War experiences: the emotional health and well being of Polish elderly migrants.

Helen Therese Evert

Submitted in total fulfilment of the requirements of the degree of Doctor of Philosophy

December 2007

Department of Psychiatry
Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne, Australia
Dedication

For my mother and in the loving memory of my late father Michał Owsianny, a World War II veteran, a great patriot, and survivor, whose resilience and determination throughout his life has been inspirational.
Abstract

Background: Large numbers of Polish refugees arrived in Australia following the end of the Second World War as displaced people, unable to return to their homeland. All had experienced loss of their homeland and many lost loved ones, endured hardship and suffering. Now this group constitutes a significant proportion of the Polish-Australian aged community. The main aim of this thesis is to describe, from a life-span perspective, the relationship between major life events, including war experiences, and psychological and physical health now and in the past. Attention is focused on the factors associated with the longevity of the trauma response.

Method: A mixed methods approach was employed using quantitative and qualitative methods along with a detailed historical account of the war and resettlement contexts. The quantitative component involved the recruitment and interview of a convenience sample of 72 Polish elderly migrants from Polish Senior Citizen’s clubs across the Melbourne Metropolitan area. Participants who gave informed consent completed a detailed questionnaire and interview about their current physical health, social networks, psychological health, quality of life, posttrauma growth, war-related experiences, traumatic events, migration, and post war life events. Categorical and continuous variables were analysed using a combination of parametric and nonparametric statistics. The qualitative component involved a narrative interview with a subset of 18 people about the war years and early life in Australia. In addition, detailed field notes were compiled from the quantitative questions with the remaining 54 people supplementing their responses with stories and accounts while filling out the questionnaires. This produced a rich source of data that was analysed thematically.

Results: Fifty-three per cent of participants were women. Most were aged 75 or older (71%). Just over half were married and a third were living alone. The majority had children (90%). Twenty-one per cent described their physical health and seven per cent their emotional health as poor. During the war, 42% were in Germany as forced labourers, 26% had been exiled to the former Soviet Union, 15% had participated in the Armed Forces, 11% were civilians in Poland and 5% were Concentration Camp Survivors. Every person interviewed had experienced at least two traumatic events during the war. The most commonly reported events were the loss of home and belongings (81%), lack of food and water (79%), bombardment (78%) and forced separation from family (74%). People who had survived the concentration camps and ex-service men experienced the highest number of traumatic events. Number of traumatic events during the war was correlated with life-time PTSD symptoms (r=0.46 p=0.01), current PTSD symptoms (r=0.36) and physical health conditions (r=0.37 p=0.01) but was not associated with current quality of life. Negative worldview was associated with PTSD (lifetime and current), physical health conditions and
impact of illness. Trait anxiety and years of residency were associated with depression, anxiety, PTSD (lifetime and current) scores and physical health conditions. Negative worldview, Trait anxiety and years of residency were all independent predictors of psychological distress accounting for 51% of the variance in psychological distress.

During their-lifetime, 75% of people identified a period of fear, anxiety and panic, 47% of participants reported feeling depressed, while 7% met criteria for PTSD. In the last six months, 33% reported clinically significant anxiety symptoms, 3% had moderate-severe depressive symptoms and 3% met criteria for current PTSD. Coping strategies mentioned most frequently were use of religion (54%) talking to family and friends (32%) and avoiding any reminders (18%) although none of these strategies were associated with emotional or physical health.

Thematic analysis revealed that Polish elderly described their accounts of trauma and physical deprivation in the context of individual, familial and community suffering. Individuals described a range of emotional responses to trauma such as fear, grief and humiliation. These emotions were also experienced by family and community. Survival mechanisms such as acts of defiance, using one’s own skills and having hope were described at an individual level. Family was identified as an important survival resource – a central component to this theme was that of the ‘strong mother’ fending for her children. Community was another resource identified by study participants such as the ‘acts of kindness by strangers’ that often made the difference between life and death. The theme of community and family suffering meant that the individual was not alone in trauma but surrounded by others in a similar situation. Community structures were an important part of the recovery and healing that took place after the war. The cohesive nature of Polonia (Poles abroad) may explain why people who did not return to Poland and migrated to Australia in the late 1940’s and 1950’s had lower rates of psychological distress compared with those who returned to communist Poland and only arrived relatively recently.

**Conclusions:**

More than 60 years on from the end of the Second World War Polish elderly people were still affected by these events in some way and that in a small number of cases these events were associated with current emotional and physical health. The main determinant of current emotional and physical health was the type of main experience people endured, the number of traumatic events experienced, having a negative world-view, fewer years of residency and higher Trait-Anxiety scores. The thematic analysis revealed that there is a complex relationship between individuals, families and communities in how they experienced trauma and its aftermath and the resources and mechanisms they used in order to survive.
Declaration

This is to certify that:

i) the thesis comprises only my original work towards the PhD

ii) due acknowledgement has been made in the text to all other materials used

iii) the thesis is less than 100,000 words in length, exclusive of tables, bibliographies and appendices

Signed___________________________________________________________
I am deeply grateful to many individuals and organizations who assisted me on this journey. First of all to my supervisors, Steven Klimidis for his intellectual guidance and support throughout the study and Helen Herrman for her encouragement. The staff at the Central for International Mental Health for all their assistance, especially, Jenny Burchill for all her help at the critical last stage and for ‘keeping me on the straight and narrow.’ I would also like to thank staff from the Department of Psychiatry, University of Melbourne, especially, Graeme Hawthorne for statistical advice and Liz Horton for her support as well as David Forbes from the Australian Centre for Posttraumatic Mental Health who provided valuable advice and materials at the initially stages of the study.

From within the Polish community of Victoria, there are many people to thank, in particular to Lucyna Artymiuk for all her valuable insights, Halina Jarecka for her meticulous work in the translation of the Structured Interview Schedule, Dorota Siarkiewicz, Monika Wiencez, Zdzisław Derwinski, Tadeusz Dobrostanski and others who assisted with the preparation of study materials. To the Polish Community Council of Victoria for supporting the study, in particular, the President, Christopher Łancucki, the staff of the Polish Community Council Welfare Bureau, and the presidents of various clubs and associations. Thanks also to the Polish Fund of Australia. A number of Polish academics assisted with providing translated study instruments including Janusz Heitzman from the Jagiellonian University, Laura Wołowicka, University of Medical Sciences in Poznań and Bogdan Zawadzki from the University of Warsaw. I would also like to thank Michelle Winslow from the UK who provided me with valuable materials and perspectives. Special thanks also to Sophie Holmes, for her guidance, support and valuable insights given throughout this study.

Many thanks to all my friends and family especially to my mother for her love and encouragement and my partner David Mann for his love, support and patience during this last year. And finally my heartfelt gratitude to all the Polish elderly participants who gave so generously their time and shared their intimate stories of suffering, grief, pain, and survival. I received much kindness and hospitality. They are a living testimony to the endurance of a generation who lived through enormous upheaval and chaos and this thesis would not have been possible without them.
Table of Contents

LIST OF TABLES .................................................................................................................. 15

LIST OF RESULT BOXES ................................................................................................. 18

LIST OF FIGURES ............................................................................................................. 20

CHAPTER ONE: INTRODUCTION TO THE STUDY .......................................................... 21

1.1 OVERVIEW OF THE STUDY AND STRUCTURE OF THE THESIS ......................... 21
   1.1.1 PERSONAL JOURNEY ............................................................................................... 25
   1.1.2 PROFESSIONAL JOURNEY ................................................................................... 28

1.2 RESEARCH QUESTIONS ............................................................................................. 30
   1.2.1 AIMS AND OBJECTIVES ...................................................................................... 30
   1.2.2 SIGNIFICANCE OF THE STUDY .......................................................................... 32

CHAPTER TWO: LITERATURE REVIEW - THE HISTORICAL CONTEXT .................... 33

2.1 POLAND AND THE SECOND WORLD WAR .............................................................. 33
   2.1.1 THE SEPTEMBER CAMPAIGN AND THE POLISH ARMED FORCES .................... 35
   2.1.2 NAZI OCCUPATION AND THE REIGN OF TERROR AMONG THE CIVILIAN POPULATION 37
   2.1.3 THE PLIGHT OF THE JEWISH POPULATION, THE GHETTOS, EXTERMINATION AND CONCENTRATION CAMPS ........................................................................ 41
   2.1.4 FORCED LABOUR ................................................................................................ 43
   2.1.5 THE POLISH RESISTANCE MOVEMENT AND THE WARSAW UPRISING ............ 45
   2.1.6 THE SOVIET OCCUPATION AND MASS DEPORTATION ........................................ 48
   2.1.7 END OF THE WAR AND THE YALTA AGREEMENT ............................................... 51

SUMMARY ........................................................................................................................ 52
CHAPTER THREE: LITERATURE REVIEW – REFUGEES, MIGRATION AND MENTAL HEALTH

3.1. DISPLACED PERSONS (DPS), EX-SERVICEMEN AND EXILES

3.2 POLISH POST-WAR SETTLEMENT IN BRITAIN

3.2.1 NEGATIVE ATTITUDE OF HOST SOCIETY

3.2.2 LOSS OF OCCUPATIONAL STATUS

3.2.3 STUDIES INTO THE MENTAL HEALTH OF POLISH REFUGEES IN BRITAIN

3.3 POLISH POST-WAR SETTLEMENT IN AUSTRALIA

3.3.1 PATHS TO AUSTRALIA:

3.3.2 PROFILE OF POLISH DISPLACED PERSONS (DPS) IN AUSTRALIA

3.3.3 TWO-YEAR WORK CONTRACTS & HOSTEL LIFE

3.3.4 CREATING COMMUNITY

3.3.5 STUDIES INTO THE MENTAL HEALTH OF POLISH REFUGEES IN AUSTRALIA

3.4 EXILE AND REFUGEES

3.5 MIGRATION

3.5.1 SETTLEMENT DIFFICULTIES

3.5.2 ACCULTURATION

3.5.3 ETHNIC DIVERSITY VERSUS ETHNIC IDENTITY

SUMMARY

CHAPTER FOUR: LITERATURE REVIEW - THE STUDY OF THE TRAUMATIC EVENT AND ITS PSYCHOLOGICAL SEQUELAE

4.1 THE SOCIAL AND CULTURAL MILIEU OF THE STUDY OF TRAUMA

4.2 THE EVOLUTION OF PTSD AND THE AETIOLOGICAL EVENT

4.3 THE TRAUMATIC EVENT

4.3.1 DEFINING THE TRAUMATIC EVENT ACCORDING TO DSM

4.3.2 TRAUMATIC EVENTS AND ‘ORDINARY’ STRESSORS

4.3.3 CHARACTERISTICS OF THE TRAUMATIC EVENTS

4.3.4 TYPE OF EVENT

4.3.5 SEVERITY OF THE EVENT

4.3.6 MEANING OF THE EVENT

4.4 RESPONSE TO TRAUMA – A NORMAL RESPONSE

4.4.1 POST TRAUMATIC STRESS DISORDER
4.4.2 PREVALENCE OF PTSD IN COMMUNITY BASED STUDIES .............................................. 110
4.4.3 CO-MORBIDITY ISSUES......................................................................................................... 112
4.5 THE INTERACTION BETWEEN THE INDIVIDUAL AND THE EVENT ................................ 113
  4.5.1 GENDER ........................................................................................................................ 114
  4.5.2 AGE ............................................................................................................................... 116
  4.5.3 PERSONALITY ............................................................................................................... 116
  4.5.4 SOCIO ECONOMIC STATUS ............................................................................................. 117
  4.5.5 MINORITY STATUS ........................................................................................................ 117
  4.5.6 REFUGEES ..................................................................................................................... 118
  4.5.7 POST TRAUMA SOCIAL SUPPORT ................................................................................... 119
4.6 PROBLEMS WITH PTSD AS A RESPONSE ....................................................................... 120
  4.6.1 CRITIQUE OF THE DOSE-RESPONSE HYPOTHESIS ........................................................... 122
  4.6.2 PROBLEMS WITH STRESSOR A AS A CRITERION ............................................................ 123
  4.6.3 A CULTURAL CRITIQUE OF PTSD AS A RESPONSE TO TRAUMA ................................. 124
4.7 COPING, RESOURCES AND GROWTH .............................................................................. 126
  4.7.1 COPING WITH THREAT AND LOSS .................................................................................. 126
  4.7.2 POST TRAUMATIC GROWTH .......................................................................................... 128
  4.7.3 RELIGION ...................................................................................................................... 129
SUMMARY .............................................................................................................................. 131

CHAPTER FIVE: LITERATURE REVIEW - TRAUMA AND OLD AGE. ......................... 132

5.1 THE LONG LASTING EFFECTS OF PAST TRAUMA IN OLD AGE ............................... 132
  5.1.1 WAR VETERANS (WWII, KOREA AND VIETNAM).......................................................... 133
  5.1.2 PRISONERS OF WAR (POWS) ........................................................................................ 135
  5.1.3 THE HOLOCAUST .......................................................................................................... 136
5.2 PREVALENCE OF POSTTRAUMATIC STRESS AND RELATED DISORDERS IN OLDER PEOPLE ........................................................................................................... 138
  5.2.1 COMMUNITY BASED EPIDEMIOLOGICAL STUDIES ......................................................... 138
  5.2.2 EUROPEAN COMBAT AND CIVILIAN STUDIES ................................................................. 138
5.3 INTERACTION BETWEEN AGING AND PAST TRAUMA ............................................. 144
  5.3.1 FIRST TIME PTSD OR REOCCURRENCE OF PAST PTSD IN OLDER AGE ................... 147
SUMMARY .............................................................................................................................. 149
CHAPTER SIX: FORMULATIONS AND HYPOTHESES ........................................... 150

6.1 QUANTITATIVE STUDY ................................................................. 150
  6.1.1 INDIVIDUAL CHARACTERISTICS IMPORTANT DETERMINANTS .......... 151
  6.1.2 NUMBER AND NATURE OF THE TRAUMATIC EVENT ....................... 151
  6.1.3 EMOTIONS AND BELIEFS ASSOCIATED WITH THE EVENT .............. 151
  6.1.4 SOCIAL NETWORKS AND PERCEIVED SOCIAL SUPPORT ................. 152
  6.1.5 TRAUMATIC EVENTS AND POST-TRAUMA GROWTH ....................... 152

6.2 QUALITATIVE STUDY .................................................................... 152

CHAPTER SEVEN: MIXED METHODS .................................................. 153

7.1 STUDY DESIGN ............................................................................ 153
  7.1.1 RATIONALE ............................................................................. 153
  7.1.2 PRELUDE TO THE STUDY ....................................................... 155
  7.1.3 STUDY POPULATION ................................................................ 155

7.2 PROCEDURE ................................................................................ 156
  7.2.1 SAMPLING .............................................................................. 157
  7.2.2 HUMAN ETHICS APPROVAL ................................................... 158
  7.2.3 RISK MANAGEMENT STRATEGY ............................................. 158
  7.2.4 CARE FOR THE RESEARCHER ................................................ 159
  7.2.5 DATA COLLECTION ................................................................ 160
  7.2.6 MEASURES ............................................................................. 162
  7.2.7 ANALYSIS .............................................................................. 171

CHAPTER EIGHT – QUANTITATIVE RESULTS ...................................... 173

8.1 SECTION ONE: SOCIO-DEMOGRAPHIC, SOCIAL NETWORK, PHYSICAL HEALTH AND SERVICE USE ................................................................. 173
  8.1.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS .................................. 175
  8.1.2 SOCIAL NETWORK ................................................................... 178
  8.1.3 PHYSICAL HEALTH .................................................................. 183
  SUMMARY ....................................................................................... 186

8.2 SECTION TWO: WAR EXPERIENCES, TRAUMATIC EVENTS AND THE FEELINGS AND BELIEFS ASSOCIATED WITH THESE EVENTS ................................. 187
  8.2.1 PRIOR TO THE WAR ................................................................. 187
8.2.2 EXPERIENCES DURING THE WAR ................................................................. 189
8.2.3 TRAUMATIC EVENTS ....................................................................................... 203
8.2.4 THE WORST OR MOST FRIGHTENING EVENT EXPERIENCED.................. 211
8.2.5 AFFECT AND BELIEFS ASSOCIATED WITH THE WORST EVENT ............ 215
SUMMARY ...................................................................................................................... 220

8.3 SECTION THREE: END OF THE WAR, LIBERATION AND POST WAR EVENTS.... 221
8.3.1 DECISION NOT TO RETURN TO POLAND INSTEAD TO MIGRATE TO AUSTRALIA .... 222
8.3.2 EARLY SETTLEMENT ISSUES AND DISCRIMINATION ................................. 223
8.3.3 COMMUNIST OPPRESSION AND DISCRIMINATION ..................................... 225
8.3.4 MAJOR LIFE EVENTS ....................................................................................... 227
8.3.5 SATISFACTION WITH DECISION TO MIGRATE AND WITH LIFE IN AUSTRALIA ... 230
SUMMARY ...................................................................................................................... 231

8.4 SECTION FOUR - EMOTIONAL HEALTH: ANXIETY, DEPRESSION, ALCOHOL USE AND PTSD ................................................................. 232
8.4.1 SUBJECTIVE APPRAISAL OF EMOTIONAL HEALTH ................................. 232
8.4.2 ANXIETY ........................................................................................................... 232
8.4.3 DEPRESSION ...................................................................................................... 235
8.4.4 ALCOHOL USE .................................................................................................. 238
8.4.5 POST TRAUMATIC STRESS DISORDER ....................................................... 240
8.4.6 IMPACT OF ILLNESS ....................................................................................... 241
8.4.7 SCORES ON THE PTSD CAPS ...................................................................... 249
8.4.8 TRAJECTORY OF PSYCHOLOGICAL DISTRESS .......................................... 250
8.4.9 CURRENT QUALITY OF LIFE ......................................................................... 253
8.4.10 POST-TRAUMA GROWTH (PTG) ............................................................... 254
SUMMARY ...................................................................................................................... 258

8.5 SECTION FIVE: TESTING THE ASSOCIATIONS AND RELATIONSHIPS BETWEEN INDEPENDENT AND DEPENDENT VARIABLES ................................. 260
8.5.1 ASSOCIATION BETWEEN INDIVIDUAL CHARACTERISTICS AND EMOTIONAL AND PHYSICAL HEALTH ................................................................. 262
8.5.2 ASSOCIATION BETWEEN INDIVIDUAL CHARACTERISTICS, THE NUMBER OF THE TRAUMATIC AND STRESSFUL EVENTS AND EMOTIONAL AND PHYSICAL HEALTH ......................................................... 265
8.5.3 ASSOCIATION BETWEEN INDIVIDUAL CHARACTERISTICS, STRESSFUL AND TRAUMATIC EVENTS, EMOTIONS & BELIEFS AND EMOTIONAL AND PHYSICAL HEALTH ......................................................... 266
8.5.4 ASSOCIATION BETWEEN INDIVIDUAL CHARACTERISTICS, THE TRAUMATIC AND STRESSFUL EVENTS, EMOTIONAL, PHYSICAL HEALTH AND COPING STRATEGIES ......................................................... 270
8.5.5 ASSOCIATION BETWEEN SOCIAL NETWORKS, SOCIAL SUPPORT, AND INDIVIDUAL CHARACTERISTICS, TRAUMATIC AND STRESSFUL EVENTS AND EMOTIONAL AND PHYSICAL HEALTH ................................................................. 272

8.5.6 ASSOCIATION BETWEEN INDIVIDUAL CHARACTERISTICS, TRAUMATIC EVENTS, EMOTIONS AND BELIEFS AND POST TRAUMATIC GROWTH AND QUALITY OF LIFE DOMAINS. 276

SUMMARY OF HYPOTHESES: ........................................................................................................ 279

SUMMARY ....................................................................................................................................... 284

8.6 SECTION SIX: REGRESSION ANALYSIS ................................................................................. 286

SUMMARY ....................................................................................................................................... 289

CHAPTER NINE: THEMATIC ANALYSIS ...................................................................................... 297

9.1 DESCRIPTIONS OF PARTICIPANT’S LIFE IN PRE-WAR POLAND ......................................... 299

9.2 INDIVIDUAL WAR-TIME SUFFERING ................................................................................... 305

9.2.1 PHYSICAL DEPRIVATION ................................................................................................. 306

9.2.2 TRAUMA ......................................................................................................................... 310

9.3 PSYCHOLOGICAL AND EMOTIONAL RESPONSES .............................................................. 315

9.3.1 NOT KNOWING WHAT WILL HAPPEN NEXT .................................................................... 316

9.3.2 DEMORALISATION, BETRAYAL AND DISAPPOINTMENT ................................................... 317

9.3.2 MORAL DILEMMA ............................................................................................................. 318

9.3.3 AMBIGUITY ...................................................................................................................... 322

9.3.4 LONELINESS .................................................................................................................... 323

9.3.5 FEAR OF BEING LEFT BEHIND ......................................................................................... 324

9.4 INDIVIDUAL SURVIVAL MECHANISMS .............................................................................. 326

9.4.1 OWN ABILITIES AND SKILLS .......................................................................................... 327

9.4.2 PERSONALITY TRAITS ..................................................................................................... 328

9.4.3 ACTS OF DEFIANCE ......................................................................................................... 329

9.4.4 SPIRITUAL EXPERIENCES AND DIVINE INTERVENTION .................................................. 331

9.4.5 BELIEF AND HOPE ........................................................................................................... 332

9.4.6 HELPING OTHERS–FIGHTING FOR A CAUSE ................................................................ 333

9.4.7 FATE & DESTINY .............................................................................................................. 335

9.4.8 PHYSICAL CHARACTERISTICS ....................................................................................... 336

9.4.9 ACTS OF SELF PRESERVATION ....................................................................................... 336

9.5 NOT COPING – MOMENTS OF DESPAIR AND GIVING UP .................................................. 337

9.6 FAMILY WAR-TIME SUFFERING ......................................................................................... 339
9.6.1 FAMILY PHYSICAL DEPRIVATION .................................................................................. 340
9.6.2 FAMILY TRAUMA ........................................................................................................ 344

9.7 FAMILY PSYCHOLOGICAL AND EMOTIONAL RESPONSE .............................................. 350
9.7.1 DISTRESS AT BEING SEPARATED FROM LOVED ONES .................................................... 350
9.7.2 FAMILY GRIEF AND DESPAIR ......................................................................................... 351
9.7.3 FEAR FOR FAMILY MEMBERS ........................................................................................ 352

9.8 FAMILY AS A RESOURCE FOR SURVIVAL ....................................................................... 353
9.8.1 PROVIDING PRACTICAL ASSISTANCE ............................................................................ 353
9.8.2 STRONG MOTHER .......................................................................................................... 355
9.8.3 FAMILY BEING TOGETHER ............................................................................................ 359
9.8.4 MIRACULOUS REUNIONS ............................................................................................... 360

9.9 FAMILY NOT COPING ...................................................................................................... 361

9.10 COMMUNITY WAR-TIME SUFFERING ........................................................................... 362
9.10.1 COMMUNITY PHYSICAL DEPRIVATION ........................................................................ 363
9.10.2 COMMUNITY TRAUMA ................................................................................................ 364

9.11 COMMUNITY PSYCHOLOGICAL AND EMOTIONAL RESPONSE .................................... 370

9.12 COMMUNITY SOCIAL RESOURCES ............................................................................... 372
9.12.1 ACTS OF KINDNESS ..................................................................................................... 372
9.12.2 SENSE OF BELONGING ................................................................................................. 374
9.12.3 COMMUNITY DEFIANCE .............................................................................................. 375
9.12.4 USE OF MYTHS AND LEGENDS ..................................................................................... 376
9.12.5 STORIES OF OTHERS WHO DIDN’T SURVIVE ............................................................... 377

9.13 COMMUNITY NOT COPING – NOT LOOKING AFTER THE NEEDS OF ITS MEMBERS.... 378

9.14 RECOVERY ENVIRONMENT AFTER THE TRAUMA ....................................................... 379
9.14.1 RELEASE FROM EXILE ................................................................................................. 379
9.14.2 SAFE HAVEN AND BUILDING COMMUNITY ............................................................... 381

SUMMARY .............................................................................................................................. 383

CHAPTER TEN: DISCUSSION ............................................................................................. 385

10.1 THE NARRATIVE OF WAR ............................................................................................. 386
10.2 ACCOUNT OF THE TRAUMATIC EVENTS DURING WAR ............................................... 390
10.2.1 INDIVIDUAL SUFFERING .............................................................................................. 390
10.2.2 FAMILY SUFFERING ..................................................................................................... 392
10.2.3 COMMUNITY SUFFERING ............................................................................................ 393
List of Tables

Table 3.1 Age Distribution of people born in Poland, living in Australia, 2001 ................................... 70
Table 3.2 Primary Diagnosis of APATT clients born in Poland, Victoria 2001/02 ............................... 74
Table 4.1 The evolution of the stressor criterion .................................................................................... 92
Table 4.2 Dimensions across traumatic events derived from (Green, 1993) ............................................. 97
Table 7.1 Age Distribution of people born in Poland, living in Victoria, 2001 ........................................ 155
Table 8.1.1 Socio-demographic characteristics of study participants by gender ...................................... 174
Table 8.1.2 Highest Educational attainment and life-time employment status of study participants by gender ................................................................................................................................................... 178
Table 8.1.3 Size of social network by gender .......................................................................................... 180
Table 8.1.4 Frequency of contact with social network by gender ......................................................... 181
Table 8.1.5 Self appraisal of physical health in the last six months by gender ........................................ 183
Table 8.1.6 Health condition present in the past six months by gender ............................................... 184
Table 8.1.7 Proportion of people with the condition and receiving treatment by gender ...................... 185
Table 8.1.8 Service use among study participants by gender ............................................................... 185
Table 8.2.1 Losses incurred before the war by gender ......................................................................... 188
Table 8.2.2 Type of experience during the war by gender ...................................................................... 189
Table 8.2.3 Proportion of Polish soldiers who scored on the CES compared with the Australian Vietnam Veterans from the Vietnam Veterans Counselling Service ................................................................. 198
Table 8.2.4 Proportion of people experiencing traumatic events during the war by gender ................. 204
Table 8.2.5 Main experience during the war by gender ........................................................................ 205
Table 8.2.6 Socio demographic characteristics by main experience during the war .............................. 206
Table 8.2.7 Traumatic events as experienced by people whose main experience was forced labour, exile and so on. ............................................................................................................................................. 209
Table 8.2.8 Oblimin Rotated Principal Components Solution for items related to affect and beliefs about the worst event ............................................................................................................................ 210
Table 8.2.9 Affect and beliefs - scales and individual items scores by gender ........................................ 215
Table 8.2.10 Affect and beliefs - scales and individual item scores among people with different main war-time experiences ............................................................................................................................................. 218
Table 8.2.11 Coping strategies used during the worst event by gender ............................................... 219
Table 8.3.1 Emotional reaction to liberation by gender ........................................................................ 221
Table 8.3.2 Discrimination in the new country 1950’s by gender .......................................................... 225
Table 8.3.3 Stressful Life Events during the Post War Period by gender ............................................... 228
Table 8.4.1 Self appraisal of emotional health in the last 6 months ...................................................... 232
| Table 8.4.2 | Scores on the Speilberger State-Trait Anxiety Inventory by gender | 234 |
| Table 8.4.3 | Life-time: Episodes of feeling anxiety, fear, panic. | 235 |
| Table 8.4.4 | Scores on the Beck Depression Inventory (BDI) by gender | 236 |
| Table 8.4.5 | Age when experienced first, worst and last time of depression | 237 |
| Table 8.4.6 | Frequency of current alcohol consumption by gender | 238 |
| Table 8.4.7 | Frequency of drinking six glasses or more glasses of alcohol on one occasion by gender | 238 |
| Table 8.4.8 | Among those who drank six or more glasses of alcohol quantities of alcohol consumed when drinking | 239 |
| Table 8.4.9 | Age at first time, heaviest time and last time drinking alcohol | 239 |
| Table 8.4.10 | PTSD life-time criteria by gender | 240 |
| Table 8.4.11 | PTSD current (past six months) criteria according to DSM-IV by gender | 241 |
| Table 8.4.12 | Impact of illness Scale Scores and PTSD symptoms | 241 |
| Table 8.4.13 | Criterion B, life-time re-experiencing symptoms by gender | 243 |
| Table 8.4.14 | Criterion C life-time, avoidance symptoms by gender | 244 |
| Table 8.4.15 | Criterion B past six months, re-experiencing symptoms by gender | 246 |
| Table 8.4.16 | Criterion C past six months, avoidance symptoms by gender | 247 |
| Table 8.4.17 | Criterion D past six months, hyper-arousal symptoms by gender | 248 |
| Table 8.4.18 | Age at first time, worst time and last time for PTSD symptoms | 250 |
| Table 8.4.19 | Quality of life Scores on the Four Domains by gender | 253 |
| Table 8.4.20 | Victorian Population quality of life Scores on the Four Domains by gender | 254 |
| Table 8.4.21 | Mean and Standard deviation scores on the five factors from the Post Traumatic Growth Inventory by gender | 254 |
| Table 8.4.22 | Factor loadings for the Posttraumatic Growth Inventory for the present study | 256 |
| Table 8.4.23 | Mean and standard deviation scores on the Polish five factor solution from the Post Traumatic Growth Inventory by gender | 257 |
| Table 8.5.1 | Correlations between individual characteristics and psychological and physical health | 264 |
| Table 8.5.2 | Correlations between individual characteristics and the type of traumatic events | 265 |
| Table 8.5.3 | Correlations between number of traumatic events during various life stages and measures of psychological distress | 268 |
| Table 8.5.4 | Correlations between individual characteristics, stressful & traumatic events, emotions & beliefs and emotional and physical health | 269 |
| Table 8.5.5 | Correlations between individual characteristics, affect and beliefs, coping strategies and psychological and physical health | 271 |
| Table 8.5.6 | Correlations between individual characteristics and social networks and perception of social support | 274 |
| Table 8.5.7 | Correlation between social networks, social supports and emotional and physical health | 275 |
Table 8.5.8 Correlations between individual characteristic, traumatic events and PTG and quality of life domains .......................................................................................................................................... 278
Table 8.6.1 Oblimin rotated principal component solution for ‘psychological distress’ ................. 286
Table 8.6.2 Oblimin rotated principal component solution ............................................................... 287
Table 8.6.3 \( \beta \) values for Factor A variables associated with psychological distress ......................... 288
Table 8.6.4 Beta coefficients and model statistics for Factor A, B, and C variables entered ............ 289
Table 9.1 Themes relating to physical deprivation ................................................................................. 305
Table 9.2. Themes related to individual trauma ................................................................................... 310
Table 9.3 Themes relating to emotional or psychological responses .................................................. 315
Table 9.4 Individual survival mechanisms ......................................................................................... 326
Table 9.6.1 Themes of family suffering and physical deprivation ...................................................... 339
Table 9.6.2 Themes relating to family trauma .................................................................................. 344
Table 9.7 Themes relating to family psychological emotional responses ............................................ 350
Table 9.8 Family as a resource ........................................................................................................... 353
Table 9.10.1 Community physical deprivation .................................................................................. 363
Table 9.10.2 Community Trauma ..................................................................................................... 365
Table 9.12 Themes of community resources ...................................................................................... 372
Table 9.14 Recovery environment ...................................................................................................... 379
Result Box 9.4.4 Spiritual experiences and divine intervention .................................................... 331
Result Box 9.4.5 Belief, hope and the will to live ........................................................................ 333
Result Box 9.4.6 Helping others-fighting for a cause .................................................................. 334
Result Box 9.4.7 Fate & destiny .................................................................................................... 335
Result Box 9.4.8 Physical characteristics..................................................................................... 336
Result Box 9.4.9 Acts of self preservation .................................................................................... 337
Result Box 9.5 Not coping ............................................................................................................ 338
Result Box 9.6.1 Hard labour ........................................................................................................ 340
Result Box 9.6.2 Lack of food and constant hunger ..................................................................... 341
Result Box 9.6.3 Primitive living conditions................................................................................ 342
Result Box 9.6.4 Serious illness of family members ..................................................................... 343
Result Box 9.6.5 Fragmentation and dispersal of the family unit................................................... 345
Result Box 9.6.6 Family member being close to death ................................................................. 346
Result Box 9.6.7 Arrest, imprisonment, and/or murder of father ................................................... 346
Result Box 9.6.8 Family dispossessed and forcibly taken ............................................................. 348
Result Box 9.6.9 Fragmentation and dispersal of the family unit ................................................... 349
Result Box 9.7.1 Individual distress at separation for family ......................................................... 350
Result Box 9.7.2 Family grief and despair ..................................................................................... 352
Result Box 9.7.3 Fear for family members .................................................................................... 352
Result Box 9.8.1 Practical assistance ............................................................................................. 354
Result Box 9.8.2 Strong mother .................................................................................................... 356
Result Box 9.8.3 Family being together ....................................................................................... 359
Result Box 9.8.4 Miraculous reunions ......................................................................................... 360
Result Box 9.9.1 Community not coping ..................................................................................... 351
Result Box 9.9.2 Hunger and disease ........................................................................................... 363
Result Box 9.9.3 Primitive living conditions ............................................................................... 364
Result Box 9.9.4 Conditions in the cattle-truck ............................................................................ 364
Result Box 9.9.5 Attack on Polish national identity ...................................................................... 368
Result Box 9.9.6 Public execution ................................................................................................ 369
Result Box 9.10.1 Hunger and disease .......................................................................................... 363
Result Box 9.10.2 Primitive living conditions .............................................................................. 364
Result Box 9.10.3 Conditions in the cattle-truck ......................................................................... 364
Result Box 9.10.4 Invasion, occupation and oppression ............................................................... 365
Result Box 9.10.5 Attack on Polish national identity .................................................................... 368
Result Box 9.10.6 Public execution ................................................................................................ 369
Result Box 9.11.1 Despair ............................................................................................................. 370
Result Box 9.11.2 Fear .................................................................................................................. 370
Result Box 9.11.3 Humiliation ...................................................................................................... 371
Result Box 9.11.4 Loss of homeland ............................................................................................. 371
Result Box 9.12.1 Acts of kindness ............................................................................................... 372
Result Box 9.12.2 Sense of belonging ......................................................................................... 374
Result Box 9.12.3 Community defiance ....................................................................................... 375
Result Box 9.12.4 Myths and legends ......................................................................................... 376
Result Box 9.12.5 Stories of those who did not survive ................................................................. 378
Result Box 9.13.1 Community not coping .................................................................................... 378
List of Figures

Figure 8.1 Proportion of people who experienced psychological symptoms for the first time

Figure 8.2 Proportion of people who experienced psychological symptoms for the worst time

Figure 8.3 Proportion of people who experienced psychological symptoms for the last time

Figure 8.5.1 Associations to be tested between independent, traumatic and stressful events and emotional and physical health outcomes

Figure 9.1 Polish orphan’s drawing in refugee camp India, 1943

Figure 9.2 Polish refugee camp Africa

Figure 9.3 Living quarters for Polish refugee children, after release from the Soviet Union

Figure 9.4 Polish soldier in the 1st Polish Armoured Division, 1944

Figure 9.5 Polish soldier’s pay book

Figure 9.6 Identification photographs taken during prisoner processing, Auschwitz Concentration camp, 1942

Figure 9.7 P-patch identifying Polish people during forced labour

Figure 9.8 Identification papers for Polish people taken as forced labourers to Germany

Figure 9.9 Ship boarding pass for the passage to Australia, 1949
Chapter One: Introduction to the study

"We survived the war but the war has never left us" Female participant #64.

1.1 Overview of the study and structure of the thesis

This study examined the long-term psychological sequelae of trauma. The traumatic events under investigation are the consequences of the Second World War, as experienced by Polish migrants who arrived to Australia after 1947. The Polish nation experienced the devastating consequences of the Second World War in a most direct and brutal manner. Poland was invaded by Germany on the 1st of September 1939 and then again on the 17th of September by the Soviet Union. Poland was occupied by these two military powers and its population was decimated over the next 6 years. Poland lost approximately 6 million of its citizens (of whom 3 million were Jewish) or 22 percent of its total population. Whole cities and communities were destroyed and approximately one million Poles were displaced to Western European countries by the end of the war. The historic events of Second World War as experienced by the Polish people, their subsequent displacement and migration to western countries including Australia will be described in Chapter Two.

Despite the enormous impact of the Second World War on the Polish nation there have been very few studies into the long term effects of the Second World War on the Polish people and fewer still about the long term effects on Polish migrants. Most accounts have been from a historic or sociological perspective with an increase in narrative accounts of the war written, in the main, in Polish for a Polish audience. The extent to which the war was 'the defining' moment in the lives of Polish émigrés cannot be underestimated as people experienced the destruction of their homeland, loss of loved ones, their youth and aspirations (Winslow, 2001). In the case of Polish émigrés in Britain, 'the traumatic experiences and painful losses of the past significantly impacted on the present and have remained prominent memories throughout more than half a century of settlement' (Winslow, 2001 p2). For the émigré, the consequence of the war was that a large number of people were unable or unwilling to return home. Most people saw themselves as involuntary migrants, the political situation in Poland had changed, lands that were once Polish were now
in the Soviet Union and there was a general mistrust of the Soviets. The process of ‘reluctant’ or forced’ migration meant that people were also faced with numerous stressors associated with the adjustment to a different culture, including the language barrier, diminished status, negative reception and attitude of the host population. This combined with the effects of the war arguably had an immediate and visible effect on Polish people’s mental health as demonstrated by higher numbers of psychiatric admissions compared with the host population in Britain and Australia. These issues will be discussed in Chapter Three.

The study of the psychological effects of traumatic events encompasses a wide body of literature, one that has grown exponentially since the inception and inclusion of the diagnosis posttraumatic stress disorder (PTSD) in the third edition of the Diagnostic Statistical Manual of Psychiatric Disorders (DSM-III) (American Psychiatric Association, 1980). In reviewing this large body of literature, the focus will be on the core question of why is it that when people are exposed to the same traumatic event some people develop posttraumatic illness including PTSD and other people do not. There are a number of conflicting views in the literature about what constitutes a ‘normal’ response to a traumatic event. One strongly held view that originated at the time of the inclusion of PTSD into the DSM-III was that PTSD was a normal response to an abnormal event, and that in some people, these initial symptoms continued beyond their usefulness, and were now deemed problematic. The event itself was crucial in the aetiology of the disorder leading to many studies examining the nature and meaning of the event. A contrasting view emerged with the proposition that PTSD is actually an abnormal response to traumatic events. The proponents of this view argued that the majority of people exposed to traumatic events did not develop PTSD and that PTSD often occurred with other disorders. A number of researchers found that there were predisposing characteristics that accounted for the trauma effect other than the intensity of the stressor. The effects of trauma should not be limited to the presence or absence of a single diagnosis of PTSD. Other conditions may also be the result of the traumatic event(s). O’Brien (1998) coined the term ‘post traumatic illness’ which may include other anxiety disorders, adjustment disorder, affective disorders, substance abuse disorders, dissociative disorder and acute stress disorder.
Most people who have experienced traumatic event(s) do not develop posttraumatic illness, nor PTSD particularly, but remain well adjusted and may even experience post-traumatic growth, as a consequence of surviving a traumatic event. The concept of post-traumatic growth was developed from the early 1990s by Tedeschi and Calhoun (1996) who observed that for many people, growth and transformation occurred following their traumatic experience. A number of other researchers (O'Brien, 1998; Wolfe & Keane, 1990) noted that little was known about the adjustment of people who had faced major life traumas but had not developed PTSD. What factors contribute to the more favourable patterns of adjustment following traumatic events? These issues will be reviewed in Chapter Four.

The observation that the effects of trauma continue over a long period, or they may reappear after a long absence, or appear for the first time in older age will also be discussed. A number of researchers have examined the interaction between traumatic events, their psychological sequelae, and the processes of aging focusing predominantly on aging World War II veterans and Holocaust survivors. A number of theoretical frameworks will be discussed including the 'stress inoculation' and 'vulnerability' hypothesis. It is still not clear why some people experience the long lasting effects of traumatic events that occurred 60 or more years ago. This will be discussed in Chapter Five.

Very little has been written about the long-term effects of the Second World War on the Polish aged (Bram, 1983; Winslow, 2001). Most studies from Britain and Australia have focused on migration and settlement issues from a sociological perspective (Kunz, 1988; Zubrzycki, 1956). The studies that have examined mental health have focused on psychiatric inpatient admission (Krupinski et al., 1973) and suicide rates (Burvill, 1998). There have been no community-based studies about war experiences and mental health in the Polish elderly living in Australia.

The objective of this study then is to examine the long-term effects of war on the emotional health and well-being in a community sample of Polish elderly migrants and to explore factors contributing to the morbidity or well-being of this group. For this purpose a mixed methods study was conducted to obtain statistical, quantitative results regarding a community sample of 72 Polish elderly and a smaller qualitative study of a sub-set of 18 narrative accounts to enable in-depth exploration of their
experiences of war and life as migrants in Australia. Quantitative research questions and hypotheses address the relationship between past traumatic events, other adverse events and current emotional, physical health and well-being. Emotional ill health is defined as presence of anxiety, depression, posttraumatic stress disorder or alcohol use as well as the impact of these on everyday life. Well-being was measured as posttraumatic growth and quality of life. A detailed questionnaire about the socio-demographic circumstances, the physical, emotional health, quality of life and the traumatic events during the Second World War, as well as other stressful life events including migration was administered.

The qualitative component involved expansive interviews with 18 people from the initial sample of 72 who provided an audio-taped narrative account of their experiences during the war, the decision to migrate and life in Australia. This was further supplemented with field notes collected from the remaining 54 study participants during the course of the quantitative interview as participants offered and were encouraged to discuss any related materials at that time. The narrative accounts and the field notes were analysed thematically. The qualitative information collected provided greater depth, description, illustration and understanding about the nature of the long-term effects of the war and thereafter on the lives of participants.

The study hypotheses are presented in Chapter Six and the methods are detailed in Chapter Seven.

During the process of interviewing, many study participants brought out various photographs, letters, documents and other mementos from the war period. These items had been carefully preserved and stored for over 60 years as a reminder of what they had experienced. With the study participants’ permission, a small selection of these items is displayed as a prelude to the narrative accounts in Chapter Nine.

Results obtained using quantitative and qualitative methods are presented in Chapters Eight and Nine respectively. Statistical analysis explored the association between variables while thematic analysis illuminated the meaning of the traumatic events including the emotional reaction to these events and the coping mechanisms used to survive. On occasion relevant excerpts of the narrative transcripts are used.
to illustrate, supplement and add depth to the findings from the quantitative data. Chapter Ten integrates the findings from these two approaches, providing a detailed discussion including reflections, conclusions and recommendations for future research.

The Polish elderly tell their stories in the cultural milieu of being post war refugees, unable to return home, settling in a country far away from their homeland. Stories are relational, they are told to others as much for the benefit of the listener as for themselves. Narratives are told in conversation, they are not simply told to the listener but take shape as an interaction between teller and listener. In research interviews, the interviewer is often an active participant in the story-making process through the questions asked and the interpretations made. They are in turn responded to and reinterpreted by the narrator. The answers continually inform the evolving conversation; thus in a reciprocally interpretive process the narrator and the listener develop the meaning of the story together (Muller, 1999). In view of this, the next section is a narrative account of the researcher’s personal and professional experiences that led her to designing and conducting this study as her background is an integral part of the research process.

1.1.1 Personal journey

The topic Polish Elderly Migrants: war experiences and their emotional health and well-being was chosen in part because of my family history. As a second-generation Pole born and bred in Australia, I grew up listening to the amazing stories of my parents, in particular my father and his friends. Having older parents and ones who had survived the devastation besieged upon their beloved homeland, I soon discovered that I had a different family story from many of my friends. For one thing, we did not have an extended family in Australia like many other migrant groups such as the Greeks or Italians. This was mainly due to the strict laws in Communist Poland forbidding its citizens to travel abroad. My father’s love for his homeland and constant talk of my cousins, aunties and uncles in Poland (something I lacked in Australia) created in me a nostalgic view of Poland and its people. So much so that my second trip back as an eleven year old, created a lasting and moving impression on me resulting in an interest in Polish culture and history.
The stories I heard as a young child and adolescent were of great suffering, betrayal and survival. My father was a young man when he joined the Polish army at the tender age of 16 after being tragically orphaned at the age of 13. He played in the army band and worked at odd jobs to support himself. In 1938, he received an invitation from his uncle who was living in Alsace-Lorraine, France, on a work contract to the coalmines. The prospect of adventure was too great to resist. He worked a few months in the coalmine, decided this wasn't for him so he joined the French Foreign Legion and started his soldier's life. The outbreak of the Second World War in September 1939 meant that he took part in the battle for Norway in 1940 where he was wounded fighting against the Germans. After the capitulation of the French in 1942, my father was on garrison duties in Morocco and Algiers building roads in the Atlas Mountains, performing for his fellow troops as a bass player in a band and finally absconding, despite the threat of death, to Casablanca where a Polish consulate had been established. There he declared he wanted to fight alongside his fellow Poles against the Germans in the defence of his homeland. So began the next stage in his military career as a corporal in the First Polish Armoured Division under the command of General Maczek. After completing training and military exercises in Scotland, he was part of the subsequent waves of the Normandy landings and fought for the liberation of Breda in Holland. It was there in the outskirts that he was seriously wounded and evacuated to England where he was operated on five times and spent many months in English hospitals convalescing. The irony was that he owed his life to a young German soldier. During this particular fierce battle between the Poles and Germans, my father was struck by artillery fire in the abdomen and was taken as a prisoner into a small forestry hut. The Poles were advancing and the Germans retreated leaving my father behind in the hut. The hut caught fire and a young German soldier turned back and pulled my father out of the burning hut. Fate would have it that he was spotted by his fellow Polish soldiers and rescued.

After recouping from his substantial injuries, he threw fortune into the wind. Unable to return to Poland because of the establishment of the communist regime, not particularly welcomed in England, he joined the other hundreds of Polish soldiers on the long journey, to the antipodes, to Australia, on the 'Strathnaver' in 1948 searching for a new life. So much Polish blood was spilt for a free Poland only to be sold out at
Yalta conference in 1945 by Roosevelt and Churchill who conceded to Stalin's demands. For my father and other Poles the act was nothing short of betrayal.

My mother’s story was equally traumatic, also an orphan at the age of six she lived with her paternal grandmother on a small farm in central Poland. After the German invasion in 1939 and the Hitler’s plan to create more living space for the Aryan race on Polish soil many Polish people were ‘re-settled’ from their homes, farms, and businesses. This happened to my mother and grandmother, who were told that they had to leave their family home with a few meagre belongings, including one cow. They were moved to a dilapidated farm and had to sleep in a barn. As a young child she wondered why this was happening and how could it be that her family belongings are now in the hands of German strangers. From there she was re-settled again and finally sought refuge with her aunty who ran a small confectionary business in the town of Turek. Her aunty was also evicted from her business and sent to a prison camp but somehow through family connections and bribes, she managed to be released after two years. At the age of 15, my mother while walking home to her aunt’s house was stopped by German soldiers as part of a ‘lapanka’ (street-round up) of Polish youth to be sent to Germany as forced labour. Given the expanse of the German military machine, there was a scarcity of an able-bodied workforce to man the farms, heavy industry and factories. To feed this need, Polish youth were taken in large numbers, to Germany. My mother remembers being terrified at her capture, locked in a school building for the first few days then transported in a train to Germany where her fate was decided by the ‘Arbeitsamt’ - the German government bureau of employment. She felt humiliated as she was instructed to strip naked to be examined for fleas and lice. When she refused to take off her singlet as a sign of modesty she was slapped in the face by a German soldier. She was taken to Hanover, to a factory that produced cables and ropes for large ships and lived there with 60 other frightened Polish girls in Spartan barracks with only the clothes she wore and the few possessions she was allowed to take with her. The days at work were long from 6 am to 6 pm and with very little food. She spent the next five years living like this. She was most traumatised by the relentless Allied bombing in 1945 that resulted in the destruction of the factory. She remembers being in the barrack when the alarm was raised beckoning people to make haste to the air raid shelter. She and another girl didn’t make it and hid in the closet, her friend wetting herself from the fear. Finally with liberation came the decision whether or not to return to
Poland. As a 19-year-old woman it was a difficult decision to make. Many of her friends decided to stay and take their chances migrating to other countries but with all her family still in Poland she decided to return. She ventured on the great migration trail at the age of 38 in 1964 to marry and create a new life for herself in Australia.

These in brief are the stories of my parents' lives that were told and re-told to me growing up. In effect, I had first hand testimonies of historical events that happened so many years ago.

1.1.2 Professional Journey

The other influence in choosing this topic comes from my interest in research and working in the trancultural psychiatric field. There I learnt about the stress involved in migration and adjustment to a new country. Migration was seen as a risk factor in developing a psychiatric disorder. As a young researcher in my mid twenties I was employed by the Victorian Transcultural Unit (VTPU) to undertake research and collate information about the mental health needs of three ethnic groups; the Turkish, Vietnamese and Polish communities. This project was funded by the Department of Human Services, Mental Health Branch, and was intended to produce a profile of each community, to be used by mental health professionals to gain a better understanding of the individuals they were treating, by understanding the community from which they came. The information included a brief history of the country of origin, the migration history to Australia, a demographic profile, the prevalence of mental health disorders, family traditions and values and the understanding and treatment of mental health in their country of origin. A reference group of mental health professionals and community workers was created to inform each community profile, to act as 'a sounding board' and give advice about the accuracy and appropriateness of information to be included.

In searching the literature about the mental health of each community, I was struck by the paucity of studies examining the effects of the Second World War on Polish immigrants. There were numerous studies about the effects of the Holocaust on Jewish survivors; of combat during the Second World War on British and American service men; of the Vietnam War on American and Australian veterans, and the effect of war on civilian populations in Britain and the Netherlands; and more recently
the effects of the conflict in former Yugoslavia. There has hardly been a mention of Polish civilians, ex-service men, survivors of forced labour in Germany and the former Soviet Union. From the Polish reference group I had received anecdotal information about the experience of depression, anxiety and alcohol abuse in Polish migrants from the time of their arrival in Australia in the late 1940’s and 1950’s to more recently. Studies carried out by Polish-born Jerzy Krupinski, a pioneer in the field of transcultural psychiatry in Australia, reported higher prevalence rates of depression, psychosis and alcohol abuse in eastern European migrants compared with those of other migrants and the general Australian population. He attributed this to the traumatic events of the Second World War as well as the stress of migration and adjustment to a new country and way of life. Further anecdotal observations among community workers reported that as people started to age, the effects of traumatic events from the past were revisited or intensified. Memories which were suppressed whilst people busied themselves raising families, working, participating in community life started to resurface. I also knew first hand that my mother’s sleepless nights and intense bouts of depression had something to do with the trauma she experienced as a young girl. Through searching the international literature there seemed to be very few studies on the effects of war among Polish émigré communities in Great Britain, Canada and the United States. In Poland, a large body of information was collected in Kraków. After the war, Polish physicians were interested in the effects of interment in the concentration camps. Interviews conducted with Polish survivors measured their physical health and psychiatric morbidity. These studies were recorded in the journal ‘Przeglad Lekarski’ (Medical Review) and the narrative accounts documented in ‘Zeszyty Oświęcimskie (Auschwitz Journals).

Judith Herman in her seminal book ‘Trauma and Recovery’ writes of society’s amnesia surrounding psychological trauma. The denial, dissociation and repression of psychological trauma have been documented throughout recent history. Herman argues that the study of psychological trauma must contend with the tendency to discredit the victim or render them invisible. It was only when society was prepared to acknowledge this that the study was able to bear fruit (Herman, 1997). Thus, the socio-political context may determine what questions are asked, how research is conducted and how the results are analysed and interpreted.
In view of the political and historical context of post war society, it is not that surprising that so little has been written about the Polish people and their psychological trauma. In Western countries such as Britain and America, the pragmatic policies towards Stalin and the Soviet Union, which included sacrificing the Poles, (the 'betrayal') may have resulted in little interest in the topic. In Poland, under the communist regime anyone who took part on the side of the Allies was seen as a traitor and was often imprisoned or afflicted with harsh punishments. Those who suffered at the hands of the Soviets during the war were hardly likely to be heard in an apparent ‘conspiracy of silence’. Soviet propaganda portrayed the Soviets as liberating Poland, they saw themselves as saviours not as perpetrators of oppression and atrocities (Kazmierska, 2002). The present study brings together research, my personal and professional interests and attempts to address this gap. For this purpose, Polish elderly migrants were chosen as a group of people who experienced a number of traumatic events, including surviving the Second World War, and the added stressor of migration and settling in a new land. These migrants are now elderly and facing numerous challenges and losses resulting from normal aging processes. These include the decline in physical and mental facilities, loss of status and roles in the community and family, loss of loved ones, the challenges of physical ill health, and recognition of one’s own mortality. It is a time of reflection and life review whereby major events and traumas may be examined and re-examined. In effect then, people are subjected to a triple jeopardy: war trauma, migration and aging. As they now enter their twilight years, their experiences will provide insight into the mechanisms that have promoted ‘posttraumatic illness’ or alternatively wellbeing over their lifespan. For many of the participants involvement in the research was seen as a means of documenting their story for their children and grandchildren and to some extent to celebrate their survival from circumstances that challenged human endurance to its limits.

1.2 Research questions

1.2.1 Aims and objectives

This study aims to assess the emotional health and well-being of Polish elderly migrants living in Melbourne and to examine the influence of the Second World War and post migration life events on this.
The central questions are:

- How do people respond to traumatic events over time?
- Why is it that some people who have experienced a traumatic event develop post-traumatic illness, while others do not?
- What factors are associated with illness and the absence of illness?
- How are these factors maintained over a long period time?
- What factors are associated with posttraumatic growth?
- How do people describe these events, how are they emotionally and socially evaluated and transformed from the raw experience into a coherent and personally meaningful survival narrative?

A mixed methods approach is used to meet the aims of this study. The quantitative analysis provides measures of socio-economic status, physical illness, traumas experienced and an assessment of emotional health and related outcomes. The qualitative aspect detected and described themes and patterns in the data, with particular emphasis on the description of the traumatic events, the meanings people attached to traumatic events and how they coped and survived. Themes generated from the data are used to illuminate the relationship between the individual, the traumatic events and whether they experienced psychological distress or growth.

The objectives of this study are to assess in the Polish elderly:

- current and life-time symptoms of depression, anxiety, alcohol use and post traumatic stress disorder (PTSD)
- physical health
- the impact of these conditions on everyday life
- the traumatic events experienced during the Second world War: that is the type and number of events people experienced, the feelings they evoked and coping strategies;
- the migration experience and other life events;
- perceived quality of life and posttraumatic growth;
- the factors associated with people who experience chronic psychological distress compared with those who do not;
- the factors that may act as moderators (social network, perceived social support);
• the narrative accounts that represent the participants’ perspectives and experiences; and
• the relationship between the emerging themes and the quantitative findings.

1.2.2 Significance of the study
This study may well be overdue as many of the survivors are no longer with us. As this group of people enter their frail elderly years the experience of earlier traumatic events, subsequent migration and resettlement are important to examine and document. The current and life-time psychological health, physical health, coping mechanisms, social support, and quality of life may serve as vital information to those working in aged care, mental health generally and specifically to Polish community workers. This information may assist in creating services that are socio-culturally sensitive and meet the psychological needs of this group of people. Examining the trauma stories in relation to people’s past and current mental health, and their growth and coping, will contribute to understanding the effects of traumatic events on people’s well-being. It will also inform and contribute to the question of why it is that some people and not others are affected by the longevity of the traumatic response. Beyond these considerations, the experience of the narrative itself, that is the telling of the story has long been recognised as an important process of healing and making meaning out of the chaos (Kirmayer, 1996; Pennebaker et al., 1997). It is an important part of memorialising past suffering and providing a story for future generations.
Chapter Two: Literature review - the historical context.

‘Poland is a country where everything has a historical dimension. We are living, as it were, with the entire burden of our history on our shoulders, without being able to forget about our past, or to liberate ourselves from its omnipresent influences’ (Walicki, 1990, p.21 cited by Ronowicz 1995).

2.1 Poland and the Second World War

Polish people live their history. The impact of historical events on the Polish psyche has had profound consequences in the formation of national and individual values, attitudes and beliefs (Ronowicz, 1995). Poland disappeared from the map of Europe resulting from being partitioned by the Russian, Prussian and Austro-Hungarian Empires between 1795 and 1918. On the 3rd of May 1791, the Sejm adopted a new Constitution in an attempt to unify the country, restore hereditary monarchy, remove absolute powers and transform Poland into a modern state. However, these reforms came too late and Russia entered Poland in 1792. In 1793, the second partition occurred between Russia and Prussia. The third partition followed in 1795 between Prussia, Russia and Austria (Kuczynski, 1982).

Commitment to freedom and liberty became important historic theme in the context of oppression (Gross, 1979). This period enshrined in national consciousness the need to fight for freedom, independence, and national sovereignty. This spirit was encapsulated in the Polish National Anthem - Dabrowski’s Mazurka. This song was born in 1797 outside the Polish frontiers by the Polish Legions. It became popular in Poland where the text was slightly modified. The opening words are ‘Poland has not yet perished as long as we live’. This song captured a spirit that brought together all Poles to struggle for their country’s freedom (Kuczynski, 1982). Polish poets and writers perpetuated the image of Poland as the Christ of Nations. Martyrdom and national suffering became important elements of Polish collective memory and important in understanding Polish history (Chrostowski, 1995; Gross, 1979).

The end of the First World War, 11 of November 1918, marked the emergence of an Independent Polish state after 123 years of foreign subjugation (Ronowicz, 1995). During the period of 1918-1939, Poland was grappling with severe economic and
social challenges. The occupation and domination of German, Russian, and Austro-Hungarian regimes for over a century meant that Poland was largely an agricultural economy with many people engaged in subsistence farming. Industry and manufacturing had not been developed and the few fledgling industries of textiles, steel and coal were confronted by hostile overseas markets (Zaloga & Madej, 1985). The remnants of being divided between three empires meant that Poland had three sets of laws, bureaucracy, administration and three official languages (Zaloga & Madej, 1985). Ethnic minorities constituted more than 30 percent of Poland’s population (Gross, 1979). This led to social tensions within the minority populations with there being a strong nationalist revival among the Ukrainians who engaged in acts of terror against Polish officials (Zaloga & Madej, 1985). Added to this, were problems with Poland’s emerging democratic system. The Polish parliament or ‘Sejm’ was divided along ethnic and ideological lines. The Polish parties included right-wing National Democrats, representing aristocratic conservatives and the urban middle class, the centralist Peasant party, and the leftist Socialist Party. The Jewish parties were also fragmented between the Zionists and those with assimilation tendencies and between religious and secular parties. The Ukrainians were divided between those who advocated alignment with the Poles rather than the Russians, as the lesser of the ‘two evils’ and those who aspired to seeking an independent Ukraine (Zaloga & Madej, 1985). This period of political instability and potential for civil war ended with a military coup in 1926 by General Piłsudski who held power until his death in 1935 (Zaloga & Madej, 1985).

This newly emerging nation was not to enjoy its independence for too much longer with the rise of Hitler in Germany and his expansionist policies. This led to the re-militarisation of the Rhineland and the strengthening of Germany’s military capabilities. Hitler was driven by a belief that Germany needed more living space, ‘lebensraum’ for her expanding population that Germany could not be self-sufficient, and the eastern European lands would provide such resources (Liddell Hart, 1992). Poland also had a precarious relationship with the communist leadership and the Soviet Union. Poland had defeated the Red Army’s advances towards Warsaw in 1920 and the Soviets signed the Treaty of Riga in 1921 cementing Poland’s eastern frontiers. Both the Germans and Soviets had festering ambitions to quell the upstart Polish state (Zaloga & Madej, 1985). This came to fruition in 1939. Hitler made a secret agreement on the 23rd of August with Stalin to divide Poland more or less
along the Bug River as a natural divide. This was known as the Molotov-Ribbentrop Treaty (Krolikowski, 1983). On the 1st of September 1939, Germany attacked Poland and two weeks later, the Soviet Union occupied the eastern territories.

2.1.1. The September campaign and the Polish Armed Forces:

The lack of early Western intervention by either France or Britain and the lack of a modernised army that was ill-equipped to match the larger and better equipped German army resulted in the defeat of the Polish army on the 5th of October 1939 (Lukas, 1997). The 1939 Campaign introduced the new style of warfare – ‘Blitzkrieg’. The German armed forces combined tactical lessons from the First World War with new technologies of armoured vehicles, combat aircraft and radio communications with devastating consequences (Zaloga, 2002). The Polish commander and chief during the September campaign was Marshal Edward Rydz-Śmigły who was an able commander but faced a hopeless situation. A rare opportunity to match the Germans numerically was the Polish-counter offensive along the Bzura River led by Army Poznań which gave the Army Warsaw and Army Lublin an extra week to prepare for the defence of the capital. The defence of Warsaw lasted from the 7th to the 27th September 1939 with the surrender of 140,000 Polish troops, leaving 40,000 civilians killed in bombing and artillery fire and over 10 percent of the buildings were destroyed (Zaloga, 2002).

In the meantime, the invasion by the Soviets on the 17th of September 1939 came as a complete shock to the Polish High Command. The Red Army forces invaded on two fronts, the Byelorussian and the Ukrainian Fronts. They were met with little resistance as the troops guarding the Eastern border had been stripped bare. Most of the Polish troops were engaged in battles westwards, many were confused about the real intentions of the Soviets. Some welcomed them as intervening on the side of the Poles against the Germans however these illusions quickly disappeared after word came of armed clashes (Zaloga, 2002). As a result, Rydz-Śmigły ordered that all Polish units withdraw into neighbouring Romania. The aim was to preserve as much of the Polish army and evacuate to France to continue the fight against the Germans (Zaloga, 2002). A break down in communication meant that only some units received this command while the success of the Soviets meant that the escape route to the west was subsequently blocked off (Zaloga & Madej, 1985). Overall,
Polish losses in the September campaign amounted to 66,300 troops killed, 133,700 wounded, 587,000 taken prisoner by the Germans and over 100,000 by the Soviets (Zaloga & Madej, 1985).

During this time, the Polish Government and High Command crossed over the Romanian border and reached France where they formed a Polish Government-in-Exile. After France’s capitulation, the Government moved to London and operated as the government in exile headed by General Sikorski who was both the Prime Minister of the Polish Government in Exile, and Commander-in-Chief of the Polish Armed Forces from 1939-43 (Lukas, 1997).

Thus, the September defeat was not the end of the Polish Armed Forces. Polish army formations were created in France as early as the 9th of September 1939. A total of about 100,000 troops escaped into Romania, Hungary and about 35,000 made their way to France where they served in four infantry divisions and a mechanised brigade in Norway and France in 1940 (Zaloga, 2002). After France’s defeat, some 19,000 of these troops made their way to Britain and North Africa to be re-formed into Polish units (Zaloga, 2002).

Most of the trained personnel of the Polish air force who escaped to Britain were eventually incorporated into the Royal Air Force (RAF). Polish pilots made up about one eighth of the RAF fighter strength including the 302 and 303 Polish squadrons. A Polish squadron was the highest scoring unit of the famous engagement ‘the Battle for Britain’ in late summer 1940 (Zaloga & Madej, 1985).

Polish units fought in Monte Cassino, Tobruk and North-Western Europe. These included the Independent Carpathian Rifle Brigade which was formed in French Syria made up of Polish exiles and in 1941 the brigade was transferred to Egypt and then by sea to Tobruk in North Africa were it replaced Australian troops in the siege of Tobruk (Latimer, 2001). This brigade also fought in the battle of Al-Ghazala and was later joined by the Polish Second Army Corps under General Anders who managed to evacuate his troops (survivors of the Soviet prisoner-of-war-camps) from the Soviet Union to Persia. There they were equipped by the British and became the Third Carpathian Rifle Division in Palestine in 1942. This division was famous for the capture of the monastery on top of Monte Cassino in 1944. The troop evacuation
from the Soviet Union was the result of negotiations between the Polish General Sikorski and Stalin in August 1942 (Ford, 2004).

The 10th mechanized Brigade commanded by Stanislaw Maczek fought in France as a tank battalion in 1940 and later formed the cadre of the First Polish Armoured Division and landed in Normandy shortly after the D-Day landings. They fought in the battles of Falaise Gap and Chambois in 1944 and along the Dutch and German coasts in 1945 (McGilvray, 2005). The 1st Polish Armoured Division drove through France and Belgium into Holland where they liberated Breda and then into Germany (McGilvray, 2005). During the Berlin operations in 1945, Polish units made up about one tenth of the attacking forces. The Polish navy although small in 1939, rapidly expanded after loans of British ships that were manned by Polish sailors. They were involved among other things in the Narvik campaign, the Dunkirk evacuations and hunting the Bismarck (Ostrowski, 1996).

The army was mobilised by General Sikorski in Syria, Britain and France and by 1945, it had grown to 220,000 men. The Soviets too began mobilising Polish units in 1943, and by August 1944 had raised an army of 108,000 who fought along the eastern front. With the incorporation of Polish territories and former underground units, this army grew to 300,000 (Zaloga & Madej, 1985). The Polish army abroad was the fourth largest army after the Soviets, Unites States, and British Armed Forces (Ostrowski, 1996).

2.1.2 Nazi occupation and the reign of terror among the civilian population:

Following the Poland’s military defeat and subsequent German occupation, Hitler formally annexed the territories of western and a part of central and southern Poland into the German Reich (Lukas, 1997). In a decree on the 12th October 1939, the remaining part of Poland including the provinces of Warsaw, Radom, Lublin and Kraków formed part of the 'General-gouvernement' with a population of 12 million people (Korbonski, 1981). Kraków became the capital and Warsaw was relegated to become a backwater town. After the attack on the Soviet Union in June 1941 Polish lands in the east previously annexed by the Soviet Union now fell under German occupation. The district of Galicia and Lwów also fell into the General-gouvernement (Hanson, 1982). The Governor of this territory was Hans Frank, Hitler's viceroy. The
administration of this territory had a decisively German character, partly because there were no prominent Poles who would collaborate with the Nazis at this level (Lukas, 1997). The policy towards Poles living either in the annexed areas or in the ‘General-gouvernment’ was enslavement and extermination (Lukas, 1997). The first stage of this plan was that the ‘General-gouvernment’ was to be a holding place for Poles, a reservoir of labourers doomed to final extinction after the large scale planned German colonization. Only the Jews fared worst than the Poles with the Jewish population being confined to the ghettos initially, used as slave labour and then killed in the death camps (Korbonski, 1981).

Hitler viewed Slavic people as sub-human with plans to exterminate them along with Jews, Gypsies, homosexuals and other undesirables. The land vacated by them would serve the German nation while those spared extermination would be used to serve their German masters. On the eve of the invasion of Poland, Hitler has been quoted as said to his high command:

‘… with orders to send to death mercilessly and without compassion, men, women and children of Polish derivation and language. Only thus shall we gain the living space that we need.’ (Lukas, 1997 p3).

The Polish civilian population lived under heavy military occupation, it was the longest and most severe occupation during the war (Gross, 1979). Other European countries such as Holland, Belgium, France, Denmark, and Czechoslovakia were also occupied and thousands of people were arrested and killed for their anti-Nazi and resistance activities. In Poland, however people were killed for minor acts such as being out past the curfew hour, or selling black market goods such as bread, meat vegetables to keep alive (Hanson, 1982). A Pole could be and was shot for not making way for a German walking towards him on the sidewalk or for not taking off his hat as he past a German while French and Belgians were not in constant fear of being rounded up in streets and shot for little or no reason (Lukas, 1997). The difference is most dramatically illustrated by the fact that Poland lost between 13-22% of its pre-war population in comparison, France lost between 1.5-2% of its pre-war population (Gross, 1979).

People lived in fear of being caught in street round-ups, being executed for no other reason that they were Polish. People living under the occupation did not know
whether they or their family members leaving home in the morning would return home that evening (Hanson, 1982). Lists of those murdered including their age and addresses were posted in the streets, as well as names of people who would be held as hostages if their deaths were avenged. People would look to see names of relatives, loved ones, neighbours, friends, often laying flowers and lighting candles at the site of the executions (Davies, 2004). The civilian population lived in fear of the random street roundups where people could be caught without any charges made against them and then sent to a concentration camp or forced labour, or be executed (Gross, 1979; Hanson, 1982). People were sometimes rounded up and executed in retaliation for the underground killing of a German. The governor of the ‘General-gouvernment’, Hans Frank decreed that for every German killed up to 100 Poles could be killed. Such reprisals resulted in some cases between 200-400 Poles executed for the death of one German (Lukas, 1997). Other methods of terror included house searches resulting in transportation to a concentration camp or execution, the arrest of people regarded as suspicious or undesirable, especially those involved in clandestine activities and the use of torture against anyone regardless of age and gender in interrogations (Hanson, 1982).

Examples of this terror included the arrest of 115 professors on November 6, 1939 from the Kraków University who were sent to the Sachsenhausen concentration camp where many perished. The first mass executions took place near Warsaw on the 27th of December 1939 with 107 men arrested in the middle of the night and executed in reprisal for the wounding of two German soldiers. Other secret executions occurred in Warsaw, in the parliamentary gardens and around Warsaw in the Palmiry and Kampinos forests where 1,200 people, mostly from the intelligentsia, were killed (Hanson, 1982). The first street round-up took place in Warsaw on the eighth of May 1940 where over one thousand people were seized and many sent to concentration camps in Germany (Korbonski, 1981). The reign of terror continued unabated and intensified with each year of the occupation.

In order to destroy the Polish nation, the intelligentsia were singled out and killed or sent to concentration camps as it was important for Hitler to destroy the nation’s political, religious and intellectual leadership. The intelligentsia comprised of university professors, teachers, physicians, dentists, priests, officers, lawyers, landowners, businessmen, writers, and anyone with a secondary education or higher
(Hanson, 1982). All scientific, artistic and literary institutions were closed. Secondary and higher education was deemed expendable for the local population. Universities, technical colleges and all secondary schools were closed (Davies, 2004). The Catholic Church was seen as a particular threat as it played a vital role in supporting opposition - Polish nationalism and Catholicism were invariably linked (Lukas, 1997). Consequently, a large number of priests and nuns were arrested and sent to the concentration camps. One report indicated that about 2,000 priests were sent to Dachau alone with little protest from the Vatican (Davies, 2004).

During the five years of German occupation, the nation was deprived of their state, schools, political organizations, voluntary associations and a viable economic system. Museums, libraries and art galleries were administered by Germans for German use only. Many art collections were plundered and archival documents destroyed. National monuments were pulled down, street names Germanized, and the Polish press and publications were replaced with German propaganda (Lukas, 1997). People were forbidden to own a radio. In cities such as Warsaw, the Gestapo created racial categories and issued everyone with corresponding documentation. In order to live, every person required a certificate of racial origins, an identity card (Kennkarte) and a ration card (Davies, 2004). There was increasing poverty as wages were reduced and taxes and cost of living increased. Food rations were so miniscule that people were threatened with death after a few months, many managed to live through this time by engaging in the black market smuggling food and provisions (Gross, 1979). For example, based on the average wage of a Warsaw employee in 1941 who earned 120 to 300 zloty a month it cost 1,568 zloty to feed a family of four over the same period (Hanson, 1982). The rations allocated for a person living in Warsaw in 1941 depended on ethnic origins - the daily allowance for Jews was 184 calories, 669 calories for Poles and 2,613 for Germans (Lukas, 1997). Private property was also confiscated, ranging from large businesses such as the steel works in Silesia and textile factories in Łódź to small businesses such as cafes, shops, and restaurants (Lukas, 1997). In the countryside whole villages were plundered or destroyed and people forcibly relocated.

The policy of forced relocation was implemented almost immediately after the occupation of Poland whereby people where given anywhere from 10 minutes to an hour to pack their belongings and be moved elsewhere. It has been estimated that in
the first year of German occupation about 1.5 million people were re-settled to the ‘General-gouvernment’ from the areas that had been incorporated into the Reich (Gross, 1979). People were transported in appalling conditions and little or no regard was given to their relocation, as trainloads of people were dumped in various places relying on the local population to care for them. Thousands of Polish children who were tall, blond, blue-eyed and thus meeting the ‘Aryan’ criteria were taken from children’s homes, orphanages, from their families and sent to Germany for Germanisation (Gross, 1979). One report was that the number was as high as 200,000 children (Lukas, 1997). The removal and Germanization of Polish children and the involuntary sterilisation of Polish women of childbearing age were official policies designed to biological destroy the Polish nation (Piotrowski, 2004).

2.1.3 The plight of the Jewish population, the ghettos, extermination and concentration camps.

The first extensive Jewish emigration from Western Europe to Poland occurred at the time of the First Crusade in 1098. Under Bolesław III (1102–1139), the Jews, encouraged by the tolerant régime of this ruler, settled throughout Poland. An early example of this tolerance was the actions of Prince Bolesław, the Pious of Kalisz, who in 1264 issued a General Charter of Jewish Liberties, the Statute of Kalisz. This granted all Jews the freedom of worship, trade and travel. Over the centuries, following persecutions and expulsions from other European countries mass migration of Jews to Poland occurred and centuries of relative freedom and tolerance resulted in the highest concentration of Jews in Europe (Korbonski, 1981).

The occupation of Poland dramatically changed this situation. German policy in relation to Polish Jews was formulated in the decree of the Central Security Office of the Reich, 21st September 1939. The solution to the ‘Jewish problem’ was to be carried out in stages with the final stage being complete extermination (Korbonski, 1981). To begin with, Jewish people were required to wear armbands with the Star of David, this was followed by the confiscation of all Jewish property, and the partial confiscation of private belongings. Jews were ousted from all public institutions and were subjected to compulsory labour with special camps designed for this (at its peak there were 300 such camps) (Korbonski, 1981). Finally, in beginning of 1940 Jews were not allowed to move around and were forbidden to use public transport. The
culmination of the restrictions came with the establishment of the closed ghetto. The Łódź Ghetto was established in the beginning of 1940 and the Kraków Ghetto in March 1941. The conditions in the labour camps and the ghettos were dire with people in overcrowded conditions condemned to a slow death from starvation, illness, or exhaustion. Young children and the elderly were the most vulnerable. The Warsaw Ghetto was sealed off on the 25th of November 1940 shutting within its walls over half a million Jews condemned to starve to death or those who managed to survive transported to the gas chambers of Treblinka, Chelm, and Auschwitz (Korbonski, 1981). The Warsaw Ghetto was the tragic scene of the failed Ghetto Rising in April and May 1943 when the Jewish Fighting Organisation involving Jewish partisan fighters staged an uprising within the ghetto walls. There was some assistance from the Home Army deploying ammunition and firing from the outside however it was all too little and the Germans brutally crushed the uprising and proceeded to liquidate the ghetto (Korbonski, 1981).

Governor Frank’s decree of the 25th of October 1941 stated that; ‘Jews who leave their designated districts are liable to penalty of death. The same penalty will be applied to persons, who knowingly provide shelter for such Jews’ (Korbonski, 1981 p121). This decree was reiterated throughout the occupied territories. Jewish people could be killed for the illegal purchase of food, travelling on public transport, not wearing the prescribed armband. The Germans did not need an excuse to kill Jewish people, as they were no longer protected under the law. Anyone found sheltering or helping a Jew would also be killed including family members.

Polish-Jewish relations during this period is a complicated and sometimes controversial topic and beyond the scope of this literature review, suffice to say that there were many instances of anti-Semitism in pre-war Polish society and during the war some Poles betraying their Jewish neighbours to the German authorities. There were also acts of heroism as ordinary Polish citizens risked their lives and those of their families to hide and save Jews (Lukas, 1997). One example of this was the formation of the underground organization specially designed to aid Jews known as żegota (Council for the Aid to Jews). The organization provided among other things material assistance, medical care, forged documents and shelter (Lukas, 1997).
The most heinous evidence of German occupation and racial policies in Poland was the network of 2,000 concentration and allied camps that webbed the entire country. Camps built to exclusively exterminate people included Bełżec, Chełmno, Sobibor, and Treblinka. In addition the Germans built three major concentration camps: Auschwitz-Birkenau, Majdanek, and Stutthof also serving as extermination centres. Gross Rosen was primarily used as a labour camp. Several camps were built in Germany, the most notorious included Dachau, Ravensbruck, Buchenwald, Sachsenhausen, and Mauthausen (Lukas, 1997). The major extermination sites were in Poland as this was where most of Hitler’s prime victims lived along side the Poles who he also intended to exterminate (Lukas, 1997). Unlike most Jews who perished in the gas chambers, most Poles perished in mass or individual executions and were starved or worked to death, however many died in the extermination camps too. The first prisoners to Auschwitz included the intelligentsia, Poles comprised the largest group up to 1942, after which time the Jews became the largest group with about million Jewish people from all over Europe perishing there. Virtually every Polish family had someone close to them who was tortured or murdered there (Lukas, 1997).

2.1.4 Forced labour
At the end of 1939, orders were imposed that all Poles aged 14 and Jews age 12 or more were obliged to work. The Germans had plans to ship a foreign labour force to work in Germany because of the shortage of manpower as a consequence of conscription into the army and the pressure put on industry to supply both the army and civilian sectors. It has been estimated, that between 1.3 and 1.5 million people were sent to Germany (Gross, 1979). Many were teenagers. Only a small number volunteered thinking it would improve their standard of living and that of their family. The majority were forcibly rounded up, in the streets of cities, at the railway station, in their homes, villages, coming out of church, and at schools. People hid in forests, in the countryside, with a friend or family, some escaped in an attempt to avoid being sent away. In the cities a certificate of employment in the local government or some industry engaged in armaments production was a helpful way of escaping forced labour. By 1943, the German officials discovered that many people had forged this document and they clamped down on this.
The ‘Arbeitsamt’ (labour office) could direct workers wherever it chose. The philosophy behind its operations was maximum exploitation with minimum maintenance cost. Forced labour was defined as being denied the ability to look for or to leave their employment or employers of their own free will and being subjected to particular legal and administrative regulations, which were linked to particularly poor social conditions and denied any right to protest (Herbert, 2000).

Although Germany used forced labour from Western Europe, those from Eastern Europe were considered inferior and were subjected to harsher conditions. Foreign prisoners of war were also used as forced labour particularly those from Poland, the Soviet Union and France (Herbert, 2000). There was a multi-tier national hierarchy with allied Italians and workers from Northern and Western Europe on the top, while Poles and Russians were on the bottom (Herbert, 2000). Unlike their western counterparts, Poles were forced to wear an identifying purple P in a yellow square sewn onto their clothing. They were subjected to a curfew, banned from public transport and public facilities including attending German church services. Their plight was harsh, humiliating, people received little food, and were subject to strict controls on their movements. The actual treatment depended upon individual farmers and factory owners, Polish labourers as a rule worked longer hours for lower wage, were segregated in barracks sometimes behind barbed wire. Social relations with Germans were forbidden outside the work place and sexual relations with German women were punished by death. Public execution was viewed as the appropriate punishment for such an act of racial defilement (Herbert, 2000).

Polish workers (P-Arbeiter) received daily rations of about 600-800 calories. This consisted of a substitute coffee once a day, a watery soup with little or no meat, and 750 grams of black bread every three days. People were expected to work 6-7 days per week, 10-12 hours per day. Treatment depended on the place, usually the larger the factory, the worse the treatment. For example, in Berlin, in one armament factory the 10,000 workers had to not only deal with hunger, being over worked, loss of private space but also with typhoid fever, tuberculosis and diphtheria sickness. The failure to work meant a break in the chain of production, which meant the risk of being replaced, handed over to the SS and at worse being exterminated (Dingell, 1998). Up to 1941, most foreign workers were in agriculture. After the defeat in Moscow, German armament industry had to adjust itself to a longer drawn out war
with stretched resources. People worked in individual companies making up to 80-90% of the unskilled labour force. They worked in private homes, as maids, for small companies, farms, metalworking shops. For Germans, foreign workers were a fact of life, they were there a part of war like rations and air shelter, some maltreated their workers, a few helped, while most just accepted that the Poles and Russians were racially inferior and expendable (Herbert, 2000).

2.1.5 The Polish resistance movement and the Warsaw Uprising

Despite its military defeat, the Polish government never issued a general surrender and Poland was the only country occupied by the Germans that did not have a puppet government. Armed resistance never ceased in occupied Poland, as early as September 1939 the first underground cells of the Polish Home Army were forming. The plan to send as many Polish soldiers abroad was complemented with the organization of an underground resistance movement that was subordinate to and in close contact with Polish authorities in exile (Davies, 2004). Meanwhile the largest Polish underground movement initially known as the Union of Armed Struggle (ZWZ) became the Home Army (AK) in February 1942 as an armed branch of the Polish armed forces. The Home Army possessed an established hierarchy and a legal framework whose task was to fight the enemy at home through clandestine operations. The initial tasks were to secure secret arms abandoned by the military units before withdrawing in 1939, create a communications network and organise a series of cells scattered throughout the country (Davies, 2004). There would eventually be 300,000 resistance fighters at the time of the Warsaw rising in 1944 (Zaloga & Madej, 1985).

The underground activities were primarily sabotage of German positions and collecting intelligence for the Allies. The resilience of the underground has been attributed to three principles: one derived from the Nazi policy to close down all intellectual institutions. This created a ready-made pool of highly educated conspirators who made it their work to undermine German rule. Second was the iron principle of 'no contact upward'. No one who joined the underground knew or expected to know who was running the higher levels of the organization and everyone used pseudonyms. No one knew the unseen chain of command that linked the organization to London. This made it very difficult to gain the upper hand. Third
was the prevalence of instinctive and spontaneous public support. The underground operated under the unwritten and unspoken assumption of almost universal collusion. 'We simply do not co-operate with them' (Davies, 2004 p184).

The forms of resistance were passive and active and involved all strata of society. After closing down secondary and higher education teachers and academics taught students in private homes. Secret classes and lectures took place and students completed University degrees or school leavers their high school exams. Underground courts existed with the jurisdiction to pass the death sentence for people who seriously transgressed the Civil Resistance rules. Whoever committed the crime of treason, oppression, or espionage could receive the death sentence. Clandestine newspapers circulated throughout Warsaw, as one printing press was destroyed or confiscated, another appeared elsewhere. People were encouraged to boycott cinemas, gaming halls or other venues operated by the Germans. They were asked to boycott all German orders or measures that were perceived to be harmful to the social fabric. People were encouraged to sabotage German activities and interests, anything that would affect German morale or material losses (Korbonski, 1981). Farmers were asked to sabotage delivery quotas of grains, eggs, or diary products. There was a ‘go slow’ campaign where workers were encouraged to work slowly or to sabotage the machines that produced the goods or spoil the final product. Documents were regularly forged, as this was an important component of the conspiracy work. Leaflets and posters were also forged to look like authentic ones aimed at bolstering the morale of the native population. There were active acts of sabotage to the rail lines, anything that would impede the transportation of troops, supplies and resources. Women also played an important role in the underground resistance acting as couriers, liaison officers and first aiders tending to the wounded. In some instances, women were also involved in combat as snipers (Davies, 2004).

The Warsaw uprising started at 5pm on the 1st of August 1944. The uprising was the culmination of the resistance among the Polish populace as a final stand against the Germans and was brutally suppressed. The uprising (code name ‘Burza’ meaning tempest) was to occur as the German army withdrew. The aim was to protect the civilian population from the retreating German forces and aid the Soviet advance (Hanson, 1982). The uprising was to serve a political function to exclude the Soviets from gaining political power and to forestall a Communist sponsored government
being set up. The organisers of the uprising were dedicated to the establishment of a government loyal to the Polish government in London (Hanson, 1982). Resistance organizations backed by left-wing and right-wing political parties were also involved but on a much smaller scale (Davies, 2004). The Jewish Fighting Organisation also joined the ranks of the Home Army in the struggle during the Warsaw Uprising (Korbonski, 1981).

The uprising was meant to last at the most 10 days instead it lasted 63 days ending with the systematic destruction of the city, 80% of buildings destroyed and 200,000 civilians killed (Hanson, 1982). The failure of the uprising has been attributed to a number of factors. Despite the initial call from Moscow telling Poles they could hear the guns of battle which would soon bring liberation, the Soviets later adopted a policy of preventing Allied planes from landing on Soviet territory after having completed their airdrops of supplies and ammunition (Hanson, 1982). The Home Army was insufficiently armed with only every tenth man armed. The German reaction to the uprising was to release its full fury, with the promise of the total destruction of the city and its people, making it an example to the whole of Europe (Hanson, 1982). Civilians were killed, women and children were not spared, and women were raped. There was no mercy for the sick, hospitals were attacked, and the sick and injured were sent out onto the streets, all were killed. Houses were set alight and the streets were littered with chard bodies (Davies, 2004). The more brutal the actions of the Germans the more united the populace seemed to be. There was no mass exodus of the civilian population. Instead, there was an affinity between soldier and civilian in their common struggle (Hanson, 1982). The final statistic included 15,200 insurgents killed or missing, 5,000 wounded, 15,000 sent as POWs, 700,000 people expelled from the city and 55,000 civilians sent to Auschwitz and Ravensbruck and 200,000 civilians killed (Davies, 2004).
2.1.6 The Soviet occupation and mass deportation

The dual occupation by the Germans and Soviets subjected the Polish populace to a reign of terror. Their mutual aim was to completely suppress the political and socio-cultural life of the Polish people. Their official policies were murder, ‘extermination through work’, ‘re-settlement’, deportation, enslavement, and assimilation (Bingle, 1999; Piotrowski, 2004). One notorious example of this was the mass execution of Polish prisoners of war in Kharkov, Tver, and the forests near Katyń ordered by the Soviets with estimates ranging from 15,000 to 26,000 men (Davies, 1996; Sanford, 2006).

The mass deportation of Polish people living in the eastern part of Poland had an earlier history since the time of Tsarist Russia with official records indicating that between 1863-1866 some 18,623 Poles were deported to Siberia. Between 1930 and 1933, during Stalin’s reign of terror against the kulaks, 10,000 Poles were deported from the Soviet Ukraine to the interiors of the Soviet Union (Piotrowski, 2004). Further deportations occurred in the years 1935, and 1936, followed by the persecution of Poles living in the Soviet Union who were charged with various offences as part of Stalin’s Great Purge between 1936-38. A total of 111,091 Poles were executed (Piotrowski, 2004). The main deportations from eastern Poland during the war years took place on February 10, April 13, and June 29 1940 and from mid June in 1941 until the invasion of the Soviet Union by Germany (Bingle, 1999). The deportations were suspended during the German-Russian war only to resume in 1944-45 (Krolikowski, 1983). Figures vary but one estimate based on the number of trains used in each deportation and based on the number of people in each train suggests of 1,692,000 people were deported between 1939-41 (Piotrowski, 2004). The ethnic composition was predominantly Polish (approximately 80%). Other ethnic minorities were also deported including Ukrainians, Belorussians, Lithuanians and Jews escaping the Nazi zone coming from western and central Poland rather than the indigenous population (Piotrowski, 2004). In addition, POWs, prisoners and Red Army recruits were also deported. Anyone with the label ‘anti-soviet’ was a candidate for deportation this could include workers, artisans, peasants, foresters, soldiers, judges, clergy, professors, scientists, attorneys, engineers and teachers. Many people were arrested, the charges often fabricated or the result of a vindictive or jealous neighbour. At first the intelligentsia were targeted, that is, people
employed in many professions but not necessarily having anything to do with politics (Krolikowski, 1983). Later anyone would be targeted, peasants, labourers, workers, people who were impoverished, sick, old, frail, young, health, no one was spared (Krolikowski, 1983). The arrests could take place day or night, often with no warning, every now and then the militia and the Soviet army would cordon off an area and arrest ‘suspects’ in the crowd. Once summoned to the police commissariat the odds were the person would not return (Krolikowski, 1983). People lived in a climate of fear and vigilance as they witnessed friends, family members disappear, frightened about when their turn may come.

The Deportations were organised in that lists of ‘anti-Soviets’ were compiled usually with the help of local Ukrainian and Jewish collaborators. Long trains stood comprising of cattle trucks waiting at the railway stations. In towns and villages columns of trucks and wagons, in winter sleighs were waiting. Soviet army units as well as the NKVD (narodnyi komissariat vnutrennikh del) who were the secret police, a precursor to the KGB, and local militia often composed of Jews and Ukrainians awaited orders (Piotrowski, 2004). When the orders came regardless of the weather conditions the day or night the village or colony was surrounded and forcible entries were made into people’s homes. At gunpoint the family would be given from anywhere from ten minutes to two hours to pack their belongs and then walk to the nearest railway station (Piotrowski, 2004). More often then not the soldiers or militia told families that they did not need to take many of their belongings as they would only be gone a few days and will be able to return home. Their property and belongings would be safe for their return (Krolikowski, 1983). They were told they were being moved for their own safety, this was meant to prevent people from becoming frightened, from running away or fighting back. As a result, they were deprived of the opportunity to take essential items for their survival (Applebaum, 2003).

The journey itself was perilous, the cattle trucks were packed with their human cargo, there was hardly any sanitation, very little heat which was significant in 1940 in light of a particularly harsh winter, very little water or food. Some children froze to death even before reaching the trains while adults suffered from severe frostbite (Applebaum, 2003). The cattle trucks were designed to freight animals not humans, they were sometimes empty, others had bunks in them, sometimes there was a small
stove in the middle, or a hole in the floor that served as a toilet, there were no windows or just a small openings covered with bars (Applebaum, 2003). The journey took two to three weeks with stops along the way (Krolikowski, 1983). The trains usually stopped in some remote area so there was little chance to buy or scavenge food. Hunger and thirst marked the journey, people mostly received bread, and a daily ration amounted to 300 grams per day and a mug of water. Sometimes people received a hot watery soup (Applebaum, 2003). Hunger, disease, dirt and exhaustion decimated the numbers of people along the way. Hardest hit were infants, children and the elderly (Krolikowski, 1983).

The destination for the exiled Polish citizens was the northern, central and eastern regions of the Soviet Union – the area between the Arctic circle in the north and the Mongolian border in the south: Arkhangelsk, Komi, and Kolyma regions, Siberia, Kazakhstan and Uzbekistan. Some ended up in prisons or in penal POW 'special' concentration or forced labour camps others were relocated to remote settlements and still others in kolkhozes (soviet collective farms). People lived, or rather suffered, in 2,800 locations in 56 Russian oblasts (districts). The fate was the same wherever, they were sent into forced labour in exchange for the barest essentials, and they died by the tens of thousands of cold, hunger and disease (Piotrowski, 2004).

The forced labour camps were located in harsh and inhospitable places such as west of the Urals in inaccessible forests, in tundra and in marshlands of Vorkuta, Pechora and Uktan. Other camps were on the steppes of Kazakhstan, Central Asian Republic of the Soviet Union. The deportees were required to do backbreaking work, felling trees, digging trenches, and working in the fields for little food. Based on the work allocation people received bread so if unable to work they received the lowest allocation (Applebaum, 2003). Accordingly, the worst off were young children, mothers and elderly. The working day consisted of 12 hours with lunch consisting of some porridge, an evening meal - a ladleful of watery soup with a few cabbage leaves, 600 grams of bread, no meat, no potatoes, and no fat (Krolikowski, 1983). Children as young as twelve were sent off into the forest or the fields to work in order to earn their quota (Krolikowski, 1983). People were housed in barracks, crowded into a confined space. The bunks were often infested with bedbugs that would feed on the exhausted at night. In the steppes, the dwellings were more primitive, made of mud and straw with an oven in the centre of the dwelling. The locals were also
impoverished although a bartering system existed between those who were lucky enough to have taken some belongings with them and the local inhabitants. A shirt or pillow was exchanged for some bread, potatoes, or milk. There were a few stores but most were empty, there was nothing to buy, money was virtually useless.

The tide turned with the invasion of the Soviet Union by Germany on June 22, 1941. A protocol of the Polish-Soviet agreement (Sikorski-Maisky) of July 30, 1941 provided for the release of all Poles living in Soviet exile as well as the formation of a Polish army on Soviet soil under the command of General Anders. On the 15th of January 1943, 389,041 Poles were freed as a result of this ‘amnesty’. These included 200,828 ethnic Poles, 90,662 Jews, 31,392 Ukrainians, 27,418 Belorussians, 3,421 Russians and 2,291 persons of other nationalities (Piotrowski, 2004). Soviet authorities did not make the release easy, very little assistance was rendered and in fact, in many cases people were impeded from leaving.

People living in the Eastern territories were also subjected to gangs of Ukrainian nationalists who wanted to purge the Volhyn region of Poles. This area had been ethnically Ukrainian but had been settled by 100,000 to 300,000 Polish colonists in the early 1900’s. This resulted in ethnic killings during 1943-44 (Korbonski, 1981).

2.1.7 End of the war and the Yalta agreement

The ‘liberation’ of Poland came from the east. At the end of 1944, the Russian Red Army approached Warsaw and stopped at the Vistula River. During this time the Polish Resistance fighters were engaged in an uprising against the Nazis. As mentioned previously, the Soviets refused landing rights to allied planes carrying weapons and ammunition (Ronowicz, 1995). The Red Army finally entered the city on the 17th of January 1945. The entire city was devastated and most of the population had been deported. It became the perfect site for establishing a Soviet-backed government with little resistance (Ronowicz, 1995).

In February 1945, Churchill, Stalin and Roosevelt met at Yalta to discuss the future of post-war Poland. They agreed that the Polish Provisional Government of National Unity based on the Soviet-sponsored Lublin Committee would be recognised until free elections could be held. There was no representative from the Polish
Government in Exile present at these negotiations (Kusher & Knox, 1999). The ‘free’ election took place in 1947, however it was marred by vote rigging and coercive tactics. In essence, there was no real opposition to the communist party. Following the Yalta conference in 1945, the Allied forces recognised the communist government and shifted Poland's borders westward in compliance with Soviet requests. The shift in borders resulted in some 10 million people resettling while Germans, Ukrainians and Belorussians were also moved outside its new borders. Many Polish people have bitter memories of this time and believe they were sold out to the Soviet government by the British and Americans (Ostrowski, 1996; Winslow, 2001).

Summary
The war years were marked by great suffering during which approximately 6 million Poles perished. The persecution of the Polish educated classes including academics, teachers, doctors, and government officials, almost destroyed the intellectual core of the nation. Others perished in 'resettlement' programs to Siberia. It has been estimated that between one to two million Poles were sent to Siberia, the Soviet Arctic and Kazakhstan. Many Poles were also incarcerated in labour camps in Germany. Most of Poland's Jewish population (over three million) and one million ethnic Poles died in Nazi concentration camps. The Polish nation endured great suffering, humiliation, brutality, and fear. Despite the oppression meted out by the German and Soviet authorities acts of bravery, resistance, and defiance were evident among the civilian population and armed forces. At the war’s end many displaced people found themselves in an ambiguous situation, the natural desire to return home was stymied by the threats of communist oppression and reprisals. Migration was an opportunity to distance themselves from the destruction of Europe and to chance their fortunes in the new world; United States, Canada and Australia were the main destinations. Australia’s immigration policies at the time were looking towards Europe to recruit young, strong people to provide a labour force and who would integrate into the Australian culture and way of life. The years 1947-53 marked the first wave of post-war migration to Australia with the arrival of some 60,000 Polish ex-servicemen, refugees and displaced people. The next chapter will examine the literature around refugee status, migration, settlement, reception by the host society and the mental health of the refugees.
Chapter Three: Literature review – refugees, migration and mental health.

A refugee is defined as someone who….. 'as a result of events occurring before 1 January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.'


The above quote comes from the United Nations Convention relating to the Status of Refugees adopted on the 28th of July 1951 in response to the plight of millions of people displaced as a result of the Second World War. Following on from the previous chapter, liberation and the end of the war created a great deal of uncertainty among people who were taken as forced labourers to Germany, POWs, concentration camp survivors, people released from exile in the Soviet Union under the Polish-Soviet Pact (1941) and the men and women who had served in the Polish Armed Forces. They faced the dilemma of whether or not to return home to Poland. People who initially had wanted to go home changed their minds after the installation of a Soviet backed communist government. Many no longer had a home to return to as Poland’s borders shifted westwards meant that they would have been under Soviet rule (Kusher & Knox, 1999). People who had lived in the Eastern parts of Poland had vivid memories of mass arrests, deportations and brutality under Soviet occupation (Wyman, 1998). The Soviet backed government spread its control throughout the country arresting returned officials from the Government-in-Exile and leaders of the wartime Home Army (AK), the underground resistance fighters. According to the communists they were branded as traitors for their affiliation with the Government–in-Exile (Ostrowski, 1996). Fear of reprisals and persecution at the hands of the communist and security police meant most in the armed forces refused to go home (Kusher & Knox, 1999).
3.1. Displaced Persons (DPs), ex-servicemen and exiles

By 30 September 1945 over a million Poles, constituting 56 per cent of all known refugees were registered as displaced persons (DPs) (Kunz, 1988 p.79). Displaced persons were defined at the time as:

‘Victims…..of the Nazi or fascist….or quisling regimes…[or] persons who were considered refugees before the outbreak of the Second World War, for reasons of race, religion, nationality or political opinion…who [have] been deported from, or obliged to leave [their] country of nationality or of former habitual residence.’ (Kusher & Knox, 1999 p217)

This definition of displaced person became the basis for the formulation of the 1951 United Nations (UN) Convention on Refugees (Kusher & Knox, 1999). The British and American authorities became primarily responsible for dealing with the problem of displaced people and the expectation was that the majority of people would go home. By the end of 1945 there were still 737,375 DPs in Europe receiving aid from the United Nations Relief and Rehabilitation Administration (UNRRA) almost 60% of these were Polish (Wyman, 1998). By March 1946 the numbers had risen to 844,144 and they were not going home (Wyman, 1998). The Soviet authorities also insisted people should return to Poland to rebuild the nation. There were promises of food, jobs and a friendly reception. Within the ‘carrot approach’ they were offered each returning Pole a sixty-day ration of food. Repatriation increased from 1 November 1945 to 30 June 1947 with 202,037 DP’s from Austria, 741,987 from the western zones of Germany and 18,021 from Italy returning home, mostly Poles (Wyman, 1998).

Displacement Persons Camps were located in Austria, Germany and Italy. The initial problem facing authorities was how to house, feed and clothe these people. They were also faced with the outbreak of numerous diseases such as dysentery, tuberculosis, diphtheria, small pox, typhus, and typhoid fever. Medical staff were under-resourced to cope with so many people. Fumigations and vaccination throughout 1946 helped to contain the situation. As people began to settle into camp life’s various structures started to emerge including schools, scouts, religious services, newspaper circulation and cultural institutions. Marriage was the most common ceremony in the camps. Men and women segregated during the Nazi years, lonely, isolated, and torn from family members, sought emotional and physical
comfort from each other. Young men and women would meet and five minutes later one would ask ‘are you married?’ (Wyman, 1998 p111). There was also a high use of alcohol and a black market trade in cigarettes. The jubilation of the end of the war turned into a sense of hopelessness as people realised that they were not going home. There was an atmosphere in some camps of apathy, people were in a daze and listless, men sat around drinking, smoking and playing cards, everyone talked endlessly about the hopelessness of their situation (Wyman, 1998).

The first wave of refugees to Britain was the soldiers and some civilians who escaped Poland via Romania and Hungary in 1939 and later joined fighting units in France. This group were predominantly male characterised by strong national feelings with a high proportion of professionals, servicemen and civil servants (Zubrzycki, 1979). After the German invasion of Russia in 1941 a force of six divisions was raised under the command of General Anders made up of Poles who had been deported to the Soviet Union. Some 83,000 soldiers and 37,000 civilians were evacuated to Iran and latter Palestine (Zubrzycki, 1979). The Polish Second Army Corps had distinguished itself in the Italian campaign and was transferred to Britain after the war. A quarter of a million Polish servicemen were under British Command. Some 105,000 men were repatriated to Poland, others emigrated to various countries including Australia (Kusher & Knox, 1999) while the remaining 114,000 Polish soldiers who had been demobilised in 1946 elected to join the ‘Polish Resettlement Corps’ and stay in Britain (Wyman, 1998; Zubrzycki, 1979). The aim of the Polish Resettlement Corps was to disband the Polish Forces under British Command and to resettle officers and men into civilian life. Another task was to assist with repatriation to Poland or emigration overseas to countries such as Australia (Zubrzycki, 1956). The Polish Resettlement Act was an act of parliament passed in March 1947 that provided the entitlement of employment and unemployment assistance to Polish ex-service men in Britain (Kusher & Knox, 1999). People were allocated work, which was deemed as helpful to the country. Thus people were channelled into areas of labour shortage and were recruited into labour gangs for harvesting, coal mining, quarrying or to other jobs considered suitable by the Ministry of Labour (Kusher & Knox, 1999). A smaller group of civilians some 29,400 Poles came to Britain under the European Voluntary Workers Scheme (EVW), recruited from DP camps in the western zone. Men and women without dependent relatives were favoured (Zubrzycki, 1956).
For those who had been exiled to the Soviet Union, the Polish-Soviet Pact meant that in accordance with the treaty of the 30th July 1941 Polish army was to be formed on Soviet territory. This led to an exodus from the Soviet Union of about 77,200 soldiers, 37,300 civilians mostly military families and among them 15,000 children (Krolikowski, 1983). The transports left from Krasnovodsk, on the Caspian Sea for the Persian port of Pahlavi. In the summer of 1942, the beaches along the Persian coast were lined with white tents, temporary shelter to the thousands, dishevelled in rags, lice infested, children emaciated, walking skeletons. Quarantine procedures were enacted, lice infested clothing burnt, people were inoculated, and given a proper diet (Krolikowski, 1983). Exhausted people became infected with typhoid and dysentery. Isfahan became known as the city of Polish children as a main centre for the care of Polish orphans and children separated from their families between 1942-1945. The pleasant surroundings and hospitality of the locals were believed to be beneficial for the children’s mental and physical health (Antolak, 2004). For most, the stay in Persia was only a temporary solution and people were once again moved to the British colonies in East and South Africa, while others left for India, Mexico and New Zealand (Allbrook & Cattalini, 1995). Polish refugee camps numbered about twenty-two settlements in Africa with a total of 19,000 people, mostly women and children. The camps varied in size and could accommodate anywhere from 350 to 4,000 people. The largest included Tengeru, Kidugala in Tanganyika, Koja and Masindi in Uganda and Lusaka in Southern Rhodesia, each with an orphanage for the children who lost their parents to starvation and disease along the way (Krolikowski, 1983). Camps in India included the Polish children’s camp in Balachadi, near Jamnagar and in Valivade (Allbrook & Cattalini, 1995). The camps became a miniature Poland with schools, scouts, religious services and welfare organizations. The aim was for people to convalesce and regain their strength. People were employed in the camp schools, kitchens, in stores, workshops or security (Krolikowski, 1983). The people in these camps no longer had a home to return to since as part of the Tehran and Potsdam conferences the eastern territories of Poland were incorporated into the Soviet Union rendering them virtually homeless. They believed they had nothing to return to, only danger. A small number did return but the majority refused (Allbrook & Cattalini, 1995).
3.2 Polish post-war settlement in Britain

Thus, the ex-service men, forced labourers and camp detainees liberated from Germany and people freed from the Soviet Union constituted the vast majority Polish refugees. Most settled in Commonwealth countries such as Britain, Canada, New Zealand, and Australia, while others went to USA, France and Latin America including Mexico. A number of sociological studies were conducted in the early years of settlement that described social, occupational and cultural adjustment in a sometimes-hostile environment (Kunz, 1988; Sword et al., 1989; Zubrzycki, 1956). Alongside the sociological studies, the psychiatric literature pointed to higher rates of psychiatric admissions and psychiatric breakdowns among the Polish refugees in Britain and Australia compared with the local population. These two separate bodies of literature will be reviewed in the broader context of studies about refugees, the stressors of migration and the establishment of community in a new country. Most of these studies were conducted in Britain and Australia as both countries had sizable post-war Polish refugee populations.

3.2.1 Negative attitude of host society

The attitude of the host society changed dramatically during the war years and following the end of the war towards the Poles (McGilvray, 2004). The British populace was confronted with large numbers of foreigners, predominantly men, most from one nationality, coming to Britain over a short period of time who now were unwilling to return home. This sparked strong feelings of unease and in some cases hostilities towards the foreigners (Ostrowski, 1996). The Poles were predominantly Catholic, the host population Protestant. The Poles were demonised as womanisers, black market profiteers and fascists (Kusher & Knox, 1999). After 1941, Polish criticism of Soviet behaviour in Eastern Poland was no longer tolerated now that the Soviets were on the Allied side. There was a failure among Western allies to understand Polish misgivings. The Labour government elected in July 1945 had strong socialist leanings and expressed pro-soviet sympathy. Shortly after their election, the British Labour Government transferred recognition from the Polish Government-in-exile in London to the Soviet-sponsored provisional government in Warsaw which was seen as a bitter blow to the Poles (McGilvray, 2004).
A further source of bitterness was the exclusion of the Polish Army from the Allied Victory Parade held in London on the 8th of June 1946 to accommodate Soviet sensibilities. An invitation was extended to the Polish airmen who took part in the Battle of Britain, but they refused to attend on the grounds that they would not march unless Polish servicemen and sailors of the western command marched with them (Ostrowski, 1996). The situation had more to do with political considerations than any failure to recognise the achievements of the Poles, since the officially recognised Polish government in Warsaw had been invited to send representatives (Winslow, 2004). Nevertheless, the omission was a source of much resentment even to this day as expressed in this excerpt:

‘Most of my compatriots are still very, very bitter about how the Polish forces were treated… my husband, who was in the Polish army under the British command, was not at the Victory Parade and we felt, well, betrayed, if you want... Of course, one can understand the political situation was such that Churchill probably didn't have any other choice, but it was very painful and it still is for very elderly people, it still is a wound which is not cleaned at all.’ (Winslow, 2004 p 91).

3.2.2 Loss of occupational status

An anti-Polish campaign was organised by the press who largely ignored the wartime achievements. The communist newspaper ‘Daily Worker’ raised hostilities among the working classes towards the Poles, portraying them as a threat to the British labour market by bringing down wages and the standard of living (McGilvray, 2004; Ostrowski, 1996). Xenophobia reigned at a time of threatened food shortages and housing. The Trades Union Congress lobbied the government that Poles be only employed as a last resort wherever British workers were unwilling or unavailable to be employed (McGilvray, 2004). The irony was that at the time Britain was facing a labour shortage and needed a workforce to man its coal mines, industry and agriculture (Ostrowski, 1996)

The general climate and the specific policies directed to the Poles led to a loss of status among men who had formerly been in positions of authority and responsibility. Furthermore there was a substantial proportion of men and women who had professional qualifications and formed part of the Polish intelligentsia, however, they
faced numerous barriers to having their qualifications recognised (Zubrzycki, 1956). This is reflected in the following excerpt:

‘They were called the ‘Silver Brigade’... in hotels, polishing silver, and also silver haired... in those days a man over sixty was considered to be old, he couldn’t be retrained. How can you explain to a full General in the Polish army that he can do nothing else but polish? ... It was degrading.’ (Winslow, 2004 p92)

This was exemplified in the treatment of General Stanislaw Maczek who led the First Polish Armoured Division through Normandy and was responsible for the liberation of parts of Belgium and Holland. He retired in September 1948 and faced the loss of status and income. The British failed to give him a position in a staff college or anywhere else despite the fact he spoke good English and had proven himself an able commander, a man of intelligence, and vast experience (McGilvray, 2004). To provide for his family he took on menial jobs and worked as a barman in a hotel owned by one of his former soldiers (McGilvray, 2004).

These circumstances led to a sense of disillusionment, bitterness and betrayal in the Poles who settled in Britain after the war. Many men had been caught in a moral dilemma ‘to return or not to return’. The British authorities placed mounting pressure by claiming it was their patriotic duty to go back and help re-build their country. If they stayed in England, they would not see their families or beloved homeland again. However, to return they may be arrested or not be able to find work thus becoming a liability to their family instead of a help. They felt their reason for fighting, to secure ‘a free Poland’, had come to nothing and instead they were doomed to exile in Britain where they had few cultural and historic ties and where the population no longer welcomed them (Ostrowski, 1996). This feeling is best summed up in the following excerpt by a former Underground Army fighter:

‘Our settlement in Britain was made all the more difficult by our feeling of betrayal. The Yalta, Tehran and Potsdam treaties seemed, especially to those who had served in the British services, as a betrayal. The soldiers who had fought in the underground army and in the Warsaw Uprising of 1944 were now regarded by the Polish-Soviet Communist government as ‘enemies of the state’. They were accused of collaboration with the Nazis and other crimes. We read in British and French newspapers of the persecution of AK [Home Army] soldiers still in Poland and we felt
extreme bitterness towards our allies who recognised the puppet Polish government, which was killing our own people, who had fought for the freedom of our country. Withdrawal of recognition of the legitimate Polish Government-in-Exile was a bitter blow. We were completely lost and this did not help us to settle. We did not trust our allies any more and no longer felt safe. All this made our settling very problematic.’ (Winslow, 2004 p91).

3.2.3 Studies into the mental health of Polish refugees in Britain

As early as 1943, a neuropsychiatric division was formed for Polish soldiers in response to the mental health needs of Polish troops stationed in Scotland. In 1947, a special unit, Mabledon, was created in Tunbridge Kent for mentally ill Polish servicemen and ex-soldiers (Winslow, 2001).

Early observations by Kino (1951) reported paranoid reactions among young adult male post-war immigrants all admitted with agitated, fearful behaviour, combined with deep mistrust and slight confusion to English hospitals during the period 1948-49. They all showed acute onset of symptoms including paranoid delusions and hallucinations. Kino (1951) described their pre-morbid functioning was good and acknowledged that they had been ‘under extraordinary physical and mental stress of war, captivity and exhausted wonderings’ (Kino, 1951 p591). He attributed their symptoms to their isolated environment noting that when they lived with their own groups and units they functioned relatively well. ‘The change occurred with their transfer to workshops or pits, where they found themselves isolated in a foreign environment whose language and habits were unknown to them, making every attempt at interpersonal approach very difficult’ (Kino, 1951 p591). The following is one case study described by Kino (1951).

T.N. 28 years, single admitted 27 02 49 as a voluntary patient in an acute state of agitation and panic, hallucinated vividly, heard people saying that he was to be killed and thought the police were following him. He knew where he was and tried to co-operate and to answer simple questions. When reassured he asked in a frightened and subdued voice: “Have I really got to die”. After a fairly good night, with sedatives he was able to give a fair account of himself. He had been in secondary school when the war broke out in 1939, entered the Polish army at 18, remained with the forces for seven years, showing the first strains of war, the miseries of imprisonment in Russia, the wonderings with the A.C., the fighting in Italy, until 1946, when he came to this
country. He had never been seriously ill before, though very sensitive and homesick for his old mother in Poland. No mental disorders in his family. He was otherwise in fair health and of good physique. He became gradually quieter, and able to discuss the circumstances which led to his nervous breakdown. After discharge from the Army, he had done heavy manual work, digging lime, which did not satisfy him, being so inadequate to his standard of education. He lived fairly solitarily, and the exhausting work left little time and energy to learn English. For the past few months he had had an affair with an older and married English woman and he now felt this was wrong. He had grown restless and suspicious, believed that everyone knew about it, heard his fellow workers talking about him though he could not understand their English, was sure he would be killed and there was no more hope for him. He assured me again and again of his innocence as to any other accusations. Gradually he became quieter, but four weeks after admission had an acute relapse with anguish, hallucinations and delusions. E.C.T was without effect, but good recovery followed a course of insulin comas. He was discharged 6 07 1949 in good mental state, grateful, cheerful, sociable, and fit to go back to his work.’ (Kino, 1951 p589-90)

This case study points to a number of psychosocial issues that may account for his symptoms including homesickness, adjustment to host society, including a decline in occupational status, lack of English, isolation, and guilt over a love affair. After discharge from the army, he would have lost that compatriot support, sense of purpose and discipline, which may have made him more vulnerable to the stressors of adjustment. Further, he also experienced being exiled to Siberia and was involved in fighting in Italy most probably in the Battle for Monte Cassino, which historically has been described as quite a fierce battle. Thus, this young man had been exposed to a number of traumas and stressors not least of which was adjustment to life in Britain.

These were not isolated cases. In 1950, an analysis of Ministry of Health records into first time psychiatric admissions revealed that Polish admissions were 4.1 per 1000 (4.4 males; 3.8 females) more than four times the rate of British (0.86 per 1000) and almost twice the rate of 2.6 per 1000 for all refugee groups in Britain (Littlewood & Lipsedge, 1989; Zubrzycki, 1956). Zubrzyski (1956) suggested mental health problems were associated with war-time persecution and cultural differences between their country of origin compared with British society. However, Zubrzyski was not able to explain why the Poles had higher rates compared with other refugee groups who had also experienced the war and re-settlement. Zubrzyski (1956)
observed that people who had come under the European Voluntary Workers Scheme (EVW) were more susceptible to mental disorders compared with the ex-service men, who were a more cohesive group. The ex-servicemen received various benefits from the government and were less likely to have suffered the same degree of social isolation as the forced labourers from Germany (Zubrzycki, 1956).

Zubrzeski (1956) also presented data obtained from the Federation of Poles in Great Britain on twenty-six cases of suicide in 1951. The factors attributed to these suicides included ‘mental or psychosomatic disorders prior to death, worries about relatives in Poland, bad health, inability to cope with heavy work, coupled with disappointment in arriving to Britain from the DP camp’ (Zubrzycki, 1956 p188). Only four out of the twenty-six cases had been living in Polish camps. Another case of 18 suicides was reported in one of the Polish newspapers also in 1951. Of the 18 cases, 12 had addresses and they were all living in private lodgings rather than in Polish camps or housing estates. It seemed that these individuals had been isolated from their countrymen in England and this lack of compatriot support was associated with what Zubrzycki termed as ‘individual disorganisation’ (Zubrzycki, 1956).

Individual disorganisation was defined as the conflict between an individual’s behaviour and his aspirations and socially acceptable values and norms of behaviour. Criminal behaviour and mental health problems were examples of individual disorganisation.

Zubrzycki (1956) described three processes of social adjustment:
1. assimilation,
2. accommodation, and
3. conflict.

Assimilation was defined as a condition whereby the immigrant group is so completely incorporated into the new society that its separate identify is lost. An assimilated immigrant group is no longer thought of as an out-group and becomes incorporated into a common cultural life of the native society. This process is interactive in that it is not only dependent on the attitudes of the immigrant but also on the attitude of the receiving community.

Accommodation was defined as a stage whereby the immigrant group maintained a separate identity and may not enjoy the complete acceptance by members of the
native community. The immigrant group is tolerated so long as it does not intrude too openly into the life of the native society. There may also be widespread prejudice and examples of discrimination.

Conflict was defined as a stage where the immigrant group was regarded as, and felt alienated by the native society. Members of the immigrant group were subjected to deprivation at various levels and in extreme circumstances violence may result between the group and the native society.

According to these definitions, Zubrzycki (1956) suggested that Poles were more likely to have accommodated rather than assimilated into British society. He highlighted the importance of the ‘Polish primary group’ or Polonia (Poles abroad) in the adjustment of Polish refugees. According to Zubrzycki (1956), having Polonia made assimilation impossible but also protected against conflict. Polonia provided various social, cultural and religious structures (predominantly Roman Catholic) that maintained community life, provided material and moral support to members and provided a sense of cohesiveness and belonging. These structures included various political, cultural and welfare organizations. Polish language newspapers, Saturday schools providing Polish language classes, circulating library services, sporting clubs and theatre groups all aimed to maintain Polish language, culture and traditions. Ex-service men associations were well organised and provided a range of support to its members. There were also large areas where Polish hostels and housing estates were congregated together creating small Polish villages and communities (Zubrzycki, 1956). Zubrzycki (1956) asserted that war-time oppression, lack of freedom, insecurity and frustration, and isolation from Polonia were all contributing factors in ‘individual disorganisation’ and conflict.

These early observations have been supported by recent studies. Hitch and Rack (1980) also found that Polish immigrants showed a higher first admission rate than other foreign-born with comparable wartime experiences. Further, these rates did not diminish over time as may be expected. Instead, Polish immigrants were still at risk of first time admissions after many years in Britain. Polish females were particularly vulnerable to first admissions and this was partly attributed to poor English language skills and being recently widowed (Hitch & Rack, 1980). Polish women had higher rates compared with Russian women and this was attributed to
greater social support within the Russian community. Risk factors put forward by Hitch and Rack (1980) included a combination of war-time experiences and ‘culture shock’ which met with adequate coping at the time but with increased age the person became more vulnerable to other stresses. Isolation from the host community and especially own community may have affected the sense of identity and removed opportunities for compatriot social support. A significant decline in social status was also identified as a factor (Littlewood & Lipsedge, 1989).

Hitch and Rack (1980) observed a higher proportion of paranoid features in the symptomatology among Poles compared with British-born patients. These observations have led to the creation of the terms ‘Polish paranoia’ or the ‘Polish disease’. This has been observed among elderly Poles living in Britain who became increasingly withdrawn, neglected their appearance and became pathologically suspicious (Bram, 1983). Other co-morbid features include alcoholism, aggression, anxiety, jealousy, depression, fear of being criticised, and the feeling of being under surveillance (Kawecki et al., 1999). Somatized symptoms included back pain, stomach cramps, and headaches (Kawecki et al., 1999). These symptoms have been attributed to the events of the Second World War and to difficulties experienced in adapting to a new country, isolation, and lack of family and community support among Polish migrants in Britain and the United States (Kawecki et al., 1999). Both Bram (1983) and Kawecki (1999) acknowledged that Polish history characterised by long periods of occupation, repression and brutality provided a cultural subtext for this paranoia.

Michelle Winslow more recently used oral history methods in her PhD study (2001) to explore the relationship between war-time experiences and mental health among elderly Polish émigrés in Britain. She interviewed both members of the caring professions such as social workers, psychiatrists and second generation Poles as well as members of the community who had experienced the war and settled in Britain. She found an association between high incidences of mental health problems and war experiences, trauma, loss and bitterness about the allied politics that brought about their resettlement in Britain. In later years in addition to the stress resulting from the war, Winslow found connections between mental illness and reduced social and economic status and experiences of hostility and discrimination in
the country of settlement (Winslow, 2001). The following extract from the Winslow study illustrates these points:

‘Mostly, the man ruling the family. They worked, they knew better language, the women rather stay at home, that was the Polish way. They were not going to work, not many of them. The man was dealing with the taxes, with the insurance, house, everything, and they were cooking Polish way or whatever. Well, later on when the husband die, women were left on their own and they were very disturbed because they were not understanding and they were isolated, not even meeting another woman of Polish origin.’ (Winslow, 2001, p191).

The causal link between resettlement issues and mental health were made subjectively by the study participants. Thus, caution needs to be taken in interpreting these results.

Keith (1995) compared Polish elderly in Britain with the indigenous aged and found in an open ended question about events that had a major impact on their lives 61% of the Poles mentioned the war and 49% connected the war with family loss, migration and deportation. Only 4% of the British elderly mentioned the war and were more likely to mention a happy marriage (31%), having a family (19%), and job satisfaction (19%) (Keith, 1995). The Polish aged experienced less life satisfaction than the British sample. This was attributed to the discrepancy for what people hoped for with what actually transpired such as the inconsistency between educational levels and occupational status (Keith, 1995).

A recent study conducted by Bhatkal and Shah (2004) found that in a geriatric psychiatric service in West London 12% of newly referred patients were of Polish origin. This figure was considerably higher than the four per cent of all community dwellers being of Polish origin in that particular catchment area. A high proportion had diagnoses of dementia (59%). From their sample, Poles were more likely to be married, own their own home and be less fluent in English compared with local patients. The authors reported that there were no other UK study of Polish elders use of geriatric psychiatric services, nor any population-based epidemiological studies of mental illness in elderly Poles (Bhatkal & Shah, 2004). There was no discussion of the issues relating to past war-time experiences, to past refugee status, and current psychosocial adjustments.
3.3 Polish post-war settlement in Australia

Large-scale Polish immigration to Australia did not occur until after the Second World War. In 1947, Australia signed an agreement with the International Refugee Organisation and accepted 170,000 displaced persons, 60,000 of whom were Polish. This intake was made up of ex-servicemen and forced labour detainees. The largest intake occurred during the years 1948-51 when persons born in Poland represented almost 15.0% of all net immigration (Jamrozik, 1988). The pre-war Polish population numbered only 3,239 people in 1933, many of whom were Jewish. The numbers increased again on the eve of the Second World War comprising mainly of Jews escaping Hitler’s rise in Germany and the increasing persecution (Zubrzycki, 1979). The immigration policies of the time were motivated by the ‘populate or perish’ adage espoused by the then Minister for Immigration Arthur Calwell. With a declining birth rate and Australian defence vulnerabilities exposed during the Second World War, the government realised it had to increase its population. The traditional source, Britain, would not be able to provide the numbers of people Australia needed so the government took the opportunity to select ‘suitable’ candidates from among the displaced people of Europe (Lack & Templeton, 1995).

3.3.1 Paths to Australia:

Between 1945-1949 1,457 Poles arrived under the Polish Ex-service Scheme many still in uniform from Britain, who had fought for the Allies in various campaigns (Zubrzycki, 1979). Among them were Polish airmen, who were part of the fighter squadrons in the RAF and made a significant contribution in the Battle of Britain. Soldiers who had been in different divisions and brigades, such as the Carpathian Brigade who had fought in Libya, Tobruk and in the Battle for Monte Cassino; soldiers from the First Polish Armoured Division and the parachute brigade who took part in the Battle for Narvik and were later part of the Normandy landings. A small number of sailors who had served in the navy also arrived in Australia as well as a number of women who were part of the Polish Women’s Auxiliary acting as transport drivers and support personnel.

They were followed by 64,800 people who claimed Polish nationality and were brought under the auspices of the International Refugee Organisaton as displaced persons (DPs). Among them were people who had deported to labour camps in
Germany, as POWs and those who had survived concentration camps. Others came as children and adolescents, many of whom had been orphaned during the war. These children found themselves in refugee camps initially in Iran, Palestine and then in British East Africa and India. The children were part of a significant group who had been released as exiles from detention by the Soviet Authorities in 1942 and had travelled from Arkhangelsk, Vorkuta, Kazakhstan, and Kolyma in goods trains, sick, hungry and in rags to areas where Polish army units were being formed. A unique intake of Polish refugees occurred in 1950 when a group of 1,181 people (80 per cent of whom were women and children) arrived in Fremantle, Western Australia, as part of a resettlement program (Allbrook & Cattalini, 1995). These refugees were a part of the 150,000 Poles deported to the Soviet Union and who later found their way to refugee camps in India, East Africa and Palestine (Allbrook & Cattalini, 1995).

3.3.2 Profile of Polish Displaced Persons (DPS) in Australia
The group of Polish DPs who arrived to Australia following the Second World War was characterised by a higher ratio of men to women. In the first transportations, there were four men to every woman (Kunz, 1988). Polish men were over-represented in the age group 25-39 and there were fewer people aged 20-24 years. There was also a significant proportion of children aged 0-4 years who had been born in Germany or Austria in the DP camps (Kunz, 1988). In terms of educational qualifications, the Polish DPs who arrived were less likely to have completed higher education and were more likely to be unskilled labourers or peasants (Kunz, 1988). Britain on the other hand had a higher proportion of Polish intelligentsia. In terms of physical health, the selection of potential migrants was determined by a vigorous physical examination. This meant that anyone with the slightest disability or chronic illness was left behind.

3.3.3 Two-year work contracts & hostel life
Australian officials selected migrants based on their suitability for employment and absorption into the Australian community. Each selected migrant had to pass a medical examination and was then transported by ship to Australia. Single men were chosen ahead of families, single women, children and older or dependent people.
Once on Australian soil the migrants were transported to holding camps, usually disused army barracks, often in primitive conditions and given an elementary introduction to Australian life. Men were separated from women and children and sent to remote areas to work. Each adult migrant was obliged to work under a two-year contract in a place determined by the Commonwealth Employment agency (Lack & Templeton, 1995). As part of the two-year work contract men worked on large projects such as building roads, the Hydro-Electricity scheme in Tasmania and the Snowy Mountains, cane cutting in Queensland, as coal miners, fruit-pickers, farm hands, factory workers, building railways and roads, working in forestry and steel industries. Women worked as domestics and hospital orderlies. As people with professional qualifications were excluded from immigration intakes, many did not divulge their qualifications (Johnston, 1988).

3.3.4 Creating community

Polish migrants arrived in Australia with expectations of a new life, hopes for a prosperous future; many wanted to get as far away as possible from death and the destruction they had experienced. The decision to migrate was often mixed with a ‘heavy heart’ and longing for their homeland, their family members, their culture, and traditions left behind. Many were grateful for the sanctuary Australia provided but at the same time found the work hard and felt isolated. Once free of their contractual obligations they built their first home, celebrated marriages, christenings, established life-long friendships and founded cultural and religious organizations. Despite Australia’s assimilation policies, dispersion and hard working conditions the Polish migrants built a broad and comprehensive organisational structure. Different states with large number of Poles established their own organisational structures. These organisations then formed an umbrella body: the Federation of Polish councils as early as 1950 (Lencznarowicz, 2001). Important aspects of settlement included cultural, religious and language maintenance (Smolicz, 1988).

These values are visibly expressed in the community. For example, Polish is offered at secondary school and tertiary level. Folkloric dance groups, regional associations, sporting clubs, scout and youth groups, ex-servicemen clubs, senior citizen clubs, choirs, artistic, cultural and welfare associations, and women's auxiliaries have been established and are still active. Numerous community centres were built across
Australia including Youth centres such as ‘Polana’ in Victoria or ‘Ognisko Capalaba’ in Queensland. Publications meeting the cultural and information needs of the community were developed such as the Polish Weekly (known as the Polish Catholic Weekly from 1949-65). Polish news and local information is broadcast on four different radio stations and provided through internet sites. These organizations, both secular and religious, formed the backbone of Polonia in Australia, not dissimilar to that created in Britain as described earlier.

Religion is an integral part of Polish cultural life. When large numbers of Polish immigrants arrived in Australia after 1947, an appeal was made for Polish priests living in Western Europe to migrate to Australia and serve the community. Over 20 priests responded to the call. Polish religious sisters were brought to Australia in the 1950s to assist families with childcare. Significant moments in Polish Catholic life include the opening and blessing of the Polish Marian Shrine in Victoria by Cardinal Wojtyla of Kraków in 1973, who 13 years later met the Polish community at the Melbourne Cricket Ground as Pope John Paul II. The importance attached to religious feasts, such as Christmas Eve, Easter, feasts of Corpus Christi and All Souls Day, is a further expression of family ties and friendships. The Polish Seventh Day Adventist Church has a number of religious and community centres. There is also a strong Polish Jewish community participating in Jewish religious and cultural organizations (Bureau of Immigration Multicultural and Population Research, 1995).

A smaller wave of Polish immigrants occurred during the period 1956-66. The Communist regime made migration difficult for ordinary Poles. This wave was small in number, the result of family reunions and a short period of relaxation of Polish emigration laws. The next largest wave occurred as a result of changes in the early 1980s when it was possible to secure holiday visas into Western Europe. The political unrest, the implementation of martial law in 1981 and a worsening economic situation resulted in large numbers of Poles leaving Poland and seeking political asylum in western countries, including Australia. During the period 1980-91, approximately 25,000 Polish people arrived in Australia (Bureau of Immigration Multicultural and Population Research, 1995). This wave comprised of young families, mostly people from urban settings, many with professional qualifications (Jamrozik, 1988).
According to the 2001 Population and Housing Census, there are 58,070 people who were born in Poland living in Australia. This figure represents an 11% decrease from the number of people recorded in the 1996 Population and Housing Census. There was a higher proportion of females (53%) to males (46.9%) a reversal of the historically higher proportion of males to females in the 1950s and 60s. The median age of people born in Poland was 54.7 years. For comparison, the median age for all overseas born was 46 years and 35.6 years for the total Australian population. Age distribution of Polish immigrants is presented in Table 3.1

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>1.5</td>
</tr>
<tr>
<td>15-24</td>
<td>7.5</td>
</tr>
<tr>
<td>25-44</td>
<td>20.3</td>
</tr>
<tr>
<td>45-64</td>
<td>32.3</td>
</tr>
<tr>
<td>65 and over</td>
<td>38.4</td>
</tr>
</tbody>
</table>


In terms of ancestry among people born in Poland living in Australia, 49,510 described their ancestry as Polish, 1,040 as Jewish and 710 German. The major religious denominations were 43,600 Roman Catholic, 3,840 Judaism, and 580 Lutheran (Australian Bureau of Statistics, 2001a).

3.3.5 Studies into the mental health of Polish refugees in Australia

Given the initial thorough physical screening of general health of the DPs was not an issue. However there were early anecdotal reports of mental health problems with the increasing numbers of migrants in mental hospitals. Early observations by commentators of the time warned that the absence of doctors speaking DP’s languages, the accelerated assimilation of immigrants with an unfortunate history and wide cultural differences could result in higher numbers of mental breakdowns (Kunz, 1988). Statistics collected in 1961 found that DPs had higher rates of admission to psychiatric hospitals, with figures indicating that males aged between 20-49 were three to four times more likely to be admitted to a psychiatric hospital compared with
other migrants. Female DPs were twice as likely to be admitted compared with other female migrants (Kunz, 1988).

Systematic research into mental illness among immigrants in Australia was pioneered Krupinski and Stoller (1965) who found a higher rate of Schizophrenia among Eastern European immigrants compared with Southern European, British immigrants and with the local Australian population. The higher rate had been attributed to war experiences, including incarceration in concentration camps, loss of family, witnessing destruction and bombing, and other traumatic experiences. Krupinski, Schaechter and Cade (1965) found that the onset of mental illness was highest in males one or two years after migration and a second peak occurred after 7 to 14 years in Australia. The incidence was associated with isolation, as many males were single and had no family support. The problem of alcohol consumption was also more apparent for males.

The prevalence of Schizophrenia among females was related to length of stay in Australia. These females were mostly married, came to Australia between the ages of 30 and 39 years, and broke down after 7 to 15 years in the country (Krupinski, Schaechter & Cade, 1965). The time of onset of illness had been attributed to the reduction in financial pressures, the feeling of security, isolation as children left the parental home, and to menopause (Krupinski, Schaechter & Cade, 1965). Another factor suggested to had influenced the rates of mental illness was occupation, with many post-war Eastern European immigrants having to deny higher levels of education to migrate to Australia now working in low skilled occupations (Krupinski, 1967){Cox, 1975). Furthermore, the assimilation policies of 1950s may have also contributed to alienation of the individual from the host society resulting in feelings of isolation and reduced self-confidence.

Krupinski, Stoller and Wallace (1973) compared the following refugee groups: i) Jews; ii) Poles, Ukrainians, Bielorussians and Russians; iii) Balts (Latvians, Lithuanians, Estonians), Hungarians, Czechs and Yugoslavs with a control group. The study found that World War II refugees could not be considered a homogenous group. There were differing rates of psychiatric morbidity between and within the groups. For example, Jewish males had the lowest incidence of schizophrenia (3.6 per 1000) despite the fact that they were the most persecuted group during the war.
This rate was higher than the Australian-born males (1.6 per 1000) and the symptoms were more intense in those who had more severe war experiences. However, their psychiatric symptoms did not effect their social and economic situation. Among Polish-Russian males the rate was 16.4 per 1000, which was somewhat higher than males in the third group (12.9 per 1000) (Krupinski, 1973 #400). The Polish, Ukrainians, and Russians were described as the second most persecuted group whose psychiatric symptoms were related to the severity of their war-time experiences. They came from lower socio-demographic backgrounds and remained in unskilled or semi skilled occupations. According to Krupinski (1973) the Balts, Czechs, Hungarians, and Yugoslav group reported less severe war-time experiences and many may have left their home country before the communist takeover. Their psychiatric symptoms were associated with their significant downward mobility, loss of social status and migration stressors (Krupinski et al., 1973). Rates of depression were evenly high among all the three refugee groups (15 per 1000). Rates of alcoholism were particularly high for the Baltic group (14.9 per 1000) (Krupinski et al., 1973).

The authors attributed the high rate of paranoid schizophrenia to wartime experiences and subsequent camp life. They found high correlations between living outside the family setting and higher admission rates. Only seven per cent of the Jewish sample were living outside the family while 26.1% of the Polish-Russian group and 33.6% of the Baltic group lived outside the family setting. Kunz (1988) concluded that the policies of the selection in choosing single men and splitting up families during the two-year work contracts may have had a detrimental effect on the psychiatric health of DP’s. The Jewish refugees in contrast were assisted by Jewish aid organizations and were not compelled to complete the two-year work contracts. Krupinski (1984) observed that the more recent wave of Polish migrants (after 1981) had fewer psychiatric disorders. He related this to fewer traumatic experiences compared with people who arrived in the post-war years (1947-56), middleclass background and having their professional qualifications more readily recognised (Krupinski, 1984).

---

1 Anonymous examiner noted that the criteria for the diagnosis of schizophrenia in post-war period was different than that of today and some of these cases may meet criteria for PTSD.
Another measure of psychological morbidity is suicide rate. Burvill (1998) compared the rates of suicide among migrants and compared them with the rates in their country of origin. For the Poles the age-standardised suicide rate between 1961-70 was 23.3 for males and 15.0 for females. By comparison, in Poland for the same time period the rate was 16.8 for males and 3.8 for females. The rate for people born in Australia was 16.3 for males and 8.8 for females. Migrant Polish women had significantly higher rates compared with their counterparts in Poland as well as in Australia. A similar pattern emerged for the time period 1979-90 where the rate for Polish migrants was 29.3 for males and 13.2 for females while in Poland, the rates were 32.8 for males and 5.8 for females. The Australian comparison was 25.4 for males and 7.2 for females (Burvill, 1998). The trend that rates of suicide tended to decrease with length of residency was not observed among the Poles (Burvill, 1998). Burvill (1998) did not offer any possible reason for the higher rates among Northern and Eastern European migrants. Statistical information available from the VTPU on the number of persons admitted to a psychiatric facility in Victoria for the period 1993/94 indicated that Polish people were over-represented in the admission data compared with other migrants from non-English speaking countries. The average number of clients born in Poland was 40 per 10,000 admitted to inpatient psychiatric units was higher compared with the Australian-born population which was 29 per 10,000 (Evert & Minas, n.d).

More recent data (2001/02) revealed a similar pattern for the treated prevalence among clients seen by the Aged Psychiatric Assessment and Treatment Teams (APATT) in Victoria. The treated prevalence rate for Polish people aged 65 or more was 248.73 per 10,000, which was considerably higher compared with the Australian born population as well as other migrant groups. For comparison the treated prevalence rate for Australian-born was 163.21 and for those born in Greece was 115.62 per 10,000. As illustrated in Table 3.2 the most frequent diagnosis amongst the Poles was dementia (29%), mood disorder (22%) and schizophrenia (20.8%).
Table 3.2 Primary Diagnosis of APATT clients born in Poland, Victoria 2001/02

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>53</td>
<td>29.0</td>
</tr>
<tr>
<td>Mood/affective disorder</td>
<td>40</td>
<td>21.9</td>
</tr>
<tr>
<td>Schizophrenia, schizotype, delusional</td>
<td>38</td>
<td>20.8</td>
</tr>
<tr>
<td>General psychiatric examine</td>
<td>16</td>
<td>8.7</td>
</tr>
<tr>
<td>Neurotic, stress, somatic</td>
<td>14</td>
<td>7.7</td>
</tr>
<tr>
<td>Other organic mental disorder</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>Other &amp; unspecified mental disorder</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Mental behaviour disorder alcohol</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Disorder of personality &amp; behaviour</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(Source: unpublished data from the Victorian Transcultural of Psychiatry & Mental Health Branch 2002).

It should be noted that treated prevalence rates are likely to underestimate rates of disorder in the community because of issues related to access to care (Klimidis & Minas, 1998). Nevertheless, there does appear to be a continuing high proportion of Poles with mental illness and this may have resulted from a number of factors. These may include the following: refugee status of earlier immigrants, most were involuntary migrants who experienced significant traumas in earlier life as a result of war experiences. Many may still carry a burden of grief and profound emotional wounds which have not been resolved. The added stressors of ageing may trigger psychotic episodes; cases have been noted where elderly Polish people have developed schizophrenia, clinical depression or bipolar disorder latter in life. A trigger may have been grief - a sense of loss, wanting to return to Poland or events that had happened to them many years earlier (Source: Private communication Dr. Adamowicz, Psychologist, cited in Evert & Minas n.d).

Unlike other immigrant groups, among the Poles there was no substantial chain migration, as the communist government was very restrictive on who left the country. This resulted in greater isolation and less family support. Cochrane (1977) pointed out that the lack of alternative forms of help, such as family, friends, and neighbours
may make the use of mental hospitals more likely for immigrants than for the original population with the same symptoms (Cochrane, 1977). As mentioned previously, Polish men had a higher prevalence of schizophrenia. The proportion of broken marriages was quite high in the 1960s (Cox, 1975). The Polish Welfare, Information and Employment Bureau, during the period 1994-95 under the Social Support and Monitoring Program, found that out of a total of 61 Clients, 33.0% were aged between 70-75 years and a further 54.1% were aged 75 and over. The main issues for these people were isolation (95.1%) and depression (26.2%) (Polish Community Council of Victoria, 1995). This may be due in part to limited social support mechanisms, a period of no chain migration, small family sizes or many single person households.

The themes that emerge from the sociological and psychiatric literature thus far are that war-time experiences, subsequent post-war migration and resettlement had profound and long lasting effect on Polish refugees in both Britain and Australia. There are a number of similarities but also differences between the Poles in Britain compared with those in Australia. The similarities included the effects of war-time experiences and adjustment stressors. Polonia, consisting of social, religious and cultural structures served an important role in maintaining a sense of belonging and cohesion, both communities carried a deep nostalgia and longing towards their homeland, and most felt that it was not by choice that they were unable to return. The differences were that the Poles in Britain more likely to belong to the professional classes and pre-war intelligentsia as illustrated by historical and sociological accounts. The reaction of the host society may have been more hostile and deliberate towards the Poles in Britain compared with the attitudes in Australia. The Poles who went to Australia were predominantly from rural background and many had lower levels of education and skills. In the past and more recently both communities exhibit high rates of psychiatric admissions when compared with the local population and given the increasing age of these groups the higher proportions are now replicated in psycho-geriatric facilities. Past studies attributed loss of employment status and social position, attitude of the host society, and isolation from Polonia to be linked to poor mental health. New factors residing for example in the ageing process (biological or social aspects) may be associated with continuing and more recent high admission rates, however, this is not clear from such work. The next section will broaden this discussion about the effects of refugee status,
migration and mental health. Many of the earlier themes will resonate in this broader literature review.

3.4 Exile and refugees

What distinguishes a refugee from a migrant has caused significant debate among politicians, policy makers and sociologists. Collinson (1993) is cited by Bloch and Levy (1999) as devising a matrix to assist in distinguishing a refugee from a migrant based on two key concepts: political versus economic and voluntary versus involuntary. Political and involuntary represent the classic refugee fleeing some kind of oppression. An involuntary and economic combination could represent someone fleeing drought or famine. Voluntary and economic represents a migrant in search for a better life for himself and his family (Bloch & Levy, 1999). The emphasis is on choice, that is, migrants chose to move to another country in search of a better life, refugees do not have the same choice. Migrants can cherish the myth of return, that is, some day they may go back whereas for the refugee the possibility of returning home is less feasible (Kusher & Knox, 1999). Further, refugees have experienced political persecution, oppression, violence, human rights violation and in many cases torture (Hooberman et al., 2007; Porter & Haslam, 2005; Schweitzer et al., 2006).

Refugees have experienced multiple traumatic events accumulated over a sustained period including pre-flight, flight, exile, and finally resettlement (Porter & Haslam, 2005). War is often cause of the refugee’s flight, followed by extended periods in refugee camps, and then the inherent stressors of resettlement such as marginalisation, socio-economic disadvantages and discrimination (Porter & Haslam, 2005). It is interesting that the resettlement process is usually thought of to be one surrounding the first several years of immigration. In actuality when ‘resettlement’ stops is not particularly clear in such accounts. It is debatable whether or not one could include the continuing life adjustments as a member of an immigrant minority under this term.

People who have escaped from their homeland to another country generally are exposed to a number of hardships, not least the escape process. Life in exile involves psychological and social adjustment. The person experiences a number of significant losses of family and social networks; former social and cultural status; a
cultural environment that provided rituals, obligations and dependencies, which provided meaning in their lives; their native culture may not be valued by the new cultural environment (Paulson, 2003).

Eisenbruch (1991) coined the term 'cultural bereavement' for people who have suffered a permanent loss of their homeland, social structures, cultural values and self-identity. This applies especially to unwilling migrants such as refugees and exiles uprooted during war or persecution. The person or the group continue to live in the past, feel guilt over having abandoned their homeland, feel anxiety, anger, have morbid thoughts and re-experience memories of the past. The stressful changes that such a group may undergo in its collective grief are analogous to those suffered by individual mourners and may include pathological and atypical grief reactions (Eisenbruch, 1991).

Nostalgia has been described widely among immigrants and specifically among refugees and exiles (Eisenbruch, 1991). Bellelli and Amatulli (1997) described nostalgia as a social construct made up of collective memories that consecutive generations have attached to significant events, within a shared meaning and interpretation. It allows people to escape their present reality to an idealised past (Bellelli, 1997). This sense of nostalgia is captured in Polish the word ‘tesknota’ which is used to describe ‘a feeling caused by separation from someone (something) close to one’s heart, the urge to return to someone (something) that one has not seen for a long time, to someone (something) lost’ (Ronowicz, 1995, p.107). This has been used in relation to the fatherland and there is a strong collective representation of this feeling expressed by émigré poets and writers.

Thus, feelings of individual loss and grief reflect a profound community suffering, the experiences, the meaning and the expression of which are culturally determined (Eisenbruch, 1991). Larger social, economic, political contexts play a vital role in the successful adaptation and acculturation of refugees into the host community (Porter & Haslam, 2001). The next section summarises the challenges both migrants and refugees face in their new environment.

Page 77
3.5 Migration

The process of migration has its own inherent stressors that affect the individual and their family, whereby the migrant undergoes a series of adjustments and responses to living in a new and often alien environment (Bhugra, 2004a). This process can have detrimental effects on people’s social and emotional wellbeing (Bhugra, 2004a). Migration is a process whereby the individual may initially experience a sense of loss, dislocation, alienation and isolation (Bhugra, 2004b). Migration and resettlement can include exposure to a host society that has markedly different social structures, institutions and basic processes in everyday life that is very different to that of the country of origin (Klimidis & Minas, 1999).

3.5.1 Settlement difficulties

The person can be faced with the hostility or indifference by the host society. The reception of the host society is also an important determinant in facilitating or impeding the adjustment process. The language barrier can compound problems of adaptation and together these factors can contribute to settlement stresses that affect mental health (Klimidis & Minas, 1999). Migration also means that social networks are reduced and may not be available to support the individual in dealing effectively with stresses. For refugees family diffusion (i.e., in different settlement countries) is an additional difficulty. The attitude of the host country such as prejudice and discrimination, lack of compatriot supports, exposure to earlier trauma as in the case of refugees and perceived failures (failure to meet financial objectives or career and professional goals) have all be considered important in increasing the risks of poor psychological health (Klimidis & Minas, 1999).

3.5.2 Acculturation

Acculturation is a long-term process of cultural and psychological change that takes place as a result of direct contact between two or more cultural groups and their individual members. At the group level, it involves changes in social structures and institutions and in cultural practices. At the individual level, it involves changes in a person’s behavioural repertoire. ‘The process of cultural and psychological changes involves various forms of mutual accommodation, leading to adaptation between both groups in the long term’ (Berry, 2005, p699). The contact experience has
consequences for both groups but has greater impact of the less dominant group and its members (Berry, 2001). The attitude and behaviours of both groups are important, that is, in any intercultural interaction, ‘a group can penetrate (or ignore) the other, and groups can remain culturally distinct from (or merge with) each other’ (Berry, 2001, p617). Individuals within the non-dominant group may not wish to maintain their cultural heritage and seek to adopt the host culture – this strategy is known as assimilation. When individuals place a value on maintaining one’s own original culture and avoid interaction with others – this is known as separation. Integration, on the other hand is when efforts are made to maintain one’s original culture and engage as an integral part of the larger society. Finally, when there is little interest in one’s native identity and little interest in involvement in the larger society then marginalisation results (Berry, 2001). Societal orientation towards immigration and pluralism can be expressed in a number of ways. Societies that have a positive attitude towards immigration and embrace a multicultural ideology support diversity as a shared communal resource. Other societies seek to eliminate diversity through policies of assimilation and still other societies attempt to achieve segregation and marginalisation of their diverse populations (Berry, 2005). According to Berry (2005) the picture that emerges from the literature in terms of the impact of acculturation on mental health is that integration is the least stressful, and marginalisation is the most stressful, and assimilation and separation fall somewhere in the middle.

With respect to the early immigration policies of the 1950s and 1960s in Australia societal expectation was based on the notion of assimilation that the migrants would blend into the existing culture and not disrupt the Australian way of life or the national economy (Lack & Templeton, 1995). Despite these early policies the creation and maintenance of Polonia within the larger Australian society is an example of successful integration.

3.5.3 Ethnic diversity versus ethnic identity

When the culture of the refugee and that of the host society are incongruent in that the beliefs, values, rules by which life is lived of the host society can differ substantially to that of the individual migrant. One such distinction much studied is what Hofstede has described collectivist and individualism cultures (Hofstede, 1980).
Collectivism refers to societies that stress collective identity, ‘we’, emotional interdependence, group solidarity, sharing, duties, obligation, and in group decision making. Individualism refers to societies that emphasis autonomy, ‘I’, emotional independence, initiative, privacy, pleasure seeking, and financial security (Hofstede, 1980). Stress may occur when there is a lack of congruency between the migrant (collectivist) and his host environment (individualist). At the individual psychological level, idiocentrism and allocentrism are parallel processes whereby the idiocentric person defines themselves in terms of ‘I am.. my strengths are..’ and the allocentric person defines themselves in terms of ‘my family expects me… others believe my strengths are…’ (Bhugra, 2004b p137). Bhugra (2004b) applies these concepts to migrants and their situation in the host society. If there is a great disparity in such cultural terms between the individual’s social characteristics and those of the larger society, this can cause stress and increase a person’s vulnerability to mental health problems.

Summary
The picture that emerges from the literature is that there have been high rates of psychiatric morbidity (schizophrenia, depression, paranoia and alcohol abuse) soon after the war ended and later when the Poles settled in Britain and Australia. Researchers attributed the high rates of illness not only to the traumatic events experienced but also to the stressors resulting from migration such as loss of social and professional status and adjustment to the host society. This was most strongly felt when the host society was antagonistic towards the migrant. The availability of Polonia seemed to be important as a protective factor. Those experiencing mental breakdowns commonly lacked access to the compatriot community, although the reverse can also be true that people who had developed mental health problems disassociated themselves from Polonia. High rates of psychological morbidity continue to be found among elderly Polish refugees living in Victoria; they are still over-represented in the psychiatric admission data. The studies of the past have focused on such measures of psychological distress as psychiatric inpatient admission rates and rates of suicide. There have been virtually no community based studies about the mental health in the Polish community in Victoria and very few from overseas. Most of the studies from Britain have focused on issues of migration, stress and mental health from a historic, anthropological or sociological perspective.
This chapter has examined a number of themes, including that traumatic events can cause psychological distress, refugee status and migration can contribute to this disturbance or can trigger psychological distress, and these effects can be long lasting. This chapter also highlights that when there is a disconnection between the migrant and the host society this can lead to greater vulnerability to mental health problems. The next chapter will focus on the traumatic events themselves and the psychological responses to these events taking into account the importance of the social and cultural context within the larger framework of psychological and psychiatric literature that has grown exponentially since 1980.
Chapter Four: Literature review - the study of the traumatic event and its psychological sequelae

‘Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning’ (Herman, 1997, p33).

The previous chapters described the historical and social context of the Second World War, and the displacement, migration and settlement of Polish refugees. Many Polish people experienced a series of traumatic events, hardship and suffering not just during the war but afterwards, finding themselves as DPs unable or unwilling to return home for reasons outlined earlier. As exiles, after years in DP camps they finally found a place to settle. Migration and settlement presented inherent difficulties in terms of adjusting to an alien and in some cases a hostile environment.

The study of the effects of traumatic events on psychological health encompasses a wide body of literature. The literature on this topic has grown exponentially since the inclusion of the diagnosis posttraumatic stress disorder (PTSD) in the third edition of the Diagnostic Statistical Manual of Psychiatric Disorders (DSM-III) (American Psychiatric Association, 1980). It is a challenge to succinctly review this mass array of literature and research after two decades of the proliferation of books, professional journals, and research centres (Wilson, 2004). The aim of this chapter is to present a concise historical, social and cultural context for the study of trauma and its evolution to the present day.

Key points will be made about what constitutes a traumatic event, what constitutes a ‘normal’ response to such an event and why is it that when people are exposed to the same traumatic event some people develop posttraumatic stress and other people do not. In reviewing these seemingly simple questions, two differing assumptions will be presented. On the one hand is the view that PTSD is a normal response to ‘an abnormal event’. The ‘abnormal event’ is so stressful that a person’s coping...
mechanisms are overwhelmed and that it would cause distress in almost anyone. In line with this view, much attention has been devoted to the characteristics of this event such as its intensity, duration, and the type of event. From this perspective, less emphasis is placed on pre-disposing characteristics and post-trauma variables. Contrary to the earlier understanding of trauma responses recent epidemiological studies have highlighted the observation that not everyone develops symptoms of distress in response to traumatic events.

Following on from this, is the question of why is it that in some people there are no measurable psychological effects, in others, the post-traumatic illness is acute and passes within a relatively short timeframe and yet in others it becomes a chronic condition? This has led to a debate about what factors determine illness; what factors promote recovery and what mechanisms are involved in acute responses becoming chronic illness. Is it the actual event itself that determines the response; the severity of the event, whether there is a dose-response reaction to the event, that is, with increasing levels of trauma causing increased level of post-traumatic illness, is there a threshold below which post-traumatic illness does not occur and if so what determines this threshold? Other investigators have examined the meaning attached to the traumatic event, the feelings of helplessness and vulnerability. Profound feelings of guilt and shame and their effect on the person’s ego integrity have been raised as important determinants. There have been numerous cognitive, neurobiological and social cultural models put forward to explain the complex reaction of the mind-body to traumatic events.

Researchers are increasingly interested in the concept of post traumatic growth and in examining more closely the mechanisms that result in people successfully coping and adjusting to traumatic events and even deriving ‘benefits’ from their experiences. Furthermore, trauma is experienced at an individual, familial and communal level, and cultural and societal issues play a vital role in how trauma is given meaning, healed and commemorated.
4.1 The social and cultural milieu of the study of trauma

Historically the study of trauma has been mostly associated with describing acute responses to stress from the battlefields of the First and Second World Wars as experienced by servicemen with fewer studies about civilians. The exception has been the considerable research conducted with Holocaust survivors. The Vietnam War and its aftermath was the genesis of renewed and detailed inquiry into the effects of combat trauma and led to the inclusion of PTSD into the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) and subsequent revisions (American Psychiatric Association, 1980).

Firstly, it is important to understand the historical, social and political context in the study of trauma that has been punctuated by periods of great interest, then denial and amnesia (Herman, 1997). The societal and political context is particularly relevant to the emergence of Post Traumatic Disorder in the early 1980s, which will be described in some detail later.

Herman (1997) described very succinctly the history of psychological trauma and the episodic amnesia, in society, in general and in the scientific community specifically towards this topic. This ranged from periods of in-depth study and important discovery to a complete lack of interest and even denial and renouncement of previous discoveries and descriptions. The topic itself is emotionally charged. On one hand is the deep desire to deny that atrocities occur to humans at the hands of other humans and on the other hand is the need to tell the story, for it to be heard and accepted. ‘Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims’ (Herman, 1997, p1). In Herman's view, when people are silenced, the story comes out not as a narrative but as symptoms. When people are committed to secrecy, their psychological distress simultaneously draws attention to it and deflects attention from it. They vacillate between denial (numbing) and reliving the events in their mind. This vacillation happens not only on an individual level but also on a societal level (Herman, 1997).

A clear example of this was in the late 1890s. Freud presented a paper on the ‘aetiology of hysteria’ in which he linked the experience of childhood sexual abuse
with somatic symptoms. He proposed that this abuse was an attack on the integrity of the ego and resulted in the repression of memory and emotion in relation to the event (Resick, 2001). At the time, Freud was met with stony silence. Austrian society was not prepared to acknowledge that children were abused in such away. Freud later refuted his findings, explaining them away as mere fantasy on the part of his female patients. It was only in the 1970s with the feminist movement that this issue was not only brought to light but also acted upon (Herman, 1997). As women started to speak out about their domestic lives, the incidence of domestic violence, sexual abuse and rape came to the fore. Rape crisis centres, battered women’s shelters and phone advice lines came about as a grassroots response to women’s needs. During the mid 1970’s professionals began describing trauma symptoms leading to the terms ‘rape trauma syndrome’, or ‘battered woman’s syndrome’ (Resick, 2001).

The late 19th century and throughout the 20th century some attempt had been made to classify psychological trauma although the emphasis was on the manifestation of physical symptoms. The term ‘railroad spine’ was used to describe people who were involved in train accidents. The symptoms were explained as the result of injury to the brain, spine and peripheral nerves. The view was that the vigorous jolts and shakes experienced were sufficient to damage the nervous system. Some physicians suggested that the arousal of powerful emotions especially fear produced similar effects. This was further elaborated on by Jean-Martin Charcot who believed that only some cases were attributed to nerve damage while others were the result of an undetected mechanism, a kind of post-traumatic memory that occurred at the time of the collision (Young, 2000). The assumption was that memories are deposited in associative networks, within which they are connected to emotions, sensations and to other memories whereas traumatic memories are isolated and disconnected (Young, 2000). Thus even though the prevailing view was that post-traumatic symptoms were produced by mechanical forces, a second view was gaining credence that extreme psychological stress or conflict could independently produce such symptoms (Young, 2000). The idea of traumatic memory was associated with amnesia. Pierre Janet further elaborated on this idea through his observations that patients continued to store memories during the amnesia period but were not able to assimilate them. These memories were like the post-trauma memory in that they were disconnected from the network of memories that formed a person’s self-awareness and personality (Young, 2000). The association between amnesia (both
pre-trauma and post trauma memories) and traumatic memory lost its impetus over
the next decades with it being reported far less following the Second World War
(Young, 2000). The concept of psychological trauma hit western consciousness
following the devastating losses sustained during the First World War on a scale not
seen before. Men returned from the combat zone, from the trenches weeping,
screaming, unable to move, mute, non-responsive with sustained loss of memory,
not dissimilar to the symptoms of hysteria described in the previous century. Mental
breakdowns accounted for about 40% of British casualties (Herman, 1997). British
psychologist Charles Myres attributed symptoms to the exploding shells and called
the nervous disorder ‘shell shock’. The name stuck but it soon became apparent that
one did not need exposure to exploding shells to have the symptoms. The context of
the societal view at the time was that the moral character of the patient must
somehow be deficient. The prevailing view was that men went to war in glory as
heroes who did not show any emotion. Therefore, the patient must be a moral
invalid, a coward. British psychiatrist Lewis Yelland who held this view, subjected
soldiers to electric shock treatment, declaring ‘remember you must attack as the hero
I accept you to be’ (Herman, 1997 p21). Patients were excoriated for laziness and
cowardice, others sentenced to court marshal for treason. W.H.R. Rivers challenged
this view by offering a more humanistic approach based on psychoanalytic principles.
His most famous patient Siegfried Sassoon wrote a manifesto against war, even
though he had distinguished himself for bravery. Rather than being shamed, he was
treated with kindness and dignity. Rather than silenced he was encouraged to talk
and write about his experiences (Herman, 1997). The aim was still to get him back to
the front. Rivers demonstrated that brave men could also succumb to overwhelming
fear. The most effective way to overcome this fear, it was said, that was stronger
than patriotism, stronger than an abstract hatred for the enemy, was the love towards
one’s fellow soldiers. Soon after the end of the First World War, the topic of shell
shock faded away. Despite this, men still filled the back wards of veteran’s hospitals,
a sight society preferred to forget (Herman, 1997).

The early work of Kardiner (1941) and Grinkler and Spiegel (1945) was based on the
belief that traumatic neurosis was a physical illness with enduring physical responses
maintained by neuro-chemical changes in the nervous system. They recognised war
neurosis as a type of hysteria. The advent of the Second World War renewed
interest in stress and war. Psychiatrists recognised any man could break down
under fire and that psychiatric casualties corresponded to the severity of combat exposure. Practitioners re-discovered Rivers's humanistic approach and found that situation of constant danger led to men developing strong emotional attachments with each other. The strongest protective factor against overwhelming fear was the degree of relatedness between soldiers and their commander. Grinker and Spiegel (1941) also found strongest protection was morale and leadership of the small fighting unit. They discovered the mediating role of altered states of consciousness in psychological trauma. Artificially induced altered states could be used to gain access to traumatic memories. Kardiner and Spiegel used hypnosis while Grinker and Spiegel used sodium amytal. The talking cure was based on the recovery and cathartic reliving of traumatic memories with all attendant emotions of terror, rage, and grief (Herman, 1997). For there to be a lasting effect, memories needed to be ‘integrated’ into consciousness. Little attention was paid to men once home from active duty. A soldier only has status when at war. Once back home, he is treated like everyone else. There was little interest in the medical or psychological health after men returned home. The lasting effects of war were once again forgotten.

The exception to this was interest and research into the aftermath of the Holocaust. Many studies were conducted with survivors of Nazi persecution including Concentration Camp Survivors (Chodoff, 1963; Klein et al., 1963). This led to the findings of chronic disability and impairment in people’s functioning. It led to the definition of conditions such as ‘the concentration camp syndrome’ and ‘K.Z syndrome’. The ‘K.Z syndrome’ was defined as an organic-mental syndrome that emerged in the initial phase after liberation and was seen in the majority of concentration camp inmates. The manifestation was the reduced vitality and difficulties in human contact by nearly all survivors. The adjustment difficulties were explained as the result of organic changes in the brain, caused by physical and toxic injuries, as well as starvation and exhaustion. The person experienced difficulties adapting to family and society as an expression of a change in the self-concept of the outside world (Klein et al., 1963; Ryn, 1990b). People who had been oppressed, that is confined in the ghetto, extermination and concentration camps were more likely to be withdrawn socially and have anxiety symptoms (Klein et al., 1963). ‘Survivor syndrome’ was used by Neiderland (1968) to describe a constellation of symptoms

---

2 Abbreviation from the German word for concentration camp (Konzentrationslager)
that included chronic depression, anxiety, nightmares of wartime experiences, guilt for having survived, psychosomatic disorders, hypochondriasis and a lonely, isolated life devoid of pleasure (Neiderland, 1968; Phillips, 1978). These results were seen as particular to the Holocaust as a unique event in history so that the findings were not regarded by the scientific community as generalisable (O'Brien, 1998).

Cultural and societal constraints also played a role into the research into the aftermath of the Holocaust. An important factor in the processing of social trauma is the way mental health professionals conceptualised individual trauma (Nadler, 2001). Much of the early research was conducted in the United States (Chodoff, 1963), Canada (Sigal et al., 1973) and Europe (Eitinger, 1964) studies cited by (Nadler, 2001). The 1960’s in Israel where many Holocaust survivors settled was characterised as a time of general reluctance by psychiatrists to study the long-term effects of the Holocaust. It was felt by psychiatrists, social scientists and authorities that it was more pressing to help survivors adjust to their new home rather than delve into the immediate traumatic past which contained horror and destruction not only for the victim but also for the Jewish population of Israel (Klein et al., 1963).

Nadler (2001) described three periods in Israeli society in response to the enormity of suffering endured by Holocaust survivors. The first phase was characterised by a sense of disbelief towards the atrocities, an unwillingness to acknowledge survivor’s pain coupled with defensive and judgemental attitudes towards them. This led to research about how people survived the concentration camps with an emphasis on the morality of people’s behaviour. The second phase culminated with Eichmann’s trial where first hand testimonies of survivors during court proceedings were broadcast. The stereotypes of heroes or villains were replaced by accounts of ordinary people who had undergone untold atrocities and were continuing to lead daily lives. This led to a more empathic view of their suffering by Israeli society. This was reflected in the research into the long-term effects of trauma and descriptions of their psychopathology. The impact of the Holocaust on the individual was now cast in medical-psychiatric terms. The third phase extends from 1980s to the present time and is characterised by a focus on the close relatives of survivors who had been vicariously traumatised and the impact on Israeli society as a whole. This period marked a shift from psychopathology to coping and broadened the focus onto the effects of traumas on the survivor’s families (Nadler, 2001).
4.2 The evolution of PTSD and the aetiological event

Large-scale systematic enquiry into trauma and its psychological sequelae did not occur until after the Vietnam War, largely the result of the veteran's movement, who were disaffected by the war. Vietnam veterans and sympathetic psychiatrists applied political and social pressure to come up with an explanation as to why it was that so many veterans were struggling with everyday life after the war. The advocates for the veterans claimed that the war had produced a high prevalence of suicides and severe psychiatric problems (Bracken, 2002). However these cases were being undiagnosed or misdiagnosed as paranoid schizophrenia, depression, alcohol abuse or drug addiction as the treating physician didn’t take into account the person's combat history (Bracken, 2002; Young, 2000). As a result, veterans weren’t receiving appropriate treatment and the symptomatology was having a marked effect on their family life, employment and overall functioning. This in turn was exacerbating their distress and disability and resulted in increased alcohol and substance use (Young, 2000).

Official recognition of a diagnostic category was the first step in addressing this concern. A powerful lobby wanted the inclusion of a ‘post-Vietnam syndrome’ into the third edition of DSM. Proponents of the diagnosis felt that certain features of the war such as; not being able to tell friend from foe, atrocities, unclear military goals, and the ambivalent response to their return home (at best Veterans were ignored and at worst they were vilified for taking part in an unpopular war) meant that the veterans were more vulnerable to long term psychiatric problems (McNally, 2003; O'Brien, 1998). Diagnostic criteria were devised that extended the eligibility for treatment and compensation including cases of delayed onset and associated with a range of aetiological events allowing for co-diagnosis. The unique aspect of the criteria was the inclusion of an aetiological stressful event that would cause distress in almost anyone (Young, 2000). This was a philosophical shift away from viewing the veteran as somehow psychologically damaged to one of being unable to adapt and respond to frightening environmental events (Bracken, 2002; Yehuda & McFarlane, 1995). Initially the American Psychiatric Association was reluctant to have a specific disorder tied to a historical event (O'Brien, 1998) however it bowed to arguments put forward that similar symptoms have been found in battered women, rape victims, natural disaster survivors and concentration camp detainees (McNally, 2003).
Traditionally trauma or stresses were considered modifying of rather than causal in illness, affecting the timing rather than the nature of illness both psychological and physical (O'Brien, 1998). That is, it was generally thought that the nature of disease suffered was determined by other factors with stress and trauma having only a modifying effect. This is reflected in the diagnostic category of ‘gross stress reaction’ in DSM-I (American Psychiatric Association, 1952). The symptoms were thought to resolve themselves over time and if they persisted, this was attributed to severe pre-morbid personality disturbance, and here the emphasis was on some character or personality flaw (O'Brien, 1998). In 1968, DSM-II moved away from the term ‘gross stress’ but still focused on previous vulnerability in that it included ‘transient situational disturbances’ of adult life (American Psychiatric Association, 1968). If the symptoms persisted then a diagnosis of anxiety neurosis was given and with this diagnosis, once again, a time limitation was placed on the symptoms and if they persisted it was attributed to premorbid personality pathology (McFarlane, 1989).

In both DSM-I and DSM-II psychological responses to trauma were considered brief and self-limiting. Chronic illness was considered to represent pre-existing conditions, pre-morbid vulnerability or individual weakness (Yehuda & Giller, 1996). An alternate view was expressed by Keiser (1968) in his book ‘The Traumatic Neurosis’ putting forward the idea that specific problems occur following a trauma (O'Brien, 1998).

**4.3 The traumatic event**

In 1980, for the first time, an aetiological event was recognised as the cause of psychological symptoms within the DSM. This was a unique occurrence in psychiatric diagnosis to actually specify the etiologic event; exposure to a traumatic stressor as part of the diagnostic criteria. Regardless of the symptoms, a diagnosis could not be made if the person had not been exposed to a traumatic event. The underlying principal was that the event was so overwhelming that PTSD is a normal reaction to extreme stress – it is a normal adaptive process in reaction to an abnormal situation (Lifton, 1993). One of the intentions in including this criterion was to validate the experience of trauma survivors by relieving them the burden of having to explain why the events that befell them caused them to suffer (Yehuda & Giller, 1996). Instead of defining clear guidelines for what constituted a traumatic event the
DSM-III addressed the issue of the general nature of the stressor and emphasised a homogeneous set of symptoms that resulted from exposure to trauma.

4.3.1 Defining the traumatic event according to DSM

The event according to DSM-III had to be 'outside the range of usual human experiences' (American Psychiatric Association, 1980). The emphasis here is that the stressor was rare (Green, 1993). This definition was refined in DSM-IIIR to highlight the seriousness of the event that was 'outside the normal range of events' (American Psychiatric Association, 1987). Criticism was levelled as this definition because occurrences such as rape, battery and physical and sexual abuse were not outside the range of women’s ordinary lives (Herman, 1997; Resick, 2001; Yehuda & Giller, 1996). DSM-IIIR rectified this to emphasise the distinction between stress and trauma. The definition still considered PTSD to be a normal consequence following exposure to an unusually traumatic event (Resick, 2001).

In 1994, the diagnosis was revised again de-emphasising the actual event but rather emphasising the person’s response to it. Criterion A requires that both parts are present. Part 1 is that the person had to have experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of the person and others. Part 2 is the person’s response to the event was intense fear, helplessness or horror (American Psychiatric Association, 1994). Despite the references to life threat and injury, DSM-IV significantly broadened the definition. It allowed a diagnosis to be made not just for direct victims but also affected family members such as homicide victims or disaster relief workers. It also allows for a diagnosis in cases where no life threat is made but that the person’s physical integrity is somehow threatened or compromised as in the case of child sexual abuse or rape (Herman, 1997). It also allowed for someone who learned about someone else being threatened with harm qualifying them as having been exposed to trauma and for PTSD if the other symptom criteria were met (McNally, 2003). Thus, one no longer had to be the direct or vicarious recipient of trauma but merely being horrified by what had happened to others was sufficient. Some researchers feel the definition has become too broad with the example given that someone could claim to have PTSD after hearing offensive jokes in the
workplace and be successful in obtaining a large compensation payout (McNally, 2004).

Table 4.1 The evolution of the stressor criterion

<table>
<thead>
<tr>
<th>DSM</th>
<th>The stressor criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM-III</td>
<td>The existence of a recognisable stressor that would evoke significant symptoms of distress in almost anyone</td>
</tr>
<tr>
<td>DSM-IIIR</td>
<td>Experience of an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g. serious threat to one’s life or physical integrity; serious threat or injury to one’s children, spouse or other close relative or friends; sudden destruction of one’s home and community; or seeing someone who has recently been, or is being, seriously injured or killed as the result as the result of an accident or physical violence</td>
</tr>
<tr>
<td>ICD-10</td>
<td>Exposure to an exceptionally threatening or catastrophic stressor, either brief or prolonged</td>
</tr>
<tr>
<td>DSM-IV</td>
<td>Experienced, witnessed, or been confronted with an event or events which involve actual or threatened death or serious injury or a threat to the physical integrity of self or others……and response involved intense fear, helplessness, or horror.</td>
</tr>
</tbody>
</table>

Source: O’Brien, 1998

4.3.2 Traumatic events and ‘ordinary’ stressors

Human history has been punctuated by traumatic events of natural and human design that can leave permanent psychic scars. Much debate and research has centred around, what makes an event in a person’s life traumatic, and how this is distinguished from the ordinary stresses of life? Life stressors can be defined as either minor (such as being stuck in a traffic jam, having a disagreement with a friend) to major (death of a loved one, divorce). They can be acute (physical injury, moving house) or chronic (exposed to hazardous environment, poverty). In response to these stressors, people have emotions, thoughts, behaviours and physical reactions that correspond to the severity and chronicity of the stressor (Resick, 2001). In contrast, events are traumatic or catastrophic if they are sudden, unexpected, and threatening (Carlson, 1997; Resick, 2001). These events are overwhelming in that they incapacitate a person’s sense of control, connection and meaning (Herman, 1997). They render the person helpless and vulnerable because they attack ideals and beliefs about safety and personal control. The external reality is of danger and uncontrollable events that may kill, maim, brutalise or destroy (McFarlane & Raphael, 2000).
4.3.3 Characteristics of the traumatic events

Traumatic events are extraordinary because they overwhelm the usual capacity for human adaptation to life. The ordinary human response to danger is a complex integrated system of reactions, encompassing both body and mind. Threat initially arouses the sympathetic nervous system. This heightened a person’s state of arousal whereby the person’s full attention is on the immediate situation. Threat evokes intense feelings of fear and anger. These changes in arousal, attention, perception, and emotions are said to be the normal, adaptive responses. Unlike common misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close encounter with violence and death (Herman, 1997). Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition and memory.

‘They mobilise the threatened person for strenuous action, either battle or in flight. Traumatic reactions occur when action is of no avail. When neither resistance or escape is possible, the human system of self-defence becomes overwhelmed and disorganised. Each component of the ordinary response to danger having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over’ (Herman, 1997 p34).

What seems to be the very heart of these events is that one’s survival is at question, that is, one is confronted by one’s own mortality and possible annihilation (Janoff-Bulman, 1992; Lifton, 1993).

‘Extreme negative events that induce trauma are unique in that they force the victim to come to face to face with their vulnerability, with their essential fragility. They are abnormally stressful, not the stuff of our lives. They tell us that survival can no longer simply be assumed or ignored, and this threat to our biological integrity services to undermine our psychological integrity as well.’ (Janoff-Bulman, 1992) p 59)

Run of the mill hassles such as martial difficulties, chronic illness, financial losses, or bereavement do not qualify as traumatic events. The confrontation with one’s own survival is the defining feature of traumatic events (Janoff-Bulman, 1992). According to Janoff-Bulman (1992), traumatic events shatter a person’s basic assumptions and beliefs about themselves, the external world and the relationship between the two.
These assumptions are that the world is benevolent, the world is meaningful and the self is worthy (Janoff-Bulman, 1992).

After reflecting on his interviews with survivors of the atomic bomb in Hiroshima, Vietnam Veterans whom he termed as neither ‘victims nor executors’ and with perpetrators, the Nazi doctors in Auschwitz, Robert Lifton formulated the concept of the ‘death immersion’ and ‘death imprint’ (Lifton, 1993). He emphasised the importance of the concept of the life/death paradigm whereby there is a personal and cultural resistance to the notion of death. The experience of ‘death immersion’ occurred for the victim and the perpetrator. In the case of the Nazi doctors especially those in the death camps they also struggled with their own death anxiety (Lifton, 1986). The death imprint according to Lifton (1993) is a crucial part of the survivor syndrome. This imprint makes it impossible for the survivor to deny the reality of death and brings him face to face with feelings of personal vulnerability and consequent anxiety. ‘The degree of anxiety associated with the death imprint has to do with the impossibility of assimilating the death imprint because of its suddenness, protracted nature, or its association with the terror of premature, unacceptable dying’, (Lifton, 1993 p17). People grapple with their own continued existence. According to Green (1993) it is still to be determined empirically whether this ‘death encounter’ actual or symbolic is a necessary condition for producing post traumatic stress.

Trauma and suffering have been recognised as part of the universal human experience. People have developed a range of responses to this suffering. The initial reaction can be of outcry, then denial (emotional numbing, avoidance, withdrawal), followed by intrusion of memories (accompanied by depression, anxiety, anger) and completed with regaining a sense of coherence and resolution (Horowitz, 1993). The responses to trauma occur after the event. Trauma presents information that is incongruent with pre-existing schemas. Schema is defined as mental representations, structures of meaning (Horowitz, 1991).

According to Horowitz (1991), enduring schemas are intrapsychic retaining meaning structures and maintain generalised formats of knowledge that can be activated by other mental activities. Working models are transitory combinations of internal and external sources of information. ‘They integrate stimuli from current situations with past knowledge derived from networks of ideas and from enduring person schemas’
Enduring person schemas of self and relationship to others may be biologically derived and meaning structures preserved and promoted by family and culture. Other aspects are learnt progressively as a product of experiences from infancy onwards over the course of one’s life. Trauma events disturb existing schemas and the formation of new ones. Many researchers and clinicians believe that the coherent integration of traumatic events into the person’s overall conceptual system is critical to recovery (Amir et al., 1998; Ehlers & Clark, 2000; Horowitz, 1993; Janoff-Bulman, 1992; Newman et al., 1997).

Cason et al (2002) provided a useful summary and critique of the working models of the cognitive and affective processes experienced by trauma survivors, as they integrate their traumatic experiences into a coherent structure (Cason et al., 2002). One group of working models have been categorised as process-focused describing schemas as associated memory networks connecting stimuli, response and meaning elements. Within this model, individuals show fear and avoidance when confronted with similar or associated stimuli. There are two phases one normal, the other pathological. The normal response fear and anxiety are associated with the actual event while pathological fear extends to stimuli that are not associated with the actual traumatic event. This model has been useful in explaining prolonged or pathological fear and anxiety but less effective in describing other posttraumatic reactions such as depression, interpersonal difficulties and so on (Cason et al., 2002).

The second group of working models have been termed as content-focused theories that are synonymous with beliefs. The notion is that the traumatic events can sometimes permanently alter basic beliefs about the world, self and other people (Cason et al., 2002; Janoff-Bulman, 1992). The process of assimilation and accommodation has been put forward as an explanation of the persistence of schemas. Assimilation involves adding new information (events, behaviours) into the existing schema. Accommodation refers to changing the schema in order to accommodate the new information. Assimilation is more common than accommodation and both processes are involved in incorporating and integrating the traumatic events. From the perspective of content theorists, posttraumatic distress occurs because of the incongruency between existing beliefs and traumatic experiences (Janoff-Bulman, 1992).
The third perspective was construct-focused. This perspective proposes that people categorise and understand all events by assigning them towards poles of dichotomous scales known as constructs. A construct is a bipolar abstraction (e.g. good-bad) that the person summarises, gives meaning to and uses to anticipate events. It has been suggested that trauma victims are initially only able to construe the traumatic event in very simplistic ways. People who are unable to fit the traumatic event into pre-existing constructs and who are unable to form and integrate new constructs will be more likely to develop PTSD (Cason et al., 2002).

Thus, according to the cognitivist perspectives after the trauma experience, the person has to modify their schemas to fit the new information that is inconsistent with their existing schemas about themselves, the world, their safety and vulnerability. This leads to distress and the need to integrate the new reality, to find new meanings for themselves and their world (Kraaij & Garnefski, 2006). However it is not clear from the literature the precise meaning and nature of the key terms used such as ‘processing’, ‘integrating’ and ‘assimilating’.

The actual event has been identified an important aspect of understanding the particular outcomes in processing the event. The event itself is seen as important as to what objectively occurred to the person in terms of life threat, loss and what role the person played in that event (Green, 1993). These are summarised in Table 4.2.

Using these dimensions in a study that combined data sets from three traumatic events: Buffalo Creek dam collapse, Beverley Hill Supper Club Fire and military service in Vietnam, Green (1993) found that the three dimensions of trauma (threat, loss, grotesque) significantly predicted a diagnosis of PTSD with life threat having the strongest association to the diagnosis of PTSD. Life threat was also predictive of Intrusive and Avoidance scores. Green argued that severity of stressor is the most important although she did acknowledge that personal and environmental influences were also important (Green, 1993).
Table 4.2 Dimensions across traumatic events derived from (Green, 1993)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Experienced trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimension I</td>
<td>Threat to life and limb</td>
</tr>
<tr>
<td>Dimension II</td>
<td>Severe physical harm or injury; the fact of actual injury to the person is a dimension related to life threat but is not often examined separately</td>
</tr>
<tr>
<td>Dimension III</td>
<td>Receipt of intentional injury/harm; injury perpetrated by others such as rape, family abuse, battery violence, incest and torture</td>
</tr>
<tr>
<td>Dimension IV</td>
<td>Exposure to the grotesque; this category is meant to cover experiences where the individual is exposed to the death or near death of another and where the death is particularly disfiguring, mutilating or otherwise grotesque (burned, mangled or swollen bodies)</td>
</tr>
<tr>
<td>Dimension V</td>
<td>Violent/sudden loss of a loved one; loss of a loved one through traumatic or catastrophic events is likely to be sudden and violent thus is conceptually shares with sudden death or injury experience even when not present at the time the person may vicariously live through the event and there is potential for intrusive reconstruction of the events</td>
</tr>
<tr>
<td>Dimension VI</td>
<td>Witnessing or learning of violence to a loved one; as would be the case for the above violence against a loved one even if not witnessed directly, is still likely to be experienced vicariously based on the reports of what happened.</td>
</tr>
<tr>
<td>Dimension VII</td>
<td>Learning of exposure to a noxious agent; in this dimension the stressor may be information that one has been exposed to a substance which may prove to be fatal or harmful in the long run. In order for this information to be stressful the person would have to believe that death/illness was possible. These experiences are likely to involved blaming someone else for the exposure and may overlap with dimension III</td>
</tr>
<tr>
<td>Dimension VIII</td>
<td>Causing death or severe harm to another. The focus of this category is on individuals who commit such acts because their particular role requires them to, or their role puts them into situations where there is strong pressure to commit such acts. These experiences are likely to occur to people in the military or paramilitary such as soldiers or police.</td>
</tr>
</tbody>
</table>

According to Carlson (1997), three critical elements are necessary for an event to be traumatising. The event must be experienced as extremely negative, sudden, and uncontrollable, in that the person is unable to control events and the interaction with the subsequent threat to their physical safety and psychic integrity (Carlson, 1997).

**Negative valence:**

Valence means the psychological value placed on an object, event, person, or goal. There is little variation in what causes physical pain or damage but there is a lot of variation in what causes psychological pain. An important aspect to this is the
individual's perception of the event, that is, whether they perceive it as negative or not. For example, if a person was in a car accident and knocked unconscious unable to remember anything of the accident would they experience the same fear of threat of physical injury or death? Mayou, Bryant and Duthie (1993) found that in the case of car accident survivors those who were amnestic for the accident had no intrusive thoughts about it afterwards. Clinical observations of traumatised persons tend to lend support to the notion that the negative valence of an event is an important causal factor in the response to trauma. The fact that some trauma victims become focused on the negative valence of their trauma supports the hypothesis that negative valence plays a casual role in the development of symptoms. Empirical data is needed to clarify what factors influence the level of negative valence necessary for traumatisation (Carlson, 1997).

**Suddenness:**
Suddenness is seen as an important element in defining a traumatic event. If a trauma event occurred gradually over time then the person would have an opportunity to adapt to it psychological and emotionally. The critical factor is the time between a person's awareness of a danger and the danger itself. In the development of a chronic disease, living with it for many years allows time to cognitively process this and incorporate it into the schema of the self. This concept is similar to that of habituation that can occur even to intense stimulation such as that during the bombing of London. People in rural areas of England experienced more fear than those in the cities it was suggested that people got used to the stimuli and went about their everyday activities (Rachman, 1978).

How much time is needed to process a frightening event is hard to say – minutes, hours, days may be even weeks may not be enough time to process actual or threatened physical or psychological pain. Carlson (1997) proposes the hypothesis that PTSD would more likely occur as a response to extremely negative experience that occurs over a period of minutes, days or weeks and depression would more likely occur if the negative experience occurs over a period of months or years (Carlson, 1997).
Controllability:
Researchers such as Foa, Zenbery and Rothbaum (1992) believed that the stressor must not only be perceived as life threatening but also experienced as uncontrolled or unpredictable. Predictability and controllability are not always independent of each other. In some cases, predictability can cause something to be more traumatic if it is uncontrollable since the anticipation of the event can cause anxiety and distress. Uncontrollability must carry a certain threshold – and this may vary across individuals and across events. Research on the uncontrollability and valence of events that traumatisé is needed to clarify uncontrollability thresholds (Foa et al., 1992).

4.3.4 Type of event
Green (1993) described the increase interest in the 1980’s and 1990’s in the effects of human-perpetrated traumatic events such as rape, assault and politically motivated torture with a shift away from natural phenomena such as natural disasters such as earthquakes, hurricanes and so on. This has led to the conceptualisation of events that may fall on a continuum of deliberateness or causality (Green, 1993). Examples given by Green include a tornado over which no one has control to a chemical spill that could be classified as an error or mishap as there was no deliberate intention to harm others to events that were deliberately perpetrated to harm another such as rape, violent assault or politically sanctioned violence such as war and torture. Resick and colleagues (1993) conducted a national study of traumas among women and found that the rate of PTSD was significantly higher among crime victims (26%) versus non-crime victims (9%) (Resick, 2001). In the national co-morbidity study for men the events most likely to be associated for PTSD were rape, combat, childhood neglect, and childhood physical abuse while for women the traumas more likely to cause PTSD were rape, threat with a weapon, and childhood physical abuse (Kessler et al., 1995). The rates of PTSD for accidents, natural disasters and witnessing traumas were very low in comparison with the interpersonal victimisation (Resick, 2001).

If the event is abnormal and so terrible that it will cause psychological distress in almost anyone then it is important to assess the stressor, examine the severity, intensity, and duration of the event. According to the DSM-IV the event’s severity, duration and proximity are the most important factors affecting the likelihood of
developing PTSD (American Psychiatric Association, 1994). This view is reflected in the dose-response hypothesis that the magnitude of the stressor determines the response regardless of pre-existing personal vulnerabilities (Bowman & Yehuda, 2004).

4.3.5 Severity of the event

*Level of exposure – Combat*

Brewin (2000) examined a number of studies as part of a meta-analysis and found that trauma severity in combat studies was consistent. The studies had focused on levels of perceived threat, exposure to atrocities, and episodes of abusive violence (Brewin et al., 2000).

A number of studies found a relationship between the level of exposure and post-war symptoms. Dikel, Engdahl and Eberly (2005) found that among health individuals extreme stress exposure as defined by combat intensity and experience as a POW was the predominant predictor of PTSD severity (Dikel et al., 2005). Other examples given included a study by Buydens-Branckey, Noumair and Brancy (1990) that found among 84 Vietnam veterans, the duration of combat exposure was predictive of the prevalence and persistence of PTSD. Intensity of battle and being wounded predicted greater severity of PTSD (Resick, 2001). Breslau and Davis (1987) evaluated 69 veterans who were inpatients in a Veteran Administered psychiatric unit. The cumulative exposure to combat stress and participation in atrocities were independent risk factors for PTSD. Similarly Yehuda and colleagues (1992) found that the atrocity scale which was used to quantify exposure to / or participation in a number of war related crimes such as torturing or killing prisoners of war and civilians and mutilating corpses was strongly correlated with symptom severity as measured by the Mississippi scale and with intrusive symptoms but not avoidance. The combat exposure scale assessing the type and frequency of combat exposure was not associated with symptom severity or the effects of symptoms on the individual’s life but it did correlate with intrusive symptoms (Yehuda et al., 1992). The study did not support that exposure to combat was correlated to overall symptom severity however there was a relationship between combat exposure and intrusive symptoms. There was a strong association between atrocities and symptom severity in PTSD as well as higher scores on the Hamilton Depression scale (Yehuda et al., 1992).
Involvement (either witnessing or participating) in abusive violence was associated with the highest levels of maladjustment. Abusive violence predicted psychopathology and was the most powerful predictor of PTSD (Grady et al., 1989). Other factors measuring war zone stress (e.g. witnessing death of friends or others and engaging in enemy fire) were correlated with intrusive symptoms but were not associated with the severity of symptoms (Grady et al., 1989).

A longitudinal follow up study of Vietnam veterans who belonged to the American legion compared men who never had PTSD with those who had PTSD. Those with PTSD were more likely to have reported high or medium combat exposure, less perceived social support at home coming, being a member of a minority group, feeling more depressed and expressing more anger (Koenen et al., 2003). In another study, the amount of combat exposure by itself predicted the likelihood of any PTSD symptoms however on its own combat exposure had no effect on predicting sub-threshold or full PTSD syndrome (Schnurr et al., 1993).

Fontana and Rosenheck (1999) proposed a model for assessing war zone stress reflecting five related experiences. These included: fighting, threat of death or injury to oneself, death or injury to others, killing others, and committing atrocities (Fontana & Rosenheck, 1999). Perceived threat to one’s own life and safety did not affect PTSD. Killing or injuring others on the other hand did have a strong direct effect on PTSD (Fontana & Rosenheck, 1999). Committing atrocities did not have an effect on PTSD, contrary to other studies. War stressors accounted for 32% of the variance in PTSD. The authors point out that while war zone stressors are crucial in understanding the aetiology of PTSD it is not the full story.

A study of 250 members of the Pearl Harbour Survivors Association found that the factors that correlated with PTSD symptoms both at re-entry to civilian life at the end of the war (1946) and in 1986 were war stress, combat stress, receiving medical treatment and negative perception of war’s effect on current emotions. Veterans with an external locus of control also reported more PTSD symptoms at re-entry and 1986 (Harel et al., 1993).

In a study of 200 Vietnam veterans one third were recruited from treatment facilities where as two thirds from people working in the industry, the police force, fire
department and the National Guard. Across the sample, it was found younger and less educated soldiers were exposed to more severe combat experiences. Military factors played a larger role in predicting PTSD (accounting for 19% of the variance) while pre-military factors accounted for nine per cent. Military factors included exposure to grotesque death and serving in unit patrols. Post military factors contributed to 12% of the variance with social support being an important variable. The authors concluded that PTSD was a diagnosis that was primarily associated with the soldiers military experiences more so than pre-military factors. Social support was said to enhance recovery but the capacity to make use of available social supports may also have depended in part on the intensity and nature of the war experience (Green et al., 1990).

Former POWs residing in the community and attending a medical centre in Minneapolis were recruited and assessed in a study by Engdahl and colleagues (1997). Of the total 262, 191 men were captives of the Germans, 56 by the Japanese and 15 by the Koreans. Of the total, 53% had lifetime diagnosis of PTSD and 29% current. The prisoners held by the Japanese had the highest rates (life-time 84%, current 59%) while those held by the Germans the lowest (life-time 44% and current 19%). The exposure to trauma as measured by the combat exposure scale found that this score predicted PTSD as did weight loss during captivity and experiencing or witnessing torture. The authors conclude that exposure to trauma was the best predictor of PTSD 45-50 years later (Engdahl et al., 1997).

In a more recent analysis using the data from the National Vietnam Veterans Readjustment Study (NVVRS) restricted to the male native Hawaiians and Americans of Japanese ancestry, Schnurr, Lunney and Sengupta (2004) found that greater severity of war zone exposure was strongly associated with both the development and persistence of PTSD. Atrocity exposure was attributed to the persistence of PTSD but not to its development (Schnurr et al., 2004).

Perceived life threat seems to be more important than actual danger in predicting who develops posttraumatic reactions. Combat exposure on its own did not necessarily predict PTSD but being involved in atrocities or abusive violence was highly correlated with its incidence (Creamer et al., 1993).
**Level of exposure – Natural Disaster:**

The level of consistency in measures of trauma intensity in civilian studies has been much more variable both within trauma type and between different trauma types (Brewin et al., 2000).

A study of the Bijlmermer airplane crash in the Netherlands revealed that losing a loved one, suffering material loss, losing the home or being at home at the time of the disaster were all significantly predictive of PTSD six months later. Injury and life threat had the strongest effect in predicting levels of symptoms two years later. Financial and personal loses were also distressing. Symptoms measured included those of depression, anxiety, somatisation and general stress (Resick, 2001).

Shore and colleagues studied the effects of the Mount St. Helens volcano eruption and defined the level of exposure as either low or high. High exposure was defined as people who had suffered at least $5000 in property loss or the death of a family member or a close relative. People who had not sustained such losses were assigned to the low exposure category and a control group was recruited from the Oregon area (Shore et al., 1986). A significantly higher proportion of both men and women in the high exposure group had diagnoses of single-episode depression, anxiety and PTSD. A higher proportion of women (20.9%) in the high-exposure category reported depression, anxiety and PTSD compared with the low-exposure group (5.6%) while 11.1% of men in the high exposure group reported a psychological disorder compared with 2.5% in the low exposure group. Despite the highly significant dose-response relationship regarding the incidence of disorder during the first year after the eruption, there was no significant difference in symptoms three and a half years following the disaster (Shore et al., 1986).

**Level of violence:**

The literature about interpersonal violence is divided with respect to the question of severity of the assault. When crimes such as rape, robbery, or assault are compared, all victims are equally exposed to experiencing a sudden, uncontrollable insult. So rather than study exposure per se researchers in crime tend to examine various variables such as the severity of injuries, the length of the crime, presence of a weapon, threats or number of assailants. The results are not conclusive. For every study that found an effect of brutality on later reactions there is another study
that does not report such an effect (Resick, 2001). Physical injury seemed to have an effect. Kilpatrick and colleagues (1987) found that those who had been seriously physically injured were more likely to develop PTSD compared with those who were not (Kilpatrick et al., 1987). The presence of a weapon did not make a difference but cognitive appraisal of life threat predicted later PTSD (Kilpatrick et al., 1987) cited by (Resick, 2001).

Acquaintance status:
The person’s level of acquaintanceship to the perpetrator is unique to crime victimisation. The effects of this relationship on reactions and recovery have been studied almost exclusively in rape victims. Domestic violence, incest and child abuse are committed by people who are meant to be ‘safe’ (Resick, 2001). The violence or abuse in these situations is usually to recurring. One view is that violence committed by a stranger is more traumatic. Ellis et al (1981) found that women attacked by strangers had more problems with fear and depression afterwards than women attacked by someone they knew (Ellis et al., 1981). On the other hand, Kilpatrick et al (1987) found no difference in the mental health of those raped by stranger, marital rape or date rape (Kilpatrick et al., 1987). In contradiction, Resick (1988) found that acquaintance status was associated to lower self-esteem at 6, 12, and 18 months following the crime (Resick, 1988) cited in (Resick, 2001). Acquaintance crime was less likely to be reported (Resick, 2001). Additionally, it has been speculated that women who know their attacker are more likely to exhibit self-blame and expect others to either blame them or not believe them.

4.3.6 Meaning of the event
Studies guided by meaning-centred theory propose that how a person processes the events and incorporates them into a coherent narrative is an important aspect of whether people develop symptoms or not (Amir et al., 1998; Newman et al., 1997). The meaning of the traumatic event itself is an important aspect in the integration of distressing and intrusive memories. There is a complex interaction between memories, feelings, and thoughts.

Earlier work by Hendin, Pollinger, Singer and Ulman (1981) found that ‘meaning of combat’ related to stress disorder and to the soldier’s adaptation before, during and
after combat. The authors believed that it was not the duration or intensity of the stressor but the meaning placed on it and the protective/adaptive mechanisms the person used to cope that determined whether someone developed PTSD.

Hendin et al (1981) define meaning of combat as:

- the individual's perception of realistic dangers (fears),
- his subjective distortions of those dangers (anxieties), and,
- threats to the protective/adaptive mechanisms that he had developed earlier to cope with real or perceived dangers.

Hendin et al (1981) presented four case studies that examine the meaning of events among soldiers who developed a stress disorder following combat.

Soldier A had a recollection of feeling vulnerable and helpless, that the events were happening beyond his control. He envied those who were wounded because of the special attention they would receive—through public sympathy, pension and other benefits. After the war, he married and had a child but his heavy drinking and desire to have his wife meet exclusively his needs led to the marriage breakdown. He insisted that he would have been willing to be wounded in combat to receive extra care and attention. Combat reinforced his image as being helpless and deserving attention. He used his damaged self to avoid his current responsibilities such as maintaining employment.

Soldier B acted with hypervigilence and was protective of his men during his tour of duty. He was proud that none of his men were killed while he was in Viet Nam. He had a strong feeling of responsibility for things that happened during the war, (e.g. responsible for the death of others). This sense of responsibility stemmed from his childhood when he looked after his siblings because of parental neglect. He would not share his feelings with others and suffered from symptoms such as irritability and excessive drinking.

Soldier C ran over a mine and their vehicle went up in flames. He escaped major injury but witnessed that his fellow soldiers died in the fire. He felt guilty because as a sergeant he felt he had not taken responsibility for his men. He had a history of resenting responsibility in the face of a harsh father—he felt that accepting responsibility for his siblings was an act of submission. He also felt guilty about the abuse his mother suffered at the hands of his father, for not defending her.
service his stress symptoms became stronger and chronic – he refused to take responsibility at work and was 'fired' from a number of jobs. He drank heavily and resented being asked to be responsible. His fantasy was to destroy the object of his responsibility and then be plagued by subsequent guilt.

Soldier D learnt to use violence to get what he wanted in Viet Nam. When he returned to the States he suppressed the use of anger even when it was justified. He associated anger with a sense of loss of control. His fear of unleashing his aggression in civilian life resulted in attempts to control it by repression and inhibition.

(Hendin et al., 1981 p1490-1492)

These case studies emphasise that the experiences in themselves may not be enough to produce a stress response, rather, it was the individual’s meaning of the experience that was important, and that placed the experience in a broader life context. The meaning given to the situation may be the key in understanding the adaptation before, after combat including the specific symptoms of delayed stress disorder.

Following on from this study, Hendin, Pollinger and Hass (1984) looked at veterans who did not develop PTSD. They found that these men were distinguished by an ability to be calm under pressure, had intellectual control, accepted fear and were not involved in excessive violence or guilt arousing behaviour (Hendin & Pollinger Haas, 1984). In the case report of Mr A, he believed that much of what happened in Vietnam was a function of leadership. He believed that part of being a good leader was to explain to the men the purpose of the day’s activities. He thought it was demoralising to be ‘slogging away with no meaning attached to it’. Another soldier stated his pride in being a professional soldier and having the ability to function calmly under pressure. He believed impulsiveness was a threat to oneself and others’ survival (Hendin & Pollinger Haas, 1984 p957). Among the men who did not develop PTSD, there was an emphasis on emotional control for effective decision-making. Implicit in this was the intellectual understanding of the objectives and strategies of the mission as a way of controlling the stress they experienced during combat. These men strove to find purpose in their combat actions even when things were chaotic and unstructured. This contrasted with soldiers who did develop PTSD who had a sense that the conflict was senseless, was meaningless, and they were out of control in it (Hendin & Pollinger Haas, 1984).
Another important distinguishing feature between those who did not develop PTSD from those who did was the acceptance of fear in themselves and others. For example, Soldier A had the ‘shakes’ after shooting at point-blank range. He accepted his fear as a normal reaction to what had happened and did not feel ashamed by it. He spoke to other veterans about his feelings about how the experience helps the soldier judge what situation is potentially dangerous or not. This contrasted with men who felt humiliated by their fear, denied it and were more likely to condemn fear in others as cowardice (Hendin & Pollinger Haas, 1984).

Furthermore, men without PTSD had an absence of feeling guilty over actions. This may stem from the fact that they may not have been not involved in acts such as killing civilians, prisoners or fellow Americans, sexual abuse or mutilation of the dead. Those without PTSD saw killing as an unfortunate necessity of being in battle and did not feel guilty about it whereas those with PTSD felt guilty about expressing greater than usual excitement or rage when killing. Men without PTSD did not have survivor guilt – even though they experienced loss of close friends or colleagues. PTSD sufferers had the sense of responsibility about the death of others and felt guilty for having survived (Hendin & Pollinger Haas, 1984).

In summary the men who did not develop PTSD were calm under pressure, exercised intellectual control, were able to impose and create structure, accepted their own and others’ feelings and limitations and lacked excessively violent or guilt-arousing behaviour. These veterans saw service in Viet Nam as a dangerous challenge to be met effectively while attempting to stay alive. They did not perceive combat as a test of their worth as men as an opportunity to express anger and vengeance or as a situation in which they were powerless victims (Hendin & Pollinger Haas, 1984).

Hendin and colleagues (1984) point to the need to look more closely at perceptual or adaptive factors rather than just simply at objective aspects of combat experience in seeking to explain why some veterans develop severe distress after return and others do not. The importance is not just in the events themselves but how they are perceived, cognitively framed and acted on that bears a relationship to post-combat symptomatic response.
Thus there seems to be less support for the hypothesis that there is a strong and direct relationship between the experience of inescapable horror of a traumatic event and the onset of PTSD but there appears to be a more complex interaction between the meaning of the event, the individual's previous life experiences, and their personality (McFarlane, 1993). The importance of personal meaning of the event may be central determinant of the onset of symptoms (McFarlane, 1993).

Following on from the detailed analysis of what constitutes a traumatic event, the next section describes what constitutes a normal response to trauma. When do normal responses ‘become’ abnormal? What are the core symptoms associated with being traumatised?

4.4 Response to trauma – a normal response

There are a number of assumptions underlying the study of trauma some of which seem to contradict others. One is that it would be reasonable to state that almost everyone who is exposed to a major traumatic event is affected by it in its immediate aftermath and that the majority of people adjust affectively and continue to function well (O'Brien, 1998). The other is that there are range of symptoms following traumatic events that are considered normal and when recovery does not occur in a ‘reasonable’ length of time or if the symptoms become progressively worse that these symptoms are no longer considered normal (Resick, 2001).

As previously discussed in the historical section, the prevailing view at the time of the inclusion of PTSD into DSM-III was that the symptoms were the normal response to an event so horrific that almost any person would respond in such a way. It was a move away from the idea expressed in earlier editions of the DSM that chronic responses to trauma were an expression of pre-existing vulnerability. People without such vulnerabilities may suffer from uncomplicated (simple PTSD) and would be expected to recover and resume normal functioning (O'Brien, 1998). DSM-III moved away from this idea and postulated that PTSD was a chronic condition that could be expected to develop in otherwise normal people in the absence of any other vulnerability. The implication was that PTSD was part of a natural process of adaptation to severe stressors, and did not require previous vulnerabilities, and it was the stressor itself that counted (O'Brien, 1998).
4.4.1 Post traumatic stress disorder

In 1980, DSM-III defined PTSD to be comprised of three symptom clusters: re-experiencing, numbing and miscellaneous including symptoms such as exaggerated startle, sleep disturbance, memory and concentration impairment, which now are termed as hyperarousal symptoms (Bracken, 2002; McNally, 2003). One view is that the diagnosis came about from pressure, moral indignation from veteran groups, their supports and psychiatrists. The other is that PTSD is a ‘normal’ organismically-based response pattern to extreme stressful life events. ‘PTSD is a psychobiological syndrome that comprises of interrelated set of symptoms that cohere to form a prolonged stress reaction to trauma’ (Wilson, 2004 p11). The biological process refers to the neurophysiological substrates that are innate, pre-programmed capacities and the psychological process involves perception, memory, cognition, learning, personality and self structure (Wilson, 2004). Accordingly, PTSD is considered a dynamic stress-response syndrome that varies in severity and intensity and can develop at any point in the life span. There are acute, chronic, delayed-onset patterns of the disorder that may be episodic in manifestation (Wilson, 2004).

‘As a stress syndrome PTSD is a psychobiologically driven adaptation to abnormal, excessive, or extreme stressor events that tax individual coping resources’ (Wilson, 2004 pg 17).

The section above described the stressor criterion which is the unique feature of this disorder. The DSM definition of PTSD requires the identifiable stressor and the linking of defining symptoms to that stressor is the essential feature (Breslau et al., 2002). According to DSM-IV, the syndrome consists of three clusters: Criterion B reflects re-experiencing symptoms. This includes recurrent and distressing recollections of the traumatic event. This may be in the form of recurring dreams or thoughts of the event. They have to be frequent and distressing. They may take the form of intrusive images or thoughts, flashbacks, nightmares or strong emotional or physical reactions when a person encounters reminders of the event. Key aspects of this criterion were that the stimuli triggers recollections of past events and evoke mental images, emotional responses, and physiological reactions associated with the trauma. The recollections must be recurrent, intrusive and distressing to count as part of the diagnosis (Wesis, 1993).
Criterion C reflects avoidance symptoms encompassing two types of avoiding although not divided in DSM-IV. This includes numbing/dissociation and effortful avoiding. Foa and colleagues (1992) found that symptoms did cluster around two distinct groupings. Effortful avoidance includes attempts to avoid thoughts, conversations, and activities that may remind them of the trauma. Numbing or dissociation is not remembering important aspects of the event, presented diminished affect, diminished interest in activities or estrangement from others (Foa et al., 1992). Symptoms that do not fall into the two categories included a perceived foreshortened future. Avoidance can include use of alcohol and drugs to numb memories. This can also be marked by an inability to recall past events. There are gaps in a person’s story whereby the person is aware that something important happened but can’t recall what it was.

Criterion D includes symptoms of hyper-arousal – difficulties with concentration, feeling irritable, hyper-vigilance, problems falling or staying asleep, and exaggerated startle response to the stimuli that does not appear to habituate. Symptoms must persist and co-occur for one month or more and must cause distress and impairment in social and occupational functioning (Resick, 2001).

4.4.2 Prevalence of PTSD in community based studies
As part of the National Co-morbidity Survey in the USA, face-to-face interviews were conducted with a representative sample of 5877 people aged 15-54 years of age. The life-time estimate for PTSD conforming with DSM-III-R was 7.8%. Women (10.4%) were more likely to have lifetime PTSD compared with men (5%). In terms of trauma exposure, 60.7% of men and 51.2% of women had reported at least one traumatic event in their life-time. The types of event experienced by the largest proportion of people were witnessing someone being badly injured or killed, being involved in a fire, flood or natural disaster and being involved in a life-threatening accident. Men were more likely to report each of the above as well as experiencing physical attack, combat, and being threatened with a weapon. Women on the other hand were more likely to report rape, sexual molestation, childhood parental neglect and childhood physical abuse (Kessler et al., 1995). The assessment of PTSD varied across trauma types. Among men and women, rape was the trauma most probable to result in PTSD while sexual molestation and childhood neglect yielded
the lowest probability of PTSD. Women were more likely to report a trauma that was associated with a higher probability of developing PTSD. So women were more likely to be exposed to high-impact trauma and had a greater likelihood of developing PTSD. Once exposed, thus women (20.4%) were twice as likely to develop PTSD compared with men (8.2%) (Kessler et al., 1995). Most people’s symptoms seemed to remit after 12 months, however the survey also found that in more than one third of people the symptoms of PTSD persisted and did not remit after many years, irrespective of receiving treatment.

Breslau, Kessler, Chilcoat and colleagues (1998) drew a representative sample of 2181 people in the Detroit area aged between 18-45 years of age and found that 9.2% of people developed PTSD after exposure to a traumatic event in their life-time. A higher proportion of women (13%) compared with men (6.2%) developed PTSD even though men experienced a significantly higher number of events compared with women. The overall prevalence of being exposed to any traumatic event as defined by DSM-IV was 89.6%. The most common event experienced by just under two thirds of the sample was the sudden, unexpected death of a close relative or friend while the least frequent event was being held captive/tortured/kidnapped (2%). The single event that was mostly attributed to PTSD was the unexpected death of a loved one, with 31% of all PTSD cases attributed to this event. Assaultive violence as category accounted for 39% of PTSD cases. Assaultive violence also produced the highest proportion of PTSD (20.9%), the unexpected death of a loved one was associated with a moderate proportion (14.3%) while learning about traumatic events experienced by others had the lowest proportion of PTSD (2.2%). Approximately 26% of the PTSD cases remitted by 6 months and 40% by 12 months following the event. In more than a third of the cases, PTSD persisted for more than 60 months (Breslau et al., 1998).

Using data from the Australian National Survey of Mental Health and Well-being, Creamer, Burgess, and McFarlane (2001) found much lower rates than cited in the North American studies. The 12-month prevalence rate for PTSD was 1.33%. The prevalence rate for women was only slightly higher 1.4% compared with men 1.2%. A higher proportion of men (64.6%) compared with women (49.5%) reported at least one traumatic event. The most commonly reported events included witnessing someone being badly injured or killed, being involved in a life threatening accident,
and experiencing a natural disaster. Men were more likely to report the most common events as well as being physically attacked, threatened with a weapon, and having combat experience while women were more likely to have been raped or sexually molested (Creamer et al., 2001). There were also gender differences in the type of event that was nominated as the ‘most upsetting’ trauma with women more likely to nominate molestation, physical attack, natural disaster and threat with a weapon. For both, men and women, rape and sexual molestation were most likely to be associated with PTSD (Creamer et al., 2001).

Newell and Hawthorne (in press) conducted an extensive literature review based on random community samples into the incidence of experiencing traumatic event(s) in one’s lifetime. The overall lifetime exposure rate to potentially traumatic events ranged from 55.8% to 89.6% with an average proportion of 64.9%. Men (68.2%) were more likely to experience a traumatic event compared with women (56.8%) (Newell & Hawthorne, in press). The proportions varied according to type of event and country in which the study was conducted. For example, the overall lifetime experience of rape was 4.5% across six studies. Compared with Australia, rape was more likely to be reported in USA and Canada and least likely to be reported in Mexico (Newell & Hawthorne, in press). The more frequently reported traumatic events included: witnessing someone being badly injured or killed (24.6%); life threatening accident (21.5%); being threatened with a weapon (16.1%); physical assault (9.6%); experiencing a natural disaster (8.2%) and combat exposure (2.6%) (Newell & Hawthorne, in press).

The consistent finding that emerges from prevalence studies is that contrary to the original DSM-III definition traumatic events are not outside the range of usual human experience as a high proportion of people are likely to experience at least one traumatic event in their lifetime and that not all people who are exposed to a stressful event develop PTSD. Overall lifetime prevalence for PTSD is quite low varying across gender and culture (Bowman & Yehuda, 2004).

4.4.3 Co-morbidity issues
In clinical practice, patients with PTSD do not usually experience simple PTSD; they suffer from a broad mix of forms of distress, including generalised anxiety;
depression, dissociative symptoms and somatisation (Kirmayer, 1996 p147). The community studies conducted by Breslau et al (1991) and Kessler (1995) found that in community samples traumatic events and/or PTSD diagnosis were accompanied by relatively higher risks for depression, anxiety disorders and substance abuse. For instance, Kessler found that a lifetime history of at least one other disorder was present in 88% of men and 79% of women who had a lifetime PTSD diagnosis (Kessler et al., 1995). This has been partially attributed to the similarity between symptoms of depression with several of the symptoms from criterion C and D (e.g., diminished interest, sleeping difficulties) in the PTSD diagnosis. The symptoms of anxiety also overlap with the hyperarousal symptoms such as irritability, hypervigilance and startle response (Bleich et al., 1997; Kessler et al., 1995).

Among veteran populations, men with PTSD were more likely to have a diagnosis of mood or anxiety disorders compared with men without a PTSD diagnosis (Green et al., 1990; Orsillo et al., 1996). Bleich (1997) proposed that the high proportion of Israeli combat veterans in their study who also met criteria for a diagnosis of depression because of a shared predisposition to PTSD and depression and that traumatic events served as a trigger for both disorders. An alternative explanation may be that depression is a secondary to PTSD (Bleich et al., 1997). Breslau et al (2000) found that the risk of developing major depression was 2.8 times higher in people exposed to a traumatic event and who had developed PTSD. The authors concluded that these findings did not support the hypothesis that depressive effects of traumatic events were independent of PTSD (Breslau et al., 2000).

4.5 The interaction between the individual and the event

The original premise is that PTSD is a normal response and that the event causes the response. Evidence however questions whether the type of event or the intensity of the event is sufficient in explaining the development of PTSD. This has given rise to extensive research into the individual vulnerabilities that may have a role to play in understanding the condition (Brewin et al., 2000). The uncertainty lies as to whether it is the severity of the trauma or pre-morbid psychological vulnerability that is important in PTSD onset and persistence. Green et al (1995) concluded that the nature and intensity of the stressor is the primary aetiological factor in individual differences in response to stress. They also emphasised the characteristics of the
individual and the recovery environment as important determinants of outcome because these can influence the processing of the stressful event. Indeed, McFarlane (1989) found that the degree of exposure to bushfire disaster in Australia or the losses sustained was not a strong predictor of PTSD incidence (McFarlane, 1989).

As said, how a person reacts to a trauma is influenced by a range of factors including the nature, duration, intensity, and severity of the event as well as the meaning of the event. Even when the trauma event is the same, two people will differ in their response to it. The interaction between the event and the person are also influenced by the person’s previous history of trauma and recovery, the person’s personality, age, gender, cultural background, as well as factors after the event, such as social support (O’Brien, 1998). Some of these factors will be explored below.

4.5.1 Gender
The findings in relation to gender seem to be consistent. Women are more likely to have a higher life-time prevalence of PTSD (Breslau et al., 1998). In a survey of young adults in Michigan, the life-time prevalence rates for PTSD as defined by DSM-IIIR was 9.2%. The study found that women had higher rates (11.3%) compared with men (5.6%) (Breslau et al., 1991). Women constituted 85% of people with chronic symptoms of PTSD (of a duration of one year or more) (Breslau & Davis, 1992).

Brewin and colleagues conducted a meta-analysis of 77 studies including military samples (war zone, combat, imprisonment), civilian samples (crime, natural disasters, motor vehicle accidents, burns victims, terrorist attacks). They found no significant difference in gender in military samples. However, in civilian samples a higher proportion of women developed PTSD symptoms (Brewin et al., 2000).

The National Co-morbidity Survey found that 10.4% in women and 5% in men met lifetime PTSD criteria and that this was in part accounted for by the different type of trauma experienced by men and women. Similar findings were reported from the Australian National Survey of Mental Health and Well-being with respect to the proportion of men and women experiencing different types of traumatic events where
women were more likely to report rape and molestation while men were more likely to have been physical attacked, threatened with a weapon, and combat experience (Creamer et al., 2001). However, this study had a contrary finding in terms of prevalence difference between men and women with only a slightly higher proportion of women (1.4%) compared with men (1.2%) reporting a 12-month prevalence of PTSD (Creamer et al., 2001).

Breslau et al (1997) found that there was an interaction between gender and age. Women were more likely to experience PTSD if their trauma exposure occurred in childhood, before the age of 15. Among those with childhood trauma, a higher proportion of women (27% compared with 8%) reported rape, assault, or ongoing physical or sexual abuse, whereas men (28% compared with 11%) were more likely to have experienced serious accidents or injury. Accidents and injuries were not likely to lead to PTSD of either gender whereas childhood sexual and physical abuse resulted in 63% of female participants having PTSD but no cases in men (Breslau et al., 1997). There was no difference between gender in the number of traumatic events but there was a difference in the type of events reported. Brewin et al (2000) also reported an interaction between age and gender in exposure to trauma where younger age was significantly more frequent among men compared with women.

Brewin and colleagues (2000) in their meta analysis found that when men and women are directly compared in the same study, women are at greater risk of developing PTSD when the type of trauma is held constant (Brewin et al., 2000). It has been argued that women’s greater exposure to child sexual abuse and other sexual assaults may account for their higher level in PTSD in adulthood (Wolfe & Kimerling, 1997). Breslau, Davis, Andreski, Peterson and Schultz (1997) investigated this possibility and found that the excess of PTSD in women could not be attributed to them experiencing more trauma or different types of trauma in childhood (Breslau et al., 1997). Instead after controlling for recent trauma exposure women were more likely than men to develop PTSD following childhood trauma (Brewin et al., 2000). Their meta-analysis also showed a greater effect size for female gender when studies included childhood traumas than when they focused exclusively on adult traumas (Brewin et al., 2000).
4.5.2 Age

The age of the person at the time of trauma appears to be associated with the level of trauma symptoms. Norris (1992) found that 68.8% of men and women aged over 60 years reported experiencing a traumatic event which was comparable to those middle-aged (71.6%) and younger (66.9%) age groups. However, the younger group (9%) and middle aged group (8.8%) were more likely to have developed PTSD compared with the older group (4%) (Norris, 1992). A similar pattern was observed by Creamer and colleagues (2001) when assessing data from the Australian National Survey of Mental Health and Well-being. Controlling for the type of traumatic events experienced, people aged over 55 years were less likely to have a 12-month PTSD diagnosis compared with people aged between 18-24 years (Creamer et al., 2001).

4.5.3 Personality

Numerous studies have found an association between neuroticism and PTSD (Bramsren et al., 2002; Breslau & Davis, 1992; McFarlane, 1989). A prospective study by Schurr et al (1993) found that pre-military MMPI scores predicted lifetime PTSD symptoms among Vietnam combat veterans taking into account trauma exposure (Schnurr et al., 1993). In this work, although the sample size was small, MMPI scores were collected while these men were in college prior to any military service. Importantly, the scores on the MMPI did not differentiate those with combat and non-combat exposure. Scores on the hypochondriasis, psychopathic deviate, masculine-feminine and paranoid subscales differentiated between those who developed PTSD symptoms from those who did not. Further, social introversion subscale scores predicted those who received a full PTSD diagnosis versus those who had sub-threshold PTSD (Schnurr et al., 1993). More recently, a prospective study conducted by Engelhard and colleagues (2003) surveyed 1370 women in early pregnancy and found that women who scored higher on neuroticism and subsequently suffered a pregnancy loss were much more likely to develop PTSD symptoms. However, neuroticism was also related to pre-trauma arousal and once this was controlled for, there was no association between neuroticism and PTSD (Engelhard et al., 2003). The authors suggested that ‘individuals high in neuroticism start with a higher baseline arousal rate, but the increase in PTSD arousal symptoms after pregnancy loss was equal for individuals with low and high neuroticism’ (Engelhard et al., 2003 p386).
4.5.4 Socio economic status

Socio-economic status, income, and education have been associated with a greater reaction to trauma in some studies but not in others (Resick, 2001). In reviewing the literature, Resick (2001) reported that the effects of socio-economic status or educational level differences may be indirect. Those with lower education and income may be more exposed to traumatic events in the first place. As said, for example, Green (1990) found that younger and less educated soldiers were exposed to more severe combat experiences (Green et al., 1990). Breslau et al. (1991) found in a community sample of 1007 young people in Detroit, those with lower education were more likely to be exposed to violence and therefore at greater risk of traumatisation (Breslau et al., 1991).

4.5.5 Minority status

Most studies have found that race is not associated with the psychological impact of trauma (Resick, 2001). On the other hand, the National Veterans Readjustment Study found that people from a Hispanic background (28%) had the highest rates of current PTSD, followed by African-Americans (21%) and then whites/others (14%) (Kulka et al., 1990). It was subsequently found that both Hispanic and African-Americans were exposed to higher levels of war-stress compared with their counterpart white soldiers. A history of stressors such as low economic status or childhood trauma may contribute to negative self-efficacy and lower expectations creating a greater vulnerability to war-related distress (Ruef et al., 2000). When the combat exposure and predisposing characteristics are taken into account the magnitude of the difference is reduced (Marsella et al., 1996b). Unanswered questions remain about the effects of race-based discrimination, immigration and acculturation, and cultural variation on PTSD (Ruef et al., 2000). Marsella, Chemtob and Hamada (1990) also suggested a number of factors as to why ethnic minority Vietnam Veteran may be at greater risk of developing PTSD including being subjected to ridicule, racial stereotypes, stress at being asked to fight against non-white people by a Government that many consider racist. Vietnamese people may have reminded the veterans of family, friends and other minority groups, thus they were less able to dehumanise them (Marsella et al., 1996a). Traditional communities that have strong family and community ties as well as strong religious beliefs can offer the individual support. When the person is removed from
these supports there may be a greater vulnerability to severe trauma (Ruef et al., 2000). Similar findings were discussed earlier in relation to Polonia and the importance of compatriot support for Polish immigrants in Britain and Australia.

4.5.6 Refugees

Recent studies have acknowledged that refugees are one of the largest group of potential sufferers of psychological distress including symptoms of posttraumatic stress disorder (PTSD) (Minas & Klimidis, 1994; Porter & Haslam, 2001; Steel et al., 2005). A recent review of six epidemiological studies among refugees found rates of PTSD ranging from 15% to 99% (Steel et al., 2005). Rates of co-morbidity were also high with a recent study finding that among refugees seeking treatment 81% of patients had clinically significant anxiety, 84% clinically significant depressive symptoms and 46% with significant PTSD symptoms (Keller et al., 2006). Further, among Bosnian refugees living in Australia co-morbidity PTSD and depression was associated with higher disability compared with PTSD on its own (Momartin et al., 2004).

Refugees experience dispossession and displacement, many have been subjected to death, injury to loved ones or friends, imprisonment, assaults and other trauma not least of which is torture (Keller et al., 2006; Minas & Klimidis, 1994). Porter and Haslam (2001) reported findings from a meta-analysis about differences in mental health between refugees and non-refugees from former Yugoslavia. They found that refugees suffered more mental health problems compared with non-refugees and the effect size was moderated by the degree of war-exposure. Overall, displacement was associated with increased suffering and impairment when compared with groups who had not been displaced but also had similar or high levels of war-exposure (Porter & Haslam, 2001). People forced into exile were significantly more impaired than people internally displaced. People in refugee camps were also more impaired compared with those in private accommodation (Porter & Haslam, 2001; Porter & Haslam, 2005). Thus, the post-trauma environment was an important determinant in mental health outcomes.

In addition to the refugees traumatic personal history, their migration and resettlement in a foreign and culturally unfamiliar environment may contribute
difficulties and stressors which may contribute to delayed onset or maintenance of PTSD (Minas & Klimidis, 1994). Events that evoke meaning and the reactions similar to those of the original trauma are more likely to result to the onset or reoccurrence of the disorder. In addition, the severity and course of PTSD may be influenced by concurrent life stresses (Minas & Klimidis, 1994). This has been illustrated in a number of recent Australian studies that found that asylum seekers reported more post-migration difficulties compared with refugees and migrants (Silove et al., 1997) (Silove et al., 1998). Although asylum seekers did not differ from refugees on the number of traumatic experiences, their post-trauma environment was marred by uncertainty over their immigration status, worry about family members, inability to gain employment, loneliness, racial discrimination and boredom (Silove et al., 1998). Not surprisingly, the study found higher rates of mental health problems among the asylum seekers.

Post-migration social support from within the family and ethnic community are significant determinants of mental health functioning (Schweitzer et al., 2006). The role of family and social support are pivotal in the adjustment of refugees to life in exile (Summerfield, 2004).

4.5.7 Post trauma social support

There is a large body of literature about the role of social support in trauma and stress related literature. Social support has been measured in two ways, quantity (structural) and quality (functional). Structural support is the number of people (friends, family, social group) that one has contact with and the frequency of that contact. Functional support refers to the quality of support and the individuals perceptions of whether they have or would receive the help they required (Guay et al., 2006). Support can come as emotional, information, social companionship and instrumental support (Cohen & Wills, 1985). According to the buffering hypothesis support is related to well-being only for persons under stress (Cohen & Wills, 1985). An alternative view is that social resources are beneficial to a person’s well-being regardless of whether they are under stress. Low levels of social support in it self can be stressful and high levels of social support may protect people from negative outcomes (Cohen & Wills, 1985; Resick, 2001).
A lack of social support post trauma has been identified as an important factor in predicting the development of PTSD (Brewin et al., 2000; Guay et al., 2006; Schnurr et al., 2004). The association between social support and psychological symptoms has been established however it is not clear the direction of the relationship (Resick, 2001). That is, it is possible that poor social support affects how the person processes and copes with the traumatic event. For example, according to Ehlers and Clark (2000) negative reactions after the traumatic event may effect the person’s interpretation of the event and may produce symptoms such as social withdrawal (Ehlers & Clark, 2000). Positive reactions on the other hand may have a protective function. For example, among Finnish veterans, low rates of PTSD were explained by the cohesiveness nature of veteran groups and the veterans’ ‘hero status’ in Finnish society (Hautamaki & Coleman, 2000).

The willingness to accept help and support and the willingness of others to provide this support may wax and wane over time and be dependent on the person’s specific circumstances (Resick, 2001). Schnurr et al (2000) found that among World War II veterans exposed to mustard gas, being forbidden to disclose details of their experiences was associated with an increased likelihood of developing PTSD (Schnurr et al., 2000). Being able to confide in a significant other assisted in the assimilation of the traumatic event (Guay et al., 2006). Many of the symptoms of PTSD such as detachment from others, difficulties expressing emotions, anger and irritability, may contribute to interpersonal difficulties (King et al., 2006). Further, chronic PTSD may result in an erosion of existing support as supporters may feel worn out and driven away, further isolating the person (Guay et al., 2006; King et al., 2006; Resick, 2001).

4.6 Problems with PTSD as a response

According to Shalev (1996) the post traumatic stress literature fosters a retrospective definition of events as traumatic based on their long-term pathogenic effects. The inclusion within a single framework of common unfortunate events and colossal atrocities creates an unbalanced foundation for an etiological theory of stress-related disorders. Much of the research on post traumatic stress is based on a number of assumptions, and these include:
• the initial response to the trauma which eventually leads to PTSD is a normal response to an abnormal event,
• the reaction that takes place after the trauma continues in some way into chronic PTSD, and;
• there is an analogy or continuity between traumatic stress and milder forms of stress.

(Shalev, 1996 p78)

The belief that PTSD is a normal response to an abnormal situation is based on two assumptions. The first is that the incident that caused PTSD is abnormal and all the reactions seen are in the limits of a normal response to such a stressor and would therefore, be expected to be seen in the majority of people experiencing the trauma (Shalev, 1996). The second is that PTSD is conceptualised as a normal response that continues over an extended period beyond its usefulness (Shalev et al., 1997).

The 'normal response' view suggests that PTSD is in essence a failure to recover from mental traumatisation. Implicitly, recovery is always possible however the contention that trauma invariably results in psychopathology is not always borne out in the literature (Shalev, 1996). For example, the National Vietnam Veterans Readjustment study showed that only 15.2% of males suffered from prolonged PTSD. Various studies of holocaust survivors also illustrate that most people somehow recover and live normally (Ayalon, 2005). Indeed, epidemiological studies show that PTSD is not a normative response, trauma is all too common, and PTSD as a response is seen less often than expected from a direct relationship between trauma and trauma response (O'Brien, 1998).

The alternative view that PTSD is in fact an abnormal response has only recently been considered in the literature (Shalev, 1996). The first point is that symptoms can occur after ordinary as well as extraordinary events both in veterans of combat as well as in civilians in peacetime. Researchers have found that PTSD symptoms can occur in people who experience ordinary life events. Mol and colleagues (2005) examined the effects of traumatic and life events on PTSD scores in a random sample of the Dutch adult population attending their general practice. They found that people from the general population whose worst event was a life event such as chronic illness, marital problems or unemployment on average had more PTSD
symptoms for this event than people whose worst event was a disaster or accident. Considerable suffering resulted from both types of events. The scores on individual items were comparable across the two groups. The people who had endured a traumatic event such as physical or sexual abuse as either a child or as an adult scored the highest number of symptoms (Mol et al., 2005). The fact that such responses can follow ordinary events argues against the normality of response (Shalev, 1996).

4.6.1 Critique of the dose-response hypothesis

Green (1993) argues that the nature and intensity of the experience itself plays a role understanding the response to traumatic events. The dose-response model of PTSD holds that symptom severity increases as the magnitude of the stressor increases (March, 1993). Breslau and Davis (1987) questioned whether it was the magnitude, as opposed to the nature of the stressor, that led to PTSD. The DSM III & DSM IIIIR refers more to the magnitude rather than to qualitative differences. Such a conceptualisation leads to the expectation that ordinary stressful events produce one type of reaction and extra-ordinary events produce another reaction. There is disagreement about what constitutes a traumatic event, and indeed, whether several ordinary events can add up to have an equivalent psychological outcome to a traumatic event (Green, 1993).

Extreme stressors are more likely to produce PTSD symptoms than are mild stressors yet many studies fail to support a straightforward dose-response relation between magnitude of stressor and resultant symptomatology (McNally, 2004). Criticisms have been that the evidence for this relies on the accounts of study participants for a reliable account of the intensity of the stressor. However, the level of distress in the participant is at the time of the study makes it more likely they report the stressor as severe (McNally, 2004).

It seems that the impact of trauma severity was significantly greater among combat veterans than among civilian trauma victims. However, military samples are predominantly male and severity is measured differently. Among civilian samples, the effect size for trauma severity ranged widely from .20 to .26 for crime, disaster and motor vehicle accidents and .10 to .14 for victims of burns and other traumas.
respectively (Brewin et al., 2000). Overall, there are slightly stronger effects for trauma intensity. Post-trauma effects such as lack of social support and additional stressful events were stronger in predicting PTSD compared with pretrauma variables such as gender, age, ethnicity that had a weaker overall effect (Brewin et al., 2000). A contrary finding comes from a study designed to assess the natural course of post-traumatic stress in a follow up of traffic accident victims revealing that accident severity and subjective threat to life were not associated with PTSD at one year (Koren et al., 1999).

4.6.2 Problems with stressor A as a criterion

The attempt to differentiate ordinary stressors from traumatic events is best illustrated in the evolution of the definition of the stressor criterion in DSM. This has been a controversial journey as its fundamental assumption is that the event is so frightening, so horrifying that this is sufficient in itself to cause psychological disturbance. This is reflected in the following statement that ‘a stressful life event is not only a necessary factor for the disorder to develop, but also be a sufficient cause of 'permanent’ psychiatric impairment is a relatively new insight among mental health professionals’ (Weisaeth, 1996). This relative new insight has gone against the conventional wisdom of the past recognising that horrific events can trigger acute stress symptoms in well-adjusted individuals but that over time this would subside (McNally, 2003).

Since if a person has not been exposed to a traumatic event s/he can not be diagnosed with PTSD no matter how symptomatic the person is, a great deal rides on how the stressor criterion is defined and how traumatic events are distinguished from ordinary events (McNally, 2004). Having a too stringent criterion means that people who are symptomatic may be excluded from diagnosis and treatment. On the other hand, some have argued against abolishing criterion A as it would lead to over diagnosis of PTSD and would make it difficult to determine psychobiological mechanisms underlying symptoms arising from extremely diverse events (McNally, 2004).

Breslau and Kessler (2001) examined the data collected in the 1996 Detroit Area Survey and applied the expanded criterion A as now present in the DSM-IV, they
found that the enlargement of the definition increased the total events that can be used to define PTSD by 59%. There was an increase of 38% in the diagnosis of PTSD as a result. Most of the additional cases were attributed to learning about the sudden unexpected death of a close relative or friend. Part 2 of criterion A was more likely to be endorsed by females than males. The actual increase in diagnosable cases of PTSD increased from 9.2% of all of events criterion A1 to 12% that also had criterion A2 (Breslau & Kessler, 2001).

‘The finding that only very few A1 stressors that did not involve A2 response lead to PTSD suggests that instead of defining the emotional response as a component of the stressor, it might be more appropriate to define it as a separate criterion—that an acute response is necessary for the emergence of PTSD’ (Breslau & Kessler, 2001 p703).

4.6.3 A cultural critique of PTSD as a response to trauma

The section examines the social and cultural milieu of the emergence of PTSD as a diagnosis and raises the issue of its relevance in different cultural settings. A major criticism of the studies that examined ethnic minority and refugee status is the use of paradigms developed within a western framework applied to different cultural groups. As with many psychiatric disorders virtually all the theory, research, and measurement of PTSD has been conducted by Euro-Americans, European, Israeli and Australian researchers and professionals. Issues of cross-cultural validity and reliability become a serious problem when applied to members of non-Western cultural traditions and to ethnic minorities who still practice or identify with non-Western cultural traditions (Marsella et al., 1996b). Assessment measures, for example, have not been adapted to specific ethnocultural populations (Marsella et al., 1996b).

Further, within-group variance is sometimes neglected by researchers when examining a particular ethnic group including factors such as socio-economic status, education, that might ensure that exposure to trauma is not always uniform (Marsella et al., 1996b). As idioms of distress vary from culture to culture, one can not assume that depression, anxiety and PTSD are applicable to different groups under study. For example, Eisenbruch (1991) suggested that the concept of ‘cultural bereavement’
captured expression of distress among Cambodians refugees more effectively than PTSD. Where people were unable to practice their cultural rituals and receive religious guidance they were at greater risk in developing symptoms (Eisenbruch, 1991). Many non-western cultures express their distress somatically rather than psychologically or existentially. Somatic symptoms convey a wide range of personal and social concerns that may or may not convey individual psychopathology (Kirmayer, 1996). These symptoms are not measured by existing PTSD diagnostic instruments (Marsella et al., 1996b).

Some researchers have suggested that whereas intrusive thoughts and memories of a traumatic event may transcend cultural boundaries, the avoidance / numbing and hyperarousal symptomatology may be highly determined by ethnocultural membership (Bracken, 2002; Marsella et al., 1996b p120). For example, Jenkins (1996) found that among Salvadorian women symptoms from Criterion C were not applicable while salient bodily expressions such as ‘nervios’ (comprising of anxiety, fear, anger and bodily pains, shaking and trembling) and ‘calor’ (heat) were not represented in the DSM (Jenkins, 1996). Traumatic experiences may cause different responses in individuals, depending on the culture of which they belong. Members of different cultures differ in how they deal with distress (Bracken, 2002).

Traumatic experiences can also be conceptualised collectively. ‘Individual-centred accounts alone are insufficient to an understanding of traumatic reactions. In addition to the social and psychocultural dynamics surrounding any traumatic response, the collective nature of trauma may be referred to as the political ethos characterising an entire society’ (Jenkins, 1996 p177). Fundamental to processing traumatic experiences is the social meaning assigned to it, including attribution of supernatural, religious and political causation (Summerfield, 2000). Further, Summerfield (2004) gives the example of Somalis for whom emotional experience and expression are understood as sociopolitical not intrapsychic processes (Summerfield, 2004).

Bracken (2002) argues against interventions that are based on a cognitive appraisal model that focuses on schemas and cognitive processing of one’s own memories, beliefs and thoughts. Imposing this on non-Western cultures ignores the fact that people may have different conceptions of the self and its relationship to the social
and supernatural (Bracken, 2002). People need to feel part of a community again, feel close to people again. An individual's meaningfulness of the world results from a practical engagement with their social and cultural environment (Bracken, 2002).

Finally, there is a need for more research among ethnocultural minority populations to identify the sources of strength and resilience that may mediate the onset, course and outcome of PTSD. ‘One wonders if there are certain philosophical or religious beliefs, social interaction patterns, or personal dispositions and personality orientations that may be critical mediators of PTSD among certain ethnocultural groups’ (Marsella et al., 1996b p121).

4.7 Coping, resources and growth

There has been increasing interest to understand ‘wellness’ in the face of traumatic events. Terms such as ‘hardiness’, ‘resilience’ (Agaibi & Wilson, 2005) and more recently ‘growth’ (Tedeschi & Calhoun, 2004) have tried to capture this phenomenon. As described earlier a number of epidemiological and psychological studies have reported that most people who have experienced a traumatic event(s) do not develop posttraumatic illness, or PTSD. A number of researchers (O'Brien, 1998; Wolfe & Keane, 1990) noted that little was known about the adjustment of people who had faced major life traumas but had not developed PTSD. This gives rise to the question how do people cope with the traumatic events? What factors contributed to their recovery?

4.7.1 Coping with threat and loss

The coping literature spans some forty or more years and the main tenets of this body of work was the importance of cognitive appraisal in shaping the quality of people’s emotional responses to situations of stress (Folkman & Moskowitz, 2004). People used a range of behavioural and cognitive strategies in response to stressful situations. When faced with the same environmental demands and pressures people will differ in how they assess and response to the demands. The appraisal of these demands and pressures is a cognitive process that evaluates and categorises the stressor, focusing on whether or not it will be harmful or threatening to the individual (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) proposed three types of
appraisals: one was irrelevant, that is, there was no implication for the person’s well-being, the second type was benign-positive which occurred if the outcome of an encounter was positive. These appraisals can include joy, happiness, love and so on. The third was stress appraisal, whereby the individual actually experienced harm or loss, or they perceived that harm or loss would occur imminently. A further aspect to stress appraisal is challenge. The challenge appraisals focused on the potential for gain and growth inherent in the encounter and were characterised by emotions such as eagerness, excitement while threat appraisal centres on potential harm and was characterised by negative emotions such as fear, anxiety and anger (Lazarus & Folkman, 1984).

In response to stressful or taxing events coping has been defined ‘as a process that unfolds in the context of a situation or conditions that are appraised as personally significant and as taxing or exceeding the individual’s resources for coping. The coping process is initiated in response to the individuals appraisal that important goals have been harmed, lost or threatened’ (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). Further when faced with extreme stress one of the central tasks of coping is to integrate the occurrence of the stressor with one’s own beliefs about the world and self. A common theme in the coping processes relates to linking individual’s values, beliefs and goals that comprise the individual’s sense of meaning (Folkman & Moskowitz, 2004).

Emotions are a vital part of the coping process as a response to new information. Emotions need to be regulated especially negative emotions as they may impede the instrumental process of coping. Negative emotions have been extensively researched however greater interest has been generated into the role of positive emotions in the stress process (Folkman & Moskowitz, 2004). How do people experience positive emotions during long periods of stress? Folkman and Moskowitz (2000) proposed that this occurs through positive re-appraisal, problem-solving coping and the creation of positive events (Folkman & Moskowitz, 2000). Positive re-appraisal is a cognitive process through which people focus on the good in what is happening. Problem-solving coping includes thoughts and behaviours that manage or solve the underlying cause of the distress. This strategy is beneficial when people have some degree of control over their situation. Creation of positive events is defined as a coping mechanism that creates a positive psychological ‘time-out’ by
focusing on some other element like pausing to watch the sun set or ‘smell the roses’ (Folkman & Moskowitz, 2000).

Furthermore, according to Hobfoll’s theory of Conservation of Resources (1998), (Hobfoll, 1988, 1998) stress occurs in circumstances that represent a threat of loss or an actual loss of resources. Resource loss is more salient than resource gain. Resources are defined as i) objects, ii) personal characteristics, iii) conditions or iv) energies that are either themselves valued for survival, either directly or indirectly, or that serve as a means of achieving these ends (Hobfoll, 1998). Stress occurs when resources are threatened with loss, resources are actually lost or there is a failure to adequately gain resources following significant resource investment (Hobfoll, 1998). Resource loss was associated with psychological distress while resource gain had no effect on psychological distress (positive or negative). Resource gain however was more salient in a time of resource loss, that is, gain increased it’s meaning in the face of loss. Further, the gains are enacted as a way to offset current and future losses (Hobfoll, 1998). Those who were already resource poor were more vulnerable to resource loss and were more likely to be resource poor in the future compounding their experience of stress.

4.7.2 Post traumatic growth

The concept of post-traumatic growth (PTG) was proposed in the early 1980s by Tedeschi and Calhoun (1996) who observed that for many people growth and transformation occurred as a result of their traumatic experience and that researchers up to this time had primarily focused on the negative consequences of trauma. There is a body of literature suggesting that people exposed to even the most traumatic events may perceive at least some good emerging from their struggles with the events. At least three broad categories have emerged from this literature: changes in self-perception, interpersonal relationships, and philosophy of life (Tedeschi & Calhoun, 1996). This led to the development of a posttraumatic inventory with 21 items that measure five dimensions: greater appreciation for life and changed sense of priorities; warmer, more intimate relationships with others; a greater sense of personal strength; recognition of new possibilities or paths for one’s life; and spiritual development.
Growth or positive change differs from the concept of resilience, as it is not just a return to pre-trauma functioning but rather an improvement or positive change as a direct consequence of having struggled and survived the traumatic event. Post Traumatic Growth (PTG) is a process that interacts with wisdom and the development of life narrative (Tedeschi & Calhoun, 2004). Growth does not occur as a direct result of trauma. It is the individual’s struggle with the new reality in the aftermath of the trauma that is important in determining the extent to which PTG occurs. Further, it does not necessarily lessen psychological distress. Instead, it is present along side the distress (Tedeschi & Calhoun, 2004). The events are still seen as causing a great deal of distress and suffering. According to Tedeschi and Calhaun (2004), deliberate cognitive processes result in growth. The ability to disclose the trauma and talk about it in a supportive environment appears to be important in the development of PTG.

4.7.3 Religion
There has been growing interest in the role of religion including ritualised religious practices and spirituality in the role of coping and recovery from major physical illness, stressful life events and psychiatric conditions (Culliford, 2002; Emmons & Paloutzian, 2003).

Religion has been defined by Dollahite (1998) as a covenant faith community with teachings and narratives that enhance the search for the sacred and encourage morality cited in (Emmons & Paloutzian, 2003). Emmons and Paloutzian (2003) argue that both spirituality and religion include the subjective feelings, thoughts and behaviours that arise from a search for the sacred. Religion and emotion are intimately linked. Religion is important in the awareness, regulation and expression of emotion (Emmons & Paloutzian, 2003). It does this by prescribing appropriate emotions and their level of intensity. Beliefs about the nature and attributes of God may affect emotional well-being. Religion also offers powerfully emotional experience of the closeness to the sacred (Emmons & Paloutzian, 2003). There has been increased interest in the study of human virtues and strengths such as forgiveness, hope, love, humility, self-control, and wisdom. These virtues have been linked to physical and psychological well-being. Recent philosophical and social science research put forward the view that these virtues:
a) integrate ethics and health;  
b) are embodied character traits;  
c) are sources of human strength and resilience;  
d) are embedded within a cultural context and community;  
e) contribute to a sense of meaningful life purpose; and,  
f) are grounded in the cognitive capacity for wisdom (Emmons & Paloutzian, 2003 p387).

Gall and colleagues (2005) incorporated the tenets of spirituality and religious coping into the transactional model of stress and coping as developed by Lazarus and Folkman (1984). In this framework, spiritual factors such as beliefs operate as a contextual framework that orients the individual in his or her interpretation, comprehension, and reaction to life events. ‘Such beliefs help the individual to construct meaning out of his or her suffering and provide for a more hopeful and optimistic attitude’ (Gall et al., 2005 p90). Religious beliefs also facilitate an active attitude towards coping and a strengthening of social support in response to stress.

Spiritual appraisals are involved in initial attempts at making sense of the stressor. The individual can also attempt to explain the situation through an attribution of causal origins (such as God’s will). This may help to reduce the initial levels of distress. Beliefs and appraisal are important components of ‘meaning making’. Within a transactional model of coping, meaning-making can be conceptualised as a process of cognitive re-appraisal that is particularly important to successful adaptation under circumstances that are chronic or not easily ameliorated (Gall et al., 2005). The ability to make meaning when faced with a stressful event often promotes successful coping, adaptation and well-being and spirituality can play a role in meaning-making in relation to attitudes about the world, self and others (Gall et al., 2005). Religious coping has been defined as having a number of dimensions; one is a deferring style when the individual takes on a passive role and waits for God to resolve the situation. Another is a collaborative approach where the person engages with God in a mutual problem solving process. Surrendering is a style defined as an active decision to release personal control to God over aspects of the situation which are out of the person’s control.
Summary

Two fundamentally opposing views have emerged among researchers about post-traumatic stress. This has lead to the idea that post-traumatic stress is a normative and adaptive response to an extreme stress and the other is that post-traumatic stress is an abnormal response to stress and may be influenced by the particular risk factors other than trauma. The epidemiological studies indicate that only a small number of people develop PTSD symptoms and that over times the number of people affected reduces even further. Still the observation that trauma has long lasting effects has burgeoned a large body of literature. This presents a complex picture of human responses to extreme events. Factors such as type of trauma, severity, intensity of the event are associated with developing symptoms. Pre-disposing characteristics such as gender, age and neuroticism also play a part in determining whether someone develops PTSD or not. The interaction between the person and the event is crucial, that is, how the person appraises the event, whether as a threat or challenge and the coping strategies they employ. The meaning of the event is determined not just individually but is also influenced by socio-cultural factors. There is evidence that people experience 'growth' not just illness as a result of having survived the experience.
Chapter Five: Literature Review - Trauma and old age.

‘What makes old age hard to bear is not a failing of one’s faculties, mental or physical, but the burden of one’s memories.’ Somerset (Maugham 1959, p.70 cited in Aarts et al., 1996)

The aim of this chapter is to examine the literature regarding the long-term effects of traumatic events experienced earlier in life. Interest in this topic has increased as certain populations who endured intense trauma such as World War II veterans, POWs and Holocaust survivors have aged. The prevailing view following the end of the war was that with the passage of time symptoms of distress would ameliorate. Interest in the long-term effects of trauma waned and was only renewed following the end of the Vietnam War. Clinical observations found that in a number of veterans the symptoms did not remit but persisted beyond the ‘acute phase’. Further observation were made that some people experience trauma-related symptoms after a long remittance or for the first time and this was triggered by the losses that are a normal part of ageing. The led to the development of the ‘vulnerability hypothesis’ that prior extreme trauma may reduce a person’s ability to withstand additional stresses associated with aging such as ill health, economic decline and social network losses. Epidemiological studies reported that the rates of PTSD were lower in older populations despite being exposed to similar number of traumatic events. A growing number of studies found survivors of past trauma may be more resistant to life’s difficulties or stresses through a process of ‘inoculation’. The societal context in which the trauma survivors live and social support have been identified as important protective factors.

5.1 The long lasting effects of past trauma in old age

The observation that people can suffer the negative effects of trauma for a long time has been widely accepted (Hunt & Robbins, 2001a; Landau & Litwin, 2000; Nadler & Ben-shushan, 1989; Port et al., 2001). One account reported by Hamilton and Workman (1998) described symptoms in a World War I veteran that persisted for 75 years after the initial trauma and consisted of nightmares and daytime episodes during which he believed the war wasn’t over and that German soldiers ‘were
marching up the hill’. The symptoms caused him distress and fear. Family members confirmed that these symptoms had existed for many years and decreased in frequency but never totally disappeared (Hamilton & Workman, 1998). Although he did not meet criteria for PTSD and functioned throughout his life, his symptoms did increase after a period of hospitalisation and declining health thus highlighting possible increased vulnerability with increasing age (Hamilton & Workman, 1998).

5.1.1 War veterans (WWII, Korea and Vietnam)
Studies conducted shortly after the war found that 10% of former WWII veterans had ‘traumatic neurosis’ (Futterman & Pumpian-Mindlin, 1951). Once the war was over interest in this topic waned, as the prevailing belief was that stress reactions subsided soon after the soldier left the battlefield. The DSM-I ‘gross stress reaction’ was seen as a self-limiting condition and if symptoms persisted, people were diagnosed with anxiety neurosis (McFarlane, 1989; McNally, 2003). Some notable exceptions included the work of Archibald and Tuddenham (1965) who found that the passage of time seemed to differentiate the chronic syndrome from transient stress reactions. Studies conducted in the 1960’s reinforced this view when researchers found that many veterans were experiencing continuing symptoms such as sleep disturbance, startle reactions, blackouts and avoidance of reminders of the combat experience (Clipp & Elder, 1996). The Vietnam War marked a turning point in accepted views regarding the psychological consequences of trauma exposure with the traumatic event being the main cause of psychological morbidity. Research focused predominantly on Vietnam veterans and there was a shift away from World War II veterans during the 1970s. In the 1980’s, clinical observations began to appear in the literature about older veterans, refocusing the attention on survivors of the Second World War (Clipp & Elder, 1996).

What emerges from the literature is a different profile of the effects of combat among World War II veterans compared with Vietnam Veterans. Contradictory findings emerged with some studies finding higher rates of PTSD in WWII veterans while other studies found greater psychological morbidity in Vietnam veterans and high levels of disability and adjustment problems. For example, McNally cited studies from a historical perspective which found that the rate of breakdown was 12 cases per 1000 men in Vietnam as compared with 37 per 1000 during the Korean War and
a range from 28 to 101 per 1000 during the Second World War (Jones & Wessley, 2001; McNally, 2003). The rates during the Second World War were correlated with the numbers of dead and wounded and reflected the duration and intensity of battles (Jones & Wessley, 2001). For example in the Normandy offensive the overall rate of psychiatric casualties was 14.6% where soldiers encountered intense German resistance whereas during the Western Desert campaign (1940-41) which was described as a fluid campaign the rates were 2% (Jones & Wessley, 2001). In contrast, the Vietnam War has been characterised as a low intensity war (Jones & Wessley, 2001) yet the National Vietnam Veterans Readjustment study (NVVRS) found 30.9% of veterans had a lifetime prevalence of PTSD (Kulka & Schlenger, 1993). A study by Blake et al (1990) compared the rates of PTSD in a ‘non-psychiatric’ group of veterans attending a medical clinic and found that 46.2% of them scored in the PTSD range as measured by the Mississippi Scale. By comparison, 30% of Korean and 18.5% of WWII veterans scored in the PTSD range. Helzer et al (1987) using data from a Midwest epidemiological catchment area survey found that 15% of males had experienced symptoms of PTSD in their lifetime. No combat related symptoms were reported among veterans of wars other than Vietnam (Helzer et al., 1987). A number of explanations were put forward for the findings including the ideas that PTSD is rare in older veterans; older veterans are less likely to report psychological distress; belief among older veterans that combat neurosis implies psychological weakness; and elderly veterans manifest symptoms of stress somatically rather than psychologically (Clipp & Elder, 1996).

Davidson et al (1990) found that Vietnam veterans recalled different traumatic incidents. For example, they were more likely to recall brutality, mutilated bodies, death of children and loss of friends where as World War II veterans recalled incidents about physical injuries and captivity. The higher rates of PTSD among Vietnam veterans have been attributed to the type of engagement, as soldiers who took part in atrocities were more likely to develop PTSD. Feelings of shame and guilt when the person’s actions violated their own moral code were predictive of PTSD symptoms (McNally, 2003; Wilson, 2006).
5.1.2 Prisoners of War (POWs)

POWs in several wars were exposed to extreme conditions of physical deprivation and malnutrition, physical violence, brutal unpredictable punishment, high probability of dying, long periods of separation from loved ones and fear of never returning home (Clipp & Elder, 1996; Tennant et al., 1993). Ex-POWs have been studied as they are often seen as individuals who had particular traumatic experiences. A distinction has been made between men incarcerated in German and Japanese camps as the Japanese were particularly brutal and 40% of inmates were likely to perish as compared with 1% among inmates in German camps. A number of studies found higher rates of PTSD and psychological morbidity among inmates of Japanese camps compared with German camps (Clipp & Elder, 1996).

The data on POWs is also contradictory with some studies pointing to high rates of PTSD while others show no PTSD or very low rates. Tennant, Goulson and Dent compared Australian POWs of the Japanese with non-POWs who were attending the Repatriation General Hospital for medical and psychiatric assessments. The two groups did not differ in their post-war history of medical conditions and findings from medical examinations and clinical investigations. Apart from generalised anxiety disorder no-one in the sample fulfilled the criteria for PTSD although specific symptoms were observed such as occasional nightmares about the war and avoidance of activities that might arouse memories of the experiences but these occurred in only a minority of people (Tennant et al., 1993). Psychological symptoms persisted over many years but they did not appear to affect significantly their physical health, consumption of drugs or alcohol, nor did it influence illness-related behaviours. Sutkner and colleagues found that among WWII veterans from the Pacific theatre, a higher proportion of POWs (n=23) had life-time PTSD (78%) and current PTSD (70%) as compared with combat veterans (n=28) (29% and 18% respectively) (Sutker et al., 1993).

A community sample of 262 World War II veterans and Korean War veterans living in the USA were assessed for PTSD symptoms. Fifty-three per cent of men met life-time diagnosis and 29% met criteria for current PTSD. Twice as many men who had been Japanese prisoner of war (84%) had lifetime PTSD in comparison with those in German camps (44%). Men who had been imprisoned by the Koreans fell in
between with 67% having lifetime PTSD (Engdahl et al., 1997). Predictors of PTSD symptoms included:

- Body weight lost during captivity,
- Severity of the event as measured by the combat exposure scale (Keane et al., 1989);
- Type of experience – experiencing or witnessing beating or torture;
- Younger age at capture; and
- Post-war social support (Engdahl et al., 1997).

More recently, the same cohort of 262 men, now reduced to 160 because of death and failure to be located between study one and two was investigated by Dikel, Engdahl and Eberly (2005). They examined the pre-war, wartime and post war factors in predicting PTSD severity. The most significant predictor of current PTSD was POW camp trauma. Age at captivity was negatively correlated with PTSD severity. The ability to connect emotionally with others after the war was negatively correlated with symptom severity. Having a close pre-war positive family relationship was the strongest predictor of post war closeness to others (Dikel et al., 2005).

5.1.3 The Holocaust

As outlined earlier in Chapter Four, the pathological consequences of the Holocaust were described as ‘concentration camp syndrome, ‘survivor syndrome’ or ‘KZ’. The following studies focus on the ageing Holocaust survivor who has experienced atrocities 50 years ago and how these events impact on his/her current well-being.

The context of the experience is very important. The Holocaust was not one singular event but a period stretching over 5 years or more of intimidation, oppression, persecution and death. The ‘Final Solution’ epitomised the evil and destructive nature of man. The suffering did not end after liberation and countless reports have demonstrated the long-term effects on physical, mental, psychological and social impairment (Kuch & Cox, 1992; Landau & Litwin, 2000; Nadler, 2001; Nadler & Ben-shushan, 1989).

A study by Kuch and Cox (1992) examined the rates of PTSD among 124 people living in Canada who were divided into three groups. One group had been detained
in various camps for one month or more, the sub group had been Auschwitz, had a number tattooed and been exposed to extreme atrocities, and a third group had been in labour camps, ghettos and in hiding. Of the total sample, 47% met criteria for PTSD according to DSM-III-R with 65% of the second group (n=20) who had survived Auschwitz. Sleep disturbance, recurrent nightmares and intrusive recollections, intense distress over reminders were reported by the vast majority of this group. When compared with the 45 people who had not been in the concentration camp, the Auschwitz survivors were more likely to experience recurrent and intrusive recollections, more hypervigilant behaviour and made efforts to avoid activities and situations that reminded them of the trauma (Kuch & Cox, 1992). This contrasts with Yehuda and colleagues (1997) who found no difference in PTSD symptoms between Concentration Camp Survivors and those in hiding (Yehuda et al., 1997).

More recently, studies have compared aging Holocaust survivors with people matched sociocultural background variables who did not experience the Holocaust and found that Holocaust survivors were more likely to have PTSD symptoms (Amir & Lev-Wiesel, 2003; Joffe et al., 2003; Landau & Litwin, 2000). Child holocaust survivors were less likely to be satisfied with their quality of life as measured by the WHOQOL-Bref3 on three (physical, psychological and social) of the four domains (Amir & Lev-Wiesel, 2003). Joffe and colleagues (2003) compared Holocaust survivors, older refugees and Australian elderly across a range of socio-economic, psychological and physical health measures. Holocaust survivors were more likely to have PTSD symptoms, more likely to have had troubles with depression or nerves and more likely to describe their health as poor (Joffe et al., 2003).

In a recent literature review, Ayalon (2005) commented that there have been few studies that have focused on the resilience of Holocaust survivors. The main research reports concentrated on measures of psychopathology rather than about Holocaust survivors ability to adapt and recover (Ayalon, 2005). Evidence for resilience has been the fact that Holocaust survivors have been able to rebuild their lives, create families, homes and manifest levels of adaptation and well-being similar to or greater than non-Holocaust populations (Ayalon, 2005).

---

3 A generic quality of life instrument developed by the World health Organisation.
5.2 Prevalence of posttraumatic stress and related disorders in older people

There have been few epidemiological studies into the prevalence of traumatic events and PTSD in older people (Busuttil, 2004; Cook, 2002). Studies that have examined the effects of trauma on the elderly have focused on specific groups such as World War II and Korean War veterans: both combatants and prisoners of war (POW), (Aarts et al., 1996; Crocq et al., 1993; McNally, 2003; Port et al., 2002; Schnurr et al., 2002; Sutker et al., 1993) and Holocaust survivors (Chodoff, 1963; Klein et al., 1963; Nadler & Ben-shushan, 1989). There have been very few studies sampling from the general population despite the fact that the Second World War was the first war in history that accounted for more civilian than military loses (Bernsten & Rubin, 2006; Bramsen & van der Ploeg, 1999a).

5.2.1 Community based epidemiological studies
Large epidemiological studies carried out in the USA have excluded older cohorts (Breslau et al., 1998). The few community samples that included people aged 60 or older found high rates of trauma exposure but relatively low rates of PTSD. Norris (1992) found that 68.8% of men and women aged over 60 years of age reported experiencing a traumatic event, similar rates to those in middle-aged (71.6%) and younger (66.9%) age groups. However the younger group (9%) and middle aged group (8.8.%) were more likely to have developed PTSD compared with the older group (4%) (Norris, 1992). A similar pattern was detected by Creamer and colleagues when assessing data from the National Survey of Mental Health and Well-being. Controlling for type of traumatic events experienced, people aged over 55 years were less likely to have a 12 month PTSD diagnosis compared with people aged between 18-24 years (Creamer et al., 2001).

5.2.2 European combat and civilian studies
The studies cited above are predominantly with North American samples and one Australian study. There are very few large scale studies on British or other European experiences (Bramsen & van der Ploeg, 1999a; Hunt & Robbins, 2001a) or in other parts of the World. This section reviews studies from Europe, the epicentre of the
conflict in the Second World War. Bramsen and Ploeg (1999) point out that most studies focus on survivors who seek treatment or compensation.

European studies such as those conducted by Bramsen and van der Ploeg (1999) found that among Dutch survivors of the Second World War 86% of participants had experienced at least one traumatic event. The prevalence of PTSD was 4% in civilians and 7% in military veterans. More recently, van Zelst and colleagues (2003) examined the prevalence and subthreshold PTSD in a population of older community dwelling persons in the Netherlands and found 0.9% of people aged 60 years or more met criteria for current PTSD (in the last 6 months) and a further 13.1% of people met subthreshold PTSD criteria (van Zelst et al., 2003). A Swedish study found in the general population a PTSD life-time prevalence of 5.6% while among those aged 55-70 years, 3.9% of people met criteria for life-time PTSD (Frans et al., 2005). Berntsen and Rublin (2006) found that among Danes posttraumatic stress reactions were present in people who were civilians during the Second World War even 50-60 years after the events took place. Using two significant events in Danish history (the German invasion in 1940 and German capitulation in 1945) people were asked if they had memories of these events. The ability to form a flashbulb memory for these events seemed to be related to a person’s age at the time of the event. Those who met DSM-IV criterion A1 and A2 were more likely to report posttraumatic reactions (re-experiencing, arousal and avoidance) and experience greater vividness of memories. They were also more likely to report that events from the time of the war left a ‘scar on their soul’ and were a central component of their identity as measured by the Centrality of Event Scale (CES) (Bernsten & Rubin, 2006).

A large six-country European study found that the proportion of people aged 65 and over who had any anxiety disorder including PTSD was 3.6%. Fewer people aged 65 or more (5.8%) reported mental disorder compared with all age groups especially those in the 18-24 age group (13.7%) (ESEMeD/MHEDEA 2000 Investigators, 2004). The findings of these studies suggest that older people have lower psychological morbidity compared with younger groups. This pattern is consistent across population-based studies and studies that measured the effects of natural disasters (Green et al., 1996). However, the low PTSD rates are in stark contrast to studies that investigated older people who had survived war and man-made atrocities such
as the Second World War, Korean War, Vietnam war and the Holocaust as discussed in the sections below.

**Dutch resistance fighters & civilians**

Bramsen and Ploeg (1999) examined the long-term after-effects of war in a community sample of ageing citizens who survived the Second World War. The majority experienced the German occupation of the Netherlands (1940-45). Others experienced the occupation of the Dutch East Indies by the Japanese (1942-45) and the subsequent Indonesian independence struggle (1945-50) (Bramsen & van der Ploeg, 1999a).

Using the Self-Rating Inventory for PTSD (SRI) they found that 4.6% of the sample met current PTSD diagnostic criteria. The highest proportion was among people persecuted in Asia (13%) and the lowest was among resistance participants (3.8%). Among military veterans the rate was 7%. The number of traumatic events was correlated with PTSD. Anger and anxiety were also associated with PTSD (Bramsen & van der Ploeg, 1999a). The authors were surprised to find lower rates of PTSD in a community based study compared with other study populations. Using the same measure but slightly lower cut-off point for PTSD, Op den Velde and colleagues (2000) found 5% of the Dutch sample had PTSD compared with 10.5% of Dutch immigrants to Australia. Among the immigrant group the risk for PTSD was 21.4% for Holocaust survivors, 20% for resistance veterans, 18.8% for military veterans of WWII, 11% for POWs of the Japanese and 7.7% for survivors of the Japanese internment camps in Indonesia (Op den Velde et al., 2000). Once again the authors were puzzled by the lower rates of PTSD especially among the Dutch POWs of the Japanese, civilians and military veterans who migrated to Australia as they had all suffered numerous traumatic and stressful events. Those who settled in Holland were met with a 'conspiracy of silence' and aside from being ignored, they were sometimes exposed to hostile rejection by Dutch society (Op den Velde et al., 2000). Those who migrated to Australia would have had the added stressor of migration and resettlement but may be not have met the same level of rejection by the wider society. The studies described above contrast with an earlier one conducted by Op den Velde and colleagues (1993) who found that among 147 Dutch Resistance Fighters 55.8% had current PTSD. The veterans in the study had all been granted a special government pension based on their war related disabilities either physical or
psychological. There was no difference whether Resistance Fighters were in a concentration camp or not with respect to PTSD symptoms. Thirty-two percent reported the first symptoms occurring between 1945-50 (Op den Velde et al., 1993).

**Polish studies**

Chapter Three reviewed the available studies that examined the mental health and social adjustment of Poles who had migrated to Britain and Australia. The decision to return or not to return to Poland was painstaking. Those who had survived the war and chose to return to Poland from Germany or had been prisoners in concentration camps located in Poland were subjected to suspicion and repression under the Stalinist regime and found it best to keep their past a secret. The few Polish-Jewish concentration camp survivors remained in the west, migrating to Israel, fearing anti-Semitism if they returned to Poland. While non-Jewish Polish concentration camp survivors remained in the West, a number did return to Poland. It was not uncommon for prisoners just released from Nazi concentration camps to be shipped off to the Siberian gulag, along with Red Army Soldiers released from German POW camps (Pachalska et al., 2006). Many did not return.

Initial studies with Polish concentration camp survivors were conducted at the Psychiatric Clinic of the Medical Academy in Kraków concentrating on the medical consequences of having been incarcerated in a concentration camp. The ex-inmates liberated from the concentration camps in such fragile physical condition suffering from various somatic complaints that the focus was on intensive medical treatment. The cause of their exhaustion was due to starvation, cramp and squalor living conditions, hard labour, and exposure to brutality and threat of imminent death (Szymusik, 1964). Psychological problems were left in the background and the first published accounts of the impact on mental health were in the mid 1950s (Ryn, 1990b). These studies provided a comprehensive description of ‘asthesia progressiva gravis’ or what became known as KZ syndrome. One such study was conducted between 1959-61 by the Psychiatric Clinic of the Medical Academy in Kraków by a group of clinicians with the view to measure the psychological state of former concentration survivors during their time in the camp and following their liberation (Orwid, 1962; Orwid et al., 1964; Szymusik, 1962, 1964, 1965; Teutsch, 1966).
A total of 100 ex-prisoners were interviewed using a structured interview about their life pre-incarceration, in the concentration camp and post liberation. The topics included: psychosocial development prior to their imprisonment, reason for their arrest, their experiences in the camp, how they survived and adapted to camp life, the meaning their ascribed to their experience, adaptation to life post liberation (difficulties and conflict in relationships and social life), self perceived personality changes, physical and psychological illnesses and so on (Orwid et al., 1964). Many had been incarcerated as political prisoners. Szymusik (1964) found among the 100 survivors interviewed only 36 had no psychological symptoms. The most common symptoms were: irritability and temper outbursts (65%), anxiety (34%), headaches (29%), memory (25%), sleep disturbance (19%), heart complaints (19%), tearfulness, (18%) and increased tiredness (18%) (Szymusik, 1964). Among those with psychiatric disturbances, the majority of participants developed psychiatric symptoms in the first year post liberation (64%), a smaller proportion 1-5 years post-liberation (14%) and a substantial proportion 5-14 years post liberation (22%) (Szymusik, 1964). The participants reported a profound changed in their personality following their experiences in the camp. The most common experiences were hypervigilence, social withdrawal, fear of people, anxiety, depression, apathy, paranoia, tearfulness and feeling that life was meaningless (Lesniak, 1965). Most people reported an increase in mistrust and suspicion of others while a small number reported an increase in positive feelings such as having greater compassion towards others and a deeper spiritual awareness as a consequence of their camp experience (Lesniak, 1965). Those who did not report having negative feelings towards others belonged to the partisans and the resistance movement and it may have been their sense of patriotism and the cohesiveness of belonging to this group that mitigated such feelings (Lesniak, 1965).

Orwit (1962) concluded that the experiences of being in a concentration camp had a profound and long-lasting effect on personality, the ability to form relationships and to readjust to normal everyday life (Orwid, 1962).

After Stalin’s death and during the so called ‘thaw’ that took place in Poland after 1956, most Polish Concentration Camp Survivors, like veterans of the Polish Armed Forces fighting in Western Europe and the pro-government in exile partisans Home Army, found it prudent to conceal their war-time past (Hoffman, 2000; Pachalska et
In contrast to the reverence with which Holocaust survivors were treated in Israel and elsewhere, concentration camp survivors in Poland have generally been ignored or persecuted. The stigma and burden of surviving the concentration camps has also been passed onto the second and third generations living in Poland (Ryn, 1990b).

More recently, Orwid and colleagues (1995) interviewed Polish Jewish Holocaust survivors who had remained in Poland after the war. Of the 26 people interviewed, half the sample had reported that their Jewish origins and the Holocaust were taboo topics. They acknowledged that the changes in the political situation in Poland had influenced their attitudes towards the Holocaust and towards a Jewish cultural presence in Poland. All had experienced anti-Semitism and half the sample had reacted to this with fear, sadness and a feeling of danger (Orwid et al., 1995). A study by Pachalska (2006) into the effects of stroke on concentration camp survivors in Poland found that study participants found it difficult to reveal their past. Many had become accustomed to hiding the fact that they had been prisoners to avoid unwanted attention from the secret police. All had taken the opportunity to move to a different town where no one knew what had happened to them. Several remarked that if had not been for the tattoo they would not have told their spouses; the topic was taboo in their families (Pachalska et al., 2006). Following a stroke people who had survived the concentration camps were experiencing vivid memories of traumatic experiences from the past and were responding with increased frustration, aggression and anger to benign reactions (Pachalska et al., 2006). All participants in the study had employed avoidance strategies in coping with their traumatic memories, however the stroke had disrupted this and patients now wanted to talk about what they had experienced incessantly often to the detriment of family relationships (Pachalska et al., 2006).

Further, the fate and suffering of people who had been exiled during the war to the Soviet Union was not acknowledged at all. People were refused war-victim status and people who talked about their experiences were threatened with imprisonment (Jackowska, 2005; Kazmierska, 2002). Thus, it is not surprising that these groups did not receive any clinical attention (Jackowska, 2005; Orwid et al., 1995). Only after 1989 did this situation change, by which time the habit of keeping the past a secret was deeply engrained (Pachalska et al., 2006). This was commented upon by
Jagucki (1983) who observed that in all his years in Poland he encountered very few people who spoke about the war whereas the émigré Polish elderly in Britain did not stop talking about it (Jagucki, 1983). The social and political situation in Poland may explain why there are so few studies conducted in Poland about the effects of the war on the civilian and veteran populations and even fewer studies published in English language journals. This societal amnesia resonates with that described by Herman (1997) in Chapter Four.

A recent study into the psychological health of people exiled to Siberia, Jackowska (2005) found that most people had been exposed to a number of traumatic events. Among the sample of 100 people, 93% experienced lack of food and 91% exposure to severe weather conditions, 81% to serious life threatening illness and 75% hard labour. People were children or adolescents at the time of trauma and a quarter were separated from their parents and a further 20% experienced the death of their father, 14% death of mother and 21% death of sibling (Jackowska, 2005). There was a positive correlation between PTSD symptoms and depression. Women scored higher on PTSD symptoms and depression compared with men. The actual rates of PTSD were not described in the paper and 12% of the sample had severe depressive symptoms as measured by the Geriatric Depression Scale (Jackowska, 2005).

5.3 Interaction between aging and past trauma

Developmental theorists propose the main developmental task in aging is to come to terms with losses and changes that old age inevitably brings (Bar-Tur & Levy-Shiff, 2000; McCarthy & Davies, 2003). Older people experience losses in every aspect of life, expending emotional and physical energy in grieving for the losses, adapting to changes and recovering from the inherent stresses that the losses bring (Butler et al., 1998). These losses and changes include personal losses (death of spouse, siblings, peers), social losses (retirement, reduced social status, change in family relationships and roles), and reduced physical health (degenerative diseases) (Butler et al., 1998). Later life has been characterized as an accumulation of negative life events (McCarthy & Davies, 2003). Older people need to adjust to increasing levels of physical and psychological dependency and ultimately preparing for the end of life (Butler et al., 1998).
According to Erikson (1965), ego development is based on the person passing through eight developmental stages, each with its own challenges and crises to overcome and ego strengths to draw on. The challenge in old age is ‘integrity’, the crisis is ‘despair’ and the ego strength is wisdom (Erikson, 1965). Drawing on Erikson’s model of identity formation where the central tenet is the development of a clear sense of who and what one is within a cultural framework, Aarts and Op Den Velde (1996) proposed the following developmental tasks of aging: mourning for losses, giving meaning to past and present experiences, (re)establishing self-coherence and self-continuity and achieving ego integration.

Reminiscence has been recognised an important part of the aging process (Butler et al., 1998). It has been observed that people in late life have vivid memory of past events and can recall with them with remarkable clarity. Reminiscing is a progressive conscious return to these past events and in particular, to unresolved conflicts that may be re-examined and reintegrated into the life story. If re-integration is successful this can give new meaning and significance to one’s life (Aarts & Op Den Velde, 1996; Butler et al., 1998). If one’s past is punctuated by traumatic events then this process is not only an important part of aging but also coming to terms with the trauma (Aarts & Op Den Velde, 1996). Horowitz (1993) described the importance of integrating mental schematic representations of traumatic events otherwise they are stored in an active form that are repeatedly examined (Horowitz, 1993). Aarts and Op Den Velde (1996) proposed that having experienced past trauma may interfere with the developmental tasks of aging in the following ways:

1. Mourning for recent losses associated with aging (death of spouse, retirement) may be complicated by past unresolved grief associated with traumatic events. The anxiety-arousing reminiscences of past traumatic events may hinder the current mourning process.

2. Giving meaning to past and present experiences; that is, accepting one’s past and present states and assigning meaning to these both positive and negative experiences is an important part of the aging process. Among people who have been traumatised beliefs in human justice and goodness may be severely damaged and the process of meaning making and acceptance may be comprised by having experienced human violence and ruthlessness.
3. Re)establishing self-coherence and continuity are essential in feeling as a whole person. Self-coherence refers to the here and now while self-continuity refers to feeling of integration in retrospect. People who have survived trauma may have profound feelings of shame and guilt that impede in the process of psychic integrity.

4. Achieving ego integration may be compromised through the splitting into the pre-trauma self and posttraumatic self. The pre-trauma self can be viewed as an idealised period while the traumatised self is looked upon with awe, shame, anger and guilt. To recover from trauma integrating the negative affect and memories need to be accomplished and the mourning for the loss of the pre-traumatic self (Aarts & Op Den Velde, 1996).

Another perspective in understanding the interaction between losses and aging has been put forward by Bar-Tur and Levy-Shiff (2000) who proposed that in old age social, physical and cognitive resources are declining. However, with each loss there is also potential for gains and growth. Separation and integration is an adaptive process that may affect the regulation of loss and interplay between losses and gains. ‘Loss imposes separation and each separation has potential for growth’ (Bar-Tur & Levy-Shiff, 2000, p165). For example, separation process in older age may involve emotional independence from societal expectations. The ability to disengage mentally and emotionally from certain aspects of life and to fill gaps with alternative content helps elderly retain integrity and maintain a high level of well-being (Bar-Tur & Levy-Shiff, 2000).

People who have experienced traumatic losses in the past may have a depleted reservoir of resources. Resource loss has a much more salient effect than resource gain (Hobfoll, 1998). The question then arises whether past traumatic losses have long-term effects on aging, interacting with the losses already associated with aging and whether elderly people who have experienced traumatic loss in the past cope better or worse with the normative losses of aging (Bar-Tur & Levy-Shiff, 2000).

Two perspectives are proposed, one is the ‘vulnerability perspective’, maintains that prior experience of extreme stress reduces the ability of the individual to withstand additional stress and the second is ‘the inoculation perspective’ that each stressful
event increases familiarity, reducing the perception of stress and facilitates adaptation and development of successful coping strategies (Bar-Tur & Levy-Shiff, 2000).

From the perspective of Aarts and Op Den Velde (1996), earlier traumatisation interferes with the developmental process of aging and may result in people being more vulnerable to the worsening or sudden onset of posttraumatic symptomatology. Bar-Tur and Levy-Shiff (2000) found that among Holocaust survivors it is more difficult to regulate and compensate for the losses incurred during the aging process. Past resource depletion can impair current adaptation and well-being. People who experienced a discrete traumatic loss can come to regard age-related losses as secondary, enabling them to cope with subsequent losses. This contrasts to Holocaust survivors who find it more difficult to regulate and compensate for age-related losses. The strategy of disengaging from their diminishing outer world and increase engagement in their inner world is too painful to tolerate (Bar-Tur & Levy-Shiff, 2000).

The long-term psychological sequelae of trauma can be defined as a chronic disorder with symptoms emerging earlier in life and not subsiding. An intermittent course is when the symptoms have subsided but were triggered by a new trauma later in life. A delayed onset is when symptoms emerge for the first time later in life in response to a trauma earlier in life (van Zelst et al., 2003). Studies that have attributed the losses associated with aging as a trigger to an intermittent course and a delayed onset will be reviewed in the next section.

5.3.1 First time PTSD or reoccurrence of past PTSD in older age
Psychological traumatisation is said to shift locus of control from internal to external. Those who had been traumatized at a young age managed to cope with a rigid problem-solving focus stance and maintaining an internal locus of control. The process of retirement may mean loss of practical role in life. Work, family routine and social interactions have previously kept the person busy and distracted from thinking about traumatic events. There is more time to think of the past. The coping style may shift to an emotional focus and locus of control to externality. Thus, these factors may precipitate so-called delayed PTSD after retirement or another major life change.
in old age where PTSD symptoms relating to past trauma appear for the first time (Busuttil, 2004). Collectively these losses (children leaving home, retirement, death of a loved one) can resemble war experiences in which there was a lack of control (Clipp & Elder, 1996). Further, life events such as death of family, friends reminder of deaths experienced during trauma and the increase awareness of own death may be a reminder of past death anxieties. Sleep problems, reduced sensory activity aggravate PTSD insomnia and hyper-vigilance (Clipp & Elder, 1996). Poor physical health including chronic pain, cardiac-related illness, hospitalisation for serious surgical operations may, in their own, right either complicate or precipitate PTSD in older people (Busuttil, 2004).

Despite the factors outlined above, the rate of delayed on-set is very small and have been limited to case studies (Hilton, 1997). Port and colleagues (2001) assessed changes PTSD prevalence rates and symptomatology in World War II and Korean veterans across two time periods four years apart. They asked veterans to indicate the time period during which they were 'seriously troubled' by PTSD symptoms. They found that long delay onset periods were rare (2%) and 11% identified a remission of troubling symptoms after a 25-30 year absence (Port et al., 2001). When Port compared the prevalence of PTSD at time one and then at time two (four years later) she found that 27% of the sample met criteria for PTSD while at time two 34% met criteria. There was an increase of 19 new cases and six cases no longer met criteria. She found that when PTSD was controlled for at time one, more health problems, less social support and less death acceptance were associated with PTSD at time two. Other negative life events were not associated with PTSD at time two (Port et al., 2002).
Summary

The old age appears to be a particular vulnerable time for people who have experienced traumatic events in their past. The cumulative process of adverse events across the life span has led to the proposed ‘vulnerability perspective’, which maintains the accumulation of stressful events reduces the ability of the individual to withstand additional stress. The epidemiological literature counters this view with low rates of PTSD and other psychological conditions among the elderly. Even in highly traumatised groups such as combat veterans, prisoners of war and Holocaust survivors the results are varied. Some studies report high rates of psychological distress while others did not.
Chapter Six: Formulations and Hypotheses

6.1 Quantitative study

The literature review has covered a breadth of areas all pertaining to the effects of trauma on individuals. The earlier chapters described the effects of events of the Second World War on the Polish people, their subsequent dispersal and resettlement, their higher rates of psychiatric admission compared with the host community. Despite the passage of time, these rates remain high. War is not a discrete, single event rather a succession of traumatic events sustained over time. Further, the end of the war does not always mean the end of suffering as refugees experience profound losses and stressors adjusting to a new environment. Within the expansive trauma literature a number of key factors have been identified as important in understanding the long term effects of traumatic events on a person’s emotional and physical health. These include:

- the individual characteristics (e.g. gender, age, personality)
- the type of the event (war and stressful life events)
- characteristics of the war event (number of events, severity of event)
- emotional response to the war event
- beliefs relating to the war event
- coping strategies
- post event factors such as social network and social support.

Emotional health is defined as the absence of depression, anxiety, posttraumatic stress disorder, alcohol use and the impact of these conditions on everyday functioning. Physical health relates to the number of physical health conditions and the appraisal of physical health. This study will examine whether the factors listed above are associated with emotional and physical health as well as posttraumatic growth and quality of life measures. These associations are examined in the context of aging. The traumatic events under investigation relate to the Second World War as experienced by Polish elderly refugees and migrants. The experiences of pre-war losses, migration, post-war life events will also be assessed. The observation in the literature that some people have long lasting emotional health problems resulting from trauma but not all will also be examined. What factors are associated with long lasting effects? What factors are associated with adjustment? With advanced aging
is there an increased vulnerability? As this study is exploratory in nature the following areas have been selected, predictions will not be made and the null hypotheses are presented.

6.1.1 Individual characteristics important determinants
The first area of interest derives from the literature about the importance of individual characteristics in understanding why some people have long lasting effects to trauma and others do not.

6.1.1 There is no relationship between individual characteristics and emotional and physical health outcomes.

6.1.2 Number and nature of the traumatic event
Given the historical overview it is expected that Polish elderly will have experienced a high number of traumatic events and a high proportion of people will be affected by these events. The number of traumatic events and the nature of the traumatic event will be important determinants in who experiences long lasting effects and who doesn’t.

6.1.2 There is no relationship between war experiences and number of traumatic events
6.1.3 There is no relationship between traumatic and stressful life events and emotional and physical health.

6.1.3 Emotions and beliefs associated with the event
Emotions and beliefs associated with the event will also have an impact on the long lasting effects of trauma.

6.1.4 There is no relationship between emotions and beliefs and traumatic and stressful life events.
6.1.5 There is no relationship between emotions and beliefs and emotional and physical health.
6.1.4 Social networks and perceived social support
From the literature review there is an expectation that the long lasting effects of trauma will be mitigated by the size of the social network and the perceived social support.

6.1.6 There is no relationship between traumatic and stressful life events and social networks and support.
6.1.7 There is no relationship between social networks and social support and emotional and physical health.

6.1.5 Traumatic events and Post-trauma growth
There is an expectation that the number and type of traumatic events will affect emotional health and physical health, Post traumatic growth (PTG) and measures of quality of life.

6.1.8 There is no relationship between traumatic and stressful life events and quality of life and PTG.
6.1.9 There is no relationship between PTG, quality of life measures and emotional and physical health

6.2 Qualitative study
How do people make sense of their lives, what emphasis, meaning and importance do they place on certain events and how is this important in understanding the long lasting effects of trauma? Now in older age having lived through war, resettlement and migration how do Polish elderly describe these experiences and their survival? The aim of this component was to obtain descriptions of:

- their lives in pre-war Poland,
- what happened to them during the war,
- the emotional effects,
- what helped and what did not help,
- how they survived,
- how they decided to come to Australia, and
- to describe their life in the early days of settlement in Australia.
Chapter Seven: Mixed Methods

7.1 Study design

The study used a mixed methods approach using a combination of quantitative and qualitative methods (Creswell, 2003). The rationale derives from the utility of each method in addressing different but complementary aspects of the research question. The quantitative methods provide assessment, measurement and observation of emotional, physical health and traumatic events and the qualitative methods provide insight into the individual experience and meaning of traumatic war events. The results from one method may elaborate, clarify and illustrate the results from the other method. It also allows for new perspectives and discoveries that extend the breadth and range of the enquiry. Using a mixed methods approach triangulation is achieved through using the findings from one method to corroborate results from a different method (Bryman, 2006; Creswell, 2003).

7.1.1 Rationale

In any research study, the investigator decides what assumptions are acceptable and appropriate for their study and uses methods consisted with this paradigm. A paradigm represents a pattern of set assumptions concerning reality (ontology) knowledge of that reality (epistemology) and the particular ways for knowing that reality (methodology) Guba, 1990 cited in Miller & Crabtree, 1999). Miller and Crabtree (1999) describe three different paradigms used by various researchers. The first paradigm is referred to as materialistic inquiry. This is associated with positivism, the culture of biomedicine and the biomedical model. This is a linear model with the ultimate object to discover the ‘truth’. This paradigm emphasises the scientific method, hypothesis testing, quantitative measurements and the objective search for ‘truths’ that can be generalisable, predictable and produce controllable outcomes. The steps in this linear model include: defining the research problem, conducting a literature review, hypothesis formation, research design, instrumentation and sampling, data collection, data analysis, conclusion and revising the hypotheses (Miller & Crabtree, 1999).

The second paradigm is referred to as ‘constructivist inquiry’. This approach is based on the premise that there is no objective ‘truth’, instead ‘truth’ is the result of
perspective, is relative and is a context-bound construction that belongs to a larger universe of stories. The knowledge gained from this type of inquiry helps maintain cultural life, our symbolic communication and meaning, also known as ‘naturalistic inquiry’ and ‘hermeneutics’. A constructivist inquiry enters into an interpretive circle and must be faithful to the performance or subject, must be both apart from and part of ‘the dance’ and must always be rooted in the context (Miller & Crabtree, 1999). Within this paradigm, the narrative approach sits comfortably as it stresses the ‘lived experience’ of individuals, the importance of multiple perspectives, the existence of context-bound, constructed realities, and the impact of the researcher on the research process (Miller & Crabtree, 1999). The third paradigm is referred to as the critical/global inquiry. This inquiry maintains social life, focusing the realities of domination, distribution of power, associated inequalities and ecological context and sustainability. This approach is suited to political engagement and the studies of systems. It incorporates both linear and circular inquiry and situates these sources of knowledge in a historical, philosophical, ecological and political framework (Miller & Crabtree, 1999).

Quantitative methods are derived from a materialistic inquiry paradigm and qualitative from a constructivist inquiry. A mixed methods approach recognises that each method has its own inherent shortcomings. By combining both methods, researchers aimed to neutralise or cancel the biases of any one single method (Creswell, 2003). The present study is using a multiple approach whereby the researcher converges quantitative and qualitative methods in order to provide a comprehensive analysis of the research question. The researcher collected both forms of data at the same time during the study and then integrated this information in the interpretation of the overall results. This is based on the assumption that collecting diverse types of data best provide an understanding of the complexity of war, migration, stressful life events and aging on the emotional health and well-being of Polish elderly migrants. Furthermore, the present study draws on historical, political and sociological accounts providing the researcher with a broader contextual base for analysis and interpretation.
7.1.2 Prelude to the study

The researcher is of Polish background and bilingual. She is well known in the Polish community through her participation in various welfare, cultural, and artistic organisations. More recently she was the co-curator of an exhibition in 2000 commemorating 50 years of Polish post war immigration. The exhibition entitled ‘Terra Nova – a land of milk and honey: a celebration of 50 years of Polish migration to Australia’ was shown at the Immigration Museum in Melbourne and later toured parts of Australia and Poland (see Appendix A). An important part of this project was collecting stories, old photographs and other objects that reflected the story of war and displacement. The exhibition was well received and many people were happy to talk about their war experiences and early days in Australia. Many felt it was an important time to pass these stories onto the next generation. This study then was ‘riding on the cloak tails’ of the exhibition, the fact that the exhibition received a lot of media attention in the Polish community and broader community and that it was a success. The exhibition was an important prelude to the study as it meant community members were familiar with the researcher and that she had a certain degree of credibility and trust, in addition to knowing of her own ethnic background.

7.1.3 Study population

According to the Census of Population and Housing, 2001 the number of people born in Poland living in Victoria is 19,949 and 7,887 of these were aged 65 years or more (40%). The proportion of females (54%) was higher compared with males (46%) living in Victoria (Australian Bureau of Statistics, 2001a).

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>1.4</td>
</tr>
<tr>
<td>15-24</td>
<td>6.9</td>
</tr>
<tr>
<td>25-44</td>
<td>19.7</td>
</tr>
<tr>
<td>45-64</td>
<td>32.3</td>
</tr>
<tr>
<td>65 and over</td>
<td>39.5</td>
</tr>
</tbody>
</table>

Religious affiliation among Poles living in Victoria included 13,714 Roman Catholic, 2,521 Judaism, 360 Seven Day Adventists, 220 Christian Orthodox and 164 Lutheran Post War Polish migration can be classified into three distinct waves. The first wave occurred between 1947-1951 as part of Australia's intake of refugees and displaced people. The second and smaller wave occurred between 1952-1977 when people were able to come to Australia under a family unification program although in later years the communist government severely curtailed emigration to the west. The third wave occurred from 1978-1995 under the period of civil unrest and regime change with the rise of the Solidarity movement (Ozdowski & Lencznarowicz, 2001).

7.2 Procedure

A community sample of Polish elderly people living in the Melbourne metropolitan area was invited to participate in the study. People identifying themselves as of Polish background, aged 65 years and above, and who migrated to Australia after the Second World War were recruited. Those suffering from dementia or other obvious cognitive deficit were excluded.

The researcher liaised with community leaders to gain their support for the study (see Appendix B). This included meeting with workers from the Polish Welfare Bureau and Australian Polish Community Services. The researcher attended a meeting of all the senior club presidents to inform them of the study and gain their permission to attend the individual clubs and speak about the project.

A ‘flier’ was developed to provide information to potential participants about the study. The flier was produced in English and translated by a qualified and accredited translator into Polish. This flier (see Appendix C) was used to inform the community about the research project, its aims and objectives. It noted that the study concerned the emotional and physical health of Polish immigrants and offered an opportunity to collect information about people's war-time and early immigration experiences. People were informed that the information collected was confidential and no identifying information would be recorded on the questionnaires such as names and addresses and that the information collected may be useful in informing health care providers (mainstream and Polish specific) about the health needs of elderly
immigrants. The information about war-time experiences and early experiences in Australia it was said would help to document Polish immigration history for all Australians and in particular second generation Polish Australian. A brief article appeared two times in ‘The Polish Weekly’ July-August 2001 containing the same information as in the flier.

7.2.1 Sampling

A list of 22 Polish senior citizens clubs was stratified by geographical area. From this sampling frame, a random list of clubs was produced for each area. Seven senior citizens clubs were selected; two clubs were selected from the southern region, three from the western region and two from the northern region of Melbourne. In addition, two ex-servicemen associations (Polish Home Army Ex-servicemen and the 1st Polish Armoured Division Association) and the Polish Siberian’s Association were approached. This produced a potential pool of 226 people. Club presidents were initially contacted by phone and the researcher asked permission to attend the club meeting and speak to the people present. The researcher spoke to the group in Polish usually with the aid of a microphone and introduced herself, what her study was about, what was involved. All people present were invited to participate in the study. The researcher then distributed the flier and solicited individuals who were interested to participate. People who were interested gave their names and contact details (n=97). A number of people who did not want to take part expressed the following reasons: the events were too distressing to speak about; they were too young during the war therefore they would not have much to contribute; or that nothing remarkable happened to them during this time.

The researcher also used the ‘snowball’ sampling technique to locate the people who may not attend the community structures. Once people agreed to participate in the study, they were asked if they knew of someone who wouldn’t mind being contacted. This led to seven people being nominated. A further six people responded to the advertisement in the Polish Weekly. Altogether this produced a sample of 110 potential participants.
7.2.2 Human Ethics Approval

The Human Ethics Committee University of Melbourne granted approval to the study. The committee was particularly concerned about the welfare of study participants and ensuring that people would not be unduly distressed and that those who needed further assistance or referral would be supported to access relevant care.

7.2.3 Risk Management Strategy

Sensitively conducted qualitative research typically does not disturb people to the extent they need counselling, even if the issue is potentially distressing. Grafunaki (1996) cited in Rice and Ezzy (1996) note that qualitative research often promotes reflexivity, self-awareness and empowerment among the parties involved. This is primarily due to the nature of qualitative methods that allow the person to tell stories in their own words...‘that can be cathartic and therapeutic in itself’ (Rice & Ezzy, 1999 p.329).

People while talking and recollecting about traumatic experience may become distressed by recollecting these experiences. The researcher prepared a strategy to manage this. A list of Polish health and welfare professionals was compiled and contacted to see whether they would be willing and available to accept referrals from the research in order to debrief or provide ongoing counselling to study participants who may become distressed during the interview process or afterwards. The risks were explained to people in the consent form. The risk was that talking about traumatic events may cause the person distress - this may occur at the time of the interview or afterwards. This list was made available to the person to contact a mental health professional if they wished. If a person became distressed during the interview, the researcher planned to stop the interview, listen to the participant and assess their needs at this point. It was also made clear to the participant that they were free to stop the interview at any time and that they can withdraw from the study at any time. That is, even if they have completed one or two sessions they were not obliged to participate further.
The interview was conducted in a caring and sensitive manner. The researcher has over ten years of research experience in conducting interviews with a range of vulnerable people who experienced physical or psychological problems.

Throughout the process, it is very important to be respectful to the participant. The Holocaust literature points to the importance of allowing people to tell the story, to bear witness to terrible events especially when people are in older age (Beyrak, 1995). The interview aimed to focus on the positive as well as negative aspects of people’s experiences.

No-one in the study sought counselling. People who were symptomatic were all under the care of their General Practitioner or mental health specialist and did not request further intervention.

7.2.4 Care for the researcher

While conducting both quantitative and qualitative components of the study, the researcher sought de-briefing from a qualified psychologist and family therapist of Polish background. Listening to stories of great grief and trauma has its own impact. Transference and countertransference are well known phenomena in psychiatry and psychotherapy. Own issues of grief in the middle of data collection as a result of the death of the researcher’s father and the fact that he belonged to the very generation the researcher was studying meant that the researcher was mindful of her own emotional health and well being. The researcher used these sessions to re-tell the stories of the study participants and how this affected her. The sessions were also used to explore with the therapist’s useful insights and themes that emerged from the stories and how these meanings resonated with the researcher. This process facilitated reflexivity which refers to the researcher acknowledging that she is part of the setting, context, and culture she is trying to understand and analyse (Rice & Ezzy, 1999). This was achieved through the researcher’s own self-reflection after the interview, notes made and discussions with therapist in de-briefing.
7.2.5 Data collection

As said, the total number of potential study participants was 110 people. The researcher telephoned people to briefly remind them about the study and to arrange a convenient time and place to conduct the interview. Twenty-three people declined to proceed with the study. Reasons included: prefer not to talk about the war (n=9); ill health (n=8); inconvenient time (n=3); changed their mind (n=2); a recent bereavement (n=1). A further 15 people were not approached because the time allocated for recruitment had ended. Recruitment and interviews commenced in August 2001 and finished in September 2003. A total of 72 people were interviewed, 34 (47%) were males and 38 (53%) were females. Most the sample (47 or 65.3%) were resident in Australia for 50 years or more, a further 16 people (22.2%) for 24 to 49 years and a smaller number (9 or 12.5%) less than 24 years, reflecting the three migration waves described earlier. Study participants had a range of war-time experiences; some arrived as ex-servicemen (n=18), others as civilians (n=8) who had endured the German occupation of Poland, people who were forced labourers (n=31), or exiles from Siberia or other parts of the former Soviet Union (n=21), and others who had survived the concentration camps (n=4). This sample is further described in the Chapter Eight.

Each session commenced with a description of the nature of the study, emphasising that all information collected was confidential, that participation was voluntary and the participant was free to withdraw at any time. Participants received a plain language statement about the study and consent form in Polish (see Appendix D). The plain language statement and consent form were translated from English into Polish by a qualified translator. The interview was conducted in Polish and usually took place in the person’s home or in a private space within the community centre.

Quantitative Component

The quantitative component comprised of a detailed Structure Interview Schedule (SIS) (see Appendix E). The SIS comprised of two sections. Section One contained self-completed questionnaires and Section Two contained structured questions administered as an interview. The researcher was on hand to answer any questions if the person did not understand an item or if something was unclear. Participants were not discouraged from providing personal views or stories during the
assessment. Section One took appropriately one hour and Section Two took approximately two hours to complete. In some instances, the two parts were completed in one session (n=49) while in other instances they were completed over two meetings (n=23). The SIS is described in detail in section 7.2.6.

Qualitative component
People who completed both sections were asked whether they wished to participate in an in-depth audio-taped interview about their experiences. Eighteen people agreed to share their story and participate in this component of the study. A separate consent form was given to the person asking consent for the session to be audio-taped and to use the transcribed material for analysis (see Appendix G).

Interviews were conducted over one session, usually lasting about two to four hours. The researcher preferred an open-ended conversational style starting with open-ended questions and followed by probes. The open-ended questions were ‘Please describe your life in pre-war Poland, just before the war commenced. What happened during the war, the most stressful time and how did you survive and cope with this?’ The emphasis on this approach was to listen astutely and follow the direction of the study participant (Gilchrist & Williams, 1999).

The audio-tapes were transcribed by a native speaker who signed a confidentiality agreement with the researcher. There was no identifying information on the tape to protect confidentiality. The researcher read the transcript to check for accuracy and she translated transcripts into English. The text in Polish and English was printed out and given back to the participants who had an opportunity to add, subtract or correct any aspects of the story. They were invited to keep a copy of this and pass onto children or grandchildren if they wished, and many of them did so.

Another component to the qualitative data collection was writing field notes. Field notes are a fundamental component of qualitative data collection (Wolfinger, 2002). The field notes recorded what the participant said throughout the interview. Short notes were taken during the course of the interview and were written up in expanded form immediately after each interview.
The researcher was mindful to end the interview in the present, not to leave the person in the past, in particular in discussing their traumatic experiences or losses. The researcher was often invited to admire a participant’s garden, view photographs of family members, be shown other memorabilia; old photographs or documents from the war period. After the interview, the researcher was often invited to join the participant for lunch or dinner (depending on the time of day) or tea/coffee and cake/other refreshments. These acts were an important part of the process in conducting the research as they helped to maintain trust and rapport between the researcher and participant. They were also culturally significant as the researcher belonged to the same community and it was an opportunity for the participant to offer their hospitality, and thank the researcher for her time and interest in their story. A certain intimacy develops between people when one person shares their personal information and experience with another. The researcher in exchange also shared a little about herself and interest in this topic revealing that her parents had gone through similar experiences during the war, that they came to Australia after the Second World War and that sometimes they struggled with the memory of these experiences.

7.2.6 Measures

Quantitative component

The SIS was an amalgam of existing instruments and questions composed specifically for this study. Polish versions of the Beck Depression Inventory, State-Trait Anxiety Inventory, WHOQOL-Bref and the Watson PTSD interview were obtained in Poland from Polish academics during the Fifth International Congress of Cross-Cultural Psychology held in Pultusk, Poland 2000. The socio-demographic and other questions were composed by the researcher or borrowed from other interview schedules (Klimidis & Minas, 1998). The questions were translated into Polish by a qualified translator and subsequently verified against the original English language version by a group of bilingual tertiary educated native Polish speakers. This method was chosen over sequential translation/back translation as a more efficient way to verify the validity of the questions (Klimidis & Minas, 1998). The SIS has two distinct parts. Section One is designed to assess the emotional and physical health and well-being of Polish elderly migrants. Section Two is designed to record the traumatic events associated with the Second World War, and to assess their
impact on the person, in a two dimensional way, examining both growth and impairment. This section also records the post war period including other major life events, and the decision to migrate to Australia.

**Section One: Assessment of emotional and physical health:**
The section is divided into six parts assessing psychological and physical health. The questions in section I have been derived from the Elderly Health Survey developed by the Victorian Transcultural Unit (Klimidis & Minas, 1998). This section has 21 questions.

**Part 1 - Socio demographic characteristics:**
This includes questions about date of birth, year of arrival, occupation, educational level, marital status and satisfaction with one’s financial situation. Detailed information about a person’s social network is also collected, that is, how many people they have contact with, the frequency of the contact and how satisfied they are with the support received. This section also includes questions about contact with services such as general practitioners, Royal District Nursing Service and Polish or other welfare workers. This section has 27 questions.

**Part 2 - Health status:**
A check-list of seventeen different types of illness conditions (including an ‘other’ category) were used to investigate the presence of illness. The period assessed by the interview schedule was the last six months leading up to the interview. The illness could be scored as present/ not present. For the present category the person indicated whether they were receiving treatment or not (Klimidis & Minas, 1998). The number of illnesses present was summed (both ‘treated and ‘not treated’).

**Part 3 – Trait Anxiety:**
The Trait Anxiety measure (Spielberger et al., 1983) consists of twenty items enquiring how the person generally feels on a four point scale with 1=’almost never’, 2=’sometimes’, 3=’often’, 4=’almost always’. The Trait component is reported to measure the tendency to react to situations that were experienced as threatening with an increase in anxiety, tension and heightened activity of the autonomic nervous system (Bramsen & van der Ploeg, 1999b). Trait-Anxiety may also reflect individual differences in (i) the frequency and intensity with which anxiety states have been
manifested in the past and (ii) in the probability that State-Anxiety will be experienced in the future. The scale was translated into Polish by the Polish Psychological Association and was obtained from researchers in Poland. The alpha value for the items in this study was 0.75 indicating good internal consistency.

Part 4 – Alcohol use:
This part is designed to measure alcohol intake and identify problem drinking. The first three questions were designed as a screen and were derived from the Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 1992). The questions have a five-point scale. If the person answers ‘never’ or ‘no’ to these questions then the person skips the whole section. The remaining questions were also derived from the AUDIT. The section concludes with questions about the first, last and worst time a person drank the most and questions about whether they have received treatment for their drinking. This section has 14 questions in total.

Part 5 – State Anxiety measure:
This part has 26 questions designed to measure periods or episodes of anxiety. In this section anxiety assessment begins with a screening question about whether the person has ever experienced feelings of being tense, fearful, or nervous, felt their body was tense, restless or even trembling, avoided or ran away from situations that made them scared, anxious or even trembled, at about the same time for two weeks or longer. The screening questions were derived from a number of well known anxiety inventories (Mabusela, 2002). Those answering yes proceed to answer questions from the State Anxiety Scale (Spielberger et al., 1983). State-Anxiety Scale consists of twenty items that evaluate current feelings of apprehension, tension, nervousness and worry. This scale was translated into Polish by the Polish Psychological Association. Responses are on a four point scale with 1=’not at all’, 2=’somewhat’, 3=’moderately so’, 4=’very much so’. The timeframe was extended to the past six months leading up to the time of interview. The alpha coefficient in the present study was high (0.91). This is followed by questions about episodes of anxiety that is, the age of onset of the first time, worst time, and the last time participants experienced a period of two weeks or more when they felt anxiety. The part concludes with questions about access to any treatment for anxiety.
Part 6 – Depressive symptoms:
This part has 27 questions and begins with a screening question ‘have you felt like crying or cried a lot over minor things, lost interest in things that you usually enjoy, felt helpless, hopeless and lacked energy for life for a period of two weeks or more?’ derived from the Composite International Diagnostic Interview (CIDI) (World Health Organisation, 1993). If the person responds ‘yes’ they proceed with the Beck Depression Inventory (BDI) (Beck et al., 1961) translated into Polish by the Psychiatric and Neurological Institute, Warsaw. This inventory has 21 items and is a self-report questionnaire measuring the severity of symptoms. Each item has four response statements reflecting the gradation in severity. The person is asked to choose the statement that corresponds to how they are feeling now and in the past six months leading up to the time of interview. BDI scores 0-10 can be interpreted as normal, 11-18 as mild depression, 19-25 as moderate depression, and 26 and over as severe depression (Jancz, 2000). The question relating to interest in sex was deleted during the data collection because few people answered this question. The alpha coefficient for the 20 items was 0.78. The inventory was followed with questions about the age of onset of the first time, worst time, and last time they had a period of two weeks or more when they felt depressed. The section concludes with questions about access to treatment for depression.

Part 7 – Impact of Illness Scale:
If the person indicates a worst period of alcohol use, anxiety or depression the Impact of Illness Scale (IIS) (Klimidis et al., 2001) accesses the psychosocial impact of the disorder on everyday functioning. The scale has nine items and measures a four-point scale where 0=’not at all’, 1=’a little’, 2=’very much’, 3=’fully’. The alpha coefficient was 0.91 in the present sample.

Part 8 – Quality of life WHOQOL-BREF:
Quality of life was measured using the WHOQOL-Bref, a 26 item instrument developed by the World Health Organisation (The WHOQOL Group, 1998). This instrument was translated by Professor Wołowicka, University of Medical Sciences in Poznań, Poland and has reasonable reliability and validity in Polish studies (Jaracz et al., 2006). The items assess an individual’s perception of life in the context of their culture and values system. Four domains have been identified as important facets in a person’s life, these include physical health: general health, energy and vitality;
psychological health: self-esteem, body image, ability to concentrate, negative affect; social relationships: practical support, intimacy and the environment: feelings of safety, home satisfaction, financial and aesthetic considerations. This is measured on a five-point scale whereby people rate their satisfaction in the last two weeks where 1=’very dissatisfied’, 2=’dissatisfied’, 3=neither satisfied nor dissatisfied’, 4=’satisfied’ and 5=’very satisfied’. The internal consistency of the WHOQOL-Bref for the whole sample was 0.84. When the four domains were separately examined, the alpha for the physical domain was 0.77, psychological domain (0.72), social domain (0.61) (the question about satisfaction with sexual relations was excluded as few people answered this), and environment domain (0.74).

Section Two: Pre-War, War and Post War Experiences

Part 1 - Pre-war:
This part consists of seven questions relating to pre-war life and adjustment. The aim is to assess pre-war character traits and document any major losses in the person’s life. The questions asked about personal characteristics, plans for the future and whether the person experienced losses such as the death of a parent, some sort of family breakdown or other difficulties.

Part 2 - War Experiences:
This part focuses on what happened to the person during the Second World War. This is divided into the following experiences:

- 2.1 Combat experiences: Questions about type of action, where it took place, main theatre of war, whether they had POW experience and the Combat Exposure Scale (CES) for soldiers was also included. The CES is proposed as an objective measure of combat exposure. The scale consists of seven items that were summed with some items double-weighted to yield scores ranging from 0 to 41 (Keane et al., 1989). In this sample the Alpha coefficient was 0.73.

- 2.2 Forced labour camp experience: This consists of four descriptive questions such as how long they were in forced labour where, type of work and the conditions there.

- 2.3 Exiled in Siberia: This consists of four descriptive questions about how long they were there, where they were transported to, the conditions there and type of work they had to do.
2.4 Concentration camp: This consists of three questions about which camp they had been imprisoned in, length of time, and the conditions there.

2.5 Civilian: This includes information about where they were and the type of conditions they were exposed to.

Once people described the type of experience they had endured during the war the following sequence was repeated for each war-time experience.

Traumatic Events: This was measured using the Harvard Trauma Questionnaire (Mollica et al., 1992) with two additional items: a question about bombardment and loss of belongings and home. People are asked whether they had experienced, witnessed, or feared a list of traumatic experiences (21 items). An open-ended question asked participants to describe the worst or most stressful experience they had endured.

Reaction to the Traumatic event. Participants were asked to indicate the feelings associated with the worse or frightening event and the intensity of these feeling on a four point scale 0='no effect', 1='a little', 2='much', 3='very much'. The list had 21 items including six items describing positive feelings such as 'I felt hope', nine items describing negative feelings such as 'I felt afraid' and six statements relating to beliefs such as 'I felt the world was a dangerous place'. These items were derived from thematic assessment studies (Newman et al., 1997; Roth et al., 1996). The aim of these items was to record the feelings associated with the event and the beliefs attributed to this event.

Coping strategy. A list of five different coping strategies reflected basic coping reactions was compiled (Mabusela, 2002). Participants were asked how they coped with the worst or most frightening event. The list included seeking social support, spiritual solace, avoidance behaviour, trying to forget, and seeking professional assistance. The sixth item invited participants to specify 'other' coping strategy not listed.

Post-trauma growth inventory. This Inventory was developed by Tedeschi and Calhoun and has 21 items (Tedeschi & Calhoun, 1996). Respondents were asked to indicate for each statement the degree to which this change had occurred in their life.
as a result of the traumatic event(s) they experienced. A six point Likert response was used, ranging from “I did not experience change like this as a result of my crisis” score (0) to “I experienced this change a great degree as a result of my crisis” (5). Intermediate scores were given for a very small degree of change (1), a small degree of change (2), a moderate degree of change (3), and a great degree of change (4).

Tedeschi and Calhoun (1996) conducted a principal components analysis on the items followed by a varimax rotation. The results revealed five factors: New possibilities, Relating to others, Personal strength, Spiritual change and Appreciation of life. In this study, the researcher failed to confirm the factor structure and will report this in Chapter Eight.

*Part 3 - Liberation:*

Questions were devised about liberation, whether the Soviets or the Western Allies liberated participants, whether they were in a refugee camp, the location of the camp and time spent there. Other questions related to the reaction to their liberation and the type of support received and whether they were reunited with family. These questions were derived from an interview schedule devised by Orwid and colleagues (Orwid et al., 1995).

*Part 4 - Post war events:*

This included a list of 15 stressful life events such as moving home, change in career, death of loved one such as spouse or child, financial difficulties, illnesses and so on. This list was derived from research about stressful events (Hobfoll, 1998). People were asked the year each major event occurred and which event was the most stressful.

*Part 5 - PTSD interview:*

This part consists of an amalgam of the PTSD Interview developed by Watson (Watson et al., 1991) and the Clinician-Administered PTSD Scale (CAPS) (Blake et al., 1990). The PTSD interview been translated into by Polish and used in psychiatric research conducted in Poland (Heitzman, 1996). Items from both the PTSD Interview and CAPS are based on DSM-IIIR criteria. The advantage of the PTSD Interview is that it has good psychometric properties (Newman et al., 1996). The disadvantages of this instrument were that it is presented as a questionnaire format and reliance on the interviewee’s responses that may be affected by the
shortcomings of self-report methods (Newman et al., 1996). On the other hand, the advantages of the CAPS were that it has good psychometric properties, relies on an interviewer administration and the each symptom is rated separately on frequency and intensity. The frequency ratings were made on a 5-point continuum from the lowest 0='never' to the highest 4='daily or almost daily'. Intermediate points included: 1='once or twice a month', 2='once or twice a week', and 3='several times a week'. Intensity ratings were designed to measure both symptom intensity as well as the degree of impairment. Ratings were also along a 5-point continuum with 0='no effect' to the highest 4='extreme'. Intervening ratings included: 1='mild, minimal effect', 2='moderate', and 3='severe'. Blake and colleagues recommend that for a symptom to be considered as 'present' the item is rated with a frequency of 1 or higher and an intensity of 2 or higher (Blake et al., 1990) and this convention is used presently. The timeframe for the presence of each symptom included life-time and the past six months leading up to the time of interview.

The researcher combined the 17 symptom items from the Polish translation of the PTSD interview (Heitzman & Rutkowski, 1997) and added the frequency and intensity rating scores from the CAPS for each item according to a five point scale (0-4) and administered this as an amended PTSD interview. The researcher met with senior researcher and clinician at The Australian Centre for Posttraumatic Mental Health, The University of Melbourne, to consult with regard to using these instruments together and receiving advice about administration and scoring (Private communication: Forbes, 2002 and Hawthorne, 2006).

To assess the presence of PTSD in the sample, the DSM-IV criteria was used which required stressor exposure A, I of 5 re-experiencing symptoms (B), 3 of 7 numbing or avoidance symptoms (C), 2 of 5 hyperarousal symptoms (D) impairment or distress (E) and symptom duration of one month or more (F) (American Psychiatric Association, 1994). As the researcher also included the CAPS ratings, the frequency and intensity was summed to compute a severity score for each symptom and the symptoms scores were summed across all 17 PTSD symptoms to compute an overall measure of PTSD severity (Weathers et al., 1999). The alpha co-efficients for PTSD CAPS life-time scores was 0.89 and for past six months was 0.86.
In order to measure the impact of the PTSD symptoms on everyday functioning the 9-item Impact of Illness Scale (IIS) (Klimidis et al., 2001) is included here. The alpha coefficient in this study was 0.94.

Part 6-Decision to migrate:
This part helps to close the interview. Four questions ask why the person decided to migrate to Australia, whether they had experienced discrimination in the 1950’s and now, and ends by asking whether the person was satisfied with the decision to come to Australia and life here. The last section encourages the person to talk about life in Australia when they first arrived or the reasons why they chose to come here. This section was used to wind down the interview and leave it on a more positive note talking about the present, about life now, about children, grandchildren and so on.

Qualitative component
The aim of the qualitative interview was to complement and supplement the quantitative data, to provide materials a more in-depth analysis unconstrained by the series of questions as described above, allowing participants to tell their own story of what happened to them.

Participants were invited to describe their childhood, the events leading up to the Second World War and what happened to them during the war. Questions about what happened to them after the war were also included. These narrative accounts were audio-taped. This resulted in a total of 18 narrative accounts. A further four people preferred to give written testimonies and for the remainder (50) detailed field notes were compiled shortly after the interview. Field notes were also compiled during and after the administration of the SIS. As people completed the questionnaires and answered the structured interview questions, they would tell various stories in response. The researcher recorded these as notes during the interview and expanded the notes immediately after the interview. The narrative audio-taped interviews together with the field notes formed the primary data for the qualitative analysis.
7.2.7 Analysis

Quantitative component
Data from the SIS was entered and analysed using the Statistical Package for Social Sciences (SPSS) Software Version 13. The data was described according to gender. Continuous variables were examined for skewness and kurtosis (Tabachnick & Fidell, 1989). For information regarding data screening and transformations please refer to Appendix G. Positively skewed distributions were transformed using logarithmic transformation while negatively skewed distributions were corrected using a square root transformation. Where transformations did not correct the skewness, analysis was carried out using a more stringent alpha level set at p<0.01 (Coakes, 2005). Comparisons of continuous variables were evaluated by independent t-tests. Categorical data was analysed using non-parametric statistics (chi-square and Kruskal-Wallis). Pearson correlation co-efficients were calculated to assess the associations between independent and dependent variables and step-wise regression analysis was conducted to identify the best predictor(s) of the dependent variable.

Qualitative component
The interview data was coded in N-Vivo Version 2, a computer analysis program that facilitates the rapid retrieval and comparison of thematically grouped data. Once coded in N-Vivo the data were subjected to a series of thematic reductions in order to group similar responses and facilitate description. The five overlapping stages of narrative analysis as described by Muller (1999) were employed. These included:

i. analysis - entering the text, reading and coding to gain familiarity with the material;
ii. interpreting - finding connections in the data through successive reading and reflection;
iii. verifying - searching the text and other sources for alternative explanations confirming and disconfirming the inferences;
iv. representing - writing up the account of what has been learnt and
v. illustrating- selecting the representative quotes (Muller, 1999).

The qualitative information was analysed thematically. A theme is defined as a pattern found in the data that at a minimum described and organised the possible
observations and at maximum interpreted aspects of the phenomenon (Boyatzis, 1998). The themes were generated across the different types of experiences, i.e., Forced Labour, Exiled to the Soviet Union, Armed Forces, Civilian and Concentration Camp Survivor. Some themes identified were specific to the type of experience, and this will be discussed later in Chapter Nine. Triangulation has occurred between the historical accounts described in Chapter Two, the quantitative analysis from Chapter Eight and the thematic analysis described in Chapter Nine. Reliability of thematic analysis was calculated as the percentage agreement between the researcher and an independent coder that a code was present divided by the number of times the unit of coding was possible (Boyatzis, 1998). This resulted in 73% agreement.
Chapter Eight – Quantitative Results

This chapter describes the results based on the quantitative component of the study, comparing findings according to gender and is divided into the following seven sections:

- Section One is a description of socio-demographic variables, including descriptions of people’s social network, physical health and service use in the last six months prior to interview;
- Section Two describes the participant’s war experiences, type of traumatic and number of events, and the beliefs and affect attached to these events.
- Section Three describes liberation, post-war events and migration to Australia;
- Section Four describes the emotional health as defined by the presence/absence of anxiety, depression, alcohol use as well as current and lifetime PTSD symptoms; subjective quality of life and Posttraumatic growth
- Section Five examines the associations between the variables to test the hypotheses outlined in Chapter Six and post-hoc comparisons based on preliminary analyse; and
- Section Six reports the findings from the step-wise regression analyse.

In line with a mixed methods approach excerpts from the transcripts and field notes will be interspersed within each section in order to illustrate and add depth to the quantitative findings. Excerpts from transcripts are reported in the first person while excerpts from field notes are reported in the third person. A separate thematic analysis of the transcripts and field notes will be presented in Chapter Nine with the view of exploring new content not covered by the quantitative study.

8.1 Section One: Socio-demographic, social network, physical health and service use.

This section describes the general socio-economic and demographics characteristics as they were at the time of interview. As discussed, there have been few studies about the Polish elderly. In order to assess the representativeness of this sample references will be made to the Australian Bureau of Statistics 2001 Census of Population and Housing (Australian Bureau of Statistics, 2001a) and to the only other comprehensive research study into the Polish elderly community in Melbourne.
entitled ‘The Coming Winter’ (Mackiewicz, 1987). Although twenty years old, this was the only comprehensive study that aimed to measure the physical health, social networks and service use of 219 Polish elderly migrants living in the western and 11 people from northern regions of metropolitan Melbourne – a total sample 230 people.

Table 8.1.1 Socio-demographic characteristics of study participants by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td>Mean SD</td>
<td>Mean SD</td>
<td>Mean SD</td>
<td>t (70)=2.13*</td>
</tr>
<tr>
<td></td>
<td>78.8 5.96</td>
<td>75.7 5.78</td>
<td>77.2 6.03</td>
<td></td>
</tr>
<tr>
<td><strong>Age categories</strong></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td></td>
</tr>
<tr>
<td>64-74 years</td>
<td>8 23.5</td>
<td>13 34.2</td>
<td>21 29.2</td>
<td></td>
</tr>
<tr>
<td>75-84 years</td>
<td>22 64.7</td>
<td>22 57.9</td>
<td>44 61.1</td>
<td></td>
</tr>
<tr>
<td>85-90 years</td>
<td>4 11.8</td>
<td>3 7.9</td>
<td>7 9.7</td>
<td></td>
</tr>
<tr>
<td><strong>Years in Australia</strong></td>
<td>Mean SD</td>
<td>Mean SD</td>
<td>Mean SD</td>
<td>t (70)=1.08 n/s</td>
</tr>
<tr>
<td></td>
<td>47.38 11.6</td>
<td>44.3 12.6</td>
<td>45.8 12.2</td>
<td></td>
</tr>
<tr>
<td><strong>Year of arrival</strong></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>χ²(2)=4.43 n/s</td>
</tr>
<tr>
<td>1947-51</td>
<td>26 76.5</td>
<td>21 55.3</td>
<td>47 65.3</td>
<td></td>
</tr>
<tr>
<td>1952-77</td>
<td>4 11.8</td>
<td>12 31.6</td>
<td>16 22.2</td>
<td></td>
</tr>
<tr>
<td>1978-1995</td>
<td>4 11.8</td>
<td>5 13.2</td>
<td>9 12.5</td>
<td></td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>χ²(2)=11.1**</td>
</tr>
<tr>
<td>Married</td>
<td>26 76.5</td>
<td>15 39.5</td>
<td>41 56.9</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>6 17.6</td>
<td>21 55.3</td>
<td>27 37.5</td>
<td></td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>2 5.9</td>
<td>2 5.3</td>
<td>4 5.6</td>
<td></td>
</tr>
<tr>
<td><strong>Accommodation</strong></td>
<td></td>
<td></td>
<td></td>
<td>χ²(3)=1.17 n/s</td>
</tr>
<tr>
<td>Own home</td>
<td>32 94.1</td>
<td>34 89.5</td>
<td>66 91.7</td>
<td></td>
</tr>
<tr>
<td>Public housing</td>
<td>1 2.9</td>
<td>2 5.3</td>
<td>3 4.2</td>
<td></td>
</tr>
<tr>
<td>Private rent</td>
<td>0 0</td>
<td>1 2.6</td>
<td>1 1.4</td>
<td></td>
</tr>
<tr>
<td>Living with children</td>
<td>1 2.9</td>
<td>1 2.6</td>
<td>2 2.8</td>
<td></td>
</tr>
<tr>
<td><strong>Main source of income</strong></td>
<td></td>
<td></td>
<td></td>
<td>χ²(2)=0.94 n/s</td>
</tr>
<tr>
<td>Pension</td>
<td>27 79.4</td>
<td>30 78.9</td>
<td>57 79.2</td>
<td></td>
</tr>
<tr>
<td>Other (superannuation)</td>
<td>7 20.6</td>
<td>7 18.4</td>
<td>14 19.4</td>
<td></td>
</tr>
<tr>
<td>Salary</td>
<td>0 0</td>
<td>1 2.6</td>
<td>1 1.4</td>
<td></td>
</tr>
<tr>
<td>Comfortable financially</td>
<td>31 91.2</td>
<td>37 97.4</td>
<td>68 94.4</td>
<td>χ²(1)=1.3 n/s</td>
</tr>
<tr>
<td>Able to save</td>
<td>29 85.3</td>
<td>30 78.9</td>
<td>59 81.9</td>
<td>χ²(1)=0.49 n/s</td>
</tr>
<tr>
<td>Enough money for future</td>
<td>29 85.3</td>
<td>28 73.7</td>
<td>57 79.2</td>
<td>χ²(1)=0.517 n/s</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00
8.1.1 Socio-demographic characteristics

A total of 72 people completed the quantitative component of the study. Among those interviewed 34 (47%) were males and 38 (53%) were females. The socio-demographic characteristics are summarized in Table 8.1.1. An independent t-test was used to explore the age difference between gender. The assumption of homogeneity of variance was not violated. The average age of the sample was 77 years with males being significantly older than females ($t[70]=2.13$, $p<0.05$). A higher proportion of males (65%) were aged between 75-84 years compared with females (58%) while a higher proportion of females (34%) were aged between 64-74 years.

According to the Australian Bureau of Statistics 2001 Census of Population and Housing, the number of people born in Poland living in Victoria aged 65 and over was 7,888. The proportion of women (55.6%) was somewhat higher compared with men (44.4%). Those aged 65 years or more represented 39% of the total Polish born population living in Victoria. Among those aged 65 years or more, the proportion of people who were aged between 65-74 years was 33.9% and those aged 75 years or more was 66.1%. Among men aged 65 and over 70.5% were aged 75 or more years while among women 62.6% were aged 75 or more years (Australian Bureau of Statistics, 2001a). These proportions are quite comparable to this study sample.

Most of the sample had been in Australia a long time with the average residency of 46 years. The assumption of homogeneity of variance was not violated. There was no difference between males and females in length of Australian residency ($t[70]=1.079$, $p>0.05$).

The length of residency reflected the three waves of Polish migration to Australia, with the largest group (65%) arriving as part of the post war intake of displaced people, a smaller proportion (22%) between 1952-1977 as part of family reunion and the last wave (12.5%) between 1978-1995 encompassing the Solidarity wave and subsequent family reunions. A higher proportion of males (76.5%) compared with females (55.3%) arrived between 1947-51. This may be explained in part by the Australian migration policies after the Second World War, which favoured the recruitment of ex-servicemen and other single males in their thirties (Pakulski, 1985). Among people born in Poland residing in Victoria, 74.2% had arrived to Australia prior to 1986 (Australian Bureau of Statistics, 2001a). In Mackiewicz’s (1987) study...
the majority of her study sample (74%) arrived to Australia between 1949-1950, a smaller proportion arrived 1951-79 (22%) and very few people had arrived post 1979 (3%).

The majority of the present sample was born in Poland (94%). Other countries of birth included France, Germany and Russia. All people identified their ethnicity as Polish. In terms of religious denomination, the majority stated they were Roman Catholic (94%), with a small proportion stating they were Jewish (2.8%) and two (2.8%) people not prescribing to any religion. The majority of participants felt that religion was important to them (82%). A somewhat higher proportion of women (89%) compared with men (73.5%) felt that religion was important ($\chi^2 [1, N=72]=2.1$, $p>0.05$). The proportion of people who nominated Judaism as their religion in this sample is much smaller (2.8%) when compared with the proportion of people born in Poland residing in Victoria (13%). This is attributed to the recruitment strategy of approaching people through Polish senior citizen clubs, as Polish Jews tend to identify more strongly with the Jewish community than with the Polish community (Cox, 1975).

The majority of the people interviewed lived in their owned home (92%). In terms of main source of income, over three quarters were receiving a government pension and most people (94%) indicated they were comfortable with their current financial situation.

In terms of educational attainment a substantial proportion had completed primary or less (26%) while a further 32% had completed secondary school or some secondary (15%). There were no significant differences between males and females in terms of educational attainment. This result is not surprising given the war years interrupted everyday activities such as attending school. Still, a proportion of people were able to complete tertiary (11%) and attain postgraduate qualifications (4%). In line with traditional roles of men and women, all males in the sample worked compared with 10.5% of females who had not been in paid employment. A higher proportion of females (23.7%) had worked in unskilled or semi-skilled employment compared with males (8.8%). A significantly higher proportion of males (11.8%) held positions requiring some tertiary qualifications compared with females (2.6%).
For comparison, in the Mackiewicz’s study (1987) a large proportion of her sample worked as unskilled labourers (69%), 10% were skilled and a very small proportion worked in professional positions (1%) and in retail (1%). All men worked in her sample and 15% of women were housewives. In terms of schooling, 31% had completed some primary, 37% had completed primary, 6% had some secondary, 16% had completed secondary and 6% had some trade/technical training. Only 2% had some tertiary and 1% completed tertiary education.

The present sample then seems to have a higher proportion of people who completed secondary education and who had higher tertiary and post-graduate qualifications. A lower proportion of this sample was employed in unskilled labour and a higher proportion in skilled or professional positions. This difference may be in part explained by the fact that the present sample was derived from across the Melbourne Metropolitan area while Mackiewicz’s study (1987) sample was predominantly recruited from the Western suburbs with a smaller sample from the Northern suburbs of Melbourne. The western suburbs of Melbourne are characterised as having a lower Social Economic Status (SES) compared with other parts of Melbourne (Australian Bureau of Statistics, 2001b). The two samples were similar with respect to religious denomination (98% Roman Catholic) and rates of home ownership. In Mackiewicz’s sample, most had been married, only 1% had been single never married and about a third had been widowed (33%).
Table 8.1.2 Highest Educational attainment and life-time employment status of study participants by gender

<table>
<thead>
<tr>
<th>Highest Education attained</th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete primary</td>
<td>3 8.8</td>
<td>1 2.6</td>
<td>4 5.6</td>
<td>$\chi^2 (6)=3.9$ n/s</td>
</tr>
<tr>
<td>Primary completed</td>
<td>6 17.6</td>
<td>9 23.7</td>
<td>15 20.8</td>
<td></td>
</tr>
<tr>
<td>Completed some secondary</td>
<td>6 17.6</td>
<td>5 13.2</td>
<td>11 15.3</td>
<td></td>
</tr>
<tr>
<td>Secondary completed</td>
<td>9 26.5</td>
<td>14 36.8</td>
<td>23 31.9</td>
<td></td>
</tr>
<tr>
<td>Trade school completed</td>
<td>3 8.8</td>
<td>5 13.2</td>
<td>8 11.1</td>
<td></td>
</tr>
<tr>
<td>Tertiary completed</td>
<td>5 14.7</td>
<td>3 7.9</td>
<td>8 11.1</td>
<td></td>
</tr>
<tr>
<td>Post graduate completed</td>
<td>2 5.9</td>
<td>1 2.6</td>
<td>3 4.2</td>
<td></td>
</tr>
</tbody>
</table>

Main occupation – life-time

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never did paid work</td>
<td>0 0</td>
<td>4 10.5</td>
<td>4 5.6</td>
<td>$\chi^2 (7)=15.5^*$</td>
</tr>
<tr>
<td>Unskilled/semi skilled</td>
<td>3 8.8</td>
<td>9 23.7</td>
<td>12 16.7</td>
<td></td>
</tr>
<tr>
<td>Skilled/trade</td>
<td>16 47.1</td>
<td>9 23.7</td>
<td>25 34.7</td>
<td></td>
</tr>
<tr>
<td>Clerical office</td>
<td>4 11.8</td>
<td>5 13.2</td>
<td>9 12.5</td>
<td></td>
</tr>
<tr>
<td>Managed small business</td>
<td>1 2.9</td>
<td>5 13.2</td>
<td>6 8.3</td>
<td></td>
</tr>
<tr>
<td>Managed large business</td>
<td>4 11.8</td>
<td>5 13.2</td>
<td>9 12.5</td>
<td></td>
</tr>
<tr>
<td>Professional requiring some</td>
<td>2 5.9</td>
<td>0 0</td>
<td>2 2.8</td>
<td></td>
</tr>
<tr>
<td>tertiary training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional requiring a high level</td>
<td>4 11.8</td>
<td>1 2.6</td>
<td>5 6.9</td>
<td></td>
</tr>
<tr>
<td>tertiary training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

8.1.2 Social network

Household

Over half the sample was living with another person (54%), but a significant proportion was living alone (37.5%). A small proportion of people were living in a household with two or more people (8%). About half the sample was married (51%), a further 37.5% were widowed, and a small proportion were divorced/separated (6%). Among those currently widowed (N=27), the majority had been widowed for an average of 18.5 years (SD=10.1). The longest period was 40 years and the shortest was one year. A significantly higher proportion of women (60.5%) had been widowed compared with men (29.4%) ($\chi^2 [2, N=72]=11.1, p<0.01$). Six people had been widowed or divorced and were now remarried. No-one in the sample had been never married. Due to the high number of widows, women (52.6%) were far more likely to live in lone households compared with men (20.6%) ($\chi^2 [2, N=72]=7.98, p<0.05$).
Children and grandchildren

The majority of the sample had one or more children (90%). Seven people had no children (10%), 19% had one child, and 67% had two-four children. Three people had five or more children (4%). In terms of contact with children, about three-quarters saw their children weekly, 12% saw them daily, 14% monthly, one person every 2 months (1.5%) and two people never saw their children (child deceased or relationship estranged). The majority of people had grandchildren (72%). Four people had one grandchild (5.6%), a further 35% had 2-4 grandchildren and 32% had five or more grandchildren. Of those with grandchildren, 8% saw them daily, 48% weekly, 27% monthly, and 17% saw them every second month or less.

Comparatively, in the Mackiewicz’s study (1987) the majority of her sample had one or more children (83%) and a larger minority had no children (17%). Those with children kept in regular contact with them with a third of the sample seeing them daily, a quarter several times a week and 28% weekly. The majority of her sample had grandchildren (80%).

Other relatives

Fewer people (28%) had close family members such as brothers or sisters living in Australia. Of those who did two people never saw their siblings, 30% saw them weekly, 35% saw them monthly and 25% saw them every two or more months. In terms of other relatives, 64% did not have other relatives here. Twenty-six people or 36% had another relative, 15% had one other relative, 10% had between 2-4 relatives, 11% had more than five other relatives. Most saw their relatives 1-3 times a year (42%), some saw them monthly (19%) and 30% saw them weekly and 2 people never saw them. A similar pattern was reported in Mackiewicz’s study (1987) with 73% claiming to have no other relatives in Australia and 62% of the sample having no sister and 50% having no brother in Australia.

Friends

Everyone had Polish friends. This is not surprising given that people were recruited through the Polish senior clubs. Ten people (14%) had between 1-3 friends, 60% had between 4-10 friends and 26% had 12 or more friends, with one lady saying she had 60 friends. Apart from Polish friends, smaller numbers had Australian friends or
friends of different nationalities. The size of the social network is reported in Table 8.1.3 and frequency of contact in Table 8.1.4

Once again, a similar pattern in terms of friendship was reported in the Mackiewicz’s study (1987) with the majority of people having Polish friends (89%). The numbers of friends also varied from none to 77 and the average was about eight friends.

Table 8.1.3 Size of social network by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=37</th>
<th>Total N=71</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Children</td>
<td>2.26</td>
<td>1.2</td>
<td>1.87</td>
<td>1.3</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>3.79</td>
<td>3.6</td>
<td>3.03</td>
<td>2.8</td>
</tr>
<tr>
<td>Siblings</td>
<td>0.32</td>
<td>0.73</td>
<td>0.66</td>
<td>1.1</td>
</tr>
<tr>
<td>Other relatives</td>
<td>2.3</td>
<td>7.03</td>
<td>2.6</td>
<td>6.9</td>
</tr>
<tr>
<td>Polish friends</td>
<td>9.15</td>
<td>7.78</td>
<td>10.5</td>
<td>8.32</td>
</tr>
<tr>
<td>Friends (not Polish)</td>
<td>3.71</td>
<td>3.98</td>
<td>3.37</td>
<td>5.93</td>
</tr>
<tr>
<td>Total number of family</td>
<td>8.67</td>
<td>8.48</td>
<td>9.39</td>
<td>11.41</td>
</tr>
<tr>
<td>Total number of friends</td>
<td>12.8</td>
<td>9.47</td>
<td>14.7</td>
<td>16.3</td>
</tr>
</tbody>
</table>

n/s=non significant

The assumption of homogeneity of variance was not violated and there was no significant difference between males and females on the number of friends [t(69)=0.49 n/s] nor number of family members (t[69]=0.30, p>0.05).

People’s network comprised primarily of Polish friends, other relatives including great-grandchildren. Frequent contact was maintained with Polish friends, children and grandchildren. There were no difference between males and females on the number of people within their social network or on the frequency of contact.
Table 8.1.4 Frequency of contact with social network by gender

<table>
<thead>
<tr>
<th>Social network</th>
<th>1-11 times a year</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Total N=72</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>2</td>
<td>2.8</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchildren</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td>3</td>
<td>4.2</td>
<td>5</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relatives</td>
<td>2</td>
<td>2.8</td>
<td>11</td>
<td>15.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polish friends</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends (non Polish)</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>11.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
People were asked in terms of their social network described above, whether they received emotional support, that is ‘someone who listens to you, provides comfort when upset’. Over three quarters of people said they had such a person (85%) and 15% said they did not. Most of the sample stated that they were either ‘satisfied’ (65%) or ‘very satisfied’ with the emotional support they received from that person (24%). A small proportion (11%) of the sample was ‘neither satisfied nor dissatisfied’. There were no gender differences on whether a person received support ($\chi^2[1, N=72]=0.00, p>0.05$) or the degree of satisfaction they had with that support ($\chi^2[2, N=72]=0.21, p>0.05$).

In terms of practical support, that is, ‘someone to help with everyday tasks such as taking the person to the doctor, to the shops or provide advice’, 87.5% said they had such a person; 12.5% said they did not have someone like this. The majority of people were ‘very satisfied’ (46.5%) or ‘satisfied’ (45.1%) with the support they received. There was also no gender difference on whether a person received practical support ($\chi^2[1, N=72]=0.287, p>0.05$) or the degree of satisfaction with that support ($\chi^2[2, N=72]=5.55, p>0.05$).

Most of the sample then seems to have had a wide support network and be satisfied with support received. The following excerpt typifies the situation regarding social support. The study participant is aged 76, she described the support she received from family but also friends and neighbours. She had been widowed for a long time, she didn’t want to burden anyone, she valued her independence but also enjoyed company and regular contact with her daughter, grandchildren and other members of her family. The excerpt also illustrates the importance of her social connection and her perceived sense of social support, that is, being able to rely on others if she needed to.

‘I have been widowed for 20 years now, I have grown married children and my grandchildren are also married. I have two children, four grandchildren, and four great grandchildren. Two grandchildren from my daughter are married, one is 31 years old and the other is 27. My grand-daughter has two boys one is 12 and the other is 10 years old. My grandson has two daughters, one is four and the other is one year old. From my son, my grandson is 25 years old and lives with a girl. The other grandson is 21 years old and just this Sunday he proposed to her and they announced their engagement. So I live well, peacefully on my own, I don’t bother anyone and don’t have anyone to argue with, my children visit me often. My daughter
comes everyday, sometimes twice a day, and my grandsons, and my brothers and their children also visit me. I don't have a lot of contact with my sister but I have a lot of friends and acquaintances, on whom I can really count, I also have good neighbours. I have lived on this street for 50 years because my daughter is 50 years old'.

Female, interview #14

8.1.3 Physical health

In terms of physical health, although not significant, a somewhat higher proportion of females described their health as 'poor' (13.9%) or 'fair' (18.1%) compared with males (6.9% & 13.9% respectively). Few people described their health as either 'very good' (9.7%) or 'excellent' (4.2%). For comparison, Mackiewicz (1987) also found that women were more likely to report their health as either 'poor' (39%) or 'fair' (48%) compared with men (30% & 44% respectively). A higher proportion of her sample described their health as 'poor' (36%) compared with this sample (20.8%).

Table 8.1.5 Self appraisal of physical health in the last six months by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>2.48 n/s</td>
</tr>
<tr>
<td>Fair</td>
<td>10</td>
<td>13</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>13</td>
<td>11</td>
<td>24</td>
<td>33.3</td>
</tr>
<tr>
<td>Very good</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>9.7</td>
</tr>
<tr>
<td>Excellent</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4.2</td>
</tr>
</tbody>
</table>

n/s non significant

Table 8.1.6 describes the proportion of people who cited having different medical conditions with the most common being arthritis or rheumatism, pain in the body including back pain, circulation problems in the arms and legs, heart problems including coronary or heart attack, high cholesterol, and high blood pressure. The assumption of homogeneity of variance was not violated and there was no significant difference between males and females on the number of physical health conditions (t[70]=1.58, p=<0.05). There were no significant differences between gender and type of physical health condition experienced.
The proportion of people receiving treatment as depicted in Table 8.1.7 was high for the following conditions: Heart troubles, stomach and intestinal disorders including problems with the liver and kidney, and high blood pressure. A smaller proportion of people sought treatment for pain in the body including back pain and circulation problems in the arms and legs. Small numbers of people reported thyroid problems and cancer. Other problems cited included declining eyesight (51.4%) and hearing (33.3%).
Table 8.1.7 Proportion of people with the condition and receiving treatment by gender

<table>
<thead>
<tr>
<th>Health condition</th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>$\chi^2$ (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis or rheumatism</td>
<td>7</td>
<td>13</td>
<td>20</td>
<td>54.1</td>
</tr>
<tr>
<td>Pain in body</td>
<td>5</td>
<td>9</td>
<td>14</td>
<td>41.2</td>
</tr>
<tr>
<td>Heart trouble, heart attack</td>
<td>16</td>
<td>10</td>
<td>26</td>
<td>92.9</td>
</tr>
<tr>
<td>Circulation problems arms/legs</td>
<td>10</td>
<td>4</td>
<td>14</td>
<td>48.3</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>10</td>
<td>9</td>
<td>19</td>
<td>82.6</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>7</td>
<td>12</td>
<td>19</td>
<td>82.6</td>
</tr>
<tr>
<td>Stomach, intestinal disorder</td>
<td>4</td>
<td>10</td>
<td>14</td>
<td>87.5</td>
</tr>
<tr>
<td>Urinary tract problems</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>Asthma, chronic bronchitis</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>77.8</td>
</tr>
<tr>
<td>High sugar / diabetes</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>66.7</td>
</tr>
</tbody>
</table>

n/s=non significant

As shown in Table 8.1.8 the majority of people had contact with their medical general practitioner (GP), only two people said they never see a doctor. Two people saw a nurse from the Royal District Nursing Service (RDNS), three people saw a welfare worker, one saw a Polish worker and 14 participants made use of a service such as meals on wheels, home help or similar. For comparison with Mackiewicz’s study, (1987) most people (93%) had been in touch with their GP in the last year. Similarly only 5% of the sample had used meals on wheels, 5% used home help, 3% home handyman and 6% had contact with a home nursing service.

Table 8.1.8 Service use among study participants by gender

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td>32</td>
<td>94.0</td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td>Welfare staff</td>
<td>2</td>
<td>5.9</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Royal District Nursing Service</td>
<td>2</td>
<td>5.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Polish welfare / volunteer</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Council service i.e., meals on wheels, home help</td>
<td>6</td>
<td>17.6</td>
<td>8</td>
<td>21</td>
</tr>
</tbody>
</table>

n/s=non significant
Summary
The sample of Polish elderly included a high proportion of people now in the 70s and 80s, who have resided in Australia for forty years or more, and are representative of the post-war migration wave. They were predominantly Roman Catholic. They lived in their own home and were financially comfortable with their main source of income being the Aged Pension and/or Superannuation funds. They had a relatively large social network comprising mainly Polish friends, their children and grandchildren. Most people felt they had someone to rely on for both emotional and practical needs and they were mostly satisfied with this support. A substantial minority had no children or other relatives in Australia. Women made up just over half the sample, a high proportion were widowed and living in lone households. In comparison with other studies of the Polish community, this sample seems to be better educated and engaged in employment that required training, skills or higher education. In terms of general physical health, most people described it as either ‘good’ or ‘fair’ with a significant minority describing it as poor. Despite these ratings, the most commonly reported health problems were arthritis or rheumatism, pain in the body including back pain, and heart troubles including heart attack and coronary, poor circulation, high cholesterol and high blood pressure. Most people were receiving treatment for their health problems with the exception of pain in the body and problems with circulation. Almost all were in contact with a GP and very few people were making use of welfare services including those provided by Polish welfare agencies or mainstream support. A small group were making use of local council services such as home help, meals on wheels or similar.

When these results were compared with a study conducted into the Polish elderly 20 years ago, a very similar profile emerged (Mackiewicz, 1987). The main similarities between the samples are in religious denomination, marital status, home ownership, social networks and use of services. The present sample seemed to be better educated and had worked in professions demanding higher qualifications and was more likely to describe their general physical health favourably. The high levels of social contact and support satisfaction reported in this study implies that the influence of social support on psychological health cannot be explored effectively; there are very few in numbers within the sample with low scores on these factors.
8.2 Section Two: War experiences, traumatic events and the feelings and beliefs associated with these events.

8.2.1 Prior to the war

Study participants were invited to talk about their life prior to the war, that is, where they grew up, what their childhood was like and whether they had hopes for the future such as love, marriage, career. Three quarters had plans before the war with 79% of women and 68% of men having such plans. There was no significant difference between men and women ($\chi^2 [1, N=72]=0.670, p>0.05$). Examples of such plans are expressed in the following excerpts:

*She had ambitions and dreams. She wanted to be a surgeon. A family friend once remarked that she’ll probably be a senator in the parliament because she liked talking so much.*

Female, interview #67

*She had a carefree existence, lots of social gatherings, picnics, and dances known as ‘majowki’. She was quite a striking young woman and had many admirers. She spoke of two men who were chasing her attentions*.  

Female, interview #54

*Before the war as a young man aged 15, 16 years of age I always dreamt of going to school and gaining a profession. I wanted to join the military academy. I had applied to a technical school in Warsaw but we did not have the means. There was not enough money and everything revolved around that. I did not have any plans to get married and start a family, I was only 19 and was too young for that. I always wanted to go to school, to finish something, to do something, to be someone.*

Male, interview #04

The excerpts illustrate the promise of youth and the dreams and aspirations participants had prior to the war. Approximately one third realised their plans after the war (35% of women and 34% of men). There was no gender difference ($\chi^2 [1, N=72]=0.00, p>0.05$) regarding this.

Participants were asked whether they had experienced any major losses before the war. The question was designed to assess any pre-existing vulnerability to morbidity
in the context of war and what was to come. A significant proportion of people had already sustained a significant loss such as the death of a parent with 20.8% losing a father and 9.7% losing their mother before the war. There were no gender differences as shown in Table 8.2.1.

Table 8.2.1 Losses incurred before the war by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Mother’s death</td>
<td>3</td>
<td>8.8</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Father’s death</td>
<td>7</td>
<td>20.6</td>
<td>8</td>
<td>21.1</td>
</tr>
<tr>
<td>Death of other significant person</td>
<td>3</td>
<td>8.8</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Parental separation/divorce</td>
<td>1</td>
<td>2.9</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Sent away from parent or departure of parent</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of pre-war events</td>
<td>0.411</td>
<td>0.78</td>
<td>0.47</td>
<td>0.76</td>
<td>0.44</td>
<td>0.77</td>
</tr>
</tbody>
</table>

n/s= non significant

The assumption of homogeneity of variance was not violated and there was no significant difference between males and females on the number of pre-war traumatic events (t [70]=0.34, p>0.05). The following extracts from the qualitative data illustrated some of the significant losses people experienced in the broader context of their pre-war lives. People who had lost a parent not only suffered from the emotional loss but were more vulnerable to poorer living conditions and reduced opportunities for schooling.
Result Box 8.2.1 Pre-war losses

‘He grew up on a farm near Lublin. His mother died in childbirth and his older sister looked after him as she was three years older. His father re-married and he later went to live with his sister and her husband. He worked on the farm and he completed the fifth grade. He had many friends. It was a pretty place where he lived and he worked hard.’

Male, interview #39

She lived in eastern Poland with her mother, an older sister and two brothers. Her father died when she was four years old. Her mother was pregnant with the fourth child at the time. They lived on a farm but when her father died, they sold up and moved to the town. They had to rent accommodation, there was not much to eat, they did it hard, living in poverty. As a woman, her mother couldn’t work so she used the proceeds from the sale of the farm to live off and somehow had to make ends meet. In the end, the money ran out and her mother did what she could, to try and find work.

Female, interview #69

8.2.2 Experiences during the war

This next section describes the person’s war-time experiences. People were asked if they had experienced the following: forced labour, exile to the Soviet Union, served in the armed forces, been in a concentration camp or been a civilian during the war. These experiences were anticipated from the historical account outlined in Chapter Two. The type of experience will be described as well as the traumatic events that people endured. Their recollection of feelings and beliefs about the events will also be presented. Excerpts derived from the qualitative data will also be incorporated into this section where appropriate to highlight the various facets of the experiences. Comparisons were made based on gender and type of experience.

Table 8.2.2 Type of experience during the war by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Forced Labour</td>
<td>16</td>
<td>47.1</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>Exiled to the Soviet Union</td>
<td>7</td>
<td>20.6</td>
<td>14</td>
<td>36.8</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>15</td>
<td>44.1</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Civilians</td>
<td>1</td>
<td>2.9</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Concentration camp</td>
<td>3</td>
<td>8.8</td>
<td>1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00
Table 8.2.2 summarises the general format of people's lives during the war. The total do not add up to 100% as ten people experienced more than one situation. Two men experienced both exile to the Soviet Union and then joined the armed forces. Six men were initially in the armed forces, then as POWs they were allocated into forced labour in Germany. One woman was initially in the partisan movement and then captured by the Soviets and sent to Siberia. One woman was a civilian throughout most of the war and was sent to forced labour after the Warsaw Uprising in 1944.

Labour Camp
As shown in Table 8.2.2, over one third of the sample reported being taken as a forced labourer to Germany. Of those taken as forced labourers a higher proportion were men. The majority of people (18 or 58%) worked on a farm. The type of duties described by study participants included milking the cows, carrying heavy milk cans to the side of the road, tending to farm animals such as pigs and horses, to ploughing the fields from 5am-8pm, planting and harvesting crops such as potatoes, turnips or bailing the hay. Their living quarters were usually in the stables or barn and in a number of cases, they were forbidden to sit with the German farmer and his family during meals as they were seen to be of inferior standing. The conditions experienced were dependent on the character of the German farmer. Some of the study participants reported that the farmers treated their workers humanely and with dignity while others reported being treated with contempt and seen as slave labour to be exploited.

A further seven people (23%) worked in factories or mining industry. Here the conditions were more confined with people living in barracks with anywhere from 60-180 others. The type of work included working in an assembly line, putting together parts in an aviation factory, working in ammunitions, making industrial strength cables, machine operators, making tiles out of cow manure and turf to insulate homes. Two people (6.5%) worked as domestics, looking after children, cooking and attending to other household chores. One person worked in mining (3.2%), one person worked for a cobbler (3.2%). Two were involved in manual labour such as digging trenches (3.2%), and digging graves at the cemetery (3.2%). Regardless of the place or type of employment, universal conditions included that people were not free to leave, that they had to work the designated hours usually 6am-6pm six days a
week and that they had to wear an identity patch – a yellow patch with the letter P indicating to all they were Polish. If they were caught without the letter P they were fined. A higher proportion of men (62%) compared with women (39%) reported having to wear the letter P.

People lived with the constant fear that for any misdemeanour they could be imprisoned or sent to a concentration camp. Relations with Germans were strictly forbidden especially between Polish men and German women. The shortest stay in Germany was less than one year and the longest was 5 years. The average stay was 3.5 years. There was no difference between men (mean= 3.89, SD=1.35) and women (mean =3.07, SD=1.4) on length of stay (t[29]=1.65 p>0.05). Of the 31 people, 74% had been in forced labour for 3-5 years while 8 or 26% had been there two years or less.

The following excerpts in Result Box 8.2.2 from the qualitative interview illustrates the process of being selected into forced labour and the conditions there. The following is the experience of a young girl taken to Germany at the age of 14 and the humiliation she endured as well as the physical conditions of working in a factory and being separated from her mother. The second example is the story of a young man who as a soldier fought in the September campaign of 1939, who was subsequently captured as a POW and selected to work on a farm where he endured harsh treatment and long hours of work for limited food rations.

Result Box 8.2.2 Forced Labour

...‘So in the end the letters from the Arbeitsamt came again and this time there was no way out so I went to the former school building and that’s when I was issued with this ID card and I kept thinking ‘Who has the right over me, why me?’ At the school, we had to take our clothes off and we were inspected for fleas. They fumigated everything. My mother had packed a small case for me with some clothes, I had a few nice clothes, I liked to wear nice things. My mother tried to reach over to me and give me her scarf and she was close to the fence trying to get the scarf to me and the [German] soldier pushed her away, she fell to the ground, my heart just leapt, I felt an intense pain. I was never to see my home again, never to see my mother again nor my younger brother and sister.
On the 8th of February 1943, we were taken to Germany to Alternburg in cattle-trains where they lay down some straw on the floor and we were herded in there. I remember working in the ammunition factory from 6 am – 6pm, seven days a week. Sometimes we got Sunday off but rarely. When we had a free Sunday we were not allowed to go too far and we always had to wear the letter P on your jacket. I just cried day and night, I was so unhappy, I missed my mother terribly. I didn't want to be there. I lived with 130 girls in one large room with bunk beds, I always was in the top bunk, I didn't want to have people on top of me.

We worked with a large shovel, putting the bullets into large boxes, I had to carry the box with a German man and put it on to a large table, it was very heavy then I sorted through this and it was made into bullets for rifles and machine guns and so on. I stood on my feet from 6am to 6 pm, always hungry, cold, crying. They gave us some soup, beetroots were floating in the soup, may be some cabbage leaves or cauliflower, still with the dirt and bugs on it, sometimes the bugs were floating on the top. We never saw enough bread, never saw any sugar, nor any marmalade. We got a loaf of bread each but if you left it in the cupboard, it was gone the next day, all the girls were hungry. The girls all slept in this large room, with the windows high up near the ceiling. There were about 130 girls in the room, sometimes they would wake in the night screaming or crying, it wasn't pleasant but what could you do. I cried day and night. I kept thinking why me?’

Forced Labourer, female, interview #66

‘Then at the end of 1941 I landed in a small farm where there were no set hours, instead you had to work as long as the farmer wanted. There was a time when I had to work 17 hours a day. He woke me up at 4am in order to load the beetroot onto the wagon. I worked from 4am until 11 pm. On top of that, he starved us. Each worker was allocated two loaves of bread and 200 grams of margarine. He cut the loaf in half, took half the bread and margarine for himself. I stole, because of hunger, I stole eggs, and the cream off the top of the milk from the milk cans. The punishment for this was the death penalty in a concentration camp. Unfortunately, I was at this farm for two and a half years. I told him once that he works us like horses and he responded by hitting me in the face with a pitchfork. I was in a daze for a few days afterwards. There was a girl from Poznan, who worked in the kitchen and in the fields, and he also beat her. She had enough, went to the Gestapo and complained about him, so they transferred her to another farm. Another labourer who worked for a different farmer ran away and as punishment the military police chained him to a bicycle and dragged him for 10 kilometres with a German shepherd chasing him from the rear biting at his heels and legs. Afterwards they beat him up as well.’

Forced Labourer, male, interview #31
Exile to Former Soviet Union

Among the sample, 21 or 29.2% of people were exiled into the Soviet Union. Of those exiled a higher proportion of women (67%) were exiled in keeping with the policies of the Soviets who arrested the men of the family, imprisoned or executed them and exiled the women and children in cattle trains into the depths of the Soviet Union. Soldiers from the NKVD (the People’s Commissariat of Justice) would come in the dead of night or early morning and ordered people to pack their belongings. Sometimes people were allowed as little as 15 minutes to take what they needed. Participants reported that some soldiers told people not to take anything, as everything would be provided for them while others encouraged them to take as much as they could and even helped them pack.

People travelled in primitive conditions in cattle-trucks, often with a hole in the floor to serve as a toilet and sometimes a potbelly stove for cooking or to keep warm. The areas of final destination varied with five people (24%) living in Siberia, 13 (62%) in the former Soviet Union including the Artic Circle (Arkhangelsk and the Ural Mountains). A further three people (14%) were in the steppe in Kazakhstan, a former republic of the Soviet Union. Five people (24%) worked on the Soviet collective farms known as kolkhozes and 8 people (38.1%) worked in the forests, seven (33%) were too young to work and attended school and one person (4.8%) was making bricks in a labour camp.

The conditions were very primitive, with people living in wooden barracks, often former prison barracks infested with bedbugs. Food was scarce with the daily rations of 300 grams of bread. People had to work to receive their ration for food. People who lived in the steppe suffered the extremities of cold and heat in many places temperatures dropped to -40 degrees in winter and up to +40 degrees in summer. The terrain was desolate, arid and with little vegetation. Infectious diseases were rife with little or no medical care. Result Box 8.2.3 describes how people being taken into exile, the conditions in the cattletruck, and what awaited them once they arrived at their destination.
Result Box 8.2.3 Exile to the Soviet Union

In the early morning I heard knocking (they always came after midnight). They came to take us, my mother lost her mind. The NKVD, among them was someone of Polish background because he could speak a bit of Polish. He said to my mother to take everything she can. He started packing old clothes, clothes that were out drying into bags. Mother let him take some things but not the materials that were set aside for me for my dowry. He said, 'take everything because there is nothing where you are going.' I was screaming and crying, this I remember. He packed and my mother unpacked, because she had lost her mind. We weren't allowed to take any gold. Only what she had on her fingers, a ring and her wedding ring, nothing else.......In the beginning they sent us north in the direction of Archangielsk. Later, I don’t know why but they changed direction and sent us towards Kazakhstan. Our destination was about 25 kms from the station which was relatively close, this was apparently the largest kolkholz (collective farm) in Kazakhstan called ‘Krazni Zvesda’ (the Red Star) and this is where we had to stay. They unloaded us and led us into horse stables. Our transport was made up of only women and children, the men had been arrested that same day as my father. There were no men.

Exiled to the Soviet Union, female, interview #08

‘Two days later, the entire farming community was loaded into freight trains stationed a few kilometers away in the countryside. The sliding doors of the wagons were closed from the outside and the window openings had barbed wire. There were guards outside to make sure no-one escaped. Once the wagon was fully loaded the train started to move east. When the train arrived at the Russian-Polish border the train stopped and people had to change onto another train, as the Russian railway gauge was wider. Guards made sure that no one could escape. The train continued onto Siberia for the next two weeks. The doors of the wagon were no longer locked. The wagons were modified for its human cargo. In the centre there was a potbelly stove to keep people warm or to prepare a simple meal. The further we traveled the colder it became. People scrapped snow off the roof or from the ground to have water to drink. The toilet was a hole in the floor and a chute on an angle. The hole was covered with a blanket to act as a screen. People were packed into the wagons like sardines, 40-50 people young, old, five, six families sleeping on bunks made from planks of wood at each end of the wagon.’

Exiled to the Soviet Union, male, interview #46

5 Steppes is a plain without trees, it may be semi-desert or covered with grass or shrubs. The climate is too dry to support a forest and not dry enough to make a desert. The largest zone of steppes are found in central Russia and neighbouring republics of Central Asia.
‘On the second or third day we had to go to work, my 12 year old brother, myself and my 16 and 20 year old sisters. My mother did not have to work because she had three young children in her care, 2, 4 and 6 year old. We worked in the forest. We cut down the branches, just as the men……When the trees were coming down; I collected the branches and piled them onto a heap. Then they brought large tree trunks into the fields and we had to saw them. There were no machines to help. We cut the tree into metre planks and then these planks were processed into woodchips for paper production. After we had cut a number of these planks, they were transported by sled to the railway station. The train arrived and we had to load the planks onto the wagons. We even worked like this on a Sunday. We started work at 8 am and finished at 6pm. There was one hour break for mealtime’.

Exiled to the Soviet Union, female, interview #03

‘The conditions in which they lived consisted of barracks with two families living in a large room and a stove in the middle. Five people slept on either side of the stove. The place was infested with bedbugs. They washed the floor with kerosene and put the kerosene at the base of the bed. The bugs would crawl up the wall onto the ceiling and then drop onto people as they slept. Her mother suffered terribly from their bites and developed rashes as they sucked her blood’.

Exiled to the Soviet Union, female, interview #42

The majority of the sample who were exiled to the Soviet Union (95.2%) spent two years there with one person living there for six years because circumstances prevented her from being released as part of the amnesty. The amnesty negotiated by General Sikorski with Stalin, after the invasion of the Soviet Union by German forces in June 1941 resulted in the end of this two-year imprisonment. Poles were allowed to move to where Polish army units were forming however in some cases Soviet officials hampered or delayed the release. The release was described by study participants as a perilous and arduous journey in cattle trains across thousands of kilometres where 62% made their way across the Caspian Sea to Persia, present day Iran. Others (38%) found their way to central Asia including Kazakhstan, Uzbekistan, and Kyrgyzstan. From there, people ended up in refugee camps and orphanages in British colonies in Africa and India organised by the Polish Red Cross. Others made their way to Egypt, Palestine, Lebanon or England before coming to Australia. The following excerpts in Result Box 8.2.4 illustrate the release and the journey out of the former Soviet Union.
**Result Box 8.2.4 Release from exile**

“We travelled through various places, to Tashkent. From Tashkent, you can see the Himalayas. The mountains were far away about 200-300 kilometres away from the place we were. We travelled further and we arrived in Samarkanda. If I’m not mistaken, that is further than Uzbekistan. They told us to get out of the wagons and to take everything with us, we were led to the bathhouse. It was the first time we had a bath and there were showers too. Everyone was so pleased and we got a piece of soap. Everyone wanted to have a shower, to wash themselves as people were infested with lice. People had a lot of lice. There we washed ourselves and they took our things, which were steamed. We were left with only a comb and our boots. They used the hot steam to kill the lice, nits and the bedbugs. We all came out naked and the officials were seated there and called out ‘don’t be afraid come here young boy, come here you girl’. They inspected us, under the arms, in the groin area etc. This was a quarantine area. They cut all our hair off with the hair clippers. Each person took their things and got dressed after this’.

Exiled to the Soviet Union, male, interview #26

“On the 16th of August 1942 we finally left Russia we travelled by ship from the port of Krasnovodsk on the Caspian sea to the port of Pahlevi in Persia (modern day Iran) there we were transported in lorries to Tehran. The journey on the ship was terrible, so many people died, we were so weak that we could barely get on board the ship. It was crowded, there was little to drink, the water was dirty, we were so skinny, dirty. I was just a skeleton’.

Exiled to the Soviet Union, female, interview #54

“They stayed a few months in Ashkhabad (Turkmenistan). Then army jeeps took the children through the desert, through the Himalayas. They went through Afghanistan in jeeps. She got sores on her bottom, she developed ulcers, and her jaw was sore, as the skin was eaten through. The roads were so winding that you couldn’t see the bottom - this was quite frightening. They travelled through Persia stopping in Meshhed, Quetta, Bombay, and finally arriving in Jamnagar.’

Exiled to the Soviet Union, female, interview #09.
Ex-service men/women

In terms of the Armed Forces 18 people (25%) served in various capacities. Of the 18 people, three were women (16.7%). One woman served with the partisans and fought against the Germans in various reprisals, the other was a member of the Home Army (AK), her role was a liaison officer involving communications and liaison between various battalions during the Warsaw uprising as well as passing on secret documents and messages leading up to the Uprising. The third woman was from eastern Poland and was involved in the conspiracy against the Soviets. She was caught, imprisoned, tortured and then sent to Siberia. Among the men who served in various campaigns, nine (53%) fought in Poland, including five who took part in the Warsaw Uprising of 1944 and four in the September Campaign of 1939. Seven men (41%) were also involved in western campaigns, making their escape from Poland via Romania and joined the Polish army under British command or formed part of Polish army units in Persia and then took part in the Normandy landings, the liberation of Holland, and the battle for Monte Cassino. Participants’ functions varied with seven (38.9%) people in the partisans, four (23%) in auxiliary units, three (17%) people in artillery, three (17%) in infantry, and one (5.9%) in the medical core. A high proportion (65%) were taken as Prisoners of War (POWs), most ended up in Germany (82%), one person was imprisoned in Spain and another in Russia. The length of stay in a POW camp ranged from 1-5 years and the average time was 3.18 years and SD=2.1. The length of service varied from 6 months to 10 years with a mean of 4.13 and SD=2.9.

Those who took part in active fighting were asked to complete the Combat Exposure Scale (CES) (Keane et al. 1989). The mean for this sample was 18.87 (SD=7.87). For comparison, Australia Vietnam Veteran Counselling Service (VVCS) clients had a mean of 19.27 (SD=10.05) (Creamer et al., 1996). Veterans in the Australian PTSD treatment program had a mean score of around 21 on the CES as indicated in Table 8.2.3 below. As seen from the table the rates of moderate to heavy combat exposure among Polish veterans was comparable to the Australian veterans seeking treatment.
Table 8.2.3 Proportion of Polish soldiers who scored on the CES compared with the Australian Vietnam Veterans from the Vietnam Veterans Counselling Service

<table>
<thead>
<tr>
<th></th>
<th>Polish sample N=16</th>
<th>Australian Vietnam Veterans N=277</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light (0-8)</td>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>Light-moderate (9-16)</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Moderate (17-24)</td>
<td>5</td>
<td>108</td>
</tr>
<tr>
<td>Moderate to heavy (25-32)</td>
<td>4</td>
<td>55</td>
</tr>
<tr>
<td>Heavy (33-41)</td>
<td>1</td>
<td>22</td>
</tr>
</tbody>
</table>

Source: (Creamer et al., 1996)

The first excerpt in Result Box 8.2.5 describes the first days of the German attack on Poland from a soldier involved in the September Campaign of 1939 while the second excerpt is from an account of the Normandy Landings and the liberation of Breda, Holland 1944 by the 1st Polish Armoured Division, 1944.

Result Box 8.2.5 Combat

'The 1st of September 1939 the bloody battles began. The first day we didn’t let the Germans through but the front line had to move back. At night, we retreated behind the Warta River. We prepared the line of defence by digging trenches and bunkers at the Widawka River. I was part of the command of the battalion. The Captain came to me, to help carry the machine gun to the front line. Suddenly before us, four grenades exploded and artillery fire. The Germans fired a whole round, altogether 40 shells. You had to run very fast, but I fell every so often, running behind the Captain. When I got to the woods, I was so terrified that for half an hour I couldn’t collect myself. I was shaking like jelly. This was a huge experience from the first day of the war. On the 2nd of September, we were meant to go forward and just as we were about to commence at 4pm the order came ‘return and march’. We marched back for about 17 hours without a break. We walked about 50 kilometres. I lost the feeling in my legs. I started to sleep as I walked walking into a telegraph pole. We got to the front line at about ten in the morning. We fought there for about two days defending this line. Then came another order because Marshal Rydz-Śmigly wanted to gather the army around the Vistula River. Once again, we march for three days back the way we had come. This time we marched in the direction of Warsaw, to Modlin. We arrived to a place called Skierniewice. There the Germans were gathering an infantry division with small armoured trucks not tanks.
Our infantry division had light reconnaissance tanks. The Germans gathered a strike force, an infantry and artillery regiment. There was a great battle at that time because the General gave the order to penetrate the German line with force. They literally showered us with mortar and artillery fire in the woods. Our regiment counter attacked with bayonets and threw off the Germans burning their vehicles. The Germans withdrew. I know that as a result of the battle on the 1st of September there were about 50 people killed, 150 wounded. The 9th company or the 7th company lost about 40% that is 80 people. Whereas for the battle of Skiermiewica I don’t know how many were lost because we were mainly in the trenches. At least 250 of our people fell. There is now a cemetery there near Skiermiewica. During this battle, the casualties included our colonel, two commanding officers from the battalion and a third commanding officer was heavily wounded. The result, we were left without commanding officers.'

Armed Forces, male, interview #31

‘Our vehicles were brought there and from there we went to the front line, and on the 7th of August [1944] we see that the artillery is active at night. We were in France now we had crossed the Le Manche. In the beginning, the Germans killed many English, Canadians but the highest number killed were the Americans. When we landed, they had already pushed back the Germans to the sea and the front was far away. We were preparing ourselves for the most important offensive to beat the Germans once and for all. That was why they brought our Division and the Canadian Armour Division here. The day before we went into action, we approached the front line closer to see what was going on. You could see how the artillery was pounding and the gunfire and it was light there. Two o’clock in the morning after breakfast, we moved to Caen. Our tanks went into action, The Second Armoured Division and the 24th Uhlans. During this time, the Second Division lost 28 tanks because the Germans were waiting and had their tanks dug into the ground only the turret was above and whoever showed up was shattered into pieces. The Sherman tanks were destroyed a whole lot of them, Canadian ones as well. We were behind the Second Armoured Division, I was there too because I was in communications, so we were just behind them and came under heavy German fire. One Captain was there, he was travelling with the artillery and he received shrapnel to the chest. We came to his aide, his motor was still shaking, we saw his blood coming out and he died there. We re-grouped and went back. The next day they sent us where the whole division struck, where the 1st Polish Armoured Division struck, and the Canadian Brigade, each division had 54 tanks. One division went the whole way. We were meant to go to the left and the Canadians to the right. But the Canadian General wanted to show that he would take Hill 140, which was supposed to be taken by the Second Armoured Division so he went through the trenches and climbed the summit of Hill 140 where the Germans were waiting for them.

Armed forces, male, interview #26
**Civilians in Poland**
Eight people (11%) were civilians during the war in Poland. Participants described the reign of terror by the German authorities presented in Result Box 8.2.6, where people didn't know if they would return home in the evening, the scarcity of food, fear of street round ups, school closures, confiscation of property were all part of everyday civilian life. This excerpt is through the eyes of a young boy who described events that left a lasting impression on him. The second excerpt also from a civilian describes a scene that also left a burning impression in her memory. The third excerpt illustrates life in Warsaw and the arrests and roundups.

**Result Box 8.2.6 Civilian life under occupation**

‘My mother was left alone with us three boys, she was without any work and she couldn’t cope with us. We were so hungry, we felt dizzy when walking down the street. We even rummaged through the rubbish bins to find something to eat. During the winter months, it may have been 1943, because the winter was very severe, we used to frequent the railway lines. Coal would fall from the passing trains or sometimes someone would throw a shovel of coal because they could see that people were collecting it. We would bring the coal home because at home it was so cold that the water in the buckets was frozen. I can still see before my eyes this incident. My friend, a seven year old boy was beside me collecting the coal that had fallen and at this moment this armed German appeared. We started to run away and without warning, he fired and hit my friend. He killed him before my very eyes. I escaped and hid in the bushes. I stayed there for a very long time until he left. I went to my friend to see if he was alive, then I tried to drag him but it was too difficult. I went home and paced up and down because I didn’t know what to do. My mother wasn’t there she was out looking for work or for food and many hours passed before I finally decided to go to his parents and tell them what happened. I went there and it was a shock.’

*Civilian, male, interview #23*

‘Another incident filled her with fear and she still sees the incident before her eyes, sees it in her mind and still dreams about it. A young woman was walking along the footpath with a toddler and a baby in her arms. She forgot herself as she seemed in a hurry and was walking on the footpath. Poles were not allowed to walk on the footpath they had to walk on the road. A few SS men were coming from the other direction and when they saw she was on the footpath they grabbed the child from her arms and smashed its head against the curb, then two men took the other child by its arms and legs and ripped it apart. She didn’t know what happened to the woman. It was a horrific scene that is still in her head. She will never forget it. She said ‘We survived the war but the war has never left us’.

*Civilian, female, interview #64*
‘I returned to Warsaw, life under German occupation was no fun, first of all, Warsaw was in ruins, our house thank God wasn’t. There was a lot of poverty, plainly speaking rubble and ruins. Schools were closed because the Germans believed that Poles weren’t worthy to learn anything. Poverty was prevalent as there was no work, no money. There was nothing. At the time, I was working in a pharmaceutical warehouse that had been confiscated by the Germans and this saved me because the Germans introduced a reign of terror in Warsaw. One day our suburb (we lived in Żoliborz at the time) was surrounded by Germans who went door to door and arrested all the men. I was also arrested even though I was quite young at the time. They took us to these barracks and started a selection process. A large number of men were packed into cattle-trucks and sent to Auschwitz. This transport was the first such transport from Warsaw to Auschwitz. I was lucky as I had papers from the warehouse that was now in German hands so because I was working for a German company they released me. In this way, I avoided being sent to Auschwitz. This was 1940’.

Armed Forces (Home Army), male, interview #38

Concentration Camp Survivors

Four people in the sample survived the concentration camps. Three people had been incarcerated in Auschwitz, one was subsequently moved to Mauthausen-Gusen concentration camp in Austria. One person was in Plaszow labour camp that was subsequently made into a concentration camp. This camp was initially designed to house Polish prisoners but after 1941 it housed Jewish inmates after the liquidation of the Kraków ghetto. Of the four participants who had survived the concentration camps, two were Jewish. Length of incarceration ranged from 1 year to 3 years.

This excerpt in Result Box 8.2.7 illustrates the daily life in Auschwitz as experienced by one of the interviewees.

Result Box 8.2.7 Conditions in Auschwitz

…. ‘The everyday life of a prisoner was the way it was. Wake up call at 4 am, 15 minutes to wash oneself (the bathroom was in the barrack because they were former army barracks) in cold water, shower and then everyone was pushed outside and waiting until 6am for the ‘apel’ when everyone was counted, all the prisoners dead and alive. The ‘blokfurer’ this was the SS officer, or second lieutenant who came to count as he reported how many prisoners were alive, sick or dead. He prepared a report and presented it to the ‘raporturera’ who then reported to the ‘komandofurer’. After this, they said ‘richtig’ meaning start and prepare to start work as per work assignment. Every morning you were able to drink some hot water, to eat, there was absolutely nothing. Everyone had to stand in attention until each person knew which working group or ‘commando’ he had been assigned.’
I worked in the mechanical institute in the construction of a large hanger. It wasn’t so bad, we were outside where we arranged tiles onto the roof. I worked there practically for the whole time in Auschwitz and a few days I worked in the ‘Bahnhofkommando’. Different materials would arrive in train wagons, this was a frightfully murderous job because they wanted to unload these wagons very quickly and then they backed these wagons outside the perimeter of the camp.

Each ‘commando’ started work at 6am-7am to the camp. An orchestra played, even if the person couldn’t move, the orchestra woke you up, got you going. We walked to the gates where a number of officers supervised us. Everyone had their task, one counted us even if there were only five prisoners another supervised us, to check whether none of the prisoners was taking stuff out that he shouldn’t. If he noticed something, then the group was stopped, counted again and of course beaten and kicked.

There was such tempo, tempo, in the workplace. There was a break for lunch for an hour between 12-1pm when we received a bowl of soup made up of water with a potato still with the peel on it, dirty or a beetroot, or a handful of ‘kasza’ (buckwheat). Then we worked from 1pm to 6 pm, 12 hours was the minium. At 6pm back to the gate. In Auschwitz we did not have far to go back about 200 metres, but it took us to 9pm to get back to our block, because 50,000 people had to fit through that one gate. This took a long time especially during winter when it was done on purpose to allow the people to freeze in the open air. For example, January 1943 there was a severe frost with temperatures down to minus 25-30 degrees, during that time there were work gangs of up to 2,500 thousand people and during that time nearly 1,500 people froze to death. We had to weave in and around the frozen corps and move them along about a metre at a time. At the gate, they checked to see whether it was a manikin or a frozen corps. The people were already frozen and the extra wait from 6pm to 9pm meant that an additional number of people froze to death. Once again, they counted the prisoners, the commander counted at the gate, then again in the terrain of the camp. After they finished the counting, if no-one was missing we were able then to finally shelter from the freezing wind, and frost, from the wind and cold. We received a hot cup of coffee or water and a piece of bread. One loaf of bread was divided between three to five people depending on the supplies in the storeroom. After this, we had to look for lice/fleas. You had to undress until you were naked and look for lice on your fellow inmate. This was designed to make us feel even colder, to freeze, as the windows were open. Later they turned off the lights at about 9.30pm. It was warm here because in each room there may have been about 800 or 600 people. The body heat warmed the air so it meant that we were warm. In short that was a typical day.’

Concentration camp survivor, male interview #04
8.2.3 Traumatic events

All study participants completed an adapted version of The Harvard Trauma Questionnaire (Mollica et al., 1992) documenting the traumatic events. Comparisons were made based on gender. All study participants experienced at least two events and one person experienced as many as 19 events. The average number was 9.11 (SD=3.7). As illustrated in Table 8.2.4 the highest proportion of people experienced loss of home and belongings, lack of food and water, bombardment, and separation from family/friends. Two thirds of the sample had experienced being close to death, and half had lost family/friends to unnatural causes. Over a third had family/friends murdered during the war. Gender differences were found in the following events: a significantly higher proportion of women experienced ill health without access to medical care ($\chi^2 [1, N=72]=7.8$, p<0.00), and only women experienced or feared sexual assault or abuse. Although not significant, a higher proportion of men experienced serious injury and combat compared with women. The assumption of homogeneity of variance was not violated. There was no significant difference between males and females ($t[70]=0.112$ p>0.05).
Table 8.2.4 Proportion of people experiencing traumatic events during the war by gender

<table>
<thead>
<tr>
<th>Event</th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Average number of traumatic events</td>
<td>9.06</td>
<td>3.76</td>
<td>9.16</td>
<td>3.76</td>
</tr>
<tr>
<td>Traumatic events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of home &amp; belongings</td>
<td>25</td>
<td>76.5</td>
<td>33</td>
<td>86.8</td>
</tr>
<tr>
<td>Lack of food and water</td>
<td>28</td>
<td>82.4</td>
<td>29</td>
<td>76.3</td>
</tr>
<tr>
<td>Bombardment</td>
<td>27</td>
<td>79.4</td>
<td>29</td>
<td>76.3</td>
</tr>
<tr>
<td>Forced Separation from family</td>
<td>26</td>
<td>76.5</td>
<td>27</td>
<td>71.1</td>
</tr>
<tr>
<td>Being close to death</td>
<td>24</td>
<td>70.6</td>
<td>23</td>
<td>60.5</td>
</tr>
<tr>
<td>Ill-health without access to medical care</td>
<td>13</td>
<td>38.2</td>
<td>28</td>
<td>73.7</td>
</tr>
<tr>
<td>Unnatural death of family/friends</td>
<td>18</td>
<td>52.9</td>
<td>18</td>
<td>47.4</td>
</tr>
<tr>
<td>Imprisonment</td>
<td>18</td>
<td>52.9</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>Lack of shelter</td>
<td>14</td>
<td>41.2</td>
<td>19</td>
<td>50.0</td>
</tr>
<tr>
<td>Serious illness</td>
<td>16</td>
<td>47.1</td>
<td>17</td>
<td>44.7</td>
</tr>
<tr>
<td>Forcibly taken</td>
<td>13</td>
<td>38.2</td>
<td>16</td>
<td>42.1</td>
</tr>
<tr>
<td>Combat</td>
<td>15</td>
<td>44.1</td>
<td>8</td>
<td>21.1</td>
</tr>
<tr>
<td>Serious injury</td>
<td>15</td>
<td>44.1</td>
<td>8</td>
<td>21.1</td>
</tr>
</tbody>
</table>
### Table 8.2.4 Proportion of people experiencing traumatic events during the war cont. d.

<table>
<thead>
<tr>
<th>Traumatic Events</th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Forcéd isolation from others</td>
<td>11</td>
<td>32.4</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>Murder of family/friends</td>
<td>11</td>
<td>32.4</td>
<td>18</td>
<td>47.4</td>
</tr>
<tr>
<td>Murder of stranger/strangers</td>
<td>14</td>
<td>41.2</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Interrogation</td>
<td>8</td>
<td>23.5</td>
<td>10</td>
<td>26.3</td>
</tr>
<tr>
<td>Beaten</td>
<td>8</td>
<td>23.5</td>
<td>8</td>
<td>21.1</td>
</tr>
<tr>
<td>Torture</td>
<td>4</td>
<td>11.8</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Rape or sexual assault (experience/fearred)</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>36.8</td>
</tr>
</tbody>
</table>

*People nominated more than one event

n/s=non significant, *p<0.05, **p<0.00
As described earlier, there was overlap between the categories of Forced labour, Exile to the Soviet Union and Armed Forces, the categories were recoded to capture the main experience based on the majority of time spent in a particular situation to create mutually exclusive categories. Table 8.2.5 describes the proportion of males and females who had as their main experience either Forced labour, Exiled to the Soviet Union, in the Armed Forces, as a Civilian or Concentration Camp survivors.

Table 8.2.5 Main experience during the war by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Forced Labour</td>
<td>16</td>
<td>47.1</td>
<td>14</td>
<td>36.8</td>
</tr>
<tr>
<td>Exiled to the Soviet Union</td>
<td>5</td>
<td>14.7</td>
<td>14</td>
<td>36.8</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>9</td>
<td>26.5</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Civilians</td>
<td>1</td>
<td>2.9</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Concentration camp</td>
<td>3</td>
<td>8.8</td>
<td>1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.01

As depicted in Table 8.2.6 among those Exiled to the Soviet Union three-quarters were women resonating with historical accounts which reported that the transportations east mainly comprised of women and children. Among those in the Armed Forces, the majority were men. However, women also participated in the Home Army in the conspiracy and some also took part in active combat. Civilians were the youngest in comparison with the other groups and people who survived the concentration camps were in Australia the shortest time compared with the rest.
Table 8.2.6 Socio demographic characteristics by main experience during the war

<table>
<thead>
<tr>
<th>Experience</th>
<th>Forced Labour N=30</th>
<th>Exiled to Soviet Union N=19</th>
<th>Armed Forces N=11</th>
<th>Civilian N=8</th>
<th>Concentration camp N=4</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>16</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>χ² (4)=14.17**</td>
</tr>
<tr>
<td>Females</td>
<td>14</td>
<td>46.7</td>
<td>14</td>
<td>2</td>
<td>7</td>
<td>χ² (4)=15.1**</td>
</tr>
<tr>
<td>Mean Age</td>
<td>78.5</td>
<td>5.23</td>
<td>73.7</td>
<td>5.48</td>
<td>80.8</td>
<td>χ² (4)=14.3**</td>
</tr>
<tr>
<td>Years in Australia</td>
<td>50.1</td>
<td>8.2</td>
<td>45.1</td>
<td>12.9</td>
<td>46.3</td>
<td>χ² (4)=14.3**</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

Table 8.2.7 describes the proportion of the sample who endured different traumatic events according to their main experience. Caution needs to be taken when interpreting these results, as the sample sizes for civilians and Concentration Camp Survivors are quite small. Nonetheless, an interesting pattern emerges regarding the number and type of events people experienced as a consequence of their overall main experience. The number of traumatic events varies across experience with people in concentration camps (mean=13.25, SD=3.86) and in the Armed Forces (mean=12.3, SD=3.35) reporting the highest number of events compared with people in Forced Labour (mean=7.53, SD=3.05) who reported the lowest number of events.

Certain types of events were more predominantly described by people who had a specific main event. For example, all people who were exiled to the formed Soviet Union reported loss of home and belongings, lacking food and water, and most experienced the unnatural death of family/friends, being ill without access to health care, and experiencing a serious illness. People whose main experience was forced labour were more likely to report exposure to bombardment, forced separation from family friends, and being forcibly taken. All people in the Armed Forces experienced combat and were more likely to have experienced bombardment, lack of food and water, forced separation from family/friends, being close to death, imprisonment, serious injury, lack of shelter, and forced isolation from others. A higher proportion of
civilians were exposed to bombardment. All Concentration Camp Survivors experienced lack of food and water, being close to death, forced separation from family/friends, imprisonment, and murder of family/friends, witness to the murder of strangers. Three quarters experienced torture, serious illness or injury, lack of medical care and forced separation from others.

Certain events were uniformly experienced across all main experiences such as the loss of home and belongings. Other events where there were no significant differences between groups included being close to death, forced separation from family and friends, ill health without medical care, interrogation and being beaten.
Table 8.2.7 Traumatic events as experienced by people whose main experience was forced labour, exile and so on.

<table>
<thead>
<tr>
<th>Type of experience</th>
<th>Forced Labour N=30</th>
<th>Exiled to the Soviet Union N=19</th>
<th>Armed Forces N=11</th>
<th>Civilian N=8</th>
<th>Concentration camp N=4</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Average number of traumatic events</td>
<td>7.53</td>
<td>3.05</td>
<td>9.10</td>
<td>2.99</td>
<td>12.27</td>
<td>3.35</td>
</tr>
<tr>
<td>Traumatic events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of home &amp; belongings</td>
<td>24</td>
<td>80.0</td>
<td>19</td>
<td>100</td>
<td>8</td>
<td>72.7</td>
</tr>
<tr>
<td>Lack of food and water</td>
<td>19</td>
<td>63.3</td>
<td>19</td>
<td>100</td>
<td>10</td>
<td>90.9</td>
</tr>
<tr>
<td>Bombardment</td>
<td>27</td>
<td>90.0</td>
<td>10</td>
<td>53.0</td>
<td>11</td>
<td>100</td>
</tr>
<tr>
<td>Forced Separation from family/friends</td>
<td>23</td>
<td>76.7</td>
<td>10</td>
<td>53.0</td>
<td>10</td>
<td>90.9</td>
</tr>
<tr>
<td>Being close to death</td>
<td>18</td>
<td>60.0</td>
<td>10</td>
<td>53.0</td>
<td>10</td>
<td>90.9</td>
</tr>
<tr>
<td>Ill health without access to medical care</td>
<td>13</td>
<td>43.0</td>
<td>15</td>
<td>79.0</td>
<td>5</td>
<td>45.5</td>
</tr>
<tr>
<td>Unnatural death of family/friends</td>
<td>4</td>
<td>13.3</td>
<td>16</td>
<td>84.2</td>
<td>7</td>
<td>63.6</td>
</tr>
<tr>
<td>Imprisonment</td>
<td>11</td>
<td>36.7</td>
<td>7</td>
<td>36.8</td>
<td>8</td>
<td>72.7</td>
</tr>
<tr>
<td>Lack of shelter</td>
<td>6</td>
<td>20.0</td>
<td>14</td>
<td>74.0</td>
<td>8</td>
<td>73.0</td>
</tr>
<tr>
<td>Serious illness</td>
<td>6</td>
<td>20.0</td>
<td>13</td>
<td>68.4</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>Forcibly taken</td>
<td>17</td>
<td>56.7</td>
<td>8</td>
<td>42.1</td>
<td>2</td>
<td>18.2</td>
</tr>
</tbody>
</table>
Table 8.2.7 Traumatic events as experienced by people whose main experience was forced labour, exile cont.d

<table>
<thead>
<tr>
<th>Type of experience</th>
<th>Forced Labour N=30</th>
<th>Exiled to the Soviet Union N=19</th>
<th>Armed Forces N=11</th>
<th>Civilian N=8</th>
<th>Concentration camp N=4</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traumatic events</strong></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>Kruskal-Wallis</td>
</tr>
<tr>
<td>Combat</td>
<td>5 16.7</td>
<td>5 26.3</td>
<td>11 100</td>
<td>2 25.0</td>
<td>0 0.0</td>
<td>$\chi^2 (4)=28.9^{**}$</td>
</tr>
<tr>
<td>Serious injury</td>
<td>5 16.7</td>
<td>3 15.8</td>
<td>8 72.7</td>
<td>3 37.5</td>
<td>3 75.0</td>
<td>$\chi^2 (4)=17.8^{**}$</td>
</tr>
<tr>
<td>Forced isolation from others</td>
<td>12 40.0</td>
<td>2 10.5</td>
<td>7 63.6</td>
<td>2 25.0</td>
<td>3 75.0</td>
<td>$\chi^2 (4)=12.3^*$</td>
</tr>
<tr>
<td>Murder of family/friends</td>
<td>8 26.7</td>
<td>6 31.6</td>
<td>6 54.5</td>
<td>4 50.0</td>
<td>4 100</td>
<td>$\chi^2 (4)=10.15^*$</td>
</tr>
<tr>
<td>Murder of stranger/strangers</td>
<td>11 36.7</td>
<td>2 10.5</td>
<td>5 45.5</td>
<td>3 37.5</td>
<td>4 100</td>
<td>$\chi^2 (4)=13.06^{**}$</td>
</tr>
<tr>
<td>Interrogation</td>
<td>6 20.0</td>
<td>4 21.1</td>
<td>5 36.4</td>
<td>2 25.0</td>
<td>2 50.0</td>
<td>$\chi^2 (4)=2.65 \text{ n/s}$</td>
</tr>
<tr>
<td>Beaten</td>
<td>8 26.7</td>
<td>0 0.0</td>
<td>3 27.3</td>
<td>2 25.0</td>
<td>2 50.0</td>
<td>$\chi^2 (4)=8.04 \text{ n/s}$</td>
</tr>
<tr>
<td>Torture</td>
<td>0 0.0</td>
<td>1 5.3</td>
<td>3 27.3</td>
<td>1 12.5</td>
<td>3 75.0</td>
<td>$\chi^2 (4)=23.86^{**}$</td>
</tr>
<tr>
<td>Experience/feared rape or sexual assault</td>
<td>5 16.7</td>
<td>1 5.3</td>
<td>3 27.3</td>
<td>3 27.3</td>
<td>1 5.3</td>
<td></td>
</tr>
</tbody>
</table>

*People nominated more than one event

n/s=non significant, *p<0.05, **p<0.01
8.2.4 The worst or most frightening event experienced

An open-ended question asked study participants to specify which was the worst or most frightening event they had endured during the war years. Only one person stated that he had not experienced a worst or frightening event during the war. He had been a five year old child during the time his family had been exiled to Siberia and he did not remember much of this time. Two people named two events as the worst event. All responses were coded to illustrate the depth of the traumatic event and the individual story attached to each situation. The worst events were categorised under the following headings with examples given from the responses:

*Bombardment (19 or 26.4%)*

- Three days and nights in the bunker - no food, heavy bombing overhead - felt great fear
- Seven bombs fell near and around their farm
- American bombers flew overhead, firing, filled with fear, saw a German plane shot down, saw the pilot shot dead
- American bombing, one bomb fell didn't explode, another fell and killed my friend
- Bombardment
- Bombardment Bremen 1942
- Bombardment of church near grandmother's house - bombardment, cobbler's shop where I had worked in Germany was completely destroyed
- Bombing overhead, hid in the hay bales, house was destroyed where lived
- Bombing, especially towards the end of the war, saw the lights flashing from the bombing
- Bombing, feeling hungry, having to work long hours,
- Bombing, I had a gun, this was not allowed as I could be killed if the Gestapo found out
- Bombing, working hard in the camp, little food
- Bombs falling very close
- Bombs falling, great fear, one village nearby - 150 bombs fell on it
- Bombs fell, had to spend the night in a shelter
- Bombs flying over, planes flying very low
- Heavy bombing
- Heavy bombing, being close to death,
Forcibly taken (8 or 11%)
- 1940, terrible fear, I was four months pregnant, I was told to pack only had 2 hours, didn’t know where they would take me
- Greatest fear was being left behind at the station in Siberia- told that the train was leaving at a certain hour, the train might leave earlier
- Soldiers came early in the morning, taking people away
- Taken from home by Soviets and exiled to Kazakhstan
- Taken to the steppe - very harsh conditions, father’s imprisonment
- Taken to Germany
- Transported in cattle trucks, not knowing where will end up
- Trip in the cattle train to Siberia

Fear of being killed or harmed by others (9 or 12.5%)
- Escape from a group of Ukrainians who had an agreement with the Germans to kill Poles
- Everyone asleep, great fear as soldiers came, fear to go back to communist Poland
- Everyone in the village was rounded up - fear was that they were all to be executed, didn’t know what was to happen
- Facing firing squad
- Facing soldiers with rifles – who will fire
- Fear as war came to end, what will happen next, German approached me with a gun not sure if he will shoot
- Frightening incident with German official (Bormisz) tried to rape me - everyday was frightening under German and Soviet occupation
- Never ending fight for life, constant conversation with death, hunger, sickness and missing (tesknota) family
- Hiding in a bunker, pilot flew overhead – the pilot was killed and he experienced fear about what was to happen next

Combat (7 or 9.7%)
- In the army in 1939 - wounded in the knee, later he took part in the Warsaw uprising
- Under intense German fire
- Russian commandant had it in for him- singled him out and he threatened to kill him
- Seriously wounded twice
- Working in the front line as a sanitarian
- Wounded in action 1944
- Wounded severely by German fire – ‘I did not think I would live’.
Warsaw uprising and working in Germany

Death of family member (6 or 8.3%)
- Death of brother from Malaria
- Death of parents in Uzbekistan
- Death of sister
- Leaving the family home and then learning about parents’ death
- Loss of wife and son - he escaped out the train - never saw them again
- When I returned to Kraków, that is when I found out that my sister and the other friends I left behind, had been drowned by the Germans

Separated from family (5 or 6.9%)
- Separated from mother, lost in Teheran
- Separation from mother, being searched by the NKVD
- Wolves howling at the door in Uzbekistan, fear of being left behind in Krasnovod
- Living away from mother
- Being away from mother

Arrest of family member (4 or 5.5%)
- Arrest of my father in 1940
- Arrest of my mother
- Arrested father in the family home, in 1940, I stretched out my arms in farewell and instead felt the Russian soldier’s bayonet against my neck
- Being taken away, arrest of father, and his subsequent death

Fear for family’s welfare (3 or 4.2%)
- Fear of the Gestapo, behaved very brutally, didn't know what was to happen to my family
- Fear surrounded brother’s attempted escape from the Gestapo
- He was visiting his family in 1940 only to discover that no one was home – initially he had this great fear that they had all been exiled. He went to the neighbour who told him they hadn't been exiled. It was a great relief

Imprisonment (3 or 4.2%)
- Imprisoned
- Imprisonment in the Ural mountains - hard labour
- Moment when prisoners were divided into two groups - those to the right were executed, those to the left lived
Torture, beaten (3 or 4.2%)
- Taken prisoner by the Soviets, kept in a tiny cell, interrogated at night, light on all the time, sleep deprived
- Time as a partisan and being arrested and tortured by the Soviets
- Being beaten

Acts of cruelty (2 or 2.78%)
- I was a child and went begging for food in Uzbekistan - the farmer released his dogs instead and I was badly mauled.
- I was hungry, stole an egg and drank the yolk, farmer caught me and hit me hard in the head, felt great fear then as a child and I started to cry

Witnessing other’s death (2 or 2.78%)
- On board a ship for Denmark - hit by a torpedo - lady who was sitting next to my mother was killed - thankfully the family survived
- Witnessing my 7 year old friend killed by German fire

Demoralisation (2 or 2.78%)
- Fighting against the Germans, the surprise involvement of the Soviets, demoralisation, escape to Hungary
- Parents saved a Jewish woman's life by hiding her, she never thanked our family after the war or offered to help us

In summary, it is evident from the results thus far that study participants had been exposed to multiple traumatic events, a fact that will be reflected upon in further qualitative analysis in Chapter Nine and that is relevant in relation the assessment of life-time and current measures of psychological morbidity. Furthermore, a number of the ‘worst events’ specified involved the participant’s family. The theme of family suffering and trauma will be explored further in the thematic analysis in Chapter Nine.
8.2.5 Affect and beliefs associated with the worst event

People were asked how they reacted to the worst or most frightening event. Study participants were asked to rate a list of feeling and belief statements (see Appendix E) as to whether they reacted in this way 0='not at all' to 3='very much'. An Oblimin Rotated Principal Components solution for the 21 items is described below in Table 8.2.8. This analysis produced four factors with eigenvalues equal or greater than one accounting for 58% of the variance.

Table 8.2.8 Oblimin Rotated Principal Components Solution for items related to affect and beliefs about the worst event

<table>
<thead>
<tr>
<th>Factor</th>
<th>Loading</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor I: Negative worldview (23% of the variance)</strong> $\alpha = 0.81$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt the world was a dangerous place</td>
<td>.592</td>
<td>.052</td>
<td>-.223</td>
<td>.479</td>
<td></td>
</tr>
<tr>
<td>I felt the world was unfair</td>
<td>.707</td>
<td>.059</td>
<td>-.144</td>
<td>.220</td>
<td></td>
</tr>
<tr>
<td>I believed people were dangerous and unfriendly</td>
<td>.696</td>
<td>.076</td>
<td>-.038</td>
<td>.216</td>
<td></td>
</tr>
<tr>
<td>I became detached or disconnected</td>
<td>.758</td>
<td>-.003</td>
<td>.106</td>
<td>-.301</td>
<td></td>
</tr>
<tr>
<td>I felt the world was unpredictable</td>
<td>.841</td>
<td>.008</td>
<td>.091</td>
<td>-.301</td>
<td></td>
</tr>
<tr>
<td>I felt I lost all hope</td>
<td>.411</td>
<td>-.458</td>
<td>.181</td>
<td>.023</td>
<td></td>
</tr>
<tr>
<td><strong>Factor II: Self efficacy (21% of the variance)</strong> $\alpha = 0.87$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt courage</td>
<td>.127</td>
<td>.580</td>
<td>-.133</td>
<td>.005</td>
<td></td>
</tr>
<tr>
<td>I felt hope</td>
<td>-.120</td>
<td>.829</td>
<td>-.083</td>
<td>.052</td>
<td></td>
</tr>
<tr>
<td>I felt in control</td>
<td>-.021</td>
<td>.804</td>
<td>.036</td>
<td>-.007</td>
<td></td>
</tr>
<tr>
<td>I felt strong</td>
<td>.111</td>
<td>.879</td>
<td>-.047</td>
<td>.045</td>
<td></td>
</tr>
<tr>
<td>I felt confident in myself to deal with this</td>
<td>-.017</td>
<td>.876</td>
<td>.067</td>
<td>-.065</td>
<td></td>
</tr>
<tr>
<td>I felt anger / rage</td>
<td>.156</td>
<td>.632</td>
<td>.349</td>
<td>.167</td>
<td></td>
</tr>
<tr>
<td><strong>Factor III: Guilty &amp; Shamed (7.5% of the variance)</strong> $\alpha = 0.46$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt guilty</td>
<td>-.022</td>
<td>-.024</td>
<td>.611</td>
<td>-.259</td>
<td></td>
</tr>
<tr>
<td>I felt shame</td>
<td>.160</td>
<td>.064</td>
<td>.571</td>
<td>.066</td>
<td></td>
</tr>
<tr>
<td><strong>Factor IV: Sad &amp; Afraid (6.2% of the variance)</strong> $\alpha = 0.81$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt afraid</td>
<td>-.096</td>
<td>-.107</td>
<td>-.037</td>
<td>.911</td>
<td></td>
</tr>
<tr>
<td>I felt sad</td>
<td>.163</td>
<td>-.024</td>
<td>-.020</td>
<td>.763</td>
<td></td>
</tr>
</tbody>
</table>

The assumption of homogeneity of variance was not violated. The differences between men and women are reported in Table 8.2.9 Women scored significantly higher only on the scale ‘Sad & Afraid’.
Table 8.2.9 Affect and beliefs - scales and individual items scores by gender

<table>
<thead>
<tr>
<th>Scales</th>
<th>Males N=34</th>
<th>Females N=37</th>
<th>Total N=71</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Negative worldview</td>
<td>7.38</td>
<td>5.12</td>
<td>8.89</td>
<td>4.7</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>6.65</td>
<td>4.50</td>
<td>6.16</td>
<td>5.3</td>
</tr>
<tr>
<td>Sad &amp; Afraid</td>
<td>2.47</td>
<td>1.97</td>
<td>4.16</td>
<td>1.9</td>
</tr>
<tr>
<td>Guilt &amp; Shame</td>
<td>0.51</td>
<td>0.97</td>
<td>1.00</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Other feelings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt humiliated</td>
<td>1.06</td>
<td>1.07</td>
<td>1.47</td>
<td>1.3</td>
</tr>
<tr>
<td>I felt frustrated</td>
<td>0.79</td>
<td>0.95</td>
<td>0.97</td>
<td>1.2</td>
</tr>
<tr>
<td>I felt helpless</td>
<td>1.32</td>
<td>1.09</td>
<td>1.41</td>
<td>1.3</td>
</tr>
<tr>
<td>I felt calm</td>
<td>0.59</td>
<td>0.86</td>
<td>0.43</td>
<td>0.89</td>
</tr>
<tr>
<td>I felt the events happened for a reason</td>
<td>1.35</td>
<td>1.0</td>
<td>1.2</td>
<td>1.1</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.01

With respect to the single items, feeling calm and frustrated had a low rating (0=not at all). Feeling helpless, humiliated and that things happened for a reason were rated somewhat higher. The assumption of homogeneity of variance was not violated and there were no differences between gender.

Among individual items from the ‘Self-efficacy’ scale, the strongest feelings described by the study sample were ‘feeling hope’ (mean=1.42, SD=1.1) during the worst event and feeling ‘confident that they could deal with the situation’ (mean=1.23, SD=1.05). People were less likely to feel calm (mean=0.51, SD=0.88). There were no significant differences between men and women.

Within the scale ‘Negative worldview’ study participants scored highest on the item that they ‘believed that the world was unfair’ (mean=1.8, SD=1.2), ‘that people were dangerous and unfriendly’ (mean=1.7, SD=1.05), and that ‘the world was a dangerous place’, (mean=1.4, SD=1.2). Women expressed ‘feeling that the world was a dangerous place’ (t[68] = 2.6, p<0.01) and ‘feeling people are dangerous and unfriendly’ (t[68] = 2.12, p<0.05) more strongly compared with men. These views about the world are hardly surprising given the multitude and diversity of traumatic experiences.
events people had experienced and the chaos and destruction of war all around them.

Table 8.2.10 describes the means scores among study participants who had different main war-time experiences. Civilians and concentration camp survivors scored higher on ‘Negative worldview’ and felt humiliated more strongly compared with the rest of the study participants. Neither civilians nor concentration camp survivors felt guilty. Among people exiled to the Soviet Union, no-one felt ashamed. People who served in the Armed Forces had a comparatively high score on ‘Self-efficacy’ although the difference was not statistically significant.
Table 8.2.10 Affect and beliefs - scales and individual item scores among people with different main war-time experiences

<table>
<thead>
<tr>
<th>Experience</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Kruskal-Wallis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Negative worldview</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>( \chi^2 ) (4)=9.44*</td>
</tr>
<tr>
<td>Forced Labour</td>
<td>30</td>
<td>7.11</td>
<td>5.47</td>
<td>7.22</td>
<td>3.94</td>
<td>8.30</td>
<td>4.90</td>
<td>12.00</td>
<td>3.42</td>
<td>12.00</td>
<td>2.94</td>
<td></td>
</tr>
<tr>
<td>Exiled to the former Soviet Union</td>
<td>19</td>
<td>4.64</td>
<td>4.77</td>
<td>8.90</td>
<td>4.80</td>
<td>4.62</td>
<td>4.06</td>
<td>6.00</td>
<td>5.59</td>
<td></td>
<td></td>
<td>( \chi^2 ) (4)=6.7 n/s</td>
</tr>
<tr>
<td>Armed Forces N=11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civilian N=8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concentration camp N=4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling humiliated</td>
<td></td>
<td>1.34</td>
<td>1.11</td>
<td>0.78</td>
<td>1.20</td>
<td>0.82</td>
<td>1.10</td>
<td>2.13</td>
<td>1.10</td>
<td>2.50</td>
<td>0.58</td>
<td>( \chi^2 ) (4)=12.9*</td>
</tr>
<tr>
<td>Feeling shame</td>
<td></td>
<td>0.72</td>
<td>0.99</td>
<td>0.00</td>
<td>0.00</td>
<td>0.55</td>
<td>0.93</td>
<td>1.00</td>
<td>1.20</td>
<td>0.75</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>Feeling guilty</td>
<td></td>
<td>0.27</td>
<td>0.74</td>
<td>0.11</td>
<td>0.47</td>
<td>0.45</td>
<td>0.93</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>( \chi^2 ) (4)=4.6 n/s</td>
</tr>
<tr>
<td>Feeling helpless</td>
<td></td>
<td>1.20</td>
<td>1.10</td>
<td>1.56</td>
<td>1.20</td>
<td>1.10</td>
<td>1.20</td>
<td>2.00</td>
<td>1.40</td>
<td>1.25</td>
<td>1.50</td>
<td>( \chi^2 ) (4)=4.2 n/s</td>
</tr>
<tr>
<td>Feeling frustrated</td>
<td></td>
<td>0.90</td>
<td>1.10</td>
<td>0.44</td>
<td>0.78</td>
<td>0.73</td>
<td>0.90</td>
<td>1.9</td>
<td>1.20</td>
<td>1.25</td>
<td>0.96</td>
<td>( \chi^2 ) (4)=9.5*</td>
</tr>
<tr>
<td>Feeling calm</td>
<td></td>
<td>0.33</td>
<td>0.66</td>
<td>0.67</td>
<td>1.00</td>
<td>1.10</td>
<td>1.10</td>
<td>0.25</td>
<td>0.70</td>
<td>0.00</td>
<td>0.00</td>
<td>( \chi^2 ) (4)=7.8 n/s</td>
</tr>
<tr>
<td>Belief – things happened for a reason</td>
<td>1.53</td>
<td>1.00</td>
<td>0.78</td>
<td>0.88</td>
<td>1.55</td>
<td>1.00</td>
<td>1.00</td>
<td>1.20</td>
<td>1.25</td>
<td>0.96</td>
<td>( \chi^2 ) (4)=7.2 n/s</td>
<td></td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.01
Study participants were asked about their coping strategies in dealing with the worst event. The most frequently specified coping strategy was to turn ‘to religious for consolation’ nominated by over half of the study participants. This was nominated by significantly more women compared with men ($\chi^2 [1, N=72]=4.38, p<0.05$). A third of the sample talked about the worst event with family and friends. There were no differences on the other coping strategies (see Table 8.2.11). Only one person sought advice from a doctor, community leader or priest and only a relatively small proportion of people (18%) not talking about the experience – trying to forget or avoiding any reminders of the event (18%).

An open-ended question allowed participants to mention ‘other’ types of coping not specified above. Thirty-eight participants nominated ‘other’ coping. These included: self-belief, relying on one’s resources, describing personality characteristics such as being accepting, being calm, and not drawing attention to oneself (26%), others reported hope (21%) (hope that the war will end, that they will go home, that Germany will lose the war). ‘Strong’ was a characteristic mentioned by a number of participants (16%) relating to one’s own physical condition, mental condition, and will to live. Others mentioned belief in fate, in the fact that everything will be alright, that somehow good will prevail (13%), or relying on others, such as family members, being with their mother (13%). Others spoke of moments when they did not cope referring times when they were crying all the time, feeling despair, and not being able to forget (8%). One person (3%) spoke of an angel that protected him. These themes will be expanded upon in Chapter Nine when discussing the qualitative themes that emerged from the narrative accounts under the heading ‘survival mechanisms’.

Table 8.2.11 Coping strategies used during the worst event by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turned to religion for consolation</td>
<td>14 (41.2%)</td>
<td>25 (65.8%)</td>
<td>39 (54.2%)</td>
<td>$\chi^2 (1)=4.38^*$</td>
</tr>
<tr>
<td>Talking with family friends</td>
<td>13 (38.2%)</td>
<td>12 (31.6%)</td>
<td>25 (34.7%)</td>
<td>$\chi^2 (1)=0.12$ n/s</td>
</tr>
<tr>
<td>Not talking about it instead trying to forget</td>
<td>5 (14.7%)</td>
<td>8 (21.1%)</td>
<td>13 (18.1%)</td>
<td>$\chi^2 (1)=0.15$ n/s</td>
</tr>
<tr>
<td>Avoiding any reminders</td>
<td>6 (17.6%)</td>
<td>7 (18.4%)</td>
<td>13 (18.1%)</td>
<td>$\chi^2 (1)=0.00$ n/s</td>
</tr>
<tr>
<td>Seeking advise and guidance</td>
<td>1 (2.9%)</td>
<td>0 (0%)</td>
<td>1 (1.4%)</td>
<td>$\chi^2 (1)=0.00$ n/s</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00
Summary

This section explored the type of traumatic experiences people experienced. The majority of the sample experienced force labour (42%), exile (36%) or were in the armed forces (15%). These proportions reflected the migration policies of Australia in the late 1940’s and early 1950’s when the Australian government accepted displaced people from refugee camps in Germany, ex-service men under the Resettlement Corps and refugees from the former British colonies in Africa and India. A smaller proportion of study participants were civilians living in Poland during the war and a small number were Concentration Camp Survivors. The proportion of males to females was relatively equally distributed with the exception of those in the armed forces which had a significantly higher proportion of men. Regardless of gender and type of experience, people suffered a multitude of traumatic events as measured by the Harvard Trauma Questionnaire. The minimum number of events was two and the maximum experienced was 19. The most commonly cited events were bombardment, loss of home and belongings, lack of food and water and being close to death. Not surprisingly, people who had survived the concentration camps endured the highest number of traumatic events followed by people in the Armed Forces. Women described feeling more ‘Sad & Afraid’ compared with men. Overall, study participants did not rate feelings of Guilt & Shame very highly while beliefs relating to a Negative worldview were rated higher. Civilians and Concentration Survivors scored higher on the Negative worldview scale and felt humiliated and shame more strongly compared with other participants. In terms of coping styles over half the sample used religion as a coping strategy. This was more common among women.
8.3 Section Three: End of the war, liberation and post war events.

The next section is about people’s experiences at the end of the war. As shown in Table 8.3.1, study participants predominantly reported a sense of joy at the end of the war and a relatively high proportion reported a sense of betrayal by the allies, as well as a desire to forget and live on. Very few people had feelings of revenge or a sense of despair and senselessness. No-one indicated a sense of guilt for this time.

Table 8.3.1 Emotional reaction to liberation by gender

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Males N=34</th>
<th></th>
<th>Females N=38</th>
<th></th>
<th>Total N=72</th>
<th></th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>χ² (df)</td>
</tr>
<tr>
<td>Joy</td>
<td>23</td>
<td>67.6</td>
<td>31</td>
<td>81.6</td>
<td>54</td>
<td>75</td>
<td>χ² (1)=1.19 n/s</td>
</tr>
<tr>
<td>Sense of betrayal by the allies</td>
<td>16</td>
<td>47.1</td>
<td>17</td>
<td>44.7</td>
<td>33</td>
<td>45.8</td>
<td>χ² (1)=0.00 n/s</td>
</tr>
<tr>
<td>Wanting to forget and live on</td>
<td>13</td>
<td>38.2</td>
<td>19</td>
<td>50</td>
<td>32</td>
<td>44.4</td>
<td>χ² (1)=0.59 n/s</td>
</tr>
<tr>
<td>Revenge</td>
<td>3</td>
<td>8.8</td>
<td>1</td>
<td>2.6</td>
<td>4</td>
<td>5.6</td>
<td>χ² (1)=0.39 n/s</td>
</tr>
<tr>
<td>Despair and a feeling of senselessness</td>
<td>1</td>
<td>2.9</td>
<td>3</td>
<td>7.9</td>
<td>4</td>
<td>5.6</td>
<td>χ² (1)=0.16 n/s</td>
</tr>
<tr>
<td>A feeling of guilt</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>-</td>
</tr>
</tbody>
</table>

Experiences post-war

<table>
<thead>
<tr>
<th></th>
<th>Males N=33</th>
<th></th>
<th>Females N=36</th>
<th></th>
<th>Total N=72</th>
<th></th>
<th>χ² (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Decision not to return to Poland</td>
<td>30</td>
<td>88.2</td>
<td>27</td>
<td>71.1</td>
<td>57</td>
<td>79.2</td>
<td>χ² (1)=2.26 n/s</td>
</tr>
<tr>
<td>Finding family after liberation</td>
<td>22</td>
<td>66.7</td>
<td>32</td>
<td>88.9</td>
<td>54</td>
<td>78.3</td>
<td>χ² (1)=3.78*</td>
</tr>
<tr>
<td>Receiving help and support</td>
<td>19</td>
<td>57.6</td>
<td>16</td>
<td>45.7</td>
<td>35</td>
<td>51.4</td>
<td>χ² (1)=0.54 n/s</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

Over three-quarters of the sample found family members after liberation. A higher proportion of women found family members compared to men. Just over half of the sample received help and support after the war with a slightly higher proportion of men receiving support compared with women. Most participants (68%) were in a refugee camp as displaced people at the end of the war. A much higher proportion had been liberated by the Allied forces (77.8%) compared with those freed by the Soviets (22.2%). A higher proportion of men were liberated by the Allies (88.2%)

Page 221
while a higher proportion of women were liberated by the Soviets (31.6%) \( (\chi^2[1, N=72]=4.08, p<0.05) \). Most people were housed in camps in Germany (47%). One person was in a camp in Denmark and another in Austria. People who had been exiled to the Soviet Union and made their way out as part of the amnesty of 1942 spent the intervening war and post war years in camps in West Africa (7 people) and India (4 people) which were British colonies at the time. Three study participants lived in Persia (modern day Iran), two people live in Lebanon and one person lived in Palestine and then Egypt.

8.3.1 Decision not to return to Poland instead to migrate to Australia

Following liberation study participants were required to make a life changing decision, that is, ‘to return or not to return to Poland’. As depicted in Table 8.3.1 the majority (79%) of study participants decided not to return to Poland. To return to Poland was not seen as a viable option as many participants stated it had become a communist country, it was not a free nor democratic place. Many participants indicated that they had nothing to return to especially those who came from the eastern regions of Poland; their homes were no longer there, places they had grown up in were now incorporated as part of the Soviet Union. Those who did return to Poland wanted to be reunited with surviving relatives. The reasons to come to Australia were varied often with the promise of a chance for a new beginning or just pragmatic; Australia was willing to take them immediately while they still had to wait for other countries to respond. The overwhelming theme in the responses was that Australia was perceived as a young country, that it was far from Europe and from all the destruction they had endured. Many women came to Australia because their husband had made the decision or because a family member or friend was already living here. More recently arrived participants came to Australia to be with their adult children who left Poland during the 1980s.

Examples given included:

- I came to the end of the earth, Australia was a young country, I hoped that it will be better
- I was afraid to return to Poland because of the communist regime, I wanted to go to America, but was refused, I didn't know anything about Australia - decided to go there anyway
- I did not want to return to a country that was no longer free
- England only took families of ex-service men, Canada took strong, healthy people to work, Australia took everyone
• Everyone else going there, England wanted men for the mines, Canada wanted men for hard labour so Australia it was
• To find a better and peaceful life
• For the safety of the family and career of children
• My husband wanted to come to Australia – my sister went to England and I always wondered what life would have been like in England
• My husband wanted to come to Australia – I wanted to go to Canada as my brother was there

8.3.2 Early settlement issues and discrimination

As described earlier in Chapter Three, once people were accepted to Australia as migrants they were obliged to sign a two year work contract which required them to work anywhere the Commonwealth Employment Service directed them. As a result, husbands and wives were separated as the men worked in inhospitable regions building roads, railway tracks or in forestry. In the early days, women and children were often left behind in migrant camps (Lack & Templeton, 1995). The largest and longest operating migrant reception centre was Bonegilla bordering Victoria and New South Wales. Bonegilla was a self-contained town with its own hospital, schools, canteen, bank, library and the iconic rows of tin huts that was home to the newly arrived. The surrounding area was quite desolate and barren (Lack & Templeton, 1995). The following excerpts described some of the first impressions and the hard conditions people faced in resettlement given that they had already survived the war and lived in various camps in Europe. Their difficulties were compounded by the fact that newly formed families were separated for lengthy periods and that in some cases they faced a hostile reception from the local population.

Result Box 8.3.1 Early settlement in Australia

<table>
<thead>
<tr>
<th>She spent five years in a number of Displaced Persons (DP) camps in Germany. She married in 1945 and gave birth to a daughter in 1946. She was afraid to go back to Poland because of the communists. She applied to migrate to America but was refused. She could have gone to Argentina. In the end she decided on Australia, she didn’t know anything about Australia. They spent a month on the ship, where the men were on one side and women on the other. Then they were sent to Bonegilla and her third child, a boy was born in Mildura. Her husband was sent on the two-year work contract to work on the railways and he was living in the Maribyrnong Hostel (western suburb of Melbourne). During the first two years they only saw each other twice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced labour, female, interview#55</td>
</tr>
</tbody>
</table>
‘She married in 1946 and her son was born in 1947. She came to Australia because her husband had seen some promotional material about Australia. He told her ‘look how pretty it is, flowers, plants, exotic animals’ so he decided to come here. Canada was too cold, Brazil was no good, America too difficult to get in and Australia looked so beautiful. When they arrived and travelled by train to Bonegilla, they saw the landscape and how desolate it was, just open space. They left their family behind in Germany. They didn’t know anyone here. They were back in camps living in barracks, the conditions quite primitive. Her husband earned seven pounds, he had to pay three pounds for the hostel accommodation for himself and another three pounds for her that left one pound. He worked on the railways as part of his two-year contract repairing the tracks. He didn’t have enough money to visit his wife and child. She was in Cowra in the migrant camp with her son. She got a job as a nurse’s assistant. She earned eleven pounds, more money then her husband because she could work overtime. She sent the money to her husband and they saved up to buy a block of land in 1952. Her daughter was born in 1951. They settled in Glenroy (suburb of Melbourne). It was hard in the beginning because there was no roads, water, electricity, just large blocks of pasture land all around. There was a tap and she had to walk with a bucket to fill it up and take it home for washing etc. People were nasty at work and on the streets. They asked her ‘why did you come here?’

Forced Labour, female, interview #63

‘They were in Bonegilla while her father worked in Cowra, then in Yarraville (suburb of Melbourne) for telecom installing the telephone poles. When they travelled on the train to Bonegilla they were struck how dry it was in comparison with Europe. The food served was always mutton. They slept in barracks on field beds. There were about 14-20 people in a barrack and the women and children were separated from the men. After some time she moved went to a catholic boarding school in Broadmeadows. She felt that the teachers there looked down on the migrant kids. She had to live away from her parents for about one year to attend this school.

Forced labourer, female, interview #70

Overall, people attributed discrimination to the 1950’s rather than to the present day as shown in Table 8.3.2. The most common examples were on public transport where people were told to speak English when conversing among themselves in Polish or in the workplace. A higher proportion of men experienced discrimination in the workplace compared with women; this may be reflective of the fact that more men were in employment.
Table 8.3.2 Discrimination in the new country 1950’s by gender

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Males N</th>
<th>Males %</th>
<th>Females N</th>
<th>Females %</th>
<th>Total N</th>
<th>Total %</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>On public transport</td>
<td>7</td>
<td>20.6</td>
<td>7</td>
<td>18.4</td>
<td>14</td>
<td>19.4</td>
<td>$\chi^2$ (1)=0.0 n/s</td>
</tr>
<tr>
<td>At the workplace</td>
<td>10</td>
<td>29.4</td>
<td>4</td>
<td>10.5</td>
<td>14</td>
<td>19.4</td>
<td>$\chi^2$ (1)=2.96 n/s</td>
</tr>
<tr>
<td>Finding a job</td>
<td>8</td>
<td>23.5</td>
<td>4</td>
<td>10.5</td>
<td>12</td>
<td>16.7</td>
<td>$\chi^2$ (1)=1.35 n/s</td>
</tr>
<tr>
<td>On the streets</td>
<td>8</td>
<td>23.5</td>
<td>4</td>
<td>10.5</td>
<td>12</td>
<td>16.7</td>
<td>$\chi^2$ (1)=1.35 n/s</td>
</tr>
<tr>
<td>Renting a dwelling</td>
<td>4</td>
<td>11.8</td>
<td>6</td>
<td>15.8</td>
<td>10</td>
<td>13.9</td>
<td>$\chi^2$ (1)=0.02 n/s</td>
</tr>
<tr>
<td>Shops</td>
<td>2</td>
<td>5.9</td>
<td>3</td>
<td>7.9</td>
<td>5</td>
<td>6.9</td>
<td>$\chi^2$ (1)=0.00 n/s</td>
</tr>
<tr>
<td>School</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>7.9</td>
<td>3</td>
<td>4.2</td>
<td>$\chi^2$ (1)=1.17 n/s</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

8.3.3 Communist oppression and discrimination

Fifteen people (21%) decided to return to Poland after the war. A number returned to be re-united with surviving family members. Poland was in ruins and the communist government did not tolerate any dissension. Participants expressed a certain amount of fear in relation to the communist regime. They tended to keep to themselves and did not share what had happen to them during the war. When they did the consequences were severe. One woman described a sense that she was under surveillance therefore she did not want to compromise others and kept to herself. Another participant felt that because of her views her opportunities for education and advancement were diminished. People’s war-time experiences were suppressed. They arrived to Australia much later as part of the second and third migration waves. The following excerpts in Result Box 8.3.2 illustrate the issues facing those who returned to Poland. The last excerpt describes the conditions in Poland for a family who had been exiled to the Soviet Union and had not been able to leave during the amnesty period, resulting in them spending five years there. Their mother worked long hours for little food. Once she returned to Poland she was no longer fit for work but also not eligible for the pension because the Polish authorities did not recognise her labour in the Soviet Union.
### Result Box 8.3.2 Return to Poland and communist oppression

<table>
<thead>
<tr>
<th>Interviewee Details</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration Camp Survivor, male, interview #04</td>
<td>'After the war I spoke about the experiences in the concentration camp, about what went on there and as a result I was in hospital for about one month because the communist secret police (UB) interrogated me so badly I nearly had a breakdown.'</td>
</tr>
<tr>
<td>Civilian, male, interview #23</td>
<td>'When I was 17 years old I worked as a carpenter. When I was in school, I told a joke and someone reported me to the UB (secret police) and I received a nine-month sentence. The prosecutor didn’t think the sentence was severe enough and he appealed for it to be increased to one year and three months. The sentence was served in the jail where the conditions were very cramped. We slept two in a bed. They released me a little earlier, because of an amnesty in 1951. From my point of view, the joke it was nothing political, only a simple joke. As a result many people were caught out by believing that it was nothing, only to discover that it was something.'</td>
</tr>
<tr>
<td>Partisans and exiled to the Soviet Union, female, interview #35</td>
<td>‘Finally on the 8th of September 1948 she was released from the Soviet Union. She was going back to Poland. They were given clothes so as not to be seen in their rags. One Russian soldier warned her not to tell anyone of her experiences and he stretched out his arms to indicate that this is how far they can reach. She was warned not to talk about her experiences as they had means of finding out. She never spoke about what had happened to her nor did she ask questions of others. She didn’t tell her parents as she didn’t want to worry them. Once she bumped into a young man, she knew his mother very well and he asked her to come and visit them but she didn’t as she didn’t want to implicate anyone. She felt very sad about this. One girl at university was particularly friendly towards her, she soon became suspicious and concluded she was an agent sent to spy on her. After completing her studies as a teacher, she worked in a child care centre because she didn’t want to teach the children the communist version of history. When she was asked about the three years she was away, she always avoided these questions, she didn’t say much about herself. She never admitted to being involved in the Home Army. She made up answers if people persisted in asking difficult questions. She felt very alone.'</td>
</tr>
</tbody>
</table>
‘We found out through the Red Cross where my brother was living. We lived there together but my mother was not fit for work and there was three of us and I was the youngest and I was in such a weak state in health. My family decided to send me to a children’s home (orphanage). I went there for two years. It was horrific for me, prior to this I had always been out in the air, in the steppe, free but here the gate was locked, it was like a jail. Unfortunately, my health deteriorated in the children’s home. I was always a bit of a rebel. I had difficulty finishing school, barely made my leaving certificate because I was always in trouble telling the teachers the way it really was. I can’t believe that I finished my schooling as I was told to forget about trying to get into higher education. I did not have a chance because I was on their black list. I got married but this too didn’t work out the best, I didn’t adapt well once we were back in Poland. I believed that nothing bad could happen to me, that all Polish people are good, in Poland people all behave well only in Russia is it bad. I was left alone aged 26 with two small children and a sick invalid mother who was not eligible for the pension. But somehow God allowed it that even though I was sick I worked two jobs and somehow brought up my children.’

Exiled to the Soviet Union, female, interview #08

8.3.4 Major life events

Study participants were asked about key life events following the war. These events reflected stressful life events and are usually about experiencing change; change in home, career, family constellation, change in health status and so on. They required personal re-adjustment and use of personal resources (Hobfoll, 1998).

As shown in Table 8.3.3, a high proportion of the sample had experienced the death of a spouse with a significantly higher proportion of women having had this experience. These figures are slightly higher than the numbers reported earlier in the socio-demographic section as a small number of people had re-married and were counted as married rather than widowed. In terms of relationships, a significantly higher proportion of women had experienced relationship break-up compared with men. A smaller proportion of the sample had relationship difficulties with their children with a higher proportion of women reporting this as an issue. A small but significant number of people had experienced the death of their child. A substantial proportion of people had left or moved home with a higher proportion of women moving compared with men. Just over a third of the sample had a family member experience a major illness or injury, while 15% of the sample had themselves experienced illness or injury. A small proportion had experienced a serious accident.
such as car or industrial accident. The assumption of homogeneity of variance was not violated. There was no significant difference between males and females on the total number of post-war stressful life events ($t[70]=1.82, p>0.05$).

<table>
<thead>
<tr>
<th>Event</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of events</strong></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>1.53</td>
<td>1.16</td>
<td>2.16</td>
<td>1.86</td>
</tr>
<tr>
<td><strong>Type of event</strong></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Death of spouse</td>
<td>10</td>
<td>29.4</td>
<td>23</td>
<td>60.5</td>
</tr>
<tr>
<td>Leaving/moving home (in Australia)</td>
<td>8</td>
<td>23.5</td>
<td>24</td>
<td>64.9</td>
</tr>
<tr>
<td>Major illness</td>
<td>16</td>
<td>47.1</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Changing jobs/career</td>
<td>11</td>
<td>32.4</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>Break-up of relationship</td>
<td>4</td>
<td>11.8</td>
<td>14</td>
<td>36.8</td>
</tr>
<tr>
<td>Death of child</td>
<td>4</td>
<td>11.8</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Personal serious illness or injury</td>
<td>4</td>
<td>11.8</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Financial hardships</td>
<td>5</td>
<td>14.7</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Serious accident such as car accident</td>
<td>2</td>
<td>5.9</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Difficulties with parental relationship</td>
<td>1</td>
<td>2.9</td>
<td>4</td>
<td>10.4</td>
</tr>
<tr>
<td>Loss of property or house</td>
<td>3</td>
<td>8.8</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Industrial accident</td>
<td>2</td>
<td>5.9</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Assault or battering</td>
<td>1</td>
<td>2.9</td>
<td>1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

Study participants were then asked to specify the most stressful event. Fifty-six people responded to this question (23 males and 33 females). Participants reported death of their child, death of spouse, death of their parents, family member's illness either their spouse's or child's illness, relationship breakdown, either between spouses or parental relationship, this also included child's relationship break-up.
Other difficulties encountered included own illness, personal assault, job difficulty or financial problems, and a significant residential move.

Examples of responses given included:

- My daughter's death, then my son-in-law died, then my husband died all in the space of two years, leaving me alone to bring up my two grandchildren
- The illness of my only daughter; she developed Multiple Sclerosis (MS) and is now in a nursing home
- My mother's departure to Poland for a holiday, I relived that anxiety of an earlier separation when during the war I was placed in an orphanage.
- My open heart surgery
- The paralysis of the neck, major operation inserted a steel rod
- My second husband had a stroke and later died
- The separation from my wife, marriage failure
- Severe back pain and an unsuccessful operation
- My son's accidental death and husband's suicide
- My son's addiction to drugs and his death in 1994 - related to dehydration and heart problems
- My son's relationship fell apart
- When I was unhappy with my job
- My mother's death, subsequently my son's died then my husband died
- Leaving Poland in 1981 and new beginnings
- Feeling very stressed about moving home, moved out of family home into a unit, because I wasn't managing at home anymore.

The following excerpt illustrates how some of the characteristics described earlier as helping people cope with the worst event during the war are repeated here in assisting this man with the challenges of major illness such as his strong will and determination.

‘He started his own business, a plastics factory which employed three other people. He was the technician and owner of the firm. He married in 1953 and had two children the eldest son born in 1955 and a daughter in 1960. He had a major illness that caused him considerable distress. He suffered from terrible pain and paralysis in the neck and needed an operation on his neck where a metal rod was inserted. He needed a great deal of assistance afterwards and between 1997-2000 requiring daily nursing assistance. His determination, strong will and self discipline were the things that helped him get through this ordeal as well as the love and devotion of his wife and family.’

Armed Forces, male, interview #34
8.3.5 Satisfaction with decision to migrate and with life in Australia

Study participants were asked if on reflection they satisfied with their decision to migrate to Australia and whether they are satisfied with their life in Australia. Despite their initial difficulties in resettlement, the majority of respondents were either very satisfied (52.1%) or satisfied (35.2%). Only two people were dissatisfied with their decision (2.8%) and seven people (9.9%) were neither satisfied nor dissatisfied. In terms of their life in Australia, once again over half the sample were very satisfied (54.9%) and 39.4% were satisfied with their life here. One person (1.4%) was dissatisfied and three people (4.2%) were neither satisfied nor dissatisfied. There were no gender differences in terms of satisfaction with the decision to come here or with life in Australia. The following vignettes relate to issues of satisfaction with life as a migrant.

Result Box 8.3.3 Satisfaction with decision to migrate to Australia

'I am happy that I came to Australia. I've been to Poland five times, I miss Poland a lot, I love Poland very much. I think my heart is half and half. I value everything that is Polish, very much, I respect it, I go to Polish films, I listen to every [Polish] radio program, I talk to my children in Polish, even over the telephone. Poland is very dear to me because it is my homeland, it is my country. On the other hand, Australia is my family’s country, of my children, I respect that I am glad that I came here. We have had prosperity here. I don’t know what would have happened if I had returned to Poland, may be it would have been better, may be worse, I don’t know, but I am pleased, happy that in November I will be 76 years old.

Forced labour, female, interview#14

'I am not a migrant as I never emigrated from Poland. I was taken from Poland. The fact that I found myself in Australia, this is just fate. A lot of Australians don’t understand this and many Poles from the more recent immigration do not understand this. I see myself as an exile of fate. I am still feel hurt that Australians said to me 'you bloody new Australian’

Armed Forces, male, interview#31
Summary

People felt predominantly joy as the war ended although a substantial proportion felt a sense of betrayal on the part of the Allies. Many people spent years in displaced person’s camps and finally came to Australia citing a variety of reasons, none least of which was that Australia was a peaceful land far away from the troubles of Europe, their homeland Poland was no longer a free country hence the feelings of betrayal towards the Allies at the political solution to Poland’s fate. Many people had unsuccessfully tried to migrate to other countries so Australia offered a final destination. Many people described difficulties in re-settlement, families were separated, men worked far from their families. Life in the migrant hostels was Spartan and people were considered as outsiders reminded not to speak their native tongue. People who had decided to return to Poland faced greater repression at the hands of the communist regime where they were actively discouraged from talking about their war-time experiences. Post-war events reflected life events such as marriage, birth of children, moving home, and more traumatic events such as death of spouse, death of a child, death of loved one, serious illness or accident and so on. Despite the early ambivalence with regard to their decision to come to Australia, resettlement and hardships, most people on reflection were satisfied or very satisfied with the decision and their subsequent life in Australia.
8.4 Section Four - emotional health: anxiety, depression, alcohol use and PTSD

This section describes the sample’s current and life-time measures of psychological morbidity. In order to assess emotional health, the Speilberger State-Trait Anxiety inventory (Spielberger et al., 1983) and the Beck Depression inventory (Beck et al., 1961) were administered. The Impact of Illness Scale (Klimidis et al., 2001) was also administered to assess the consequences of anxiety or depression on social and role functioning.

8.4.1 Subjective appraisal of emotional health

In terms of emotional health in the last 6 months about half the sample described it as good (53%). Women were more likely to describe their emotional health as poor (7.9%) and fair (26.3%) compared with men (5.9% and 14.7% respectively). However there was no significant difference between males and females in terms of their overall rating of their emotional health.

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=34</td>
<td>N=38</td>
<td>N=72</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>5.9</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Fair</td>
<td>5</td>
<td>14.7</td>
<td>10</td>
<td>26.3</td>
</tr>
<tr>
<td>Good</td>
<td>20</td>
<td>58.8</td>
<td>18</td>
<td>47.4</td>
</tr>
<tr>
<td>Very good</td>
<td>4</td>
<td>11.8</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Excellent</td>
<td>3</td>
<td>8.8</td>
<td>3</td>
<td>7.9</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

8.4.2 Anxiety

All study participants completed the Trait component of the State-Trait Anxiety Inventory (STAI). The range of scores was between 23 and 57 (mean=38.6, SD=7.1). The assumption of homogeneity of variance was not violated. Females scored significantly higher on trait anxiety compared with males ($t[70]=2.17$, $p<0.05$). A substantial proportion of people (40%) scored between 31-40 and 37% scored between 41-50 indicating a high degree of anxiety and tension.
The next part was introduced with a screening question about life-time symptoms of anxiety. That is, whether people had felt overwhelming fear, tension, restlessness, or even trembling, where they avoided or ran away from situations that made them scared, anxious or even panic for a period of two weeks or more. The majority of people (54 or 75%) reported yes to such an experience. A higher proportion of females (84.2%) reported such feelings compared with males (64.7%) although this was not significant ($\chi^2[1, N=72] = 2.7, p>0.05$).

Screen positive participants were then asked to complete the State component of the State-Trait Anxiety inventory assessing each item in relation to the last 6 months. The range of scores was between 20 and 53 with a mean=33.7 SD=8.8. The assumption of homogeneity of variance was not violated. Females scored significantly higher on state anxiety measure compared with males ($t[52]=-2.28, p<0.05$). The results are summarised in Table 8.4.2.

In the literature a cut-off point of 39-40 is normally indicated for clinically significant symptoms of anxiety (Knight et al., 1983) however a recent study by Kvaal and colleagues reported a cut-off point of 54-55 as having the highest accuracy among older people (Kvaal et al., 2005). Using the general cut-point of 39-40, 33% of the sample met criteria for anxiety while no-one met the criteria outlined by Kvaal (2005). Using the general cut-off, a significantly higher proportion of women (43%) met the general criteria for anxiety disorder compared with men (18.2%) ($\chi^2[1, N=54]=3.84, p<0.05$).

With respect to those who endorsed having a previous episode of anxiety in their life, 22% reported receiving medication for this condition, 11% sought professional assistance from a psychiatrist/psychologist and 7% required hospital care (refer to Table 8.4.2).
Table 8.4.2 Scores on the Spielberger State-Trait Anxiety Inventory by gender

<table>
<thead>
<tr>
<th>Trait Anxiety</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male N=34</td>
<td>36.7</td>
<td>6.98</td>
<td>Female N=38</td>
<td>40.24</td>
<td>6.82</td>
<td>38.57</td>
<td>7.1</td>
</tr>
<tr>
<td>Total N=72</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scores

<table>
<thead>
<tr>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>χ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score 20-30</td>
<td>7</td>
<td>20.6</td>
<td>6</td>
<td>15.8</td>
<td>13</td>
<td>18.1</td>
</tr>
<tr>
<td>Score 31-40</td>
<td>17</td>
<td>50</td>
<td>12</td>
<td>31.6</td>
<td>29</td>
<td>40.3</td>
</tr>
<tr>
<td>Score 41-50</td>
<td>8</td>
<td>23.5</td>
<td>19</td>
<td>50</td>
<td>27</td>
<td>37.5</td>
</tr>
<tr>
<td>Score 51-80</td>
<td>2</td>
<td>5.9</td>
<td>1</td>
<td>2.6</td>
<td>3</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Males N=22  | Females N=32  | Total N=54

<table>
<thead>
<tr>
<th>State Anxiety</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males N=22</td>
<td>30.55</td>
<td>7.9</td>
<td>Females N=32</td>
<td>35.9</td>
<td>8.8</td>
<td>33.7</td>
<td>8.8</td>
</tr>
<tr>
<td>Total N=54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Impact of illness Scale (IIS)

<table>
<thead>
<tr>
<th>Scores</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>χ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score 20-30</td>
<td>12</td>
<td>22.2</td>
<td>7</td>
<td>13</td>
<td>19</td>
<td>35.2</td>
<td>χ² (3)=7.15 n/s</td>
</tr>
<tr>
<td>Score 31-40</td>
<td>8</td>
<td>14.8</td>
<td>16</td>
<td>29.6</td>
<td>24</td>
<td>44.4</td>
<td></td>
</tr>
<tr>
<td>Score 41-50</td>
<td>2</td>
<td>3.7</td>
<td>7</td>
<td>13</td>
<td>9</td>
<td>16.7</td>
<td></td>
</tr>
<tr>
<td>Score 51-80</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3.7</td>
<td>2</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>3</td>
<td>13.6</td>
<td>9</td>
<td>28.1</td>
<td>12</td>
<td>22.2</td>
<td>χ² (1)=0.86n/s</td>
</tr>
<tr>
<td>Hospitalisation</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>12.5</td>
<td>4</td>
<td>7.4</td>
<td>χ² (1)=1.43 n/s</td>
</tr>
<tr>
<td>Professional treatment</td>
<td>2</td>
<td>9.1</td>
<td>4</td>
<td>12.5</td>
<td>6</td>
<td>11.1</td>
<td>χ² (1)=0.00 n/s</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

Participants were asked how old they were when the first time, the worst time and the last time they had such feelings. The majority of the sample experienced the first time during childhood and adolescence, the worst time was as a young adult while the last time was experienced in adulthood (41%) and in older age (13%) (refer to Table 8.4.3). The assumption of homogeneity of variance was violated so degrees of freedom were reduced. There was no significant difference between males and females on the age of the first time (t [38]=0.83, p>0.01) nor worst time (t [46]=1.1, p>0.05). The assumption of homogeneity of variance was not violated. There was no significant difference in age between males and females on the last time (t [52]=0.465, p>0.05).
Paired t-tests were used to determine whether there were significant differences between the ages at the first, worst and last time. The difference between means at first time compared with last time was significant ($t_{[53]}=6.247$, $p<0.00$). The difference between first and worst time was also significant ($t_{[53]}=3.744$, $p<0.00$). There was a significant difference between worst and last time ($t_{[53]}=4.96$, $p<0.00$).

In sum among people who responded affirmative to the screening question, the majority of people experienced an anxiety episode in childhood and adolescence that coincided with the war years. Over half experienced the last episode in late adult life and only a small proportion reported an episode in older age (see Table 8.4.3).

Table 8.4.3 Life-time: Episodes of feeling anxiety, fear, panic.

<table>
<thead>
<tr>
<th>Age group</th>
<th>First</th>
<th>Worst</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td>19.4</td>
<td>11.7</td>
<td>25.2</td>
</tr>
<tr>
<td>Childhood (0-12 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>7</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescence (13-18 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>26</td>
<td>48</td>
<td>10</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early adult (19-35 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>16</td>
<td>30</td>
<td>27</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult (36-64 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>4</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior (65+ years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

8.4.3 Depression

With respect to depression people were asked a screening question to which 34 people (47%) reported that they had a period of two weeks or longer during their life-time of feeling sad, empty and depressed when nearly every day they cried, lost interest in things that they usually enjoyed during their life-time. A significantly higher proportion of women (71.1%) answered yes to this question compared with men (20.6%) ($\chi^2 [1, N=72]=16.37$, $p<0.00$). Only those who answered in the affirmative were asked to complete the Beck Depression Inventory (BDI) about depressive feelings in the past 6 months. The scores fell from 0 to 25 (mean=6.3, SD=5.4). Men scored slightly higher compared with women although this difference was not significant. A small number of people scored in the moderate range with a higher proportion (11.8%) scoring in the mild range. The cut-off scores for the BDI cited in
Table 8.4.4 were derived from Polish norms (Jucha, 1973) cited in (Jancz, 2000). In sum, the rate of recent depression was low.

Table 8.4.4 Scores on the Beck Depression Inventory (BDI) by gender

<table>
<thead>
<tr>
<th>Morbidity measure</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>BDI Score</td>
<td>8.14</td>
<td>8.64</td>
<td>5.2</td>
</tr>
<tr>
<td></td>
<td>t (32)=0.764 n/s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IIS</td>
<td>9.4</td>
<td>5.9</td>
<td>7.11</td>
</tr>
<tr>
<td></td>
<td>t (32)=0.88 n/s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal range (0-10)</td>
<td>5</td>
<td>71.4</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>χ² (2)=4.1 n/s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild (11-18)</td>
<td>1</td>
<td>14.3</td>
<td>3</td>
</tr>
<tr>
<td>Moderate (19-25)</td>
<td>1</td>
<td>14.3</td>
<td>0</td>
</tr>
<tr>
<td>Severe (over 25)</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Medication</td>
<td>3</td>
<td>42.9</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>χ² (1)=0.00 n/s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalised</td>
<td>1</td>
<td>14.3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>χ² (1)=0.00 n/s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional treatment</td>
<td>1</td>
<td>14.3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>χ² (1)=0.00 n/s</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

Among those who reported a life-time episode of depression, 41% received medication, 18% received professional assistance from a psychiatrist or psychologist and 12% received hospital care (refer to Table 8.4.4).

With respect to the Impact of Illness Scale (IIS) those with life-time depression symptoms reported a greater impact of illness (mean= 7.59, SD=6.2) compared with life-time anxiety (5.39, SD=5.7). For comparison, a community sample of Turkish migrants with some form of self-reported illness reported a similar impact of illness (mean=7.96, SD=6.36) (Klimidis et al., 2001). The assumption of homogeneity of variance was not violated. There was no significant difference between males and females for the first time (t [32]=1.152, p>0.05). There was no significant difference for the worst between males and females (t [32]=1.095, p>0.05). There was no significant difference for the last time between males and females (t [32]=0.977, p>0.01).

Paired t-tests were used to determine whether there were significant differences between the ages at the first, worst and last time. The difference between means at
first time compared with last time was significant ($t_{[33]}=4.95, p<0.00$). The difference between first and worst time was also significant ($t_{[33]}=3.140, p<0.00$). There was a significant difference between worst and last time ($t_{[33]}=4.176, p<0.01$).

Study participants experienced their first episode of depression at an older age compared with the first episode of anxiety. The experience of depression may be related to post-war life events as the worst and last time occurred in late adulthood or older age. A significant proportion of those with life-time depression reported the last episode occurring in older age (refer to Table 8.4.5).

Table 8.4.5 Age when experienced first, worst and last time of depression

<table>
<thead>
<tr>
<th>Age group</th>
<th>First time</th>
<th>Worst time</th>
<th>Last time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Average age</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>41.8</td>
<td>21.7</td>
<td>47.3</td>
<td>21.2</td>
</tr>
<tr>
<td>Age group</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Childhood (0-12 years)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adolescence (13-18 years)</td>
<td>5</td>
<td>14.7</td>
<td>2</td>
</tr>
<tr>
<td>Early adult (19-35 years)</td>
<td>11</td>
<td>32.4</td>
<td>9</td>
</tr>
<tr>
<td>Adult (36-64 years)</td>
<td>12</td>
<td>35.3</td>
<td>14</td>
</tr>
<tr>
<td>Senior (65+ years)</td>
<td>6</td>
<td>17.6</td>
<td>9</td>
</tr>
</tbody>
</table>

In terms of life-time co-morbidity 29 (40.3%) people experienced both anxiety and depression, while five (7%) had only depression and 25 (35%) had only anxiety. Thirteen people (18%) had neither life-time anxiety or depression.
8.4.4 Alcohol use

A total of 22 people (30.6%) did not drink alcohol. Among them, a somewhat higher proportion of women (42%) compared with men (17.6%) did not drink alcohol. A higher proportion of males drank 2-3 times per week compared with women as indicated in Table 8.4.6.

Table 8.4.6 Frequency of current alcohol consumption by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>6</td>
<td>16</td>
<td>22</td>
<td>(\chi^2 (4)=6.16) n/s</td>
</tr>
<tr>
<td>Monthly or less</td>
<td>16</td>
<td>15</td>
<td>31</td>
<td>43.1</td>
</tr>
<tr>
<td>2-4 times per month</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>11.1</td>
</tr>
<tr>
<td>2-3 times per week</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>9.7</td>
</tr>
<tr>
<td>4 or more times per week</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>5.6</td>
</tr>
</tbody>
</table>

n/s=non significant, \(*p<0.05\), **\(p<0.00\)

People who drank alcohol were asked if they ever drank six or more glasses of alcohol on one occasion. Of those who did, a significantly higher proportion of men (47.1%) drank six or more glasses of alcohol in one sitting compared with women (2.6%) \(\chi^2 [1, N=72]=17.25, p<0.00\).

Table 8.4.7 Frequency of drinking six glasses or more glasses of alcohol on one occasion by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=16</th>
<th>Females N=1</th>
<th>Total N=17</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>18</td>
<td>37</td>
<td>55</td>
<td>76.4</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>15.0</td>
</tr>
<tr>
<td>Once per month</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td>Once per week</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2.8</td>
</tr>
</tbody>
</table>

n/s=non significant, \(*p<0.05\), **\(p<0.00\)

Of the men who drank six or more glasses, 32.4% drank this amount less than once a month, 8.8% drank once a month and 5.9% drank once per week. One man (6.3%) reported physical injury as a result of drinking, 18.8% reported having
headaches, sweating and shaking, and 12.5% emotional problems as a result of drinking. People who drank alcohol were more likely to drink spirits than beer or wine. About one third of the sample drank 5-6 standard drinks of spirits and 23% drank ten or more.

Table 8.4.8 Among those who drank six or more glasses of alcohol quantities of alcohol consumed when drinking

<table>
<thead>
<tr>
<th>Glasses</th>
<th>Spirits</th>
<th>Beer</th>
<th>Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=17</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>17.6</td>
<td>9</td>
</tr>
<tr>
<td>1-2</td>
<td>1</td>
<td>5.9</td>
<td>5</td>
</tr>
<tr>
<td>3-4</td>
<td>2</td>
<td>11.8</td>
<td>0</td>
</tr>
<tr>
<td>5-6</td>
<td>6</td>
<td>35.3</td>
<td>2</td>
</tr>
<tr>
<td>7-9</td>
<td>1</td>
<td>5.9</td>
<td>0</td>
</tr>
<tr>
<td>10 or more</td>
<td>4</td>
<td>23.5</td>
<td>1</td>
</tr>
</tbody>
</table>

Study participants experienced their first time of drinking alcohol at a young age (average 17 years). The highest proportion of participants experienced their heaviest drinking aged between 19-35 years (coinciding with the war years and half are still drinking in older age (refer to Table 8.4.9).

Table 8.4.9 Age at first time, heaviest time and last time drinking alcohol

<table>
<thead>
<tr>
<th>N=17</th>
<th>First time</th>
<th>Heaviest time</th>
<th>Last time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Average age in years</td>
<td>17.35</td>
<td>2.76</td>
<td>31.33</td>
</tr>
<tr>
<td>Age group</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Childhood (0-12 years)</td>
<td>1</td>
<td>5.9</td>
<td>0</td>
</tr>
<tr>
<td>Adolescence (13-18 years)</td>
<td>12</td>
<td>70.6</td>
<td>2</td>
</tr>
<tr>
<td>Early adult (19-35 years)</td>
<td>4</td>
<td>23.5</td>
<td>9</td>
</tr>
<tr>
<td>Adult (36-64 years)</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Senior (65+ years)</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
8.4.5 Post traumatic stress disorder

Given the traumatic events that people endured, their negative feelings and beliefs about these events, this next section will describe the number of people who experienced PTSD symptoms including the frequency and intensity of the symptoms. Gender differences are examined in relation to symptoms of re-experiencing, avoidance and arousal. All study participants were administered a modified version of the CAPS and were asked about the symptoms in relation to the worst event or most frightening event they experienced during the war.

As evident from before, all people experienced an event that met criterion A part I, that is, the person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of the person and others. In terms of fear, helplessness or horror, of the sample, 67 people (93%) met part II of criterion A ‘ the person’s response to the event was intense fear, helplessness or horror’.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Total</th>
<th></th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>$\chi^2$ (df)</td>
</tr>
<tr>
<td>Re-experience</td>
<td>9</td>
<td>26.5</td>
<td>22</td>
<td>57.9</td>
<td>31</td>
<td>43</td>
<td>$\chi^2$ (1)=6.00**</td>
</tr>
<tr>
<td>Avoidance</td>
<td>2</td>
<td>5.9</td>
<td>5</td>
<td>13.2</td>
<td>7</td>
<td>9.7</td>
<td>$\chi^2$ (1)=0.412 n/s</td>
</tr>
<tr>
<td>Increased arousal</td>
<td>3</td>
<td>8.8</td>
<td>12</td>
<td>31.6</td>
<td>15</td>
<td>20.8</td>
<td>$\chi^2$ (1)=4.34*</td>
</tr>
<tr>
<td>Met criteria for PTSD</td>
<td>1</td>
<td>2.9</td>
<td>4</td>
<td>10.5</td>
<td>5</td>
<td>6.9</td>
<td>$\chi^2$ (1)=0.64 n/s</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

In terms of meeting lifetime criterion B, that is, re-experiencing symptoms 43% of participants met this criterion with a significantly higher proportion of women having these symptoms. For criterion C, avoidance, a much smaller proportion of people met this with only 9.7% and there were no gender difference. In relation to criterion D, arousal, 20.8% met this with a higher proportion for women (See Table 8.4.10). In the last six months, a much smaller proportion met criterion B (20.8%), C (4.2%) and D (8.3%) as illustrated in Table 8.4.11. There were no gender differences between males and females.
Table 8.4.11 PTSD current (past six months) criteria according to DSM-IV by gender

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>Re-experience</td>
<td>4</td>
<td>11.8</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Avoidance</td>
<td>1</td>
<td>2.9</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Increased arousal</td>
<td>4</td>
<td>11.8</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Met criteria for PTSD</td>
<td>1</td>
<td>2.9</td>
<td>1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

In terms of meeting all criteria for PTSD based on the DSM-IV, one male and one female (3%) met criteria for present PTSD during the past six months, while five people (four females and one male) (7%) met criteria for lifetime (see Table 8.4.10-8.4.11).

8.4.6 Impact of illness

People who met life-time criteria for PTSD had the highest IIS scores, (mean=10.2, SD=3.7) (see Table 8.4.12). Those who did not meet criteria for PTSD scored a mean of 1.89 (SD=4.2). The two cases that met criteria for PTSD in the last six months had a mean impact of illness score of 9.5 (SD=2.12). The assumption of homogeneity of variance was not violated. There was no significant difference between males and females on the IIS (t [49]=0.421, p>0.05).

Table 8.4.12 Impact of illness Scale Scores and PTSD symptoms

<table>
<thead>
<tr>
<th>Life-time</th>
<th>Met criterion B N=31</th>
<th>Met criterion C N=7</th>
<th>Met criterion D N=15</th>
<th>Met lifetime PTSD N=7</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIS</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>3.97 (5.5)</td>
<td>7.6 (5.4)</td>
<td>7.7 (5.6)</td>
<td>10.2 (3.7)</td>
<td></td>
</tr>
<tr>
<td>Past six months</td>
<td>Met criterion B N=15</td>
<td>Met criterion C N=3</td>
<td>Met criterion D N=6</td>
<td>Met lifetime PTSD N=5</td>
</tr>
<tr>
<td>IIS</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>4.53 (5.37)</td>
<td>6.33 (5.69)</td>
<td>8.50 (6.02)</td>
<td>9.5 (2.1)</td>
<td></td>
</tr>
</tbody>
</table>
From Table 8.4.12 it is apparent that meeting criterion for C (avoidance) and D (increased arousal) has a higher impact on everyday functioning compared with meeting criterion B (re-experiencing).

The distribution of individual symptoms (life-time and past six months) and the proportion of males and females that met each symptom criterion (B, C and D) are displayed in Tables 8.4.13-8.4.17.
Table 8.4.13 Criterion B, life-time re-experiencing symptoms by gender

<table>
<thead>
<tr>
<th>Re-experiencing</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Upsetting memories – present</td>
<td>15</td>
<td>44.1</td>
<td>26</td>
<td>68.4</td>
<td>41</td>
<td>56.9</td>
</tr>
<tr>
<td>#</td>
<td>7</td>
<td>20.6</td>
<td>16</td>
<td>42.1</td>
<td>23</td>
<td>31.9</td>
</tr>
<tr>
<td>Unpleasant dreams – present</td>
<td>10</td>
<td>29.4</td>
<td>22</td>
<td>57.9</td>
<td>32</td>
<td>44.4</td>
</tr>
<tr>
<td>#</td>
<td>4</td>
<td>11.8</td>
<td>11</td>
<td>28.9</td>
<td>15</td>
<td>20.8</td>
</tr>
<tr>
<td>Felt as if happen again present</td>
<td>5</td>
<td>14.7</td>
<td>9</td>
<td>23.7</td>
<td>14</td>
<td>19.4</td>
</tr>
<tr>
<td>#</td>
<td>4</td>
<td>11.8</td>
<td>4</td>
<td>10.5</td>
<td>8</td>
<td>11.1</td>
</tr>
<tr>
<td>Things that remind upset a great deal</td>
<td>7</td>
<td>20.6</td>
<td>21</td>
<td>55.3</td>
<td>28</td>
<td>38.9</td>
</tr>
<tr>
<td>#</td>
<td>4</td>
<td>11.8</td>
<td>12</td>
<td>31.6</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Reminder causing sweat, increase heart beat</td>
<td>5</td>
<td>14.7</td>
<td>5</td>
<td>13.2</td>
<td>10</td>
<td>13.9</td>
</tr>
<tr>
<td>#</td>
<td>4</td>
<td>11.8</td>
<td>5</td>
<td>7.9</td>
<td>7</td>
<td>9.7</td>
</tr>
<tr>
<td>Met criteria for re-experiencing (i.e. at least one of the above symptoms &amp; frequency=1+ intensity=2)</td>
<td>9</td>
<td>26.5</td>
<td>22</td>
<td>57.9</td>
<td>31</td>
<td>43.1</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00. # met DSM-IV PTSD criteria
Table 8.4.14 Criterion C life-time, avoidance symptoms by gender

<table>
<thead>
<tr>
<th>Avoidance</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Avoid thinking about present</td>
<td>15</td>
<td>44.1</td>
<td>16</td>
</tr>
<tr>
<td>#</td>
<td>5</td>
<td>14.7</td>
<td>7</td>
</tr>
<tr>
<td>Avoid Activities –present</td>
<td>6</td>
<td>17.6</td>
<td>16</td>
</tr>
<tr>
<td>#</td>
<td>1</td>
<td>2.9</td>
<td>8</td>
</tr>
<tr>
<td>Can’t remember something</td>
<td>1</td>
<td>2.9</td>
<td>6</td>
</tr>
<tr>
<td>Important –present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Lost Interest in things enjoyed</td>
<td>1</td>
<td>2.9</td>
<td>3</td>
</tr>
<tr>
<td>before-present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
</tr>
<tr>
<td>Emotionally cut off –present</td>
<td>3</td>
<td>8.8</td>
<td>9</td>
</tr>
<tr>
<td>#</td>
<td>1</td>
<td>2.9</td>
<td>5</td>
</tr>
<tr>
<td>Unable to express feeling- present</td>
<td>3</td>
<td>8.8</td>
<td>8</td>
</tr>
<tr>
<td>#</td>
<td>1</td>
<td>2.9</td>
<td>3</td>
</tr>
<tr>
<td>No promising future-present</td>
<td>4</td>
<td>11.8</td>
<td>7</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>5</td>
</tr>
<tr>
<td>Met criteria (i.e. at least three of the above symptoms &amp; frequency=1+ intensity=2)</td>
<td>2</td>
<td>5.9</td>
<td>5</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00, # met DSM-IV PTSD criteria
Table 8.4.15 Criterion D life-time, hyper-arousal symptoms, by gender

<table>
<thead>
<tr>
<th>Increased arousal</th>
<th>Male</th>
<th>Female</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Difficulty falling asleep</td>
<td>9</td>
<td>26.5</td>
<td>11</td>
</tr>
<tr>
<td>#</td>
<td>6</td>
<td>17.6</td>
<td>9</td>
</tr>
<tr>
<td>Gotten irritated</td>
<td>2</td>
<td>5.9</td>
<td>8</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>6</td>
</tr>
<tr>
<td>Troubles concentrating</td>
<td>1</td>
<td>2.9</td>
<td>8</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
</tr>
<tr>
<td>Overly alert, super sensitive</td>
<td>7</td>
<td>20.6</td>
<td>17</td>
</tr>
<tr>
<td>#</td>
<td>1</td>
<td>2.9</td>
<td>11</td>
</tr>
<tr>
<td>Startled unexpected noise</td>
<td>7</td>
<td>20.6</td>
<td>9</td>
</tr>
<tr>
<td>#</td>
<td>2</td>
<td>5.9</td>
<td>4</td>
</tr>
<tr>
<td>Met criteria (i.e. at least two of the</td>
<td>3</td>
<td>8.8</td>
<td>12</td>
</tr>
<tr>
<td>above symptoms &amp; frequency=1 +</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>intensity=2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00, # met DSM-IV PTSD criteria
Table 8.4.15 Criterion B past six months, re-experiencing symptoms by gender

<table>
<thead>
<tr>
<th>Re-experiencing</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Upsetting memories</td>
<td>8</td>
<td>23.5</td>
<td>14</td>
</tr>
<tr>
<td>#</td>
<td>4</td>
<td>11.8</td>
<td>8</td>
</tr>
<tr>
<td>Unpleasant dreams</td>
<td>4</td>
<td>11.8</td>
<td>8</td>
</tr>
<tr>
<td>#</td>
<td>3</td>
<td>8.8</td>
<td>6</td>
</tr>
<tr>
<td>As if happen again</td>
<td>3</td>
<td>8.8</td>
<td>4</td>
</tr>
<tr>
<td>#</td>
<td>3</td>
<td>8.8</td>
<td>1</td>
</tr>
<tr>
<td>Things that remind upset a great deal</td>
<td>5</td>
<td>14.7</td>
<td>7</td>
</tr>
<tr>
<td>#</td>
<td>3</td>
<td>8.8</td>
<td>3</td>
</tr>
<tr>
<td>Reminder causing sweat, increase heart beat</td>
<td>3</td>
<td>8.8</td>
<td>1</td>
</tr>
<tr>
<td>#</td>
<td>3</td>
<td>8.8</td>
<td>0</td>
</tr>
<tr>
<td>Met criteria (i.e. at least one of the above symptoms &amp; frequency=1+ intensity=2)</td>
<td>4</td>
<td>5.6</td>
<td>11</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00, # met DSM-IV PTSD criteria
Table 8.4.16 Criterion C past six months, avoidance symptoms by gender

<table>
<thead>
<tr>
<th>Avoidance</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Avoid thinking about</td>
<td>10</td>
<td>29.4</td>
<td>9</td>
<td>23.7</td>
<td>19</td>
<td>26.4</td>
</tr>
<tr>
<td>#</td>
<td>3</td>
<td>8.8</td>
<td>3</td>
<td>7.9</td>
<td>6</td>
<td>8.3</td>
</tr>
<tr>
<td>Avoid Activities</td>
<td>4</td>
<td>11.8</td>
<td>8</td>
<td>21.1</td>
<td>12</td>
<td>16.7</td>
</tr>
<tr>
<td>#</td>
<td>1</td>
<td>2.9</td>
<td>3</td>
<td>7.9</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td>Can’t remember something Important</td>
<td>1</td>
<td>2.9</td>
<td>4</td>
<td>10.5</td>
<td>5</td>
<td>6.9</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Lost Interest in things enjoyed before</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>2.6</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emotionally cut off</td>
<td>0</td>
<td>0.0</td>
<td>4</td>
<td>10.5</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>5.3</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Unable to express feeling</td>
<td>1</td>
<td>2.9</td>
<td>4</td>
<td>10.5</td>
<td>5</td>
<td>6.9</td>
</tr>
<tr>
<td>#</td>
<td>1</td>
<td>2.9</td>
<td>1</td>
<td>2.6</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>No promising future</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>5.3</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Met criteria (i.e. at least three of the above symptoms frequency=1+ intensity=2)</td>
<td>1</td>
<td>2.9</td>
<td>2</td>
<td>5.3</td>
<td>3</td>
<td>4.2</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00, # met DSM-IV PTSD criteria
Table 8.4.17 Criterion D past six months, hyper-arousal symptoms by gender

<table>
<thead>
<tr>
<th>Increased arousal</th>
<th>Male</th>
<th>Female</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Difficulty falling asleep</td>
<td>5</td>
<td>14.7</td>
<td>6</td>
</tr>
<tr>
<td>#</td>
<td>4</td>
<td>11.8</td>
<td>4</td>
</tr>
<tr>
<td>Gotten irritated</td>
<td>1</td>
<td>2.9</td>
<td>2</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Troubles concentrating</td>
<td>1</td>
<td>2.9</td>
<td>3</td>
</tr>
<tr>
<td>#</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overly alert, super sensitive</td>
<td>5</td>
<td>14.7</td>
<td>4</td>
</tr>
<tr>
<td>#</td>
<td>1</td>
<td>2.9</td>
<td>1</td>
</tr>
<tr>
<td>Startled unexpected noise</td>
<td>4</td>
<td>11.8</td>
<td>4</td>
</tr>
<tr>
<td>#</td>
<td>2</td>
<td>5.9</td>
<td>0</td>
</tr>
<tr>
<td>Met criteria (i.e. at least two of the above symptoms + intensity=2 &amp; frequency=1)</td>
<td>4</td>
<td>11.8</td>
<td>2</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00, # met DSM-IV PTSD criteria
8.4.7 Scores on the PTSD CAPS

As described in Chapter Seven, the CAPS takes into account the frequency and intensity of individual symptoms and sums them in order to arrive at overall score. Life-time and current (preceding six months) scores were calculated. Scores for life-time PTSD CAPS ranged from 0 to 67 (mean=15.8, SD=2.15). In comparing gender, the distribution of scores on the CAPS was examined for skewness and kurtosis. An independent t-test was performed on the transformed data. The assumption of homogeneity of variance was not violated. Women scored significantly higher compared with men (t [70]=2.62, p<0.01).

The scores for current PTSD CAPS ranged from 0 to 60 (mean=6.6, SD=1.3). The distribution of scores on the CAPS present-time was examined for skewness and kurtosis. An independent t-test was performed on the transformed data. The assumption of homogeneity of variance was not violated. There was no significant difference between males and females (t [70]=1.405, p>0.05).

According to Weathers and colleagues (1999), a score on the CAPS of 65 or more was optimal for predicting a diagnosis of PTSD. However, a more lenient score of 45 or more was derived empirically from a population of sexually abused women (Weathers et al., 1999). According to the stringent rule, no-one in this sample scored 65 or more in the last six months and one person (female) scored 65 or more in her life-time. Adopting the lenient rule of a score of 45 or more, indicated only one person (male) scoring above the cut-off for current PTSD and eight people (two males and six females) above the cut-off in their life-time.

An independent t-test revealed no significant difference between males and females for the first time experiencing PTSD symptoms (t [29]=0.365, p>0.05), nor for the ‘worst time’ (t [26]=0.195, p>0.05) or for the last time (t [40]=0.823, p>0.01).

Paired t-tests were used to determine whether there were significant differences between the ages at the first, worst and last time. The difference between means at first time compared with last time was significant (t [30]=28.41, p<0.00). The difference between first and worst time was also significant (t [26]=3.2, p<0.00). There was a significant difference between worst and last time (t [27]=25.1, p<0.00).
The pattern emerging from the data indicates that the first and worst time people experienced Life-time PTSD symptoms coincided with the war years as most were children, adolescents and young adults (see Table 8.4.18). Furthermore, only one person reported symptoms for the first time in older age. However, 83% of those with life-time PTSD symptoms reported the last time that experienced these symptoms was in older age indicating that symptoms may have been long lasting or have recurred during their later years.

### Table 8.4.18 Age at first time, worst time and last time for PTSD symptoms

<table>
<thead>
<tr>
<th></th>
<th>First time</th>
<th>Worst time</th>
<th>Last time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=31</td>
<td>N=28</td>
<td>N=42</td>
</tr>
<tr>
<td>Average age in years</td>
<td>Mean 20.84</td>
<td>Mean 20.1</td>
<td>Mean 70</td>
</tr>
<tr>
<td></td>
<td>SD 12.2</td>
<td>SD 7.0</td>
<td>SD 17.5</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood (0-12 years)</td>
<td>7 22.6</td>
<td>3 10.7</td>
<td>0 0</td>
</tr>
<tr>
<td>Adolescence (13-18 years)</td>
<td>7 22.6</td>
<td>9 32.1</td>
<td>1 2.4</td>
</tr>
<tr>
<td>Early adult (19-35 years)</td>
<td>16 51.6</td>
<td>12 42.9</td>
<td>3 7.1</td>
</tr>
<tr>
<td>Adult (36-64 years)</td>
<td>0 0</td>
<td>1 3.6</td>
<td>3 7.1</td>
</tr>
<tr>
<td>Senior (65+ years)</td>
<td>1 3.2</td>
<td>3 10.7</td>
<td>35 83.3</td>
</tr>
</tbody>
</table>

8.4.8 Trajectory of psychological distress

The following graphs (Figures 8.1-8.3) illustrate the age people experienced various episodes of psychological distress during their lifetime. This analysis re-structures the findings to clarify the timing of morbidity against the period of life involving pre-war, post-war and resettlement as opposed to the age-based analysis presented earlier. That is, study participants were asked when the first time, the worst time and last time they had an episode of feeling symptoms associated with anxiety, depression, PTSD and alcohol use (six glasses or more on one occasion). In order to assess whether these time frames coincided with the war years or post war years four categories were created based on how long ago the episodes occurred. If an episode occurred between 65-55 years ago this was coded as war-years; if it happened 66 or more years ago it was pre-war; if it happened 54-26 years ago it was defined as post-war; and, in the last 25 years recent times.
Figure 8.1 indicated that a significantly higher proportion of people had their first episode of anxiety and alcohol use during the war years. The highest proportion of people experiencing PTSD was also during the war and post war years. The proportion of people experiencing depressive symptoms for the first time was in the post war years and in recent years. One person experienced PTSD symptoms in their senior years.

Figure 8.2 illustrates the time periods when people experienced their worst time of psychological symptoms. The peak period for the majority of those experiencing symptoms of anxiety, PTSD and alcohol use was more prevalent during the war years. For depressive symptoms the worst time was in recent years. With regard to the last time, a higher proportion of people felt anxiety for the last time was during the war years and the highest proportion of people who felt depressive symptoms or PTSD symptoms was in recent times (see Figure 8.3).
Figure 7.1 Proportion of people who experienced psychological symptoms for the first time

Figure 7.2 Proportion of people who experienced psychological symptoms - the worst time

Figure 7.3 Proportion of people who experienced psychological symptoms for the last time
8.4.9 Current Quality of life

The previous section described the life-time and current psychological morbidity of people who had experienced traumatic events. This section describes the positive outcomes associated with experiencing trauma and will also describe the coping strategies people employed at the time of the trauma. The WHO-QOL was used as an outcome measure to assess people's current satisfaction with their life across four domains: physical, psychological, social and environment domains.

Study participants were asked how they would rate their current overall quality of life. The majority (58%) rated their quality of life as either 'good' and 31% as very good. Only 8% rated it as 'neither poor nor good' and no-one rated it as 'poor'. There was no gender difference ($\chi^2 [1, N=72]=0.84, p>0.05$). Women scored significantly lower on the psychological health and social relations domains compared with men (see Table 8.4.19).

Table 8.4.19 Quality of life Scores on the Four Domains by gender

<table>
<thead>
<tr>
<th>Domains</th>
<th>Males N=34</th>
<th>Females N=38</th>
<th>Total N=72</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Physical health</td>
<td>71.8</td>
<td>15.4</td>
<td>69.2</td>
<td>15.6</td>
</tr>
<tr>
<td>Psychological</td>
<td>71.57</td>
<td>13.2</td>
<td>65.13</td>
<td>13.82</td>
</tr>
<tr>
<td>Social Relations</td>
<td>80.5</td>
<td>11.59</td>
<td>74.67</td>
<td>11.8</td>
</tr>
<tr>
<td>Environment</td>
<td>78.9</td>
<td>12.7</td>
<td>74.7</td>
<td>12.3</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

The above domain scores were compared the population norms derived from a random telephone sample of Victorians aged over 60 years (Hawthorne et al., 2006). Polish males scored significantly higher on the Welshi Appropriate t test on the social relationship domain compared with Australian older males drawn from a community sample ($t [63] =5.44 p<0.01$) (see Table 8.4.20).
Table 8.4.20 Victorian Population quality of life Scores on the Four Domains by gender

<table>
<thead>
<tr>
<th>Domains</th>
<th>Males N=221</th>
<th>Females N=279</th>
<th>Total N=500</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Physical health</td>
<td>68.2</td>
<td>17.39</td>
<td>68.27</td>
<td>18.19</td>
</tr>
<tr>
<td>Psychological</td>
<td>69.21</td>
<td>14.06</td>
<td>68.41</td>
<td>12.91</td>
</tr>
<tr>
<td>Social Relations</td>
<td>67.68</td>
<td>18.8</td>
<td>72.5</td>
<td>17.08</td>
</tr>
<tr>
<td>Environment</td>
<td>75.08</td>
<td>12.07</td>
<td>74.79</td>
<td>12.6</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.00

8.4.10 Post-trauma growth (PTG)

In order to assess the positive outcomes reported by people who have experienced traumatic events the Posttraumatic Growth Inventory (PTG) was administered. Participants were asked about their war experiences and whether having survived such experiences this has had a positive impact on them to be described. The assumption of homogeneity of variance was not violated. There was no significant difference between males and females on PTG (t [66]=0.839, p>0.01).

There was no significant difference between genders on the domain scores based on the original solution of Tedeschi and Calhoun (1996) (Tedeschi & Calhoun, 1996) with the exception of appreciation for life, women scored significantly higher on this compared with men (t [54]=2.86, p<0.01) (see Table 8.4.21).

Table 8.4.21 Mean and Standard deviation scores on the five factors from the Post Traumatic Growth Inventory by gender

<table>
<thead>
<tr>
<th></th>
<th>Males N=32 Mean</th>
<th>SD</th>
<th>Females N=36 Mean</th>
<th>SD</th>
<th>Total N=68 Mean</th>
<th>SD</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relating to others</td>
<td>22.81</td>
<td>6.07</td>
<td>25.39</td>
<td>6.15</td>
<td>24.20</td>
<td>6.20</td>
<td>t (66)=1.73, ns</td>
</tr>
<tr>
<td>New possibilities</td>
<td>14.40</td>
<td>4.86</td>
<td>13.94</td>
<td>5.76</td>
<td>14.15</td>
<td>5.32</td>
<td>t (66)=0.05, ns</td>
</tr>
<tr>
<td>Personal strength</td>
<td>13.53</td>
<td>4.78</td>
<td>14.42</td>
<td>3.56</td>
<td>14.00</td>
<td>4.20</td>
<td>t (66)=0.89, ns</td>
</tr>
<tr>
<td>Spiritual</td>
<td>5.28</td>
<td>3.47</td>
<td>6.53</td>
<td>2.91</td>
<td>5.90</td>
<td>3.22</td>
<td>t (66)=1.55, ns</td>
</tr>
<tr>
<td>Appreciation of life</td>
<td>9.16</td>
<td>3.68</td>
<td>11.39</td>
<td>2.41</td>
<td>10.33</td>
<td>3.25</td>
<td>t (52)=2.92**</td>
</tr>
<tr>
<td>Total PTG</td>
<td>68.8</td>
<td>13.45</td>
<td>71.43</td>
<td>12.34</td>
<td>70.23</td>
<td>12.8</td>
<td>t (66)=0.84, ns</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.01
The overall score for PTG in this sample was $M=70.2$. This score is classified as an intermediate score and is comparable to findings from WWII bombing victims whose score was averaged at 69 (Tedeschi & Calhoun, 2004). It was lower compared with that reported among college students who scored an average of 83 (Tedeschi & Calhoun, 2004) and higher than in refugees and displaced people from Sarajevo who averaged 44 (Powell et al., 2003).

As will be recalled, according to the authors, the 21-item scale produced five factors: New Possibilities, Relating to others, Personal strength, Spiritual change and Appreciation of life (Tedeschi & Calhoun, 1996). The following factor solution (see Table 8.4.23) was obtained from the present sample, and was compared with the original solution obtained by Tedeschi and Calhoun (1996). Factors I-V are ordered as in Tedeschi and Calhoun’s original solution.
Table 8.4.22 Factor loadings for the Posttraumatic Growth Inventory for the present study

<table>
<thead>
<tr>
<th>PTGI item and factor</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
</tr>
</tbody>
</table>

**Factor 1: Relating to others**

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Knowing that I can count on people in times of trouble</td>
<td>-.094 .029 .759 -213 .053</td>
</tr>
<tr>
<td>8. A sense of closeness with others</td>
<td>.396 -.144 .536 -.088 -.118</td>
</tr>
<tr>
<td>9. A willingness to express my emotions</td>
<td>.039 -.050 .574 -.263 -.315</td>
</tr>
<tr>
<td>15. Having compassion for others</td>
<td>.599 -.009 .149 -.298 .129</td>
</tr>
<tr>
<td>16. Putting effort into my relationships</td>
<td>.328 -.049 .579 .195 -.284</td>
</tr>
<tr>
<td>20. I have learned a great deal about how wonderful people are.</td>
<td>.045 .177 .712 .095 .107</td>
</tr>
<tr>
<td>21. I accept the needs of others</td>
<td>.617 .176 .262 -.018 .401</td>
</tr>
</tbody>
</table>

**Factor II: New Possibilities**

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. I developed new interests</td>
<td>.151 .653 -.210 -.212 .044</td>
</tr>
<tr>
<td>7. I established a new path in life</td>
<td>-.071 .745 .237 -.013 -.008</td>
</tr>
<tr>
<td>11. I’m able to do better things with my life</td>
<td>.633 .155 -.078 .132 -.259</td>
</tr>
<tr>
<td>14. New opportunities are available which wouldn’t have been otherwise</td>
<td>-.137 .787 .058 .114 -.091</td>
</tr>
<tr>
<td>17. I’m more likely to try to change things that need changing</td>
<td>-.122 .132 -.009 -.071 .686</td>
</tr>
</tbody>
</table>

**Factor III: Personal strength**

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. A feeling of self-reliance</td>
<td>.415 .399 -.190 -.099 -.225</td>
</tr>
<tr>
<td>10. Knowing that I can handle difficulties</td>
<td>.554 .264 .190 .352 -.151</td>
</tr>
<tr>
<td>12. Being able to accept the way things work out</td>
<td>.731 -.119 .081 -.005 .021</td>
</tr>
<tr>
<td>19. I discovered that I’m stronger than I thought.</td>
<td>.789 -.068 -.026 -.186 -.070</td>
</tr>
</tbody>
</table>

**Factor IV Spiritual change**

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. A better understanding of spiritual matters</td>
<td>.441 .084 -.173 -.547 -.141</td>
</tr>
<tr>
<td>18. I have a stronger religious faith</td>
<td>.150 .062 .071 -.760 .036</td>
</tr>
</tbody>
</table>

**Factor V Appreciation of life**

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My priorities about what is important in life</td>
<td>-.119 .004 .222 .615 -.171</td>
</tr>
<tr>
<td>2. An appreciation for the value of my own life</td>
<td>-.038 .116 .047 -.260 .713</td>
</tr>
<tr>
<td>13. Appreciating each day</td>
<td>.303 -.076 .088 .181 .689</td>
</tr>
</tbody>
</table>

Note: Only item loadings greater than 0.4 are shown

Factor 1 ‘personal strength’ accounted for 27% of the variance, Factor 2 ‘new possibilities’ 9.9% of the variance, Factor 3 ‘relating to others’ 8.3%, Factor 4 ‘spiritual change’ 7.5%, Factor 5 ‘appreciation of life’ 6.7%.
The solution produced a similar factor structure as reported by (Tedeschi & Calhoun, 1996) however some items shifted into different factors. For example, spirituality loaded with an additional item ‘my priorities about what is important in life’. The strongest factor in the Polish sample was the factor ‘personal strength’. This factor also incorporated items such as ‘feeling compassion for others’, ‘accepting others needs’ and ‘being able to do better things with my life’. These items are not incongruent with the original concept of personal strength that included a sense of compassion for others and mastery over one’s life.

The assumption of homogeneity of variance was violated for the new scale ‘spiritual change’. As a solution, it was decided to perform the independent t-test with a more conservative alpha level of 0.01 (Coakes, 2005). There was a significant difference between males and females on the spiritual change (t [55]=2.73, p<0.01). There were no differences according to gender on the other scales (see Table 8.4.23).

Table 8.4.23 Mean and standard deviation scores on the Polish five factor solution from the Post Traumatic Growth Inventory by gender

<table>
<thead>
<tr>
<th></th>
<th>Males Mean</th>
<th>Males SD</th>
<th>Females Mean</th>
<th>Females SD</th>
<th>Total Mean</th>
<th>Total SD</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal strength</td>
<td>23.94</td>
<td>7.71</td>
<td>25.72</td>
<td>4.95</td>
<td>24.88</td>
<td>6.41</td>
<td>t (52)=1.12, ns</td>
</tr>
<tr>
<td>New possibilities</td>
<td>7.78</td>
<td>3.89</td>
<td>7.33</td>
<td>4.52</td>
<td>7.54</td>
<td>4.21</td>
<td>t (66)=0.44, ns</td>
</tr>
<tr>
<td>Relating to others</td>
<td>15.50</td>
<td>4.46</td>
<td>17.17</td>
<td>5.64</td>
<td>16.38</td>
<td>5.15</td>
<td>t (66)=1.36, ns</td>
</tr>
<tr>
<td>Spiritual change</td>
<td>7.34</td>
<td>4.53</td>
<td>9.97</td>
<td>3.22</td>
<td>8.74</td>
<td>4.08</td>
<td>t (55)=2.73 **</td>
</tr>
<tr>
<td>Appreciation for life</td>
<td>10.59</td>
<td>3.21</td>
<td>11.47</td>
<td>2.74</td>
<td>11.06</td>
<td>2.98</td>
<td>t (66)=1.22, ns</td>
</tr>
</tbody>
</table>

n/s=non significant, *p<0.05, **p<0.01
Summary

The overall emotional health can be summarised as follows. Three quarters of the sample reported a life-time episode of anxiety, fear or panic lasting two weeks or longer. Of these, 22% received medication as treatment. For current anxiety (in the six months leading up to the time of interview), using a stringent criterion no-one scored sufficiently high on the State-Anxiety Inventory to indicate ‘caseness’. If a more lenient rule was adopted than this rose to 33%. In terms of depression, 47% of study participants indicated a life-time episode of depression, of these 41% received medication. Currently one person scored in the moderate range of the BDI indicating depression. Among people who drank alcohol, only one person drank what may be considered harmful levels of alcohol. The questions about alcohol consumption were based on self-reported therefore one needs to be cautious in interpreting these results as people may tend to under-estimate or under-report their alcohol consumption and possible negative effects. With respect to PTSD according to DSM-IV criteria, 7% met life-time PTSD and 3% current PTSD criteria. Using the stringent CAPS scoring method only one person (1.4%) met criterion for life-time PTSD and no-one met current PTSD. Adopting a more lenient approach 11% met the life-time criterion for PTSD and 1.4% for current PTSD. In view of the chronic and acute episodes of stressful exposure, especially during the war period for the sample as a whole, rates of disorder appear to be unexpectedly low.

Women were more likely to have had a life-time episode of depression and to score higher on current anxiety compared with men. Men on the other hand were more likely to drink alcohol compared with women and were far more likely to have six or more glasses in one sitting compared with women. Life-time anxiety seemed to correspond to the war years. People who had an episode of depression in their life-time were more likely to have their first episode later in life, after the war. People who suffered from depression had higher scores on the impact of illness scale compared with those with anxiety although co-morbidity was common in the sample. A substantial proportion of people had experienced both life-time anxiety and depression. With respect to PTSD symptoms, women reported more re-experiencing and arousal symptoms compared with men. Women also scored higher of life time PTSD CAPS scores. Overall, a small proportion of people scored on the avoidance
criterion thus reducing the likelihood of meeting criteria for PTSD. The rates of PTSD were similar to some studies that reported low rates of PTSD some 60 years on after the traumatic events (Op den Velde et al., 2000) but discrepant with others (Joffe et al., 2003).

What is intriguing in the present results is the disconnection between the evident high rates of multiple traumatic exposures and subsequent resettlement difficulties and the relative low rates of any morbidity currently or in life-time. This leads naturally into the question of how such resilience to psychological damage may have emerged in this group.

Overall, Polish elderly were generally satisfied with their quality of life and had comparable scores on the four domains of the WHOQOL-Bref to older people in the Victorian community. As a group that had moderate PTG scores and the strongest factor was ‘personal strength’. The items that comprise the factor of ‘personal strength’ also resonated with the earlier scale ‘self-efficacy’ (see Section 8.2.5). The fact that positive emotions arose closely to the timing of the traumatic experiences may indicate that development of resilience may be linked to personal and perhaps social resources mounted to deal with the trauma during the war period. This issue will be re-examined through the analysis of the qualitative data later and in particular sections dealing with emergent survival mechanisms residing in personal, family and community domains.

Despite having endured significant losses pre-war, traumatic events during the war and stressful life events post war, not least migration and re-settlement, Polish elderly seem to have successfully adapted and did not seem to be suffering from long lasting psychological effects.

---

6 Point raised by anonymous reviewer.
8.5 Section Five: Testing the associations and relationships between independent and dependent variables

This section draws on the descriptions of the variables from the previous sections and based on the hypotheses described earlier in Chapter Six. Here I examine the following associations between the independent variables and dependent variables. The key variables selected for this analysis are in part based on the literature review and in part are exploratory based on the preliminary descriptive analysis.

The independent variables include:

- Individual characteristics (gender, age, years in Australia and Trait anxiety);
- Social networks and support (marital status, lone household, number of family and friends, presence and appraisal of physical and emotional support);
- Number of traumatic and stressful events (pre-war, war-time and post-war); and
- Main war-time experience (Forced Labour, Exiled to Soviet Union, Armed Forces, Concentration Camp Survivor and Civilian).

The dependent variables include:

- Emotional responses, beliefs (e.i., Sad & Afraid, Negative worldview) and strategies on how people dealt with the war-time traumatic event(s) (e.i., not talking trying to forget, talking about it with family and friends);
- Emotional health (life-time and current) presence of life-time anxiety, State-Anxiety scores, presence of life-time depression, BDI scores, Impact of illness Scale (depression and anxiety related), PTSD symptoms life-time and current scores and the Impact of illness Scale (PTSD related). Self-appraisal of emotional and physical health were also included as measures of psychological and physical health, respectively;
- Physical health was measured by the sum of physical health conditions; and
- Quality of life measures include the domain scores of the WHO-QOL-Bréf (physical, psychological, social and environment) and PTG.

These variables are depicted in Figure 8.5.1 and the associations to be tested will be between independent variables, traumatic and stressful events and emotional and physical health outcomes including quality of life and PTG. Pearson correlations were computed to assess the relationships between independent and dependent variables described above.
Figure 8.5.1 Associations to be tested between independent, traumatic and stressful events and emotional and physical health outcomes

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Variables relating to traumatic and stressful events</th>
<th>Dependent variables</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual characteristics:</strong></td>
<td></td>
<td><strong>Psychological distress</strong></td>
</tr>
<tr>
<td>Gender</td>
<td>Number of traumatic &amp; stressful events:</td>
<td>Depression: yes/no lifetime</td>
</tr>
<tr>
<td>Current age</td>
<td>Pre-war, War-time, and Post war</td>
<td>Current BDI score</td>
</tr>
<tr>
<td>Trait-Anxiety</td>
<td>Main war-time event:</td>
<td>Anxiety: yes/no lifetime</td>
</tr>
<tr>
<td></td>
<td>Forced Labour, Exiled to Soviet Union</td>
<td>Current State-Anxiety score</td>
</tr>
<tr>
<td><strong>Migration:</strong></td>
<td></td>
<td>Alcohol use: yes/no</td>
</tr>
<tr>
<td>Years in Australia</td>
<td></td>
<td>PTSD</td>
</tr>
<tr>
<td></td>
<td>Meet criteria lifetime</td>
<td>Meet criteria present time</td>
</tr>
<tr>
<td><strong>Social network and social support now:</strong></td>
<td></td>
<td>Number and severity of symptoms</td>
</tr>
<tr>
<td>Marital status</td>
<td>Affect and Beliefs related to the war-time traumatic event(s)</td>
<td>Impact of illness</td>
</tr>
<tr>
<td>Lone household</td>
<td></td>
<td>Appraisal of psychological health</td>
</tr>
<tr>
<td>Number of family/friends</td>
<td></td>
<td><strong>Physical illness</strong></td>
</tr>
<tr>
<td>Presence of emotional and physical support</td>
<td>Coping strategy related to the traumatic event</td>
<td>Number of complaints</td>
</tr>
<tr>
<td>Appraisal of emotional and physical support</td>
<td></td>
<td>Appraisal of health</td>
</tr>
<tr>
<td><strong>Post Trauma Growth</strong></td>
<td></td>
<td><strong>Current Quality of life scores:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychological domain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social domain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical domain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment domain</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Post Trauma Growth</strong></td>
</tr>
</tbody>
</table>
8.5.1 Association between individual characteristics and emotional and physical health

This section examines the association between individual characteristics and emotional and physical health. The following hypothesis will be examined:

8.5.1 There is no a relationship between individual characteristics and emotional and physical health.

This hypothesis was not supported as there were differences between genders on a number of measures of emotional health. Women scored significantly higher on the State-anxiety measure, and were more likely to report life-time depression. Women were significantly less likely to drink six or more glasses of alcohol on one occasion. Women were more likely to have met DSM-IV criteria for life-time re-experiencing and arousal. Women scored significantly higher on the PTSD CAPS life-time scores compared with men.

In addition to gender, the following independent variables of age, Trait anxiety (proxy for neuroticism) and years of residency were chosen and the following associations were examined and are presented in Table 8.5.1.

From this table it is evident that age was not associated with any measures of emotional health. Age was negatively correlated with the number of physical health conditions. Trait-Anxiety was strongly correlated with State-Anxiety, BDI scores, a weaker but significant association with the IIS (depression/anxiety related) and there were strong associations with PTSD symptoms (life-time and current), and IIS (PTSD specific). Trait-Anxiety was also strongly associated with the number of physical health conditions and was negatively associated with positive appraisal of both physical and emotional health.

Years of residency in Australia was associated with measures of emotional health. There was a negative association between the years of residency with Trait-Anxiety, BDI scores, PTSD symptoms (both lifetime and current) and the impact of PTSD-related illness scale (PTSD related). That is people in Australia for fewer years were more likely to have emotional and physical health problems.
Emotional health
Measures of emotional health were correlated with each other. State-Anxiety and BDI scores are associated with a negative appraisal of emotional health but not appraisal of physical health. PTSD CAPS life-time scores were correlated with life-time depression. The IIS (PTSD specific) was correlated with State-anxiety, life-time depression, IIS (anxiety&depression specific) and life-time PTSD CAPS scores.

Physical health conditions
The number of physical health conditions was associated with lifetime depression and anxiety, impact of illness scale (depression and anxiety specific) and PTSD (lifetime and current) symptoms. The number of health complaints was strongly associated with a negative subjective appraisal of physical and emotional health. Thus, there does seem to be a strong association with measures of physical and emotional health.

There was no association with drinking six or more glasses of alcohol and emotional or physical health, raising issues as to whether use of alcohol in this sample is a coping process for dealing with declined health.
### Table 8.5.1 Correlations between individual characteristics and psychological and physical health

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Years in Australia</td>
<td>1</td>
<td>.151</td>
<td>-.301*</td>
<td>-.250*</td>
<td>-.158</td>
<td>-.234*</td>
<td>-.289</td>
<td>.048</td>
<td>-.274*</td>
<td>-.503**</td>
<td>-.430**</td>
<td>-.456**</td>
<td>-.346**</td>
<td>.039</td>
</tr>
<tr>
<td>2. Current age</td>
<td>1</td>
<td>-.139</td>
<td>.100</td>
<td>-.207</td>
<td>-.185</td>
<td>-.186</td>
<td>.167</td>
<td>-.167</td>
<td>-.207</td>
<td>.004</td>
<td>-.220</td>
<td>.211</td>
<td>-.280*</td>
<td>-.209</td>
</tr>
<tr>
<td>3. Trait score</td>
<td>1</td>
<td>.161</td>
<td>.793**</td>
<td>.323**</td>
<td>.596**</td>
<td>-.008</td>
<td>.225</td>
<td>.426**</td>
<td>.389**</td>
<td>.513**</td>
<td>.389**</td>
<td>-.339**</td>
<td>-.500**</td>
<td></td>
</tr>
<tr>
<td>4. Anxiety life-time</td>
<td>1</td>
<td>#</td>
<td>.225</td>
<td>.020</td>
<td>-.057</td>
<td>.144</td>
<td>.121</td>
<td>.019</td>
<td>.061</td>
<td>.265*</td>
<td>-.366**</td>
<td>-.208</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. State Anxiety</td>
<td>1</td>
<td>.328*</td>
<td>.594**</td>
<td>-.218</td>
<td>.234</td>
<td>.192</td>
<td>.298*</td>
<td>.383*</td>
<td>.234</td>
<td>-.215</td>
<td>-.436**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Depression life-time</td>
<td>1</td>
<td>#</td>
<td>-.198</td>
<td>.469**</td>
<td>.280*</td>
<td>.056</td>
<td>.416**</td>
<td>.300*</td>
<td>-.214</td>
<td>-.163</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. BDI</td>
<td>1</td>
<td>.027</td>
<td>.090</td>
<td>.144</td>
<td>.227</td>
<td>.314</td>
<td>.250</td>
<td>-.268</td>
<td>-.306</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Six drinks or more</td>
<td>1</td>
<td>-.061</td>
<td>-.068</td>
<td>-.147</td>
<td>.023</td>
<td>-.086</td>
<td>-.017</td>
<td>-.028</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Impact illness (anxiety&amp;depression)</td>
<td>1</td>
<td>.397**</td>
<td>.133</td>
<td>.522**</td>
<td>.380**</td>
<td>-.217</td>
<td>-.101</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. PTSD Life-time</td>
<td>1</td>
<td>.741**</td>
<td>.610**</td>
<td>.388**</td>
<td>-.088</td>
<td>-.224</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. PTSD current</td>
<td>1</td>
<td>.256</td>
<td>.303*</td>
<td>-.045</td>
<td>-.241*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Impact illness (PTSD related)</td>
<td>1</td>
<td>.267</td>
<td>-.132</td>
<td>-.318*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Physical health conditions</td>
<td>1</td>
<td>-.542**</td>
<td>-.575**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Physical health appraisal</td>
<td>1</td>
<td>.675**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Emotional health appraisal</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05, ** p<0.01
8.5.2 Association between individual characteristics, the number of the traumatic and stressful events and emotional and physical health

This section examines the association between individual characteristics and traumatic and stressful life events. It also examines the association between traumatic and stressful life events and emotional and physical health. The following hypotheses are tested:

8.5.2 There is no relationship between individual characteristics and traumatic and stressful life events.
8.5.3 There is no relationship between traumatic and stressful life events and emotional and physical health.

For this purpose, three different categories were created: pre-war, war-time and post-war events. Pre-war events refers to the sum of events described in Table 8.2.1 including the loss of parents, forced separation and so on. Post-war events refers to the sum of events described in Table 8.3.3 including stressful life events such as the death of spouse, death of child, major illness and so on. With respect to war-time traumatic events this is the sum of the Harvard Trauma Questionnaire scores as described in Table 8.2.4.

Hypothesis 8.5.2 was partially supported as described earlier there was no differences between males and females on the number of pre-war, war-time nor post-war stressful life events. As presented in Table 8.5.2 there was a positive association between age and number of war-time traumatic events. There was a strong negative correlation between age and post-war stressful life events. There was no association between Trait-Anxiety and the number of pre-war, war-time traumatic events and post-war stressful life events. There was a negative association between years of residency and number of war-time traumatic events.

Table 8.5.2 Correlations between individual characteristics and the type of traumatic events

<table>
<thead>
<tr>
<th></th>
<th>Pre-war events</th>
<th>War-time events</th>
<th>Post-war events</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.025</td>
<td>.271*</td>
<td>-.333**</td>
</tr>
<tr>
<td>Trait anxiety</td>
<td>.029</td>
<td>.140</td>
<td>.213</td>
</tr>
<tr>
<td>Years in Australia</td>
<td>.008</td>
<td>-.303**</td>
<td>-.110</td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01
Table 8.5.3 presents the correlations between the number of pre-war, war-time and post war stressful events and emotional and physical health. Hypothesis 8.5.3 was not supported. There was strong correlation between the number of war-time traumatic events and life-time and current PTSD CAPS scores and physical health conditions. There was also a strong association between the number of post-war stressful life events and State-Anxiety. There was no association between physical and emotional health appraisal and number of stressful or traumatic events.

8.5.3 Association between individual characteristics, stressful and traumatic events, emotions & beliefs and emotional and physical health

This section examines the association between variables representing past emotions and beliefs related to the traumatic events experience and the independent variables. As described in Section 8.2.5 a list of perceived emotions and beliefs related to the worst event during the war were used to develop the following scales: Negative worldview, Sad & Afraid and Self-efficacy. The individual items of ‘feeling humiliation’ and ‘the belief that things happen for a reason’ were included in this analysis as they were cited more frequently compared with other items. This following hypotheses are tested:

8.5.4 There is no a relationship between individual characteristics and emotions and beliefs.
8.5.5 There is no relationship between traumatic and stressful life events and emotions and beliefs.
8.5.6 There is no relationship between emotions and beliefs and emotional and physical health.

Hypothesis 8.5.4 is not supported. From the previous section (8.2.5) it was found that females were more likely to express feeling Sad & Afraid compared with males. Trait-Anxiety was positively associated with a Negative worldview and ‘feeling humiliated’. Years in Australia was negatively associated with a Negative worldview while age was positively associated with Self-efficacy (see Table 8.5.4).

Hypothesis 8.5.5 is partially supported. There were no associations between pre-war or post-war stressful life events and emotions and beliefs. There was a strong association with war-time traumatic events and a Negative worldview and Sad & Afraid.
Hypothesis 8.5.6 is not supported. There was a relationship between emotions and beliefs emergent in the context of traumas and measures of emotional and physical health. As illustrated in Table 8.5.4. Sad & Afraid was correlated with life-time and current PTSD CAPS scores and with life-time depression. Scores on the Negative worldview were positively correlated with life-time, current PTSD CAPS scores and Impact of Illness scale (PTSD specific). CAPS scores were also associated with life-time anxiety and IIS (depression & anxiety specific). Negative worldview was also strongly associated with physical health conditions.

Feeling humiliated was correlated with current PTSD CAPS scores and a more weak but significantly correlated with life-time PTSD, BDI and IIS (PTSD specific) scores.

The scale ‘Self-efficacy’ was negatively correlated with State-Anxiety score and positively correlated with life-time Anxiety. People who had a life-time experience of anxiety scored higher on the ‘Self-efficacy’ scale. Both were related to the war-time period. Life-time anxiety was also related to war-time experiences. Similarly, the belief that ‘things happen for a reason’ was negatively correlated with State Anxiety and positively with life-time Anxiety. This belief was positively correlated with physical health conditions and appraisal of poorer physical health.
Table 8.5.3 Correlations between number of traumatic events during various life stages and measures of psychological distress

<table>
<thead>
<tr>
<th></th>
<th>Pre-</th>
<th>War-</th>
<th>Post-</th>
<th>State</th>
<th>Life-</th>
<th>BDI</th>
<th>Drinking</th>
<th>Impact</th>
<th>PTSD</th>
<th>PTSD</th>
<th>Impact</th>
<th>Number of</th>
<th>Physical</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>war events</td>
<td>war events</td>
<td>life events</td>
<td>anxiety</td>
<td>score</td>
<td>score</td>
<td>glasses</td>
<td>illness</td>
<td>symptoms</td>
<td>symptoms</td>
<td>illness</td>
<td>symptoms</td>
<td>health</td>
<td>health</td>
</tr>
<tr>
<td></td>
<td>N=72</td>
<td>N=72</td>
<td>N=72</td>
<td>N=54</td>
<td>N=34</td>
<td>N=72</td>
<td>N=60</td>
<td>N=72</td>
<td>N=72</td>
<td>N=51</td>
<td>N=72</td>
<td>N=72</td>
<td>N=72</td>
<td>N=72</td>
</tr>
<tr>
<td>Pre-war events</td>
<td>1</td>
<td>-.142</td>
<td>-.235*</td>
<td>-.068</td>
<td>.010</td>
<td>-.054</td>
<td>-.044</td>
<td>-.081</td>
<td>.109</td>
<td>-.050</td>
<td>-.045</td>
<td>.328*</td>
<td>-.042</td>
<td>.011</td>
</tr>
<tr>
<td>War-time events</td>
<td>1</td>
<td>.005</td>
<td>.199</td>
<td>.023</td>
<td>.024</td>
<td>.186</td>
<td>.089</td>
<td>.100</td>
<td>.460**</td>
<td>.360**</td>
<td>.025</td>
<td>.368**</td>
<td>-.066</td>
<td>-.076</td>
</tr>
<tr>
<td>Post-war events</td>
<td>1</td>
<td>.088</td>
<td>.393**</td>
<td>.099</td>
<td>.050</td>
<td>-.010</td>
<td>.134</td>
<td>.232</td>
<td>.122</td>
<td>.218</td>
<td>.189</td>
<td>-.135</td>
<td>-.161</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05, ** p<0.01
Table 8.5.4 Correlations between individual characteristics, stressful & traumatic events, emotions & beliefs and emotional and physical health

<table>
<thead>
<tr>
<th></th>
<th>Afraid_Sad</th>
<th>Negative world</th>
<th>Humiliation</th>
<th>Self-efficacy</th>
<th>Things happened for a reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in Australia</td>
<td>-.162</td>
<td>-.348***</td>
<td>-.245*</td>
<td>.083</td>
<td>-.037</td>
</tr>
<tr>
<td>Age</td>
<td>-.175</td>
<td>-.023</td>
<td>-.168</td>
<td>.340**</td>
<td>.167</td>
</tr>
<tr>
<td>Trait anxiety</td>
<td>.205</td>
<td>.443**</td>
<td>.304*</td>
<td>-.120</td>
<td>.010</td>
</tr>
<tr>
<td>Pre-war events</td>
<td>.092</td>
<td>-.108</td>
<td>.118</td>
<td>.044</td>
<td>-.071</td>
</tr>
<tr>
<td>War-time events</td>
<td>.237*</td>
<td>.497**</td>
<td>.078</td>
<td>.175</td>
<td>.194</td>
</tr>
<tr>
<td>Post-war events</td>
<td>.103</td>
<td>.227</td>
<td>.097</td>
<td>-.040</td>
<td>-.096</td>
</tr>
<tr>
<td>Life-time anxiety</td>
<td>.126</td>
<td>.268*</td>
<td>.017</td>
<td>.234*</td>
<td>.369**</td>
</tr>
<tr>
<td>State Anxiety</td>
<td>.082</td>
<td>.240</td>
<td>.176</td>
<td>-.328*</td>
<td>-.294*</td>
</tr>
<tr>
<td>Life-time depression</td>
<td>.235*</td>
<td>.189</td>
<td>.176</td>
<td>-.225</td>
<td>-.077</td>
</tr>
<tr>
<td>BDI</td>
<td>-.138</td>
<td>.108</td>
<td>.377*</td>
<td>-.230</td>
<td>-.177</td>
</tr>
<tr>
<td>Impact Illness scale</td>
<td>.044</td>
<td>.419**</td>
<td>.161</td>
<td>-.187</td>
<td>-.173</td>
</tr>
<tr>
<td>PTSD symptoms</td>
<td>.329**</td>
<td>.511**</td>
<td>.276*</td>
<td>-.064</td>
<td>.103</td>
</tr>
<tr>
<td>last six months</td>
<td>.261*</td>
<td>.437**</td>
<td>.339**</td>
<td>-.028</td>
<td>.119</td>
</tr>
<tr>
<td>Impact illness PTSD</td>
<td>.088</td>
<td>.385**</td>
<td>.305*</td>
<td>-.248</td>
<td>-.154</td>
</tr>
<tr>
<td>Physical health conditions</td>
<td>-.043</td>
<td>.320**</td>
<td>.098</td>
<td>.058</td>
<td>.325**</td>
</tr>
<tr>
<td>Self appraisal physical health</td>
<td>.141</td>
<td>-.102</td>
<td>.005</td>
<td>-.164</td>
<td>-.248*</td>
</tr>
<tr>
<td>Self appraisal emotional health</td>
<td>.221</td>
<td>-.075</td>
<td>-.014</td>
<td>.030</td>
<td>-.164</td>
</tr>
</tbody>
</table>

*p<0.05, ** p<0.01
8.5.4 Association between individual characteristics, the traumatic and stressful events, emotional, physical health and coping strategies.

This section examines the relationship between coping strategies adopted after the worst event during the war and individual characteristics, traumatic and stressful events and emotional and physical health.

The following hypotheses are tested:

8.5.7 There is no a relationship between individual characteristics and coping strategies.

8.5.8 There is no relationship between traumatic and stressful life events and coping strategies.

8.5.9 There is no relationship between coping strategies and emotional and physical health.

Table 8.5.5 details the correlations between coping strategies adopted after the worst event during the war and individual characteristics. Hypothesis 8.5.7 was supported, as there was no association between individual characteristics and coping strategies. Hypothesis 8.5.8 was also supported as there was no associated between the coping strategies and war events and stressful life-time events nor with any measure of emotional health. Hypothesis 8.5.9 was partially supported as religious coping strategy was associated with physical health conditions and poor physical and emotional health self appraisal. Not talking about the events was positively associated with physical health appraisal.
Table 8.5.5 Correlations between individual characteristics, affect and beliefs, coping strategies and psychological and physical health

<table>
<thead>
<tr>
<th></th>
<th>Religion</th>
<th>Talking friends/family</th>
<th>Not talking about it</th>
<th>Avoid any reminders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in Australia</td>
<td>-.146</td>
<td>.046</td>
<td>.180</td>
<td>-.041</td>
</tr>
<tr>
<td>Age</td>
<td>-.001</td>
<td>.110</td>
<td>-.167</td>
<td>-.123</td>
</tr>
<tr>
<td>Trait anxiety</td>
<td>.198</td>
<td>-.130</td>
<td>-.100</td>
<td>.111</td>
</tr>
<tr>
<td>Pre-war events</td>
<td>.024</td>
<td>.149</td>
<td>-.084</td>
<td>-.037</td>
</tr>
<tr>
<td>War-time events</td>
<td>.020</td>
<td>-.124</td>
<td>-.102</td>
<td>-.024</td>
</tr>
<tr>
<td>Post-war events</td>
<td>.128</td>
<td>-.157</td>
<td>-.005</td>
<td>.098</td>
</tr>
<tr>
<td>Feeling sad &amp; afraid</td>
<td>.031</td>
<td>.017</td>
<td>-.149</td>
<td>.042</td>
</tr>
<tr>
<td>Negative worldview</td>
<td>.177</td>
<td>.011</td>
<td>-.065</td>
<td>.033</td>
</tr>
<tr>
<td>Feeling humiliated</td>
<td>.130</td>
<td>.168</td>
<td>.006</td>
<td>-.074</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>-.037</td>
<td>.170</td>
<td>-.172</td>
<td>-.053</td>
</tr>
<tr>
<td>Belief – things happened for a reason</td>
<td>.095</td>
<td>.038</td>
<td>-.001</td>
<td>.082</td>
</tr>
<tr>
<td>Life-time anxiety</td>
<td>.177</td>
<td>.017</td>
<td>.021</td>
<td>.021</td>
</tr>
<tr>
<td>State Anxiety</td>
<td>-.083</td>
<td>-.203</td>
<td>.179</td>
<td>.163</td>
</tr>
<tr>
<td>Life-time Depression</td>
<td>.144</td>
<td>-.164</td>
<td>.062</td>
<td>.135</td>
</tr>
<tr>
<td>BDI</td>
<td>-.067</td>
<td>-.068</td>
<td>-.011</td>
<td>-.032</td>
</tr>
<tr>
<td>Impact Illness scale</td>
<td>.053</td>
<td>-.170</td>
<td>.116</td>
<td>.034</td>
</tr>
<tr>
<td>PTSD symptoms life-time</td>
<td>.212</td>
<td>-.152</td>
<td>-.042</td>
<td>.134</td>
</tr>
<tr>
<td>PTSD symptoms last six months</td>
<td>.144</td>
<td>.016</td>
<td>.051</td>
<td>.231</td>
</tr>
<tr>
<td>Impact illness PTSD</td>
<td>.185</td>
<td>-.182</td>
<td>-.093</td>
<td>.080</td>
</tr>
<tr>
<td>Physical health conditions</td>
<td>.395**</td>
<td>-.188</td>
<td>-.069</td>
<td>-.052</td>
</tr>
<tr>
<td>Self appraisal physical health</td>
<td>-.327**</td>
<td>.025</td>
<td>.248*</td>
<td>.179</td>
</tr>
<tr>
<td>Self appraisal emotional health</td>
<td>-.298*</td>
<td>.053</td>
<td>.146</td>
<td>.034</td>
</tr>
</tbody>
</table>

*p<0.05, ** p<0.01
8.5.5 Association between social networks, social support, and individual characteristics, traumatic and stressful events and emotional and physical health

Social networks and social support were described in Section 8.1.2. The following variables were selected to represent social network such as marital status, lone household, number of family members, number of friends, and social support was defined as the perceived satisfaction with emotional and practical support. The association between these variables and individual characteristics, traumatic events and emotional and physical health were examined in order to test the following hypotheses:

8.5.11 There is no a relationship between individual characteristics and social networks and social support.
8.5.12 There is no relationship between traumatic and stressful life events and social networks and support.
8.5.13 There is no relationship between emotions and beliefs and social networks and support.
8.5.14 There is no relationship between social networks and social support and emotional and physical health.

Table 8.5.6 illustrates the correlations between individual characteristics and measures of social network and support. Hypothesis 8.5.11 was partially supported. From the previous Section 8.1.2, there was no difference between males and females in terms of number of family and friends, the physical and emotional support received or their satisfaction with the support. There was a negative association between Trait-Anxiety and the number of friends, and satisfaction with emotional support received.

Further being in a lone household and number of friends was positively associated with satisfaction with emotional support. Satisfaction with emotional support was strongly correlated with satisfaction with practical support. Receiving practical support was associated positively with satisfaction with practical support.

Table 8.5.7 describes the correlations between traumatic and stressful events and social network and support. Hypothesis 8.5.12 was not supported as there was a negative association between traumatic war-time events and number of friends, and receiving emotional and practical support. Pre-war events was negatively associated with number of family.
Hypothesis 8.5.13 was partially supported as Negative worldview was negatively associated with receiving emotional and practical support and satisfaction with emotional support. In terms of emotional and physical health, Hypothesis 8.5.14 was not supported as there was a negative association between number of friends and life-time and current PTSD CAPS scores and the number of physical health conditions. Marital status was associated with life-time anxiety, number of physical health conditions and negatively associated with physical health appraisal. Satisfaction with emotional support was negatively associated with IIS (depression & anxiety specific) and number of physical health conditions. It was positively associated with physical and emotional health appraisal.

Overall, there wasn’t a strong association between network of family and friends and a number of the measures of psychological morbidity. The exception was number of friends which was negatively associated with PTSD life-time and current symptoms and number of physical health problems. As pointed out earlier this sample is skewed in terms of being well supported both emotionally and physically and all people were connected to compatriot support. Thus, it may be more useful to think about current connectedness as an outcome rather than as a factor that mitigates psychological and physical ill-health.
Table 8.5.6 Correlations between individual characteristics and social networks and perception of social support

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Years in Australia</td>
<td>1</td>
<td>.151</td>
<td>-.301*</td>
<td>.049</td>
<td>.112</td>
<td>.230</td>
<td>.224</td>
<td>.095</td>
<td>.194</td>
<td>.045</td>
<td>.201</td>
</tr>
<tr>
<td>2. Current age</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>-.139</td>
<td>.220</td>
<td>.179</td>
<td>-.180</td>
<td>-.152</td>
<td>-.024</td>
<td>-.209</td>
</tr>
<tr>
<td>3. Trait score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>-.094</td>
<td>-.189</td>
<td>-.126</td>
<td>-.238*</td>
<td>.033</td>
<td>-.283*</td>
</tr>
<tr>
<td>4. Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>.881**</td>
<td>-.146</td>
<td>-.078</td>
<td>-.096</td>
<td>.092</td>
</tr>
<tr>
<td>5. Lone household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>-.059</td>
<td>-.072</td>
<td>-.084</td>
<td>.319**</td>
</tr>
<tr>
<td>6. Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>.151</td>
<td>.200</td>
<td>.272*</td>
</tr>
<tr>
<td>7. Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>.171</td>
<td>.334**</td>
</tr>
<tr>
<td>8. Emotional support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>.226</td>
</tr>
<tr>
<td>9. Satisfaction with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>emotional support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Practical support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Satisfaction with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>practical support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01
Table 8.5.7 Correlation between social networks, social supports and emotional and physical health

<table>
<thead>
<tr>
<th>Social network</th>
<th>Marital status</th>
<th>Lone Household</th>
<th>Family</th>
<th>Friends</th>
<th>Emotional support received</th>
<th>Satisfied with emotional support</th>
<th>Practical support</th>
<th>Satisfied with practical support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-war</td>
<td>-.120</td>
<td>-.129</td>
<td>-.244*</td>
<td>.006</td>
<td>-.002</td>
<td>-.033</td>
<td>.030</td>
<td>-.147</td>
</tr>
<tr>
<td>War-time</td>
<td>.148</td>
<td>.124</td>
<td>-.209</td>
<td>-.307**</td>
<td>-.395**</td>
<td>-.163</td>
<td>-.306**</td>
<td>-.154</td>
</tr>
<tr>
<td>Post-war</td>
<td>.225</td>
<td>.172</td>
<td>.017</td>
<td>.118</td>
<td>-.117</td>
<td>.060</td>
<td>-.115</td>
<td>.140</td>
</tr>
<tr>
<td>Sad_Afraid</td>
<td>.123</td>
<td>0.68</td>
<td>-.028</td>
<td>-.042</td>
<td>.114</td>
<td>.084</td>
<td>.084</td>
<td>.084</td>
</tr>
<tr>
<td>Negative worldview</td>
<td>.135</td>
<td>-.015</td>
<td>-.089</td>
<td>-.186</td>
<td>-.291*</td>
<td>-.254*</td>
<td>-.243*</td>
<td>-.087</td>
</tr>
<tr>
<td>I felt humiliated</td>
<td>-.008</td>
<td>-.045</td>
<td>.268*</td>
<td>.022</td>
<td>-.076</td>
<td>.048</td>
<td>.159</td>
<td>-.099</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>.221</td>
<td>.202</td>
<td>-.091</td>
<td>.059</td>
<td>-.066</td>
<td>-.082</td>
<td>.039</td>
<td>-.043</td>
</tr>
<tr>
<td>Things happen for a reason</td>
<td>.058</td>
<td>-.055</td>
<td>-.173</td>
<td>-.233</td>
<td>-.018</td>
<td>-.266*</td>
<td>.140</td>
<td>-.045</td>
</tr>
<tr>
<td>Life-time anxiety</td>
<td>.253*</td>
<td>.182</td>
<td>-.124</td>
<td>-.199</td>
<td>-.188</td>
<td>-.163</td>
<td>-.121</td>
<td>-.044</td>
</tr>
<tr>
<td>State Anxiety</td>
<td>-.048</td>
<td>-.123</td>
<td>-.113</td>
<td>-.105</td>
<td>-.078</td>
<td>-.106</td>
<td>.023</td>
<td>-.068</td>
</tr>
<tr>
<td>Life-time depression</td>
<td>.222</td>
<td>.129</td>
<td>.001</td>
<td>-.150</td>
<td>.010</td>
<td>-.130</td>
<td>-.063</td>
<td>-.106</td>
</tr>
<tr>
<td>BDI</td>
<td>-.337</td>
<td>-.162</td>
<td>-.097</td>
<td>-.041</td>
<td>.005</td>
<td>-.181</td>
<td>.216</td>
<td>-.222</td>
</tr>
<tr>
<td>Impact</td>
<td>.031</td>
<td>-.088</td>
<td>-.129</td>
<td>-.037</td>
<td>-.104</td>
<td>-.391**</td>
<td>-.139</td>
<td>-.083</td>
</tr>
<tr>
<td>Illness#</td>
<td>-.014</td>
<td>-.066</td>
<td>-.135</td>
<td>.262*</td>
<td>-.113</td>
<td>-.149</td>
<td>-.110</td>
<td>-.067</td>
</tr>
<tr>
<td>PTSD Life-time</td>
<td>.020</td>
<td>-.068</td>
<td>-.056</td>
<td>-.255*</td>
<td>.031</td>
<td>-.084</td>
<td>.069</td>
<td>-.004</td>
</tr>
<tr>
<td>PTSD current</td>
<td>-.147</td>
<td>-.164</td>
<td>-.065</td>
<td>.027</td>
<td>.005</td>
<td>-.134</td>
<td>.004</td>
<td>-.442**</td>
</tr>
<tr>
<td>Impact illness (PTSD)</td>
<td>.245*</td>
<td>.160</td>
<td>-.106</td>
<td>.323**</td>
<td>-.054</td>
<td>-.249*</td>
<td>.092</td>
<td>-.123</td>
</tr>
<tr>
<td>Physical health conditions</td>
<td>-.232*</td>
<td>-.136</td>
<td>.125</td>
<td>.085</td>
<td>-.042</td>
<td>.378**</td>
<td>.080</td>
<td>.104</td>
</tr>
<tr>
<td>Physical health appraisal</td>
<td>-.015</td>
<td>.086</td>
<td>-.006</td>
<td>.138</td>
<td>-.034</td>
<td>.275*</td>
<td>.060</td>
<td>.303*</td>
</tr>
</tbody>
</table>

#depression and anxiety related, *p<0.05, **p<0.01
8.5.6 Association between individual characteristics, traumatic events, emotions and beliefs and post traumatic growth and quality of life domains

This section will examine the associations between individual characteristics, traumatic and stressful experiences, emotions and beliefs and Post Traumatic Growth (PTG) and quality of life as measured across four domain scores of the WHOQOL-Bref. The following hypothesis will be examined:

8.5.15 There is no a relationship between individual characteristics and quality of life and PTG.
8.5.16 There is no relationship between social networks and social support and quality of life and PTG.
8.5.17 There is no relationship between traumatic and stressful life events and quality of life and PTG.
8.5.18 There is no relationship between emotions and beliefs and quality of life and PTG.
8.5.19 There is no relationship between emotional and physical health quality of life and PTG.

As described previously in Section 8.5.3 there was a significant difference between men and women on the psychological and social domains. From Table 8.5.8 Trait anxiety is negatively associated with all the domain scores of the WHOQOL-Bref. Age is negatively associated with the Physical domain. Thus, hypothesis 8.5.15 is not supported. Hypothesis 8.5.10 was not supported. Among measures of social network and support the most salient variables were number of friends and satisfaction with social support. Satisfaction with emotional support was correlated with PTG and all domains of the WHO-QOL. The number of war-time events was not correlated with PTG nor WHO-QOL domain scores. Post-war stressful life events correlated negatively with the psychological domain.

Hypothesis 8.5.18 was not supported as Negative worldview was negatively correlated with the psychological and environmental domains. Feeling humiliated was correlated negatively with the social domain. Self efficacy was positively correlated with psychological and environmental domains.
Hypothesis 8.5.19 was also not supported as there was a strong negative correlation between the measures of emotional health and the psychological domain (BDI and life-time anxiety the only exceptions). The environment domain was strongly correlated with all the measures of emotional health (life-time anxiety the only exception). The physical domain was correlated with life-time anxiety, IIS (depression & anxiety specific) and Physical health conditions. The social domain was negatively correlated with State-Anxiety, Life-time depression, and IIS (depression & anxiety and PTSD specific). Emotional health self-appraisal was correlated with all WHO-QOL domains while Physical health self-appraisal was correlated with the Physical, Psychological and Environmental domains.
Table 8.5.8 Correlations between individual characteristic, traumatic events and PTG and quality of life domains

<table>
<thead>
<tr>
<th></th>
<th>Post-traumatic growth</th>
<th>Physical domain</th>
<th>Psychological domain</th>
<th>Social domain</th>
<th>Environment domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in Australia</td>
<td>.034</td>
<td>.176</td>
<td>.295*</td>
<td>.075</td>
<td>.430**</td>
</tr>
<tr>
<td>Age</td>
<td>.058</td>
<td>-.247**</td>
<td>.073</td>
<td>-.115</td>
<td>.143</td>
</tr>
<tr>
<td>Trait anxiety</td>
<td>-.183</td>
<td>-.396**</td>
<td>-.638**</td>
<td>-.399**</td>
<td>-.548**</td>
</tr>
<tr>
<td>Friends</td>
<td>.194</td>
<td>.128</td>
<td>.129</td>
<td>.174</td>
<td>.134</td>
</tr>
<tr>
<td>Satisfaction with emotional support</td>
<td>.341**</td>
<td>.403**</td>
<td>.417**</td>
<td>.456**</td>
<td>.269*</td>
</tr>
<tr>
<td>Pre-war</td>
<td>-.023</td>
<td>.169</td>
<td>-.008</td>
<td>-.215</td>
<td>.055</td>
</tr>
<tr>
<td>War-time</td>
<td>-.004</td>
<td>-.159</td>
<td>-.168</td>
<td>-.120</td>
<td>-.178</td>
</tr>
<tr>
<td>Post-war</td>
<td>.073</td>
<td>-.015</td>
<td>-.243*</td>
<td>.023</td>
<td>-.190</td>
</tr>
<tr>
<td>Sad_afraid</td>
<td>.074</td>
<td>.070</td>
<td>-.144</td>
<td>-.049</td>
<td>-.079</td>
</tr>
<tr>
<td>Negative worldview</td>
<td>.114</td>
<td>-.193</td>
<td>-.482**</td>
<td>-.229</td>
<td>-.271*</td>
</tr>
<tr>
<td>Humiliation</td>
<td>.161</td>
<td>-.017</td>
<td>-.227</td>
<td>-.256*</td>
<td>-.167</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>.229</td>
<td>-.034</td>
<td>.274*</td>
<td>-.032</td>
<td>.346**</td>
</tr>
<tr>
<td>Things happen for a reason</td>
<td>.105</td>
<td>-.223</td>
<td>.154</td>
<td>.117</td>
<td>.094</td>
</tr>
<tr>
<td>Life-time anxiety</td>
<td>.077</td>
<td>-.381**</td>
<td>-.112</td>
<td>-.084</td>
<td>-.106</td>
</tr>
<tr>
<td>State Anxiety</td>
<td>-.121</td>
<td>-.237</td>
<td>-.590**</td>
<td>-.372**</td>
<td>-.465**</td>
</tr>
<tr>
<td>Life-time depression</td>
<td>-.078</td>
<td>-.172</td>
<td>-.324**</td>
<td>-.339**</td>
<td>-.295*</td>
</tr>
<tr>
<td>BDI</td>
<td>.008</td>
<td>-.324</td>
<td>-.303</td>
<td>-.081</td>
<td>-.415*</td>
</tr>
<tr>
<td>Impact Illness scale</td>
<td>-.192</td>
<td>-.261*</td>
<td>-.410**</td>
<td>-.270*</td>
<td>-.284*</td>
</tr>
<tr>
<td>PTSD symptoms lifetime</td>
<td>-.134</td>
<td>-.205</td>
<td>-.356**</td>
<td>-.170</td>
<td>-.349**</td>
</tr>
<tr>
<td>PTSD symptoms last six months</td>
<td>-.091</td>
<td>-.215</td>
<td>-.306**</td>
<td>-.139</td>
<td>-.243*</td>
</tr>
<tr>
<td>Impact illness PTSD</td>
<td>-.041</td>
<td>-.081</td>
<td>-.427**</td>
<td>-.398**</td>
<td>-.424**</td>
</tr>
<tr>
<td>Physical health conditions</td>
<td>.000</td>
<td>-.537**</td>
<td>-.223</td>
<td>-.082</td>
<td>-.268*</td>
</tr>
<tr>
<td>Self appraisal physical health</td>
<td>-.149</td>
<td>.731**</td>
<td>.271*</td>
<td>.219</td>
<td>.266*</td>
</tr>
<tr>
<td>Self appraisal emotional health</td>
<td>-.023</td>
<td>.557**</td>
<td>.284*</td>
<td>.288*</td>
<td>.360**</td>
</tr>
</tbody>
</table>

*p<0.05, ** p<0.01
Summary of hypotheses:

As all the hypotheses were stated in the null form, the following is a summary of the hypotheses that were not supported thus indicating an association between independent and dependent variables\(^7\).

The following hypotheses were not supported:

*Individual differences*

8.5.1 There is no a relationship between individual characteristics and emotional and physical health.

This hypothesis was not supported as individual differences (gender, age, years in Australia, Trait anxiety) were associated with some measures of emotional and physical health. Female gender was associated with State-Anxiety, lifetime depression and PTSD scores (life-time and current). Male gender was associated with alcohol use. Age was positively correlated with physical health complaints. Fewer years in Australia was correlated with Trait-Anxiety, BDI scores, PTSD symptoms (life-time and current) and IIS (PTSD related) and the number of physical health complaints. Trait-anxiety was positively associated with State-Snxiety, BDI scores, PTSD (life-time and current), IIS (PTSD specific), physical health complaints, and negative appraisal of physical and emotional health.

*Traumatic and stressful life events*

8.5.2 There is no a relationship between individual characteristics and traumatic and stressful life events.

This hypothesis was partially support. There were no gender differences in the number of pre-war, war-time or post-war stressful life events. Trait-Anxiety was not associated with number of pre-war, war-time or post-war events. Older age was associated with more war-time events and fewer post-war stressful life events. Fewer years in Australia was associated with experiencing more war-time events.

\(^7\) As per suggestion by anonymous reviewer.
8.5.3 There is no a relationship between traumatic and stressful life events and emotional and physical health.

This hypothesis was partially supported. Pre-war stressful life events were not associated with the main measures of emotional health (anxiety, depression, PTSD). The number of post-war stressful life events were only associated with higher State-Anxiety scores. While, the number of war-time events was positively associated with PTSD (life-time and current scores) and the number of physical health complaints.

*Emotions and beliefs*

8.5.4 There is no a relationship between individual characteristics and emotions and beliefs.

This hypothesis was not supported. Females were more likely to express feeling Sad & Afraid compared with males. Higher scores on Trait-Anxiety were positively associated with a Negative worldview and ‘feeling humiliated’. Fewer years in Australia was associated with a Negative worldview while age was positively associated with Self-efficacy.

8.5.5 There is no relationship between traumatic and stressful life events and emotions and beliefs.

This hypothesis was partially supported. There were no associations between pre-war or post-war stressful life events and emotions and beliefs. There was a strong association with war-time traumatic events and a Negative worldview and feeling Afraid_sad.

8.5.6 There is no relationship between emotions and beliefs and emotional and physical health.

This hypothesis was not supported. There was a relationship between emotions and beliefs, in particular, Negative worldview and PTSD symptoms (life-time and current) and IIS (PTSD specific). Negative worldview was also associated with physical health complaints. Feeling Afraid_sad was associated with life-time depression and
PTSD symptoms (life-time and current). Self-efficacy and believing ‘things happen for a reason was associated with lower State-Anxiety scores.

The following hypotheses were supported – that is no associations were found.

**Coping strategies**

8.5.7 There is no a relationship between individual characteristics and coping strategies.

8.5.8 There is no relationship between traumatic and stressful life events and coping strategies.

8.5.9 There is no relationship between coping strategies and measures of emotional health.

The only exception to the above hypothesis was there was a positive relationship between religious coping and the number of physical health complaints and being less satisfied with physical and emotional health.

The following hypotheses were partially supported.

**Social networks and social support**

8.5.11 There is no a relationship between individual characteristics and social networks and social support.

This hypothesis was partially supported as there was no association between gender, age and years in Australia with social network and perceived social support. There was a negative correlation between Trait-Anxiety and social network and perceived emotional support received.

8.5.12 There is no relationship between traumatic and stressful life events and social networks and support.

This hypothesis was partially supported as pre-war and post-war stressful life events were not associated with social network and social support. However, the number of
war-time events was associated with fewer friends in one’s social network and not receiving emotional and practical support.

8.5.13 There is no relationship between emotions and beliefs and social networks and support.

This hypothesis was partially supported, as social network was not associated with emotions and beliefs. The exception was not receiving emotional and practical support and not being satisfied with emotional support which was associated with a Negative worldview.

8.5.14 There is no relationship between social networks and social support and emotional and physical health.

This hypothesis was partially supported, as social networks comprising of family members were not associated with measure of anxiety, depression, PTSD and number of physical health complaints. However having fewer friends was associated with PTSD symptoms (life-time and current) and the number of physical health complaints. Furthermore, being satisfied with emotional support was negatively correlated with the IIS (depression and anxiety related) and number of physical health complaints. Satisfaction with emotional support was also associated with satisfaction with emotional and physical health.

*Post Traumatic Growth (PTG) and quality of life (WHO-QOL-Bref)*

8.5.15 There is no a relationship between individual characteristics and quality of life and PTG.

This hypothesis was partially supported, in that, there was no association between individual characteristics and PTG. Females were less likely to be satisfied in the psychological and social domains of the WHO-QOL Bref. There was an association with years in Australia and satisfaction with one’s environment and with the psychological domain. There was an association between age and the physical domain while Trait-Anxiety scores correlated negatively with all the domain scores.
8.5.16 There is no relationship between social networks and social support and quality of life and PTG.

This hypothesis was partially supported as the size of the social network was not associated with PTG nor WHO-QOL-Bref domain scores. However, satisfaction with emotional support was associated positively with PTG and all the domain scores.

8.5.17 There is no relationship between traumatic and stressful life events and quality of life and PTG.

This hypothesis was supported with the exception of post-war stressful life events which was associated with the psychological domain on the WHO-QOL-Bref.

8.5.18 There is no relationship between emotions and beliefs and quality of life and PTG.

This hypothesis was partially supported, as there was no association between PTG and emotions and beliefs. The exception was Negative worldview which was negatively associated with satisfaction with psychological and environment domain. On the other hand, Self-efficacy was positively associated with psychological and environment domain.

8.5.19 There is no relationship between emotional and physical health quality of life and PTG.

This hypothesis was partially supported, as there was no association between PTG and emotional and physical health. The domain scores on the WHO-QOL however were strongly associated with measures of emotional health. In particular the psychological and environment domain were negatively associated with State-Anxiety, life-time depression, PTSD symptoms (life-time and current) and IIS (depression & anxiety and PTSD related). The social domain was also associated with measures of emotional health (State-Anxiety, Life-time depression, IIS) and the physical domain was strongly associated with number of physical health complaints and self appraisal of both physical and emotional health.
Summary

As an overall summary, it was found that female gender was associated with lower age, higher Trait-Anxiety and State-Anxiety scores. Women were less likely to have six or more alcoholic drinks on one occasion. There was no association with depression scores or with life-time or current PTSD scores. These findings contradict the many studies that have found a strong association between gender and PTSD symptoms and depression (Breslau et al., 1997). There was no association between age and State-Anxiety, BDI, PTSD life-time or current symptoms. Not surprisingly, age was associated with poorer physical health appraisal. Younger age was associated with educational attainment.

Trait-Anxiety was strongly associated with State-Anxiety and BDI. It was significantly correlated with the impact of illness (anxiety & depression related) and strongly correlated with PTSD life-time and current symptoms, impact of illness scale PTSD specific, the number of physical health conditions and negatively correlated with physical and emotional health appraisal. Trait-Anxiety was also associated with lower satisfaction on all the quality of life domain, with fewer friends and less satisfaction with perceived emotional support. Thus if higher scores on the Trait-Anxiety inventory are viewed as a proxy for neuroticism then this finding is very much in accord with the literature around the association between personality traits and psychological morbidity (Bramsen et al., 2002).

The measures of Trait-Anxiety, State-Anxiety, BDI, PTSD lifetime and current symptoms were all correlated with each other thus all measuring a common dimension of psychological distress. The IIS (anxiety & depression related) did not correlate with either State-Anxiety or BDI. The IIS (anxiety & depression) was also associated with PTSD lifetime symptoms and the impact of illness scale (PTSD specific). Physical health conditions correlated with the impact of illness scale (anxiety & depression related) and physical health appraisal.

The variables that are correlated with emotional and physical health are gender, Trait-Anxiety, years in Australia, Negative worldview and War-time traumatic events. Trait-Anxiety, Negative worldview were negatively associated with quality of life domain. Emotional support was positively correlated with PTG and quality of life domains. Number of physical health conditions was associated with emotional
health measures (PTSD life and current scores and IIS PTSD related). In the next section, regression analysis was carried out to examine which of these variables has predictive power.
8.6 Section Six: Regression analysis

Sections One to Four provided initial analysis of the descriptive data based on gender. Section Five explored the intercorrelations between key variables identified in the descriptive analysis. The correlations revealed that a number of variables measuring emotional health were strongly correlated with each other. BDI, State-Anxiety scores, life-time PTSD CAPS scores and Impact of illness scale (depression/anxiety specific and PTSD specific) and satisfaction with emotional health were highly correlated. Based on this, I decided to reduce the complexity by developing a general psychological distress score. An oblimin rotated principal components analysis produced two factors based on the scree plot and on the Kaiser criterion for eigenvalues equal or greater than one (Table 8.6.1). The change in explained variance between factor one and two was substantial, where as, the change between factor two and subsequent factors, was minimal. It was decided to fit the six variables into a single dimension ‘psychological distress’ which accounted for 49% of the variance in the items. The score shown in Table 8.6.1 gives greatest weight to PTSD, depression symptoms, and impact of illness scores with a lower contribution for State-Anxiety. This distribution for ‘psychological distress’ was assessed (skewness=1.62, kurtosis=1.8). The logarithmic transformation corrected the distribution (skewness = 0.162 and kurtosis=-.855). There were no outliers greater than 2.5 SD and no multivariate outliers.

Table 8.6.1 Oblimin rotated principal component solution for ‘psychological distress’

<table>
<thead>
<tr>
<th>Factor loading</th>
<th>I</th>
<th>II</th>
<th>One factor solution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Variance</strong></td>
<td>49%</td>
<td>17%</td>
<td>49%</td>
</tr>
<tr>
<td>State-Anxiety</td>
<td>-.042</td>
<td>.865</td>
<td>.527</td>
</tr>
<tr>
<td>BDI</td>
<td>.667</td>
<td>.163</td>
<td>.736</td>
</tr>
<tr>
<td>Emotional Appraisal</td>
<td>.064</td>
<td>.737</td>
<td>.543</td>
</tr>
<tr>
<td>IIS (anxiety&amp; depression related)</td>
<td>.605</td>
<td>.305</td>
<td>.770</td>
</tr>
<tr>
<td>Life-time PTSD scores</td>
<td>.850</td>
<td>-.026</td>
<td>.785</td>
</tr>
<tr>
<td>IIS (PTSD related)</td>
<td>.957</td>
<td>-.189</td>
<td>.780</td>
</tr>
</tbody>
</table>
Also from the correlation analysis the following variables were identified as associated with measures of emotional health, Trait-Anxiety, number of physical health conditions, number of traumatic events during the war, Negative worldview, post-war stressful life events and self efficacy. The war-time main experiences of being a Concentration Camp Survivor and in the Armed Forces were associated with experiencing a high number of war-time traumatic events. Principal component analysis with varimax rotation was used to summarise the relationships among these variables. Three factors were identified based on the scree plot and on the Kaiser criterion for eigenvalues equal or greater than one. The three factors accounted for 59% of the variance. Factor A comprised of being a Concentration Camp survivor, high trait-anxiety, high number of physical health conditions, fewer years in Australia, Negative worldview and high number of war-time traumatic events. Factor B comprised on being in the Armed Forces, high self-efficacy scores, high number of traumatic events. Factor C comprised of female gender and post-war stressful events.

**Table 8.6.2 Oblimin rotated principal component solution**

<table>
<thead>
<tr>
<th>Factor loading</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Variance</strong></td>
<td>27%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Concentration camp survivor</td>
<td>.736</td>
<td>-.149</td>
<td>-.479</td>
</tr>
<tr>
<td>Trait Anxiety</td>
<td>.710</td>
<td>-.196</td>
<td>.260</td>
</tr>
<tr>
<td>Years in Australia</td>
<td>-.672</td>
<td>.102</td>
<td>-.050</td>
</tr>
<tr>
<td>Physical health conditions</td>
<td>.661</td>
<td>.194</td>
<td>.179</td>
</tr>
<tr>
<td>Negative worldview</td>
<td>.602</td>
<td>.352</td>
<td>.327</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>-.171</td>
<td>.741</td>
<td>-.354</td>
</tr>
<tr>
<td>War-time traumatic events</td>
<td>.501</td>
<td>.677</td>
<td>-.037</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>-.068</td>
<td>.633</td>
<td>.055</td>
</tr>
<tr>
<td>Gender</td>
<td>.088</td>
<td>.031</td>
<td>.753</td>
</tr>
<tr>
<td>Post-war stressful events</td>
<td>.153</td>
<td>-.212</td>
<td>.693</td>
</tr>
</tbody>
</table>

Note: only item loadings greater than 0.4 are shown in bold

A step-wise regression analyses were conducted to reveal the relationships between variables in Factor A thru C with the regression based of 'psychological distress' to assess their independent contributions to psychological distress variable. The results for Factor A variables are described in Tables 8.6.3.
Table 8.6.3 β values for Factor A variables associated with psychological distress

<table>
<thead>
<tr>
<th>Order of entry</th>
<th>Direct correlation</th>
<th>Model 1 β (sig)</th>
<th>Model 2 β (sig)</th>
<th>Model 3 β (sig)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Concentration camp</td>
<td>0.36**</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>2. Trait Anxiety</td>
<td>0.52***</td>
<td>.52***</td>
<td>.40***</td>
<td>.30**</td>
</tr>
<tr>
<td>3. Years in Australia</td>
<td>0.52***</td>
<td>ns</td>
<td>.40***</td>
<td>.34**</td>
</tr>
<tr>
<td>4. Physical health conditions</td>
<td>0.46***</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>5. Negative worldview</td>
<td>0.53***</td>
<td>ns</td>
<td>ns</td>
<td>.27*</td>
</tr>
</tbody>
</table>

**F-value**

|          | 25.14*** | 23.83*** | 19.63*** |

**Adj R²**

|          | .265     | .41       | .455       |

M₁=2 ***p<.001, **p<.01, *p<.05, ns=not selected

As Table 8.6.3 shows three variables from Factor A were selected (model 3) contributing independently to the variance in psychological distress including Trait-Anxiety, years in Australia and Negative worldview. Together these account for 45.5% of the variance in psychological distress according to the adjusted R². It may be said that the effects of experience of concentration camp and current physical health conditions are summarised or mediated by the three factors included in this model. Noticeably effects of trait anxiety are reduced by the inclusion of years in Australia and by Negative worldview. The confluence of trait-anxiety with other variables would suggest that trait-anxiety may not be considered a stable trait as initially conceptualised but may be subject to variation due to other factors.

As a second step, variables from Factor B were added to those of Factor A (Table 8.6.4) finding that female gender provided improved prediction (adjusted R²=.509 or 50.9% of the variance) in psychological distress. Post-war stressful life events though correlated with psychological distress (r=.26, p<0.01) was not selected in the final model (model 4) given its covariation with gender or other included factors. Inclusion of gender in model 4 did not change the values of the Beta coefficients of other variables in the model from Factor A (as might be expected given that these were from a distinct factor).
Table 8.6.4 Beta coefficients and model statistics for Factor A, B, and C variables entered

<table>
<thead>
<tr>
<th>Order of entry</th>
<th>Direct correlation</th>
<th>Model 1 β (sig)</th>
<th>Model 2 β (sig)</th>
<th>Model 3 β (sig)</th>
<th>Model 4 β (sig)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trait Anxiety</td>
<td>.52***</td>
<td>.52***</td>
<td>.40***</td>
<td>.35**</td>
<td>.25**</td>
</tr>
<tr>
<td>Years in Australia</td>
<td>.52***</td>
<td>ns</td>
<td>.40***</td>
<td>.38**</td>
<td>.32***</td>
</tr>
<tr>
<td>Gender</td>
<td>.41***</td>
<td>ns</td>
<td>ns</td>
<td>.26**</td>
<td>.25**</td>
</tr>
<tr>
<td>Negative worldview</td>
<td>.52***</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>.27**</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>-.29</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Number of wartime events</td>
<td>.32</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>-.18</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td><strong>F-value</strong></td>
<td>25.1***</td>
<td>23.8***</td>
<td>20.1***</td>
<td>18.4***</td>
<td></td>
</tr>
<tr>
<td>Adj R²</td>
<td>.26</td>
<td>.41</td>
<td>.46</td>
<td>.51</td>
<td></td>
</tr>
</tbody>
</table>

***p<.001, **p<.01, *p<.05, ns=not selected

Finally as shown in Table 8.6.4 entry of Factor C variables did not add to the prediction of psychological distress. Clearly not being in the Armed Forces, number of traumatic events and lower self-efficacy are related to psychological distress, however that association with psychological distress are explained by the factors included in model 4.

Summary

Trait anxiety, years in Australia, gender and Negative worldview contribute independently to psychological distress.
Figure 9.1 Polish orphan’s drawing in refugee camp India, 1943
Figure 9.2 Polish refugee camp Africa
Figure 9.3 Living quarters for Polish refugee children, after release from the Soviet Union
Figure 9.4 Polish soldier in the 1st Polish Armoured Division, 1944

Figure 9.5 Polish soldier’s pay book
Figure 9.6 Identification photographs taken during prisoner processing, Auschwitz Concentration camp, 1942
Figure 9.7 P-patch identifying Polish people during forced labour

Figure 9.8 Identification papers for Polish people taken as forced labourers to Germany
Figure 9.9 Ship boarding pass for the passage to Australia, 1949
Chapter Nine: Thematic analysis

The aim of this chapter is to describe the emerging themes from the transcripts of the audio-taped interviews (n=18), the field notes (n=50) and written testimonies (n=4) collected in the process of interviewing study participants for the quantitative study. The aim of the qualitative analysis was to supplement the quantitative data. Participants were invited to talk about their life, about their childhood and where they grew up, what happened to them during the war and how they coped with this and what led them to come to Australia and their life here. The researcher asked occasional questions to elaborate what was being said, but on the whole, the person spoke uninterrupted. Many themes replicate information already captured by the quantitative results presented in previous chapter and these represent information know to the field they are relegated to Appendix H. In summary these themes relate to war-time traumatic events as displayed in Table 8.2.3 such as experiencing lack of food and water, being close to death, witnessing the death of strangers and so on.

The themes presented in this are unique, that is, not captured in the quantitative questionnaire/interview and may explore new territory that could be important either to the general study of trauma survivors or specifically to the circumstances of the Polish survivors. Excerpts that begin in the first person are those from transcripts while those in the third person are from the field notes.

Three levels of narrative emerged from the individual’s story. The first is the individual own experience of his/her physical suffering and trauma, their emotional and psychological response to their predicament and the resources they used to survive and cope with their circumstances. People also described situations and incidents where they did not cope, that is, they had moments of crisis and felt all is lost, that they will die. The second level of the narration is the story of family suffering whereby the individual describes how family members endured both physical suffering and trauma and the emotional and psychological reactions. Part of the family’s trauma was the dispersal of family members and the consequential long-term fragmentation whereby family members in many cases were never to be reunited. The participant also describes the family resources used to help each other and the family unit to survive. The theme of the strong mother is echoed in a number
of stories were mothers endeavoured in difficult circumstances to find additional food and other resources to ensure the survival of their families. There is also the theme of ‘not coping’ where individual family members usually the mother were unable to continue caring for her child(ren) in meeting their physical or emotional needs. This had severe implications for the child and often was the result of the mother’s own failing physical health, exhaustion or succumbing to disease or illness.

The third level is that of the community and the individual provides a collective narrative of the impact of the Nazi and Soviet occupation on own local community. At the community level suffering is also described, whereby individuals recount witnessing the suffering of others, telling the stories of those who did not survive, but individuals also described the community resources that helped them and others survive. There are also examples of the community ‘not coping’, that is, the community does not respond to individual needs and in some cases acts in ways that are detrimental to the survival of the individual or family members. Conflict occurred within the group and also between groups that formed part of the Polish nation, i.e., Polish-Jewish relations and Polish-Ukrainian relations in particular, in the Eastern region of Poland where instances of ethnic tension and ethnic cleansing were described by participants.

The main theme of suffering permeates the individual’s, the family’s and the community’s experiences. Suffering was chosen as a term to encompass a range of adverse experiences and corresponding emotion to the experienced events. Suffering has been defined in medical, psychological and religious idioms as ‘the state of severe distress associated with events that threaten the intactness of the individual’ (Black & Rubinstein, 2004). The definition of suffering is connected to the culture in which it is defined, to the ethos of the society and to the way the individual communicates that suffering within that society. In other words, suffering is a unique form of social communication. As a lived experience, suffering is laden with social connotations and marked by symbols that are recognised and shared throughout the culture (Black & Rubinstein, 2004). This following analysis delves into the meaning of individual and family suffering in the context of wider community suffering.
9.1. Descriptions of participant’s life in pre-war Poland

As a prelude to the questions about the war, participants were asked to first describe their childhood, family life and their dreams and ambitions for the future. Participants came from different strata of Polish society. Some people came from quite wealthy and middle class families who had a lot of material resources and status in the community. They were living with the promise of a prosperous life, further education, career, marriage as described in the results below.

Result Box 9.1.1 Wealthy / privileged background

| ‘She belonged to an aristocratic family, landowners who had a large estate ‘majatek’ in Eastern Poland. They had a large house with servants and fields where workers came to plant and harvest the crops. She had an older brother. As the nearest town was some distance away she lived with another family as a boarder so she could attend school. She came home on the holidays. She had a care-free existence, lots of social gatherings, picnics, and dances called ‘majowki’. She was quite a striking young woman and had many admirers. She spoke of two men who were chasing her attentions’. |
| Exiled to the Soviet Union, female, interview #54 |

| ‘They had just built a new house when the war broke out. Her mother had arrived to this area when she was 14 where she latter met her father, married, and had three children. Janina was very close to her father. She said she loved him very much. They had great holidays. Her father worked on the railways, he received free tickets and every year the family would travel to Kraków where her mother’s family lived. Train travel at the time was expensive so it was quite a luxury. As a 12 year old she loved reading, especially books set in a historical context. She read all about Pilsudski’s military exploits in Russia and Siberia and it was a place she dreamed to see. When she heard they were going to Siberia she was excited as she had no idea of what lay ahead.’ |
| Exiled to the Soviet Union, female, interview #57 |

| She was born in Lwów in 1927, she was the only child of quite wealthy parents. They belonged to the middle class. Her father was the director of the railways and as a result they received railway tickets and could travel anywhere in Poland first class. Every year they went on holidays somewhere, Kraków, Gdynia, she remembers it as a beautiful city, a new city not like Lwów which was old and full of monuments. She was spoilt, she received a lot of attention from aunties, cousins. She was confident as a child, out spoken, she had lots of friends, and always went to summer camps ‘kolonie’. There was a tradition if a wealthy child went on a trip then the family would pay for a poor child to attend so they could go as well. Her mother was the lady of the house, she had servants and a wash woman. She belonged to the cubs, then the scouts. She had ambitions and dreams she wanted to be a surgeon. A family friend once remarked that she’ll probably be a senator in the parliament because she liked talking so much.’ |
| Exiled to the Soviet Union, female, interview #67 |
Zdzisława was born in 1926 in a small town in Polesiu. Her father was from Bukowiny and he had served in the Austrian Army. After the end of the First World War, he received a parcel of land in the eastern parts of the country as part of the colonization of the eastern territories. Her parents married in January 1926, her mother was a teacher and her father also completed his teacher training and gained a position as principle of a primary school in Stolin. Her mother continued to work as a teacher and she was looked after by a nanny until her sister was born and then her mother stopped working to look after both the girls.

Exiled to the Soviet Union, female, interview #43

‘I was born in Lwów. My father was a policeman, involved in intelligence. Our home was very political, where people were interested in politics, in what was going on in Poland, and in Europe. As children we listened to these discussions. I had two older brothers, Jan was 4 years older and Ciesław was 6 years older. My mother did not work, she only looked after us. We were living comfortably.’

Exiled to the Soviet Union, female, interview #08

In contrast, others described a childhood of poverty, where their family struggled from day to day as presented below.

Result Box 9.1.2 Poverty

She lived in eastern Poland with her mother, an older sister and two brothers. Her father died when she was four years old. Her mother was pregnant with the fourth child at the time. They lived on a farm but when her father died, they sold up and moved to the town. They had to rent accommodation, there was not much to eat, they did it hard, living in poverty. Her mother, as a woman couldn’t work so she used the proceeds from the sale of the farm to live off and somehow had to make ends meet. In the end, the money ran out and her mother did what she could, tried to find work.

Forced Labour, female, interview #69

Participants who came from a rural background described a degree of responsibility in helping run the family farm. Others came from entrepreneurial families that were business minded and believed hard work was a means of extracting themselves from poverty and disadvantage. These results are presented in Result Box 9.1.3.
Result Box 9.1.3 Rural background and hard working

<table>
<thead>
<tr>
<th>Forced Labour, male, interview #52</th>
</tr>
</thead>
<tbody>
<tr>
<td>He was born in 1924 in Karczewo, Wielkopolska. He grew up on a small farm about 5-6 hectares. He worked on the farm, ploughing the fields, delivering the milk to Kościan. He had three brothers and one sister. There were twins in the family. He described himself as a social person. His father had served in the German Army during the First World War as this part of Poland was under the Prussian partition. His father was in the cavalry the 13th division light artillery. They had proceeded as far as Paris and had been stationed in Strasbourg. He then fought with the Poles after they regained independence and fought against the Bolsheviks up to Kiev between 1918-20. He had a picture of his father on the mantle in his army uniform. Like his father, he had wanted to join the army. After the war, he served two years in the military police guarding over the stores in the DP camps and then he got a job as an instructor and one year working for the Red Cross in 1949 as a driver.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exiled to the Soviet Union, male, interview #39</th>
</tr>
</thead>
<tbody>
<tr>
<td>He was born in 1929. He grew up in Polesia a very picturesque area that encompassed part of the eastern European lowlands. His father was quite prosperous he bought and sold pigs. He traded in pigs. They also had cows, a few horses, chickens, and fields where they sowed crops of cereal and potatoes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forced Labourer, female, interview #29</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘She was born in 1923. She had two older brothers and two older sisters but wasn’t reunited with her family after the war. She described herself as shy, but she liked company. Her parents looked after her. She lived on a farm, where they planted potatoes, beetrots and cabbages. They had pigs, ducks, geese, horses and cows.’</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forced Labourer, male, interview #68</th>
</tr>
</thead>
<tbody>
<tr>
<td>He was born in Poland, in 1919 and grew up on an estate. A German lady owned a large estate with about 45 Polish families living and working there. This German family owned about seven such estates. This one was near Poznan the village was called ‘Jaszkowo’. The estate was about three and a half ‘morgi’ (measurement of land). His family comprised of two boys, he was the eldest, his other brother was born in 1921 and his sister in 1923. His father was a bit of a hooligan and his mother was very hard working. He was hard working like his mother. She said that her most hard working (best) child left her to become a migrant. The families that lived on the estate worked hard, long hours from 8am-6pm. They got half an hour for breakfast and about an hour and a half for dinner. They had their own living quarters, two rooms and a kitchen. They received a days wage for the work they did, one złoty (Polish currency) in winter and three złoty in summer. They also received a bag of potatoes, and wheat, which they could take to the mill to have it, grounded. His mother would then bake some bread so she didn’t need to buy it. They were able to sell any leftovers what they didn’t use to supplement their income. They had their own chickens, a pig and a vegetable garden. On the Estate, they had a distillery that produced ‘spiritus’ (pure alcohol). They also planted potatoes, beetrots, wheat, barley and other crops. Life was tough but they always had enough to eat.</td>
</tr>
</tbody>
</table>
As will be discussed later, many of the skills and resources alluded to above will prove to be important survival mechanisms during the war. Characteristics such as hard working, having farming skills, being industrious, being ‘street smart’ and enterprising all proved to be vital strategies for study participants and their families. For example, the participant described above engaged in war-time smuggling and trading on the black market. By being ‘street smart’ she was able to use this to her advantage by staving off hunger as well as being able to bride her way out of dangerous situations. Regardless of material circumstance, study participants described happy childhoods, a lot of family warmth and love. In many cases, the father was a figure of authority but also a person who displaced warmth and devotion to his children.

Result Box 9.1.5 Close, warm relationships

‘There were four in the family, her father had a large farm and her parents were doing well. Her father’s sister was also living with them. Her father was a happy, jovial man, he was interested in his children, what they were doing, and generally concerned for their welfare.’

Exiled to the Soviet Union, female, interview #40

He was spoilt, his mother looked out for him, he was his mother’s boy, he described himself as quite shy and his mother was always protective of him.

Forced labour, male, interview #7
On the other hand, some study participants were orphaned or lost one parent which made life much more difficult. Others spoke of rejection and abandonment by either one or both parents. These results are presented below.

**Result Box 9.1.6 Parent(s) death**

“She lived on the border of Poland and Germany. She was born in 1923. Home life was varied as her father died when she was three and her mother was left to raise three girls. She was the eldest. She lived in a town and went to school. She had friends but was quite shy.”

Civilian, female, interview #59

“He grew up on a farm near Lublin. There were two children. His mother died in childbirth and his older sister looked after him, she was three years older. His father re-married and he later went to live with his sister and her husband. He worked on the farm, and completed five grades of primary school. He described himself as hardworking. He had many friends. It was a pretty place where he lived.’

Forced Labour, male, interview #48

“She was born in 1922. She was the youngest of four children (there was a ten year difference) and was left an orphan when her father died she was 5 years old and her mother died when she was 8 years old. She was raised in Jablonie.’

Forced Labour, female, interview #25

“He lived in Warsaw with his aunty. He lost both parents when he was 5 years old.’

Armed Forces, male, interview #72

Abandonment and rejection by primary care-givers also had potential to increase a person’s vulnerability to future stresses by weakening the person’s capacity for survival during the extreme upheaval and disruption. In the cases described below, resentment and disillusionment towards the participant’s parent were long lasting.

**Result Box 9.1.7 Abandonment / rejection**

“I was born in Kraków on the 27th April 1922. My childhood wasn’t the most pleasant, because I can hardly remember my father. I was brought up in difficult circumstances. I was raised by my grandmother.’

Concentration camp survivor, female, Interview #17

“Her mother sent her to live with her father’s sister. She lived in central Poland. Her other sister was sent somewhere else and the youngest stayed with her mother. Her mother remarried. The girls didn’t get on with the stepfather so that’s why she lived with her aunt. She lived on a farm. She stopped going to school after a while and went to help in the fields, help around the farm. Her aunty had two sons. One was in the conspiracy.”

Civilian, female, interview #59
‘She was born in Poland in Lwów with her mother. She can’t remember her father, she doesn’t know what happened to him. Not sure whether he died or just left. Apparently, he had left for the USA to earn some money but he never returned. She had been killed in some tragic accident. She has no memory of her father. Her mother re-married and she remembers her stepfather around since she was 8 years old. Her mother had more children with him. Her mother remarried 1936 and she had two brothers; one was 12 years younger and the other was 14 years younger. She helped raise them. They are still alive in Poland. Her stepfather was quite mean to her. He didn’t really accept her. She felt he was jealous of her abilities at school. She had to live with her maternal grandmother and she would visit her family after school and on holidays. She loved her grandmother very much, as she was very nurturing towards her. Her other siblings were much younger than she, when she slept over it wasn’t a good thing. Not a pleasant experience because of the way her stepfather treated her. She described a sad upbringing, and harsh treatment from the stepfather.’

Civilian, female, interview #64

‘I was born in Lublin in 1925. I was one of four children. I had an older brother and two younger siblings. Life wasn’t easy for my mother. My father was a womaniser and a drunkard. He squandered our meagre savings. He finally left my mother for another woman. She had five of her own children. I hated my father for this. I couldn’t understand why he did this. My mother was the world to me. She provided for us as best she could. She could make something out of nothing. I was determined that I wouldn’t cry like my mother.’

Forced Labourer, female, interview #66
9.2 Individual war-time suffering

The theme of war-time suffering was described by all the participants in one form or another. This theme has been divided into two parts: i. physical deprivation and ii. trauma. Physical deprivation related to the lack of essential physical resources that people require to live. People who were exiled to Siberia, taken to forced labour in Germany or who were incarcerated in concentration camps or prisoner of war camps were subjected to primitive forms of transportation, to hard labour, reduced amounts of food, water, clothing - the essential elements of living. The degree to which people were deprived of these depended on the type of experience and the circumstances that they faced. As a consequence of the harsh environment, exposure to freezing cold, searing heat, infestation of bedbugs and lice, the effects of malnutrition and exhaustion meant that people were more susceptible to various diseases. The themes in relation to physical deprivation are depicted in Table 9.1

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical deprivation</td>
<td>62</td>
</tr>
<tr>
<td>Lack of food and constant hunger</td>
<td>46</td>
</tr>
<tr>
<td>Hard labour</td>
<td>37</td>
</tr>
<tr>
<td>Primitive living conditions</td>
<td>37</td>
</tr>
<tr>
<td>Physical illness e.g. typhus, tuberculosis, dysentery</td>
<td>20</td>
</tr>
<tr>
<td>Harsh climate – severe cold, searing heat</td>
<td>18</td>
</tr>
<tr>
<td>Infestation of bedbugs, lice and fleas</td>
<td>16</td>
</tr>
<tr>
<td>Conditions in the Cattle-truck</td>
<td>13</td>
</tr>
<tr>
<td>Serious illness and lack of medical care</td>
<td>11</td>
</tr>
<tr>
<td>Lack of clothing</td>
<td>9</td>
</tr>
</tbody>
</table>

Please note the themes of lack of food and constant hunger, hard labour, physical illness and serious illness and lack of medical care have been described in the quantitative section and are described in the Appendix H. Only examples that were unique will be presented here.
9.2.1 Physical deprivation

The following extracts encompass a number of themes including primitive living conditions, infestation of bedbugs and harsh climate. These themes are more prominent in the accounts of people who were imprisoned and among those exiled to the former Soviet Union. Participants taken as forced labourers also described living conditions where people were confined to barracks, where the conditions were crowded with little privacy (this has been described in Section 8.2.2). Results are reported in Result Box 9.2.1.

Result Box 9.2.1 Primitive living conditions

‘The name of the POW camp was Watenstedt. There were some 3,000 men in this camp. The camp was surrounded by barbed wire. He was there from October 1939-March 1940. The men slept in large dormitories with three tier bunk beds. They received 200 grams of bread in the morning, a watery soup. They went to work hungry. The conditions in the camp included rats, fleas, bedbugs, hard labour and little food, he almost starved. They had to build a factory, they laid down the foundations, then they were moved to other jobs such as in the steel works, gasworks, and making electrical parts to planes’.

Force labourer, male, interview #72

‘The commissioners asked what the conditions were like in the jail? [Soviet Jail] As an outspoken young girl she told the truth. She described herself as someone who spoke her mind, who was independent. She told the officials that after a shower they had more lice than before. All the women, about 60 in a room, were sleeping in bunks, all lying one next to the other so that if one moved the others had to move as well. You can’t sleep like this. There was no proper sanitation for women who had their menstrual periods. They hardly received any food and they were always hungry. The commissioners nodded to each other and left’.

Civilian female, interview #64

‘On his way from France to England he illegally crossed the Spanish border with three friends. He was arrested and thrown into jail in the town of Gerona towards the end of January 1943, where he stayed for at least three months. The food was scarce and of poor quality and worse still, during that time, they didn’t wash or receive a change of clothing. They didn’t have soap or a towel. Their belongings amounted to the contents in their pockets. Water was in short supply and was controlled by the criminals and those imprisoned from the civil war. The jail was overcrowded. As new arrivals, they slept on concrete without any blankets or anything to cover themselves. During the day they would stand around leaning against the wall or sitting killing lice that were as big as peas’.

Armed Forces, male, interview #34

Barracks were often infested with bedbugs and people fought to contain the insects that sucked their blood. People already exhausted by hard work and little food faced
the infestations of parasites contributing to the spreading of disease. Sanitation was also poor and contributed to poor health and disease. Examples of this are presented below.

Result Box 9.2.2 Infestation of bedbugs, lice and fleas

‘The women and children were loaded onto sleighs while the men (even though weakened by the journey) were expected to walk through the snow. It took one day and one night. Just on dawn the next day we reached ‘Posiolka’. We were allocated barracks. Our barrack was number 149, it was infested with bedbugs that ‘fed on us’ for the next 20 months. We became sick with malaria and other illness’.

Exiled to the Soviet Union, female, interview #42

‘This time my sister and I were taken to Sztuthoff. This was north towards the sea, in the Kaszub region of Poland. It was worse than in Auschwitz, there was nothing to eat, there were fleas, they were in the lining of the bed clothes, thick like poppy seeds, so many fleas like ants, they were in the cupboard where we kept our clothes, we would sit and pick them out. People got terribly sick, got dysentery and died. In the barracks, it was very cramped and we lay one next to each other, there was no room. It was very hard’.

Concentration camp survivor, female, interview #17

When people were taken as forced labourers or exiled to Siberia, cattle-trucks were the main method of transportation used. These were slightly modified for their human cargo and the following extracts illustrate how primitive the conditions were. People were herded into a confined space and transported long distances, not knowing their final destination. Guards were in place and the doors locked to prevent people from escaping. In the case of being transported to Siberia and other remote parts of the former Soviet Union, as there was nowhere to escape.

Result Box 9.2.3 Conditions in the Cattle-truck

‘Once they arrived at the station, they were left with just a few possessions they were herded into cattle trucks, there were no beds just straw on the ground. The situation was very frightening because no one knew where they were going. The train trip took about two weeks. Normally the journey to Germany takes about 2-3 days but the tracks had been sabotaged along the way so the train kept going forward, then backward. There was not much food on the journey just water, bread, whatever people had with them. If they stopped near a town they could get some soup. There was no toilet so it smelt terribly, the train stopped a few times so people could relieve themselves. One man went under the train to go to the toilet, the train moved and cut off his head. His wife and child cried’.

Forced labourer, male, interview #62
Two days later, the entire farming community was loaded into freight trains stationed a few kilometres away in the countryside. The sliding doors of the wagons were closed from the outside and the window openings had barbed wire. There were guards outside to make sure no one escaped. Once the wagon was fully loaded the train started to move east. When the train arrived at the Russian-Polish border the train stopped and people had to change onto another train as the Russian railway gauge was wider. Guards made sure that no one could escape. The train continued onto Siberia for the next two weeks. The doors of the wagon were no longer locked. The wagons were modified for its human cargo. In the centre was a pot belly stove to keep people warm or to prepare a simple meal. The further they traveled the colder it became. People scrapped snow off the roof or from the ground to have water to drink. The toilet was a hole in the floor and a chute on an angle. The hole was covered with a blanket to act as a screen. People were packed into the wagons like sardines, 40-50 people young, old, five six families sleeping on bunks made from planks of wood at each end of the wagon.

Exiled to the Soviet Union, male, interview #46

The extremities of hot and cold had dire consequences on people who were already weakened through hard labour and inadequate nutrition. In certain instances as in the concentration camp experience people were deliberately exposed to sub-zero temperatures in order to hasten their death.

Result Box 9.2.4 Harsh climate – severe cold, searing heat

‘For example, 26 or 27 January 1943 there was a severe frost with temperatures down to minus 25-30 degrees, during that time there were working gangs of up to two and a half thousand people and nearly 1,500 people froze to death. We had to weave in and around the frozen corpse and move them along about a metre at a time. At the gate, they checked whether it was a manikin or a frozen corpse. The people there were already frozen and the extra wait from 6pm to 9pm meant that an additional number of people frozen to death in the meantime… After they finished the counting, if no one was missing we were finally able to shelter from the freezing wind, and frost, from the wind and cold. After this we had to look for lice/fleas. You had to undress until you were naked and look for lice on your fellow inmate. This was designed to make us feel even more cold - to freeze, as the windows were open’.

Concentration camp survivor, male, interview #04

‘In the evenings the temperature got down to -40 degrees. People lived in barracks. During the winter it was a common sight to see dead bodies carried off into the cemetery’.

Exiled to the Soviet Union, female, interview #02

‘From there for about a week, we were transported no one knew where. They took us to Arkhangelsk. When we arrived there they ordered everyone out onto the snow. There was a terrible crowd and chaos. People crowded together and sat down waiting. We were told that they would come with sleds and horses and take us to the camp. Young girls were walking around trying to keep warm and they were rubbing each other’s faces to prevent frost bite.’

Exiled to the Soviet Union, female, interview #03
Further, some participants described the lack of appropriate clothing and footwear, which was crucial in a harsh climatic environment as described in the results below.

**Result Box 9.2.5 Lack of clothing**

‘*She (the German farmer whom she worked for) never gave us any clothing; you just had what you bought with you. I had no shoes; I walked in the snow and ice bare foot. I did have these clogs but I couldn’t walk in them they were uncomfortable. I remember one Polish woman telling me to wear the clogs otherwise I will suffer in older age and now I remember these words wherever I suffer from arthritis*’.

Forced labourer, female, interview #55

‘*We did not receive any clothes or shoes so we tied cloth to our feet because of the harsh cold, and freezing conditions*’.

Exiled to the Soviet Union, female, interview #03
9.2.2 Trauma

Trauma has been defined as an event where a person’s own physical and psychological integrity was threatened. This is in line with the first part of the DSM IV PTSD diagnosis where criteria A states ‘The person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others’. As depicted in Table 9.2 many of the themes resonated with the list of traumatic events described in Section 8.2.3 such as threat of harm, bombardment, witness to death, own experience of near death and so on. Only the themes not mentioned previously will be described here whereas recurring themes are presented in Appendix H.

Table 9.2. Themes related to individual trauma

<table>
<thead>
<tr>
<th>Individual Trauma</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any individual trauma</td>
<td>65</td>
</tr>
<tr>
<td>Threat of harm – sense of danger</td>
<td>41</td>
</tr>
<tr>
<td>Bombardment</td>
<td>30</td>
</tr>
<tr>
<td>Witness to death</td>
<td>30</td>
</tr>
<tr>
<td>Own arrest or imprisonment</td>
<td>25</td>
</tr>
<tr>
<td>Forcibly taken</td>
<td>19</td>
</tr>
<tr>
<td>Own experience of near death</td>
<td>18</td>
</tr>
<tr>
<td>Witnessing acts of violence towards others</td>
<td>17</td>
</tr>
<tr>
<td>Combat</td>
<td>16</td>
</tr>
<tr>
<td>Acts of cruelty</td>
<td>10</td>
</tr>
<tr>
<td>Beaten</td>
<td>7</td>
</tr>
<tr>
<td>Torture and brutality</td>
<td>7</td>
</tr>
</tbody>
</table>

The following extracts describe people’s arrest and/or imprisonment either at the hands of the German or Soviet authorities. The first excerpt describes the arrest and subsequent release of a woman who was fourteen at the time and was involved in smuggling food from the countryside into the towns, in order for her family to survive. She was smuggling goods with her brother and described how after being caught three times she managed to bribe or negotiate her freedom each time. The Soviets also arrested people they suspected of undermining their occupation. The next two excerpts describe the intimidation and arrest of participants by Soviet officials. One
woman was involved with the partisans and the other woman (a young girl of seventeen at the time) had been punished for protesting the removal of the Polish flag at a local hall. The last excerpt describes the arrest of a young man suspected by the Germans of political activities and he is sentenced to life imprisonment in Auschwitz.

Result Box 9.2.6 Arrest or imprisonment

‘I was lucky because I was caught three times. Once was while trading in Łowicz. They kept us there for a week or maybe more I can’t remember. Then they took us to Warsaw then to Skaryszewski Street supposedly for some medical examination. I said that I had a lung infection, I bribed them and somehow I was lucky and they let me go. The second time there was a round up on the train in Radziwilowie but two young men pulled on the emergency brake and we all jumped out of the train and since we knew the terrain so well we hid in some bushes and escaped again. The third time I was with my brother at the station with some goods and there was this ‘volksdeutch’ (someone of German descent), he was a railway employee and he patrolled the railway line. My brother and I are sitting at the station with our goods stashed in the bushes. He spoke to us in Polish; he told my brother to take a walk and called me to go into the bushes with him. I said no I don’t want to. When the train came, we got on board and he took our goods and put me into a carriage where it was written “Nur fur Deutche” (for Germans only). He told the other passengers that I called him a German pig and that is why he was putting me here. This wasn’t true but what could I do? They would believe take his word over mine. We stopped at the next station in Zyrardow and there was stationed both Polish and German police. He told the German police that I spat on him and called him a German pig. He gave them my goods and they took me to prison in Zyrardow. My brother went on. I don’t know how long I was there again in Skaryszewski street. The place was surrounded by Polish police. I had a bit of money on me because of our trading. In the room there were about 30 girls. People who had skin infections weren’t taken to Germany. I gave the money to one of the Polish policeman and he took the money and said he would let me go but we had to make love. I didn’t know what would happen, I was afraid and I didn’t go with him. After four weeks, they let me go because I had that lung infection. They let me go because I did have a mark on my lung from my childhood’.

Civilian, female, interview #14

‘The 26 going onto the 27th of April we were arrested. Celina and I were transferred after a few weeks from the prison in Białostok to this terrible prison run by the NKVD in Minsk that is in Lubiankach. This was a special NKVD prison in the shape of a watch-tower. There were 18 single cells on the first floor and four cells below on the ground floor. Underneath there were two cells used as a warehouse storage where there were a few people in each, there was one bathroom which they let us in every two weeks so that we could bathe’.

Partisan, female, interview #27
‘She was taken to a Russian Prison on Jachowicz Street. She was imprisoned for about two months before the trial. Her mother didn’t know where she was. One day when she was outside, she saw a neighbour and she called out to him to tell her mother that she was in the jail on Jachowicz street. In this way, her mother knew where she was. Her mother was able to make enquiries, to give bribes to officials to release her. After the trial, she was in the jail for a further three or so months. She was in the jail for may be five to six months. The women in this jail were all part of the intelligentsia, they were wives of officers and they were all educated. They would educate the younger girls to help pass the time’.

Civilian, female, interview #64

‘These were the first arrests in the region of Cieszynski, the German officials suspected that people who were not working in the factories, who were on the land had a lot of time on their hands and were involved in some sort of under ground operations as part of the resistance and partisan movements. They suspected but they did not know for certain. Based on these suspicions they arrested us. On the 27 December 1942, on the terrain of Zywiecki they arrested 150 people. They imprisoned us in Bielski, where there were very heavy interrogations, day and night. After these interrogations, they listed us as suspects, guilty of belonging to the Home Army (Armia Krajowa). The verdict was publicly proclaimed - the fate of the prisoners and they transported us on the 6th of January 1943. If they had proven our involvment, if they had the evidence they would have executed us - eliminated us, but they were unable to prove any involvement despite the intense interrogations. Before they settled us into Auschwitz, they assigned me the number 85,342. The numbering system in Auschwitz was sequential, thus 85,341 prisoners had already been there before me. Later they sent people from Auschwitz to other camps, because they were unable to fit all these people there. In the central camp in Auschwitz they could only fit a maximum of fifty thousand people. These were old army barracks’.

Concentration camp survivor, male, interview #04

The theme of being forcibly taken was an integral part of being a forced labourer or exiled to Siberia. People who ended up in Germany were often summoned by an official letter stating that the person had to present themselves to the authorities and would be allocated work in Germany. There was no choice involved and people were threatened with ramifications for themselves and their families if they did not comply. Others were caught in street round ups and were taken as they stood to Germany, not allowed to take any possessions or to say goodbye to loved ones.

People who were forcibly taken to Siberia were often taken in the middle of the night or early in the morning. Armed soldiers would come to the door, instructing people that they had little time to pack, to take what they could, that they were being relocated to another place ‘for their own good’.
A number of study participants who were sent to Germany as forced labourers reported being exposed to harsh or cruel treatment by their employers. People’s movements were restricted and there was a sense of intimidation, that is, if they did the wrong thing they could be reported to the police or worst still to the SS. Their fate was determined by the good will of the employer. Relations between Poles and Germans were forbidden and if the man was a Pole it was punishable by death. The following extracts describe the sense of intimidation and the lack of consideration on the part of their German boss.

Result Box 9.2.8 Cruel or harsh treatment

‘The farmer had a lot of chickens, one day in the field she found an egg and she ate it. She had a bit of yolk on her cheek. When the farmer saw the egg stain on her cheek, he hit her in the face and over her head. She started to cry and wet herself. She became very distressed. She remembers getting sick and ended up in bed as a result. She was warned not to eat anything else. The farmer had a lot of food, there were lots of chickens running around, and he could easily have spared that egg.’

Forced Labourer, female, interview #70
‘They were treated worse, the boss often yelled at them and if people did the wrong thing they had vicious dogs that would bite them. The Germans used the dogs on the Russian girls especially if they were seen talking or meeting with other men. Relationships were not allowed and there would be grave consequences if a girl fell pregnant. The boss kept saying to them to be ‘good girls’. All the girls were afraid of the German boss, especially when he yelled but she was never beaten or hit. She remembers once that the boss locked them in their camp and some young men came and cut out a hole in the fence. There was a band or some festivities in the town and they were not allowed to go. When they were released all the young girls left, only the older women stayed behind. When the boss found out he yelled at them and she remembers being so frightened at the sight of him that she scrambled up a tree and hid, she can’t remember how she got up the tree but she did. Another time she experienced fear when she was caught for not wearing the letter P. Once she was caught by the boss and was locked in a basement for a few hours. Another time, she was out with a friend in Alexanderplatz (East Berlin). There was an amusement park there and the girls were stopped by the German police in yellow uniforms and asked for their papers.

Forced Labourer, female, interview #12

The following extracts in Result Box 9.2.9 describe the presence of death where people had witnessed the death of others, or were in the presence of dead bodies.

Result Box 9.2.9 Witnessing acts of violence towards others

‘He joined the army at the age of 21. He had a girlfriend at the time. He was in the army for six months before the war broke out. He joined in March and the war started in the autumn of 1939. He was in the infantry and fought until the 2nd of October 1939 when he was taken as a POW. He had fought in East Prussia (Prusy Wschodnie) on the 12th of September. He recounted how a bomb fell near him and he was covered in dirt. One friend was killed from the shrapnel and the other had his intestines blown out. As they were retreating to Warsaw he saw a lot of dead bodies’.

Armed Forces, male, interview #72

‘He participated in the Warsaw Uprising that lasted 63 days. He was under constant fire and witnessed the death of friends and other fellow fighters. He would see 10-20 people executed daily. He was engaged in various acts of sabotage against enemy supply lines, distributing underground newspapers and leaflets. He was surrounded by the enemy in the forests. He didn’t trust anyone. He was always vigilant during the rising he slept 4 hours then 4 hours duty but he couldn’t sleep’.

Civilian and partisan, male, interview #19
9.3 Psychological and emotional responses

Psychological suffering encompasses the emotional response to the physical suffering and traumatic events. According to the second part Criteria A in the DSM-IV the emotional response to the traumatic event(s) involved intense fear, helplessness, or horror. In this study, people described a range of emotions as responses to the physical deprivation and the traumatic events described above. Fear was often expressed in relation to bombardment and combat. The acts of cruelty and mistreatment often evoked feelings of humiliation. Examples given included being stripped naked as a forced labourer and being deloused. People who were forced labourers also described the sense of not being as worthy as the Germans, when they were treated as inferior ‘slave’ workers. People also described loneliness, feeling apart from others, not being accepted by others. The feeling of humiliation was most intensely felt in the concentration camp, where the whole system was designed to dehumanise and degrade people. The sense of ‘not knowing’ resulted when people were imprisoned or were forcibly taken to Siberia. The ‘not knowing’ caused them unease and worry as well as loss of control over their immediate destiny. Grief was another emotion expressed in the transcripts, grief over their own predicament and in relation to the sense of helplessness. Table 9.3 lists all the themes in relation to psychological and emotional responses. The feelings of fear, grief, humiliation, and anger have been described in Chapter Eight, Section 8.2.5 for examples from the qualitative data please refer to Appendix H.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any emotional or psychological response</td>
<td>55</td>
</tr>
<tr>
<td>Fear, apprehension, anxiety</td>
<td>43</td>
</tr>
<tr>
<td>Grief and despair</td>
<td>34</td>
</tr>
<tr>
<td>Humiliation</td>
<td>21</td>
</tr>
<tr>
<td>Not knowing what will happen next</td>
<td>18</td>
</tr>
<tr>
<td>Demoralisation / profound disappointment / betrayal</td>
<td>10</td>
</tr>
<tr>
<td>Moral dilemma</td>
<td>10</td>
</tr>
<tr>
<td>Loneliness</td>
<td>6</td>
</tr>
<tr>
<td>Ambiguity</td>
<td>6</td>
</tr>
<tr>
<td>Themes</td>
<td>Number of study participants referring to this theme</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Fear of being left behind</td>
<td>4</td>
</tr>
<tr>
<td>Emotional numbing /having no feeling</td>
<td>4</td>
</tr>
<tr>
<td>Anger</td>
<td>3</td>
</tr>
<tr>
<td>Reconciling the past</td>
<td>3</td>
</tr>
</tbody>
</table>

9.3.1 Not knowing what will happen next

The sense of ‘not knowing’ was repeated in a number of transcripts where people were in situations where they had no control over what happened to them and were at the mercy of others. The ‘not knowing’ was most poignantly expressed in the excerpts where two men awaited execution and didn’t know their fate, whether they would live or die. The excerpt below also highlights the sense of not knowing one’s own fate.

Result Box 9.3.1 Not knowing what will happen next

‘There was great fear as every now and then they would sort through people and send them somewhere, no one knew where. When they were sorting people, I hid and in this way stayed in Plaszow’.

Concentration camp survivor, female, interview #17

‘I had my documents in my coat and I remember we had to stop because there was this mud and the vehicles would get bogged so we placed planks of wood down to drive across. I put my coat over the vehicle as we were working and someone took my coat and my documents. There were always people passing by. This caused me a lot of worry but it all worked out in the end. Throughout the war period we were always on the move only no one seemed to know where to. My understanding of the situation was that we were re-treating somewhere escaping. Once, my vehicle was in the first column with a machine gun installed. Where we were going I had no idea and I never asked’.

Armed forces, male, interview #18

‘Then from Poznan he went to Łódź and was involved in the underground. He was captured in a street round up and again imprisoned. Every day names would be read out of who was going where, this person to the concentration camp, this one executed, he waited for his name to be read out, waited for months. Finally it was read out and he was to go to a labour camp in Germany.’

Armed forces, male, interview #45
‘It was a beautiful manor house with flowerbeds. They took us there, lined us up against the wall, and ordered us to stand there from 5am to 9pm. We were waiting for the execution. I was so hungry and tired that I just didn’t care one way or another, what was to happen to me. We were saved by the fact that the 4th regiment was still trying to get through to Warsaw. The artillery was firing, surrounding the manor house, there was smoke and sand was flying everywhere. The German command started to evacuate the manor house. They quickly pushed us into a car and transferred us somewhere near Pruszkow. There I was taken into captivity, captured by Hitler’s guard. The SS men threw us into a farm where there were about 100 other prisoners’.

Armed forces, male, interview #31

9.3.2 Demoralisation, betrayal and disappointment

The theme of demoralisation refers to a profound sense of betrayal and disappointment in the integrity of others and the expectation one has of friendship in times of hardship and danger. Examples are given in Result Box 9.3.2. The first account described the sense of betrayal as reported by one of the study participants at being reported to the Gestapo by one of his Polish friends. This participant was Jewish and described life before the war when he had many friends, most of whom were Catholics. He felt no different from them and often would accompany them to church. He was betrayed by one such ‘friend’. Another account also questions friendship, that is, friends who steal your bread when you have nothing to eat. The third account described an incident where important resources were stolen, at a time when the participant was already very vulnerable. The study participant and his sister had left the hospital after recovering from a bout of typhoid that had killed their parents earlier. They returned to the kolkhoz to collect what was left of their belongings and from there they walked to Buhar, a town in Uzbekistan. While resting in a side alley the study participant describes how someone stole his shoes. This is in the context of a series of profound losses. Another study participant was a soldier in the September campaign and after the defeat described a sense of deep disappointment at the loss of his homeland.
When the Second World War broke out, on the 3rd of September 1939 the German army invaded Kraków. The Germans captured people and sent them to forced labour, to do many things, working in mining, in factories. There were people who hid Jews and there were those who exposed them. I don’t want to blame anyone, everyone had their own trials, and maybe they were scared. My friend betrayed me, but I don’t want to talk about this, it is not important…. I walked back to Kraków it took many days. I went back to my home, where I had lived, the landlord said ‘I can’t help you, I am too afraid, there are no Jews left’. I had one friend from school, he married a girl named Martha, and she liked me very much. We all went to church together (St Joseph’s) so I went to them. I could have gone to the priest, people knew me, maybe the priest wouldn’t have betrayed me, who knows. I stayed at my friend’s place for a few days. I had some money saved, you needed money to buy bread - one day bread would cost two złoty, the next day five złoty, then ten złoty. One day, my friend saw me remove some money from the lining in the sleeve of my coat. He saw that I had some money (American dollars) and he must have told someone about this. I’m not sure whether he betrayed me or that he told someone else and this person went to the Gestapo and betrayed me’.

Concentration camp survivor, male, interview #36

‘She left her family and went off with some friends to find some work. This was a big mistake as they stole her bread and this is the ‘type of friends’ you have when people are hungry. She thought later she should have stayed with her family during this difficult time’

Exiled to the Soviet Union, female, interview #43

‘As the night turned to morning I was awoken by someone tugging on my feet and realized that someone was stealing my shoes. A man had pulled off my shoes, I was too tired, surprised and scared to do anything about it and watched as the man walked off with my shoes. From then on, I had to walk bare footed. We left Buhar the next day and continued walking to the outskirts of the town. We had lost all our belongings.’

Exiled to the Soviet Union, male, interview #46

‘Towards the end of December 1939 he managed to cross the Polish Hungarian border and reported feeling low spirited at the loss of freedom of his homeland’.

Armed forces, male, interview #34.

9.3.2 Moral dilemma

This theme is at the crux of integrity that is, having a strong moral conviction and staying true to that conviction. Shame and guilt often occur when people are placed in a situation where they act contrary to their own value system. Participants described the situation as one where they had no choice if they wished to survive. After the trauma people judged their own actions based on their current structure of...
morality and assess it accordingly even though logically they knew that this was not practical at the time.

The first account recorded in Result Box 9.3.3 was recounted in front of the woman’s husband who protested that because she took that extra portion someone else missed out. She defended her actions saying ‘I wanted to live, I didn’t look at others, just looked after myself, because I wanted to eat.’ Another study participant described the very difficult situation where in order to save himself he had to leaving his infant son and wife behind knowing that they will die. The third account was of woman described an incident where she ate the sweets made by her friend who had saved them especially for her daughter. This is in the context of being imprisoned in a Soviet gulag, where she was starved and exhausted. She couldn’t stop herself but even now still questioned the morality of what she did; how could she have let that happen? This is one of the few excerpts where the study participants felt guilty. This was reflected in the quantitative section were very few people reported feeling guilty as a response to their worst or most frightening experience. Instead, people seem to weigh up their actions, reflect on them and integrate these experiences into their current moral framework. Another account was when the study participant was shamed by someone else at what she had done at the time and this made a lasting impression on her.

Result Box 9.3.3 Moral dilemma

‘Once again I coped with the situation, should I tell you how? In the morning when we stood for the head count and I had put two aluminium plates underneath my clothing. When the count had finished I went over to where they were preparing the food in these large metal pots. I went with my plate and ate my portion and then went up with the next plate for my sister. During this time I saw what happened to another woman who did the same as me, they were beating her very badly but I did not take any notice of this, I wanted to eat. I didn’t even think that this could also happen to me. I got away with it, I was quite clever, and I kept getting away with it. I didn’t take away from anyone else, when we stood in the queue, many a time it got to my turn and there was no soup left. This was the way it was day to day. I wanted to live, I didn’t look at others, just looked after myself, because I wanted to eat.’

Concentration camp survivor, female, interview #17
‘From there they transported us by train to some place, I have no idea where we were going. We were traveling for a number of days. My child was dying in agony on this journey. My wife said to me then ‘if we can’t save ourselves, you try to save yourself if you can.’ We passed through an area I don’t know where it was, there was a lake and swampy marshes, there was a small window in the train. I climbed through this window and jumped into the marshes. The water and the low-lying branches covered me. I spent a few days in the water. Apparently, they stopped the train and searched for me but couldn’t find me. The train went on without me.’

Concentration camp survivor, male, interview #36

‘One time when she felt very guilty was when she shared her room with a Polish woman who had a young daughter who was in a different camp and they had been apart for three years. It had been arranged that her daughter was to visit her mother. Another woman was to bring her. Somehow they managed to get some sugar and they made lollies for the little girl as a present. The lollies were in the room and she described how she ate one, and then another, and another, until there were none left. She couldn’t stop herself. She felt so bad afterwards, so guilty that she deprived the little girl of her lollies, and the mother who was her friend, of that gift. She still questions herself over this incident today. Even though she knew she was so hungry and had been near starved, still how could she have lost control over herself and let that happen.’

Exiled to the Soviet Union, female, interview #35

‘I remember learning a lesson not to speak about other people. At the time one of the girls was involved with the gardener; there were a lot of women and few men. People gossiped about her and I would overhear. One day she asked me what people said about her and I repeated what I had heard. Sometime later, I was carrying a large bag of cucumbers into the small village to sell; you can’t just live on cucumbers. The gardener’s son was driving a horse drawn wagon and asked whether I wanted a lift. I hoped on and put my bag of cucumbers down. He asked what have you in there and I replied ‘a bag of stones’. He said ‘you so and so’. You lie now but when asked about the girl you told the truth’. Ever since then I don’t spread gossip or repeat what others have told me.’

Exiled to the Soviet Union, female, interview #08

‘I remember going into the fields and people were digging up the potatoes and I was filling my pants with them, stuffing them into my pockets, into the cuff of my pants as many as I could. It was honest stealing. There was hunger all the cats and dogs of the district had been eaten.’

Exiled to the Soviet Union, female, interview #47

‘Czajkowski was an older fellow, he was already 60 years or older. To test whether I was a thief he would leave money behind and other things and since this never interested me I never took any of this and he trusted me so whenever I wanted to I would just turn up. Later I admitted that I was a thief because I stole his bread. I was always hungry, it didn’t matter how much food I had, I never had enough. Over food you could always accuse me. When something was left on the table my hand would wander.’

Civilian and partisan, male, interview #19
The question of stealing was mentioned a number of times in the narrative accounts (see Result Box 9.3.3). This was especially common in the Siberian accounts where the only way to survive was to steal a potato, some cabbage or collect some spilt grain. One woman used the phrase ‘stealing honestly’, in that there was no other way to live. There was no sense of wrong doing in the narrative. Even though people acknowledged that it is wrong to steal, they did not feel that what they were doing contravened their moral integrity as the desire to live outweighed the consequences. One man who survived the concentration camp described how he had received some butter that had gone off - it had blue stars of mould in it. His friends warned him not to eat it. One prisoner really wanted the butter, he demanded it so he gave it to him and he was dead within two days. Mould was death to the prisoners. This story also reflects a moral dilemma of whether one can prevent someone else from dying. The other prisoner was so insistent and didn’t seem to care for the consequences that the study participant didn’t think it was up to him to decide.

A few study participants spoke about still being haunted by the events of the past, not just re-living the events but trying to making sense of them and how they have fitted into their wider narrative of survival. One study participant questioned, why did so many good honourable people die and I’m alive?’ ‘The best people perished, the noble ones died, while the less worthy ones live.’ At night, she weighed up these sorts of questions and reflected upon what she did and didn’t do and what she could have done. This was quite draining for her and she would wake with a headache. She often reflected on ‘why did those people in the conspiracy die and not me?’ She gave the example of a woman who had a daughter with an intellectual disability. She was sent to an institution and was killed by the Germans. Another woman had two daughters who were very pretty and the Germans came and shot them. Other young men aged 19-24 years old, who were the same age as she was at the time, were caught and executed.

One man who survived the concentration camp weighs up in his mind whether he could of helped a fellow inmate, he felt he couldn’t because he wouldn’t have survived he still has trouble reconciling this. He received a few parcels from his family which contained bread dipped in lard. The other prisoners wanted his bread and he wanted to give some but knew he had to eat it himself in order to survive. He
gave away the paper and string that had also been dipped in lard and the prisoners put this in their watery soup.

‘Sometimes I feel guilty that I didn’t help a friend but then I would have perished because this was punished.’

Concentration camp survivor, male, interview #04

9.3.3 Ambiguity

The theme of ambiguity was best described in the extracts in Result Box 9.3.4 where the enemy acted in unexpected ways. The participant was cynical in recounting this story as there were so many acts of brutality on the part of the Germans and here they were concerned that a young boy did not have any shoes. The capitulation in this narrative refers to the surrender following the violent suppression of the Warsaw Uprising in 1944. The sense of ambiguity also surrounds his status as a prisoner of war. Just moments leading up to the surrender the partisans would have been executed as bandits now moments later the German commander was giving assurances that they would be treated as prisoners of war. The story of the boy without shoes can be viewed as a metaphor for the uncertainty that people faced. The second account was of witnessing the brutalising of dead German soldiers by Polish soldiers during the September campaign 1939. The participant remarked that war is not pretty. The third account highlighted the ambiguity following the end of the war. This man meets a German SS man for whom he worked. This man would have been responsible for the deaths of many yet he treated him fairly. He decided not to turn him into the authorities. His philosophy was that truly evil people had no fear whereas people who fear, based on this fear chose to do either good or bad things. He recounted how some of the wives of the Gestapo would throw boiled potatoes over the fence to the prisoners while many chose not to. He became emotional as tears welled up in his eyes. He said with great sadness ‘you can’t judge people you don’t know why they did what they did’. He was re-captured by the Germans because he was betrayed by his friend, the man who he had been living with. ‘You don’t know why people do good things or bad’. Despite his grave misgivings towards the Germans, his resolve was not to do the same, not to turn this German in.
Result Box 9.3.4 Ambiguity

‘After the capitulation, they took all the soldiers into one place and the civilians into another place. When we were in this field the German Field Marshal Von dem Bach commander of all the units appeared …… He was the commander in Warsaw not only for the German infantry but also the SS divisions. There was also Herman Gering from the armoured division as well as the Ukrainian SS Divisions. Among the divisions were Galicians, Ukrainians, and Mongolians who had earlier been taken into captivity, and now fought on the German side. There were also battalions comprising of German criminals making for good company. Anyway he delivered a speech to us saying not to be afraid as we are being recognised as Polish soldiers not bandits (because they killed bandits on the spot), ‘you will be sent to prison of war camps not to the concentration camps, nothing will happen to you’ and so on. ‘We will uphold the Geneva Convention and you will be treated as prisoners of war. It was all very nice. This was escape number 10 because we really didn’t know what was to come of it all. They were so pleasant, so nice - they saw a boy without shoes who was standing there barefoot. Field Marshal asked through a Polish interpreter ‘why has the boy no shoes? The boy answered in Polish to the interpreter, ‘listen when we were leaving Warsaw this Ukrainian pulled off my boots because I had these long cavalry boots that he took a liking to and he pulled them off me. The General listened to this and sent his assistant to that Ukrainian Division and in twenty minutes the boots were back. They were ‘so good’.’

Partisan, male, interview #38

‘We jumped out to Swiecice near Warsaw. Everyone yelled hurray, hurray. At a certain moment, I heard that a car was approaching and the reflectors were shining. The second lieutenant cried ‘stop who is coming’. We heard ‘halt’. The order was given ‘fire’ and then silence. We walked up to the motorcycle and there were two SS men from Hitler’s guard killed by us. Our men started to brutalise them, hitting them with the bayonets, they kept firing at them. It wasn’t pretty but when its war, its war’.

Armed Forces, male, interview #31

‘One day I went to the cinema and I met the German, the SS man I had worked for and he invited me and another German for drinks to his place. He was very cautious, as he was afraid of being exposed as a SS man. I didn’t want any harm to come to him because he was good to me, he helped me, he had a good heart. They had a cake and bimber (a brewed drink). I did not fully trust them so I waited until they ate the cake before eating it myself. I tried to talk with them about what happened during the war and why they were in the army but they did not want to. There were lots of Germans there so we decided to leave this place and go to Czechoslovakia. We left behind a beautiful apartment, a good living, we had food, wine, everything and just walked away from it all.

Concentration camp survivor, male, interview #36

9.3.4 Loneliness

The following excerpts in Result Box 9.3.5 illustrate the sense of ‘other’, that is, the participants feeling apart and different from the people around them. The sense from
the excerpts is that the study participants felt less worthy than others and this created a sense of disconnection and loneliness.

Result Box 9.3.5 Loneliness

‘In the Soviet Union she was always alone. The other women were together and she was jealous of them. When she worked in the kitchen (40 hours working and 8 hours sleep) she didn’t have anyone to talk to as people didn’t treat her very well’.

Exiled to the Soviet Union, female, interview #35

‘The German woman took them to her home near a small village. The other girls lived in the village. She was sent to live in a small house some 2kms away from the village. She was alone and kept crying ‘where am I?’ She had to milk the cows…. A new law was introduced that foreigners weren’t allowed to sit at the table with Germans. She felt very sad about this; she was distressed. She felt very isolated, there was a time when she hadn’t seen her friends for two weeks, and she kept crying’.

Forced labourer, female, interview #24

It was 1943 and she was sent to Germany to forced labour. She worked for about 4-5 months. She was aged 19 at the time and worked in a kitchen, and sometimes she was outsourced to people who needed catering services. During the process of being selected, she felt that the girls there were like cattle. The German women walked around and looked the girls up and down. She felt like a prisoner, ‘niewolnik’. She worked there as a waitress, tending the fires in the kitchen and dining room, washing dishes and so on. She was separated from her family; she remembers standing in the kitchen, her eyes welling up with tears, feeling alone, ‘I forgot where I was’.

Forced Labourer, female, interview #01

9.3.5 Fear of being left behind

The fear of being left behind was most commonly expressed by people who were taken to Siberia. This was expressed by people who were children at the time and feared being separated from their mothers. In the case cited in Result Box 9.3.6 one woman who was separated from her mother as a child relived her anguish and distress as a grown woman when her mother decided to go to Poland for a holiday. She experienced acute distress and linked these feelings to her childhood when she was left by her mother in an orphanage.

Result Box 9.3.6 Fear of being left behind

‘After many hours, my brother Jan and I cried a lot because we were afraid that the train would leave and there were so many people, about 70 people, packed into the wagon, the cattle wagon with their bundles, of everything that people could take with them…’

Exiled to the Soviet Union, female, interview #08
'After 1941, after the amnesty, his brothers joined the army, they travelled to Uzbekistan. He travelled with his brothers. He felt a duty towards them, so they had to stick together and he would help find food to survive. His mother was left behind when she got off the train to buy some food and the train left. He went with them to Persia for four months and then spent seven years in West Africa where he went to school and later worked. He was reunited with his mother in Africa in 1945. His two brothers both died of typhus and stomach related illnesses.'

Exiled to the Soviet Union, male, interview #39

The worst event for her was being placed in an orphanage in Teheran, she was separated from her mother – she remembered at the time wanting to go there, hearing there was better food, conditions etc. When the moment came, she was inconsolable and later felt upset at being left behind. She experienced this most acutely when her mother decided to go for a holiday to Poland when she was 37. She felt this strong sense of abandonment. She felt like she was reliving the feelings of when her mother let her go to the orphanage. She also had similar feelings aged 34 when she left her daughter at the kindergarten for the first time and her daughter started to cry. The time her mother left for Poland, she suffered from a period of depression for which she sought treatment from her GP.

Exiled to the Soviet Union, female, interview #28

The following excerpts described a sense of being disconnected emotionally, having no tears left, or as one participant described, experiencing such intense fear that she fell into a deep sleep and only rose when the traumatic event was over. Two other women described not showing any emotion when in the hands of their captors.

Result Box 9.3.7 Emotional numbing / having no feeling

'She says she is unable to cry about it (what she experienced in Siberia), 'I feel as if I have no tears left'. She prefers to rely on herself not so much on other people'.

Exiled to the Soviet Union, female, interview #09

The bombing was quite intense. The Americans would drop flyers warning people to hide. The bombs were falling everywhere. One village was hit by 150 bombs. Even the horses knelt in fear. Towards the end of the war they were using fire bombs, even bricks would melt the intensity was so great, whoever was caught by it would melt. She hid in the basement in a part that was protected. She was afraid to go into the underground shelters. She would fall into a deep sleep and awake when the bombing had finished.

Forced labourer, female, interview #50

'When in prison or in the Soviet Union, she did not show emotion instead she was always watching what other people were doing. She never showed emotion in front of others. She also felt that she didn’t want to show her suffering, she hid it. She feels that here too (Australia), there are people who aren’t nice to her, who are out to get her.'

Exiled to the Soviet Union, female, interview #27
9.4 Individual survival mechanisms

‘How much does one have to bear – only then does a person know how much they can endure.’

Partisan and Exiled to the Soviet Union, female, interview #27

‘A person can live through anything.’

Exiled to the Soviet Union, female, interview #08

The above quotes illustrate the main theme that emerges in terms of coping with the physical deprivation and traumatic events outlined in previous sections. The underlying sentiment in these accounts is how some people make sense of their survival. How much can a person bare, endure, one only knows when one has been pushed to the limits, when one has gone through so much. A study participant who survived the concentration camp made the comparison between man and a bar of steel. He said ‘a bar of steel, even though it is strong, if you leave it in the fields it will rust with time, from the weather; the heat and the rain, it will deteriorate. Not man he will survive anything.’ This reflects the belief in the self, in one’s own capacity to endure. This kind of thinking may be the substance for seeing subsequent adverse events as more manageable. Within the narrative accounts, people described their own physical and personal characteristics that helped them get through their ordeal. The themes are described in Table 9.4.

Table 9.4 Individual survival mechanisms

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any individual survival mechanisms</td>
<td>53</td>
</tr>
<tr>
<td>Own abilities and skills</td>
<td>37</td>
</tr>
<tr>
<td>Personality traits</td>
<td>20</td>
</tr>
<tr>
<td>Acts of defiance</td>
<td>20</td>
</tr>
<tr>
<td>Spiritual experiences and divine intervention</td>
<td>19</td>
</tr>
<tr>
<td>Belief and hope</td>
<td>17</td>
</tr>
<tr>
<td>Will to live</td>
<td>10</td>
</tr>
<tr>
<td>Helping others-fighting for a cause</td>
<td>8</td>
</tr>
<tr>
<td>Fate &amp; destiny</td>
<td>5</td>
</tr>
<tr>
<td>Physical characteristics</td>
<td>5</td>
</tr>
<tr>
<td>Acts of self-preservation</td>
<td>2</td>
</tr>
<tr>
<td>Not coping – moments of despair and giving up</td>
<td>4</td>
</tr>
</tbody>
</table>
9.4.1 Own abilities and skills

People described their own resourcefulness, that is, concrete actions undertaken to secure some extra food, or provisions, taking risks, making decisions that could mean the difference between life and death. People also described various talents and skills they had which could be used in exchange for better conditions such as more food. Among participants who were forced labourers in Germany, those with farming skills and who were hard working in some cases were regarded more favourable by their German bosses. Participants who learnt German quickly meant they were able to negotiate better conditions and in some cases circumvent punishment. Others had skills like sewing were used in exchange for extra or better food (see Result Box 9.4.1). Thus, being useful or being seen as useful had survival value. Further, many of these skills can be linked to the earlier section where participants described their family life and their background. People who had a rural upbringing would have skills and knowledge that was important in surviving in Germany as a forced labourer or in exile in the former Soviet Union. Participants who came from educated backgrounds had the basis for learning languages quickly and for learning other skills.

Result Box 9.4.1 Own abilities and skills

“For some time I was able to cope by getting out of the ghetto and trading goods. I took jewellery and snuck out into the city, traded this for food and brought food back to the people. In this way, I was able to survive as well.

Concentration camp survivor, female, interview #17

‘I was an interpreter. Firstly, I interpreted from Russian. My mother knew German. In the beginning, I interpreted from French because I had studied French at school. Honestly speaking it was to my advantage that no one exploited me physically and I had a degree of respect.

Armed Forces, male, interview #18

She adopted an attitude to work hard so she would be respected. The crying went on for about one year then she said to herself that the crying isn’t helping her and she must stop it. She had used strong will power to stop the crying. She thought she needed to survive.

Forced Labourer, female, interview #24

‘Word of mouth got around that I made socks and that is how we survived the winter.’

Exiled to the Soviet Union, female, interview #08
There were German nuns at the hospital. They asked her if she could sew and in exchange for mending socks and other things, she received better food, not the hospital food but real chicken broth and a bit of meat all in exchange for the sewing. The men in the next barrack kept asking ‘what are you eating’ it isn’t the same as what we get’. She wasn’t allowed to tell anyone otherwise she and the nuns would all be in trouble…. Another time a policeman stopped her because she didn’t have the letter P – identifying that she was Polish. She was able to speak to the policeman in high German. She told him that the people she was working for didn’t give her the letter P patch and they sent her on the bicycle to run a number of errands. So it wasn’t her fault. The old woman was amazed she could speak German so well.

Forced Labourer, female, interview #69

She ended up with another farmer, an older man who didn’t look very nice but he ended up being quite kind. He chose her because she knew how to work on a farm, this helped, she also learnt German quite quickly and this also helped. She worked in the fields, milked the cows, and worked in the kitchen. The couple had two sons both were in the army and away from home. As they were getting older, they needed someone young to help them. She was the only one who did the work. She could sew as well so she would mend things for the old lady like darn her bed linen. Sometimes she would have some nice material and the woman allowed her to make herself a dress. She was well fed and she never went hungry.

Forced Labourer, female, interview #50

‘During the whole time of the war when Warsaw was surrounded I belonged to an organization OPL anti aircraft defence. Since I was small but strong, my task was to lie in the attic with a bucket of sand and a piece of cloth rolled up put against my mouth just in case there was gas or fumes. From there, I observed the bombardment and I noticed that somewhere on the roof, near the Pawiak (well known prison in Warsaw) there was a person waving his arms about. I reported this immediately I don’t remember to whom. It was someone in the house who looked after us and who gave out the orders. But we had so many orders from different directions, that it was hard to say who actually co-ordinated it all. They in turn informed the Police, they went there, and it turned out that he was a spy who was directing where they (Germans) should bomb. In my spare time, I did what others did. I ran around the warehouses and shops and brought home what I could find because they were bombed shops and everyone was taking stuff and so was I. I used to walk around with a knife and if a horse had been hit I would cut out a chunk of horse meat and take it home and that’s how we lived.’

Civilian & partisan, male, interview #19

9.4.2 Personality traits

A number of study participants remarked, that it was their temperament that helped. People used the term ‘pogodna/pogody’ meaning having a cheerful disposition and being agreeable to circumstances. This is illustrated in the following excerpts:
‘He was calm and just accepted things. He saw others get angry, lose control and others have breakdowns while he calmly accepted his fate and circumstances.’

Forced Labourer, male, interview #65

‘His coping style was that he was calm - he had calm nerves. He didn’t worry unnecessarily about unimportant things. He avoided danger. He thought differently then others. He was not hurt and he didn’t hurt anyone else. He heard of others who stole, raped and killed after the war (after being liberated from the prison), he didn’t, he had a clear conscience.’

Forced Labourer, male, interview #61.

9.4.3 Acts of defiance

The following examples are of making decisions that increased the chance of survival and illustrated the person’s determination to improve their situation (see Result Box 9.4.3). The first excerpt is from a young girl aged 16 at the time who hears about better living conditions in another camp some distance away and insists that her mother lets her go there. The second extract is from a study participant who had been caught in a street round up and by using her wits and observations managed to escape. She was involved in the partisans and was a courier delivering messages in and around Warsaw. She was travelling on false identification papers so this added to the risk involved in presenting her papers to the soldier. The third excerpt is from a man who was a forced labourer and towards the end of the war, he was placed in a large camp. He decided to choose his own destiny rather than the ‘wait and see’ approach taken by others. The fourth extract illustrated a young girl’s capacity for self-preservation, that is, using her wits she was able to escape from a potentially dangerous situation. At the time, she was working as a domestic for a German family and the father had already tried to rape her, he tried to force himself onto her but she started screaming and his daughter walked in. The last few excerpts in Result Box 9.4.3 described acts of defiance where the participants stated opinions contrary to that of the occupying forces. Despite the threat of punishment, these acts were a demonstration of the person’s opposition to what was happening to them.
Result Box 9.4.3 Acts of defiance

‘It was 1942. I was 16 years old and I did not want to stay. I told my mother that I also want to go to Guzar to be with my sister and brother. I heard there was more food there and I would be looked after. My mother did not want to let me go but finally I convinced her. I got onto the train and after about 10 kilometres, the ticket inspector came to check the tickets and saw that I did not have one so he threw me off the train. I tried to hang on but couldn’t hold onto the railing. It was already getting dark so I walked along the railway lines, I walked like this, I was not afraid, even though I was surrounded by forests. When I got to the destination, to Guzar, I met a girl from my village and asked her to take me to the camp made up of ‘junaczki’ (scouting group). I arrived in the office and said to the lady there that I wanted to join.’

Exiled to the Soviet Union, female, interview #03

‘I was traveling once along Nowy Swiat street on a very crowded tram having to stand and just before the ‘Aleje Jerozolimski’ came the order that everyone had to get out of the tram. The gates of the courtyard were closed and were surrounded by the army with guard dogs and guns. The tram leaves. I see that someone goes up to the commander and shows his papers and is released. I did the same, showed my papers that I’m working at a factory producing light globes, even though it wasn’t true. He also let me go after a few hundred metres of walking away I felt like my legs turned to jelly.’

Partisan, female, interview #35

‘He walked out onto the street and all the workers were being rounded up and were placed in a camp with large gates and surrounded by a fence with barbed wire. He decided with a friend to escape. Others in the camp said don’t go they will shoot you. He replied that there was no certainty they would not kill us all here either. He thought he would take a chance, as he may die one way or the other. He escaped midday while the soldiers were having their meal. The barrack they were in was close to the fence. He climbed out the window. The fence was leaning more to one side so he jumped over it, and was wounded on the barbed wire. (He showed the researcher the scar.) He ran into the scrub with his friend and they hid there. He never knew what happened to all the people who remained in the camp.’

Forced labourer, male, interview #48

‘He then offered to walk me home because it was already past the curfew time but I was too afraid. We would have to walk a long way through the fields to get to my home and I didn’t trust him. What if he attacked me in the fields, there was no one there, I would be helpless so I declined his offer and ran down the stairs, slid down the balustrade and found the caretaker of the building, an older man and woman. I often gave them scraps from the German family, the odd potato or some other leftovers and they liked me so when I explained what happened and they hid me in the basement and I waited for the morning and then ran home.’

Forced Labourer, female, interview #66
One time when she was in danger was when they were digging the trenches and she was not putting enough soil onto the shovel. The German soldier who was guarding them started telling her off for not trying hard enough, not digging. He started calling her all sorts of names in German and she understood what he was saying. He called her a Polish swine and she replied back ‘just like your sister’, she felt she was a human being just like his sister was. She was feeling more confident, the Poles were talking about the Allies coming to liberate them, people were getting information from underground sources. The German soldier was getting more irate and reached for his pistol and threatened to shoot her. He walked away inspecting farther up the line and the Poles said to her, ‘get away before he comes back, he has it in for you’, so she ran away back to the camp and hid in the barracks until the rest of the girls came back from work. She stayed away from this job for about three days and as a result missed out on her ration of bread as they were fed on site.

Forced Labourer, female, interview #12

9.4.4 Spiritual experiences and divine intervention

This theme was described by study participants as the belief in God, that somehow the person’s faith and prayers helped them to survive. A few people described visions and miracles that defied explanation and pointed to some kind of divine intervention. This was most poignantly illustrated by the first excerpt in Result Box 9.4.4. Study participants felt that God watched over them and they were destined to live while others died. Although this theme is similar to the coping strategy ‘use of religion’ described in Section 8.2.5, the emphasis here is more about the participant’s own personal spiritual experience rather than the use of formalised religion.

Result Box 9.4.4 Spiritual experiences and divine intervention

In the meantime I was captured by the Germans and sentenced to death by beating. I counted 300 beatings, I received 500 but I couldn’t count beyond the 300. After the beatings, I was small and bloated, my body was swelling, it was full of water. When I was sitting in the bunker, in this small room I had this vision. You can believe me or not but to this day I believe it to be true. In the camp I had been assigned the number 2323. In this vision it was said to me to go to the camp commandant (Lagerfuhrer) and say to him that ‘prisoner number 2323 is still alive and is reporting to you’. The guards took me out of the bunker and took me to the courtyard where there were about 700-800 other prisoners. I was to be executed. A noose had been prepared ready to hang me, when I repeated to the commandant what I was told in the vision, he seemed to be overcome by fear and called his doctors and said to them ‘take him away and if in 3 weeks he has not recovered then you all will be shot’. This vision, it was either an angel or God himself was so strong, so powerful, it told me what to say to the man. In the meantime the camp was being liquidated.

Concentration camp survivor, male, interview #36
‘She experienced an incident where she fell out of the window and landed on her back, she injured her back and collar bone. She was taken to work but lost consciousness. She was unconscious for three days. She had experienced fear then because she knew that people who couldn’t work were killed and she really wanted to live, to see her parents again. She believed in God and willed herself to get better’.

Forced labourer, female, interview #01

‘Strong faith, strong spirit and hope, she believed that she wouldn’t be let down by God’

Exiled to the Soviet Union, female, interview #54

‘The fact that I survived I credit to praying. Everyone there (in the Soviet Gaol) was praying. If someone did not admit to anything (informed on others) and survived it was only because God released him. To this day I have peace thanks only to the fact that I believe in God’.

Civilian and partisan, female, interview #13

‘At the end I believe in some greater strength, someone was watching over me. I do have this belief that there is the strength of God that looks over human beings. This has been my experience and I believe in this strongly. That’s how I image it in short.’

Concentration camp survivor, male, interview #04

‘What helped us through the whole ordeal, only the Virgin Mary’.

Exiled to the Soviet Union, female, interview #40

‘They also exchanged some beaded necklaces for dried apricots. The beads had been taken with them in the panic. They hadn’t been exchanged for food up to this time. It was a miracle they still had them when they needed them the most. It was like an act of God that defied explanation.’

Exiled to the Soviet Union, female, interview #42

9.4.5 Belief and hope

The prevailing sentiment described in this theme was the belief in ‘oneself’ and the belief in the victory of good over evil. This was mentioned as the belief that the war would end, that Germany would lose, and the belief in humanity. These beliefs and hopes were important in sustaining study participants and providing them with the motivation to keep going. The belief that tomorrow will be a better day provided the determination to get through the ordeal. Related to this theme was the sentiment regarding the person’s ‘will to live’. These themes are presented in Result Box 9.4.5. These themes can be viewed as an antidote to the ‘Negative worldview’ scales described in Section 8.2.5. The Negative worldview was predominantly about the belief that the world was a dangerous and unpredictable place and that people
were unfriendly whereas these themes are about the belief in ‘good’ and ‘oneself’ being triumphant.

Result Box 9.4.5 Belief, hope and the will to live

‘She would do it all the same way if she had too; it was the way it was meant to be. She believed in destiny. She was young. She always had hope that it would end, that it wouldn’t always be like this. She was determined not to give into it. She couldn’t understand people that thought it had to be this way. She always believed it would end. She had a belief in justice and righteousness. That good would prevail. She had a sense of humour and this helped.’

Partisan and Siberian experience, female, interview #27

‘What helped her survive was determination, the motto that tomorrow is another day, hope that it will be better, she had a strong will, she wanted to live to survive. She was together with her family and later she wanted to live for her child and husband. She wanted to live’.

Civilian, female, interview #63

‘She was defiant in saying ‘I am who I am.’

Forced Labourer, female, interview #66

‘She survived because she was a strong willed and determined person.’

Forced Labour, female, interview #24

‘He survived because he ate all his soup, he was greedy, he wanted to live, while others just ate a bit of their soup.’

Concentration camp survivor, male, interview #58

9.4.6 Helping others-fighting for a cause

This theme is similar to the theme of ‘acts of defiance’. However, the acts of defiance described here are for a greater cause. Participants acted on their own volition, standing apart from others by speaking out against injustices, giving assistance to others and fighting for the common good. This was the motivating factor for ordinary people to become involved in the partisan movement. There was a strong sense of patriotic duty. The examples given in Result Box 9.4.6 include one participant who carried out small acts of sabotage and produced coins with the Polish emblem on it as a show of defiance. A number of excerpt come from women who joined the Women’s Auxiliary Army Service and served in the conspiracy. Examples also include participants speaking on behalf of others and highlighting inadequate
living conditions. The last excerpt comes from a study participant who was punished for her truthful account of the conditions in a Soviet gaol (see Result Box 9.2.1).

Result Box 9.4.6 Helping others-fighting for a cause

"Once in Skarzysko when I was feeling better I went to work as a toolmaker. I made rings, out of 10 groszy (10 cent piece) I cut out tiny eagles, welded them inside, I gave these to someone and in exchange I received a bit of bread for this job. This saved me. This job was for the ‘Armia Krajowa’ (Polish Home Army). When I was on the night shift, I made combs out of aluminum with these tiny eagles on them. I was among Poles here. The machine that was assigned to me had the same number 2323. I looked after this machine, cleaned it, repaired it so that I could earn a bit extra at night to survive. It was like this for about seven months. From Skarzysko they transferred us to Czestochowe to a labour camp. I was able to take my machine with me. Here we had to make tools and parts for planes. I started sabotaging my work. Instead of putting water and oil in the machine and greasing it properly, I used gasoline. This meant that the machine did not work and was not producing the tools required. This was my way of sabotage."

Concentration camp survivor, male, interview #36

'January 1940 a friend of mine came over from the OPWK (Women’s Auxiliary Army Service) saying that one of the instructors wanted to see me to become involved in the conspiracy. I became involved in communications between Warsaw and the surrounding districts. Obviously, I first received briefing and training and swore a pledge. I chose the name Jolanta as my conspiracy name. I also chose a surname, a date of birth and made myself into a married woman. I was Maria, Irene Kowalska. The first time I travelled to Sochaczewa where I was to present myself, say the pass word and wait for orders.

Partisan, female, interview #35

She was in Warsaw during the Warsaw Uprising, she took part in the Home Army as a medic. She was wounded by German gunfire and a bullet lodged in her groin. She was rushed to a hospital by friends. The doctor had no anaesthetic and just pulled out the bullet and bandaged her up. There were no beds in the hospital. She would have been in greater danger by staying in the hospital so she went into hiding. She said she didn’t want accolades it is just human decency. How can you not help your fellow man? She said this as she had tears in her eyes.’

Civilian, female, interview #64

'Sometimes people from the underground came to see us, I would cook for them, wash and mend their clothes, distributed the (underground) newspaper ‘Echo Lesne’ to the neighbours, to those people I knew would be interested in such information. It was in this way that I became involved in the partisan movement. In July 1943 I took my oath, I learnt to fire a gun, I was also a nurse for the injured soldiers. Our commander was Grom. I had a pseudonym like everyone else. In 1944 we received the order to group in the woods.’

Partisan and civilian female, interview #13
‘She joined the AK as she felt it was her patriotic duty. Her friends were involved and convinced her to do it. They gave her training and her role was putting out fires, she also carried weapons including hand grenades in her back pack and helped the wounded administering first aid.’

Civilian, female, interview #44

‘It was a miracle for us all because I was sitting on the roof top of the dairy I heard ‘Polaks are free, all Poles under the leadership of London and Moscow are to go into the Polish army’. I jumped off the roof: I am free I’m not working anymore. I caused the whole camp to revolt. All the Polish women came and sat down on the ground and said ‘we are free and we are not working anymore’. We let the boys know in the men’s camp. One of them said ‘I’m starting a hunger strike, I’m not eating anything only drinking water’. After three days they pumped his stomach it was empty. They had no choice, after one week the first group was freed. The next week another group were set free. As punishment I was let out last.’

Partisan and Exiled to the Soviet Union, female, interview #27

‘He lived in some barracks with other Polish men, one man could speak German and he asked him to say to the people in charge that the men were not getting their allocated rations. He suspected that the commander and his mistress were taking the extra rations for themselves. The commander also used his gun to threaten the men. When the Commander learnt of the complaint, he arrested him on the charge that he was inciting the men. He felt he was just standing up for their rights. He received an official letter and asked the Polish man to read it. He told him that he was going to be transferred to another job but the letter really said he was going to the ‘kacet’ a concentration camp.’

Forced labourer, male, interview #68

‘When the prison guard came to give her food she refused to eat saying to him she was going on a hunger strike. The Russian Guard took pity on her, he had tears in his eyes and said ‘young child eat, you still have your life ahead of you, you will die if you don’t eat’. He begged her to eat but she stubbornly refused. She can’t remember much except that she passed out, lost consciousness after about three or four days of not eating. She was taken to hospital.’

Civilian female, interview #64

9.4.7 Fate & destiny

A number of participants described situations where they cheated death and attributed this to fate, to destiny - it was just the way it was meant to be.

Results Box 9.4.7 Fate & destiny

‘In Warsaw during the time of the war I was in communications (laczniczka), I travelled in trains, trams, walking around the town by foot wherever I had to deliver the messages. There were some people that I was friendly with, when they had to move I would visit them, some were killed, others were imprisoned, and nothing happening to me. It must have been fate.’

Partisan, female, interview #35
9.4.8 Physical characteristics

The following extracts all related to the individual physical characteristics such as being young, strong, and physically healthy. These characteristics served them well in times of physical deprivation.

Result Box 9.4.8 Physical characteristics

<table>
<thead>
<tr>
<th>'But generally the reason I survived Auschwitz was that I was a young man and healthy. I watched out and made sure they did not have reason to beat me, that they did not break my legs or arms, and make me into an invalid. I ate the portion of food assigned to me. I did not try to exchange it for cigarettes as others did. I worked so as not to bring attention to the civilian 'majster' (foreman)….It was my strong will that kept me alive, everything around me was designed to crush the human spirit. Many people were destroyed.'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration camp survivor, male, interview #04</td>
</tr>
</tbody>
</table>

‘Thanks to my father I grew up to be a healthy, strong woman, who was athletic, and hardy. My father was strict, he didn’t have a son so he raised me as a boy. I was not allowed to be hunched over, I had to walk straight, I had to eat honey, cheese and rye bread because this was healthy and I had to exercise because this was also healthy. That’s how my father raised me. My mother was old fashioned. Running and playing tennis were my favourite sports. She had no idea about this. She didn’t know how to run, she never ran in her life while I was a sportswoman. In the army, I taught my girls how to assess the terrain, how to navigate rough and difficult terrain which proved to be very useful and needed for the Home Army. We were taught to pretend that you aren’t the person you really are.’

Partisan, female, interview #27

9.4.9 Acts of self preservation

Although this extract is quite morbid, it illustrates the capacity even in the most hideous circumstances the ability of the study participant to find a hiding place where he has the opportunity to be alone and a way from the constant oppression. This is an example of a powerful self-preserving mechanism. The second example is also an example of self preservation where a dream becomes an important reference point and a motivating factor to keep going in the face of hardship. It is the promise of something better – a better time ahead (see Result Box 9.4.9).
Result Box 9.4.9 Acts of self preservation

‘This was my crematorium. I hid there a few times among the corpses when they had night air raids. We had to evacuate the block in 10 minutes, around the parameter of the camp were trenches about 4 metres deep filled with barbed wire. Our camp was about 500 metres by 1000 metres. If the walls of the camp became damaged then the prisoners could escape. I never went up to this trench because I knew it meant instant death, instead I went over to where the corpses lay, and I would lie on top of them, I saw how the reflectors lit up the planes over head and meanwhile the guards and the dogs walked around. If they found a prisoner hiding or attempting to escape they just shot in his direction without any warning. I was always safe lying on these corpses. I just lay there and observed, at 5 am I would present myself to work. I sometimes hid in these barrels/ containers in the square that were covered with planks of wood. The wood would move, when the Germans walked past with their dogs. The dog would bark but the guard thought the dog was barking because the wood was moving not because there was a person inside.’

Concentration camp survivor, male, interview #04

‘When she was in Siberia she had dreams about home, one was that she returned to Poland and she bit the earth from happiness at being back home. Another dream was about the special oven her mother had at home that was designed to bake bread. Her dream, fantasy was that she would be alone with her mother and she would help her mother prepare the dough, mix the flour and pour the mixture into these special round containers made out of straw like a straw hat that acted as a mould for the mixture and these would be placed in the oven and baked. Her brother and sister weren’t in the dream she was alone with the bread and she ate all twelve loaves. This was her dream.’

Exiled to the Soviet Union, female, interview #57

9.5 Not coping – moments of despair and giving up

Some people also described moments when they didn’t cope when they were overwhelmed with despair and sadness. One participant described that moment when he thought he was going to die and he wrote a farewell letter to his family and described feeling utter despair at that time. He asked his foreman whether he could trust his wife. He asked this because many men had ended up in the concentration camp because their wives had informed on them for one reason or another. The foreman replied he could trust her that they had a good relationship. He then asked whether she would help him post a letter to his family. He thought he was dying and wanted to write one last letter of farewell to his family. The foreman agreed to help him. He bought in some paper and a pencil at his own peril because if he was caught he would be killed for assisting a prisoner. He wrote the letter, telling his family what the camp conditions were really like and farewelled his family. Other
examples are presented in Result Box 9.5.1 where one participant told of the time she tried to commit suicide as the result of her despair about her situation in the labour camp and missing her mother. Another example is of a soldier who was so exhausted that he did not have the strength to render assistance. He wanted to cry out in despair but could not. The final excerpt is an example of a ‘muselmann’ – a prisoner in the concentration camp, so emaciated that he no longer cares whether he lives or dies.

**Result Box 9.5 Not coping**

“I just cried day and night, I was so unhappy, and missed my mother terribly. I didn’t want to be there. I cried day and night. I kept thinking ‘What right to people have over me?’ Once I tried to poison myself, I soaked some tobacco in some acetone and tried to eat this, I put it in my month, it tasted revolting it hadn’t even reached my stomach but I passed out…”

Forced Labourer, female, interview #66

“She prayed to God to take her away, she was only 14 years old.’

Forced Labourer, female, interview #24

“The sight in this hospital was horrific. There were about 500 people lying there. There was no room in the corridors. People were lying everywhere. The blood just poured, because there was a lack of bandages. They used bed sheets as bandages. A nurse approached me and said ‘Sir, can you help me carry a wounded man’. I replied ‘I have no strength’. I walked out of that hospital and I wanted to cry but I couldn’t cry. This was a terrible moment for me.’

Armed forces, male, interview #31

‘Prisoners were divided into different categories, those in strong physical condition, medium physical condition and a ‘muselmann’ - someone who no longer controlled himself, who sold his food for cigarettes, who did not care anymore, they were on their way out finished physical and psychological.’

Concentration camp survivor, male, #04
9.6 Family war-time suffering

This next section examines the theme of family within the individual's narrative. 'Family' was mentioned by seventy-one study participants and some of the narratives were dominated by the family story. The previous section described individual suffering, the emotional and psychological reaction to it and the mechanisms and strategies used to cope with the individual's particular situation. The war brought about the suffering of the family and in many cases the disintegration of the family unit. In many cases, people were never reunited. Similar themes emerged as in the individual's story however the emphasis here was on the hardship and suffering of family members including parents, siblings, grandparents, aunts, uncles and cousins. The family's deprivation included starvation, serious illness, being subjected to hard labour and primitive living circumstances similar to that described by the individual. Family trauma included the father's arrest, imprisonment and in many cases murder. The family also proved to be an important resource for survival through their practical and psychological support of each other. There are also descriptions of the family not coping - moments of crisis. Once again without wanting to be repetitive the following hardships and physical deprivation was described by participant however in these excerpts the focus of the narrative is on the suffering of the family as a whole with particular family members being highlighted rather than the participant concentrating on their own experiences.

Table 9.6.1 Themes of family suffering and physical deprivation

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any family war-time suffering</td>
<td>58</td>
</tr>
<tr>
<td>Family physical deprivation</td>
<td>38</td>
</tr>
<tr>
<td>Hard labour</td>
<td>20</td>
</tr>
<tr>
<td>Lack of food, constant hunger</td>
<td>17</td>
</tr>
<tr>
<td>Primitive living conditions</td>
<td>17</td>
</tr>
<tr>
<td>Serious illness of family members</td>
<td>9</td>
</tr>
<tr>
<td>Severe climate</td>
<td>6</td>
</tr>
</tbody>
</table>
9.6.1 Family physical deprivation

As for the individual, the theme of physical deprivation included hard labour, constant hunger, and primitive living conditions. Here the accounts of hard labour include the hard labour of parents in particular the mother. This was particularly relevant in the Siberian experience where the work quota was tied to the amount of rations people received. Although less common, a number of study participants described how their whole family was taken into forced labour in Germany. The excerpts presented in the Result Boxes 9.6.1-9.6.4 illustrate the families vulnerability to disease and serious ill health and how this vulnerability is accentuated by hard labour, the lack of adequate nutrition, shelter and medical care.

**Result Box 9.6.1 Hard labour**

<table>
<thead>
<tr>
<th>After being re-settled, he worked on a large estate from 1941-43. He worked with the horses, ploughing the fields. In 1943, he was in Łódź and he was taken to Germany to work there from 1943-45. He was taken to Altenburg with his family. There were four people in one room. There were two rooms and one kitchen. He had an older brother. He had younger brothers, who were too young to work and not allowed to go to school. His mother worked in the house, and his father worked in the fields from 8am-5.30pm. He worked from 6am-6pm during weekdays and on weekends he pumped water for the cattle. The farm bred racehorses. He worked in the fields, they had a number of machines used to bundle the hay, cut the wheat and cereals. They planted potatoes and ‘rutabaga’ (yellow turnips). All the hard labour was done by prisoners. About seventeen prisoners came to work there.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced Labourer, male, interview #52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When they were on the train they passed a train laden with coal and her mother picked up her older sister to collect as much coal from the train as it passed. They got to their destination on the other side of the Ural Mountains – the Nowosybirski region, and her mother was assigned to dig trenches. Her mother had to get up at 4am to make her quota. If she didn’t make her quota then she wasn’t entitled to her ration of bread. The trenches were not necessary - they were of no use, afterwards they covered them over. Her mother dug in the clay. They had to buy water - but with what? Later her mother discovered that a few kilometres away there was a well. She walked with her older sister to collect the water. Later she worked in the fields. The children would walk through the fields of wheat and the grain would fall into their long boots. Afterwards their aunty would empty the boots and grind the wheat to make bread or ‘kasza’. They had to be very careful that the neighbours didn’t notice this.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exiled to the Soviet Union, female, interview #40</td>
</tr>
</tbody>
</table>

The experience of family members suffering from hunger was mainly recounted by individuals who had been exiled to the former Soviet Union. The stories revolved around the amount of bread people received and how everyday was a struggle to find some extra food. The amount of food received was tied to the work quota thus
for those who could not work the consequences were severe. The excerpts are presented in Result Box 9.6.2.

Result Box 9.6.2 Lack of food and constant hunger

“We waited in this train for about three days. They wouldn’t allow family members to come up to the carriages and bring food, my mother and the children cried ‘food, food’. Everyone was shaking from the cold. We snuggled up to each other to keep warm and not to freeze. My mother did not have any milk to give to my baby brother, he was only two years old, she was only 47 at the time but practically turned grey while in that wagon.’

Exiled to the Soviet Union, female, interview #03

She described life in Siberia where the family had been exiled to and had to work in a forest cutting down trees and branches. They only received a little food - often just some bread. There was a soup kitchen where they had to wait in long queues. Many a time the children stood in the queue and got to the window only to have it shut in their face as the soup had run out and they were turned way hungry. The family survived by picking mushrooms and wild berries (jagody). The family would exchange these items for bread. The family lived in a log cabin. These had been built after the First World War - many Ukrainians were sent to Siberia to clear the forests and build homes there. The family lived in such a cabin – She recalled memories of a large fire and very little food.

Exiled to the Soviet Union, female, interview #09

‘Before the German-Russian war there was more bread but after Germany attacked Russia there was less bread, everything was rationed. You had to have ration cards for the small amount of bread. It had been considerably watered down. The people who baked it stole the flour and replaced it with other ingredients and water. Her father put some bread into his pocket and went outside to work. It was so cold that the bread froze. When it thawed out there was little mixture left, the water dripping through his pockets. They received 80 grams of bread per person a day. They also received a watery soup with some vegetables floating around. Somehow people managed to live although she saw many bodies carried out of the camp, many died from hunger.’

Exiled to the Soviet Union, female, interview #57

Her mother worked in the fields, she tended to the animals, and she received 500 grams of bread the allocation for a working person. People who did not work received 200 grams including children and the elderly. Therefore, you had to buy some food to supplement the allocation. They were given a watery soup with some vegetables floating in it. Sometimes there would be a fish tail or a bit of meat just to give it some flavour, then it would be taken out and used again for the next soup.

Exiled to the Soviet Union, female, interview #67
‘Later I had to go to work, they gave me a farming implement but it was taller than I was, so I just pretended that I was working. My mother had to work her own quota as well as mine. Later, my mother became sick with typhus after caring for some men brought back from the front line. After the bout of typhus she no longer had any strength, she collapsed during work. The gardener took her to the doctor. When she returned, I wanted to give her something to eat, something that I liked. Everyday I collected about a half a glass of wheat. I also collected some other grain and grass and then heated a big pot full of water and threw in the ingredients. I put the pot between my legs and sat over it eating up the expanded wheat. When I made it for my mother she got sick from it. They declared her unfit for work. She was no longer able to walk such distances to work.’

Exiled to the Soviet Union, female, interview #08

The following excerpts describe the harsh living conditions endured by family members.

Result Box 9.6.3 Primitive living conditions

‘The three youngest and grandfather sat in the sledge, while myself, my sister and mother walked. We walked like this for about three kilometres in the snow it was -26 degrees. I remember it being so cold and my mother sighed, ‘Oh God, it is so cold where are they taking us? They gave us a living area for three people yet there was seven children, my mother, and my grandfather. There were only two beds and one mattress without any bed linen or bedclothes. When the women started to cry that they haven’t anything to cover their families with they brought some smelly blankets.’

Exiled to the Soviet Union, female, interview #03

‘In one of the dwellings they made a space for young people, we had room there, it was a little warmer and we had a little bread. In this way we survived winter. Later the care-taker organised a hut next to our family. The huts were called ‘lepianka’. They were made from clay, mixed with hay or horsehair. Everything was made of clay. You could not wash the floor because it was made of clay. We used a mixture of horse manure and clay and used that for the floor giving it a yellow colour. Apparently, this also helped with the fleas. We used dried sticks as fuel. When we did not have this, we would steal a handful of hay. I remember there were two stones, stolen from somewhere, some fuel underneath and a small pan place on the stones and that is how we cooked.’

Exiled to the Soviet Union, female interview #08

‘It was 1942, the family packed up their meagre belongings and were taken to Germany by train. They worked for a farmer. His mother and sister were taken to work whereas he did not have to work for the first year there. When he was 11 years old he did have to work, he led the horses, sweep the straw, made bails of hay. They lived in a small room, 3 people (his mother, sister and himself) together with three strangers. Later, another five people were crammed into the room, people slept on the floor.

Forced Labourer, male, interview #07
Family members exposed to a lack of food and suffering from exhaustion were more susceptible to numerous diseases. The study participants recounted how various family members were struck down with diseases that were life threatening because of their weakened physical condition. The excerpts also highlighted the lack of medical care when people were seriously ill (see Result Box 9.6.4).

**Result Box 9.6.4 Serious illness of family members**

> ‘When Stalin made the agreement with General Sikorski his father was released and joined the army. The family were given papers that they were free to go. His brother died when he was 12 months old. They suffered from various illness including typhus, tuberculosis, and measles. They had to pay their way onto the train, they some how managed to hire a wagon and horse and travelled this way to where the army was forming.’

Exiled to the Soviet Union, male, interview #15

> ‘They travelled to Tashkent - then to Uzbekistan. They lived in a kolkhoz. That Christmas was particularly bleak as there was nothing to eat and nothing to steal. They gave their remaining belongings to the leader of the kolkhoz and in return, they were free to go. They arrived in Samarkand where the whole family was sick from typhus. Her mother bumped into a family friend and when he saw how sick and worn out she was he suggested she take her children to the orphanage. They went to Fergany about 200 kms from Gorczakow - they cut off their hair and put them into identical uniforms. They all became sick; Zosia got malaria, her younger brother Zenek with dysentery. Her older sister went with her brother to look after him and she was in another hospital. Her mother returned and secretly smuggled her children out of the hospital. The conditions in the hospital were filthy, lice and flea infested. They got to Gorczakow and her mother sold her coat to buy some milk - she had some money but someone stole it - they also stole from the Uzbeks.’

Exiled to the Soviet Union, female, interview #40

> ‘My brother Otton became ill. He had a severe infection in his abdomen. He was very weak and not in a state to fight a major illness. We notified the authorities in the Kolkhoz and he was taken to hospital. There was little the doctor could do because her brother was so weak. Our only hope was in God’s grace and thanks to God’s mercy he slowly recovered. My brother was so weak we thought he would die. My mother was at his side every day and brought food like the odd potato given to her by people in exchange for labour or stolen from the fields. There was an old doctor at the hospital, a good man who looked after my brother as best he could. He was too weak to undergo an operation but with the little food we managed to get, he slowly recovered. This doctor even organised some chicken broth. This was like a miracle to get something like this.’

Exiled to the Soviet Union, female, interview #54
9.6.2 Family trauma

Within the theme of family trauma, the main traumatic events described were the arrest, imprisonment and in many cases the murder of their father. Female study participants recounted the story of their father’s arrest and subsequent murder usually at the hands of the Soviets. This was often told in the context of the father – daughter relationship where a number of women expressed the view that ‘my father, he was my whole world’ and described the devastation when their fathers were forcibly taken from the family. A number of people spoke of their father’s execution as part of the ‘Katyn Massacre’ described in Chapter Two. Briefly, this massacre was carried out by the Soviets in 1940 who executed an estimated 22,000 Polish prisoners among them Polish officers and their remains were discovered in mass graves by the Germans. Only relatively recently (1990) Russian officials have publicly admitted to perpetrating this crime. A few study participants stated that they still (some 60 years on) do not know what happen to their fathers. This was something that still caused them pain and grief. Study participants recounted the grief, anxiety and worry over the fate of their fathers. The traumatic events experienced by family members are summarised in Table 9.6.2.

Table 9.6.2 Themes relating to family trauma

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any family trauma</td>
<td>54</td>
</tr>
<tr>
<td>Dispersal of family</td>
<td>42</td>
</tr>
<tr>
<td>Death of family members</td>
<td>28</td>
</tr>
<tr>
<td>Family member being close to death</td>
<td>28</td>
</tr>
<tr>
<td>Arrest / imprisonment / murder of father</td>
<td>26</td>
</tr>
<tr>
<td>Family dispossessed and forcibly taken</td>
<td>20</td>
</tr>
<tr>
<td>Family member being threatened / beaten</td>
<td>5</td>
</tr>
</tbody>
</table>

Please note ‘being separated from family’ and ‘death of family members’ were described in the Appendix H as this was already described in Section 8.2.3.

Separation and disintegration of the family unit came about through a number of circumstances. The arrest of the father, his imprisonment and execution meant that
the family lost its main breadwinner and protector – the head of the family. Women and children were left to defend themselves and somehow manage to gather enough resources to live. Siblings were dispersed, some went into the army, others were sent to Germany as forced labourers and others were killed. The war torn families apart and many individuals spoke of never seeing their family again either because family members did not survive or because personal decisions to migration and political circumstances in Poland after the war meant that reunion was impossible. (see Result Box 9.6.1).

Result Box 9.6.5 Fragmentation and dispersal of the family unit

<table>
<thead>
<tr>
<th>Statement</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The last time he saw his family was in 1939. His parents and two sisters were sent to Siberia and he never saw them again. They all perished there except for his sister who survived and returned to Poland in 1947. He found her through the Red Cross.</em></td>
<td>Armed forces, male, interview #34</td>
</tr>
<tr>
<td><em>At the end of 1947 they went to England, his father was there, he had fought in Monte Cassino with Anders Army and was in England in 1945. There was no one left in Poland except for their grandmother but they couldn't return to Poland because his father would have been arrested.</em></td>
<td>Exiled to the Soviet Union, male, interview #15</td>
</tr>
<tr>
<td>The youngest boy went to school in Palestine. Out of the three sisters, two were in a concentration camp; one survived and the other died shortly after liberation. One sibling ended up in America, another in France, another in England and he and his younger brother came to Australia.</td>
<td>Armed forces and Exiled to the Soviet Union, male, interview #21</td>
</tr>
<tr>
<td><em>I saw my parents for the last time in 1941 in Gorlice. People were leaving Kraków because they no longer had the right to remain there.</em></td>
<td>Concentration camp survivor, female, interview #36</td>
</tr>
<tr>
<td><em>His younger brother perished during the war. He feels that he would have died too had he not been imprisoned. His parents died shortly after the war in 1946-7 and his sisters too. He was left alone in the world.</em></td>
<td>Armed forces, male, interview #65</td>
</tr>
</tbody>
</table>

Participants described family member being close to death in the context of the German occupation as illustrated in the following excerpt where the participant’s brother narrowly escaped being executed and how this haunted her afterwards where she felt fear for him and found it difficult to sleep (see Result Box 9.6.6).
Other examples of family members being close to death were related to serious physical illness described earlier in Result Box 9.6.4.

Result Box 9.6.6 Family member being close to death

‘When I returned we started trading again. Towards the end of the war and before the Warsaw Uprising we couldn’t trade so much because the Germans needed the trains. My brothers bought tobacco and made cigarettes. Then traded in ropes, anything went. My brother was in Minsk with the ropes when the Germans laid a trap. A German had been killed somewhere and they said that they need 100 Poles. They set the trap and counted every tenth person. It turned out that my brother was selected to be shot. They did this often, most often in the town square so that others can see. I can’t remember who let us know. My father spoke to Mr Rozycki who knew people in the police and somehow bribed someone to release my brother. Presumably, they took someone else in my brother’s place, it is hard to say but afterwards I had these terrible dreams.’

Civilian, female, interview #14

The following excerpts presented in Result Box 9.6.7 described the tragedy of father’s arrest, usually at the hands of the Soviets. The participants describe their family’s distress at the arrest and imprisonment of their fathers. This section also relates to the previous descriptions of family life as those who were from wealth or privileged backgrounds were targeted by the Soviets who aimed to eliminate anyone in positions of leadership or authority. The men were subjected to interrogations, hard labour and in a number of cases; they were either executed or died from exhaustion and disease. A number of participants were emotional in recalling these events and remarked that these feelings continue to this day.

Result Box 9.6.7 Arrest, imprisonment, and/or murder of father

‘Her father was harassed by the Russian authorities, he had earned a military cross in defending Lwów in 1918, and he had position of authority working in the railways. He was arrested on the 22nd of February 1940 and he was executed in 1941. The family found out in the 1980s that he had been executed by firing squad. His name was on the execution list.’

Exiled to the Soviet Union, female, interview #67

‘They took my father at night, from the 9-10th of April 1940. They did not let him get dressed, so my mother just got a chance to throw on him a lambswool vest, that had been drying in the kitchen. My younger brother and I woke up, and we were reaching out to our father, because for me my father was my whole world. The Russian soldier pointed his bayonet to my neck and yelled.’

Exiled to the Soviet Union, female, interview #08
'The Russians arrested my father because someone informed the authorities that he had arms. I remember it like today, we cried a lot. My father denied it then they showed him the weapons. He was told him he would be facing a firing squad so he said his farewells and waited. They proved to him that he had weapons/arms because one of the communists betrayed him to the Russians.'

Civilian and partisan, female, interview #13

'Ve had his own section so that when the war broke out they were evacuated to the east. When the Bolsheviks entered eastern Poland on the 17th of September 1939, they interned the Polish soldiers and officers. My father found himself in a camp in Starobielsk. They murdered him (known as the Katyn Massacre). My father was there and my two uncles and they all perished there, all three perished there.'

Armed forces, male, interview #38

'Ve were all marching to the station and she was running behind screaming out to him but he never turned around, they just kept walking ahead. After some time, they got a letter from him through a friend that revealed that he was interrogated in Arkhangelsk. From the letter they worked out her friend’s father informed on him to the NKVD. They received a second letter for which he had to bribe the guard and sell his remaining belongings. She still has this letter today.'

Exiled to the Soviet Union, female, interview #42

When they came to our place, they took my father and grandfather to eastern Prussia to work. They later released my grandfather because he was an old man, he was already 86 years old. So they released my grandfather he came back home but they kept my father that was a tragedy for us, we all wept. I can’t remember how long it lasted but already in December, during Christmas time, the Russians came. The Germans retreated and the Russians arrived. They took him to prison in Łomża. The family somehow got word that he was there and needed some food to eat. My mother and sister went to see him but by the time they got there, they had already moved him somewhere else, and we don’t know where. They moved him into the depths of the Soviet Union and he was imprisoned in the gulags. To this day, we don’t know what happened to him, only that he was in hospital and died there.'

Exiled to the Soviet Union, female, interview #03
The following excerpts described the experience of the whole family being forcibly taken and dispossessed. Participants described the loss of their home, farm and most of their belongings. This experience was echoed among all the people who had experienced the exile to the former Soviet Union. It was also recounted by people living under German occupation and how their displacement to make way for Germans under the ‘lebensraum’ or ‘living space’ policy. A few study participants who lived in Galicia described being displaced by local Ukrainians who ransacked and burnt down Polish villages. Excerpts are presented in Result Box 9.6.8.

Result Box 9.6.8 Family dispossessed and forcibly taken

'I remember that on the 10th of February, 1940, at 4 o’clock in the morning, it was still dark there was a knock on the door, and it was a loud knock. My mother was not sleeping, she was already up because she always got up early and went to the door to open it. Two Russians and two Jews entered with red arm bands acting as interpreters. They said they had come looking for someone named Bronia. My mother replied Bronia who? There is no one named Bronia here. Where is your husband? The Germans took him. Then one of the soldiers said not to panic but the family will be re-settled into another region because there will be fighting here and there will be a new border through this region. They ordered my mother to wake the children and not to take too many things only some food and a few clothes. The children at the time were aged as follows: Zosia, the eldest was 20 years old, Tosia was 18, then myself, Monika 14 years old, Franek, 12, Danusia 8, Tadeusz 4 and the youngest, Jozio was only one year old. They told us to pack belongings onto a sleigh. It was Saturday and my mother did not have any bread. She just took buckwheat and a bit of lard'.

Exiled to the Soviet Union, female, interview #03

'I was born in 1930 the youngest of three children. The family lived in the Skal district. I attended primary school when the war broke out. My family was taken to Siberia on the 10th of February 1940. I was 10 years old at the time. In the middle of the night, five armed soldiers were banging on the front door to be let in. They questioned my parents and said we had a half an hour to pack our belongings and leave the house. My mother was told we would be resettled somewhere else. My father was told to sit in a chair and not to move, as he was guarded by a soldier. My mother packed a few belongings; mainly some food and we were ordered out of the house. We were taken in a horse drawn sledge to a collection point in a school building.'

Exiled to the Soviet Union, male, interview #46
She remembers the soldiers coming into the house. The family was given a day’s notice to pack. Her family was on the list to go to Germany. They had to pack and walk with all their belongings, including a cow. They lived in Wilno. The Germans burnt people’s houses and resettled them. They weren’t taken by the Russians only by the Germans. They were taken onto a cattle train. The train stopped in a town somewhere in Poland. They had to sleep on some straw on a concrete floor. They were in a transition camp. Her aunty had fleas and they cut her hair so she wore a hat. Once they arrived in Germany, she got sick with scarlet fever. She had to go to hospital then her brother got sick as well. The authorities wanted to send the parents away but they refused to leave her, they insisted they all stay together.

Forced Labourer, female, interview #70

‘Soon after the war broke out (1939) the German soldiers resettled us from the family farm to a much smaller farm. We had to leave behind many possessions and personal belongs. We went to a sparsely furnished farmhouse where we slept in a barn on some hay. My grandmother and I were once again evicted from this place and my uncle took in my grandmother while I was to go to another aunt who lived in Turek a small town in eastern Poland.’

Forced Labourer, female, interview #10
9.7 Family psychological and emotional response

The individual described their own grief and emotional response to their own suffering. In this section, the individual recounted stories of the family’s grief and fear for the family unit as a whole and for its individual members. These themes are summarised in Table 9.7.

Table 9.7 Themes relating to family psychological emotional responses

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any psychological and emotional responses</td>
<td>27</td>
</tr>
<tr>
<td>Distress at being separated from loved ones</td>
<td>22</td>
</tr>
<tr>
<td>Family grief / despair</td>
<td>16</td>
</tr>
<tr>
<td>Fear for family members</td>
<td>15</td>
</tr>
</tbody>
</table>

9.7.1 Distress at being separated from loved ones

The traumatic experience of being separated from loved ones caused much distress for family members. The following extracts in Result Box 9.7.1 concentrated on the feelings of distress the study participant felt in being separated from their family in particular separated from their mother. One extract is from a woman who was a forced labourer and became pregnant while working in Germany. She was denied permission to marry and the German farmer would not allow her to keep her baby so in the end she left her child behind to be raised by her parents in Poland. The grief was over leaving her child behind and not having the opportunity to raise him.

Result Box 9.7.1 Individual distress at separation for family

‘My mother had packed a small case for me with some clothes, I had a few nice clothes, and I like to wear nice things. My mother tried to reach over to me and give me her scarf. She was close to the fence trying to get the scarf to me and the soldier pushed her away. She fell to the ground, my heart just leapt, I felt an intense pain. I was never to see my home again, never to see my mother again nor my younger brother and sister.’

Forced labourer, female, interview #66
‘I was separated from my mother. I felt distressed because I didn’t know where she was. Once in the hospital she was found, I was relieved.’

Exiled to the Soviet Union, female, interview #54

‘At the moment of farewelling my mother after we embraced and I made a promise which I hadn’t given any thought to earlier. Mother I said ‘in a year or two with certainty there will be a war between Germany and Russia and the Germans will win this war so look for me in the west’. My mother smiled at her son and without a word hugged me. I looked back a number of times, waving to her. Naturally, this was a very sad separation. The train started and as it moved I was leaving my world in Poland behind.’

Armed forces, male, interview #18

‘She became pregnant in 1940/41 to a young Polish man who had been sent there to work. She wrote to Poland to receive the required papers in order to marry. Her mother wrote back refusing to give permission as she said she had a nice fellow back home and this man was too worldly. She wrote again to say she was pregnant and this time her mother agreed. When Germany attacked Russia no-one was allowed to get married. The Germany woman wouldn’t let her stay and have the baby, she sent her home. She gave birth to a baby son in 1941 and had to leave him behind in Poland, as she had to return to Germany. If her mother hadn’t agreed to take the baby, the authorities would have taken the baby and given him to a German family. She left the baby with her parents, as she had no choice, she was not allowed to take him with her. She felt very sad at leaving him behind and was teary when telling this story. Her parents bought him up as their own son. Her father had daughters and needed a son to help him. She wanted to take him back when he was 12 years old to come to Australia but her parents, in particular, her father refused.’

Forced labourer, female, interview #55

9.7.2 Family grief and despair

The accounts presented in Result Box 9.7.2 described the distress and grief of other family members as a response to their predicament. One study participant recounted the story of being transported in the cattle-trucks to Siberia and her mother had some mouldy bread that she threw away. When she saw the desperation and hunger of the Russian woman who caught the bread and ate it, she wept over the fate of her children. The extracts described the grief over the fate of the family member, the grief in seeing their loved ones ravaged by malnutrition, the story of going to bed and not knowing whether they would be alive in the morning.
Result Box 9.7.2 Family grief and despair

"At night the train was going very slowly and I remember that my mother threw out some moldy bread and there was a Russian woman standing in the fields and she caught the bread and ate it hungrily. My mother started to weep terribly that she is taking her children into such conditions. From that point on she never threw out moldy bread again."

Exiled to the Soviet Union, female, interview #40

"We had swelled up from the hunger, so much so that each evening we would farewell each other because we did not know whether we would wake up the next morning."

Exiled to the Soviet Union, female, interview #08

"I met my father in the street in Guzar. My father stopped, he was shocked and burst into tears. He took me to the field kitchen and asked them to give me some dinner. We ate a few mouthfuls of soup and we couldn’t eat any more. Our stomachs had shrunk and they couldn’t handle the food. My father took us to the commandant of the Women’s Auxiliary Army Service."

Exiled to the Soviet Union, female, interview #27

"The worst drama in the house was the news about her father’s death. Her mother wept and the children were dressed in black, the family was in constant grief and despair over this loss."

Civilian, female, interview #57

9.7.3 Fear for family members

Fear for family members was recounted in a number of transcripts. People spoke of the worry, anxiety and uncertainty in relation to what would happen to their loved one. Some examples are presented in Result Box 9.7.3. The stories of family members being close to death were also punctuated with expressions of the participant’s fears for their family member (see Result Box 9.6.6).

Result Box 9.7.3 Fear for family members

"His family was taken to Siberia in 1940 when he was 11 years old. On the 10th of February 1940, the family were arrested. His two older brothers were told to stand against the wall with guns pointed at them. This was the worst time for him not knowing if his brothers would shot. They came in the night, they searched the place and told them to get dressed then the soldiers took them to a central collection point."

Exiled to the Soviet Union, male, interview #39

"When they were released they sold all their belongings and they were at the station waiting for the train when her father went to buy some bread. The Russian soldier accused him of stealing it when he actually bought it and he demanded his documentation. They were kept at the station for about three days. They experienced great anxiety and fear that their father would be arrested again and they would not be able to leave. ‘The fear that we experienced over our father and our fate remains in our memory forever.’ Finally, they were allowed to get onto the next train."

Exiled to the Soviet Union, female interview #42
9.8 Family as a resource for survival

During the war, study participants described how family members shared physical resources, provided comfort to each other and contributed to each others welfare. The list of family resources is presented in Table 9.8. By being together it also meant that the individual was not alone, they were able to share their suffering and to support each other. There was a sense of responsibility towards family members to ensure that they survived. People spoke of defending family members when endangered or threaten with harm.

Table 9.8 Family as a resource

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family as a resource</td>
<td>61</td>
</tr>
<tr>
<td>Providing practical assistance</td>
<td>25</td>
</tr>
<tr>
<td>Strong mother</td>
<td>20</td>
</tr>
<tr>
<td>Family being together and looking out for each other</td>
<td>19</td>
</tr>
<tr>
<td>Miraculous reunions</td>
<td>5</td>
</tr>
<tr>
<td>Family not coping</td>
<td>8</td>
</tr>
</tbody>
</table>

9.8.1 Providing practical assistance

People described very practical ways that they supported each other. For example, family members obtained extra food and shared this around or one family member had skills that could be exchanged for more food. People also used their contacts or knowledge to help family members in dire circumstances. Often these acts meant the difference between living and dying. In the following excerpts presented in Result Box 9.8.1, the participants described what appear to be small acts but in the circumstances of profound losses, these acts were significant. Examples were of the daughter who walked all night to buy some soap as a gift for her mother, in the context of the Siberian experience where people lived in filthy and primitive conditions or the young man who received small gifts from his parents in the context of farewelling them and joining Polish army.
<table>
<thead>
<tr>
<th>Result Box 9.8.1 Practical assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;She was able to save 20 marks per month and sent bread to her brother. He was in Germany working in a coalmine. This saved him that extra bread.&quot;</td>
</tr>
<tr>
<td>Forced labourer, female, interview #50</td>
</tr>
<tr>
<td>&quot;His other brother slept in a small room where the geese and chickens were kept. His mother worked in the house and garden. They were all together this meant a lot to him. They always received their three meals, it wasn’t a lot but it was something. When in the garden his mother would steal an apple or other piece of fruit or a vegetable to eat.&quot;</td>
</tr>
<tr>
<td>Forced Labourer, male, interview #62</td>
</tr>
<tr>
<td>&quot;It was a joyous surprise to find out about the amnesty and we were allowed to leave the kolkhoz. We travelled to the next town, Kustana. There was a Polish delegate there, a Polish house, even a school and a canteen where you could get a small meal. It was in the canteen that one day while we were eating our dinner, a tall man in a strange soldier’s uniform with a Polish insignia came up to us. He approached our grandmother, called out ‘aunty’, and wrapped his arms around her. It was my grandmother’s nephew, her sister’s son. He had been imprisoned in a gulag and had been freed to join the army. He was able to help us get out as the army were stationed there and were moving south. He managed to get us tickets through bribing officials with whatever clothing and possessions we still had left (for example our father’s suit was used as a bribe). He forged some documents and finally we were able to leave. He also organised for another lady to leave and she travelled with us. I will never forget this journey, each station we stopped at there was a mass of people waiting for a place on the train. The stations and adjacent parks were turned into large camps full of people. Each leg of the journey we had to get new tickets and the queues were often kilometres long. Yet, our uncle again was able to save the day, with a bribe here and a charming smile for the girls at the ticket counter, he even managed to get tickets that were reserved for Soviet officers. We always got the tickets.</td>
</tr>
<tr>
<td>Exiled to the Soviet Union, male, interview #32</td>
</tr>
<tr>
<td>&quot;Their grandmother got news that the family was being deported and she baked a whole tray of bread and took it to the station so they would have something to eat along the way and to farewell her family. ‘</td>
</tr>
<tr>
<td>Exiled to the Soviet Union, female, interview #40</td>
</tr>
<tr>
<td>&quot;We left Poland on the 12th of February and arrived on the 10th of May in Kustanja so the whole journey took about three months. They employed us to shovel sheep manure. They used this as fuel for the furnaces. There was about 1500 sheep. They paid us in roubles. This lasted for about a month. There were about five polish families working there. My sister knew how to sew and we exchanged this for food as the roubles we earned only covered the rent of the dwelling. We didn’t have it too bad. Others had it worse, as they had to sell their food to cover the cost of accommodation.‘</td>
</tr>
<tr>
<td>Exiled to the Soviet Union, male, interview #26</td>
</tr>
</tbody>
</table>
In the carriage there was a small barred window and my sister Jadzia spotted her friend on the platform whom she knew in ‘Borszczowa’ and she called out to her and asked her to let their brother-in-law Jozek know that they were in the transportations for exile. A few hours later, much to our joy Jozek came and brought us some food. Among which was some hot coco and it tasted so good, I can still remember it today. He had to negotiate the wagons with care so as not to get caught by guards. Somehow, he managed and was able to supply us with goods that he handed through a hole in the floor which served as the toilet. We were so grateful to him. We survived the journey thanks to the food we took with us and the supplies given to us.’

Exiled to the Soviet Union, female, interview #42

She managed to buy some soap this was her present for her mother’s names day. They were always dirty so to get some soap was a real find and she walked all night to get to her mother this soap for her name’s day.’

Exiled to the Soviet Union, female, interview #43

There I met my father. I wanted to join the army and my mother gave me her blessing. My father gave me five roubles for the road. My parents accompanied me to Tabol. It was dangerous as it was February and the wolves were around. For the road my mother baked me a large dry cake.’

Exiled to the Soviet Union, male, interview #26

9.8.2 Strong mother

The theme of the strong mother was very poignant among the stories of people who had been exiled to Siberia. In the absence of the father, the mother took on the role of keeping the family together and upholding Polish culture and tradition. The archetypal figure of ‘Mother Poland’ (Matka Polka) dates over 200 years to the time of Poland’s struggles against the foreign oppression and partitions. ‘Mother Poland’ is the mother who maintains Polish traditions, customs, language and Christian faith. She is devotedly selflessly to family, home and nation and has been an enduring symbol of femininity and Polish patriotism (Ostrowska, 1988). Many of these attributes were described by study participants when they spoke of their mothers. She was credited with the survival of her children and she often went to great personal lengths to ensure the unit of her family. She was described as the resourceful mother, self-sacrificing mother, making difficult decisions in order to ensure the survival of her children.

The excerpts in Result Box 9.8.2 illustrated the resourcefulness of the participant’s mother in gaining access to scarce food, clothing, and shelter. She used her wit and ingenuity to create something from nothing. One excerpt is a truly amazing story of
one woman’s tenacity and courage in her search for her son who was a soldier in the
Soviet Army and had been captured as a prisoner of war. She stowed away on a
train full of German officers and told the commanding officer, in no uncertain terms of
her determination to see her son again. She could have easily been killed or sent to
a concentration camp but instead she was accommodated and the German
commander facilitated her re-union with her son. Another excerpt also depicted a
woman who used her wits and sheer determination. In this instance, she was left
behind on a station in the middle of nowhere and her two children were on that train
alone without her. She was determined to catch up to them to be reunited with her
sons. Another mother had to leave behind her eldest son in order to be with her
younger children. She knew that her younger children would have died without her,
on the journey to Siberia but it did change her, the constant worry about her eldest
son affected her for the rest of her life.

Result Box 9.8.2 Strong mother

Resourceful mother

‘My mother and sister were eligible for work but there was not much work around. They were paid in
food for example they received a few kilos of millet but it wasn’t enough to live on. We were very lucky
that we had our things so we could exchange them for food. My mother cut up bed sheets and made
them into headscarves. Scarves with embroidery were very valuable for exchange.’

Exiled to the Soviet Union, female, interview #32

‘At one stage she lost her eyesight and somehow her mother managed to get a horse’s liver, meat was
so rare then and this helped to restore her sight.’

Exiled to the Soviet Union, female, interview #09

‘Her mother was resourceful and made a stove. She later was able to sell the stove for clothing. There
was plenty of fuel as they were in the forest so they were able to keep warm’.

Exiled to the Soviet Union, female, interview #08.

‘She spoke of her mother who was an amazing woman, trying to keep her children alive, finding food
being resourceful. One example was when they were in Tashkent and she sold her daughter’s dress
and with the money bought a cheaper one and food.’

Exiled to the Soviet Union, female, interview #03.
‘First I was in Rydze, in captivity and then after some time they transferred me to Germany. I sent my mother a card from Rydze, noting where I was and she collected all the places where I had been, all the addresses. Then they took us into the depths of Germany and we were in this huge Prison of War camp for Russian inmates. So I wrote to my mother telling her where I was in Germany. As the frontline was approaching my mother decided to escape from the eastern region of Poland to Germany, because she did not want to be caught under Soviet occupation and she knew my address. So what does she do? The Soviets were getting very close now. My mother takes my older brother Oles (he is nine years older than me). They walk to the train station in Kostopol, they hide and wait for any train that is heading westwards to arrive. Soon a train travelling west stopped. My mother did not hesitate. She grabbed my brother who was always more reserved and jumped into the last wagon. It turned out that this train was transporting the German army and high ranking officials. They locked themselves in the toilet, there was nothing there, just a bucket and something or other. Naturally, they were discovered after no time at all. They were taken to the person in charge of the train. My mother spoke fluently German. She stood before him and explained to him, that she was going to see her son, that he was in such and such a prison. He was the rank of a colonel. All present were starring at her in amazement. He said ‘alright, make them room, give them something to eat, somewhere to sleep’. She showed him my card that said where I was in captivity. He took down all this information.’

Armed forces, male, interview #18

‘There was station near the Lake Aral and my mother got off with a few coins and went to buy some kawony (melons). The terrain was desolate, just a few women selling some ‘kawony’ (melons). As my mother got off the train, it blew its whistle and started to move. She didn’t have time to get back on board, the train left without her. What now? She had only a few coins and her documents were left behind on the train. The Station Master told her that a few kilometres away was a small town with a Polish official. She walked to the town and found the official and he told her there was nothing he could do and that since she didn’t have her documents she would have to stay here. He probably told the truth but he didn’t even ask if she was hungry. In her desperation, she walked back to the station back to the Station Master. He said that even though he wasn’t allowed to do this he would put her on the next goods train going south. While she was sitting at the station waiting for the train, the cleaning lady gave her a piece of bread. The goods train arrived at night and she got on board. The only place where she could sit was on a platform at the rear of the train with a railway worker - an Uzbek. The night was very cold and she was shivering as she only had a summer dress on and the Uzbek felt sorry for her and gave her his woolen coat. As she got closer to Tashkent she managed to get on board a passenger train and her co passenger was a Jew who was also travelling to Tashkent. He was involved in some sort of commerce and he could see she had no money not even to buy some food and he lent her a few roubles with the proviso that she would give it back to him in Tashkent. He got off earlier but gave her his address to return the money. Once she arrived in Tashkent, we greeted her with great joy. She had the address on a piece of paper in her pocket and in order not to lose it she gave it to a lady to put into her handbag. Tashkent was notorious for thieves and soon enough some thieves stole the handbag with the address. My mother always felt guilty that she never re-paid this kind man.’

Exiled to the Soviet Union, male, interview #32
Self-sacrificing mother

‘They made it to a port city, it was so hot, there was not enough water, she remembers feeling very faint, and dehydrated. She wouldn’t be allowed on the ship if she was not well. Her mother sold her dress to buy some wine, so she could sip it. Her mother was left standing in her petticoat and cardigan but somehow they managed to get on board. They were on the top deck. There were people sick, dying; those who died were thrown overboard.’

Exiled to the Soviet Union, female, interview #67

Making difficult decisions

‘Her mother decided that the best thing for her younger daughters was to send them with other Polish children as orphans to a refugee camp in India. Children were being sent by the Red Cross to India. Their mother stayed behind to care for her sick daughter once the daughter got better her mother became sick and died from typhus. The sisters found out about their mother’s death in letter from a friend.’

Exiled to the Soviet Union, female, interview #09

‘After many hours, my brother Jan and I cried a lot because we were afraid that the train would leave and there were so many people, about 70 people packed into the wagon, the cattle wagon with their bundles, of everything that people could take with them…..They released my mother after they couldn’t find my brother because they knew she would return to us. The authorities knew she would return to her two young children, she had to return to us otherwise we would have perished.

Exiled to the Soviet Union, female, interview #08

‘Later my mother organised for me and my younger brother (my older brother was already independent as he was 14 year old) shelter with the Franciscan nuns. She gave us up there. There were loud protests because we didn’t want to go, we didn’t know what it was, it was a terrible oppression. This was not a voluntary separation from our family, from our brother and mother. We were forcibly locked up so that we wouldn’t run away and with time we got use to it.’

Civilian, male, interview #23

Patriotic mother

‘It was at this time the officials introduced a new law that said ‘Poles had to become Soviet citizens’. My mother was in a patriortic group and she refused to sign this. Together with the others she was imprisoned. They immediately threw me out of the creche and my brother from his job, where once a day he received soup and this was the start of our gehenna. No-one was allowed to give us anything as this was punished. One night I remember we received some sauercrat. Never in my life have I eaten such good cabbage, that is the way I remember it. Later they let my brother and I go to see my mother and they said to her either sign the citizenship papers or they will take us to a children’s home. These kind of things were done not only against my mother but also other women in the group who had small children. It was the 3rd of May, my mother was in the cell with some other women and they wanted them to sign the papers. The women agreed that they would sign but not on the 3rd of May8. They signed the papers and were released from prison on the 9th of May.

Exiled to the Soviet Union, female, interview #08

---

8 For Poles the 3rd of May is a national holiday in commemoration of Poland's 1791 May Constitution, which signified humanitarianism, tolerance and democracy.
9.8.3 Family being together

The following extracts illustrated how participants felt supported emotionally by family members and in one instance where the participant was selected to be sent as a forced labourer to Germany and her sister volunteered to accompany her so that she would not be alone. Another participant described how she stood up for her sister and protested against her being beaten by the German farmers where she worked. The sentiment of emotional support is reflected in the following excerpts:

Result Box 9.8.3 Family being together

‘The fact that the family was together helped them get through the war. They kept each other’s spirits up.’

Forced labourer, male, interview #62

‘In the beginning of April we went to visit some friends and a proposal was made that our family separate, as the transportations to the east had already started but my mother replied, if we are going to perish then it will be together’.

Exiled to the Soviet Union, female, interview #08

‘The people where her sister lived were very cruel to her and would beat her all the time. They beat her for not milking the cows. One time she was particularly badly beaten and Maria could speak German quite well. She said to the woman who was a Lutheran and played the organ at church. She had her own children. She said to the woman ‘how would she feel if someone came and took her children away and treated them as she treats her sister’. She told her that their mother weeps over them and misses them as any mother would. She asked her whether as a mother, she isn’t afraid that when the war ends people might treat her children the same way.’

Forced Labourer, female, interview #69

‘It was a very hard life but we were all together, that is my father and my brothers, and we knew we could count on each other.’

Civilian, female, interview #14

‘The men and women were housed separately in different barracks. I was with my sister, she was older than me but I was better able to look after her, so she stayed with me and I helped her if ever I had something more. We stayed in Auschwitz for about 6 weeks and then again they started to sort us.’

Concentration camp survivor, female, interview #17
‘She was with her sister, they supported each other, there were other Poles too who would meet in the evenings and talk about the war ending. They cheered each other up. They comforted each other. Being together, the Poles all missed home, everyone wanted to go home.’

Forced Labourer, female, interview #69

The Germans invaded and occupied her town. She remembers getting a letter for the German authorities that she had been selected to go to Germany. She started crying, her sister volunteered to go with her so she wouldn’t have to go alone. They were transported together. They arrived in Germany and had to stand in a room for selections. The girls cried that they had to be taken together. Many farmers didn’t want the two girls but finally two neighbours agreed to take one each so they were only apart 10 kms. She would visit her sister every Sunday.

Forced labourer, female, interview #71

9.8.4 Miraculous reunions

Some participants recounted extraordinary experiences in chance meetings or amazing reunions. The mother who was determined to see her son in the POW camp is a moving example of this as depicted in Result Box 9.8.4. This is the continuation of the story of the ‘strong mother’ who was stowed away on a German train described in Result Box 9.8.2. Such meetings and others (see Result Box 9.8.1) changed the fate of many not in the least their outlook on their circumstances.

Result Box 9.8.4 Miraculous reunions

‘In the meantime I am in this large POW camp, in a certain place. Since I worked as an interpreter there, I was well known by everyone. One day in the evening, I was summoned to commanding officer’s office. He asked me, ‘who do you have left in Poland, your mother, father?’ I told him. He called a soldier and said ‘take him outside’. I was worried what was to happen to me. They took me to a spot where my mother and brother stood in the dark in the surrounds of this large prison. We did not see each other, as it was dark, it was outside, under the tree. Years later we wondered why it was in the dark, at night and under a tree. (When the participant spoke of this meeting, tears welled up in his eyes and his voice became quite choked). In any case, I greeted my mother and brother and my mother said she will do everything she can to stay in touch and then left.’

Armed forces, male, interview #18
9.9 Family not coping

As noted, within this theme descriptions of family life pre-war are included where parents have died and children have been orphaned or where one parent died and the other re-married resulting in abandonment and rejection which weakened family ties and the family’s ability to provide resource and assistance its members. An example of the family’s inability to function is a mother who could not cope and was overwhelmed with her situation. She is left with three boys, after her husband was arrested and murdered. There was no one to ‘keep them in line’, she had to work for them to survive and she didn’t have the time or strength to deal with them. The situation got onto top of her so she had to relinquish her care of them. The second excerpt is of a father who is no longer able to look after his son and the third excerpt is a description of a frightening moment where the participant’s mother became quite delusional and feverish. Although her mother got better, the excerpt illustrated how vulnerable her children were and how dire it would have been if their mother had not recovered.

Result Box 9.10 Family not coping

‘My mother was left alone with us three brothers without a profession or occupation and she couldn’t cope with us.’ Because my mother had go to work and we were free to do what we wanted. There were brawls on the streets, gangs of boys against one another. The war influenced this.

Civilian, male, interview #23

‘My father was very sick at this time. He was bed bound and couldn’t do anything. When the capitulation was approaching, he left the house and stood in front of the stair well and at that moment some shrapnel or bullet hit just a few centimetres from where my father was standing. After that he did not leave the house, he stayed at home. I found myself under the care of family friends because I never returned home again.’

Civilian, male, interview #19

‘It was around this time I remember one night in particular when my mother woke me up in a frenzy. She said to me ‘quick get the younger children up and dressed we are going to meet your father’. She was very hot, like she had a high fever. The younger children woke up and started crying. I was crying too, saying to my mother, ‘it is not true, father isn’t waiting for us, we can’t go outside in the cold’. Somehow, I was able to calm her and she went back to bed. It was a terrifying moment. The next morning we woke to find my mother gone. She was nowhere to be seen. We thought ‘oh no she has left us’. After some time she returned carrying food and said to us ‘come let us eat’. When I mentioned to her what had happened during the night, she had no recollection of it. She said to me ‘you must have been dreaming’. I said to Danusia ‘you remember’ and she cried ‘yes that’s what happened’. I think it was by the grace of God that she was alright and nothing had happened to her that night.’

Exiled to the Soviet Union, interview #03
9.10 Community war-time suffering

Within the individual narrative, the story of community suffering also emerged as an important theme that placed the individual and family suffering in a broader historical and social context. Among the sample, 59 participants described events that were coded as community suffering. The theme of suffering has a deeper meaning in Polish psyche as it is rooted Polish history of partitions, oppression and resistance. The themes described in this section resonate strongly with the historical account presented in Chapter Two. In many instances, participants felt the need to explain the historical context of their story by drawing on significant dates, places and events. They elaborated on the context of the events as well as focusing on their own experience of these events. The themes replicate themselves (suffering, physical deprivation and trauma) however in the excerpts presented in this section the emphasis is on ‘the other’ that is on the people within their community, village or town that were also suffering. Community trauma is described in the context of the Nazi and Soviet occupations where communities experienced brutality and oppression in the form of street round ups, public executions and the suppression of Polish national identity.

Just as the participants described individual and family resources, so too, they describe community resources. The community proved to be a valuable resource through acts of kindness of others, usually strangers. The community also played an important role in maintaining the social structures that cared for its members and created the means for resistance. During the Nazi reign participants refer to clandestine schools and the activities of the Home Army operated as act of defiance. After the end of the war, especially for those exiled to the former Soviet Union, social structures such as scouts, schools, and church were very important creating stability in the lives of traumatised and displaced people. This is particular evident in the descriptions of the post exile when participants described the places in West Africa and India in glowing terms. People acknowledged that initially the conditions were primitive but emphasised the importance of receiving regular meals, the commencement of schooling, some sort of order and routine allowing members of the group to take on leadership positions and created circumstances where people felt more in control of their immediate environment. The themes of myths and
legends although only mentioned by a few people was an important example of how people make sense of their experience in a much broader cultural context.

Table 9.10.1 Community physical deprivation

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any community war-time suffering</td>
<td>59</td>
</tr>
<tr>
<td>Community physical deprivation</td>
<td>45</td>
</tr>
<tr>
<td>Hunger &amp; disease</td>
<td>22</td>
</tr>
<tr>
<td>Hard labour &amp; primitive living conditions</td>
<td>17</td>
</tr>
<tr>
<td>Conditions in the cattle-truck</td>
<td>11</td>
</tr>
</tbody>
</table>

9.10.1 Community physical deprivation

The themes repeat those already cited in the individual and family accounts (hunger, disease, primitive living conditions, conditions in the cattletrucks) the examples will be brief with each excerpt emphasising the collective aspect of suffering. The individual draws attention to the ‘we’ and to ‘the other’ in the excerpts presented in Result Boxes 9.10.1-9.10.3

Result Box 9.10.1 Hunger and disease

'We were fed a light broth with just a few nettles. I remember one instance shortly after our arrival we received rations for one month but we ate everything after two weeks. We were all so hungry we said we would not go to work if we did not get some food. The supervisor called the SS and a number of large imposing soldiers came in and asked us ‘who said not to work?’ One girl replied ‘we all did and he slapped her in the face a few times’. We were all terrified and went to work hungry. We lived in barracks with up to 60 girls in one barracks.'

Forced Labourer, female, interview #10

‘Fate took us on a brutal journey to northern Kazakhstan, into Bolshevik oppression, a journey full of painful experiences that I am unable to described. It was a dramatic journey of dispersal, hunger, extreme cold, during which many died from hunger, exhaustion and illnesses such as malaria, dysentery and typhus. There was a lack of medicines and medical care - we were at God’s mercy.’

Exiled to the Soviet Union, female, interview #54
Result Box 9.10.2 Primitive living conditions

"The people were covered in fleas. They were everywhere. One young mother had a six-month-old baby, she had wrapped her baby in this lovely shawl, and you could tell she was an elegant woman. She lay her baby down on a wooden table in the barracks where we were staying and as a young girl I went over to have a look at the baby. She was a pretty baby but as soon as the mother put her down, she was instantly covered in fleas. The mother started to cry, she had to go outside and shake them all off. She cried at the sight of all the fleas.'

Forced Labourer, female, interview #63

Result Box 9.10.3 Conditions in the cattle-truck

They were all terrified about what was to happen to them. The transportation was the worst thing, the not knowing. One particular terrifying incident occurred when people were huddled around the pot belly stove that was in the carriage. People gathered around it cook and to keep warm. There was a large pot of soup cooking, with meat, oil and vegetables. An older man was standing near the stove when the train abruptly started to move and he suffered from epilepsy and had a fit and fell into the pot on top of the stove, it all went up in flames, a cloud of smoke erupted. He was burning. There were 40-60 people in the carriage. There were three tire bunks, people lying one next to the other so you couldn’t move. The door had been bolted shut. The soldiers and officers were in the next carriage. People started to scream and banged on the door, one man had smuggled an axe on board and he used that to bang on the door, finally the soldiers came and opened the doors and took the man away. She thinks he received some treatment to his burns as he did survive and was given an exemption from work duties once they arrived at their destination'.

Exiled to the Soviet Union female interview #57

9.10.2 Community trauma

Community trauma was described as acts of violence and oppression against the populace. Participants described the earlier days of Soviet and German occupation, the closing of schools, liquidating the intelligentsia. One excerpt describes the destruction of Warsaw following the capitulation of the Home Army after the Warsaw Uprising of 1944. Public executions were a way to demonstrate Nazi brutality and intimidate people warning them that this too could be their fate. Acts against Polish nationalism were described by participants as the removal of national objects and insignia and being told by various occupying officials that Poland did not exist anymore. The themes relating to Community Trauma are presented in Table 9.10.2
Table 9.10.2 Community Trauma

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community trauma</td>
<td>21</td>
</tr>
<tr>
<td>Invasion, occupation and oppression</td>
<td>17</td>
</tr>
<tr>
<td>Attack on Polish national identity</td>
<td>13</td>
</tr>
<tr>
<td>Public execution</td>
<td>8</td>
</tr>
</tbody>
</table>

The following excerpts were part of the individuals’ narrative. As illustrate in Result Box 9.10.4 the emphasis is on the historical and social significance of the war-time events. The excerpts emphasised the suffering of the Polish people at the hands of their occupiers. A number of participants spoke of the suffering inflicted on the Jewish population and the profound effect it had on them as observers. One participant described in detail the Warsaw Ghetto rising. He was involved in the partisans at the time and when asked if the partisans were able to help the Jews he replied that the Home Army tried to deliver them weapons but that the Poles felt helpless and he reiterated a number of times the hopelessness of the situation.

Result Box 9.10.4 Invasion, occupation and oppression

“I returned to Warsaw, life under German occupation was no fun. Firstly, Warsaw was in ruins, our house thank God wasn’t. There was a lot of poverty, simply speaking many buildings were in ruins, schools were closed because the Germans believed that Poles weren’t worthy to learn anything. Poverty was prevalent as there was no work, no money. There was nothing…The Germans when they entered Poland, they closed all the schools so I was unable to complete my final year and receive matriculation (higher school certificate) however we did attended clandestine underground schools run in private homes. The teachers came and taught us and we had exams so I do have my matriculation completed during the war based on the ‘komplety’.”

Armed Forces, male, interview #38
During this time, the situation under the Soviet occupation became worse day by day. A witch-hunt against the previous regime became commonplace. Soviet officials organised more frequent political meetings, criticising everything that had gone on before. Then finally, they started to liquidate all the Polish elements. Those who did not find themselves on the trains eastwards and were either born in 1919 and 1920, they were conscripted into the army. From the moment the Soviet Army moved into the Eastern borderlands of Poland in 1939, they started the systematic liquidation of the Polish element on this terrain. In the first instance they arrested the intellectuals working in administration, government officials, teachers, police, doctors, in one word many were imprisoned, while more prominent people were taken into the depths of the Soviet Union where many of these people were murdered and all trace of them vanished. While in February 1940 the large scale deportation of Polish people started into the depths of the Soviet Union.’

Armed Forces, male, interview #18

When they pushed out the remaining civilian population, probably about seven hundred thousand people, they started to destroy Warsaw. A special German unit remained whose task was to explode mines underneath buildings and the result as you can see in the photo was complete ruins. They did this on purpose first of all for revenge, that the Poles dared to rise up against the Germans and apart from that they wanted to set an example for the rest of Europe ‘listen this is what happens if you try the same’. These were really the last days of the war and the Germans were being defeated so they wanted to show off.’

Armed Forces, male, interview #38

He (Polish man) warned me to leave this area as the Germans planned to roundup all the Jews and execute them. I told my parents, they left for a place called Jasla and I went with my wife to her family near Kraków, to a place called Skaly Ojcowej. On the 27th of August 1942, all the Jews had to gather in the town’s square. They took people in lorries, to a place called Dzialosz some people were killed along the way.’

Concentration camp survivor, male, interview #36

She described an incident when the Germans came into the small town and there were no Jews left. She wanted to save this girl and she ran to her but it was too late. The Germans had taken the people into a forest and made them take their clothes off and shot them. They dug trenches in the ground to bury them but then there were too many people so they built some furnaces and burnt the people. She recalls the smell; you could smell the burning flesh. First, the Jews were killed then any Poles who tried to help them.’

Forced Labourer, female, interview #50
'On the way to Zamosc, in a village called Deszkowic, we saw the Polish army units retreating. The soldiers were wounded on the carts with arms and legs dangling. Many people were helping them, giving them water, bread, and trying to tend to their wounds. The greatest effect on me was seeing before my eyes (a child’s eyes) the Jews in their robes who literally were kneeling before the wagons and calling out to the soldiers ‘boys don’t give in, don’t give into the Germans’. This made such an impression on my memory.’

Civilian, male, interview #23

“When the Germans started losing the war they intensified the terror in Poland. People were arrested on the streets, in trams. No one was sure whether they would return home from work in the evening. It did not matter who they captured or arrested, they kept them as hostages. Later they liquidated them. All in all, it was a very unpleasant situation. About the same time, in 1943, they decided that they have to finish off the Jews who were still there. The Warsaw Ghetto was quite large because there was about half a million Jews. It was then that they implemented ‘the final solution’. The Jewish council and the Jewish police were made responsible for providing six thousand people everyday to the railway station. The Germans claimed that they were taking them to the Ukrainian, that there was meant to be a new settlement because the Germans had takeover the Ukrainian from the Russians and there was room there for the Jews. It was nothing of the kind instead people were transported to the nearest camps, Majanek, Treblinka and Auschwitz. In the end when there were about 30-40 thousand Jews left in the Ghetto they decided to fight. So on the 19th of April 1943 there was a small uprising in the Jewish Ghetto but it was a hopeless situation because they couldn’t defeat the German army. They just simply didn’t want to die senselessly instead, they wanted to fight back against the Germans. But the situation was hopeless. One way of helping was to supply them with weapons. You were able to buy weapons from German soldiers returning from the front who were in Warsaw for a break. They had weapons and they would sell them, the Germans sold their weapons because if he sold a machine gun or an ordinary gun he got a few thousand zloty for this and he could have a good time for that money. The Germans sold and the Jews bought because they had a lot of money. We also tried to buy the weapons only we didn’t have as much money. So the whole Jewish uprising lasted three weeks and it finished because the Germans used the following method, in that they did not fight with the Jews instead they set it alight or they put mines in the buildings and exploded them. Whoever was inside perished. Many Jews came across to the Polish side and we helped those we could. They went into the villages, where the partisans were and many children went into Polish orphanages run by nuns. Some Jews said it wasn’t right for the nuns to teach Jewish children catholic prayers. Yet they had to do this because the Germans when they caught a child they asked him to recite the prayers in Polish, if the child didn’t know the prayers they knew they were Jewish. So they taught the children by rote these prayers just in case a German asked ‘do you know your prayers’ and the child knew even though they were Jewish. They are a lot of people, even here in Melbourne who survived in this way in the orphanages.’

Armed Forces, male interview #38

The following excerpts were personal accounts where participants were exposed to Soviet propaganda and were told they could no longer return to Poland, where the vestiges of their Polish identity were stripped away.
The settlement consisted of six streets with log houses situated on either side with a family living in each log hut. The children experienced propaganda about all the good things Stalin had done and they were told that God did not exist only Stalin could fulfil all their needs. The children experienced harsh conditions at the school. They were recruited into the ‘komsomoł’.

Exiled to the Soviet Union, female interview #09

Some people greeted the Russians triumphantly. She was attending the local secondary school. She was made to repeat another year as the Russian regarding the Polish system as inferior and she was taught Russian and taught all this propaganda. The Soviets had started a youth group and her friends encouraged her to join. She went to the first two meetings out of curiosity, to see what it was all about. They talked all about communism, about Lenin and Stalin. There was no Polish flag, nothing to indicate they were in Poland. She declared she wasn’t coming anymore. She was happy to join a Polish group but not a Russian one. She questioned where was the Polish flag and what happened to their Polish identity? No one said anything at the time but about a week or two later the soldiers came to their house. Someone reported her and she was arrested as a political activist barely aged 16 years. She was taken to a Russian Prison on Jachowicza Street. She was imprisoned for about two months before the trial.

Civilian female interview #64

The camp was terrible like the worst gaol. The former Russian prisoners were taken somewhere else and we were settled in. The barracks were made of wood. We were allocated a barrack. The commander of the camp came and made a speech. He said ‘you will live here and you will never return to Poland. You will work here, live here and eat here. You will have a better life here than in Poland because here everyone is equal whereas in Poland there are rich and poor. You have nothing to return to.’

Exiled to the Soviet Union, female interview #03

The first days of the war was filled with Soviet propaganda that the Soviets had entered Poland to protect us against the invading Germans, when in fact they had an agreement with the Germans to keep that part of Poland for themselves, so they did little to protect Poland on the contrary they occupied half of Poland. Soviet soldiers and communist militia comprised mainly of Jews were involved in picking out the Poles who would be later deported to Russia, to Siberia and Kazakhstan. That’s the way it was.‘

Armed Forces, male interview #38

This excerpts described in Result Box 9.10.6 the fate of people who stood up to their German bosses. The study participant described a man who defended a young Polish boy as a great patriot. The subtext is of heroism and sacrificing oneself for

---

9 Communist Party youth organization for people aged fourteen to twenty eight years
one’s countryman. People who acted contrary to German rule were made examples of and were executed publically to create fear and intimidation.

Result Box 9.10.6 Public execution

‘In a neighbouring village that I knew well, there was a young boy from Lublin. He was about 18 years old and his job was to tend to the cows in the fields. One Sunday he bought the cows back early because he wanted to meet his friend (Sundays were free from work). When the master saw him, he started to beat him up. There was one of our POW’s there, Stanislaw Pokorski, a great patriot. When he saw that the German was beating the boy he started to defend him. A maid who was in love with Stanislaw grabbed a hammer and hit the master on the head. The Gestapo came and took Stanislaw and the maid away while the boy ran away. He hid in the woods, he made a stove out of one the milk canisters and hid in the woods for a couple of weeks. The Germans looked for him in every haystack, in every farm but couldn’t find him. He had a bit too much bravado because one day he ventured to one of the nearby farms to get some tobacco and he was recognized. The Gestapo came and took him away. His name was Czesio Nowakowski. After some time the Gestapo, the SS men came back and took all the Poles from a five kilometre radius and they brought them there to witness him being hung on a branch. These things happened.’

Forced labourer, male interview #31

‘When the Germans started killing people and sending people to camps you had to liquidate ‘such’ people and the Poles who calibrated with them. Such issues were brought forward before a Polish court (underground) and the evidence was presented. If there was enough evidence against such a person then the death sentence was pronounced. As there were no prisons available to the court, the only one punishment was to shoot the person. This happened all the time. In 1942-43 the Germans declared that for every German killed 100 Poles would be executed. And they did this, they executed the people they had captured on the streets of Warsaw. There would be these large red boards put out and all the names were listed of all the people executed. They were executed on the streets, or in the woods near Warsaw or even at the ‘Pawiak’ gaol in Warsaw.’

Armed forces, male interview #38
9.11 Community psychological and emotional response

The following examples under the theme of psychological and emotional responses are of collective grief, fear and humiliation.

Table 9.11 Community psychological and emotional responses

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any community psychological and emotional response</td>
<td>40</td>
</tr>
<tr>
<td>Despair</td>
<td>20</td>
</tr>
<tr>
<td>Fear</td>
<td>16</td>
</tr>
<tr>
<td>Humiliation</td>
<td>10</td>
</tr>
<tr>
<td>Loss of homeland</td>
<td>8</td>
</tr>
</tbody>
</table>

The following Result Boxes 9.11.1-9.11.3 contain excerpts that emphasised the collective nature of despair, where soldiers and sailors were moved by a sentimental speech; where people in a particular town were living in an atmosphere of fear and uncertainty and where a group of Polish women were subjected to indignant and humiliating practises by their German captors.

Result Box 9.11.1 Despair

‘It was -20 degrees and they put us into one barrack with 500 people. There was no room to move, we were unable to lie on our backs only on the side, and on command we changed positions. They gave us rotten potatoes to eat and these made us vomit. From our breathing, water condensed and drops of water fell on the straw and on us. That Christmas Eve was the most horrible that I can remember. We lay on the straw and Lieutenant Kurowski from Gdansk made a beautiful speech about the Christmas tree of last year and so on. I didn’t cry but there were many soldiers captured during the defense of Gydinia, and sailors, tough sailors cried like babies. This made a huge impression upon me.’

Armed Forces, male, interview #31

Result Box 9.11.2 Fear

‘War broke out and the Germans invaded. There was great fear. Initially there was hope that Poland would defeat the Germans that the war won’t last too long. This quickly faded. The frightening incidents were the bombing and the German occupation.’

Civilian, female, interview #59
'When the war broke out the town was hit, the Germans bombed the bridge and the whole town shook. There was great fear. Her father woke in the middle of the night to the sound of the bombing. There were ‘lapanki’ (round-ups) in the middle of the night. At first the Germans said they were rounding up thieves, criminals but later it was ordinary people. The school she attended was closed then it re-opened and they were taught in German then it closed again. They destroyed the books. The lapanki occurred everyday. People lived in fear, there was fear all the time.'

Forced labourer, female, interview #24

Result Box 9.11.3 Humiliation

They stopped in three or four towns in Germany before their final destination. Each time they were deloused. The Germans were fearful of disease. Delousing involved stripping naked, the old clothing was taken away and burnt, the girls were inspected by four or five German doctors, they were examined on mass, they were asked to bend over, left their legs up this way, that way. One girl had her menstrual period so she put some paper there and she was beaten. Another woman was there with her seven year old child and all this was happening in front of her child, she cried a lot because of the humiliation.

Forced labourer, female, interview #50

The deep longing for homeland was recounted by one woman who felt deep sadness when she was in the desert with a group of other Polish girls and they saw the storks flying back to Poland (see Result Box 9.11.4). She recounted the words of Juliusz Słowacki, a renowned Polish émigré poet who captured this sentiment in his poem about the deep loss experienced when exiled from one’s homeland.

Result Box 9.11.4 Loss of homeland

As we were traveling from Palestine to Egypt for a course for army cadets, a group of girls in heavy vehicles suddenly stopped. We didn’t know why at first. We looked at the mountains and we were dumb founded. First, it was one, then two, then three storks lifting themselves up into the air. From a sandy field the storks are taking off in the direction of the sea. We understood that the storks were returning to Poland and we were staying behind. We sat and cried. We remembered the poem composed by Słowacki in which he writes ‘I saw the flying storks, in a long row, I once knew them on Polish soil, I am sad my God’.

Exiled to the Soviet Union, female, interview #27
9.12 Community social resources

Within the narrative accounts, participants described their own individual and familial resourcefulness. In this next section, examples will be presented to illustrate the social resources of communities in coping with the extreme stress of occupation and war.

Table 9.12 Themes of community resources

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social resources</td>
<td>50</td>
</tr>
<tr>
<td>Acts of kindness</td>
<td>43</td>
</tr>
<tr>
<td>Sense of belonging</td>
<td>28</td>
</tr>
<tr>
<td>Community defiance</td>
<td>16</td>
</tr>
<tr>
<td>Use of myths and legends</td>
<td>3</td>
</tr>
<tr>
<td>The stories of others who didn’t survive</td>
<td>3</td>
</tr>
<tr>
<td>Community not coping</td>
<td>17</td>
</tr>
</tbody>
</table>

9.12.1 Acts of kindness

A number of study participants described acts of kindness usually by a stranger. The excerpts in Result Box 9.12.1 present examples where a guard who looked the other way, someone shared their provisions, someone organized or intervened on the participant’s behalf. The last excerpt is of a decent German farmer who treated his workers with respect. These acts were heroic in the sense that they were selfless and contributed to the participants survival.

Result Box 9.12.1 Acts of kindness

‘In 1941, we got a place to live in Warsaw, number five Miedziana Street as sub-tenants on the first floor. A childless couple lived there, the Rozycka, they were reasonably well off, he worked for the criminal police and she in an office. They didn’t have enough to pay the rent because money was of little worth. They were looking for sub-tenants. They didn’t really want to lease out their home to a father with two children but they took us into their kitchen. They came to us for water and we shared the toilet. We lived together very well, as a family. When they didn’t have enough money for bread, we would help them out. When Mrs Rozycka worked in the canteen, sometimes she bought home some soup so she shared it with us when we didn’t have anything to eat. We lived like this up to the Warsaw Uprising.’

Civilian, female, interview #14
‘In April 1940, they came and took my grandparents, my mother, sister and me. The functionary told us not to take too many things, as everything would be provided for. One of the soldiers told us to take as much as we can and even helped us pack throwing things into the trunks and suitcases. The things we took helped us survive where we were going. The train stopped in Lwów, through the window in wagon we could see the church tower. The people of the town came out onto the platform to farewell us and people handed over parcels of food.’

Exiled to the Soviet Union, male, interview #32.

‘The things that helped -- some of the Russians shared their food - their bread.’

Exiled to the Soviet Union, female, interview #54

‘The man who was the caretaker was called into the Russian army. He told my mother that if she stayed here she would not survive with her children. He organized a job for her at a neighbouring market garden. He told her that at least during the spring, she would be able to feed her children and if she was able to steal some fruit she could exchange it for some grain. So, my mother went there to work there. It was quite far, about 8 kilometres a day. She worked there right up to the end.’

Exiled to the Soviet Union, female, interview #08

‘There was a man who lived above them. In the train, there were rows of bunks and people crowded into these bunks. He somehow managed to kill a dog and they boiled it up and ate it, she remembers it being the most delicious meat she had ever tasted.’

Exiled to the Soviet Union, female, interview #09

‘One incident that was particularly frightening was when the Germans were making selections that is choosing young people to dig trenches and bunkers near the French and German border. He was fourteen at the time and terrified that he may be sent away, that he would have to go and would never return. He was selected and his mother started to cry. A young woman said she would take his place so he was spared and didn’t have to go.’

Forced Labourer, male, interview #62

‘Another close encounter was walking down the street, after heavy bombing, this time the Germans had invaded and were marching towards Russia. There was rubble everywhere, debris everywhere. Civilians had been ordered to clear the rubble. A large bomb had fallen and they were moving the rubble away. Her mother was helping but she wasn’t doing it quickly enough or she had to stop and the German soldier standing over her hit her on the back. When she saw the soldier hit her mother, she threw a rock at the soldier and hit him in the face. He was so angry he turned around, grabbed her and marched her towards a tree. He was going to execute her there and then. A Ukrainian neighbour saw this and he seemed to know the soldier. He started talking to him, asking him not to kill her, as he knew the family and they were a good family. He talked and talked and the soldier told him what she had done but he kept talking and she was able to get away.’

Civilian, female, interview #64
‘He was moved to Germany where he worked on a farm from August 1940-May 1945. He ended up with a very good German family. They treated him well. When the decree came that Poles and other foreign workers were not allowed to eat with Germans at the same table, the farmer declared that he was the boss of this household and no one was going to tell him who could sit at his table. So he sat with the family at meal time. Once he was arrested for going to church as this wasn’t allowed and the farmer paid the fine.’

Forced Labourer, male, interview #37

9.12.2 Sense of belonging

The following theme is related to the acts of kindness however the emphasis here is on emotional support whilst the examples above were of practical support and assistance. Here people give each other encouragement and try to maintain each other’s spirits so that they don’t give up. Part of this encouragement was to maintain a sense of humor. Still being able to laugh was an important strategy in maintaining morale as illustrated in Result Box 9.12.2.

Result Box 9.12.2 Sense of belonging

‘We always had hope, we never gave up, people would say things among themselves to cheer you up. You knew it wasn’t true but it was just things people said to keep each other going.’

Concentration camp survivor, male, interview #04

‘Poles came out with red-white armbands. The next group out were the Spaniards with their own banner, then the Russians. There was a fight between the Spanish and Poles who wanted to be the first to approach the gates. The Poles won and were first to the gate and they started to sing the national anthem ‘Poland hasn’t perished’. He remembered the man who was with him at the time recited a prayer/hymn when they were watching the sunset and this brought tears to his eyes. When they were liberated the Polish inmates (from the concentration camp Mauthausen-Gusen) they sang ‘jeszcze Polska nie zgnela poki my zyjemy’ - Poland will not perish as long as we still live. He was emotional when he said this.’

Concentration camp survivor, male, interview #04

‘We were told to walk between 30-50 kilometres everyday, for about one week. The soldiers carried machine guns and they were behind us as we walked. One morning, I’d had enough, my legs and feet were blistered and bruised and I said to my girlfriend, I’m staying here’. She replied ‘don’t be stupid, keep walking’. So I did.’

Concentration camp survivor, female, interview #17

‘I remember one incident it was early autumn, a Polish woman dropped in, covered in hay and said Janka come quickly and bring a bucket from the Russian, only a big one because I have caught a cow so we will milk it. After about one hour my mother returned, laughing, it turned out the cow was a bull.’

Exiled to the Soviet Union, female, interview #08
‘Even though he was the youngest member of the group, he knew all about the firearms and he
desperately wanted his own weapon. His commander passed him a rifle that was nearly as tall as he
was as he was rather short in stature and all the men laughed. The commander told him not to be
offended because the men needed a good laugh. It was important for their morale and it was important
to laugh even in the most dire circumstances. When he was in prison, he recalled the prisoners singing
songs, telling jokes just to keep going.’

Civilian, male, interview #19

9.12.3 Community defiance
Study participants described the activities of the Home Army and acts of sabotage
against the German and Soviet occupations. People pulled together not only to
assist each other but to work collectively against the occupations. The following
accounts resonate with the historical accounts of clandestine schools, the role of
women in the Home Army and the acts of sabotage that were commonplace against
the Nazi Regime.

Result Box 9.12.3 Community defiance

‘The Home Army had a lot to do. They were in Warsaw but they also had partisans in the villages, in the
countryside, in the woods and forests, who attacked German stores or convoys. When the war began
Soviet convoys started heading towards the East, with supplies for the troops, food, ammunitions,
everything was going through Poland to get to Russia. Our partisans exploded mines on the railway
lines, destroying or at least delaying the transportation routes. The Germans had to repair everything,
put down new tracks or replace wagons to continue the journey. It made things difficult for them. They
also did reconnaissance. People volunteered into the Home Army, no one was forced. Everyone who
was there was a volunteer. There were about four hundred thousand people in the Home Army. I found
out about it through friends. My school friends were organising these small groups and units, later these
units joined and then Polish officers joined and took over these units. These officers had escaped
capture and they organised the Home Army. People were trained in private homes or in the woods near
Warsaw. There was a lot of people, a lot of men and women. Women helped us a lot.’

Armed Forces, male, interview #38

‘We disguised ourselves as civilians and organised help for the prisoners. Such were the beginnings of
our group. The civilians in Białystok were fantastic. Women who weren’t well off, brought in buckets of
soup, and we fed the prisoners. Despite the fact that at night in the school where they kept the
prisoners, the Germans fired on twelve of our army people and buried them half alive in the sport’s field.
After the Soviet invasion there was an exhumation of those killed, and we found out the truth, and buried
them in the army cemetery.

Exiled to the Soviet Union, female, interview #27
9.12.4 Use of myths and legends

Within the narratives, historical references were made placing the individual and family story in the broader societal context. Some of the study participants interwove symbolic descriptions that connected their suffering to broader social, political or cultural themes. This was evident in the theme of ‘the strong mother’ analogous to ‘Mother Poland’. The use of cultural motifs was apparent in the following legends, where two participants referred to the story of being welcomed by the locals in Samarkanda, after their release from exile. The locals insisted that the Poles play the ‘Hejnal Mariacki’ in their square and in doing so release them from an ancient curse that dated back to the 13th century when their forefathers, the Tatars invaded Poland and killed the bugler who was sounding a warning of the approaching armies. Legend has it that the watchman who played the hejnal (bugle call) from the tower of the St Mary’s Church in Kraków was struck by an arrow and fell silent. To this day, his call is faithfully played at midday everyday in Kraków and in commemoration the Hejnal is stopped at the same moment. The locals received their wish and after hearing what they wanted they all disappeared. This story connected the participants’ odyssey of suffering and dispersal with the righting of a past curse.

Result Box 9.12.4 Myths and legends

I know two legends about Poles that were told to me, one was in Russia and the other in Iraq. The first one is about Hejnal Mariackie. When the fifth division was stationed in Samarkand, the Uzbeks made a request to the ‘Sulik Regiment’ to provide an army orchestra in the square. The regiment agreed and the orchestra played. They noticed that the people who had come to listen in the square were all dressed in the most magnificent silk garments, in beautiful robes, just like the Indians and stood in a group listening the music. Firstly a delegation of Uzbeks turned to the conductor with the question ‘can you play a song which is played by the bugler from a minaret at midday?’ They guessed that they must mean the bugle call ‘Hejnal Mariacki’. He replied OK. The bugle call was played. The Uzbeks stood in a large group listening to this bugle call. After it was finished, after the music had stopped they left, they didn’t want to hear anymore. It became evident that there was something behind this but the locals wouldn’t say. They didn’t want to divulge the secret. However, some handsome boys using their charm found out what was going on from the local girls. There was a legend from older times that hordes of Tartars reached the walls of Kraków, and when the bugle call was sounded from the tower of the Church of St Mary, one of the Tartars shot an arrow, and pierced his larynx. There is a pause in the bugle call. Later in revenge, it was said that a holy man placed a curse that until a bugle call by a ‘lechita’ (Pole) doesn’t finish this tune in the town’s square of Samarkand, Samarkand will not be free. This is the legend.

Partisans & Exiled to the Soviet Union, female, interview #27
They arrived with old tents and a soldier played the ‘Hejna Mariacki’. We all said in amazement how do they know that, that is our melody and they knew it from 13th century when they invaded Poland and got as far as Kraków and heard the melody when the trumpeter played it. They learnt it and passed it on from generation to generation. Our people said that this was a Polish melody from St Mary’s church in Kraków.

Exiled to the Soviet Union & Armed Forces, male, interview #26

We found out about the second legend when we were in Iraq. On the 15th of May, sixty women left for Palestine for the first course training course run by the English. We attended the course in an English camp with English instructors and Jewish women who translated from English into Polish. Our commander was the daughter of an English Lord. As we were travelling to Baghdad, we had to wait for an English transport. We were taken by a private company from Teheran called UTCC. They drove like crazy along the serpentine roads through the high mountains from Teheran to Baghdad. They dropped us in the desert and left. The heat was unbearable, and we are in our winter uniforms, the only ones we had received from the English in Teheran. Suddenly a lorry arrives with light summer gowns and head coverings. We didn’t know what was going on. They advised us to put on the light garb and insisted that we take a swim in the lake. We didn’t know why. The lake was called ‘Habbaniyah’ there was also a place called ‘Habbaniyah’ in the central desert location. After some time we found out about another legend about a Polish woman. When the Tartars invaded Poland they came across a Polish girl with light blonde hair, which was something unique among the dark skinned people, she was very beautiful. There were two sons who were fighting over her, over who should marry her. One wanted her and the other wanted her. A holy man resolved the dispute by saying ‘so that there is no fighting we will simply cut off her head and there will be peace’. They took the girl into the desert and cut off her head. The people said ‘that was unlawful, it was cruel and until young maidens from the ‘Legistan’ come to this place in the desert and bathe in the lake at Habbaniyah, then Iraq will not be free’. This was the reason that they gave us the beautiful gowns and hats and were begging us to bathe in Lake Habbaniyah. We swam not knowing what it was all about. Four years later Iraq became independent.

Partisans & Exiled to the Soviet Union, female, interview #27

9.12.5 Stories of others who didn’t survive

Participants also recounted stories of those who did not survive. Participants through their own narratives of suffering spoke of the suffering of others and highlighted many tragic events that went on around them (see Result Box 9.12.5). This was a poignant reminder that the same fate could have easily befallen them.
9.12.5 Stories of those who did not survive

‘One of our friends’ mother became overwhelmed when her daughter came down with gangrene in her cheek, this child died. Another story was of a woman with three children, her eldest son was 16 and he escaped from Kazakhstan and made it all the way back to Lwów. It was such a great feat, then for some reason someone informed on him and they killed him. When his mother found out she was devastated - she went crazy. She had two small children but just couldn’t cope and the other women helped out as best they could.’

Exiled to the Soviet Union, female, interview #08

‘There were those who could get out of exile but some couldn’t manage. She heard of one woman who asphyxiated herself and her two children.’

Exiled to the Soviet Union, female, interview #43

9.13 Community not coping – not looking after the needs of its members

A number of participants recalled times when the community did not rally around its members instead actually impeded survival as is illustrated in the Result Box 9.13.1 in the heart rendering story of a family stricken by starvation and no-one was prepared to help them. Others spoke of ethnic tensions that came to the fore during the war. This was especially true for people who lived in Eastern Poland.

Result Box 9.13.1 Community not coping

‘Their brother was very ill and weak from hunger. The family managed to buy some rice at one of the stations along the way. In the corner of the carriage, there was a potbelly stove. The stronger people in the group surrounded the stove and did not allow the family to cook their food. There was no way to get to the stove you had to be strong in order to push your way through the crowd. When the family left Siberia, they had some money. At one of the train stations, the father had his documents and money stolen. This was devastating to the family as they were no longer able to buy food and only those with documents received rations. Her brother and father were starving, other families had bread but no one would give them some bread. Those who were given bread to distribute kept it for themselves, there was a large bag of bread but no one would share it. Shortly after this incident, her father and brother died. If you had something to sell you could exchange it for bread but if you had nothing you couldn’t.’

Exiled to the Soviet Union, female, interview #09

‘During the war, she lived in Lwów the whole time. Before the war, Ukrainians, Russians, Poles all lived side by side. Once the war started, a Ukrainian friend said to her that she can’t talk to her anymore. She was puzzled by this, what had she done wrong?’

Civilian, female, interview #64
9.14 Recovery environment after the trauma

The following themes of release from exile, safe haven and creating community were all strongly associated with the experience of those who were exiled to the Soviet Union and who managed to leave as part of the amnesty of 1942 described in detail in Chapter Two.

Table 9.14 Recovery environment

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of study participants referring to this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery environment after the trauma</td>
<td>17</td>
</tr>
<tr>
<td>Release from exile</td>
<td>17</td>
</tr>
<tr>
<td>Safe haven and creating community structures</td>
<td>16</td>
</tr>
</tbody>
</table>

9.14.1 Release from exile

A number of participants described the moment of release from exile. Their ordeal did not end there since people had to embarked on a perilous journey of many thousands of kilometres out of the Soviet Union to Iran and then to Africa and India. Many people were left behind as they did not have the money to bride their way out or through illness and exhausation were unable to make their way to the trains. One study partiicapnt described the families horror when her father was left behind in Russia. The train stopped at the station and it was announced that the train would remain there for three days. A Russian man came looking for someone to help with his luggage. He offered to pay for the assistance. Her father and another young man volunteered. They left with the man, after about 15 minutes the train also left. Her father was left behind. She was never to see him again. The family had survived their stay in the Soviet Union so it was a very bitter blow to have lost their father now that they had secured their release. Another participant described a biblical scene whether there were thousands of half starved people, in rags, flea infested, crying, weeping with joy, relief, and grief. The collective nature of the experience is illustrated in the excerpts in Result Box 9.14.1.
### Result Box 9.14.1 Release from exile

‘By the end of August 1941, they were informed that there was an agreement between Sikorski and Molotov and that they were free. It seemed surreal - difficult to believe at the time but they quickly decided that they would leave as soon as possible. They first had to receive documents from the commander of the camp from the NKVD that they had permission to leave. There were long queues to the Bureau. People waiting 24 hours in line, the commander was quick in giving out the papers.’  

Exile to the Soviet Union, female interview #43

‘Thank God they freed us from August to mid September. This saved us. There was great weeping when we walked to freedom.’  

Exiled to the Soviet Union, female interview #27

‘Around midday we look in the direction that the tanker was travelling and we could see the tall white peaks and I say it must be Persia. In the early evening we arrived at Pachlewi. The city was lit up as we got of the ship. It was already becoming dark and we walked left along the beach. Once on the beach, they told us to lie down and rest. It was Easter Saturday and the next day was Easter Sunday. I had a jacket and Marian (my friend) he had a coat and we covered ourselves with that. We wait for the morning and they still haven’t given us anything to eat. They said ‘there is a Polish mass and do we want to go?’ We enter this large square and there are all these families there, soldiers in English uniforms, a few thousand people. They made a stage with an altar. Everyone was crying from joy, the women, the army, everyone was so happy that we are free. The priest delivered such a moving sermon and then said ‘please wait there is going to be a concert. After a while they dismantled the altar and created a stage. A theatre group from Lwów came and there were light-hearted jokes, songs, everything was funny. Everyone was crying, screaming from joy, that for the first time in two years such good fortune had met us. After it all finished we are gathered into groups and were given something to eat. We were given a vegetable soup, no meat just vegetables but everyone was happy, it is hot soup.’  

Exiled to the Soviet Union & armed forces, male interview #26

‘The refugees had attempted to enlist in the Polish army in the hope of some food and provisions. There was nothing provided for the women and children that were outside the camps. Instead of increasing provision to the camps, the Soviets actually cut them. In response, the Polish army enlisted as many into its ranks as possible, women and even children to save them from starvation. In the heat many developed dysentery, typhus, and scarlet fever.’  

Exiled to the Soviet Union, female interview #03

‘When the amnesty was announced they were free to leave. This time they travelled in a passenger train. They had to get to the station. There was a lorry carrying coal so they jumped onto this with the remains of their belongings. They got to the station and bought their tickets. There was a woman standing in front of the carriages and won’t let people on if they didn’t pay a bride. This was the last transport out, there was chaos, pushing, shoving, but somehow they managed to get onto the train. People were running to the train as it was leaving, trying to get on it. She remembers seeing a mother running after the train carrying her child, begging ‘at least take my child’. She knew the fate of those left behind.’  

Exiled to the Soviet Union, female interview #67
We went through quarantine in Pahlevi. They housed us temporarily on the beaches in tents. They fed us with a rich fatty lamb stew. You can imagine the effect of this on a starved stomach. People got terribly sick from dysentery. My mother also got sick and ended up in hospital in Teheran. Near the camp there was a long stretch of a road and it was along here that it had been rumoured that General Anders was to drive past. Crowds gathered as his car passed together with officers and soldiers. Bishop Gawlin was also there. The people were grateful that he got them out of the Soviet Union. I still remember to this day his passing image in the open vehicle.

Exiled to the Soviet Union, male, interview #32

9.14.2 Safe haven and building community

Following people’s release from exile people lived in Polish camps in Africa and India under the care of the Red Cross and British Army (see Result Box 9.14.2). Participants spoke of this time in glowing terms as a time of recovery and many of the transcripts focused on the ample supply of food after their time of deprivation. The camps became like a ‘little Poland’ with various structures in place such as schools, scouting, hospitals, and religious organization. One participant remarked that even for those who did not necessarily believe in God belonging to a community that did believe, the collective faith and hope seemed to carry them through their ordeal as well.

Result Box 9.14.2 Safe haven and building community

'The conditions in the camp were primitive but stable, you knew what to expect and the food was always there. The camp was big and they soon organized a school, scouting and devotional organization to Mary Mother of Jesus. The school was held in a rounded hut there were about 20 children attending. At first everyone had to take their own stool in and children would share a piece of paper and pencil between two pupils. Then in 1943 they made benches for the children and they received Polish books from Egypt and Palestine. One book was shared among ten boys. When he completed his schooling, he worked in Kenya, it was farm work, driving the tractor, ploughing the fields, and tinkering with the trucks. It was the best job ever. These were the best years without worry.’

Exiled to the Soviet Union, male, interview #39
'Luckily they made it to Mombasa in East Africa. They made their way to Nairobi in Kenya arriving there at 9pm. The train pulled up to the central station and to their surprise they were warmly welcomed by the local people both black and white with a few Polish people among them. There were tables spread with food and fruits and a ten-piece orchestra played. They didn’t know what struck them. They were one of the first groups out of the twenty thousand Poles to get out of Russia and managed to get to different parts of East and South Africa as well as India. Leaving Nairobi it took them another two days to reach Kampala in Uganda. They were transported in local lorries covered with tarpaulin to newly build huts made out of locally grown straw. The huts were crude and the area around them was dangerous to walk on in bare feet, as the elephant grass similar to bamboo had been cut with machetes and the remaining bits lay on the ground and was razor sharp. They slept there overnight and the next day traveled to Masindi a large town. They were put up in the school building ‘Kabarega’ School. This school was for the Black children who were on school holidays. By this stage, it was already December 1942 and they spent Christmas here. Just before school resumed in January 1943, the children were taken back to their original huts as they had now been improved, the walls that had been made from straw were now made out of mud and there were doors and wooden window shutters. A month or so later a group of orphans arrived mostly boys. They were housed directly opposite us.'

Exiled to the Soviet Union, male, interview #46

All clothing was burnt and their heads were shaven as they were all lice infected. The Red Cross was on hand and the English Army. They received food packages from America. She was taken to an orphanage in Isfahan which became the Polish city. She spent four years in Iran. She lived there with her three sisters and one brother. He joined the ‘junaks’ (scouts). Her mother worked in the kitchen. There were 12 children in a class and a great love and affection developed between the children. After their exiled to the Soviet Union, it was like paradise. Children went to mass, to scouts and there was a sense of community. She was 14 years old in Iran. She was in her late teens when the lived in Lebanon.

Exiled to the Soviet Union, female, interview #02

‘Life was good, there was enough food, mostly African food with sweet potatoes, powered milk, tin food, fresh fruit and vegetables and fresh meat. There was no fresh milk, eggs, butter, apples or potatoes. By 1944-45 the settlement numbered 5000 people, mostly women, children and the elderly as all men of military age were drafted or volunteered into the army in the Middle East and Egypt and went to fight in other places during the war.’

Exiled to the Soviet Union, male, interview #46

‘When I joined the army that was when I had it really good. This was 1943. First we went to Palestine where there was a transit camp. We received training there and then they sent us to Egypt, there were four platoons and one company. Women sewed, worked in the canteen and transported food. We received good food, we made Polish regional costumes and performed folkdances like ‘the Krakówiaik, and Polonez’. We were not allowed to go further a field. We lived in tents, the worst time in Egypt was between 12 and 3pm, we had a break from duties. During this time we stayed in the tents especially designed against the searing heat. We had a carefree life in the army, we were not worried about food, clothing. We did not take part in any battles or conflicts. After our experience in Russia everyone recovered and was re-vitalized.’

Exiled to the Soviet Union, female, interview #03
‘On the 30th of July 1943, we sailed to Bombay (India) and travelled by train from Bombay to the town of Kolchapur. In this locality, a Polish camp was created, named Valivade, it becoming a home to about 5000 refugees. It became a ‘little Poland’ with schools, primary and secondary, with a church, hospital, police and a fire department and other facilities. I worked in the camp as a hygienist.’

Exiled to the Soviet Union, female, interview #54

‘They were transferred to Valivade in India. This was a return to a semi-normal life. They lived in barracks; dormitories with bunk beds. They organised schools scouting, dances, choirs, concerts, they started to organise a community life. Her mother had a position of authority in the camp.’

Exiled to the Soviet Union, female, interview #67

‘She stayed in India from 1942-47. In Jamnagar, the children went to school and completed years five and six. Then she went on to High school in Valivade. In the orphanage, she felt safe, she had a roof over her head, had food to eat and there was no bombings. Children in the camps with mothers were treated very differently from those without mothers. There was a class system; those from the villages were treated differently from people who came from cities.’

Exiled to the Soviet Union, female, interview #09

Summary

The most salient themes derived from the narrative accounts described the extent of physical deprivation and trauma that people endured and the range of emotional and psychological responses. The suffering and trauma described was a shared experience, the individual was not alone but was part of a group bound by familial ties and that of national identity. In the face of all of their hardship, people gave detailed account of what helped their survival including personal and physical attributes, strong will, faith, hope and belief. People also recounted their own actions skills they had that increased their chance of survival and acts of defiance against the oppressor, speaking out in defence of others, and fighting for a cause. These acts may have reaffirmed a sense of control over an oppressive and brutal occupation. A few participants also described moments of crisis, where they thought they would die or that they no longer wished to live. War effected families and communities not just individuals. The thematic analysis pointed to the importance of the family and community as reservoirs of knowledge, mutual aid and mere the fact of being together. The theme of strong mother resonated with the archetypal ‘Mother Poland’ and provided a broader cultural and historic context for the plight of the family and in particular the role of women in striving for their children’s survival.
Community suffering included the trauma experienced by neighbours and strangers. There were examples of collective emotional responses to this suffering such as fear, anxiety, grief and humiliation. The suffering of the ‘other’ was accompanied by a sense of helpless. People were witness to terrible atrocities and were unable and sometimes unwilling to intervene. This was most powerfully commented upon the suffering and destruction of the Polish Jewish. There were examples of mutual aid among the community as well as times when the community acted to the detriment of its members. The period after exile to the Soviet Union was described in glowing terms where people’s basic needs were met but it was a time of re-creating what was lost through community structures, schools, scouting and religious activities.
Chapter Ten: Discussion

The findings of this study provide a rich description of the social, physical and emotional health and well-being of Polish elderly migrants/refugees residing in the Melbourne Metropolitan area. The quantitative and qualitative results complement each other and provide a life-span perspective of the meaning and effects of the events of war, displacement, migration and re-settlement on the lives of the Polish elderly. The stories of individuals, what happened to them, how they felt and how they survived are told in the broader context of family, community and nation.

The stories begin with life in pre-war Poland, with descriptions of childhood, family life, personal ambitions, and dreams. In some cases, participants describe a wealthy middle class upbringing, others a rustic rural life and a few describe poverty and daily struggle. Such upbringings may have their own inherent strengths and vulnerabilities in coping with what was to come. The stories ended in Melbourne, Australia, some 70 years later where most people were aged in their late 70's and early 80's, were residing in their own homes, were financially secure and generally satisfied with their quality of life, not unlike their Australian counterparts (Hawthorne et al., 2006). They are part of a compatriot social network and most are surrounded by children and grandchildren. Few have serious mental health problems such as depression, anxiety, and PTSD. Among those who are symptomatic, the symptoms seem to have minimal effect on their everyday functioning.

Yet, the intervening years were marked by the events of the Second World War that caused massive upheaval, trauma, and losses for the study participants, their families and communities. One of the main aims of this study was to assess the effect of war and post-war life events on the emotional health and wellbeing of elderly Poles. An important aspect of this was to assess how people described these events, how they emotionally and socially evaluated and transformed them from the raw experience into a coherent and personally meaningful survival narrative.
10.1 The narrative of war

Without doubt, the events of the Second World War had an enormous impact of the lives of the Polish people. The historical accounts described in Chapter Two and the narratives accounts of study participants described in Chapter Nine attest to this.

One of the strengths of this current study was its mixed methods design. The quantitative component focused on the individual and aimed to assess the effects of these experiences on study participants’ emotional health and well-being while the qualitative component allowed the participant to tell their own story about the war. Participants emphasised what they thought important, choose what to leave out, creating a narrative about what happened, how they felt, and what helped them survive.

The most salient finding from the narratives presented in Chapter Nine was that war was described not only as an individual experience but also as a familial and community experience. Participants described physical deprivation and trauma on an individual, familial and community level. The emotions, beliefs and survival mechanisms at the time of the trauma were also described at an individual, familial and societal level.

As described in Chapter Four how a person appraises a traumatic event, cognitively frames it into a broader life context is one determining factor in whether a person develops post-traumatic stress (Amir et al., 1998; Ehlers & Clark, 2000; Newman et al., 1997). Incorporating the trauma into a coherent life narrative is an important part of healing. This has been described in the literature as an individual process however in the example of war Summerfield (2000) rightly stated ‘war is not a private experience and the suffering it engenders is resolved in a social context.

Fundamental to the processing of traumatic events is the social meaning assigned to it either supernatural, religious or political causation’ (Summerfield, 2000 pg. 233). By confining the study of the effects of war to a biopsychomedical paradigm with the individual as the singular unit of study, researchers are at risk of neglecting the importance of the social and cultural environment in shaping the meaning of the trauma, and the psychological responses to it (Bracken, 2002; Jenkins, 1996; Summerfield, 2000, 2004). Whilst psychobiological responses to traumatic events in war may be universal, social and cultural responses are not and may provide
important mediators of individual’s experience of war trauma. To date there has been very little empirical investigation into this view (Davies, 2001).

According to Kirmayer (1996) important cultural considerations in understanding the trauma-related disorders and appropriate interventions may include whether the person values self-efficacy and interpersonal independence or whether self-definition and self-worth are defined through family, lineage or social relationships. Consequently, traumatic events may have a personal and idiosyncratic meaning in addition to a symbolic and collective meaning. In the first instance, symptoms and actions may be seen as intrapsychic processes based on a personal history while in the second instance, actions and symptoms may be interpreted in terms of larger cultural, historical and mythological themes (Kirmayer, 1996).

The collective and social understanding of the traumatic event, the cognitive, emotional and behavioural responses to it was endorsed by the findings from this study. Within the participants’ narrative accounts the theme of family and community were strongly endorsed. Family is the primary social group in all human societies. Families often reflect the cultural attributes of the wider society, but they can have their own distinct structure. They can be seen as a small scale society with its own culture, that is, its own view of the world, rules, codes of behaviour, myths and history (Helman, 2000). Families are the medium through which national and ethnic suffering are mediated, and further, cultural beliefs, values, morals, customs, worldview, and behaviours are expressed through the family (Candib, 2002; Webb, 2004).

Within Polish culture, the family was a central component of national resistance through the maintenance of language, traditions, memories, stories and faith (Dyczewski & Jedynak, 2002; Lobodzinska, 1995). Jerschina (1992) cites two renowned Polish sociologists (Podgorecki, 1977) and (Nowak, 1979) who characterised Polish society as ‘a federation of families’. This federation is based on religious and national allegiances (Jerschina, 1992). The family has played an important role throughout Poland’s history. During 123 years of foreign domination, the family maintained the Polish national identity and patriotism (Jerschina, 1992; Lobodzinska, 1995). Values such as close family ties, successful marriage, having
and treasuring children, love and friendship have been listed by numerous Polish studies as being most important in Polish tradition and culture (Lobodzinska, 1995).

At a time of war and oppression, when all aspects of public and social life collapsed, home and family were the only social institutions that symbolised the continuity of ordinary life (Kazmierska, 2002). The home served as a bastion, a sacred place where people were free to express their views, where national and religious traditions were passed on to the next generation protected from the outside oppression, be it under the partitions, during the Nazi occupation or more recently under communism (Dyczewski & Jedynak, 2002; Lobodzinska, 1995). It was little wonder than that at a time of brutal oppression and occupation at the hands of the Nazis and Soviets, the theme of family suffering emerged from the narratives.

In fact 71 out of the 72 participants spoke about their family in the context of war and displacement. Thus, their reference point was not just ‘I’ but ‘we’. This resonated with a recent study conducted in Poland by Kaźmierska (2002) who analysed 55 narrative accounts of experiences during the Second World War. She found that nearly all the narratives contained a family history of the narrator and the narrator placed their experience in the context of family relationships even though the family as such was not a central theme of the inquiry (Kazmierska, 2002). Further, according to Hofstede cultural dimension of individualism-collectivism Polish society has been characterised as more collectivist compared with Western countries such as Australia and most Northwestern European nations (Hofstede & Hofstede, 2005). The narrative accounts emphasised family, community and nation over individual goals and welfare.10

The collective experience of war, the emotional impact and survival was a strong theme with 59 of the 72 participants describing the invasion, oppression and occupation by the Nazis and Soviets. They also described the resourcefulness and defiance of their community. The traumatic events people described were rooted in history. Many study participants wove in historical facts and explanations as they told their own story. This was particularly evident in the narrative of the ex-service men and partisans who described in detail various battles, such as the location,

---

10 Reference and point raised by anonymous examiner
specific dates, who the commander was, and the broader military context. They described their fight against the German Army, acts of sabotage, aggression and brutality. The story of women and their efforts in the war working in the conspiracy as partisans, couriers and medics was also told in the historic context of serving in the Women’s Auxiliary Army Service that had received official status as a component of national defense in 1938.

The overarching theme of suffering is steeped in Polish history and is firmly planted within the Polish psyche. Before the First World War Poland had been partitioned by its powerful neighbours: Russia, Prussia and Austria and did not exist on the map of Europe for 123 years. Suffering took the form of political, social and religious oppression. During this time, the spirit of defiance and sustained resistance was born and the idea of Poland as the ‘Christ of Nations’ and the cult of sacrifice emerged (Chrostowski, 1995; Gross, 1979; Jolluck, 2001).

Within the narratives, historical references were made placing the individual and family story in the broader societal context. Some of the study participants interwove symbolic descriptions that connected their suffering to broader social, political or cultural themes. It was also evident in the reference to legends, two participants referred to the story of being welcomed by the locals in Samarkanda, after their release from exile. The locals insisted that the Poles should play the ‘Hejnal Mariacki’ in their square and in doing so they would be released from the curse that dated back to when their forefathers, the Tatars invaded Poland and killed the bugler who was sounding a warning of the approaching armies. His tune played in the tower of the Marian Church in Kraków came to an abrupt end. This call is faithfully played at midday everyday in Kraków to this day. The locals received their wish after one of the Poles played the tune in the square then they all disappeared. This story connected their odyssey of suffering and dispersal with the righting of a past curse.

The deep longing for homeland was recounted by one woman who felt deep sadness when she was in the desert with a group of other Polish girls and they saw the storks flying back to Poland. She recounted the words of Juliusz Słowacki a renowned Polish émigré poet who captured this sentiment in his poem about the deep loss experienced when exiled from one’s homeland. Deep emotions where recounted by one of the Concentration Camp Survivors who described the liberation by the Allies.
and he and some other Polish prisoners broke out into the Polish national anthem ‘Poland has not perished while we still live’. Thus, the act of living, surviving, was a patriotic act.

10.2 Account of the traumatic events during war

Among the people interviewed, the main wartime experiences included being sent to Germany as forced labourers, exiled to the Soviet Union, and service in the Armed Forces. A smaller proportion of the sample had spent their war years as civilians in Poland and an even smaller number had survived the concentration camps. These experiences reflected the historical accounts of events during the Second World War as described earlier in Chapter Two. They also reflected the fact that the majority of the sample arrived to Australia in the post-war years as displaced people who either came from displaced persons camps in Germany, who were ex-service men or who were in British refugee camps in India and Africa as described in Chapter Three. The social and cultural context of these experiences was an important determinant for psychological distress, which will be discussed later.

10.2.1 Individual suffering

A central theme in the individuals’ narrative account was that of suffering. People described in vivid detail their physical deprivation, which involved the nightmarish struggles in securing the most basic essentials (food, water, medical care) and trauma, which included life-threatening situations experienced during the war. Both the quantitative and qualitative components of the study informed about the extent and nature of the traumatic events endured.

All people interviewed had experienced between two to nineteen traumatic events with an average of nine events out of a maximum of twenty events on the modified version of the Harvard Trauma Inventory. The most common events experienced by the Polish elderly included the loss of home and belongings, lack of food and water, bombardment, forced separation from family and friends and being close to death. A substantial proportion lost family members due to murder or unnatural causes such as disease, starvation and exhaustion.
When comparing across main experience as a category, people who survived the concentration camp and those who serviced in the Armed Forces experienced the highest number of traumatic events. This findings resonate with the Holocaust and World War II veteran studies reviewed in Chapters Four and Five that have shown these groups as having endured multiple traumatic events that were life threatening such as serious illness, injury and other acts of violence against them (Bramsen & van der Ploeg, 1999a; Brodaty et al., 2004; Kraaij & Garnefski, 2006; Kuch & Cox, 1992). In particular, people who survived the Concentration Camps were subjected to extreme experiences of starvation, serious infection, hard labour, constant threat of death and witness to brutality (Ryn, 1990a, 1990b). People who were Forced Labourers experienced the lowest number of traumatic events although still relatively high. Forced labourers were most likely to have experienced bombardment and forced separation from family and friends. All the people who were exiled to the Soviet Union experienced loss of home and belongings, lack of food and water, most had experienced the unnatural death of family and friends and serious illness. These experiences resonated with the earlier historical accounts of the harsh conditions people were subjected to in the cattle-trucks and on their arrival to remote and desolate places where they were forced to work for very little food (Bingle, 1999; Krolikowski, 1983).

In this study, there was congruency between the themes of ‘physical deprivation’ and ‘trauma’, the Harvard Trauma Inventory, and historical accounts. This process is part of the triangulation, that is, the use of multiple research methods and data sources such as informant interviewing, questionnaire, narrative account, and historical records to create an understanding of the role of traumatic events in people’s lives. Traumatic events described in the narrative accounts that were similar to those in the Harvard Trauma Inventory included being in life threatening situations such as bombardment or combat, being arrested and imprisoned, experiencing torture, being beaten, or fearing sexual assault. Descriptions that varied from the inventory included: cruelty at the hands of the Germans (associated with forced labour) and primitive living conditions, infested by fleas, lice and bedbugs and lack of clothing as a consequence of being deported to the most inhospitable regions of the former USSR (Siberia, Central Asia and the Artic North). These descriptions were very specific to the context in which people found themselves.
Within the narrative accounts the term suffering was used to describe the physical deprivation and trauma experiences, as they ‘constituted a threat to an integrated existence’ (Black & Rubinstein, 2004 pg17). Suffering has been defined as an enduring process; to suffer is to experience pain both physical and emotional over time. It is not brief or momentary (Candib, 2002). People in this study faced a series of events and circumstances that stretched over a substantial period of time causing them emotional pain but also providing them with an opportunity to adapt, adjust and resist. The description of the suffering, the emotional response to it and the survival mechanisms used were relayed not only as a personal experience but also as a family and community experience. The definition of suffering is connected to the culture in which it is defined and to the way individuals communicate this suffering within that society. Culture defines the collective interpretations of suffering creating its value or rejecting it. Suffering is laden with social connotations and symbols that are recognised and shared (Black & Rubinstein, 2004).

10.2.2 Family suffering

Family and home was a sanctuary but was also affected by the wide-ranging destruction of war. This was seen in the themes from this current study, the dispossession of families from their homes, the fragmentation of the family unit and dispersal of family members who were sent to forced labour in Germany, enlisting in the armed forces or exiled and threatened with hunger and death. Family trauma included the threat to life of family members. This was most often referred to the arrest, imprisonment and murder of the father. Many study participants recounted with tears in their eyes the loss of their fathers. The father in Polish family is the head of the household, he is the one who leaves the safety of the home to fight for and defend his country. A number of women idealized their father ‘as their whole world’; although he was seen as the authority, he also spoilt and indulged his children. The loss of the father was devastating to the whole family and a few participants to this day did not know their father’s fate. Many had been executed in the notorious Katyń massacre referred to in Chapter Two. Within the Polish community in Australia, there are annual commemorations of the Katyń massacre, there is a memorial at the Marian Catholic Church in Essendon, Melbourne where community members gather to pay respects to the victims of this atrocity. This is a clear example of the communal aspect of this very personal experience. Those who
lost fathers and brothers during this traumatic event, gather to share their grief, and ensure that their loved one’s memory lives on.

10.2.3 Community suffering
Participants described the suffering of their communities. This took the form of the Nazi and Soviet occupations. There were public forms of terror and the populace was never certain if they would live one day to the next. The study participants described the suffering of others, in particular that of Polish Jews. Participants described the suffering of the Jews and their inability and helplessness to intervene. This was contrasted by the account of one of the study participant who was Jewish and was betrayed by his Catholic friend to the Germans. Thus, members of the community were helpless bystanders or acted in ways that were detrimental to the well-being of others. Participants witnessed public executions, street round ups, acts of brutality and the death of others. There was an overwhelming sense from the narratives that they were not alone in their suffering, that they were surrounded by the suffering of others.

Thus, the narrative of the individual, family and community are intertwined. Suffering is a personal experience but it is also a collective experience. The suffering of fathers, mothers, and siblings was also the suffering of the individual. The suffering of neighbours, fellow villagers, and strangers was also the suffering of the individual. This interdependence of suffering was told through the prism of cultural and historic suffering, the suffering of the nation.

10.3 Long lasting impact of trauma
Despite enduring multiple traumatic events during the war, very few people had symptoms that met the DSM-IV criterion for PTSD. In fact, only five people met the criteria for life-time PTSD and two people met the criterion for present PTSD. Using the strict PTSD CAPS scoring method no-one met present criterion and only one person met this for life-time PTSD. Even among those who did have significant PTSD symptoms, the scores on the impact of illness scale were relatively low. These low rates were comparable with the work of Schnurr and colleagues (2002) who assessed World War II and Korean War veterans using the CAPS. They found
that despite the high level of war-zone exposure and other traumatic life events less than 1% of the sample had current PTSD and only 1.5% met diagnostic PTSD during their life-time (Schnurr et al., 2002). As reviewed in Chapter Five, in a community based sample of Dutch survivors of World War II, 4.6% met current PTSD criteria with the highest proportion among people who were persecuted (13%), 7% among military veterans and 4% among civilians (Bramsen & van der Ploeg, 1999a). In contrast, the proportions in this study were substantially lower than those found in the Holocaust literature. For example, a recent Australian community based study found that 39% of Holocaust survivors met criteria for PTSD (Joffe et al., 2003).

The Polish elderly experienced low rates of current anxiety and depression when compared with a study of Greek elderly immigrants who were also long-term residents of Melbourne and an elderly Australian comparison group (Kiropoulos et al., 2004). The study conducted by Kiropoulos and colleagues (2004) used similar recruitment methods and psychological measures. They found that 17% of Greek elderly migrants scored within a moderate to severe range of depressive symptoms as measured by the BDI-II compared with 4.1% of elderly Australians (Kiropoulos et al., 2004). Only 2.9% of the Polish sample who reported a life-time episode of depression scored in this range. Kiropoulos (2004) also administered the State-Trait Anxiety Inventory and found that 43% of Greeks scored 41 or more compared with 16% of the Australian elderly. Among the Poles, 20% of those who reported a life-time episode of feeling anxious, afraid or panic scored in this range. Thus, the Polish sample reported few current psychological symptoms despite having experienced sustained traumatic experiences. As described in Chapter Five, one prevailing view is that earlier trauma interferes with the aging process. For example, according to Bar-Tur and Levy-Shiff (2000) old age brings the lifetime negotiation of losses and gains to a head with the increased experience of loss. Previous losses need to be re-negotiated and if previous trauma has not been resolved then this may impede with the developmental tasks associated with ageing; dealing with multiple losses and negotiating dependence on others (Davies, 2001). It may be that the familial and social context of the trauma has assisted people in resolving their traumatic experiences. The view of increased vulnerability to psychological distress in older age has not been supported in this study.
In terms of Posttraumatic growth as an outcome, there was no association between growth and war-time traumatic events, neither with measures of anxiety, depression and PTSD nor with any of the quality of life measures. Growth was not associated with Negative worldview or self-efficacy in relation to the worst traumatic event. It seems that growth is an independent construct. This tends to support the view discussed in Chapter Four that PTG does not result directly from experiencing trauma but rather is the result of an individual’s struggle in its aftermath and can occur alongside symptoms of psychological distress (Tedeschi & Calhoun, 2004).

There was an association between life-time episode of depression, current anxiety symptoms, life-time and current PTSD symptoms with quality of life as measured by the WHOQOL-Bref in the psychological, social and environmental domains. The number of traumatic war-time events was not associated with quality of life. This contrasted to a study by Amir and Lev-Wiesl who found that Holocaust child survivors (by definition having experienced many traumatic events) reported lower quality of life on all domains except for environment when compared with non-Holocaust survivors (Amir & Lev-Wiesl, 2003).

There was a clear relationship between the number of war-time traumatic events with PTSD symptoms (current and life-time) and physical health complaints. As reviewed in Chapter Four, the characteristics of the actual traumatic event and its severity seem to be associated with the development of PTSD (Brewin et al., 2000; Dikel et al., 2005). There was also a strong association between the number of physical health conditions and PTSD symptoms (life-time and current) and life-time depression and anxiety. This finding concurs with the literature about the association between PTSD and poor physical health (Krause et al., 2004; Schnurr et al., 2000) (van Zelst et al., 2006).

The results support the view that there is a complex interaction between participant’s individual experiences of war, the collective narratives of the community and society and the long-term psychological consequences of war (Davies, 2001).
10.4 Emotional responses and beliefs

Within the psychiatric and psychological literature trauma has been associated with a sense of terror, helplessness, meaningless, and shattered assumptions about self and a benevolent world (Janoff-Bulman, 1992; Leydesdorff et al., 1999). People have developed a range of responses to trauma, expressing their immediate distress ranging from outcry, grief, fear, and rage to feeling numb, emotionally detached, reliving the emotions and images of the event, and avoiding reminders of the event (Horowitz, 1993). According to Horowitz and others, traumatic events confront the person with information that is inconsistent with their view of themselves and the world. This leads to distress and a need to revise their schemas. The person struggles to assimilate the new information into their pre-existing framework. Thus, according to the cognitivist perspectives after the trauma experience, the person needs to modify their schemas to fit the new reality; they have to find new meanings for themselves and their world. The intrusion-avoidance complex has been put forward as the result of this process (Bracken, 2002).

10.4.1 Intrusion-avoidance

According to the cognitivist perspective, intrusion and avoidance occur as opposite actions of a control system that regulates information at a tolerable dose. These mechanisms fluctuate in a way to prevent the person being overwhelmed by the information. This process is said to oscillate between intrusion and avoidance until the person has integrated the information into their schema (Horowitz, 1993).

The results of the present study do not fit neatly into this view. In this sample, the intrusion-avoidance complex was not an adequate assessment of traumatic responses. Although a substantial proportion of the sample reported re-experiencing symptoms during their life-time and one fifth reported symptoms in the past six months, the impact on everyday functioning was minimal. The proportion of people who met the avoidance criterion was very low, only 10% of the sample met this criterion in their life-time and 4% currently. People were less likely to avoid thinking about the trauma and avoiding activities associated with it. The impact of these symptoms on everyday functioning (as measured by the IIS) was also relatively low. The proportion of people who met lifetime hyperarousal criterion was higher than avoidance but lower than re-experiencing. The most frequently reported symptom
was not being able to sleep (may also be due to aging issues) and being overly alert and sensitive. This finding brings into question how relevant these symptoms are culturally at capturing psychological distress. Some researchers have suggested that whereas intrusive thoughts and memories of a traumatic event may transcend cultural experiences, the avoidance / numbing and hyperarousal symptomatology may be highly determined by ethnocultural affiliation (Jenkins, 1996; Marsella et al., 1996a). For example, Jenkins (1996) found that among Salvadoran women who had escaped political violence including violence perpetrated against male family members did not particularly exhibit the avoidance and numbing cluster of symptoms. This led to speculation that the PTSD construct is of limited use in capturing the nature of Salvadoran women’s emotional distress (Jenkins, 1996). Within the Polish community in Australia, there is a strong emphasis on the collective commemoration of various war-related events such as the anniversary of the Warsaw Uprising or the Katyń Massacre. Thus, culturally there is a deliberate attempt not to avoid events that are associated with the traumatic period. Rituals, an important aspect of commemoration may provide the individual with order, coherence and an emotional connection to others (Frijda, 1997). This may help the individual make sense and meaning of their own experiences in a collective and historic context (Pennebaker & Banasik, 1997).

10.4.2 Fear and anxiety
Approximately three-quarter of participants reported an episode of feeling fear, and anxiety in their lifetime and one third reported scores that indicate clinically significant anxiety symptoms using the cut-off proposed by Knight (1983). The life-time episode of feeling fear and anxiety coincided with the war years as determined by the age of onset of first and worst time of anxiety and fear. Yet, life-time anxiety and current anxiety scores did not correlate with war-time traumatic events. Women were more likely to report life-time episodes and to have higher current State-Anxiety Scores. They were also more likely to report stronger feelings of sadness and fear at the time of the worst event during the war. The experience of feeling afraid and sad during the worst war-time event was correlated with the number war-time events and PTSD symptoms both lifetime and current. The experience of fear as expressed in the narrative accounts was very much related to the situational factors. One example was the soldier who was under heavy enemy fire and his legs ‘turned to jelly’. He
reported shaking from the fear but this fear subsided. There was a congruency between the events and the response. There was one example of pathological fear, that is, a young girl who had heard stories from women in Siberia about being raped. She overgeneralised the danger and as a result associated rape with men. She assimilated the fear expressed by the women into fearing all men so much so that when she returned to Poland she felt afraid to be alone with a young man (see Appendix H section 9.3.1).

From the narrative participants described fear for family members, they also reported the fear of others, of the populace in response to bombing, to the Nazi occupation. There is a climate of fear. Bracken (2002) believes that culture mediates in a very pervasive way the experience and expression of emotion. According to Jenkins (1996), emotions can be defined as both feelings and cognitive constructs, linking person, action and sociological milieu. From the narrative accounts, the expression of fear is not only an individual response but also has a social and collective context. The observations that people may be better able to withstand emotional pain when not alone and that groups who share life-threatening situations become more cohesive may explain why the experience of fear was not related to symptoms of psychological distress later in life (Dougherty, 2001; Hunt & Robbins, 2001b).

10.4.3 Sadness and despair

Other emotions apart from fear and anxiety expressed by study participants included sadness and grief. From the quantitative results just under half the same reported feeling sad, empty or depressed during their life-time and only one person had clinically significant depressive symptoms in the last six months. Life-time depression and current depressive scores were not correlated with the number of war-time traumatic events. With respect to the time of onset, depressive symptoms coincided with the post-war period.

In the narrative accounts study participants described despair, that is, a loss of hope, feeling the futility of their predicament. This was graphically illustrated by one study participant, a soldier during the war who no longer had the physical strength to come to the aid of a nurse. He recalled feeling this as a very low moment for him. A moment when he wanted to cry out but couldn't. Individual grief, constant crying,
and despair were often related to being alone and isolated from family and friends. This was recounted by forced labourers who as young teenagers were taken away from family. This was illustrated by the story of one woman who as a fourteen year old tried to take her own life resulting from the despair at being separated from her mother. Narrative accounts of family despair related to loss of loved ones, being separated from each other or the realisation of the enormity of their predicament. One example from a study participant who was exiled to Siberia was how her mother started ‘weeping terribly that she was taking her children to such a place’.

Collective examples of despair included the soldier’s account of tough men weeping at the thought of their last Christmas surrounded by family and friends while this Christmas they were all prisoners of war. There were also examples of communal grief where people came together to weep, to express their sadness and despair. One example was following the release from exile where the study participant described skeletal figures dressed in rags and lice infested, gathered together to celebrate an open air mass. The study participant recounted how men, women and children all collectively wept over the loss of homeland, loved ones who perished and expressed relief for having survived. Both examples are socially shared moments in time. This expression of community grief, of an outpouring of emotion could be a cathartic experience and ties into the importance of community ritual and commemoration as an integral part of meaning-making and healing for the individual. One of the important aspects of collective expression of emotion is the confirmation of individual’s coherence and bondedness to others (Frijda, 1997).

10.4.4 Humiliation

From the quantitative results, ‘feeling humiliated’ was rated fairly strongly by study participants. Feeling humiliated did not correlate with the number of war-time events but correlated with current depressive symptoms, current and life-time PTSD symptoms. People who survived the concentration camps rated ‘feeling humiliated’ more strongly compared with other study participants. This is not surprising given the whole regime in the concentration camp was designed to dehumanise people by assigning them numbers, issuing identical uniforms, and shaving their hair. Violence is not just a physical action but also includes assaults on the personhood, dignity, sense of worth or value. The act of shaving the hair had profound symbolic and
social meaning, in that, the person is made powerless, nameless, not a person, less than a human (Rylko-Bauer, 2005).

Humiliation has been described as an emotional state on a continuum of shame reactions ranging from mild embarrassment to severe humiliation (Wilson et al., 2006). Humiliation arises experiences where the victim is abused, dehumanised and made an exhibit for others. One may not blame oneself for what has happened but one experiences a profound loss of dignity and power (Wilson et al., 2006). Examples of feeling humiliated from the qualitative results were found in the descriptions of forced labourers and the process of being selected for work, where people are treated as objects inspected by German farmers and factory owners. The process of delousing on the journey to Germany was another occasion when people especially women had to strip naked and were inspected for lice. Other examples of humiliation were among women who were exiled to the Soviet Union, women who valued cleanliness, who prided themselves on their appearance were now covered in lice, dirt and dressed in rags. There was a collective humiliation within the narratives where study participants observed how others were humiliated and this added to their own pain.

10.4.5 Shame

Shame is a feeling inwardly directed at the self about behaviour that is dishonourable and reflects the appraisal of self-worth (Wilson et al., 2006). Guilt in contrast concerns transgressions or failed behaviour enactments for responsibilities vis à vis others (Wilson et al., 2006, p122). Shame and guilt can co-exist depending on the critical incidents that the individual endured during the trauma. An example was of a woman imprisoned in the Soviet gulag and she shared a room with a fellow Pole. Somehow, they procured some sugar to make sweets for the roommate’s daughter whom she had not seen for a long time. The lady interviewed recounted how she ate all the sweets they had made, that she could not stop herself. She still ruminated about how she had lacked self-control and according to her own appraisal had behaved in a dishonourable way. According to her, there was no excuse for her actions.
10.4.6 Moral dilemma

Moral dilemma related to a lack of consistency and integrity between how a person would normally act and how they behave when confronted by extreme stress. Within this study, the theme of moral dilemma comes close to the concept of moral guilt as described by Wilson (Wilson et al., 2006). Moral guilt has been defined as ‘a form of self-recrimination for the failure to act authentically in congruence with one’s capacity for higher levels of moral reasoning and the yoked behavioural capacity for moral behaviour. It is the living with the acceptance of the irreversibility of actions’ (Wilson et al., 2006 p132). Examples from this study included the man who escaped from a train, knowing that his wife and child would perish. His wife said to him if he could save himself then he should do it. He did save himself but his family was killed by the Nazis. Another example was of one of the Concentration Camp Survivors who ruminated about whether he could have spared that piece of bread and have given it to his fellow prisoner. Logically he knew that he could not do this as this would have compromised his chances of survival but morally he believed it was important to help one’s fellow man. The theme of moral dilemma resonates with ‘feeling shame’ as shame may result from the consciousness of wrong or foolish behaviour, and is an attributional process as to personal integrity and moral goodness (Wilson et al., 2006).

Thus, these examples illustrate the enormous moral and emotional consequences of being placed in situations of stressful conflict of interest.

10.4.7 Beliefs – Negative worldview

A negative worldview was strongly associated with the number of traumatic war events, with lifetime and current PTSD symptoms and impact of illness scale for depression, anxiety and PTSD symptoms and the number of physical health conditions. The Negative worldview scale encompassed beliefs about the world being a dangerous place, being unpredictable, unfair, where people were dangerous and unfriendly. Having a negative worldview was a strong independent predictor of psychological distress. The disconnection between the world and people has a salient impact on psychological health. Pre-war and post-war events were not associated with having such a view. This supports the contention that traumatic events as experienced during the war affected some people’s beliefs about the world
and their connection to it and this in turn was associated with psychological distress (Janoff-Bulman, 1992). Rather than capturing the incongruency between existing beliefs about the world and traumatic experiences, the disconnection from people and the world seems to be the more salient feature in this scale.

These findings concur with a study conducted by Bramsen and colleagues (2002) who assessed the relationship between wartime stress, personality trait and neuroticism among a community sample of Dutch survivors of the Second World War. Negative meaning attributed to war events appeared to be ‘strong’ mediator in the relationship between war events and neuroticism (Bramsen et al., 2002). Similarly, when Holocaust survivors were compared with non-survivors, survivors, survivors were significantly less likely to believe in the benevolence of people and the world compared with non-survivors. The degree of holding such beliefs predicted the presence of psychological symptoms (Brom et al., 2002).

### 10.5 Coping and survival mechanisms

The overall picture that emerged so far is that despite a large ‘dose’ of traumatic events Polish elderly had low rates of symptoms of life-time and current PTSD, and low rates of current depression and anxiety. The narrative accounts portrayed a complex picture of the experience of trauma and the emotional responses to it that permeate the individual’s family and community. The traumatic events during the war period were associated with a Negative worldview and beliefs and this view was an independent predictor of psychological distress. The next section draws together the findings from both the quantitative and qualitative results about how people coped with the numerous events and whether the coping mechanisms served as a buffer against developing psychological symptoms. This includes demographic characteristics, beliefs and coping strategies.

#### 10.5.1 Personality characteristics and traits

As discussed in Chapter Four, gender was identified as an important determinant in the development of PTSD. Various studies point to the findings that men are more likely to be exposed to a traumatic event during their lives (Newell & Hawthorne, in press). Brewin and colleagues (2000) in their meta analysis found that when the
type of trauma was held constant women were more likely to develop PTSD compared with men. In this study, there was no difference between men and women in terms of the number of traumatic events experience. There was no difference between men and women in terms of meeting diagnostic criteria for PTSD. Women were more likely to report a life-time episode of depression and scored higher on current anxiety. Women also were more likely to report higher number of PTSD symptoms compared with men. Men on the other hand were more likely to report alcohol use. Thus, there was evidence for an association between gender and psychological distress. Other demographic characteristics such as age and socio-economic factors were not associated with psychological distress in this study.

Neuroticism has been identified as an important factor in the development of psychological symptoms among older veterans and civilian survivors of war events (Braansen et al., 2002). From the quantitative findings Trait anxiety – a proxy for neuroticism was strongly associated with current symptoms of depression, anxiety and current and lifetime PTSD. Trait anxiety was not associated with war-time events but was associated with a Negative worldview. It was an independent predictor of psychological distress. One interpretation may be that some individuals develop a Negative worldview based on their traumatic experiences and that these individuals are more likely to score higher on neuroticism and PTSD (Braansen et al., 2002). Results also raise the question of whether or not neuroticism can be considered a stable factor, typically thought of as a pre-trauma condition influencing reactivity to trauma, without considering the possibility that sustained traumatisation may lead to changes in one’s self appraisal in relation to anxiety reactivity. This would make sense of the correlation between war-related Negative worldview and trait anxiety in the results of this study.

10.5.2 Hope and belief

Hope was an important theme that emerged from the qualitative results and was defined by study participants as a feeling of expectation and desire for change11. It was also described as a belief ‘that Germany would lose the war’, that good would prevail over evil, that their current predicament would not last. Participants also

11 Anonymous examiner raised the point that findings about ‘hope’ converge with proponents of positive psychology (Seligman, 2005).
described hope as a personal characteristic such as being strong emotionally and having a strong will to live. Study participants described how they were encouraged by others not to give up. They told stories of others, family, friends willing them on, encouraging them not to give up. Even in the most dire circumstances as in the concentration camp, one study participant described how people tried to keep up each others spirits. According to Gall et al (2005) hope has also been described as a cognitive construct that consists of both the person’s sense of motivation or goal-directed purpose and his or her perception of the ability to initiate and maintain goal-directed behaviour (Gall et al., 2005). Jarymowicz and Bar-Tal (2006) have defined hope as a secondary emotion involving cognitive activity such as use of imagery, setting goals, risk taking and creative mental exploration (Jarymowicz & Bar-Tur, 2006). Others have defined hope as a personality trait (Emmons & Paloutzian, 2003; Gall et al., 2005; Wilson, 2006).

From the study narratives, hope can be seen as form of re-appraisal of their current stressful predicament. It has also been described as a personal characteristic, an individual resource that people called upon at the time of the traumatic event. This process is not just individual but is collective. Families and communities hold shared beliefs and hope and these are anchored in cultural values (Walsh, 2006). Accessing these shared beliefs may be an importance aspect of making meaning of the traumatic experiences for the individual (Walsh, 2006).

Hope has been linked with physical health and emotional well-being. Researchers have found that individuals with high levels of hope tend to find meaning or benefit in the context of difficult and traumatic events (Emmons & Paloutzian, 2003). In this study the scale ‘self efficacy’ which contained items about feeling hope, feeling strong, having a belief in themselves to deal with the situation was associated negatively with current feelings of anxiety but wasn’t associated with depression, PTSD current of life-time symptoms. In terms of the participants’ current quality of life, ‘self-efficacy’ was associated with the psychological and environmental domains of the WHOQOL-Bref. Participants who were in the Armed Forces were more likely to rate their ‘self efficacy’ higher compared with other groups and these two factors (being in the Armed Forces and Self-efficacy) were negatively associated with psychological distress.
Religious belief was another important aspect of expressing hope. People described how their beliefs in God brought them comfort and gave them hope that they will somehow survive. Many participants explained situations of near death where luck, a miracle, an act of God enabled them to live through it. Participants described personal experiences of the divine where their relationship with God played an important role in coping. For example, one man who survived the concentration camps recounted a vision where he was given instructions on what to say to the camp commandant and a series of numbers that ‘proved’ to be implicated in his survival. This vision played a vital role in his account of his beating and his ability to survive. These results strongly resonate with the contention that a positive relationship with God can fulfil various functions including the provision of comfort, sense of belonging, encouragement and acceptance of inner strength, relief of emotional distress and specific fears (fear of death) and creation of meaning (Gall et al., 2005). The results of the narrative account concur with the studies reviewed in Chapter Four whereby religion and emotions are invariably linked (Emmons & Paloutzian, 2003). Further, religious beliefs and appraisal are believed to be an important part of cognitive re-appraisal of the stressful event, they offer the individual comfort in their distress and can assist in the creation of meaning from one’s suffering and instil a sense of hope (Gall et al., 2005). In this study, religious coping was used by 54% of study participants. However, religious coping was not associated with any measures of psychological health but was associated with more physical health conditions and a negative appraisal of physical and psychological health.

10.5.3 Individual resources

Study participants also described a range of personal characteristics, skills and actions that enhanced their survival. Personal characteristics included being calm and accepting of their circumstances. Other characteristics including having tenacity, being quick thinking, taking risks in precarious situations. These could be classified as problem-focused coping. For example the woman who had been stopped by the Nazis in on the tram as part of street round-up and observed one man approaching the soldier and presenting his papers and then being releases. She mimics him, taking a great risk, which paid off as she was released as well. People had devised their own survival strategies such as the study participant who survived the
concentration camp by abiding by ‘the rules’. These rules were to eat every portion of food, to be vigilant, work with his eyes, that is observing everything around him, not being in a situation where he may be beaten, keeping to the middle of the work assignment. Another woman who also survived the concentration camp hid an extra bowl underneath her clothing so sometimes she would receive two portions of food. She also spent time in the Kraków Ghetto and survived by smuggling food and other items into the Ghetto in exchange for resources. She remarked that she always found a way around the situation, using her nuance and being prepared to take a risk. She retorted ‘I was young and I wanted to live’. This was also related to the theme of acts of defiance. People took risks and asserted themselves illustrating the person’s capacity for control and some degree of mastery over their current situation.

The exchange of resources was an important theme in this study where people used their skills, abilities and knowledge to better their own situation, for example ability to learn languages meant that one study participant worked as an interpreter in a prison of war camp thus gaining a certain amount of status and reducing the hours of arduous work. Knowledge of German for one study participant meant she could talk her way out of being imprisoned, while another study participant used her skill in sewing in exchange for food.

10.5.4 Familial resources
As described earlier, the context of suffering revolved around the trauma and physical deprivation enduring by the individual but also by family members. Family suffering was traumatic for the individual. Most research about family revolves around providing social support and assistance in the aftermath of trauma (Schumm et al., 2004). Few studies have examined how families in themselves are an important resource during the trauma (Hill, 1949). There has been increasing interest in the concept of family resilience (Walsh, 2006). When families are cohesive, where there are positive parent-child attachments, parental warmth, communication, adaptability and connectedness, individuals were better able to cope with change and stress (Hawley & DeHaan, 1996; McCarthy & Davies, 2003; Olson, 2004).
From the narrative accounts family skills and characteristics such as being business minded, hardworking or wealthy brought with it specific skills, knowledge and resources that had survival value. The family that was hardworking knew how to work the land this was helpful to those sent to Germany as forced labourers. For the family that was involved in commerce before war, these skills helped them survive during war, as in the example of the study participant who with her father and brothers was involved in smuggled food from country to city. The family condition also provided resources. For example, the family that was wealthy was able to take more possessions with them to the Soviet Union and this increased their chances of survival as they had more resources to barter with and exchange for food.

Family members being together during the trauma was also an important aspect to survival. Not only did family members encourage each other and provide hope but they also provided instrumental resources such as sharing extra food, or some other physical resource. They also intervening on behalf of a family member when that person was threatened or confronted with danger. This was particular pertinent in the stories of people exiled to the Soviet Union. They were children and adolescents at the time thus the theme of ‘strong mother’ revealed study participants' own vulnerability, their need for nurturing and protection. Study participants spoke of their own mother’s resourcefulness, making something out of nothing to ensure her children survived. She sacrificed her own needs, she worked harder and longer to receive the extra bit of food for her child, she stole, she battered, in one example she sells her dress so her daughter has something to drink and she is prepared to make heart-wrenching decisions such as handing her children over to the orphanage to ensure their survival. She was also someone who took extraordinary risks as depicted in the story of the mother who with her older son stowed away on a train heading westwards full of German officers and when discovered informed the commander in her best German that she was on her way to see her son who was a prisoner of war in Germany.

From a psychological and developmental perspective, the emotional state of the mother can affect the well-being of her children. Children are responsive to their care-givers emotional state. Mothers that are calm, even under stress can have a positive impact on their children by providing a stable nurturing environment (Webb, 2004). This was illustrated in the theme of ‘family not coping’ where one participant
described her fear and anxiety when her mother became delirious and wanted to go out into the cold and snow to find their father. This story illustrated how much the study participant relied on her mother and the disastrous consequences if something where to happen to her. It was also reflected in the story of the study participant who suffered from a severe bout of anxiety and nervousness aged in her 30's when her mother decided to go to Poland for a holiday. She attributed this episode to the time when her mother left her in an orphanage after their release from Siberia. Her mother did so in order that she had better access to food and medical care but the emotional effects of the separation were long lasting.

This theme also had cultural and historical significance. In the absence of the father, the mother took on the role of keeping the family together and upholding Polish culture and tradition. The archetypal figure of ‘Mother Poland’ (Matka Polka) dates over 200 years to the time of Poland’s struggles against the partitions, mother Poland is the mother who maintains Polish traditions, customs, language and faith. She is devotedly selflessly to family, home and nation and has been an enduring symbol of femininity and Polish patriotism (Ostrowska, 1988; Zajicek & Calasanti, 1995). The acts of the ‘strong mother’ were similar to the findings of the historian Katherine Jolluck who analysed first hand accounts of Polish women shortly after their release from exile to remote areas of the USSR and how the Polish women portrayed themselves in relation to ‘the other’, in this context, other Russian, Ukrainian and Byelorussia women. Women viewed their role as maintaining Polishness in the struggle for independence (Jolluck, 2001). The experience of exile was an attack of Polish women’s identity. Firstly, she was a forced labourer, a dramatic departure from her traditional and respectable role as homemaker. Secondly, her efforts to pass on cultural and religious traditions to her children were thwarted by the authorities who taught ‘God did not exist’ and ‘Poland was dead’ and, finally her role as nurturer was compromised in the everyday struggle to feed her children (Jolluck, 2001).

10.5.5 Community resources
According to Bracken (2002), the social context in wartime profoundly affects the ways in which communities and individuals experience and react to the various traumas. Social context can be supportive or destructive. ‘Not only is the social
context *important* but it can also be the *most important* issue determining outcome’ (Bracken, 2002 p70). Furthermore, Hobfoll (1998) proposed the notion of collective coping. Rather than just focusing on the individual as a self-contained, independent and self-reliant entity, Hobfoll believes that the interaction between the individual and their social environment is an important aspect of coping. He presents the view that prosocial coping involves adaptive acts such as caring and assisting others, and building coalitions with others (Hobfoll, 1998).

The findings from the thematic analysis concurred with these views. Community proved to be an important survival resource during the war. The theme ‘acts of kindness’ involved examples of strangers come to the aid of the study participants and a sense of belonging, people rallying around to help each other. Further, there was a strong community spirit of defiance during the war as recounted in the stories of people who belonged to the Home Army and who were fighting with the partisans. During the war years, there were attempts by both the Nazi and Soviet occupiers to extinguish the expression of Polish culture and patriotism whether in the schools, churches or homes. An expression of acts of defiance at a community level was the struggle to maintain Polish language and culture through the operation of underground schools, and the active involvement in the Home Army, acting as a courier, selling underground newspapers, assisting wounded men and being involved in acts of sabotage against the Germans. As part of this tradition of resistance, the theme of acts of defiance resonated across the three levels: individual, the family and community. Within the individual narrative acts of defiance encompassed acts not only for the individuals’ self-preservation but also for the good of the group.

There were also examples of the community not supporting its members, where members of the community acted in ways that were detrimental to the participant’s survival. This was also exemplified in the account of a woman who was exiled to the Soviet Union and her brother starved to death because members of the community did not allow her family access to the potbelly stove in the cattletruck to cook a handful of rice. A few study participants from Eastern Poland felt aggrieved that their Jews and Ukrainian neighbours welcomed the Soviets, some felt they had lived well together before the war while others conceded that there were ethnic tensions, thus the theme of community resources is a complex one.
10.6 Recovery environment, migration, and Polonia

The end of the war was marked with initial joy and a desire to forget and live on with a substantial proportion of people feeling betrayed by the allies. Most people were reunited with family members after the war and about half the sample received practical help and support from various organizations including the Red Cross. Most people had spent time in displaced persons camps before deciding to migrate to Australia. Most people (79%) decided not to return to Poland and instead to migrate to Australia. The decision made was predominantly guided by the fact that Australia was far away from the death and destruction of Europe and that there was very little to return to in Poland. People who had migrated later to Australia cited the main reason was to join their adult children who arrived as part of the Solidarity wave of migration.

People in hindsight were predominantly satisfied with their decision to migrate to Australia and with their life here. Life in Australia was also punctuated by stressful life events, the most common was death of a spouse, major illness, changing job or career and the break-up of a relationship. Fifteen per cent of the sample reported the death of a child and seven per cent reported relationship difficulties with their children. The death of a child is a significant loss and one that has been associated with profound and long-lasting grief. These post war stressful life events were only correlated with current anxiety symptoms and with the psychological domain of the WHOQOL-Brief. There was no association between the number of post-war life events and psychological distress.

From the thematic analysis, an important dimension of recovery from the trauma as experienced by participants who had endured exile to the Soviet Union was creating social, cultural and religious structures. This included the importance of ceremonies and rituals that made meaning of the trauma and created a communal cathartic opportunity to express grief and sorrow. This resonates with the idea that social reconnection is important in recovery (Herman, 1997). As Summerfield (2000) has observed that ‘the major thrust of humanitarian intervention must be towards the war weakened social fabric of survivor populations for herein lie the source of psychological resilience and capacity for recovery for all. Survivors first seek to regain a measure of dignity and control over their environment and then to reconstitute the cultural, social and economic institutions and activities that make
sense to them’ (Summerfield, 2000 p234). From the narrative accounts community structures such as schools, scouting, church services, all aimed at normalising life. There was no longer the basic struggle for food, water and shelter. Participants needed to regain a sense of social cohesiveness – that sense of belonging, routine and meaning. These findings are relevant for newly arrived refugee communities that they be given adequate support to create viable communities, as this is an importance process in healing.

These ideas can be related back to the early findings of Zubrzycki (1956) who found that socially isolated Poles didn’t function well in Britain. Mental health problems were attributed to a lack of social status and alienation. They were also related to the traumatic experiences during the war, however the social context was important. Krupinski in Australia also found isolated Poles, Ukrainians and Russians had higher psychiatric admission rates compared with people who were living with their families (Krupinski et al., 1973). One can speculate that the high admission rates to psychogetriatric facilities in Victoria as discussed in Chapter Three may comprise of people who are not linked into Polonia.

The other important finding in relation to the social context was that people who had decided to return to Poland and arrived to Australia in more recent times had higher rates of current and life-time PTSD, the impact of symptoms was greater and they had more physical health conditions. They were less satisfied with their psychological health and their environment as measured by the WHOQOL-Bref. ‘Years of Australia’ was an independent predictor of psychological distress. One can speculate that the post-war environment in Poland was less conducive to recovery. The atmosphere of recriminations and active suppression of war-time experiences by the communist regime may have had a detrimental effect on the study participants who arrived to Australia later. Furthermore, participants who returned to Poland would have constant reminders of the death and destruction they witnessed.

Thus, the results from the thematic analysis place the meaning of suffering, the emotional responses to it, survival mechanisms and recovery in a broader historical and cultural context. ‘Trauma is at once a sociopolitical event, a psychophysiological process, a bodily and emotional experience, an explanation and a narrative theme. Focusing on trauma exclusive as a wound inflicted on the body-mind is likely to miss
the wider dimensions of predicament and so limit one’s therapeutic imagination’ (Kirmayer, 1996 p155-6).

10.6.1 The Polish elderly now - a case study

Overall, the majority of the Polish elderly interviewed (89%) reported being satisfied or very satisfied with their quality of life. No-one was dissatisfied. They were also satisfied or very satisfied with their decision to come to Australia (90%) and with their life here (86%). This high level of satisfaction may be a reflection of their adjustment to life in Australia. Most participants had been married and had children and grandchildren. They owned their own home, were financially secure and worked in professions demanding trade, business or professional skills. Thus demonstrating that despite all they had endured during the war they were able to create a new life for themselves through the establishment of home, family and work.

Most people had a social networking comprising predominantly of fellow Poles, children and grandchildren. The fact that all people reported having Polish friends was an artefact of the sampling in that all study participants were recruited from Polish seniors citizen clubs. Participants had smaller extended family networks comprising of siblings. This may in part be explained by the fragmentation of families during the war years where one family member migrated to one country while another went elsewhere. A substantial proportion of people reported close family members killed during the war years. Most people felt they had someone to rely on for emotional and practical support and felt satisfied with the support they received.

A substantial number of people reported that their physical health was poor and most people reported a number of physical health conditions and were in regular contact with their GP. Few people were utilising aged care services such as domiciliary support and even fewer were using Polish Welfare agencies. These findings are consistent with other studies into the service use of elderly Poles which also found that they were reluctant to use mainstream welfare services (Evert & Kukulska, 1996; Mackiewicz, 1987). It may be that the Polish elderly were more willing to rely on family and compatriot support rather than seeking ‘outside’ assistance including Polish welfare organizations.
Variables such as social networks comprising of family, perceived social support and being in a lone household were not associated with measures such as State-Anxiety, BDI, lifetime and current PTSD symptoms. Having fewer friends was associated with PTSD symptoms (life-time and current) and number of physical health complaints. This finding concurs with the recent study by King and colleagues (2006) who found a strong relationship between PTSD and diminishing social support (King et al., 2006). Satisfaction with emotional support was negatively associated with the impact of illness scale (depression & anxiety related) and the number of physical health conditions. People who felt well supported were more likely to rate their emotional and physical health more positively. Feeling supported correlated with all the domains of the WHOQOL-Bref and was associated with Post Traumatic Growth. Feeling supported was also negative correlated with having a Negative worldview. Thus, feeling supported by one’s social network was an important factor in how people appraised their psychological and physical health. This present finding concurs with other studies about the relationship between social support and well-being (Cohen & Wills, 1985; Dikel et al., 2005; Thoits, 1995). Social support was also associated with beliefs held about the world and one’s connections with others. Participants who felt supported rating experiencing greater growth as a result of their traumatic experiences. Although this may be confounded by the finding, that feeling supported was negatively correlated with the number of war-time experiences.

Finally, the following case study is presented to illustrate that despite having experienced cumulative losses, even with clinically significant symptoms, people can continue to have meaningful and satisfying lives.

Mr B survived two concentration camps (Auschwitz and Mauthausen-Gusen). He experienced a very high number of traumatic events, he returned to Poland after the war to see his mother. She died shortly after his arrival. Post war life events included the death of his son in a tragic road accident. He was beaten and intimidated by the UB (communist secret police) in Poland. He came to Australia in the 1980’s to join his son, daughter and respective families. His wife died two years ago. Now he lives in a neat and tidy home, he is well groomed, a handsome gentleman who has a female companion and many friends. He is involved in the Seniors Club, he tends to his beehive located in nearby bushland. He sells honey at the local market. He has experienced a high number of current and lifetime PTSD symptoms. He still
ruminates daily about the experiences in the concentration camp, he lives with those vivid memories, he doesn’t sleep deeply, and is easily startled. His symptoms of PTSD have been accommodated into his everyday life and he lives with them. His faith and belief in God sustain him and he makes meaning of his ordeal by the following adage ‘man is not like steel, steel is tough but you leave a bar of steel in the field and the sun shines, the rain falls, it becomes corroded, it rusts and eventually falls apart but man can endure anything’.

10.7 Limitation of study and future research

The limitations of this study include that it may be biased sample as all of the people recruited were part of the Polish friendship network recruited from the Seniors Citizen club. This may lead to an under-estimation of psychological distress, as people who were social isolated were not included in this sample. A further under-estimation may occur because people, who are symptomatic, may be more likely to avoid talking about past traumatic events and decline to part in such a study. People who were most impaired either physically or psychologically, may have already died or more likely to be represented in the psychogeriatric samples cited earlier in Chapter Three. The study was cross-sectional and retrospective, thus no comments can be made about causation, only about the association between variables. In terms of assessing psychological health within the study design, when asking people to identify possible symptoms in the past, this reduces the reliability of the information, given the events under investigation occurred some 60 years ago.

Thematic analysis revealed that Polish elderly accounts of trauma and survival were heavily ‘contextualized’ and emerged as interlinked stories of individual, familial and community suffering and resources. Areas of future research may be based on testing whether the themes identified by study participants such as individual resources (e.i., ‘acts of defiance’) family resources (e.i., ‘family being together’) and community resources (e.i., ‘acts of kindness’) were associated with measures of psychological and physical health. The themes could be incorporated into a scale to measure the effects of trauma not only at the individual but also family and community level. The intergenerational aspect of the effects of trauma could also be explored in future research following up children and grandchildren of the Polish
elderly who survived the war. In particular, the question of how family resources that were important during the war were adapted and transferred to the next generation.

10.8 Conclusions
The strength of this study is that it contributes to the understanding of the long-lasting effects of war-related traumatic events as well as life stressors on emotional and physical health and well-being across the life span. Despite having endured significant traumatic events during the Second World War, subsequent displacement, migration and post-war stressful life events, few people had significant symptoms of psychological distress. Increased vulnerability associated with aging was not supported in this study. The best predictors of psychological distress was having a neurotic disposition, holding a Negative worldview and residing in Australia fewer years. War-time traumatic events were strongly associated with psychological distress and the context of the traumatic events (forced labour, exiled to the Soviet Union, combat, civilian or being in a concentration camp) played an important role. The suffering endured by participants occurred within a familial and societal context. Families and communities provided the individual with a range of supportive mechanisms to help them survive. The meaning of the traumatic events were strongly rooted in a cultural and historic context. One can speculate that the social connectedness attributed to Polonia had a positive influence on the current emotional health and well-being of this sample Polish elderly living in Melbourne, Australia.

These findings may be useful for those planning services to newly arrived refugee communities about the importance of supporting existing familial and community resources in treating the effects of trauma in the individual. Meaning-making occurs in a broader societal context influenced by historical, cultural, and religious factors and this needs to be acknowledged by mental health professionals when treating the individual.
Epilogue

On reflection, conducting this study has been an amazing journey, both challenging and rewarding for me personally and professionally. Being a part of the community that I studied can be seen as both an advantage and a disadvantage. In many ways, I was emotionally connected to the study participants – this may be seen as disadvantageous. Conducting the interviews, translating them and analysing them thematically required a lot of emotional energy and I believe that was because of the connection I had with the study participants. As a second generation Pole, fluent in Polish and with a history of being associated with the community, this enabled me to gain access to people who otherwise may have been reluctant to participate in such research. Having parents who had experienced similar suffering also gave me insights and an understanding of cultural subtleties that someone else may not have had. In the end, I hope that I have represented the community and their experiences as objectively as I can. I believe that my training as a psychologist and my research experience have provided me the tools to do so.

Finally, of the 72 people interviewed, to the best of my knowledge 12 people are no longer living. This study then in some small part may serve as a document that gives testimony to their strength and resilience. Listening to and compiling these stories that form part of this thesis has been a great honour and has increased my own understanding of what constitutes resilience, strength and growth. It also attests to the horrific impact of war and violence on individuals, families and communities.
References


Dingell, J. (1998). The question of the Polish forced labourer during and in the aftermath of World War II: The example of the Warthegau forced labourers.


Evert, H., & Minas, H. (n.d). Community Mental Health Profile of the Polish Community: Victorian Transcultural Psychiatry Unit.


Appendices

Appendix A Exhibition Brochure

Appendix B Letter of support for the study

Appendix C Study Flier – English and Polish version

Appendix D Plain language statement and consent form for interview

Appendix E Structured Interview Schedule

Appendix F Plain language state and consent form for audio-taped interview

Appendix G Data screening and transformations

Appendix H Additional excerpts from transcripts for themes already discussed in the Quantitative component.
Author/s: Evert, Helen

Title: War experiences: the emotional health and wellbeing of Polish elderly immigrants

Date: 2007

Citation: Evert, H. (2007). War experiences: the emotional health and wellbeing of Polish elderly immigrants. PhD thesis, Department of Psychiatry, Medicine, Dentistry & Health Sciences, The University of Melbourne.

Publication Status: Unpublished

Persistent Link: http://hdl.handle.net/11343/35766

File Description: Thesis- text

Terms and Conditions: Copyright in works deposited in Minerva Access is retained by the copyright owner. The work may not be altered without permission from the copyright owner. Readers may only download, print and save electronic copies of whole works for their own personal non-commercial use. Any use that exceeds these limits requires permission from the copyright owner. Attribution is essential when quoting or paraphrasing from these works.