and older age as a time when individuals were dependent on others for support. Participants hypothesised that former evacuees coming for therapy who had not had their "dependency" needs met as child evacuees became marked with fears that their needs in older age would also not be met. Within the interviews participants discussed the "dependency fears" former evacuees raised in participants.

4.3.2 Fears of death

Dominic discussed his belief that parents were evacuating children due to fears for their children's survival and that children would therefore have been made aware of the risk of death: *"There was a lot of anxiety about life and death. That was what their parents ... were preoccupied with. One of the reasons for evacuating them... [was] worries about their survival... and of course parents were worried about their own survival too. ... So that colours it in some ways... the accounts that you hear about evacuation"* (Dominic, 71, p8).

From this Dominic developed the idea of how the child experienced the fears at the time, suggesting that former evacuees might have experienced their fears as *"un-containable"* (128, p16) and unbearable to themselves and the adults around them:

"The mother of course may have been very preoccupied, out of her own mind with worry about her survival, her husband's survival, the family's survival. So she may well have been much less able to take in the children's worries, which could compound the evacuation experience." No one can bear it, nobody can bear my needs. I've gotta do it myself, almost pull myself up by my own bootstraps"... Depending of course on how much primary carers and the receiving family would be able to take in the experience of the child and talk to them about it and help them with that. But again, it was a time of great anxiety, threat to everyone. They're not in the best state to be able to contain these things. ... So it may also colour the accounts they give of the evacuated experience... cold, unloving, whatever it may be. ..It may well be a case that the people had more on their plate than they could manage really sometimes" (Dominic, 131, p16).

Dominic went on to consider whether evacuation in the past had soothed children's and parents' anxiety about death. He conceptualised evacuation as a refuge and suggested that both parents and their children were running from a fear of death. Dominic suggested that as adults the former evacuees might have felt that anxiety about death was not containable and that *"the worry could not be faced"* (Dominic, 95, p11).

4.3.3 Pandora's Box

It was fascinating that all of the participants theorised that transitions were of crucial importance in bringing former evacuees to therapy. Participants identified that many of these former evacuees had not had previous contact with services. As Jonathon expressed it:

"It's not unusual for... former evacuees to have had no significant mental health history but to have what feels like an attachment crisis triggered later on" (Jonathon, 24, p2).

The transitions were variously identified by participants as: the death of someone close to the client, clients' children leaving home, retirement from work or clients' own mental or physical decline. Vanessa explained her understanding of this:

"They [former evacuees] tend to then [after evacuation] trot along in life and they have families and ....they're very, very, very busy throughout their lives and then the children move out and everything quietens down. Then ... they retire ... and then there's suddenly a big space... and the underlying anxiety which was very manageable, something trips it, a precipitating set of factors... or... being faced with their own vulnerability, because they're beginning to deteriorate mentally or physically or both, then opens Pandora's box of the sort of fear and anxiety that...they experienced... that they developed their perception of the world on as a child. And that whole believing the world is a terrifying place comes out" (Vanessa, 179, p19).

Vanessa conceptualised that the impact of former evacuees facing reality of death: the "*ultimate vulnerability*" (168, p19) caused other anxieties surface. Dominic hypothesised that in the same way that during evacuation clients were facing the anxieties of death, now again as older adults clients were again facing death. He felt that the terror for former evacuees came from the knowledge that this time there was no protection, nowhere to escape to (the way they had when they were evacuated):

"They [former evacuees] are in that position again, that they are facing their own death in a very real sort of way and they can't be evacuated from that. There's no protection. You can't move somewhere else and survive. Unlike that evacuation experience there isn't someone to look after you" (Dominic, 83, p9).

4.3.4 Dependency fears

All the participants suggested that sometimes people who had had an evacuation experience in which they felt powerlessness or an outsider, later went on to feel that they could not depend on others. All the participants felt that old age could present as difficult for people who had experienced evacuation, because former evacuees might believe that others would not care for them when they were vulnerable:

"*For evacuees if they've been failures in the early dependency relationship, there'll be anticipation, consciously or unconsciously ... that if one becomes dependant again that those dependency needs won't be met... Becoming old can become quite a catastrophe and anxieties around it, because either the anticipation of it or the actual experience of dependency can bring fears that once again you will be let down*" (Dominic, 107, p12).

Dominic believed that former evacuees came to therapy with "*a need to be taken care of*" and might on some level be approaching him as a parental figure. Dominic felt that former evacuees might be coming to him wanting protection from a fear and the reality of death:

"*The older person unconsciously could well look to the psychologist again to be like the evacuating parent and to protect them and offer them a refuge... You know even though it's an old person, it doesn't mean that an infant or a child part of them couldn't be looking to use the psychologist to protect them from this terrible worry about survival*" (Dominic, 89, p10).

Several participants talked about the impact their perception of dependency could have on the therapy. Several participants identified a pressure they felt in the therapy with the former evacuee to give reassurance and protect the client:

"*A need to... be made to feel safe and looked after, I think that plays itself out in the therapy room, usually in terms of... a desperate attempt. It seems desperate attempts, to get you to notice their distress*" (Jonathon 32, p3).

Dominic understood this need to reassure as the impact of uncertainty on the client and on the psychologist:

"*This may be some of the client's own worries about survival ... if the psychologist feels a great pressure to be protective and say, "There, there, things will be alright" ... the pressure to*

reassure. Then it does speak of perhaps some underlying anxiety... and ... there's no guarantee. There's no certainty that people will survive, how long they'll survive for... but there may be a pressure ... in the therapy for the psychologist to become very reassuring.

Leading on from participants' sense in therapy of a pull to protect the client came the psychologist's feeling of the hopelessness of such a task:

"*Even therapy is a... pretty puny response to those things. So it's very easy as a psychologist to feel helpless and a bit forlorn about what can one do? You can't... overwrite these experiences*" (Jonathon, 93, p12).

Jonathan went on to say:

"*That dependency thing that... there's a sense in some people that they... are a bottomless pit to me and the... response even in services is to keep your distance from them a little bit ... this emptiness is never going to be filled up... It's that that got played out*" (Jonathon, 91 p12).

Dominic identified that psychologists may find themselves responding to the clients' belief that they will be let down. Dominic suggested that dependency fears could also be raised for the psychologist:

"*And it sometimes gets into psychologists or people who are referring people. Sometimes you find them [former evacuees] referred over and over again and it's as though the ... person whose seeing them thinks, "oh no, if I take them on I'll never get rid of them". They get frightened of the dependency... so ... the client's unconscious fears of dependency ... sometimes gets played out in the therapeutic relationship, fears of dependence ... that worry you might have about seeing somebody, "they're going to be coming forever". You ... may well be picking up something from the client, their own worries... ... about relying on you. And of course it gets acted out and then they get referred on and on ... the projection becomes true really, that they end up with somebody who doesn't want them, who isn't going to look after them and so on* (Dominic, 123, p15).

Participants talked about the need to reflect to avoid acting automatically on their response to the client. Dominic discussed about the importance of "*monitoring the ... feelings... stirred up in the*

psychologist" (Dominic, 91, p10), whilst Kish stressed the value of *"being reflective about the impact that ... a client might make on me emotionally"* (Kish, 134, p17).

5   DISCUSSION

In this section the findings are considered in relation to the research question, existing theory and literature. The potential clinical implications, methodological issues and areas of future research are discussed, in addition to my reflections on the research.

5.1 Summary of findings

5.1.1 Participants' struggle to understand the evacuation experience

The study provided information about the frame of reference that participants used when working with clients who had been evacuated. Participants in the study were all working from a framework where early experiences were seen as important for how individuals related to others and their beliefs about themselves in later life. This is in line with psychological theory, which is usually centred on early human development (Scrutton, 1989). Participants saw evacuation as a significant event because it occurred during a "key time". i.e. all the participants talked about the importance of early childhood and the child's relationship with their main caregiver as developing a "blueprint" for future self-identity and relating to others (ideas that are described in the work of Anna Freud (Bridgeland, 1971)). The participants in the study suggested that children being evacuated from their main caregiver could lead to a disruption in the evacuees' sense of self identity (seen as being developed by the child as a response to feedback from their main caregiver). These ideas of an attachment disruption have their roots in Bowlby's thinking on attachment (1940) described in the Introduction section. Participants stressed their perception that the evacuation experience was enormously varied, but they felt that the majority of clients they saw had experienced it as negative. It may be that participants' beliefs, shaped as they are by the prevalent discourses in psychology around the importance of early attachment are biased towards seeing evacuation as a negative experience. Orbach (1996) suggests "it is important [for the psychologist] to have a sense of history, not only to place patients in the social context in which they grew up, but also to place ourselves [psychologists] at whatever age we are, so that we can recognise our own prejudices and preferences" (p64).

The belief among participants that former evacuees coming to therapy with difficulties were more likely to have had negative evacuation experiences is supported by the literature on the impact of evacuation (Foster et al., 2003; Waugh et al., 2007). The participants believed there

were factors specifically related to evacuation that led to it having had a negative impact on former evacuees. Participants had assumptions that evacuation would have led to former evacuees having felt "*displaced*" (Dominic, 167, p19). The participants who identified themselves as parents felt the most strongly that evacuation would have been wholly negative. This was often drawn from their feelings about what it would be like to send their own children away and their own cultural norms and expectations. It might be that participants, as part of a generation that have not experienced evacuation were defending themselves against thinking through this experience. Terry (2008) discussed this process when he describes how the younger psychologist may defend against a painful knowledge that the older client carries. For example, it is possible that it felt too painful for a psychologist who was a parent to think of making the same decisions that parents during the Second World War had to (i.e. deciding whether to send their children away). It may be that it threatens psychologists' current strongly held beliefs (e.g. the importance of caring for your children by keeping them close).

Despite the research findings that evacuation had a significant effect on former Second World War evacuees sixty years after the war (Foster et al., 2003), participants identified that evacuation was not regularly explored in depth in therapy. Participants' explanations focused on the dominance of "*present-focused therapies*" (Kish, 179, p24). In addition, participants highlighted their power in deciding what to focus on. The results from this study suggest that evacuation may not be focused on because of the amount of experiences between the evacuation experience and the time when former evacuees present to therapy. There is some suggestion that the literature confirms the results of the current study: i.e. that participants sometimes felt overwhelmed with "the sheer volume of an older person's life-experience" (p52, Orbach, 1996). In addition, there was some suggestion that participants were uncertain about acting on their assumption that evacuation would have impacted negatively on former evacuees and felt uncomfortable about pathologising a coping mechanism of "suppression" that they perceived as having had a useful adaptive function in allowing former evacuees to cope with their evacuation experiences.

All the participants in the study talked about the importance of reflecting on clients' context (that of evacuation) in the development of their current beliefs. However, participants believed there

was a conflict between gaining knowledge about evacuation and staying open to the client's individual story. Some participants when confronted with former evacuees in therapy felt a desire to find out facts about the evacuation experience from "*objective sources*" (Simone, 229, p16) whilst others emphasised the clients' understanding of their evacuation and worried that finding out facts might create a lack of openness to former evacuees' individual experience. It might be that psychologists' beliefs linked with the relationship they had with the former evacuee in the therapy. Participants in the study discussed the relationship that they felt former evacuees wanted with the psychologist, which links with the literature: "It is often mothers and fathers that patients have lost that they are seeking again" (p 48, Orbach, 1996). This might have some relevance to participants' feeling that they needed to become containers of knowledge for the facts of evacuation. However, participants predominately seemed to be looking for a way to understand and connect with former evacuees both through their curiosity and being motivated to find out about the evacuation process.

Participants described feeling that former evacuees' experiences belonged to a "*different world*" (Kish, 86, p7) that could not be bridged. Within the study participants' sense of "*different realities*" (Jonathon, 201, p20) between the participants' generation and former evacuees led to a feeling of caution about imposing beliefs. This feeling of an insurmountable difference has been described in the literature (Biggs, 1993) and was perceived by the participants as being due to evacuation and its impact. Participants felt they were unable to fully understand this experience of evacuation and believed that this could lead to difficulty in understanding how former evacuees felt and why they (and the adults around them) had made the decisions they did.

The study highlights the impact of the complexity of conceptualising evacuation for participants working with former evacuees. This complexity seemed to create a desire (both for people at the time and people now looking back) for certainty (Kamalipour & Snow, 2004). This may have influenced the development of discourses around evacuation. The public discourses of the positives of evacuation may have been influenced by people's desire for reassurance (Rose, 2004). Within the Second World War participants' felt that it was the people who fought whose stories were known (Summerfield, 1998). It might be that listeners wanted to hear from people how they survived this extreme experience and to learn from what others went through (Rose,

2004). The literature and this study suggest that the evacuation discourse is marginalised and that the public perception is of a "*light-hearted*" event at odds with participants' understanding of former evacuees' experiences (Davies, 1997). In this study participants felt that clients' narratives showed the "*other*" side of evacuation and they thought that clients had often felt alone and "*outsiders*" (Vanessa, 62, p7) to the main discourse. Participants felt that it might be the complexity of individuals' stories that made them hard for others to hear and accept, especially as they evoked strong fears.

5.1.2 The therapeutic relationship

5.1.2.1 Participants' beliefs about the role of therapy for former evacuees

The participants in the study suggested two main roles of therapy for former evacuees: to develop understanding and/or to bring about change. Participants felt that therapy could support former evacuees to make meaning of their evacuation experiences by offering a framework for understanding and an opportunity to re-process previously accepted self-beliefs developed through evacuation. It was felt that this could lead to expanded narratives and make conscious the strategies former evacuees had used to manage their feelings. This understanding of therapy fits well with the concept of life review, conceptualised as "the resurgence of unresolved conflicts ... these experiences can be surveyed and reintegrated" (p 65, Butler, 1963). Participants suggested that therapy for former evacuees could provide an opportunity for former evacuees to process the experience of evacuation and come to terms with it before they died. It was felt that this understanding could bring about change, in terms of processing anxiety about death connected to evacuation. This existential formulation seemed bound up in participants' awareness of former evacuees' age. The impact of clients' exploration of their childhood evacuation experiences on participants was often to draw participants back to their own childhood to look for comparable experiences. Participants often felt connected to the former evacuees by remembering their own childhood and looking for comparable experiences and also engaging in their own life review. This sense of a shared process seemed an important part of the participants' development of empathy with the client. In addition, participants conceptualised this development of empathy for the clients' evacuation experience as being an important part of therapy with the former evacuee. Participants hypothesised that former evacuees' relationship

with the psychologist could offer former evacuees a different experience of how people related to them and could develop a changed sense of self (Biggs, 1993).

There was a strong sense among participants that former evacuees had not had the opportunity to talk about their emotional response to evacuation and that this was a result of the stressful context of evacuation, in which participants felt that the adults around the evacuee had been unable to contain the child's fears. Although several participants stressed the adaptive nature of clients' suppression of difficult evacuation experiences there was a belief among participants that evacuation needed to be talked about and feelings validated in order to come to terms with their evacuation experience. Participants felt there had been a change in culture and in culturally accepted ways of coping, whereby the psychological (e.g. talking about evacuation experiences) was privileged now, but not for the generation that had been evacuated (Rusby, 2008). This led to a sense of conflict in the study over whether one approach to life was "better". There was a sense amongst participants (who of course are heavily invested in this) that the current psychological way of thinking was preferable to the approach that they felt former evacuees had used of "*just getting on with things*" (Vanessa, 112, p13). Despite the sense that former evacuees had a resilience worth celebrating and from which participants felt they could learn, there was a sense that participants' psychological knowledge gave them an expertise that they felt former evacuees did not have.

5.1.2.2 The impact of former evacuees on the participant
All of the participants discussed their feeling that therapy with former evacuees provided a two-way gain, i.e. that clients gained from having their evacuation experiences validated and that participants gained an understanding through hearing former evacuees' narratives. Participants in the study talked about feeling humbled and privileged to be the first, and often the only, person chosen to hear clients' experiences of evacuation. This links with the literature which suggests that often former evacuees have never discussed their experience of evacuation and therapy was frequently the first time they had talked about it (Foster et al., 2003; Waugh et al., 2007). Many of the participants discussed their feeling that through working with former evacuees they gained from clients' "*accrued wisdom*" (Ben, 121, p13) and had access to experiences from a "*different culture*" (Ben 123, p13). Participants in the study felt that learning how former evacuees had

coped with evacuation led to an admiration of their resilience. Participants compared themselves to their clients and questioned how they would have coped in the same situation. There is a sense from this study and the literature around evacuation that evacuation remains in current consciousness through survivors (Welshman, 2010). Participants in the study appeared to feel they had a role in being witness to and continuing to carry the understanding from these narratives of evacuation. The new knowledge that participants felt they gained from clients brought with it a sense of injustice at the lack of public recognition for evacuees. Participants sometimes saw their role as championing these outsiders (in a sense indicating that clients were no longer alone). Participants highlighted their feeling of a time pressure, believing that the death of former evacuees would mean that society would lose its access onto a period of history.

5.1.3 Dependency fears

All the participants in the study emphasised the uncertainty and the sense of chaos and lack of control involved in living through evacuation. Participants formulated that evacuees would have picked up on adults' fears about their survival (the reason that children were evacuated) and this would have made children aware of the risk of death, a conclusion echoed by the literature around death (Kastenbaum, 2006). It was interesting that for participants the stories of evacuation brought into the therapy room and the therapeutic relationship the fears of chaos and unpredictability. Participants in the study suggested that as children clients may have experienced their fears as being "*un-containable*" (Dominic, 128, p16) and unbearable to themselves as they could not be contained by the adults around them. Participants' image of the former evacuee client often seemed influenced by the image of the client as a vulnerable small child being evacuated. Participants described feeling protective of the client. This insight into the older client as a vulnerable lonely evacuee often seemed to provide a bridge for participants to imagine they understood former evacuees' experiences. Often the participants attributed the feelings they had of thinking what it would be like to be evacuated or to be faced with evacuating their children onto the former evacuees' experience. Sometimes this led to them feeling the evacuee was still looking for rescue or escape from danger and this appeared to consolidate a pull that participants felt to protect the client. However, as several participants mentioned this pull to protect was often experienced as uncomfortable and there was a fear of reacting to (as was conceptualised by one participant) the client's transference. Some of the participants in the

study felt that within the therapy they were seen by the former evacuee in the role of a parental figure and the client wanted to be cared for and protected from the fear and reality of death, in the same way as their parents had protected them by evacuating them years before. Martingale (1989) notes that health care professionals are often much younger than their clients and their reaction to clients may be influenced by being at an age when health care professionals are "fine-tuning their own separation-individuation relationships with their family of origin" (p68). In his paper "Ageism and projective identification" Terry (2008) suggests that "consciously or unconsciously the carers are terrified of the mental and physical disintegration they behold in those they care for, terrified of the spectre of helplessness" (p156). This study suggests that the difficulty comes when participants find themselves responding to the dependency issues raised by the former evacuee client and "forget[ing] the boundaries of ... professional role... the staff member now feels burdened by unbearable guilt" (Martingale, 1989, p70). Terry (2008) suggests that without a space for reflection "core fears of dependency, loneliness and death are projected back and forth in ageist attitudes and behaviour, because of underlying terrors which are felt to be unmanageable" (p163). These relationship factors seem especially pertinent for participants' relationship with former evacuees, where participants were very aware of dependency issues due to evacuation and were also conscious of a strong personal reaction on their part towards the former evacuee.

Participants in the study stressed the importance of reflecting on and monitoring their feelings to avoid acting automatically on their responses to former evacuees. Terry (2008) feels that reflection and supervision is needed to support psychologists to "maintain receptiveness ... to maintain a capacity not to be overwhelmed and to sort out what is projected into them" (p165). Participants in the study felt this could provide former evacuees with a thoughtful response to allow a different, "reparative" experience.

5.2 Implications for practice

The findings produced some valuable implications for clinical practice:

5.2.1 Formulating evacuation

Participants often felt that their knowledge of evacuation had been limited prior to working with former evacuees. Participants felt that they had often been influenced by media discourses of evacuation as a "light-hearted event". However, participants identified that their experience of seeing former evacuee for therapy had shown them that these clients had often had a negative evacuation experience. Whilst stressing the need to stay open to clients' individual experience it seems that an important implication is that psychologists working with former evacuees need to have an awareness of the context of evacuation and an understanding that individual stories are often at odds with the media image of evacuation.

An additional finding was that the majority of participants identified that they did not routinely explore former evacuees' evacuation experiences in therapy. This study indicates that participants often felt that it was their choice of emphasis in therapy that led to evacuation not being focused on, often due to participants feeling uncertain about the relevance of evacuation "in the here and now". In addition, participants in the study frequently highlighted their difficulty in conceptualising the experience of evacuation due to their sense of its difference from their own experiences. Participants sometimes felt unsure about how to understand clients' experience while maintaining an awareness of their own assumptions and bias. However, participants felt that when they had explored evacuation experiences this had been useful for creating links between evacuation and former evacuees' later self-beliefs. A greater awareness of the research around the long-term impact of evacuation might increase the understanding among psychologists of its potential effects and might encourage them to ask about and explore evacuation experiences in therapy. It was interesting that several of the participants said that their motivation for taking part in this study had been to formulate about the evacuation experience, which suggests some psychologists see evacuation as relevant to therapy and are looking for a forum to formulate about their experiences.

5.2.2 Impact of transitions

The second finding was participants' identification that many of the former evacuee clients they had seen were referred for difficulties coming to terms with a major life transition. This has implications at a service level in thinking about when former evacuees might access services. Participants reflected on their awareness that many of the former evacuees that they had seen for therapy initially had difficulty accessing services because the services were not able to categorise the former evacuees' "need". This suggests that former evacuees may initially present to services without a clearly defined diagnosis and instead have signs of difficulties associated with coming to terms with a transition (such as bereavement). This is important from a service context because due to a lack of initial therapeutic support former evacuees had often presented to participants working at specialist psychological services at a later stage with increased mental health difficulties. Offering former evacuees support around transitions at an earlier stage, when their issues were less severe, would be in line with the recommendations of the NHS's stepped care policy (DH, 2001). This study also has implications for psychologists in their therapy with former evacuees in raising the awareness of the importance of transitions and exploring the individual meaning they have for former evacuees.

5.2.3 Acknowledging fears of death

Participants in this study formulated that former evacuees who lived through evacuation may have had early experience of the uncertainty of life. They may also have experienced fears of death as "uncontainable". This study makes a contribution to theory by reflecting on participants' formulation that former evacuees' early experience of fear of death might lead to high levels of anxiety as they enter old age and fears of death become more prominent. This fear of death may impact on the therapeutic relationship, with the former evacuee looking to the psychologist for reassurance. The participants in the study all indicated that reflection was important to think about the reaction that the work with former evacuees created in the psychologist. Without reflection participants indicated that there was a danger that psychologists' own fears of death were unthinkingly acted on within the therapy.

5.2.4 Relationship factors

Lastly, this study indicates that it is important to be mindful of relationship factors, conceptualised in the findings as "the dependency relationship" and its impact on the therapeutic or service relationship with former evacuees. Participants in the study formulated that old age and the loss of independence might be a difficult time for former evacuees who because of their early experiences might hold a belief that others could not be relied on and might reject them. Reflection is necessary for practioners and within services it might be useful for psychologists who work in consultation with teams to think about the effect of dependency fears on services' relationships with former evacuees. This could ensure that former evacuees do not have the experience of professionals "acting out" the fears of the former evacuee, i.e. that they will be let down. It also ensures that health care professionals are supported to consider what is happening in their relationship with the former evacuee, so that they remain able to fulfil their professional role, rather than feeling they have to live up to the possible "idealised image" (Martindale, 1989) that a client may possibly be seeking (an image that the professional drawn to working in a caring profession might also buy into (Sedgwick, 1994)). The unrealistic nature of these thoughts may lead to staff burnout or feeling that that they cannot cope with the intensity of the relationship with the former evacuee.

5.3 Methodological considerations

Using an IPA approach generated detailed information about participants' experience of working with older clients who were evacuated during the Second World War. The IPA approach is idiographic and does not attempt to provide a positivist or definitive results. It therefore recognises that the results will not generalise to all psychologists working with clients who are former evacuees. Rather, this research will add to an increasing knowledge base and it is hoped that psychologists reading the results will find the study highlights and explores aspects of their experience (Smith & Osborn, 2008). The study produced results that paralleled published literature on psychologists' experience of working with older people and echoed the results of other studies exploring the long-term impact on former evacuees. This suggested that the results sit within an evidence base. The study also produced new findings on the therapeutic relationship psychologists have with former evacuees and psychologists' conceptualisation of the long-term impact for clients of evacuation. However, as was considered in the results section, although I

have attempted to ensure transparency and adhere to guidelines for developing rigorous standards in my research, the interpretations that I developed are those that were salient to me at this time and place and another researcher may have drawn other salient themes.

Within research there is a potential selection bias between those people who choose to participate in the studies and those who did not. These groups may have had very different experiences from each other. It is reasonable to suppose that participants who choose to take part in the research may have been more interested in evacuation experiences in older people and perhaps more likely to feel evacuation had an impact in the present day than psychologists who did not respond. The IPA methodology focuses on developing a purposive sample to elicit a closely defined group for whom the research question would be pertinent (Smith et al., 2009). Due to the nature of the sample IPA recognises the limitations in its ability to make generalisations from findings.

A further factor that might have influenced the research was that the name of my academic supervisor was on all the forms initially sent to psychologists in the region. My supervisor is well known for his research on war time experiences especially linked to attachment theory and post traumatic stress disorder. This might have influenced psychologists' assumptions about what they thought I would be interested in and influenced the way and what they talked about in the interviews. For example, I was struck that all of the participants mentioned life transitions impacting on older people and triggering a response based in earlier experiences (this is work that my supervisor has been involved in and it may have been in participants' consciousness for this reason).

5.4 Suggestions for further research
The government policy is focused on providing a stepped-care service offering psychological support to people at lower levels of need to avoid higher costs if their difficulties progress and lead to the necessity for more intensive treatment at a later stage (DH, 2001). There have been previous quantitative studies identifying that former evacuees have lower levels of psychological well-being compared with the non-evacuees sixty years after the events (Foster et al., 2003). However, this was the first study to explore whether mental heath practioners identified a long-

term impact of evacuation. Although all the participants identified the impact of evacuation for a minority of the clients they saw, there was some uncertainty about the extent of this impact. Participants within this study suggested that there was a danger that former evacuees who presented to services without a clear diagnosis were being turned away by services and clinicians, only to go on to develop physical and mental symptoms that required later treatment. It would be valuable to carry out research looking at whether former evacuees who presented to services were being seen and whether psychologists were identifying and exploring evacuation as a potentially significant experience.

I realised that I might have seen psychologists with a greater exposure to former evacuees if I had interviewed psychologists working in London (where the majority of evacuees lived). Conducting the research on the outskirts of London may have impacted on how prominent evacuation was within the therapy and what impact participants' believed it had on clients at the time and in later life. In the current study practical constraints led to participants being recruited from a particular geographical area, however, researching the experience for psychologists in London would be a valuable direction for a further study.

Furthermore the research only captured the experience of psychologists. Psychologists work within a particular framework based on their goals of reflecting on and developing a shared understanding of clients' narratives. Other health professionals would have a different relationship with the clients and it would be valuable to explore how evacuation is conceptualised by other health professionals working with former evacuees. In addition, all the psychologists interviewed in this study worked for the NHS in specialist older people services, which was valuable in terms of gaining an understanding of how psychologists in specialist services thought about evacuation. However, psychologists working in voluntary setting or in primary and tertiary care might have conceptualised evacuation in a different way. Studying different practioners' understanding of their relationships with former evacuees would provide information on how other professionals conceptualise the impact of evacuation and explore relationship factors. Many of the psychologists in the current study stressed the necessity of reflection in order to engage with the client in an understanding and empathic way, without reacting to relationship factors that might occur. A study that explored health care professionals'

beliefs about older clients they had seen who had been evacuated and which looked at outcome data for these clients would be useful in thinking about whether there was a role for psychologists working in consultation role with other professionals to provide a space for reflection.

There is still comparatively little research into the long-term impact of evacuation so there are grounds for further qualitative research to explore the experience of former evacuees from the Second World War. In particular, some of the participants in this study suggested that the age at which people where evacuated was a significant factor on evacuation's long-term impact. In addition, some of the participants' responses suggested that gender might have had an impact on how evacuation impacted on the development of self-identity. It would be valuable to explore these factors in future research.

This research was interested in the impact of a government organised systematic programme of evacuation as a response to war. However, it would be valuable to widen out the research to look at other countries that have experienced war. In particular, it would be useful to explore the impact of children being separated from their main caregivers due to current wars and conflicts and perhaps study psychologists' experience of therapy with refugees from other conflicts and their understanding of whether these experiences have a long-term impact on the development of self-identity and relationships with others.

5.5 Study reflections

The focus on reflection in research was new to me. I valued the opportunity to work in my research in a similar way to my training as a clinician. I valued the reflective emphasis and keeping a reflective journal allowed me to process the research as a journey. Looking back through the journal made me aware of the assumptions I had held at the beginning of the research and I charted my attitude shift at different stages of the research. This aided my reflective practice and highlighted the need for self-reflection and good supervision in monitoring the assumptions that were inevitability held. The opportunity to explore psychologists' belief in-depth in the interviews and the concentration on building a rapport and acknowledging participants as the experts on their experience also echoed what I value in clinical

practice. This closeness of fit between conducting research and working clinically gave me a different insight into how research could be done. IPA's acknowledgment of the intrinsic bias of research fitted with the beliefs I had developed when I was previously involved in quantitative "objective" studies. In addition, I felt I learnt skills in interviewing through building the interview schedule and keeping it responsive to what participants brought, which I will apply to my clinical practice when interviewing clients.

Completing the doctoral research has given me a good understanding of carrying out a piece of independent, clinically relevant, research. In particular, I have become more conscious of my preferred working style and the importance of utilising Gantt charts and a timetable to set measurable targets. The research helped me recognise the role of supervision in research to provide me with a valuable space for reflection. I was surprised how much I enjoyed the ownership of the research and the sense that I was doing something that could help inform clinical practice. I felt a strong sense of appreciation for the participants who shared their experiences, which I think made it hard to prioritise information in the write-up: I wanted to include all the issues that psychologists had raised and found it difficult to decide which ones should be included in the final write-up. This sense of the value of the experience that participants had shared with me has made me feel eager to disseminate the study fully. I feel motivated with the sense of research's potential role in informing clinical practice and I feel I have a greater sense that research has value and will be an integral part of my role as a qualified psychologist.

5.6. Conclusion

This study has added to knowledge about psychologists' experience of working therapeutically with older people who were evacuated during the Second World War. The use of IPA allowed a rich account of the participants' experiences to be developed, consistent with the literature, and adding to this existing information. Amongst the many implications identified was that participants did not routinely explore evacuation experiences and often had ambivalent feelings about finding out facts around evacuation. A lack of knowledge about the research findings on the long-term impact of evacuation might be why participants sometimes did not conceptualise evacuation experiences as relevant to clients' presenting problems. Another key finding was the

identification of the complex nature of the relationship between older people who had been evacuated and their psychologists. This finding highlights the need to support psychologists working with former evacuees around the complex task of making sense of the relationship issues in the therapeutic relationship. Peer support and supervision can have a central role in this, and professionals should be aware of the importance of building a trusting, non-judging environment to encourage psychologists to process their response to former evacuees they work with.

6   References

Abercrombie, P. (1944). *The Greater London Plan.* London: HMSO.

Atkins, D & Loewenthal D. (2004). The lived experience of psychotherapists working with older clients: a heuristic study. *British Journal of Guidance & Counselling*, 32, (4) 493-509.

Barker, C. Pistrang, N. & Elliott, R. (2002). *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners.* (2nd ed.). Chichester: John Wiley & Sons.

Biggs, S. (1993). *Understanding ageing: Images, attitudes and professional practice*. Buckingham, Philadelphia: Open University Press.

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

Bowlby, J. (1953). *Child care and the growth of love*. London: Harmondsworth.

Bowlby, J. (1955). *Mother-child separation.* In K. Soddy, ed. *Mental health and infant development.* New York: Basic Books.

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

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

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

Bowlby, J. (1979). *The making and breaking of affectional bonds.* London, UK: Tavistock.

Boyd, W. (1944) *Evacuation in Scotland: A record of events and experiments.* Kent, UK: University of London Press Ltd.

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

Breakwell, G. (1986). *Coping with threatened identities.* London, UK: Methuen.

Breakwell, G. ed., (1992) *Social psychology of political and economic cognition (surrey seminars in social psychology).* Academic Press.

Bridgeland, M. (1971). *Pioneer work with maladjusted children.* London, UK: Staples Press

Butler, R. N. (1963).The life review: an interpretation of reminiscence in the aged. *Psychiatry, 26,* 65-76.

Bulter, R. N. (1975). The elderly: An overview. *American Journal of Psychiatry.* 132, 893-900.

Burt, C. (1940). The incidence of neurotic symptoms among evacuated school children. *British Journal of Educational Psychology.* 10, 8-15.

Burt, C. (1941). The billeting of evacuated children. *British Journal of Educational Psychology.* 11, 85-97.

Burt, C. (1943). War neurosis in British children. *Nervous Child, II.* 4, 324-344.

Carey-Trefzer, C. J. (1949). The results of a clinical study of war-damaged children who attended the child guidance clinic, the hospital for sick children, Great Ormond Street, London. *Journal of Mental Science.* 95, 535-559.

Charmaz, K. (2008). Grounded Theory. In J. A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods.* (2nd ed. pp. 81-110). London: Sage.

Conrad, P. (1987). The experiences of illness, recent and new directions. In Smith, J. A. *Qualitative Psychology. A Practical Guide to Research Methods.* London: Sage Publications.

Crossley, M. L. (2000). *Introducing Narrative Psychology. Self Trauma and the Construction of Meaning.* Buckingham: Open University Press.

Davies, S. (1997). *We'll meet again: The long-term psychological effects on, and intervention with, UK Second World War evacuees.* In L. Hunt, M. Marshall, & C. Rowlings, eds., *Past trauma in late life: European perspectives on therapeutic work with older people.* London: UK: Jessica Kingsley Publishers.

De Masi, F. (2004). *Making death thinkable*. London: Free Association.

Department of Health (2001). *Treatment choice in psychological therapies and counselling: Evidence based clinical practice guideline.* London: Department of Health.

Eatough, V. & Smith, J. A. (2006). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology. 97,* 483-498.

Elliott, R. Fischer, C. T. Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38,* 215-229.

Foster, D. Davies, S. & Steele, H. (2003). The evacuation of British children during World War II: a preliminary investigation into the long-term psychological effects. *Aging & Mental Health, 7* (5), p398-408.

Freud, A. & Burlington, D. T. (1944). *Infants without families and reports on the Hampstead nurseries, 1939-45*. London: Hogarth Press.

Freud, S. (1912). The Dynamics of Transference. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 12. London: Vintage.

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

Gilbert, M (2000). *The Second World War*. Great Britain: Phoenix

Giorgi, A. (1986). Theoretical justification for the use of descriptions in psychological research. In Ashworth, P. D. Giorgi, A. De Koning A. J. J. (eds.), *Qualitative Research in Psychology.*

Hayward, P. (1997). *Children in exile*. Dover: Buckland.

Hinze, E. (1987). Transference and countertransference in the psychoanalytic treatment of older patients. *International Review of Psycho-Analysis* 14, 465–474.

Hiskey, S. Luckie, M. Davies, S. Brewin, C. R. (2008). The phenomenology of reactivated trauma memories in older adults: A preliminary study. *Aging and Mental Health*. 12 (4), 494-498.

Hunt, L. (1997). *The implications for practice.* In L. Hunt, M. Marshall & C. Rowlings. eds., *Past trauma in late life: European perspectives on therapeutic work with older people.* London, UK: Jessica Kingsley Publishers.

Hunt, N. (2007). The long term effects of war experience. *Aging and Mental Health*. 11(2), 156-158.

Issacs, S. Brown, S. C. Thouless, R. H. (1941). (eds.). *The Cambridge Evacuation Survey*. London: Methuen.

Kamalipour, Y. R. Snow, N. (2004). *War, media, and propaganda: A global perspective*. New York: Rowman & Littlefield

Kastenbaum, R. (2006). *The psychology of death*. USA: Springer Publishing Company.

King, P. (1980). The life cycle as indicated by the nature of the transference in psychoanalysis of the middle-aged and elderly. *Internal Journal of Psychoanalysis*. 61, 153-160.

Knight, M. T. D. Til Wykes, T. Hayward, P. (2003). 'People don't understand': An investigation of stigma in schizophrenia using Interpretative Phenomenological Analysis (IPA) *Journal of Mental Health*. Vol. 12(3), 209-222.

Knudson, B. & Coyle, A. (2002). The experience of hearing voices: an interpretative phenomenological analysis. *Existential Analysis.* 13, 117-34.

Larkin, M. Watts, S. Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3,* 102-120.

Macnicol, J. (1986). *The evacuation of school children.* In: H.L. Smith, ed., *War and social change: British society in the Second World War.* Manchester, UK: Manchester University Press.

Martingale, B. (1989). Becoming dependent again: the fears of some elderly persons and their younger therapists. *Psychoanalytic Psychotherapy*. 4(1), 67-75.

Murray C. D. & Harrison, B. (2004). The meaning and experience of being a stroke survivor: an interpretative phenomenological analysis. *Disability and Rehabilitation*. 26(13), 808-816.

Palmer, R. E. (1969). Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer. Evanston: Northwestern University Press.

Parsons, M. L. (1998). *I'll take that one: Dispelling the myths of civilian evacuation 1939-45.* Peterborough, UK: Beckett Karben.

Plotkin, F. (2000). Treatment of the older adult: the impact on the psychoanalyst. *Journal of the American Psychoanalytic Association*, 48, 1591-1616.

Powell, J. L. Biggs, S. (2003). Foucauldian gerontology: A methodology for understanding ageing. *Electronic Journal of Sociology*. 7(2).

Orbach, A. (1996). *Not too late: psychotherapy and ageing*. London: Jessica Kingsley Publishers Ltd.

Richardson, J. (1990). *Children in retreat*. Sawd Publications.

Rose, S. (2004). *Which people's War? National identity and citizenship in wartime Britain 1939-1945*. Oxford: Open University Press.

Rubin, H. J. & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data*. (2nd ed.). California: Sage Publications.

Rusby, J. S. M. (2005). *Childhood Temporary Separation: Long-term effects of Wartime Evacuation in World War 2*. Boca Raton: Florida.

Rusby, J. S. M. & Tasker, F (2008). Childhood temporary separation: long-term effects of the British evacuation of children during World War 2 on older adults' attachment styles. *Attachment and Human Development*. 10(2), 207-221.

Schneider K. J. & May, R. (1995). *The psychology of existence*. New York: McGraw-Hill.

Scrutton, S. (1989). *Counselling older people: A creative response to ageing*. UK: Age Concern Handbooks.

Sedgwick, D. (1994). *The wounded healer: Countertransference from a Jungian perspective*. London, New York: Routledge.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health, 11,* 261-271.

Smith, J.A. & Osborn, M. (2003). Interpretative phenomenological analysis. In Smith, J. A. (ed) *Qualitative Psychology*. London: Sage.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1,* 39-54.

Smith, J. A. & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods.* London: Sage

Smith, J. A. Flowers, P. Larkin, M. (2009). *Interpretative Phenomenological Analysis: theory, method and research*. London, California: SAGE.

Spencer, L. Ritchie, J. Lewis, J. Dillon, L. (2003). *Quality in qualitative evaluation: A framework for assessing research evidence.* London: Government Chief Social Researcher's Office.

Starks, H. & Brown Trinidad, S. (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research,* 17, 1372-1380.

Strauss, A. L. & Corbin, J. A. (1990). *Basics of qualitative research: Grounded theories procedures and techniques.* Newbury Park, CA: Sage.

Sturgeon-Clegg, I. (Unpublished Doctoral Thesis). *Long-term effects of living through both evacuation and the bombing of London during the Second World War as perceived by those who experienced them: A qualitative study*. City University

Summerfield, P. (1998).Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War.

Taylor, A.J.P. (1975) *English History 1914-1945.* Oxford, UK: Oxford University Press.

Terry, P. (2008). Ageism and projective identification. *Psychodynamic practice*. 14(2), 155-168.

Titmus, R. M. (1950). *Problems of social policy*. HM stationary Office, London.

Valenstein, A. F. (2000). The older patient in psychoanalysis. *Journal of the American Psychoanalytic association*. 48, 1563-1589.

Waugh. M. J. Robbins, I. Davies, S. Feigenbaum, J. (2007). The long-term impact of war experiences and evacuation on people who were children during World War Two. *Aging and Mental Health*. 11(2), 168-74.

Welshman, J. (2010). *Churchill's Children: the evacuee experience in wartime Britain*. Oxford: University Press.

Wheelock, I. (1997). Psychodynamic psychotherapy with the older adult: challenges facing the patient and the therapist. *American Journal of Psychotherapy*. 51, 431-445.

Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method.* Buckingham: Open University Press.

Winnicott, D. W. (1960). Ego Distortion in Terms of True and False Self in *The Maturational Process and the Facilitating Environment: Studies in the Theory of Emotional Development.* New York: International UP Inc.

Winnicott, D.W. (1974). Fear of Breakdown. *International Journal of Psychoanalysis*. 1, 103-107.

Wolf, K. M. (1945). Evacuation of children in wartime. In Freud, A. Hartmann, H. Kris, E. (eds). *The psychoanalytic study of the child, Vol 1*.

Woolfe, R. & Biggs, S. (1997). Counselling older adults: issues and awareness. *Counselling Psychology Quarterly*. Vol. 10 (2), 189-194.

Yalom, I. (1980). *Existential Psychotherapy*. New York: Basic Books.

Yardley, L. (2000). *Material Discourses in Health and Illness*. London: Routledge.

Yardley, L. (2008). Demonstrating Validity in Qualitative Psychology. In J. A. Smith (Ed.), *Qualitative Psychology: A practical guide to research methods.* (2nd ed). London: Sage.

Ziegler, P. (2002). *London at War, 1939-1945*. London: Sinclair-Stevenson.

7   Appendices

7.1   Appendix A: Initial email to potential participants (Version 1)

Dear ……………………………………..,

My name is Anne-Marie Martin and I am a second year Clinical Psychologist in training at the University of Hertfordshire. I am beginning to recruit for my major research project and I am writing to you today to invite you to participate in this project.

I am currently investigating the experience of working with older adults who were evacuated in World War Two for clinical and counselling psychologists. For my project I am looking to recruit six to eight people who have experienced working with former evacuees with whom they had been in therapeutic contact (e.g. in a group, family or individually). The evacuation must have been when the clients were children, i.e. under 16 years old.

My project will aim to develop some understanding of the experience of working with a client who has had this separation experience. I am hoping my research may help those who work with former evacuees to make sense of, and understand this experience in more depth.

To participate, you would be asked to take part in one tape-recorded meeting lasting around 1 - 1½ hours in a comfortable setting, which could be your workplace or a more neutral environment, such as the University of Hertfordshire. The meeting will involve talking to me about your experience with your client. If any of the questions are found to be difficult you do not have to answer them.

It is wholly your choice as to whether you decide to participate or not. You are welcome to ask any further questions before this decision is made. If you do decide to consider participation you will be provided with the study information sheet to help your decision further. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

All information collected about you throughout the course of research will be kept strictly confidential. Your name and other identifying information will be kept securely and separately from

your tape-recording and the subsequent data-analysis. No one except me (Anne-Marie Martin) will have access to any raw research data that may be able to identify you at any time. Confidentiality may only be breached in accordance with the British Psychological Societies code of conduct e.g. if any information is disclosed during the interview which leads to sufficient concern about the person's safety or the safety of others. In these cases my project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

If you are willing to consider participation, please feel free to contact me on the email address below or telephone me on 07974 348968 for further discussion and information about this project.

Thank you for your time, it is very much appreciated.

Kind Regards,

Ms Anne-Marie Martin   Supervisor: Mr Steve Davies

Trainee Clinical Psychologist   Consultant Clinical Psychologist & Dep. Course
                                                                    Director

University of Hertfordshire.   University of Hertfordshire

A.E.Martin@herts.ac.uk   s.2.davies@herts.ac.uk

Tel: 01707 286322   Tel: 01707 286322

This study has been approved by the NHS National Research Ethics Service (NRES) who have raised no objections on ethical grounds. However, if you wish to complain or have concerns relating to this investigation please do not hesitate to contact my project supervisor.

7.2 Appendix B: Participant Information Pack (Version 2):

Study title

Practitioners' experience of working with former World War Two child evacuees in therapy. A qualitative study.

Dear ………………………………….,

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you.

Please do ask me if there is anything which is not clear, or if you would like more information, and take time to decide whether you would like to participate or not.

What is the purpose of the study?

My name is Anne-Marie Martin and I am a second year Clinical Psychologist in training at the University of Hertfordshire and I am conducting this research for my 3rd year Doctoral research project.

I am currently investigating the experience of clinical and counselling psychologists working with older adults who were evacuated in World War Two.

For my project I am hoping to recruit six to eight people who have experienced working with former evacuees with whom they had therapeutic contact (e.g. in a group, family or individually). The client must have been a child (i.e. under 16) when evacuated.

My project will aim to develop some understanding of how therapists formulate this experience. Following this I hope this research may help other psychologists to make sense of, and understand this experience in more depth, potentially facilitating the development of improved understanding for clients.

Why have I been invited?

You have expressed an interest in my project via contact by email or by telephone.

Do I have to take part?

It is wholly your choice as to whether you decide to participate or not. If you do decide to participate you will be given a copy of this information sheet to keep and you will be asked to sign a form recording your consent.

If you do decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

To participate, you would be asked to take part in one tape-recorded interview lasting around 1 - 1½ hours in a comfortable setting, which could be your place of work. The meeting will involve talking to the researcher about your experience of former evacuees in your clinical practice.

If you consent, you may be contacted at a later date to ask if you wish to comment on the research findings. You are able to decline this offer without giving a reason.

What are the possible disadvantages of taking part?

There are few identified disadvantages of taking part. It is acknowledged that psychologists are busy professionals and it may be hard to find the time to meet. I am happy to come to your place of work to minimise the time requirement.

What are the possible benefits of taking part?

I can not promise that the study will help you. However, the research project will allow you to have time and space to reflect on your experience. Potentially this research may help other psychologists to make sense of, and understand the experience of working with former evacuates in more depth.

What if there is a problem?

If you have any concern about any aspect of this study you should ask to speak to the researcher who will do her best to answer your questions (Telephone number: 07974 348968). If you remain unhappy and wish to complain formally you can do so by contacting the projects Research Supervisor, Mr Steve Davies (Tel: 01707 286322).

Will my taking part in the study be kept confidential?

All information collected about you throughout the course of research will be kept strictly confidential. Your name and other identifying information will be kept securely and separately from your tape-recording and the subsequent data-analysis. No other psychologists (apart from the researcher) will have access to any raw research data that could identify you at any time.

Due to the time constraints on this project an approved transcription service may be used to transcribe your interview. In this case your recording will be labelled A, B, C etc. to protect identity. The service will sign a non-disclosure, confidentiality agreement.

Some parts of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation). Anonymised transcripts might be shared with members of the Interpretative Phenomenological Analysis special

interest group (a professional group of trainee clinical psychologists at the University of Hertfordshire). Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant.

Your recordings and any identifiable data relating to your participation will be kept until the degree has been completed. The data will be kept securely until this time in order to cover any appeals procedure or possible examination queries regarding the veracity of the data. After this time all tapes of research interviews will be destroyed.

Are there any reasons where confidentiality may be breached?

As all participants will be regulated by the British Psychological Society due to your professional status the following code of conduct will be followed with regards confidentiality:

British Psychological Society: Code of Conduct.

1. If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.

2. Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

What will happen to the results of this research study?

The results will be written up in the form of a thesis for the purposes of gaining a Doctoral qualification in Clinical Psychology.

I will ask you if you would like to comment on the analysis of your interview to help with the accuracy of the results. You can decline your involvement.

The findings may be shared via academic publication and/or presentations. Participants will not be identified in any report or publication. Any quotes used will be fully anonymised. You have the right to decline the use of your interview quotes.

Who has reviewed the study?

All research in the NHS is looked at by a Research Ethics Committee to protect your safety, rights, dignity and well-being. This study has been reviewed and given a favourable opinion by the Hertfordshire Research Ethics Committee who have raised no objections on ethical grounds.

Due to the academic nature of the research this project has also been subjected to both a formal and a peer review by the University of Hertfordshire's Doctoral Programme in Clinical Psychology.

Further information and contact details

Should you have any further questions or any concerns during the study please do not hesitate to contact the researcher or her research supervisor using the contact details provided below.

If you are interested in potentially participating in this study please fill in the reply slip included with this information sheet and return to Anne-Marie Martin (Chief Investigator) via email.

Should you wish to complain about this study the Independent Complaints Advocacy Service (ICAS) supports individuals wishing to pursue a complaint about the NHS. (See http://www.dh.gov.uk)

The contact details for the areas covered by this study are as follows:

- ICAS Essex, Tel: 0845 456 1083
- ICAS Bedfordshire & Hertfordshire, Tel: 0845 456 1082

Thank you for taking time to read this information.

Kind Regards,

Ms Anne-Marie Martin   **Dr Steve Davies**
Chief Investigator   **Research/Academic supervisor**
Trainee Clinical Psychologist   **Consultant Clinical Psychologist**
University of Hertfordshire.   **University of Hertfordshire**
A.E.Martin@herts.ac.uk   **s.2.davies@herts.ac.uk**
Tel: 01707 286322   **Tel: 01707 286322**

Reply Slip.

(Please tick the appropriate boxes and return by email to the researcher: A.E.Martin@herts.ac.uk).

1. *I am not interested in participating in this project.* ☐

2. *I may be interested in participating in this project but would like further information.*
    *I consent to you contacting me on the telephone number Below/email address at the specified suitable times and days of week**.* ☐

3. *I am interested in participating in this project.*
    *I consent to you contacting me on the telephone number Below/ email address at the specified suitable times and days of week**.* ☐

My Details (Please supply if you ticked statement 2 or 3):

Name:

*** Please supply if Statement 2 or 3 have been ticked**:*

Telephone number:
Email address:

Suitable days for contact (Delete as appropriate):

Mon / Tues / Weds / Thurs / Fri / Sat / Sunday.

Suitable times for contact (E.G. Mondays 12-2pm):

Day: **Times:**
Day: **Times:**
Day: **Times:**

7.3   Appendix C: Consent form (Version 2)

Centre number:

Study Number:

Participant identification number:

CONSENT FORM

Title of Project: *Practitioners' experiences of former World War Two child evacuees in therapy. A qualitative study.*

Name of researcher: *Anne-Marie Martin, Trainee Clinical Psychologist.*

To be completed by participant (Please initial each box):

1.	I confirm that I have read and understand the information sheet dated 14th July 2009 (Version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that I am free to decline entry into the study and that I am able to leave the study at any time without reason.	
3.	I understand that relevant sections of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation). Anonymised transcripts may be shared with members of the Interpretative Phenomenological Analysis special interest group (a professional group of trainee clinical psychologists at the University of Hertfordshire) for data analysis. Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to me as a research participant.	
4.	I agree to take part in the above study and for the interview to be recorded.	
5.	I agree to be contacted for my comments on the findings of the study. I am aware I can decline my involvement at any time.	
6.	I agree that anonymised quotes from my interview may be used in any publications.	

<u>**Participant**</u>

Signature:_____Name:_____ Date:_____

<u>**Person taking consent**</u>

Signature:_____Name:_____ Date:_____

7.4   Appendix D: Participant Screening (Version 2).

STRICTLY CONFIDENTIAL:

All participants will be asked the following questions to screen for inclusion and exclusion criteria of the study.

Was verbal consent obtained from the potential participant before asking the questions below?

      Yes/No

1. Is the participant qualified as a clinical/counselling psychologist?

……………………………………………………………………………………..

2. Has the participant experienced working with one or more clients who were evacuated as children (under 16 years old) during World War Two?

……………………………………………………………………………………..

3. Was the participant involved in therapeutic contact with their client(s)?

……………………………………………………………………………………..

4. Do they feel comfortable discussing their personal experience?

……………………………………………………………………………………..

Age:

Gender:

Ethnicity:

7.5   **Appendix E: Pre-interview briefing (Version 1)**

PRE-INTERVIEW BRIEFING

1. Aims of investigation:

   ▪ To investigate the individual experience of clinical and counselling psychologists' working with former evacuees from World War Two.

   ▪ To ensure personal experience is heard.

   ▪ Long term goal: to disseminate information about psychologists' experience to other psychologists.

2. Procedure of interview:

   ▪ Interview will last for approximately one hour.

   ▪ The interview will be tape-recorded.

   ▪ All participants will be asked similar questions during the interview.

   ▪ The questions will act as a guide for the interview.

   ▪ The aim is to hear your experience.

3. During the interview:

   ▪ If at any time you wish to stop the interview you may do so without reason.

   ▪ You are in no way obliged to answer the questions provided by the researcher.

4. Confidentiality:

   ▪ Your participation in this project will remain strictly confidential.

   ▪ Your personal details will only be known by the researcher.

   ▪ Your personal details and tape recordings will be kept separately in a secure filing cabinet at the researchers premises.

5. British Psychological Society: Code of Conduct:

- If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.
- Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

6. Provision after interview:
- Following the interview you will be given further opportunities to ask questions regarding the project and any concerns you may have. If the researcher is unable to provide you with the correct answers for your questions she will endeavour to provide you with appropriate source of professional advice.
- You will be provided with a list of support services you may be interested in contacting if you feel you may wish to talk about your experience further.

7. Questions:
- Please ask any further questions you may have about the investigation.

7.6 Appendix F: Debriefing schedule (Version 1)

DEBRIEFING SCHEDULE

1. Recap on purpose of study:
   - To investigate the individual experience of clinical and counselling psychologists' working with former evacuees from World War Two.
   - To ensure personal experience is heard.
   - Long term goal: to disseminate information about clinical and counselling psychologists' experience to other psychologists.

2. Review of interview:
   - You will be asked how you found the interview.
   - You will be asked if you would have preferred anything to be done differently.
   - You will be asked if there are any recommendations for the researcher to aid improvement of the investigation.

3. Unresolved issues:
   - The researcher will ask you if you feel that any issues have been raised during the interview which may have concerned you.
   - It is the researcher's duty to ensure any questions you ask are answered sufficiently. This may involve directing you towards the correct professional resources.

4. Future concerns and contact with researcher:
   - If you have any concerns or further questions about this research please do not hesitate to contact the researcher or the project supervisor.

- The researcher and supervisor will be available for contact up to six months after participation.

Ms Anne-Marie Martin	Supervisor: Mr Steve Davies
Trainee Clinical Psychologist	Consultant Clinical Psychologist & Dep. Course Director
University of Hertfordshire	University of Hertfordshire
A.E.Martin@herts.ac.uk	s.2.davies@herts.ac.uk
Tel: 01707 286322	Tel: 01707 286322

7.7   Appendix G: Approved Ethics Application NHS

NHS

National Research Ethics Service

Hertfordshire REC
East of England REC Office No 3
9th Floor, Terminus House
The High
Harlow
Essex
CM20 1XA

Telephone: 01279 418 439
Facsimile: 01279 419 246

17 July 2009

Ms A Martin
Clinical Psychologist in Training

Dear Ms Martin

Study Title: Practitioners' experience of working with older adults
                                  who were childhood evacuees during World War Two.
REC reference number: 09/H0311/74
Protocol number: 2

Thank you for your letter of 14 July 2009, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is

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the National Patient Safety Agency and Research Ethics Committees in England*

available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.
*Where the only involvement of the NHS organisation is as a Participant Identification
Centre, management permission for research is not required but the R&D office should be
notified of the study. Guidance should be sought from the R&D office where necessary.*

Sponsors are not required to notify the Committee of approvals from host organisations.

**It is the responsibility of the sponsor to ensure that all the conditions are complied
with before the start of the study or its initiation at a particular site (as applicable).**

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
UMAL Indemnity		01 August 2008
Field Supervisor's CV	CL	01 June 2009
Academic Supervisor's CV	SPD	
Letter from Sponsor		04 June 2009
Covering Letter		04 June 2009
Investigator CV	AMM	04 June 2009
Application	1	08 June 2009
Transcription Agreement	1	30 May 2009
Debriefing Schedule	1	30 May 2009
Pre-Interview Briefing	1	30 May 2009
Initial Email to Potential Participants	1	30 May 2009
Interview Schedules/Topic Guides	1	30 May 2009
Participant Screening	2	14 July 2009
Response to Request for Further Information	Email	14 July 2009
Participant Consent Form	2	14 July 2009
Participant Information Sheet	2	14 July 2009
Protocol	2	14 July 2009

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for
Research Ethics Committees (July 2001) and complies fully with the Standard Operating
Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research
Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National
Research Ethics Service and the application procedure. If you wish to make your views
known please use the feedback form available on the website.

The attached document *"After ethical review – guidance for researchers"* gives detailed
guidance on reporting requirements for studies with a favourable opinion, including:

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the National Patient Safety Agency and Research Ethics Committees in England*

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- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

09/H0311/74	Please quote this number on all correspondence

Yours sincerely

PP Jenny Ast

Dr Steve Eckersall
Chair

Email: jenny.austin@eoe.nhs.uk

Enclosures: "After ethical review – guidance for researchers" (SL- AR2)

Copy to: Prof John Senior
                     Pro-Vice Chancellor (Research)
                     University of Hertfordshire
                     College Lane
                     Hatfield
                     Herts AL10 9AB

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7.8   Appendix H: Interview guide and topics

INTERVIEW SCHEDULE

Questions relating to context/ background of the participants' experience.

1. Please can you tell me about the context in which you met your client(s) that you wish to talk about?

- How long had you known each other?

- What the nature of your work with your client(s)?

2. When did you become aware that your client(s) had been evacuated during World War Two?

3. When would you ask clients about their war time experiences? Do you always ask?

4. Could you tell me about your experience of evacuation (or other separation experiences), if any, prior to that of your client?

– In a clinical setting?

– Personally?

Questions relating to potential impact of the experience

5. What importance (if any) do you feel the experience of evacuation or other wartime experiences has on people and on your client(s)?

- In terms of identity formation?

- Other long-term effects?

6. What was your response after you had become aware of your clients' evacuation experience as a child? – Emotional response, impact on formulation, impact on clinical intervention.

Final Question

7. As we are coming to the end of our interview, is there anything else that you feel would be important for me to know about your experience?

7.9   Appendix I: Transcription Agreement (Version 1)

Doctorate in Clinical Psychology

University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Anne-Marie Martin ('the discloser')

And

Transcription service **('the recipient')**

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed:……………………………………

Name:…………………………………..

Date:…………………………………….

7.10   Appendix J: Yardley's (2008). Criteria for demonstrating the validity of qualitative research.

CORE PRINCIPLE	HOW THE STUDY DEMONSTRATES FEATURES OF VALIDITY
a) Sensitivity to the context of existing theory and research in the development of the research topic.	The study identified a specific gap in the existing research and theory and formulated a research question that has not yet been addressed: What are the experiences of therapists who see older people for therapy who were evacuated as children during the Second World War. Do therapists believe that evacuation has had a long term impact on these people and how do they formulate this experience.
b) Sensitivity to how the perspectives and position of participants may influence whether they feel able to take part and express themselves freely	Participants were invited to participate in the study. They were given a choice of whether they would like to Interviewed at the University of Hertfordshire or at their place of work or a neutral private place. All the participants opted to be interviewed at their place of work in a clinic room, ensuring privacy and security. The construction of open ended interview questions was held in mind; however, participants were encouraged to respond freely, revealing what was important to them. Participants were considered experiential experts.
c) Commitment to rigor in the recruitment of participants who will represent an adequate range of views relevant to the research topic	Six people were purposively sampled; four males and two females were recruited from the outskirts of a major city which had been evacuated during the Second World War.
d) Transparency in the analysis of data	A detailed description is provided outlining the analysis process. An example section of data is presented (audit trail) illustrating the analytical process.
e) Coherence between the qualitative design and the analysis and presentation of data	The qualitative epistemological perspective supported the use of IPA as a method of data analysis. Verbatim extracts are presented to demonstrate participants' experiences. Both

	convergences and divergences are presented, illustrating the complexity and differences found in their experiences.

This is adapted from the work of Yardley (2008) who suggests core principles for evaluating qualitative research.

7.11   Appendix K: IPA, an example of the analytic process

Themes from Interview 2 clustered

1. Impact of evacuation
At the time: the impact of chance
- People having a different evacuation exp.
- Therapist thinking evacuation made child feel 'powerless'.
- Therapist feeling as children clients 'accepted' the 'uncertainty'
- Evacuation as judging: 'being graded...degrading' 'evaluated... seen as wanting'
- Evacuation giving a different 'reality' an 'alternative way of being'.
- Evacuation as 'reparative experience'
- Evacuation created sense of self as an outsider in client

A sense that evacuation has informed clients' lives
- Self-identity developing from adult's evaluation. 'Rubber-stamps' child's sense of their identity.
- Magnifies problems in the family that were already there: impacts on early attachments & then later R-ships
- Life transitions in older age trigger earlier response to evacuation (separation) experience.
- As adults clients still feeing powerless to 'dissent or discuss'
- Evacuation plays out in therapy: clients adopt 'one-down position'

2. Uncertainty inherent in living through war: made former evacuees of the impact of chance and the danger of war
- People having a different war exp.
- Impact of the war on people at the time

3. Therapist's uncertainty about the impact of evacuation:
- Evacuation a 'marker' 'playing out' in therapy
- Therapist sees evacuation as 'just another feature' in client's life
- Causation unclear: maybe the result of separation, maybe due to experiences while evacuated.
- LT impact of evacuation because it happening during a 'critical period' ('evaluation' at a 'critical period')
- R's belief that the difference is due to the family situation they left behind.

Therapist's assumptions about evacuation:
- Difference between image of war in media & peoples' memories: 'cosy' image is disrupted, 'times were tough'.
- 'Assume less' about things that happened in the client's past than recent incidents ('explorative' being curious).

Different cohorts have different realities
- What different cohort hold as taboo (i.e. what can and can't be talked about)
- Therapist judging different times by current cultural norms

- The psychological privileged now – not then: imp of 'containment', talking about experiences, impact of childhood
- Therapist 'cautious' about imposing beliefs on client

4. Therapist's conception of the aims of therapy
- Life review
- Talking about things seen as beneficial (to support clients to talk about experiences for 1st time to process them).
- Value of emotional connection/ a genuine R-ship (using the self in the therapy 'Use own experiences as a baseline')
- Challenge previously accepted s-beliefs
- Make changes in 'here & now'

Impact on the therapist hearing about the evacuation experience
- Thinking about the clients' earlier experiences as a child engenders empathy/compassion.
- Sense of the powerlessness of children
- Therapist looking for comparable experience in order to try & understand/ empathise w evacuation/Questioning how s/he would have 'handled' evacuation
- Impact on the therapist hearing about the evacuation experience: drawn back to sense of self as child.

Therapist motivation for working with client group:
- Sense of privilege: learning from elders, benefiting from 'accrued' 'wisdom' 'humbling'.
- Client telling their story for 1st time.
- Understanding/knowledge gained from client: of the 'gritty realism'
- Hearing the individual experience/the less dominant narrative
- Life review for client sparks similar process for therapist

Ideas for Overarching Themes
- Different experiences/realities
- Chance (danger of war, makes people aware of powerlessness/chance)
- The context: generational beliefs and assumptions
- Therapeutic relationship: being genuine