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'TO SPEAK OF UNSPEAKABLE ACTS'

**A thesis presented in partial fulfilment of
the requirements for the degree of
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ABSTRACT

This life history constitutes a phenomenological analysis of trauma as it has occurred over one woman's lifetime. My subject's life was somewhat atypical. At 21 years of age she had to deal with facial disfigurement after losing an eye in an accident with a pair of scissors. When she was 35, her mother whom she had nursed for several years died from cancer after a long illness. The death of her father when she was 61 was more traumatic; they had had a salient and positive relationship and she had been his caregiver for almost thirty years. At 66 she was critically injured in a car accident in which her husband was killed, and began living alone for the first time in her life. At 78 she was raped, and her brother killed in the aggravated burglary of his home and surgery. She described this most recent event as the most traumatic experience of her life.

I have used the life history method(s) of in-depth interviews, and participant observer techniques to record her narrative. It was apparent that our close familial relationship and her phenomenological attitude influenced her disclosure during the interviewing process. The issue of truth was exacerbated because I was unable to triangulate the early years of her narrative with another person who had known her during this period. There has also been distortion of her narrative when I have intruded with my idiographic propositions which explained how some of these traumatic experiences and her successive recoveries became significant turning points, facilitating subsequent changes in the biological, cultural, social and psychosocial dimensions of her life.

As her socio-cultural context was changed by these experiences, so too was her disposition toward subsequent trauma. She seemed to develop a degree of crisis competence and stoicism which appeared to reflect the socio-cultural context in which she had matured and the cumulative experience of trauma which had been such a feature of her life. It was also apparent that her Christian faith facilitated a fatalistic disposition toward recovery from trauma, bolstering her self-confidence and determination to survive adversity.

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I wish to acknowledge the patience, generosity and co-operation of my aunt Joyce Marsden in consenting to be the subject of this enquiry. It has been a privilege to have access to her story and to construct her life history. I acknowledge also the tolerance and patience of my partner Karen and our children Kate and Sam, as I have persevered with this thesis over a period of four years. They have made many sacrifices to accommodate the demands of this academic pursuit, within an existing schedule of substantial work and family commitments. It would not have been possible to complete this thesis without their support, and for this, I am deeply appreciative.

I would like to thank my employer the New Zealand Children, Young Persons and Their Families Service, for their generosity in giving me twelve months study leave in 1994, following the homicide of my father and the rape of my aunt. I have been extremely fortunate to have this time-out, as this provided the initial impetus for undertaking post-graduate study in social policy.

Finally, I am indebted to the guidance and support of my thesis supervisors Associate Professor Andrew Trlin and Dr Martin Sullivan, School of Social Policy and Social Work. They have had a significant influence over this enquiry, in providing not only academic advice but also the personal encouragement I have needed in order to persevere and to complete this study. For their insights, attention to detail, patience in reading successive drafts of chapters, and their ability to provide rapid feedback on material, I am very grateful indeed.

INTRODUCTION

Joyce was awoken in the early hours by Howard yelling 'Get out! Get out!' She could hear the gruff voice of another man, so got up to see what all the commotion was about. She was sleeping in the bedroom directly opposite Howard's, separated by a high studded hall way that often characterises old villas. When she got into the hall way she was grabbed by the neck from behind, and shoved into Howard's bedroom. She landed on the bed which was stripped of all the bed clothes that were lying on the floor at the foot of the bed. Howard was also on the bed, and Joyce could see the outline of a man standing over him with some sort of bar. Joyce reached up to try and turn on the light at the head of the bed, and the second man (Green, who became the guard) told her to 'Turn that fucken light off'. Howard said something and the guard told him to shut his mouth, and the other man (Thompson) who had grabbed Joyce by the neck left the bedroom and went off searching through the rest of the house. The guard was saying 'Where's the money? Where's the drugs?' Joyce remembered Howard saying there were no drugs in the surgery.

At this moment Green attempted to rape Joyce. He was at the side of the bed, right in front of her and grabbed hold of her right hand and placed it on his erect penis. Joyce said 'Don't rape me, I'm nearly eighty, haven't you got a mother?' He didn't reply, but both Howard and Joyce were hit. Joyce received a blow across her face that broke her front teeth. Green brought her legs around over the edge of the bed and pulled her pants down around her knees. Joyce was holding Howard's hand as Green tried to put his erect penis in her vagina. He didn't succeed because the position wasn't right for him, so he put it in her mouth. She thought 'I'll get you you bastard', but with the other man in the house Joyce was too frightened to bite his penis. She thought the other man might come in and make mince meat of her and Howard. She began praying out aloud for God to help them, and Green would have heard this.

Thompson who had been looking around the house for what seemed like ages came back into the bedroom demanding to know where the money was. Howard said, 'I haven't got any drugs, but you can have my money', Joyce pulled up her pants and said she would show him where the money was. Green stayed with Howard. She remembered Thompson ripping out the telephone cord by the bed before he pushed her out of the bedroom, down the hall to the cupboard where Howard kept the practice takings. Joyce reached for the ice-cream container inside the cupboard and threw a handful of notes into the back of the cupboard, and gave what remained in the container to Thompson. He shoved her back into Howard's bedroom, and threw the container onto the bed in disgust at the absence of much cash. Howard was no longer on the bed, but lying on the floor by the bedroom window that faced Thynne St. Green was prodding him in the ribs with the steel bar saying 'Get up old man, get up old man', and demanding to know where the safe was. Howard told him there was no safe.

It was obvious to Joyce that Howard had been beaten by Green when she was out of the room, and after she came back into the bedroom both men became very aggressive. They decided to take Joyce and Howard down to the surgery. Thompson had to drag Howard up off the floor and shepherd him down the hall way. Joyce described being frog marched with Howard in front, and she noticed that he was walking with a peculiar gait, dragging one leg which was not like him. Green had Joyce by the elbow and was hitting her around the face and head with his hands as he directed her to the surgery. They were told to get on the floor. Howard was slow in responding and was pushed down by Green. Joyce thought she heard Howard hit the desk. They were tied up with a length of rope from the trailer in the backyard, and then Thompson went off exploring again.

Green hadn't said a thing, but had loosened the rope around Joyce's legs, pulled her pants down to below her knees and inserted his finger in her vagina. Joyce was saying, 'Please don't rape me'. There was no response from Howard. While Green stood over the top of her shoulders, he held his erect penis with his hand and pushed it into her mouth. He then vaginally raped her, thrusting his penis into her with Joyce yelling out that it hurt. She reached for Howard's hand, but it was cold,

and when she let it go it just flopped. The guard moved up and down on top of Joyce, she didn't know if he ejaculated, but he was kissing her on the mouth. Joyce didn't think he put his tongue in, but she smelt cigarette smoke on his breath.

Joyce saw Thompson as having a kinder disposition than Green. She had told him where the keys to her car were, hoping this would hasten their departure. Joyce could hear her car running as she was being raped, and when Thompson came back into the surgery she said 'That bloody bastard has raped me'. Thompson said to Green, 'You fucken bastard. What did you do that for?' and assaulted him, hitting him on the head with Howard's medical bag which he had in his hand. During the tussle Joyce said, 'I think the doctor is dead'. Thompson said 'Jesus! Let's get out of here', and they both decamped in Joyce's car.

THE AIMS AND OBJECTIVES OF THE THESIS

This life history was primarily undertaken to produce an historic record for the Teppett family, and this has been combined with the study of trauma in one woman's life. Joyce's experience of trauma can be seen as somewhat atypical, primarily because it has been such a substantial feature of her life. At 21 years of age, Joyce had to deal with the trauma of facial disfigurement when she lost her left eye after an accident with a pair of scissors. She first experienced the trauma of parental bereavement at 35 when her mother died a lingering cancer death. When she was 61 years old, her father died after she had been his caregiver for almost thirty years. When Joyce was 66 years old, her husband was killed instantly in a car accident and she was critically injured. During her physical recovery she had to adjust to needing care rather than giving it and to being a widow, living alone for the first time in her life. Twelve years later on 1 October 1993, at 78 years of age, she was raped and Howard was killed during the aggravated burglary of his home and surgery. Coupled with the subsequent trial, this was the culmination of several traumatic experiences that had characterised her life.

This range of traumatic experiences made Joyce an excellent subject for this enquiry, she was an accessible and motivated narrator with an interesting story to tell. The life history design was the best method to access her perspective on these traumas and for developing an understanding of how these experiences, together with the socio-cultural context in which they occurred, had assisted and/or impeded her subsequent recoveries. I have had to take account of Joyce's *phenomenological attitude*, which has introduced an inevitable element of distortion to her narrative. This in itself, however, can be revealing about her own psychological processing and how the socio-cultural context in which she had matured influenced her disclosure during the life history interviews. I have developed idiographic propositions which explain how some of these experiences of trauma appeared to become major turning points, precipitating biological, cultural, social and psychosocial changes (Mandelbaum, 1982:150) in her subsequent life. These propositions are based on my pre-understandings of Joyce's life, the information disclosed in the life history interviews and comparing her phenomenological experience of trauma with that described in the literature review.

A RATIONALE FOR THE THESIS

Joyce was a *chance selection*. The tragic circumstances of 1 October 1993 when Joyce (my aunt) was raped and my father killed, was the underlying catalyst for me to undertake this enquiry. I needed to take time off work, and decided to embark on a course of post-graduate study. I had always had a salient and positive relationship with Joyce, and this gave me access to her story. In constructing her life history, I have hopefully asked most of the questions (and provided some of the answers) that my children may wish to ask, as they develop an interest in their connection with Joyce's life, and an awareness of the tragedy that afflicted our family. The life history interviews affirmed my positive relationship with Joyce, and sharing the painful memories of 1 October 1993 and its aftermath has contributed toward a sense of closure on this family tragedy for both of us.

A Family Legacy

Joyce's life history is far more than an academic analysis of trauma. It also represents a family legacy which reveals much about our family's history, and the significant events and people who have shaped the lives of our forbears. Joyce had always had an interest in her genealogy, and the life history interviews provided an opportunity to record her knowledge of the Teppett family's genealogical roots. Joyce grew up in the 1920s and 1930s, and was able to articulate how different this was from the 1990s in terms of technological change, societal values, morals and behavioural expectations. While Joyce's life can be seen as somewhat atypical in terms of the range and substance of trauma she experienced, the influence of her socio-cultural context on successive recoveries from trauma has been revealed in her narrative.

A Crime Victim's Voice

History has shown that supportive social contexts do not always exist for victims of trauma, but they can be developed through the consciousness raising which emanates from sharing victims' stories. This was the case with *combat neurosis* and *rape trauma syndrome*, both of which became recognised as bona-fide conditions of trauma, through the consciousness raising of the anti-war and women's' movement (Herman, 1992:27-32). Sociological knowledge can be enhanced by a *catharsis of comprehension* (Plummer, 1983:79-82), which is derived from an empathetic awareness of someone else's experience. Among other things, this life history may contribute to an understanding of how New Zealand's current *adversarial* criminal justice system can be unjust for victims of crime, essentially because the system is designed to deliver justice to criminals.

Professional Interest

This life history has sensitised my professional awareness (as a social worker) to the human need arising from the trauma of facial disfigurement. I have an increased awareness of how this may be processed by the individual, and of how the perception of the disfigurement by others may also influence the individual's recovery. This has also been the case in terms of examining the trauma of

bereavement. The exercise has enhanced my knowledge of those variables that appear to exacerbate and/or mitigate the grief of the middle-aged and elderly who lose a parent and/or spouse. My understanding of Joyce's criminal victimisation (and my own) has bolstered my professional commitment to the principles of restorative justice. I think *restorative* reform of the criminal justice system is needed, to redress the current imbalance that exists between the rights and needs of the victims' of crime and those of criminal offenders. In the conclusion to this thesis, I have made suggestions for research which are relevant to this current policy debate.

THESIS STRUCTURE

Chapter 1

The literature review for this thesis describes historic and current theory on what causes *trauma* and how it may be manifest in an individual's experience. I have focused on discussing those aspects of trauma which Joyce herself had experienced. These have included *natural* sources of trauma, with particular attention to the trauma arising from parental and spousal bereavement, as Joyce had lost both parents and her husband. Trauma arising from *unnatural* sources have also been discussed, including the trauma arising from facial disfigurement with reference to the psychological and social implications this may have had on her subsequent lifestyle. I have described rape trauma syndrome, and the abnormal patterns of grieving that are associated with homicide survivors, in order to provide a context for interpreting Joyce's experience. Because she was an elderly crime victim, it has also been necessary to briefly define and delineate the phenomenon of *elder abuse* (which can certainly be traumatic to victims and where the actions of perpetrators are often criminal).

Chapter 2

Chapter 2 describes the methodology used to assemble and analyse the data contained in this life history. The strengths and weaknesses of my subject as a life history informant are described as well as the ethical issues I have had to deal with

in undertaking this enquiry. I have addressed 'the problem of truth' and described the steps taken to mitigate the particular weaknesses of the life history method in attaining valid and reliable data. It is acknowledged that there may have been distortion of my subject's narrative as she moved from her *natural attitude* (which reflects her spontaneous perception of what are the givens of her world) to the *phenomenological attitude* when she has made her life story an intentional object of enquiry (Watson, 1976:99).

The influence of the *phenomenological attitude* is perhaps more pertinent in this study, because I have been unable to triangulate any of her narrative describing her earlier life, with that of another person who knew her during this time. The distorting influence of the *phenomenological attitude* also influenced my role as a participant-observer in this study. My shared status as a homicide survivor inclines me to be sympathetic to Joyce's experience of criminal victimisation, and as a consequence a *phenomenological attitude* in recording and constructing her life history.

I have appended a geneogram of the Teppett family to this chapter, in order to illustrate the relationship between Joyce and those family members who are referred to in this life history and who have been significant in her life

Chapter 3

This chapter covers her life from birth to when she was 35 years old. It describes the socio-cultural context into which Joyce was born and matured. This was her view of growing up in New Zealand in the 1920s and 1930s, and I have endeavoured to use Joyce's colloquial phrasing for the descriptive component of this and each subsequent chapter. Joyce's family was religious and post-Victorian family, where intra-familial roles, relationships and vocational options were heavily prescribed by gender. She witnessed the poverty of the depression; her family lived frugally but managed to grow most of their own food. Furthermore, because Joyce's father always had employment, this enabled them to maintain a relatively good standard of living during these difficult economic times. Joyce had

a salient and *negative* relationship with her mother which proved to be somewhat repressive at times, but she enjoyed positive relationships with other members of her family-especially her father (Con) and brother (Howard).

Joyce experienced her first major trauma when she lost her left eye at 21 years of age, an accident which appeared to significantly influence her life. When she was 35, Joyce's mother died after a long-standing battle with cancer, and despite having a salient and *negative* relationship with her mother Joyce nursed her up until her death. Joyce's experience of facial disfigurement and parental bereavement have been interpreted with reference to the literature review, and also the analytical concepts of the *phenomenological* and *natural attitude* (Watson, 1976:99) to describe how these influenced her disclosure during the life history interviews. Finally, I have developed propositions to support why I think these two traumatic experiences became significant *turning points* (Mandelbaum, 1982:159) in her subsequent life.

Chapter 4

This chapter deals with her life from age 35 until when she was 78 and the tragic events of 1 October 1993. In many respects these were Joyce's halcyon years, she had been freed from the burden of nursing her sick mother and had also enjoyed the unfettered attention of a doting father. Together they travelled to England several times, where Joyce was introduced to her English relatives and developed an interest in her family's genealogy. She married a widower when she was 51 years old, realising that her disfigurement had not prevented her from doing anything she really wanted. In addition, her marriage to an older man assured her of a caregiving role which had become an important feature of her self-identity.

When Joyce's father died it was a traumatic loss. She had had a salient and *positive* relationship with him, and been his caregiver for almost thirty years. After her husband was killed and she was seriously injured in a car accident, her life was changed for ever. She no longer had someone to live with and care for, and had to come to terms with widowhood. I have discussed how Joyce's experience of

parental and spousal bereavement corresponds to that described in the literature review (chapter 1). These deaths became significant turning points in her life (Mandelbaum, 1982:159), and afterwards she became progressively entwined in the life and work of her brother. Over the next twelve years she would spend increasing amounts of time helping him run his house and medical practice in Foxton. It was because of this relationship that she had found herself at his house on 1 October 1993, when it was broken into by burglars demanding money and drugs. Joyce was raped by one of the burglars and Howard died from the injuries he received in this aggravated assault.

Chapter 5

Chapter 5 deals with the aftermath of the events on 1 October 1993, and draws on material other than Joyce's narrative; including her police statement, the murder trial transcript and media reports of the homicide enquiry and trial. These external data sources provided the graphic detail of the events of 1 October 1993, and also spared her from the possibility of re-traumatisation, had these events been the subject of an in-depth interview. These external data sources have also been important in triangulating aspects of her narrative, and in exposing the influence of her *phenomenological attitude*.

The analytical section of this chapter describes how Joyce's experience of rape and homicide survival can be related to the theoretical concepts of rape trauma and homicide bereavement examined in the literature review. It was apparent that the experience of the trial also became a significant *turning point* (Mandelbaum, 1982:150) and she underwent significant change in the cultural, social and psycho-social dimensions of her life. I have developed idiographic propositions which explain how these changes are a response to the trauma of elder rape and homicide survival. Joyce appeared to have a fatalistic and stoic disposition to her recovery from this traumatic experience, which seemed to be influenced by her age, her Christian faith and the cumulative experience of trauma over her lifetime.

Conclusion

The thesis concludes by focusing on those experiences of trauma which became significant turning points in Joyce's life. It seems likely that enduring the trauma of facial disfigurement at 21 years of age introduced her to the importance of self-reliance and self-determination in surviving trauma from a relatively early age. She had grown up in a religious family that conformed with the values and mores of the 1930s, and this encouraged a stoic disposition to adversity. Joyce's mother had lived with cancer for thirty years, regularly underwent surgery to remove tumours and at times was bed ridden. While her mother's death released her from this suffering, the death of her father thirty years later was far more traumatic for Joyce. She had been his caregiver for thirty years and had always had a salient and positive relationship with him throughout her life. Joyce took solace in her Christian belief that there would be a spiritual reunion with him upon her own death. When her husband was killed in a car accident four years later and she was critically injured, she relied on her stoicism to achieve physical rehabilitation and to survive the trauma of living alone for the first time in her life.

Over the next twelve years Joyce modified her living arrangements in Palmerston North, to make it easier for her to spend more time with her brother in Foxton. She became a significant person in helping Howard run his home and medical practice, and became well known to his friends and patients. Joyce's response to the trauma of criminal victimisation that occurred on 1 October 1993, has at least in part been influenced by how she had experienced and survived the previous traumatic episodes which had occurred in her life. It seemed likely that the socio-cultural context in which she had matured, together with this cumulative experience of trauma, had instilled a sense of *crisis competence* (Kimmel, 1977:386-393) in her, which now enabled her to claim some degree of recovery from the trauma of elder rape and homicide survival. However, it is also possible that the apparent stoicism revealed in her life history may reflect a *phenomenological attitude*, a desire on her part not to reveal her *natural attitude* towards this traumatic event.

CHAPTER 1

A Literature Review

This literature review has discussed natural sources of trauma (i.e. those arising from accidental disfigurement and bereavement) and trauma arising from criminal victimisation to provide a frame of reference for interpreting my subject's phenomenological experience of trauma. I have briefly examined the phenomenon of elder abuse in order to differentiate the context of elder abuse from criminal victimisation of the elderly. While victims of elder abuse are likely to suffer the effects of trauma (and that the actions of abuse perpetrators may well be criminal), an awareness of the different context of elder abuse, is pertinent to understanding my subject's phenomenological experience of trauma. Her phenomenological experience of the trauma arising from disfigurement and bereavement was influenced by her psychological disposition to the respective traumatising event, and the soci-historical context in which it occurred. Those earlier experiences of natural trauma have in turn had a significant bearing on her phenomenological experience of trauma as an elderly victim of violent crime.

Trauma can arise following the experience of a terrifying event, often called a disaster when caused by nature, and an atrocity when other human beings are responsible. Disasters can inspire impressive civil response, but often atrocities become *unspeakable* as society attempts to deny that the atrocity has actually occurred. The conflict between the will to deny horrible events, and the will to proclaim them aloud is the central dialectic of psychological trauma, and the process of overcoming denial and beginning to remember the truth of terrible events are prerequisites for restoring social order and healing victims (Herman, 1992:1). This denial can occur with extreme cases of violent crime, where victims quickly become invisible to societal concern, and yet the individual's recovery is influenced by how society perceives and responds to her/his trauma.

AN HISTORICAL PERSPECTIVE OF TRAUMA

To understand the concept of trauma requires an historical perspective of its development. It was first described in the nineteenth century in the context of hysteria, and earlier this century it was observed as shell shock in World War I survivors, and a similar condition was later observed in survivors of rape.

Hysteria

In 1880 neurologist Jean Martin Charcot documented the psychological symptoms of *hysteria* which resembled neurological damage:- motor paralysis, sensory losses, convulsions and amnesia. Because women were most effected by this condition, it was thought to be connected in some way to the uterus. However there was no apparent physiological reason for these symptoms and most physicians of the time believed hysterics were malingerers.

Later Freud in Vienna and Janet in France arrived independently at strikingly similar formulations to the causes of hysteria, a condition induced by *psychological trauma*. Emotional reactions to traumatic events produced an altered state of consciousness which in turn induced the hysterical symptoms. Janet felt this alteration of consciousness (which he described as 'dissociation') was a sign of psychological weakness and suggestibility, but Freud felt that it could be found in all people regardless of character or intellect. In 1896, Freud published 'The Aetiology of Hysteria' which proclaimed that all cases of hysteria were due to the occurrence of one or more premature sexual experience (Herman, 1992:9-13).

Shell Shock / Combat Neurosis

The reality of psychological trauma was forced upon public consciousness during World War I, when many soldiers began to act like 'hysterical women'. They screamed and wept uncontrollably, they froze and could not move, became mute and unresponsive, and lost their memory and capacity to feel. Initially these symptoms (as with hysteria) were thought to have a physiological origin caused by

the effects of exploding shells, hence the expression 'shell shock'. However, it was also discovered in men who had not been exposed to explosions or any physical trauma, and that these symptoms of shell shock were seen as a reaction to *psychological trauma*.

There was renewed interest in combat neurosis during World War II, following the publication of Kardiner's (1941) 'The Traumatic Neuroses of War'. This focused psychiatry onto identifying those factors that might protect against acute breakdown or lead to rapid recovery from psychological trauma. However, it was the Vietnam war and its aftermath of combat neurosis that finally established psychological trauma as an official diagnosis. The insistent organising of Vietnam war veterans also provided the impetus for systematic psychiatric research, and in 1980 the American Psychiatric Association included in its official manual of mental disorders a new category 'post-traumatic stress disorder' (Herman, 1992:27-28).¹

Rape Trauma Syndrome

The women's movement created the societal context for developing an awareness that the psychological syndrome seen in survivors of rape, domestic battering and incest was essentially the same as the syndrome seen in survivors of war. In 1972, Ann Burgess (a psychiatric nurse) and Lynda Holmstrom (a sociologist) embarked on a study of the psychological effects of rape. Over a year of observation of 92 women and 37 children, they observed psychological patterns which they described as the 'rape trauma syndrome' (Burgess and Holmstrom, 1974: 981-986).

This syndrome manifests itself in behavioural, somatic and psychological reactions, similar to the symptoms of hysteria and combat neurosis. It is generally seen to involve an acute phase, experienced immediately after the rape, and is

¹ Herman (1992:27-28) reports that Vietnam war veterans' consciousness raising provided the impetus for systematic psychiatric research. The moral legitimacy of the anti-war movement, and defeat in a discredited war, made it possible to recognise that psychological trauma is a lasting and inevitable legacy of war.

followed by a much longer period of reorganisation where the victim tries to cope with her experience. A New Zealand rape study confirmed the existence of the rape trauma syndrome, and identified three stages of reaction (acute, adjustment and integration) which seemed to affect all the victims in the survey, but with varying timing and intensity of symptoms across individuals (Young, 1983:28-34).

These findings appear to reinforce the three underlying assumptions to what is referred to as the *ecological model of rape trauma* (Koss and Harvey, 1991:43-44):

- not all potentially traumatising events are equally traumatic for all individuals.
- the individual's post-traumatic response is determined by multiple factors.
- clinical or community interventions (or the lack of) will interact with these same multiple determinants to aid or impede recovery.

ELDER ABUSE

Definition and Context

'Elder abuse' can be specifically defined as behaviour by a person that results in physical or psychological harm to an older person either through abuse and/or neglect. In Australia, elder abuse is commonly an act of *commission*, requiring active involvement or interaction on the part of the abuser. There are several forms of abuse:

- psychological abuse, where there is infliction of mental anguish;
- economic abuse, where there is illegal or inappropriate use of an older person's material assets; and
- physical abuse, where there is the non-accidental use of physical force to either inflict bodily harm or compel compliance of some kind.

Neglect, in contrast, is an act of *omission* with only a passive involvement of the abuser (James, 1994:95). 'Elder neglect' occurs when a person aged 65 or more experiences harmful physical, psychological, material and/or social effects as a result of another person failing to perform behaviours which are a reasonable obligation of their relationship to the older person and are warranted by the older

person's unmet needs (Hull-Brown, 1994:14-15). There are a range of factors which appear to enhance the risk of elder abuse and neglect.

Dependency and Caregiver Stress

As with the traditional child abuse framework where victims are assumed to be dependent upon family caregivers for physical, emotional and financial support, in the context of elder abuse, the dependency of the elderly exacerbates caregiver stress leading to abusive behaviour. In fact, reports of elder abuse show victims to be on average over 75 years of age, female with physical and mental impairments and dependent on the perpetrator, where neglectful actions by 'stressed' perpetrators are very much related to the dependency needs of victims (Wolf, 1994:61). This caregiver stress and a lack of support for carers are seen as the major risk factors for elder abuse particularly by the carer's lobby (Hull-Brown, 1994:15; Ogg and Munn-Giddings, 1993:399).

Dependants are sometimes seen as ideologically 'failed individuals', a threat and burden to untrammelled individualism, and dependent parts of 'succeeding individuals' (Biggs, 1994:138). In New Zealand, there appears to be a similar ideological view, where dependency on the State is seen as a burden. Some government literature sent to superannuitants is more concerned with pointing out just how many of them there are, and how much they are costing the country, rather than advising them of their rights and allaying their fears (Hull-Brown, 1994:14-15).

Perpetrator Psychopathology

A high proportion of abusers have been found to have learning difficulties, and to suffer from mental illnesses associated with alcohol and substance abuse (Ogg and Munn-Giddings, 1993:398). While victims have poor emotional health but are relatively independent in carrying out the activities of daily living, perpetrators are more likely to have a history of psychopathology, and to depend on the victim for financial resources. In financial abuse, however, the motivating factor tends to be

greed rather than individual pathology or victim dependency, and perpetrators often have financial problems and histories of substance abuse (Wolf, 1994:61).

There is some evidence gained from research into child abuse and domestic violence which suggests that violence is a learned behaviour, and that child victims of abuse can go on in later life to inflict abuse upon their own children and their spouses. The concept of 'dangerous families' and the 'theory of cycles of violence' is used to describe family patterns of behaviour where violence is used as a means of coping with change (Ogg and Mun-Giddings, 1993: 398). This behaviour has its underpinnings in long-standing pathological family dynamics and interpersonal processes that become highly charged when the dependent relationship is altered either because of illness or financial needs (Wolf, 1994:61).

Elder Abuse and Spousal Abuse

The link between elder abuse and spousal abuse was demonstrated in a survey in Boston, where it was evident that abuse was primarily committed by spouses (58 per cent of perpetrators) rather than children (2 per cent of perpetrators). This study dispelled the stereotyped image of elder abuse/neglect being perpetrated by stressed out children undertaking a carer role, and also showed that most victims are not always elderly women. In this study, victimisation was almost equally distributed between males (52 per cent) and females (48 per cent), but the risk of abuse to elder males was double that of elderly females when other demographic and social data were considered (Pillemer and Finkelhor, 1988:55).

The conceptualisation of elder abuse as spousal abuse moves away from the child abuse model, but unlike child abuse it also raises ethical and legal dilemmas regarding the elder's right to self-determination and society's desire to intervene (Wolf, 1994:62-64). In New Zealand the spousal context of elder abuse is recognised (Keys and Brown, 1993 :101) but there appears to be little discussion of this dimension of the problem. Because of the level of domestic violence experienced in New Zealand, apparently higher than Australia and Canada

(Women's Safety Survey, 1997:70), it would seem unlikely to preclude those over 65 years of age.

The Prevalence of Elder Abuse and Neglect in New Zealand

In 1995, Age Concern evaluated five pilot abuse and neglect programmes operating throughout New Zealand. It confirmed the results of overseas studies which showed that there are many and varied factors that influence causation, including:

- elderly dependency on others for all or part of their care;
- carer stress;
- dysfunctional family dynamics, including a history of family violence;
- social isolation of both the older person and the abuser, and
- psychological and social problems of the abuser.

There were 310 cases of elder abuse and neglect reported to the five pilot programmes, 75 per cent of victims were women and abuse and neglect fell into the following categories:

- 32 per cent of reported cases involved psychological abuse of victims in the 70-80 age group.
- 31 per cent of reported cases involved financial abuse, and most victims were in the 80-90 age group.
- 22 per cent of reported cases involved neglect, where most victims were in the 80-90 age group.
- 11 per cent of reported cases involved physical abuse of which most victims were in the 70-80 age group.
- 4 per cent of reported cases involved sexual abuse of which most victims were in the 70-80 age group (Age Concern, 1995:4-5).

There appears to be more published material relating to elder abuse than the criminal victimisation of the elderly, and this may reflect a greater prevalence of elder abuse. There is increasing awareness of elder abuse as the proportion of elderly people in society increases, and political organisations like Age Concern

have ensured elder abuse has become an acknowledged problem in New Zealand and overseas. It has been suggested that elder abuse occurs because the dependency of the elderly induces caregiver stress, and/or perpetrators may suffer mental health problems associated with substance abuse. There is also a proposition that elder abuse can be seen as spousal abuse, and that violent familial relationships may continue into old age. Because New Zealand appears to have high rates of domestic violence, this may be particularly pertinent to the prevalence elder abuse in this country.

NATURAL SOURCES OF TRAUMA

Throughout any life one can expect to experience some form of trauma, particularly through bereavement, and sometimes through accidents. The subject of this thesis lost her eye in an accident at age 21, and experienced parental and spousal bereavement in her later adult life. The literature offers a frame of reference for assessing her phenomenological experience of trauma in these contexts.

Trauma Arising From Facial Disfigurement

Facial disfigurement can be defined as *slight, moderate, marked* or *gross*, depending on the strength of negative reaction by the possessor and others to a particular facial feature or set of features. The causes of facial disfigurement can be: *congenital*, where the disfigurement arises from malformation in pre-natal life; *acquired*, where deformities have been acquired from sources of trauma throughout one's life; and *treatment sequelae*, where disfigurement has arisen from surgical intervention to treat other health conditions (Elks, 1990:37).

Effects of Facial Disfigurement

The face is the site of our beauty and attractiveness, which more than any other part of the body distinguishes one human being from another. People with facial disfigurement are often regarded as socially inferior, and opportunities available to the non-disfigured are often denied them (Elks, 1990:37). A 'physical attractiveness' stereotype exists which defines 'what is beautiful is good', where

physically attractive people are seen to be more socially desirable, more likely to secure prestigious jobs, to marry earlier and have happier marriages, and to be better parents (Elks, 1990:36). Physical attractiveness has been shown to influence heterosexual dating, peer acceptance, teacher behaviour, attitude change, and employment interviews. Attractive people are less likely to be judged as mentally ill, are liked and helped more than unattractive people (Rumsey and Bull, 1986:203-208; Cunningham, 1986:925-935; Rumsey et al.1982:137-150).

Facial Disfigurement as a Cultural Phenomenon

The term facial disfigurement locates the cause of any social problems with an individual's particular facial features, inferring an intrinsic disfigurement conceptualisation which is independent of cultural influence. However most authors in the field acknowledge the existence of a cultural overlay to facial disfigurement which adds to the negative impact of the initial disfigurement (Elks, 1990:38-39). The significance of culture in defining beauty can be seen in historical variance, and to the point where deliberate disfigurement (i.e. scarification, mutilation and tattooing) is considered attractive and appealing (Hahn, 1987:551-570).

The problem of facial disfigurement in a cultural context becomes similar to other social problems such as racism and sexism, where facial prejudice results in negative social judgements on the basis of an individual's facial features over which the person has little or no control. While efforts have long been made to correct facial disfigurement, with modern surgical techniques achieving dramatic results, awareness of the cultural context requires programmes aimed at altering the beliefs, prejudices and values embodied in the appearance stereotype. There is no perfect surgical solution and being defined as facially disfigured causes these individuals a great deal of pain and suffering because of pervasive stereotyped concepts of beauty (Elks,1990:38-39).

Trauma Arising From Parental Death

The significance of parental relationships to adult children cannot be overstated. There is a physical, social and psychological dimension to these relationships, which becomes more pertinent when the life span of parents and children overlap by 50 years or more (Umberson and Chen, 1994:152-153). However, there is significant diversity in explaining the adult child's adjustment to parental bereavement. Some have found that adult children adjust to the death of a parent without negative consequence (Bass, Bowman, and Noelker, 1991:32-42; Fulton and Owen, 1977: 15-25; Perkins and Harris, 1990:233-241). Others have found the duration of grief was influenced by adult children's ambivalence toward the deceased parent (Malinak et al, 1979:1152-1156), whether the death was that of the first or second parent and whether there had been a valued relationship between the bereaved and the deceased prior to death (Galloway, 1990:899-904). The degree of trauma arising from parental bereavement appears to be related to the salience of the relationship which reflects either a positive or negative quality, and sociological factors influence the salience of filial relationships (Umberson and Chen, 1994:153-155).

Child's Socio-Demographic Characteristics

The socio-demographic context presents different constraints, demands and opportunities to the individual child, and shapes the meaning and importance of relationships with parents. It has been proposed that gender is the most important social characteristic to determine inter-generation relationship salience, because social and structural contingencies associated with gender foster greater closeness between children and their mothers than between children and their fathers (Antonucci, 1990:205-227). This would suggest that a mother's death would be more distressing to adult children than a father's death (Umberson and Chen, 1994:154).

Because filial roles are generally more salient and more positive for daughters who have more frequent contact with parents (Umberson, 1992a:664-674), it has been suggested that daughters would be more adversely affected by the death of a

parent than would sons (Kerr, 1994:347-365; Umberson and Chen, 1994:153-154; Yancey and Greger, 1990: 29). However, if parental death is a negative or ambivalent experience for adult daughters, they tend to focus introspectively on a sense of loss, helplessness and hopelessness as a result of the death. In contrast, daughter's who perceive a positive aspect to the death reflect a sense of relief that the parent's suffering had ended, and it results in their own personal growth. This is particularly the case for those daughter's who perceive the death as a spiritual experience which affirms their own faith in a natural order of life and the existence of an after life. This results in a grieving duration of less than a year, whereas those who experience a parent's death negatively or ambivalently described prolonged grieving (Kerr, 1994:352-353).

Income and education of adult children appears to be inversely related to children's involvement with parents, and suggests greater structural need and interdependence in lower socio economic families. This could mean that parental bereavement could be more traumatic for those with low levels of income and education than for those with high income and education (Umberson and Chen, 1994:154). It has been suggested that education is the most important variable in enhancing personal functioning following bereavement as it engenders the ability to clarify problems, identify available resources and take action towards solution (Arbuckle and de Vries, 1995:645).

Lifestyles changes following a parent's death also influence the duration of grief, with positive lifestyle changes i.e. relief from care giving burdens (Bass et al, 1991:32-42), increased sense of personal strength and self-reliance (Galloway, 1990:899-904; Malinak et al, 1979:1152-1156), and financial inheritance tending to decrease the duration of grief. While it has been suggested that negative lifestyle changes would increase with the continued duration of grief (Galloway, 1990:899-904), Kerr found that grief endured longest in those respondents who reported no changes in lifestyle at all, where the death appeared to leave a sense of emptiness in the respondent's life (Kerr, 1994:358).

Past Social Interactions with the Deceased Parent

The quality of previous social interactions between the parent and child may have an influence on the perception of parental loss. Those children who have more salient and positive parental relationships are more adversely affected by parental death than those who have salient and negative relationships. It is also reported that the loss of a parental relationship characterised by negative salience, can sometimes lead to an improvement in the child's well being (Umberson and Chen, 1994:165). This suggests that the death of a parent may come as a relief to the child who has a more difficult family history (Wheaton, 1990:209-223).

The quality of the life long daughter-parent relationship appears to influence the duration of grief. Parent-daughter relationships that are defined as positive are associated with feelings of guilt, regret and prolonged grief particularly when the adult child has been instrumental in placing the parent in a nursing home (Kerr,1994:358). Negative relationships are characterised by conflict, emotional distance, physical and emotional abuse, and appear to be associated with *anticipatory grief*. These daughters grieve as young adults for the kind of parent they wished they had had, and if they grieved at all after their parents death it is for a kind of relationship that they perceive had never existed. The presence of anticipatory grief does not detract from the daughter's willingness to participate in the parent's care, suggesting that an emotional bond exists between daughter and parent regardless of the quality of the relationship (Kerr,1994:358).

The Context of the Parent's Death

The longer a parent is ill, the shorter is the duration of an adult daughter's grief, and the longer the length of dying, the longer the duration of an adult daughter's grief (Kerr, 1994:351). In the context of death from cancer it appears that the greater the age of the deceased, combined with the presence of family and friends during the bereavement phase, the more positive is the outcome. This suggests that grief resolution is an intensely personal and internal process, seemingly independent of situational variables like hospices with specialist nursing available to support the bereaved (Yancey and Greger, 1990:29). If the death is of a second

parent, then this becomes more difficult, the bereaved adult children have become the older generation, reminding them of their own mortality and inevitable death (Kerr, 1994:354).

Research on the timing of life course events suggests that the death of a parent will be less traumatic to the adult child because parental death is normative in later life (McLanahan and Sorensen, 1985:217-238). The gerontological literature suggests that while older adult children may experience greater positive relationship salience, they may also be less affected by parental death than younger children (Umberson and Chen, 1994:154).

Spousal Bereavement and Personal Functioning

The death of a spouse has been described as the most stressful life event, requiring more psychological adjustment than any other (Holmes and Rahe, 1967:213-218; Stroebe et al, 1988b:1-18). However, in a comparative analysis using a large random sample it was found that the experience of later life parental bereavement did not differ from later life spousal bereavement. This was surprising given that the literature has consistently shown persistent negative consequences following the death of an adult child (Arbuckle and de Vries, 1995:645). Recent longitudinal studies have demonstrated the resilience of older adults; that is, while spousal bereavement may initially produce intense responses, after two years or more widowed adults appear to return to similar levels of functioning as non-bereaved persons (Arbuckle and de Vries, 1995:638). It would appear that the traditional gender roles, and socio-historical context in which adults have matured had a considerable influence on long-term bereavement adjustments (Arbuckle and de Vries, 1995:644-645).

Bereavement Effects

Loneliness may be one of the most difficult problems of widowhood (Lopata, 1993:381-396; Lund, 1989:215-231). Widowed adults express lower life satisfaction than the non-bereaved, and feelings of loneliness which may be exacerbated in older adults who have spent many years with the same partner

(Arbuckle and de Vries, 1995:643-644). However, widowed adults appear to have greater self-efficacy in comparison to long-term married adults, suggesting that the experience of surviving one of life's most stressful events enhances their own capability, and self-confidence (Arbuckle and de Vries, 1995:644). Perhaps another explanation for enhanced self efficacy is 'crisis competence', which suggests that enduring a significant crisis in one's life creates greater resilience when facing subsequent stress and threatening events (Kimmel, 1977:386-393).

Gender Effects

Women report lower levels of hopefulness and planning completion for the future than widowed men. An explanation may be that, in comparison to men, older women may not be as accustomed to performing certain tasks independently, such as handling personal finances or planning and making decisions about major life issues (Hansson et al, 1993:367-380; Lopata, 1993:381-396). In addition, women experience greater fatalism and more vulnerability than men, and this may reflect their stronger religious beliefs or their greater sense of spirituality and faith (Arbuckle and de Vries, 1995:644-645).

Bereaved women report lower levels of self-efficacy than men, perhaps reflecting traditional male and female roles with an older cohort reflecting the belief that masculinity involves agency and assertiveness, whereas femininity involves passiveness and dependency. Women also report higher levels of depression than men, and indeed may prefer to participate in surveys of bereavement if they are depressed, whereas an opposite pattern is evident for men (Arbuckle and de Vries, 1995:644). This may reflect differences in gender-related behavioural styles of coping, and it may be more culturally acceptable for women to discuss depressive thoughts, feelings and to display emotional distress, whereas such behaviour may be seen as inappropriate for men (Stroebe et al., 1988a:143-158).

Context Effects

Education has been seen as the most important variable in determining a positive outcome following spousal bereavement, with a longer duration of schooling

related to higher levels of personal functioning. Income also positively influences measures of perceived health, self-efficacy, life satisfaction, fatalism and the ability to complete plans, with higher income related to higher levels of personal functioning (Arbuckle and de Vries, 1995:645). Income may be the primary intervening variable in attaining psychological well-being following spousal bereavement (Lehman et al., 1987:218-231; Sanders, 1993:255-267; Schuster and Butler, 1989:55-68), but also current employment (Faletti et al., 1989:37-51) is also related to better bereavement outcomes for older widowed adults.

The time since bereavement is also significant in achieving positive outcomes, with increased personal functioning associated with bereavement duration, indicating that bereavement is a process that may extend over many years (Arbuckle and de Vries, 1995:645). When the loss is unexpected it has little effect on subsequent personal functioning, which seems to be consistent with research showing that different death circumstances do not appear to have a significant impact on long-term adjustment in later-life spousal bereavement (Lund, 1989:215-231).

THE CRIMINAL VICTIMISATION OF THE ELDERLY

Reporting Crime

There is general acceptance in criminological discourse that the incidence of criminal offending is likely to be under-reported. Some victims, for a variety of reasons, do not advise police that an offence has been committed against them. This was confirmed in the 1996 New Zealand victimisation survey where only 40 per cent of offences were reported to the police, a figure similar to that revealed in recent British Crime Surveys. A major discrepancy in reporting rates between the British and New Zealand surveys is robbery, which was reported in 57 per cent of cases in Britain, and only 24 per cent of cases in New Zealand (Young et al., 1997:22-23).

In the context of elderly victimisation there are numerous and conflicting explanations for under-reporting. Some suggest that the elderly are more likely to

report their victimisation to the police than younger victims (e.g.: Bachman, 1992:4). The New Zealand National victimisation survey however observed that the younger the victim, the less likely the offence was to come to police notice, and that socio-economic factors, victim gender, and nature of the crime also influenced reporting practices. For example, crime victims who were lower socio-economic males were least likely to report the offence to the police (Young et al., 1997:61).

While women may be more likely to report crimes than men, there is a view that sexual crimes are significantly under-reported. Davis has claimed that between 5 per cent and 55 per cent of rapes are actually reported by women of all ages in the United States, and that because of ageism and a widely held attitude amongst the elderly that rape is a sexual crime, *elder rape* may be significantly under-reported. This under-reporting is not only because of embarrassment and fear of reprisal but because they doubt whether their complaint will be believed (Davis, 1980:94-98).

Victimisation Surveys

The United States National Crime Victimization Survey asks a representative sample of 100,000 people every 6 months about the crimes they have sustained, enabling the Bureau of Justice Statistics to draw accurate conclusions about crime in the United States. This survey has demonstrated that over 20 years the lowest rate of violent crime against the elderly (3.5 per 1,000 persons aged 65 or older) was recorded in 1990. This rate was 61 per cent lower than the 9 per 1,000 persons recorded for 1974 the peak year (Bachman, 1992:1).

In New Zealand, regional victimisation surveys in the Wellington Police Region in 1986 and Canterbury in 1989/90 confirmed overseas findings that rates of victimisation for property and violent offences declined with age (Criminal Investigation Bureau, 1992:15-18). In the National victimisation survey there was a general pattern of decreasing incidence and prevalence of victimisation with increasing age for all types of crime, including a range of sexual crimes. However, while all age groups reported having experienced some form of sexual violence,

respondents 60 and over were more reluctant to disclose this than younger victims (Young et al., 1997:40).

Homicide Rates

In the United States, violent crime is nearly 16 times higher for persons under 25 than for persons over 65 who constituted only 5 per cent of all murder victims in 1992 (Bachman; 1992:1). A New Zealand analysis of national injury mortality files for the decade 1978-1987, indicated that over this 10 year period there was a significant increase in the mortality rate from homicide, 3 per cent of all deaths or 1.6 per 100,000 persons. Most homicides were preceded by grievous assault, and there has been a considerable escalation of convictions for these offences, rising from 5.1 per 100,000 in 1960 to 27.1 per 100,000 in 1985. In comparison with 25 other countries, New Zealand has the ninth highest rate of homicide, one fifth the rate of the United States, and its homicide rate is comparable with that of Australia (Fanslow, et al., 1995:50-55).

The Prevalence of Homicide

In New Zealand, almost half of all homicides occur in the private home, with the second most frequent location being a public building. Most homicides (49 per cent) occurred on Thursday, Friday or Saturday, with 73 per cent of the deaths occurring between 6:00 p.m. and 6:00 a.m. Fanslow et al. discovered that 54.6 per cent of assailants knew their victim (with 38.9 per cent of these being either a primary partner or family member), and that 16.5 per cent of victims did not know their assailants. Overall, unmarried males between the ages of 20 and 29 had the greatest mortality rate from homicide, 5 per 100,000 persons per year. In comparison, males aged 65 years and over have a homicide mortality rate of approximately 1.6 per 100,000, and for elderly females it drops to around 1 per 100,000. This finding was consistent with the United Kingdom and United States where rates are consistently higher for younger males (Fanslow et al., 1995:51-55).

Homicide Survivors

A homicide survivor is defined as a 'victim' by section 2 of the Victims of Offences Act 1987. It is a qualified definition restricting this status to the *immediate family* of the homicide victim. This definition is restrictive compared to *all kin* which was proposed in the Victims' Rights Bill introduced into the house in 1986 by the then deputy leader of the Opposition Rt. Hon Jim McLay (Hansard, 1986:5126). McLay's proposal acknowledged the likelihood that psychological trauma would affect more people than the immediate nuclear family of the deceased, an impact observed in an English study of homicide survivors (Brown et al., 1990:20-22). However, the rigid demarcation of the Victims of Offences Act ensures that any entitlement to statutory process or services in New Zealand is tightly circumscribed.

THE TRAUMATIC EXPERIENCE OF A HOMICIDE SURVIVOR

Most people will encounter *anticipated death*, as a natural occurrence of life and yet even in the best of circumstances it is commonplace for the survivor to experience feelings of disbelief, anger and sadness after the death². Knowing that death is approaching can bring people closer together or cause them to distance themselves emotionally. Either way it is believed that this will cushion the impact of the death when it comes (Lord, 1987:4).

The exposure to *traumatic death* may be quite unlike the experience of anticipated death because death came unexpectedly, the death may have been violent, and the survivors are exposed to a 'shock experience'. When people are seriously injured they usually go into shock and don't experience pain. The shock the survivor experiences on learning of the tragedy may be more terrifying than that of the one who has died (Lord, 1987:5). Because homicide rates are increasing in New Zealand, there are increasing numbers of homicide survivors enduring psychological trauma as they endeavour to recover from these violent

² Dr Kubler-Ross outlined five phases or stages of what is described as normal grieving; 1. denial and isolation, 2. anger, 3. bargaining, 4. depression, and 5. acceptance (Kubler-Ross, 1969:14-39).

unanticipated deaths. Furthermore, because the circle of those affected by the homicide extends beyond the immediate family of the deceased (Brown et al., 1990:21-22), it is important to appreciate how this trauma can be managed to enhance recovery.

Homicide Survival and Post-Traumatic Stress Disorder

There appears to be a paucity of literature which focuses on the trauma experienced by homicide survivors, but an awareness that the grief reactions of homicide survivors can differ greatly from those who grieve the loss of a loved one who did not die violently. In a United States report into parental grieving, the most commonly reported reactions to murder included: 1. feelings of shock and numbness; 2. pre-occupation with the loss of the loved one; 3. concern about the brutality or suffering associated with the murder; 4. anger towards the suspect; 5. a need to know the details of the death; 6. increase or decrease in appetite; 7. disturbance of sleep patterns; 8. feelings of depressions and or hopelessness; and 9. the inability to put the murder out of one's mind. In addition, over 60 per cent of participants in this study reported a negative deterioration in relationships with children and spouses (Sprang et al., 1989:162-3).

Homicide Survival and Grief Reaction

The grieving process involves intense emotional suffering which can be either destructive or growth producing, depending on many internal and external factors impinging on the person who has sustained the loss. There is an apparent consensus in the literature that bereavement can cause physical and mental illness (Stroebe and Stroebe, 1983: 279-301), and that the grief reaction of homicide survivors reflects an experience more profound, more lingering and more complex than normal grief (Sprang et al., 1989:159). Sprang et al. identified five stages to the grieving process as it applies to homicide survivors; each of which is outlined below.

Shock Denial and Isolation

When a murder occurs the period of shock and denial is much more intense than that associated with anticipated death. Because murder is so violent and unexpected it may take the survivor months to come to terms with what has happened. Moreover, shock may be re-experienced on anniversaries, birthdays or other special occasions, and is often accompanied by social withdrawal which serves as an attempt by survivors to avoid reality and deny the death (Getzel and Masters, 1984:139; Sprang et al., 1989:161). This stage was certainly the experience observed in a homicide survivors' therapy group in Auckland, where group members repeatedly withdrew from sharing their stories (Ridling, 1994:24-25).

Emotional Release

A person's reaction to the sudden, violent death of a loved one may be complicated by the brutal facts of the case, the slow workings of the court system and other variables which may cause survivors to fear for their own lives. The intensity and duration of this emotional stress can be manifest in psychological and physical symptoms, including a sudden increase or decrease in weight, depression, feelings of helplessness, disorientation and fear that one would become mentally ill. This is often the time when survivors need the greatest support as they struggle to justify and explain the cruelty of the murder. Often it is a solitary experience as the funeral has passed and friends become uncomfortable with the homicide survivor's protracted grief and may avoid contact (Sprang et al., 1989:161).

Guilt, Anger, and Resentment

Anger emerges once the survivor realises that denial can no longer be maintained, and is an expression of the survivor's frustration over his or her loss of control or inability to change the situation. An intense feeling of anger can manifest itself in a desire to seek vengeance against those responsible for the death. Family members often feel guilty for not protecting their loved ones, and the closer the survivor's relationship to the deceased the more likely it is that guilt would play a

dominant role in the grieving process. Resentment also emerges at this stage as the survivor identifies someone to blame for the death. If the offender goes unpunished the survivor may remain in a suspended state of resentment (Sprang et al., 1989:161). Homicide survivors are reported as feeling that they were a low priority in the criminal justice process; superfluous and mildly burdensome which induced feelings of guilt, powerlessness, and recurrent anxiety (Getzel and Masters, 1984:139).

Depression

Depression and loneliness occur as the individual realises the hopelessness of her/his situation. Once the individual realises that the death is irreversible then it is normal to feel an intense sadness and a need to mourn. The intensity of these feelings act to further isolate the survivor who, conscious of society's discomfort at the display of such deep grief, seeks to withdraw and mourn within the safe boundaries of his or her home. There is no set time-frame for this stage, although these feelings only subside gradually (Sprang et al., 1989:161).

Acceptance, Resolution and Adaptation

This is the point in the grieving process when the survivor can reflect on the tragedy without fear of losing emotional control, can resume daily routines and begin to develop hope for the future. The individual has survived the pain, rediscovered logic and fairness in the world and re-established a belief in social order to carry on living (Ridling, 1994:29; Getzel and Masters, 1984:141). Some homicide survivors may live with the horror of the crime forever, never reaching acceptance and even those that do will walk away from the experience a changed person. There are many variables that can influence the duration of this grieving process and it is difficult to say how long it may take (Sprang et al., 1989:61-2).

An investigation was undertaken in Britain between 1987-1990, which examined the needs of families of murder victims in four areas: Essex, London Metropolitan area 4, Merseyside and Sheffield. The report documents distortions to normal grief reactions which appear to be associated with feelings of hatred towards the

perpetrator and a pre-occupation with the need for justice. Families in the project related having experienced some or all of the following:

- an intensification of grief reactions which they found to be frightening;
- a prolongation of the initial raw feelings of grief including the classic reactions of denial and disbelief, and feelings of anger that persisted until a trial was held and sometimes beyond;
- despair was common to all, and often so intense that living was almost unbearable, but after some time it would become episodic rather than a permanent state;
- guilt, in thinking they could have prevented the tragedy or that they were still living;
- sleep disturbance, including irregular patterns of sleep and nightmares which continued for over a year;
- loss of concentration and memory impairment lasting longer than in normal grief;
- loss of control and powerlessness, intensified by matters lying outside their control;
- family tensions arising from acute stress which did not necessarily strengthen relationships, and different ways of grieving lead to misunderstandings in the family;
- longer term friendships becoming strained or severed and isolation within their communities (Brown et al., 1990:21-22).

Many of the above points feature as symptoms of post-traumatic stress disorder identified by survivors of other disasters i.e. the Zeebrugge roll on /off ferry tragedy (Brown et al., 1990:21-22), but families of murder victims felt they had neither the public acknowledgement nor group support that was available to those other survivors. Furthermore, this project showed evidence of the ripple effect of this trauma affecting extended family members, and non-family acquaintances of the deceased e.g. family doctors tended to be consulted immediately following the murder and prescribed medication to help with the effects of the shock, and where

they had known the deceased, became almost as distressed at the death (Brown et al., 1990:21-22).

Family members of murder victims are victimised twice, first by the criminal and second by the system. The media have a particular interest in sensationalising this type of crime, and even when the initial shock is over survivors are bombarded by reporters and photographers wanting to revive the story (Sprang et al., 1989:161). The prosecution process may inadvertently re-victimise survivors who can be treated insensitively by police, by prosecutors as well as defence counsel (Getzel and Masters, 1984:139). The survivor's experience becomes a seemingly never ending battle with anger, hopelessness, frustration and grief, where feelings of confidence and self-control are severely compromised or lost.

The Importance of Context in the Experience of Grief

Social Support Systems

There is evidence to suggest that while religious people may have their faith tested by the tragedy of the murder of a loved one, that faith can assist an individual to accept and cope with death (Sprang et al., 1989:161). It would seem that the availability of a social support system for the survivor at the time of bereavement is valuable but has no significant association with later recovery. What is important, is that the grieving person *accesses* this support (Parkes and Weiss, 1983:55). However, grieving persons often isolate themselves despite the presence of concerned others, or are condemned for grieving for too long or displaying behaviour that makes others feel uncomfortable (Sprang et al., 1989:161; Ridling, 1994:25).

In 1995, New Zealand initiated a counselling for families of murder victims scheme, which is administered by Victim Support. This scheme was evaluated after its first year of operation. While 78 per cent of respondents had found counselling helpful in addressing symptoms of trauma including flashbacks, disorientation and depression, some survivors experienced barriers to accessing these benefits. These included the prescribed eligibility criteria (immediate family

of deceased), whether the survivor was ready to engage in counselling, and the perception of the quality and nature of the survivor's relationship with Victim Support. Social support affected the likely take up of counselling, with those living alone more likely to have counselling than those living with others, and a trend for those who lacked strong support from family and friends to be more likely to have accessed counselling (Maxwell et al., 1996).

The Survivor's Past Experience with Loss and Death

The individual's past experiences can have a positive or negative effect on coping strategies and defence mechanisms in coming to terms with loss. If they have had negative past experiences, there is a likelihood the grieving process will be hindered, as unresolved past issues tend to arise and complicate the current situation. In an attempt to avoid the pain associated with a past event, the survivor attempts to avoid dealing with the current loss. This can be exacerbated for individuals who experience many deaths over a short period, and who may feel emotionally depleted and unable to address the current loss (Kastenbaum, 1972:375).

Conversely, where someone has successfully learned to yield to grief in the past, she or he is better able to cope with other crises. This experience demonstrates to the individual that intense grief will diminish if attended to, rather than the survivor who has learned to deny loss in order to avoid pain (Rando, 1984:114-19).

Socio-cultural, Ethnic and Gender Factors

Fulton, 1965:18 has stated that:

Although death is the lot of all men, each society copes with death in terms of its own ideas, beliefs, values and practices. There are popular ethnic stereotypes which claim Latin people are more emotional in their grief, while Anglo Saxon are more stoic and repressive of their feelings.

These issues can impact on the homicide survivor who may feel his/her mourning performance may not be supported by others, causing the mourner to feel confused

and alone. It has been suggested that gender also influences the survivor's response to grief with men having higher levels of unresolved grief than women. This is because of sex role socialisation, of societal expectations of masculine stoicism, which leads to repression of emotional expression, and an inadequate resolution of the grieving process (Sprang et al., 1989:164).

ELDER RAPE VICTIMS

Rape Statistics: A Matter of Legal Definition

Historically rape has been defined as an act of sexual intercourse by a man with a female (other than his wife), carried out against her will or consent, or when she is incapacitated or under the age of consent. In the United States some states have 'de-genderised' the legal definition, defining rape as sexual intercourse or unnatural sexual intercourse by a person (male or female) with another person who is compelled to submit by force or threat of bodily harm, and against his or her will (Tyra, 1993:8).

It has been argued that rape law has been based on ancient male concepts of property: historically man's desire to maintain sole access to a woman's vagina was codified in the earliest laws of marriage, to protect his need to govern impregnation, progeny and inheritance rights. In this context, rape was not seen as sexual assault but rather as trespass onto another man's property. When the woman was seen to be without male protection or property, or as someone who shared her sexual favours with more than one man, there was no offence at all. Furthermore, a husband could not rape his wife, as a husband could not take what already belonged to him (Cameron, 1994:648).

Feminists have described rape as a hostile, forcible act aimed at dominating, degrading, humiliating and subjugating the victim. It has also been described as an act that deliberately violates the emotional, physical, and rational integrity of the victim (Tyra, 1993:8). Groth described older women as a particularly vulnerable population to rape, where the traumatic experience is likely to result in permanent damage to the victim's physical and psychological well-being. Furthermore an

analysis of 38 rapists of older victims found that it was the woman's *vulnerability and accessibility* (rather than physical attractiveness) that determined victim selection, and that the rape was more an issue of hostility than sexual desire (Groth, 1978:213).

Law Reform

Law reform can achieve a *symbolic* objective, by expressing a particular attitude towards an offence. In the context of rape law reform, there has been an emphasise on the violent nature (as opposed to the sexual nature) of the offending. Law reform can also achieve *instrumental* objectives by broadening the ambit of rape laws (e.g.: anal and oral intercourse and removal of spousal immunity) which may lead to an increase the rate of reporting , conviction and therefore deterrence (Young, 1983:21-24). In New Zealand law there has been reform of the Crimes Act and the Criminal Justice Amendment Act 1993, to reflect these objectives. The Crimes Act increased the maximum penalty for rape and unlawful sexual connection from 14 to 20 years, and the Criminal Justice Amendment Act increased the sentences imposed on violent offenders, and introduced preventative detention for first time offenders (Brett, 1995:65).

The Under-reporting of Rape

Davis reported that rape against all women in the United States is under-reported, and because of ageism is particularly so for elderly victims (Davis, 1980:99). The 1983 New Zealand rape study proposed that approximately 1 in 5 rapes gets reported, and that there was no reliable information on the degree of stranger rape that goes unreported. However, Young (1983:10-14) surmised that the chance of a rapist being caught and convicted may be as low as 4 per cent, a figure much lower than that applying to most other serious offences. The Royal Commission for Social Policy reported that the main reason for under-reporting rape was fear of people's reactions, social stigma, feeling guilty, embarrassed or ashamed, fear of uncertainty at the police response, and fear of the legal process (Pawson and Banks, 1991:17).

Despite the under-reporting of rape, the Roper Report recorded that the numbers of proven charges of rape or attempted rape had increased in New Zealand 350 per cent in the 20 years to 1985 (Ministerial Committee of Inquiry into Violence, 1987:151-152). Police statistics for the period between 1985 and 1994 show large increases in the reporting of violent and sexual crimes, no discernible change in police clearance rates for violent offences, and an apparent deterioration in clearance rates for sexual crimes (Brett, 1995:64).

The Sexual Victimization of Older Women

In the United States it is evident that while older women individually may never be directly victimised by violent crime, almost all are indirectly victimised through constant concern and anxiety. Older women appear most at risk from personal theft, burglary or robbery in their own homes. In an analysis of 78 case histories of rape victims over 50 years of age, 73 per cent were raped in their own home, 68 per cent by a total stranger, and in 65 per cent of cases the rape was associated with a theft. This supports the contention that sex-related offences against older women are crimes of opportunity committed in conjunction with another crime, especially burglary (Davis, 1989:100), and a function of the victim's vulnerability (Groth, 1978:213).

In the 1983 New Zealand rape study, just over half of all complainants were between 17-24 years old. However, just under a quarter of complainants were 16 or younger, the youngest was 5, the oldest 87 (Young, 1983:35). While this indicates a lower rate of victimisation for older women, in 1983 there was spousal immunity from rape which may have influenced reporting. It is noteworthy that the 1995 survey of elder abuse victims found sexual abuse to be disclosed in only 4 per cent of cases (Age Concern, 1995:4), indicating a low rate of prevalence and/or reporting of sexual offending against elderly women. The 1996 National survey of crime victims indicates that the prevalence rates for sexual violence are lower for those aged 60 and over for all forms of sexual violence explored by the survey. However, those over 60 also had the highest rate of non-disclosure, either

not answering or refusing to answer questions related to their sexual victimisation (New Zealand National Survey of Crime Victims, 1996:39-40).

Tyra notes that while others have reported that older women have a greater fear of people finding out about the rape than younger victims, this has not been the case in her clinical experience. She found no significant difference in how rape trauma syndrome manifests in older victims, and with sensitive intervention these victims can reach the long-term phase of reorganisation, identified by Burgess and Holmstrom as the final stage of recovery (Tyra, 1993:9-11).

Elder Rape Survivors and Rape Trauma Syndrome

In an assessment of psychological pain in the United States, 760 rape victims were interviewed about their traumatisation five days after the assault had occurred. This analysis indicated (as predicted) that the nature of the traumatisation would be influenced by the victim's age and marital status. Reproductive-aged women were more severely traumatised by rape than older women and girls, and married women more than unmarried women. These results suggest that the psychology that regulates mental pain, processes information about age and mate-ship status in the event of a woman's rape (Thornhill and Thornhill, 1990:155-176), and that older women (by virtue of their age and life experience) are better placed to cope with the trauma of rape than younger women. Davis disagrees, believing older women show an initial 'brave face', but later once sympathetic supporters leave they become depressed and fearful. The impact of rape on an older woman must be examined in the context of the crime and the personality and life situation of the victim (Davis, 1980:101). This view reinforces the importance of context as described by the ecological model of rape (Koss and Harvey, 1991:43-44) in influencing the victim's recovery from rape and post-traumatic stress.

Elder Rape and Post-traumatic Stress Disorder

It is reported that what characterises post-traumatic stress disorder is the alternation between intrusive re-experiencing of the trauma and numbing or denial of emotional responsiveness. A vicious cycle evolves, in which intrusion and

arousal promote avoidance and numbing which in turn fosters increased intrusion and arousal. A diagnosis of post-traumatic stress disorder requires that these symptoms persist for more than 1 month following the traumatic event, and numbing is of particular symptomatic importance when identifying post-traumatic stress disorder in victims of assault. Effortful avoidance and numbing, while functionally similar (i.e. both provide escape from emotional pain) are phenomenologically distinct. Effortful avoidance may be regulated by strategic psychological processes whereas numbing may be a more automatic (biological) mechanism resembling those underlying freezing behaviours in animals (Foa et al., 1995:116-120).

FEAR OF CRIME / RAPE

Research design is a significant factor in fear of crime studies. In particular, the types of questions asked to establish fear of crime can elicit quite different responses. In regional surveys in Wellington and Canterbury, researchers have tended to use the same kind of survey questions as used in the United States and British victimisation surveys (i.e. 'is there anywhere in your neighbourhood you would be afraid to walk alone at night?'). A problem with questions that elicit yes or no responses, however, is they may not yield meaningful results. Many people may have no wish to venture out at night alone anyway, and therefore fear of crime indicators need to be relevant to the every day experiences of individuals. Notwithstanding these difficulties, the results of the surveys are remarkably consistent showing high levels of fear amongst seniors, particularly older women (Criminal Investigation Bureau, 1992:25-27).

Interestingly, the New Zealand National Survey of Crime Victims found that fear of crime *decreased* with advancing age, and for all offences specified in the questionnaire those over 60 were less worried. The fear of being raped was lowest amongst women 60 years and over and highest for women 15-24 years of age. Those over 60 may have less fear of crime because they lead less active lifestyles (only 28 per cent of respondents aged 60 and over said they would walk alone in the neighbourhood after dark), whereas 59 per cent of women aged 15-24 said

they would walk alone after dark, and twice as many of this younger age group said they would feel unsafe (Young et al., 1997:118-119).

The early literature on fear of crime suggested that the fear was often inversely related to the risk of victimisation, that those least likely to be victimised (women and the elderly) were most worried. This finding led to the assumption that fear of crime was irrational and exaggerated, driven by the political rhetoric of law and order, and by sensational media accounts of crime (Young et al., 1997:108). A Christchurch study found that respondents' fear of crime is heightened by the manner in which it is reported. Official crime statistics for violent and sexual crimes for 1985 were recorded as 5.9 per cent of known crimes, but 45.4 per cent of all press reports related to these crimes (Pawson and Banks, 1991:29).

In a Wellington regional crime survey it was found that fear was not directly related to victimisation and that there were compelling grounds for fear reduction being pursued as an independent objective of social policy (Robinson et al., 1989:72). The New Zealand National Survey of Crime Victims (Young et al., 1997:127) found the experience of recent victimisation did impact upon fear of crime, but this was stronger in relation to property offending (which has a much higher incident rate) than violent offending.

Other studies have found a clear, positive link between victimisation and fear, suggesting that personal experience of crime is a powerful predictor of anxiety about certain types of crime (Hough, 1995:43). A survey in three United States cities indicated that the fear of rape was greatest amongst elderly women who had low incomes and belonged to ethnic minorities, and that psycho-social and environmental factors were associated with a high degree of fear of crime amongst women (Riger and Gordon, 1981:71-92). The New Zealand National Survey of crime Victims noted that fear of crime is influenced by the greater vulnerability of some groups and the impact which crime would have upon them, even though their risk of victimisation was no higher than others (Young et al., 1997:128).

Greater Physical Vulnerability of Elderly Rape Victims

It has been suggested (Stanko, 1995:48) that the reason women fear crime at more than three times the rate males do is because they are more physically and socially vulnerable. Elderly victims of violent crime are more likely to suffer a serious injury than younger victims. Research in the United States indicates that violent offenders injure about a third of all victims, and among violent crime victims aged 65 years or over, 9 per cent sustain serious injury compared with 5 per cent of younger victims. Almost half the older injured victims (but only a quarter of younger victims) received medical care in hospital. Serious injuries included broken bones, loss of teeth, internal injuries, loss of consciousness, rape or attempted rape injuries or undetermined injuries requiring less than two days of hospitalisation (Bachman, 1992:2).

The increased physical vulnerability of the elderly was confirmed in a Memphis study which evaluated the health care needs of 53 elderly (55 years of age or older) victims of sexual assault. Assessments of their physical trauma arising from the assault was compared with a control group of 53 patients aged between 18 and 45 years. There were significant differences between the study and control groups in terms of sustained genital injuries. In the study group, 15 (28 per cent) of the patients had vaginal injuries severe enough to warrant surgical repair, which was required in only 3 (6 per cent) of the patients in the control group (Muram et al., 1992:74).

The particular vulnerability of the genital tract in older women has been noted by other investigators (Cartwright and Moore, 1989:988-989), and has been attributed to physiological differences between pre- and post-menstrual women, probably resulting from reduced oestrogen levels in post-menstrual women.

Greater Social Vulnerability of Elderly Rape Victims

In the United States, elderly victims of violent crime are almost twice as likely as younger victims to be raped, robbed or assaulted at or near their home. This particular vulnerability of the elderly may reflect their life-style. Often living

alone, not working away from home, persons aged 65 and over are also less likely than younger persons to go out after dark to social gatherings. Public opinion surveys over the last 20 years in the United States have consistently shown that half of the respondents aged 50 or older were afraid to walk alone at night in their neighbourhood (Bachman, 1992:3).

CONCLUSION

Trauma can affect an individual's emotional, psychological and physical well-being, and the phenomenological experience of trauma is a complex process influenced by the individual's psychological disposition to the traumatising event and the socio-historical context in which it occurred. Trauma can arise from natural sources such as disasters, accidents and bereavement which cause distress to the individual, but this experience is likely to be phenomenologically distinct from the trauma arising out of criminal victimisation. It is also distinct from the phenomenon of elder abuse, although abusive behaviour is often criminal and always traumatic for victims.

The traumatic experience of elder rape and homicide survival is characterised by somatic, behavioural and psychological reactions which besiege individual victims irrespective of the prevalence for their criminal victimisation. The phenomenological experience of an individual survivor can provide empirical data on the nature of trauma in the context of elder rape and homicide survival, and inform intervention strategies. It would seem that recovery from this psychological trauma is dependent on: the traumatising nature of the event, the individual's past experience in dealing with trauma (successfully or otherwise), and the extent to which a supportive social context exists and is accessed by the individual survivor. It is evident that the development of a supportive context is in part dependent on a societal volition to hear the stories of traumatised victims, to identify their needs and initiate appropriate intervention.

New Zealand is similar to the United States and Britain in having lower rates of criminal victimisation of the elderly (*vis a vis* younger age groups), but this does

not mitigate their distress, particularly as older people tend to have a greater fear of criminal victimisation. It is apparent that homicide and rape (in fact all categories of violent crime) are increasing in this country, and as a result many victims of these crimes (as well as their friends and families) are enduring psychological trauma.

CHAPTER 2

Research Methods

This chapter discusses the life history methodology, the procedures used and any problems encountered. The life history method is sometimes criticised as being of little scientific value because of obstacles to the achievement of valid and reliable data, obstacles which compromise the researcher's ability to construct theoretical propositions that relate to a wider population. This criticism is addressed and the steps taken to control for data quality in this study are described. Attention is given to: the rationale for the choice of the method and the subject; data analysis and interpretation; and research ethics.

WHAT IS A LIFE HISTORY

The life history is a sociological method which endeavours to relate the subject's experience to the broader social structure, where the investigator becomes a historian of social life. I have conducted a phenomenological investigation into the traumatic experiences that have occurred over my subject's life-time including elder rape and homicide survival, utilising an edited life history design combining the use of open-ended interviews with participant observation techniques. The life history method is the best way to develop an understanding of Joyce's life and the traumatic experiences that have influenced it. It provides a human co-efficient³ to any proposition I construct in relating her experience of trauma to the broader social context. However, the process of gathering this information is also a social act and there will be inevitable distortion of my subject's narrative because of the 'reality distance problem'⁴.

³ The human co-efficient is derived from the cultural system within which all conscious and historic actors exist. The cultural system is distinct from natural systems that exist independently of human existence or experience i.e. geological and chemical composition, but if the human co-efficient is withdrawn, the cultural system would disappear (Plummer, 1983:66-68).

⁴ This is the fundamental problem that arises out of communication for the analyst. Reality is subjectively perceived by the respondent, which is then related to the investigator (in so doing there may be distortion through embellishment or omission). The investigator then analyses and interprets this information which induces further distortion, and subsequent readers of the information may also place a different interpretation on the information. The Thomas dictum offers some respite in that each person's statement initially has as much validity as any other and 'it must

It is desirable in the course of scientific enquiry to make sense of the phenomenon under investigation by utilising an external frame of reference, but there is no agreement regarding what is a valid frame of reference for interpreting life history data. There is significant criticism of the method's ability to generate valid and reliable data which is fundamental when pursuing a nomothetic approach to understanding, where there is an attempt to generalise propositions constructed from observations in the case study to a total population (Denzin, 1970:238-239).

The purpose of this study is to elucidate an idiographic understanding of the traumatic experiences that have occurred over my subject's lifetime. The life history methodology is not so concerned with the subject's representativeness, precisely because each experience is unique, and the recall of a life will reflect the subjective reality of my subject's experience (Plummer 1983:68). Life histories only have validity in terms of an idiographic approach to analysis, where any propositions only relate to the case under investigation (Denzin, 1970: 238-239). In this case history this is even more pertinent, because the extreme criminal victimisation endured by my subject in her old age was quite atypical and represented a very small statistical population⁵.

Through tragic circumstances I have had the opportunity to record a story which has intrinsic family value and contributes to an understanding of the nature and context of Joyce's phenomenological experience of trauma. Sociological knowledge can be enhanced by the *catharsis of comprehension*⁶, which is derived from empathetic awareness and understanding of someone else's experience. This life history also offers a victim's perspective of criminal justice processes and the

be recognised that no statement is ever interpreted exactly as it was intended by the speaker/author' (Denzin, 1970:247).

⁵ In a study of 523 cases of homicide in New Zealand for the period 1978-1987, only in 16.5 per cent of cases were the victim and assailant unknown to each other, with most deaths from intentional injury related to a domestic context, and involving victims who were young men (Fanslow et al., 1991:5-11).

⁶ Catharsis of comprehension involves developing an awareness of the politics of perspective (Plummer, 1983:79-82). In the context of this study it relates to empathy for the powerlessness of an elderly crime victim and her inability to prevent her sexual violation and subsequent victimisation within the processes of the criminal justice system.

discourse of restorative justice⁷, which suggests that current criminal justice processes within this country do not demonstrate an understanding of the victim's disposition.

SUBJECT SELECTION

It needs to be made clear from the outset that it was never my intention to randomly select a subject for the purpose of this study. Joyce (my aunt) was an 82 year old widow whose life has been punctuated with several traumatic experiences. As a child she required surgery and prolonged periods of hospitalisation because of a hernia. She accidentally lost an eye while in her early twenties, which had a significant impact on her subsequent lifestyle. She had lost both her parents; her mother died from cancer in 1950 after many years of illness and in 1977 her father died after she had been his caregiver for thirty years. In 1981 she was seriously injured and hospitalised for several months after a motor vehicle accident in which her husband was killed. On 1 October 1993, she was raped and her brother killed in a burglary of his home.

This range of traumatic experiences made Joyce an ideal informant for this enquiry. How she had survived these traumas provided some insight into her psychological processing and the influence that the societal context had had on her previous recoveries. It was apparent that her historic experience of trauma had some bearing on how she perceived and responded to the most recent episode of trauma, that of homicide survival and elder rape. Joyce was a motivated subject and she freely consented to participating, particularly when she realised that I wished to cover her complete life. Joyce saw a benefit for the family in recording her life history. She had always had an interest in family genealogy and saw the production of her life history as an opportunity to provide a record for the family archive.

⁷ Restorative Justice recognises, as a fundamental principle of justice, the need for emotional, physical, and material restoration to victims of crime. By contrast the adversarial system appears to relegate the victim's interests to the rights of defendants to due process; they are innocent until proven guilty and the principal role of a victim is as a prosecution witness.

Joyce in most respects fits the profile of an *ordinary person*, whom Plummer (1983:89) describes as closest to providing a source of generalisations to a wider population. Notwithstanding the idiographic intent of this thesis, because there are so few elderly victims of rape and homicide survival, Joyce's phenomenological experience of trauma arising from her criminal victimisation may well be representative.

Was Joyce a Good Informant?

Joyce was an accessible subject. We both lived in the same city and she was able to make the time available to participate in the life history interviews, features which are important for a good informant (Plummer, 1983:89). Her accessibility, however, was tempered by her ill-health, which created some problems. It was my original intention to complete the interviews over a 12 month period, but this was not possible because Joyce underwent surgery in August 1996 to remove a benign tumour from her larynx, and was not comfortable with speaking for several months.

She demonstrated a remarkable memory of her childhood and was able to provide a vivid picture of growing up in New Zealand in the earlier part of this century. Joyce had no academic training during her life and disclosed recollections of these times in a relatively relaxed, intuitive and non-analytical manner. The existence of a close relationship with Joyce made it easy for me to access these memories and I was personally interested in this history, quite apart from my academic pursuit.

INTERVIEWS WITH JOYCE

In conjunction with my supervisors it was decided to undertake a chronology of her entire life-span, punctuating those episodes of trauma with other non-traumatic events and experiences which had also been significant in shaping her life. It was felt that there was a risk of re-traumatisation if the interviews focused exclusively on her traumatic experiences. By covering her entire life, I was able to obtain her perspectives on the socio-cultural context into which she was born, which in itself

was significant in shaping her response to the traumatic events she experienced during her life.

I undertook eleven interviews between March 1996 and October 1997, covering her entire life and explored in depth significant events of trauma which had occurred at particular times (see Appendix for questionnaire schedules). All the interviews occurred in the comfort and familiarity of her own home, usually during an evening which we had both agreed upon. I always ensured that she was not primed before the interview, to enhance the opportunity of capturing her *natural attitude*. Because the interviews were recorded on audio-tape I could concentrate on observing and developing a phenomenological awareness of her verbal/non-verbal communication, cues and responses. Joyce looked forward to the opportunity of sharing her memories, and the interviews became an interesting experience we both looked forward to.

Developing the Question and Probe Schedule

For each of the interviews I prepared a draft schedule of questions and probes which was discussed with my thesis supervisors and amended as required. Joyce was not aware of the exact questions I would put to her until the interview was in progress. My supervisors were mindful that the recall of the events that occurred on 1 October 1993 could be particularly distressing for both of us. This was likely to influence recall and disclosure of Joyce's experience of the rape and homicide, and because of this it was decided not to make the actual rape and homicide the focus of a specific interview. While there may have been some relief at not having to conduct a specific interview that dealt with the rape and homicide, Joyce certainly had no difficulty elucidating her perspective on these events in later interviews. The thesis is concerned with the trauma arising from such events, and there was sufficient external data (police, court and media records) concerning the details of the actual criminal victimisation.

Difficulties Encountered

Initially Joyce had some concern that her narrative would not be coherent and she would persist in requesting that I give her a copy of my questions before each interview, so that she could organise her thoughts. I never did this, but would spend a few minutes before each interview describing the chronological timeframe I wished to cover, referring to key events or people I knew to be pertinent to that particular phase of her life. In addition to her health problems, which caused a delay in completing the interviews, there were also times when either my work commitments or her social commitments prevented compliance with the originally scheduled timetable for the interviews.

Reflection on the Interviewing Procedure

The most important things about people are those they take for granted and in my participant-observer role it was important to ensure I did not miss the opportunity to question those dynamics of behaviour which could be taken for granted (Whyte, 1984:27-28). While I did not have the impediment of developing trust with my subject, the most significant potential difficulty was 'going native', that is, while I set out with the intention of being a participant-observer, I could end up becoming a non-observing participant.

I was conscious of the need to accurately record all data in order to maximise its reliability and validity and to maintain the integrity of the process of scientific enquiry. I developed confidence and competence in playing the 'naive enquirer', as our researcher/informant relationship developed. I would open subject areas with wide, broad statements or questions which encouraged Joyce to open up and I then used probes to attain a greater focus on specific points of interest. I concluded each interview session with an informal debriefing, paying attention to Joyce's perception of the interview (had she got across what she wanted?) and as a mechanism to set her (and myself) at ease, if the interview had in some way or another been upsetting.

Joyce's Diary

I initially encouraged Joyce to consider keeping a diary during the course of our interviews, Denzin (1970: 228-231) suggests that the diary is an excellent primary data source for a life history because of its spontaneity and intimacy. The interviews may have elicited subsequent recall of significant events which were not initially disclosed, or alternatively she may have felt more comfortable in privately recording those aspects of her life history she was reluctant to disclose during an interview. I felt that the diary would enhance the internal validity of her data through document triangulation and it was also seen as advantageous because Joyce's age presented the very real possibility of her dying during the course of the study. Unfortunately, Joyce was unable to complete this document; her failing eyesight prevented her making entries beyond her early childhood and it was the later phases of her life where she encountered most of her traumatic experiences.

OTHER DATA SOURCES

Official Records

I accessed the transcript of Joyce's police interview relating to the investigation of my father's homicide and her sexual violation, as well as the transcript of the murder trial. The police interview occurred on 2 October 1993 when Joyce was still very much in shock and this influenced the disclosure/non-disclosure of information. There were differences in her description of these events in this interview, compared to her court testimony four months later and life history reconstruction three years later. This has been useful in illustrating how time and context appear to have influenced her perceptions of these traumatic events.

I am aware of the implicit failings of many official records, as they can be little more than the sedimentation of the tacit assumptions and prejudices of statistical and record keeping agencies (Plummer, 1983:104). The transcript of the murder trial where Joyce testified as a prosecution witness provided detail of her testimony and cross-examination, but did not include the summing up by either counsel or the Judge. I was advised that this was normal practice, but it was

somewhat unfortunate as it was the statements made by counsel for one of the defendants in summing up, which Joyce found particularly distressing. The trial was a difficult time for Joyce and the transcript provided an important source of triangulation on her recall of this traumatic event.

Media Articles

There was significant media coverage of the homicide and rape that occurred in Foxton on 1 October 1993 and the subsequent trial in February 1994, which I have used to help set the context of this traumatic event in her life. Joyce gave an interview to Radio New Zealand and *The Evening Post* after the trial, with the latter interview resulting in a feature article by Eileen McBride titled 'Why do young men rape elderly women?' (McBride, 1994:13). This article was useful in analysing the trauma arising from her experience as a rape victim and homicide survivor and supported the proposition that her Christian faith had been of particular assistance to her recovery.

I have also used media coverage of the trial that does not have Joyce as the primary subject (although it makes reference at times to her testimony). This has been an important source of information for triangulating Joyce's recollection of the trial. In addition, it provided another perspective on counsel and judicial summing up, as well as events during the trial which were particularly distressing and/or offensive to her.

Letters

All letters have a dual audience, the writer and the recipient, and reveal something about the nature of the relationship between the two (Denzin, 1970:231-233). I have referred in Chapter 4 to a letter that was written to Joyce by her father and which she discovered after his death. This letter corroborated Joyce's narrative which described a salient and positive relationship with her father and revealed his deep appreciation for her care giving. I have also referred to letters, syndicated columns, editorials and cartoons printed in the media that *indirectly* refer to Joyce as a member of a class (i.e. victim of crime/rape), which are relevant to Joyce's

phenomenological experience. The main value of these sources of data was to reflect the breadth of public opinion on issues of criminal victimisation.

DATA ANALYSIS AND INTERPRETATION

Transcription

Joyce's verbal responses were recorded on audio-tape and then transcribed into hard copy. I used the same professional typist for all of the transcript work and she would deliver back to me for each interview the audio-tape, a hard copy transcript and a floppy disk copy. I would submit this original transcript to Joyce for her internal critique, and when amended this manuscript was used as the basis for constructing the descriptive component of her life history document. I have retained the audio-tapes, the hard copy and computer records of all these transcripts in draft and edited forms.

Constructing the Personal Document

It has been necessary to edit Joyce's life history in order to limit its length and avoid needless repetition. I have focused on recording in chronological order the traumatic events and experiences that have occurred over Joyce's life, her interpretation of these events and how they have influenced her life. Developing an understanding of Joyce's life history has of course been dependent on gaining an appreciation of the sociological context in which she matured. I have described how economics, family structure, politics, religion and educational transmission shaped her life (Watson, 1976:101-102), and influenced her response to her experience of trauma. Some of these events can be seen as significant turning points, which have precipitated changes to the biological, cultural, social and psychological changes in her life.

The *biological* dimension sets the basic conditions for a life course and is influenced by the gender and genetic constitution of the individual. The *cultural* dimension describes the mutual expectations, understandings and behaviour patterns held by the people among whom the individual grows up in and in whose

society s/he becomes a participant. The *social* dimension describes the effective interplay and real relations undertaken by the individual which may alter the roles, change the nature of the choices and shift cultural definitions. The *psychosocial* dimension focuses on the individual's subjective world and his/her general feelings and attitude (Mandelbaum, 1982:149).

Mandelbaum (1982:150) defines turning points as those major transitions that have occurred over a person's life. They are accomplished when a person takes on a new set of roles, enters into fresh relations with a new set of people and acquires a new self-image. Such turnings can arise from a single event like a marriage, or be gradual like the transition from being an active adult to a less active elder. Turnings may be ascribed (like compulsory entrance into school for children) or may be left to an individual's or family choice (i.e. undertaking tertiary education). How turnings are carried out can be highly prescribed and/or improvised, but each provides an index to the person's conduct after the turning. It is significant for this study to record how she has adapted to these changes, particularly in relation to her recovery from trauma.

In terms of the format of the life history, I have tried to use my subject's own words and phrasing to construct the descriptive component of each chapter. I have included reflexive comment (usually placed in footnotes) within the descriptive sections to describe my personal perspective on aspects of her phenomenological experience, and as means of triangulating her narrative. Each chapter concludes with an interpretative section where I examine her traumatic experiences, for their consistency or otherwise with the literature review, and develop idiographic propositions as to why they have become turning points in her life.

Field Notes and Files

It is helpful in life history research if field notes are geared towards instant as well as developmental and final analysis. They can offer negative, conflicting and supporting evidence, warn of insufficient evidence and demand new or further

observation. In constructing this life history I have used observational, methodological and theoretical notes.

Observational notes describe the experience of listening and watching Joyce during the interview process, and record points of interest that arose during our usual social contact. These notes have concentrated on description and contain as little interpretation as possible. The example of Joyce's first period (onset of menstruation) was derived from observational notes made after a spontaneous visit, and was not part of a scheduled interview.

Theoretical notes derive meaning from any observation notes, where I developed my interpretation through inferences, ad hoc hypotheses and conjecture. As I developed a feel for the data I was inclined to expand my theoretical notes into an abstract statement. These *analytic memos* were written after I had reflected on the life history material and become aware of themes in her narrative.

Methodological notes are observational notes on *my responses* as an observer and were used to critique my performance as an interviewer/observer, in terms of timing, sequencing or manoeuvring during the interview process. These were particularly helpful for reflection, when I reviewed the original transcript of each interview. If an interview had been stilted at times there was often a methodological reason - for example, I had not taken sufficient time with introducing a probe or she had misheard a particular question.

THE PROBLEM OF TRUTH

The Continuum of Contamination

This continuum is defined as ranging from the subject's pure account, through to the sociologist's pure account. It is useful for locating the extent to which the researcher has imposed his or her own analytical devices upon the subject, or the extent to which the subject's own world is allowed to stand uncontaminated (Plummer, 1983:132-3). In using an edited life history format I have demarcated where I have made reflexive comment in the descriptive section of each chapter

and each is concluded with an interpretative analysis which focuses specifically on her phenomenological experience of trauma. The descriptive material is generally Joyce's account of her life experience, and was subject to her critique and amendment. Conversely, the analytical section of each chapter was not subject to her critique, as I endeavoured to interpret her experience in the context of the literature review undertaken for this thesis. She may not have agreed with what I have construed as turning points in her life, and would possibly see my description and interpretation of her adaptations to these junctures in her life as written in language with which she was unfamiliar.

There are three potential sources of bias that impact on the construction of a life history; those arising from the subject being interviewed; those arising from the researcher; and those arising from the interaction between the subject and the researcher. This is not to suggest that it is possible to assemble a life history without bias, but that it is incumbent upon the researcher to describe those variables that produce a bias and to suggest how they have influenced the form and content of the life history (Plummer, 1983:103-104).

The Life History Informant and the Phenomenological Attitude

There is a recognition within the study of phenomenology that there may be distortion when we move from a *natural attitude* (which reflects the individual's spontaneous perception of what are the givens in his/her world) to the *phenomenological attitude* (where the subject makes his/her ongoing experience an intentional object of enquiry) (Watson, 1976:99). The process of autobiography is always a reconstruction, and while we may like to think it is 'the truth', how can we detect the ambivalent or insincere informant? Conflict may arise when the informant realises that there is dissonance between his/her real life (*natural attitude*) and the phenomenological attitude they are projecting to the interviewer. This can result in an even greater projection of the phenomenological attitude and is a process which can occur consciously through deliberate embellishment, denial of recall, or subconsciously through apparent memory failure.

A narrative has two functions; a referential function which describes past events in their temporal order, and an evaluative function which refers to the significance of these events to the present. These concurrent processes drive the reconstructive nature of autobiography, where reference to past events occurs in the context of the present situation, and under the criterion of their significance to it. This offers an aesthetic solution to the problem of truth; it is always subjective (biased), even if the biographer misreads the world (Kohli, 1981:67-71).

The Researcher/Observer and the Phenomenological Attitude

I wanted to record Joyce's entire life history as a family legacy and to examine her phenomenological experience of trauma as the focus of an academic enquiry. As a corollary to the informant's potential to inhibit and/or embellish recall, it is possible for the observer to similarly contaminate the story by deleting undesirable information and emphasising other material (Denzin, 1970:243). This disposed me towards a *phenomenological attitude* in recording this story where I could be inclined to 'distort' her rendition by embellishment and/or omission. I have done this in editing the manuscripts of 11 interviews in order to eliminate repetition and to present what I consider to be the significant traumatic events and turning points in her life.

There is also potential for distortion of Joyce's story when I intrude with interpretation. Indeed, the act of interpretation once initiated generates its own meanings and predictable outcomes which may violate the integrity of the autobiographical account and become quite a different process from understanding the phenomenon (Watson, 1976:96-98). The interaction between theory and inductive material is problematic with life history documents. My awareness of current theory regarding trauma (i.e. the ecological model of rape trauma) could intrude into the data and affect Joyce's original perspective.

My Pre-understandings of Joyce's Life

My familial relationship to Joyce gave me developed pre-understandings about her life history, and the events and people who were significant in shaping it. This was reflected in the schedule of topics and questions for each interview, where I would specify questions around particular events I knew to have occurred at a particular time in her life. In the course of the interviews some of these pre-understandings were affirmed, but others were contradicted. I had assumed, for example, that when Joyce lost an eye that this had curtailed any opportunity she may have had to marry and have her own children, but Joyce said she had had this opportunity but did not take it. Similarly, I had no awareness of the extent of physical discipline that Joyce was subjected to by her mother. In other words, the interviews helped me to develop an understanding of her life which was in some respects quite different from my previous understanding.

My Shared Status as a Homicide Survivor

My status as a homicide survivor has also given me strong pre-understandings about the trauma arising from criminal victimisation. I have endeavoured to prevent my 'pre-understandings' in this area from contaminating the recording of Joyce's phenomenological experience, by not deviating from the schedule of topic area questions constructed in consultation with my supervisors before each interview and by clearly demarcating where I have made reflexive and interpretative comment.

I had kept a personal log of my own thoughts, feelings and actions that arose during my own process of recovery from homicide survival, and covering the period immediately after my father's death through to the aftermath of the trial. I have used this as a source of reflexive comment, as distinct from analytical comment to describe my own personal response to those aspects of Joyce's disclosure which I found pertinent to or at odds with my own experience. These comments can be used as a source of triangulation for Joyce's own interpretation of these events, as well as disclosing a personal disposition which has influenced my phenomenological attitude as a researcher /observer.

The Interaction between Researcher and Subject

It is crucial when undertaking an idiographic analysis to be conscious of potential variables that can influence internal validity (Denzin,1970:199-201), and to ensure that I have recorded Joyce's experience and not my perceptions of her behavioural and emotional response as an artefact of the interview/observational process. The process of conducting a life history study involves a dialectic relationship between the subject and observer, bridging the chasm between two contexts of intellectual operation, with the ultimate product being a synthesis of both the subject's and observer's perspectives (Watson,1976:104). I did not have to develop an intimate relationship with my subject, this already existed but that in itself created an additional potential for distortion. An open-ended interview is not just a conversation because the researcher must remain more passive (Plummer,1983:95), and this was a challenge during some interviews when she recalled memories that were painful for her and/or likely to offend me.

The historic relationship I have had with Joyce has been salient and positive, and she was generally comfortable expressing views that she believed to be in conflict with mine. Joyce was certainly aware of my liberal disposition to the discipline of children, which created some tension in the interviewing process and reluctance at times for her to disclose her experience of physical discipline. Joyce could become quite cantankerous and sharp towards me at times, particularly during our discussion of the punishment she received during her childhood. I was touching raw nerves and she reacted with her *natural attitude* saying how she really felt. She would often say afterward that she wouldn't want me to think ill of my grandmother (Ethel), and demonstrated a *phenomenological attitude* in constructing a rationale which mitigated her mother's treatment of her.

Joyce was also reluctant to disclose certain personal and private information, probably because of my gender and the age difference between us. For example, I recall visiting when one of her female friends was present and during the course of the conversation Joyce disclosed explicit detail of her first period. When I asked her why she had not disclosed this in the relevant interview with me, she said it

was private and none of my business, which demonstrated her *phenomenological attitude* to some features of her life history. This example also illustrated that the life history is a product of our interaction and relationship and that another participant-observer may well construct quite a different document.

The potential sources of bias arising from the phenomenological attitude as it applies to informants and researchers, also applies to the context of the life history interview. It can be daunting to think that all these barriers need to be removed in order to get at the 'real truth'. Fortunately there is no such truth which is effectively stripped of all sources of bias, and the task of the life history research is to describe and not nullify variables that have produced bias. I have endeavoured to contain these potential impediments to the quality of Joyce's data through the process of internal validity checks and triangulation.

Internal Validity Checks

Because this was an idiographic enquiry it was essential that the descriptive material of each chapter was a valid reflection of my subject's life. This was achieved by submitting the draft narrative for her critique so that she was able to edit what she had said, and correct any apparent errors particularly in the timing and sequence of events that had occurred over her life. Initially she was concerned about the aspersions she was casting on her mother in relation to her experience of physical discipline, and felt that readers could misinterpret what she was saying. However, this apprehension abated as the interview process developed and she recognised that such matters were of value to the enquiry because they reflected a different societal context, and not because they might become a point of value judgement.

External Validity Checks

This study creates a unique record and view of an individual's phenomenological experience of trauma. My choice of subject and interpretation of her story are inextricably connected with my own disposition towards the phenomena of trauma arising from criminal victimisation. When I felt this was relevant it has been

recorded in the descriptive text of a chapter as reflexive comment and I have also commented on the trauma of the fatal car accident in 1981, as this was an event that I could clearly recall. It was not possible to locate and interview those familiar with Joyce's childhood and early life experience, as all potential key informants were deceased.

The data from which this life history is constructed was gathered over a two year period. Our respective dispositions to our criminal victimisation has changed over this time and will continue to do so. Because of this it was also important to triangulate what Joyce told me with the perspectives of others, in order to determine the idiosyncrasies (if any) of Joyce's interpretation (Denzin, 1970:237-238). Triangulation is a process of cross-referencing a particular position (i.e. an autobiographical narrative which describes the phenomenological experience of trauma), with one or more external perspectives on the same event(s). I have used four forms of triangulation in this study and these are described in the following paragraphs.

Methodological Triangulation

I have been able to triangulate Joyce's story with my own perspective and knowledge as a participant observer and with reference to available documents to identify contradictions, irregularities and discontinuities (Denzin, 1970:253-254) that have arisen in her narrative. The principal method of data collection has been interviews utilising open-ended questions and probes which have been recorded on audio-tape. This allowed me the space to develop my participant-observer role. I recorded my observations of her following the interview, in conjunction with other field notes. However, Denzin advocates cross-methodological triangulation as triangulation within the same methodology does little to eliminate inherent sources of bias (Denzin, 1989:243-244). He would argue that I have deluded myself in thinking that my observational notes constitute an additional source of triangulated data (to Joyce's narrative recorded in the interviews) and that triangulation by the participant-observer methodology does not increase data validity.

Data Triangulation

The literature review has described an external perspective of trauma arising from disfigurement, bereavement, homicide survival and elder rape and provided a context in which to locate Joyce's experience. I have also employed and analysed external documents that directly and indirectly relate to her criminal victimisation (official records and media reports) to offer an explanation for any apparent inconsistency in her narrative and to guide my analysis of Joyce's experience of homicide survival and rape. Where I have felt that there was a significant discrepancy and/or affirmation of her narrative, I have footnoted this in the descriptive section of each chapter.

However, data triangulation does not yield a single coherent picture, because reality is conflictual and socially constructed, resulting in data triangulation always being indefinite and open-ended (Denzin, 1989:239). But, while my observations of Joyce and her experience are distinct (in a phenomenological sense as they can never be identically observed in another time, in another context with another subject), this does not detract from the interpretative assistance that other data sources can offer.

Investigator Triangulation

Denzin advocates the need for *investigator triangulation*, that is multiple as opposed to single observers to remove the bias arising from one observer. Different observers of the same subject may not agree on what they see, because each has a unique interactional experience with the phenomenon observed. While this may prevent the corroboration of one observer's perspective by another, it is not the intent of triangulation to simply build a consensus on what a picture is, and the different perspectives of others are no less valid to the process of interpretation (Denzin, 1989:245).

I have been the only observer/researcher actively engaged in producing Joyce's autobiographical narrative, and any additional perspectives have come from other family members who do not have the same academic focus on Joyce's experience.

Their personal perspectives have had limited influence over my observations primarily because they lived in different parts of the country and their relative inaccessibility made it impossible to routinely discuss and record their observations. However, I have done this with my partner (who is well known to Joyce) and undoubtedly her perceptions of Joyce have had some bearing on my construction of this life history.

Theoretical Triangulation

All research is driven by theory and this impacts on the empirical data produced as a result of the inquiry. Denzin (1989:240-241) advocates theoretical triangulation particularly when an area is characterised by a high level of theoretical incoherence and this can widen one's theoretical framework as empirical materials are interpreted. In this study, I was conscious of conflicting theoretical positions regarding the consideration of rape trauma syndrome and elderly women. On the one hand it has been argued that older women are less likely to achieve recovery from rape because of their greater fear and propensity for depression (Davis, 1980:101), but on the other hand it has also been argued that because of their age, life experience and inability to conceive they are better able to recover (Thornhill and Thornhill, 1990:155-176). Similarly, I am aware of the ecological model of rape trauma (Koss and Harvey, 1991:43-44) and how this could accommodate an explanation of Joyce's experience and apparent recovery. My awareness of these different theories increased my awareness of the multiple ways in which a phenomenon can be interpreted.

ETHICS

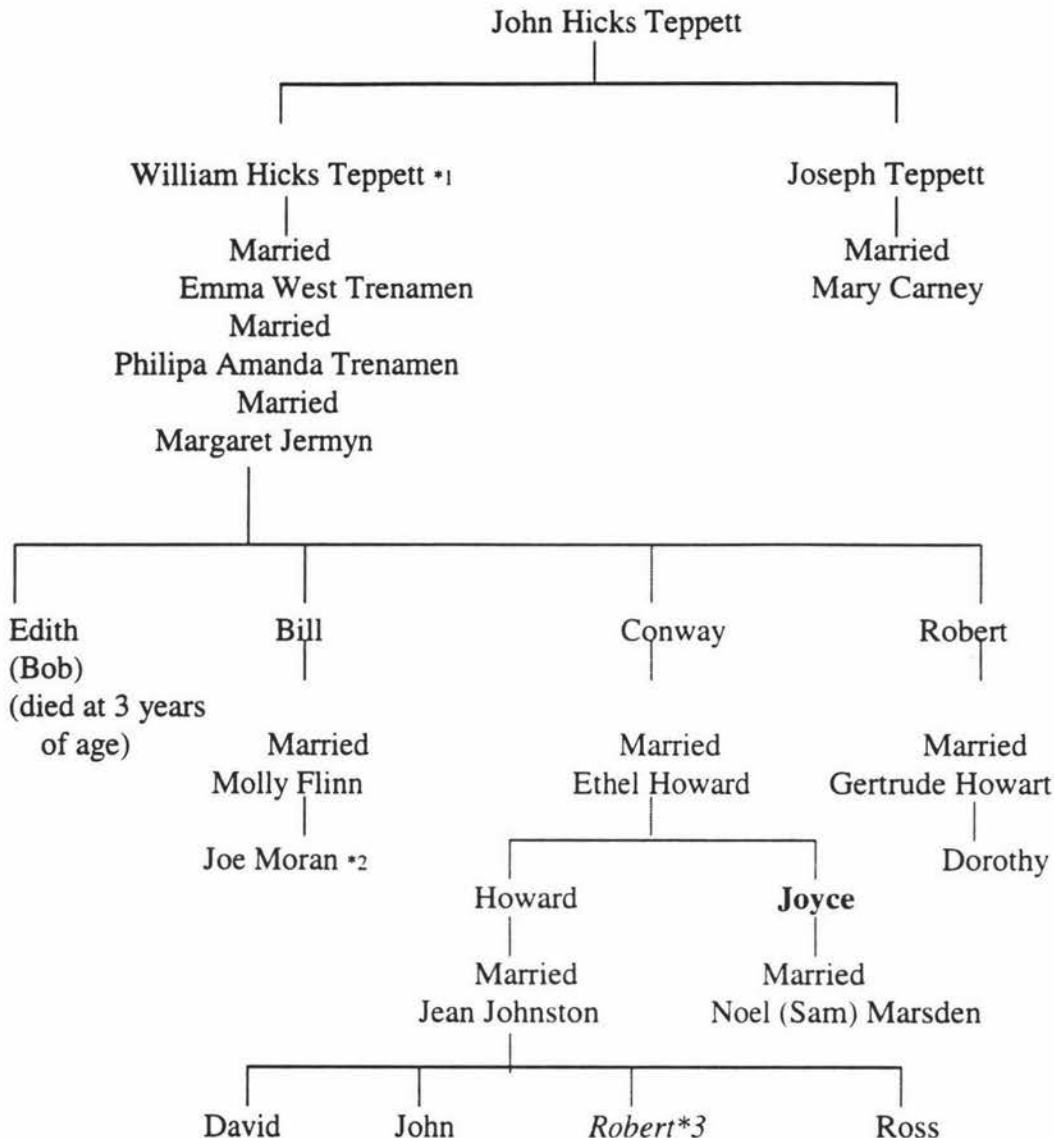
The stakeholders in this life history study were the subject (my paternal aunt), members of my family and myself, as we all had a vested interest in her story. My aunt provided informed consent to be the subject of this enquiry and was aware that her life history would be the subject of my Master of Arts thesis. She appreciated that the nature of life histories made it difficult, if not impossible, to maintain confidentiality and was comfortable with the prospect that her life history would eventually be read by other people.

I was particularly aware of her age and the duress she had already suffered as a result of criminal victimisation and had no desire to cause her any further harm as a result of undertaking this study. She looked forward to the opportunity of telling her life story as a family legacy, but also felt that the process would be cathartic for those aspects of her experience which had involved traumatic events. However, if this was not the case and she found the process re-traumatising rather than therapeutic, I had given both her and my supervisors an undertaking to abandon the study.

My supervisors subjected my proposal to do this life history to very close scrutiny, questioned me at length and were finally confident that I had my subject's best interests at heart. It was decided that it was unnecessary to proceed with an application to the Massey University Ethics Committee. However, as an additional safeguard to my subject's privacy, it was decided that this thesis should not be accessible to the general public until two years after its completion.

To assist the reader I have included a geneogram (Figure 1) of Joyce's family, which has described the important relationships and characters who have been referred to in this life history.

Figure 1: Geneogram of the Teppett Family



- *1 William Hicks Teppett married three times. Philipa Amanda Trenamen was the sister of his first wife who had died. Philipa herself died in childbirth at 34 years of age, and the children were split up. Bill (the eldest) went to an uncle on the Trenamen side, but returned to his father five years later after he had married his third wife Margaret Jermyn. However, Conway went to Uncle Joe and Aunt Mary's and Bob went to his grandparents on the Trenamen side; both boys remained with their caregivers.
- *2 Joe was the son of Molly's sister who had been killed in World War II. Bill and Molly had no children of their own and raised Joe as their son.
- *3 The researcher for this life history.

CHAPTER 3

The First 35 Years

The descriptive component of this chapter has been structured chronologically, elucidating what Joyce had stated to be significant in shaping her life. Watson (1976:101-102) has proposed that it is essential to know as much as possible about the larger sociological context when constructing a life history. No event, however remote can be dismissed as irrelevant in the search to discover it's significance to any other event, together they form a chain that has no beginning or end. The descriptive material is followed by an interpretation of how Joyce's phenomenological experience of trauma during her first 35 years became significant *turning points*, which precipitated changes to the biological, cultural, social and psychosocial dimensions (Mandelbaum, 1982:150) of her life.

Joyce was born into an immigrant family that arrived in New Zealand in 1912 aboard the *Ionic*. The passage from England had been made by Conway Teppett, Ethel Howard and her mother Emily Howard. Conway and Ethel married soon after their arrival in Auckland. Times had been tough in England in 1912 with few opportunities for a young working man and his fiancée, and this made the prospect of emigration to one of the colonies all the more appealing. At the turn of the century the British emigrant had a choice of colonies in which to set up in, and Conway had seriously considered going to Canada. His cousin, Jack Teppett, had emigrated to Canada and was very keen to have Conway follow him. To this end, Conway initially booked a ticket on the *Titanic* but it was later decided that they should to go to Auckland, New Zealand, where Ethel had a brother, Robert Howard, who had emigrated a few years earlier. This was an interesting choice because Robert had apparently had a falling out with his mother (Emily Howard), and that had been the reason for his emigration. It seems likely that the death of Emily's husband precipitated her decision to emigrate with Conway and Ethel, and that this probably tipped the scales in favour of Auckland.

Conway, Ethel and Emily initially moved into Robert and Olive Howard's house at 10 Cox's Bridge Road, Herne Bay. There would have been five adults living in the house at that time, and the facilities (by today's standards) were pretty primitive; there was no electricity, no inside bathroom or toilet and all hot water had to be boiled in a copper. On the other hand, the climate was temperate and there was plenty of space and clean air compared with London. It must have seemed a better place, full of promise for Conway, Ethel and Emily, Conway had work as a salesman and part-time journalist, and they had fallen on their feet with Robert accommodating them. Emily was a trained midwife and would take on paid 'live in' appointments for two to three weeks at a time, and was extremely active as the vast majority of births at this time were at home. Her mother's expertise was probably a tremendous comfort to Ethel who at 23 years of age gave birth to Joyce on 27 September 1915 in Valley Road, Mount Eden, a sister for Howard born just 18 months earlier at Cox's Bridge Road.

However, the thrill of this pigeon pair was soon overtaken by a deterioration in Ethel's health. The lump she had noticed during her pregnancy had developed into breast cancer, and soon after Joyce's birth she had a radical mastectomy. This was the only treatment available in 1915. There was no follow up radiation therapy or chemotherapy, and the prognosis was very much determined by the timing of intervention and surgical skill. Ethel had been able to breast-feed Howard who in Joyce's opinion 'could do no wrong in his mother's eyes', and it seems likely that Ethel's cancer had a significant affect on the future development of the mother-daughter relationship, possibly because their physical bonding had been curtailed.

Joyce's birth heralded a significant change in outlook for Conway and his family. Only a few years earlier he and his wife were consumed with dreams of a bright, rewarding and loving future. They were young in a young country seemingly bursting with opportunities and a sense of purpose for life. Now, at 27 years of age, Conway had a young family and a wife recovering from massive surgery. Breast cancer was not a disease that carried a hopeful prognosis, so the likelihood of the premature death of his wife must have been an ongoing worry. The support of a relatively young (fortyish) mother-in-law would have been a great comfort in

the midst of any thoughts he had of becoming a young widower and having to bring up two young children. Furthermore, Joyce had been born with a double hernia, and while not a serious ailment, it did make her more dependent on others. She was therefore fortunate to have a doting grandmother to tend to her when her mother was poorly and took to her bed.

When Joyce was two or three years old the family shifted to 27 Arthur Street, Onehunga. Here they rented a large villa which was built on stilts to allow access from the street. There was a veranda running the width of the house in the front and a smaller one at the back from which steep steps would descend to the garden. Under the house was a huge closed in space that contained the laundry copper, and which also served as a tool and implement shed. There was no electricity. All cooking was done on a gas stove, and there was a gas caliphont over the bath to heat water. They had kerosene lamps for lighting the kitchen and living room, but candles were used in the bedrooms. Joyce and Howard would melt candles on the floor of the back veranda which was made from iron and became extremely hot in the summer sun, and dangerously slippery with the addition of wax.

The section was steep, but out the back there was a considerable garden, where Joyce, Howard and her father would spend many hours gardening. This became a life long interest for her. She recalled learning to count with Howard showing her how to sort leek seedlings into bunches of one dozen. Both children had allotted gardens which were their respective responsibility, and they were extremely motivated to please their parents with their horticultural achievements. A rivalry developed in pursuit of this. On one occasion, when Joyce felt somewhat overtaken by Howard's efforts, she became embroiled in a confrontation, and ended up sticking a garden fork into his toe. This must have been a significant injury as it required medical attention. Howard was very upset and Joyce was punished, receiving the 'pounds of the kitchen' for such behaviour. This punishment was a thrashing with a wooden spoon which sat above the kitchen doorway and was always used if the children did not immediately respond to any requests or directions from their mother.

Joyce's experience of family life at Onehunga was characterised by rigid gender role differentiation. Her father was the breadwinner and during the week she would rarely see him when he got home from work. Her mother took principal responsibility for running the house and caring for the children. Ethel was a woman who frequently relied on corporal punishment for disciplining her children. This was particularly so for Joyce who seemed to get rather more hidings than her brother. She attributes this to her tendency to stand up and question her mother (Ethel thought children should be seen and not heard), but it may have had something to do with the fact that she was the apple of her father's eye as Howard was for his mother. Howard would sometimes plead with his mother to hit him instead. He knew his sister did not enjoy the same immunity to Ethel's regime of discipline for typical childish transgressions. However, he also recognised that Joyce had contributed to the situation, and would say 'she didn't know how to handle mother' and would proceed to coach Joyce in ways and means to avoid incurring Ethel's wrath⁸.

The weekends were particularly enjoyable for Joyce, because that was when the children would have most contact with their father. He would make an effort to give his wife a break and the children a treat by taking them out on various excursions. Conway had developed contacts with a sailing club through his part-time work in sports journalism, and on occasional weekends he would take Joyce and Howard to Rangitoto island where they would stay in a bach. Both Joyce and her brother continued to have a particular attraction to the sea. All the family went into Queen St to see the returned soldiers parade after World War I. Joyce recalled soldiers collecting money from the crowd in a white china potty for the sick soldiers. She was aghast at this because the potty looked exactly the same as hers. How could anybody take a potty into the street, when hers would be used, cleaned and put out of sight until needed again! She couldn't wait to get home from the parade to make sure that her potty was safe and sound, as she was sure that nobody had one the same as hers.

⁸ It certainly became clear as our interviews progressed that Joyce had definite misgivings about her disciplinarian upbringing. Initially she was extremely hesitant about disclosing some of her

On another occasion the children were taken to a small zoo in Onehunga, a visit which turned out to be quite disastrous for Joyce. In these days, one dressed to the nines whenever you went out, and she was wearing her very best dress coat with a matching hat which had been sewn by her mother. While feeding the monkeys peanuts, one reached through the bars and grabbed her hat, and began playing with it to the amusement of the crowd. Joyce was quite distressed; the hat was not retrieved and there was significant apprehension amongst the three Teppetts as to what Ethel's response would be when she learnt the fate of her handy work. On this occasion it was Conway who endured Ethel's wrath, as she set about making a replica hat, and nothing more was said about this trip to the zoo.

The Joy of Mangere

The Teppetts shifted from Onehunga to Bucklands Road, Mangere, in 1919. They had managed to secure a mortgage and were able to become homeowners. The house had three bedrooms, a long narrow kitchen with a black lead stove and the lounge had French doors that opened onto a veranda. The wash-house was outside, and it had two wooden tubs and a brass copper with a brick surround. Every time a bath was needed or they required extra hot water, the copper would be lit. Joyce could also remember her mother using it to boil up mutton fat and lavender to make soap. The property itself was substantial (a few acres), and certainly enough for small scale subsistence farming. They had all manner of farm animals; a horse to pull their trap, a couple of jersey cows for milking, pigs, ducks and fowls for eggs and eating, a couple of dogs and numerous cats. The property had an established orchard and a large vegetable garden, they would grow sufficient produce for their household and any surplus would be sold at the market.

Conway continued to work in town, catching the tram early each morning, and would not return until late in the evening. As had been the case at Onehunga, running the property became the responsibility of Ethel and the children. However, they did receive help from Emily who continued to live with them off

childhood experience of discipline out of fear that I would have a negative view of my paternal grandmother because of the stark difference to my own disposition towards disciplining children.

and on, between her mid-wifery assignments. This farmlet was a delight for Joyce. It was a source of extremely fond memories at a time when Mangere was very much rural and considered to be 'out in the sticks', offering quite a different lifestyle to that available in the city. Joyce and her brother would earn pocket money by milking their cows and separating the milk, for which they were each paid sixpence a week. This was a lot of money considering that a penny would buy 4 chew bars or 2 large changing balls or 12 jelly babies from the shop on the corner of Bucklands Road and Massey Road. They were not allowed to spend all their money on sweets, and some would have to be saved. There was an incentive to do this, because they would be given a bonus towards their Christmas and birthday spending if they had managed to save a certain amount.

Joyce began school in September 1920. She had three miles to walk to Mangere Central School, and was initially assisted by her brother Howard who pushed her in a pram, because of the discomfort and tiredness arising from her hernia. This must have been a bit of a sight but Joyce felt no embarrassment or resentment as other children they met up with on the way to school would take turns in pushing her along. They made friends with the Cutfields who lived further down Bucklands Road, and rode a Shetland pony to school. Sometimes the pram was discarded and Joyce and Howard joined the three Cutfields on the pony. They would all take turns at holding the reins, so a continual rotation occurred all the way to school. It would have been a much quicker trip if they had walked.

The school itself was just a single room that accommodated all the children from new entrants up to Standard 6. There were about 30 pupils and 3 teachers. What was particularly significant for Joyce was her young teacher Myrtle Carnachan, who was boarding with her family in Bucklands Road. She came to live with the Teppetts because Conway had heard that a teacher from Waihi was looking for digs near to Mangere Central School. Myrtle was about 23 years old (not much younger than Ethel), and became a very significant figure in Joyce's early childhood. It may be going a bit far to suggest an alternative mother figure, but certainly Joyce got the support and encouragement from Myrtle that was not

forthcoming from her mother, and her presence helped Joyce overcome her terrible shyness.

Joyce described how she always felt incredibly self-conscious and shy as a young child, and extremely nervous and apprehensive in front of others. Her mother did not help matters by chastising her for spilling food or drink. Joyce was often quite intimidated at the prospect of going out to somebody else's place because she was worried that she would let her mother down, sometimes refusing to eat food in front of other people to avoid the embarrassment of her nervous shakes. There can be no doubt that Ethel, often ill, irritable and frequently cross with her, felt some disappointment towards Joyce and the need to correct her. At times Joyce would resent this, and attempt to stand up to her mother in an effort to achieve equal treatment with her brother. But this was a household where children were seen and not heard, and corporal punishment was readily administered. These were the images Joyce most often recalled of her mother during her early childhood. Fortunately this was compensated for by Joyce's strong relationships with other members of the household.

In many ways Myrtle Carnachan became the maternal figure that Joyce yearned for. She was always kind, supportive and encouraging, and because she was living with them, this helped ameliorate some of the emotional pain and anxiety that Joyce was experiencing. At school she was 'Miss Carnachan', but at home she was Auntie Myrtle, someone who would be in the kitchen helping prepare the tea, and later in the evening a wonderful tutor who helped Joyce along in leaps and bounds with her school work and self-confidence. She was sensitive, and realised that Joyce needed assistance to break down her shyness. The problem became evident when called upon to perform in front of others with whom she was less intimate. She would encourage Joyce to write down the answers in class, because sometimes she would be unable to express herself orally. They would discuss such episodes at home where Joyce would confidently deliver her answers no trouble at all. Eventually, with Myrtle's perseverance and support, Joyce was able to overcome her shyness and to demonstrate her subject knowledge with confidence.

Myrtle's technique of encouraging Joyce to write down her answers, enhanced her ability at composition. Joyce took a lot of pleasure from writing stories about childhood fantasies, always with impeccable handwriting and neatness, compared with her brother's somewhat illegible efforts. She recalled going to see a Peter Pan pantomime at the Civic Theatre, and being consumed with the notion of fairies and the never-never land, which became an ongoing theme of her compositions at this time. Her creativity was recognised by the *New Zealand Herald*, which had run a children's competition for a Peter Pan cartoon where they had to suggest an appropriate citation. Joyce won a half-crown for 'Off to never-never land', and remembered buying a girls' annual with the prize money.

While inside the classroom Joyce felt shy and self-conscious, in the playground she developed an assertiveness in response to the bullying of her brother. Howard was not popular with other boys; he was seen as a 'goodie good' and someone who the teachers liked because of his academic ability. As a result he would sometimes end up in altercations with other boys beating him and tearing his clothes. Joyce, despite being younger than Howard's assailants, was able on several occasions to successfully defend him, and to repel his attackers, something that was beyond Howard's capacity. She recalled comments like 'We'd better leave Teppett alone. Here comes his sister,' indicating perhaps a competent defender who should be treated with respect.

Out of concern for her hernia, Ethel and Conway attempted to relocate Joyce to Mangere East School which was much closer to Bucklands Road. Joyce wouldn't have a bar of it! She walked out of the classroom in Mangere East, back to Mangere Central and her dear teacher Myrtle Carnachan. There was never a further attempt to shift her.

Joyce's hernia problem required surgery. While it must have been a relief to get rid of the 'duck eggs' that would protrude into her groin, it was also distressing for a 7 year old to be in hospital and away from her family. There was no separate children's ward, all patients were in together, but she remembered being placed on a closed-in veranda which was quite sunny and pleasant. Her father visited her

during the week after work and the rest of the family called in the weekends, as she was in hospital for some weeks. She recalled a man on the veranda ward who had both legs amputated, writing her letters in which he described the little girl with different coloured ribbons in her titian blonde hair⁹. Wearing these ribbons cheered her up considerably and having such a choice of different colours was really seen as a treat.

Joyce had not long been discharged from hospital after the hernia operation, when she developed an acute infection in her knee that required further hospitalisation. The family had been visiting Joyce's godparents who lived at Cheltenham Beach on the North Shore, and had gone swimming. Joyce must have had a scratch on her knee which became infected with a particularly virulent bacteria, believed to have come from the raw sewerage that was pumped directly into the sea. She had to be hospitalised to enable the knee to be regularly drained and dressed, until it was sufficiently healed for her to return home. This occurred over the summer of 1921, and her schooling was further disrupted in the first term by an out-break of infantile paralysis (polio) which resulted in the temporary closing of many schools, including Mangere Central.

The Teppetts took an interest in the welfare of others, and Conway was tied up with administering the Papatoetoe orphanage. Joyce recalled Conway bringing the children from the orphanage around to Bucklands Road for Guy Fawkes evenings. He would ferry the children in the horse and trap to a bonfire where they would roast potatoes, and drink cocoa made with milk from their house cow. On other occasions, he would ensure that they participated in the Christmas picnics up on Mangere mountain, which were a regular turn out for Mangere Central School. At this stage, Joyce really did think these children were orphans in the true sense of the word, but they were more likely to have been children born out of wedlock, and consequently abandoned. Joyce was conscious of her good fortune relative to others; she had a loving father and brother, a doting grandmother and Myrtle to

⁹ These letters were a keepsake until they were destroyed in a burglary 40 years later in Palmerston North.

compensate for her mother's disposition, and the property at Mangere offered her an enriched lifestyle.

The Prangleys, who were adjacent neighbours, had a more substantial land holding than the Teppetts and milked quite a few cows, which they paid Howard to bring up for milking during the weekends. Joyce felt this was unfair, and protested as much to one of the Prangleys. If they didn't give her a job, she would break all their turkey eggs! To demonstrate her determination the threat was duly carried out (Joyce recalled the pleasure of crushing the turkey nest) an act which created quite a song and dance. A rather drunk Mr Prangley confronted Ethel and apparently used foul language to express in no uncertain terms that Joyce was not welcome on their property. It would seem that Ethel was so disgusted by the language used, that it was Mr Prangley that incurred her wrath on this occasion. Joyce did not recall being reprimanded for destroying the turkey eggs!

Mangere was developing and a new community hall was opened in Mangere East by the Prime Minister William Massey. It was Saturday, 6th September 1923 and a lot of people had gathered for the occasion. There were many children present and Massey asked 'Is today anybody's birthday?', and Joyce put her hand up and received a half -crown, a lot of money in those days considering her usual pocket money was just six pence a week!

The Teppetts still had their horse and trap, but Conway had purchased a motorbike with a side car, which became an exciting means of getting about the rapidly developing Mangere settlement. Dirt roads were now surrendering to tar seal, and motor vehicles were more and more commonplace. Joyce remembered her first ride in a motor vehicle. It was owned by Walter Massey (local MP and son of the Prime Minister) who lived at the opposite end of Bucklands Road. She was given a ride to school for a treat and as she leaned on the door it opened and she fell out onto the road. The car was just crawling along and she only lost a bit of skin off her chin, but it was a few years before she had her next ride when her father had purchased a car.

The Teppetts enjoyed a good standard of living. Conway was never out of work, there appeared to be money around when others had little, and they were always able to provide the bulk of their food from their own land. The philanthropic orientation to others less fortunate demonstrated by Ethel and Conway, reflected their Christian beliefs but also, perhaps, that they could afford such a disposition. However, while Mangere was kind to Conway and his children, it was apparently less so to his wife who was finding the humid climate increasingly uncomfortable. Conway received medical advice that Ethel would benefit from a cooler climate. To this end, he secured a job in Palmerston North and resigned his position with Smith and Cauheys in Auckland.

The Shift to Palmerston North

The family made the move to Palmerston North in April 1927, and initially stayed at the Clarendon Hotel, on the corner of Rangitikei Street and the Square. This was close to Conway's employment at the PDC store on the Church Street side of the Square. Joyce's first impressions were of a huge plush hotel where you had a choice of what you wanted for breakfast, dinner and tea and in the evenings the lounge had a roaring fire. This was necessary in April for new arrivals accustomed to the temperate climate of Auckland. Joyce recalled first seeing snow in the winter of 1927 in Palmerston North, when she and Howard scooped it up with a shovel to make a snowman. They stayed at the Clarendon until they secured their own place to rent, and a typical evening would involve Ethel and Conway taking the children for a walk around the Square. It was much the same as it is today except that the railway ran through the middle of it, and there was a subway near Pitt Street to take pedestrian traffic underneath the track between Church Street and Main Street.

The family settled at 234 Boundary Road (now Tremaine Avenue, and the house is still there), although in 1927 there was considerable land between this house and the next, which was right by the Mangone stream. The Jamiesons were their next door neighbours and remained close, life-long friends of Joyce, and between the two properties they were able to establish a significant degree of self-sufficiency

in terms of vegetables, fruit and domestic animals. Compared with Mangere, Palmerston North was a large urban centre. Joyce and her brother made the transition from being country kids to town kids. Howard went off to Boys High School, and in Joyce's last year at Central Normal primary school there were over 30 children, all in Standard Six! This was a stark contrast to the integrated classes of Mangere Central, but the semi-rural nature of the property at Boundary Road, akin to the Mangere farmlet, softened the transition.

Soon after their arrival in Palmerston North the depression started to bite. Conway had not long been working for Pegdens Furniture (adjacent to the PDC where he had first worked) when his income was reduced to commission only. However, there were many people worse off than the Teppetts; they still had some income, and an ability to be largely self-sufficient in terms of food. Joyce recalled a communitarian ethos during the 1930s; if you were in a job, had a bit of money in your purse and someone came around looking for work, you helped them out. Joyce saw her mother 'cook a meat pie with pastry on the top in the morning, and give it away to someone who had come to the house, dish and all, and those dishes would come back when empty'. While there was a high level of poverty evident during the depression, Joyce said that there didn't appear a problem of theft, and you could leave your doors open and go into town. However, they were burgled on one occasion and the food cupboards containing flour, sugar and tea were cleaned out. They never found out who did it and after this, with the family feeling vulnerable, Ethel would always shut and lock the doors whenever they went out, a most uncommon practice for those times.

Joyce enrolled in the Queen Elisabeth Technical College (in those days located in King Street). The curriculum was geared to what were then considered appropriate subjects for girls (typing, shorthand and bookkeeping) but Joyce was readily disposed to an education that would prepare her for the work-force. It would seem that Myrtle Carnachan's earlier efforts now paid dividends for Joyce's confidence; she found the school work easy, and most of her teachers were friends and acquaintances of her father which made her feel very secure. She had come to

enjoy shifting from classroom to classroom for different subjects, and felt that this suited her restlessness.

Joyce did not matriculate (that enabled you to go to university), but recalled sitting a Senior Free Place exam which meant that if you didn't pass you had to pay for your education. She had developed an expertise in mathematics, but was anxious about the mathematics component of this exam because everybody else seemed to have had different answers to hers. Ethel's response was 'Oh well, if you don't get your Senior Free Place you'll be leaving school and going to work'. She also reminded Joyce that perhaps her classmates had the wrong answers, and if she did pass the exam she would get her a gold watch. As it turned out Joyce topped the mathematics class with 94 per cent, and asked the teacher if she could go home because she wasn't feeling very well. Of course she was delighted, and wanted to run home to tell her mother and to collect her watch. The watch was duly purchased by parents thrilled that their daughter had done so well in mathematics.

The shift to Palmerston North did seem to benefit Ethel, who appeared more comfortable with the cooler climate, but there was still a tie with Auckland. Myrtle Carnachan remained a close family friend, and would regularly travel down to stay with them. Emily had remained in Auckland working as a midwife, and Joyce recalled travelling to Auckland to stay with her grandmother in New Lynn during secondary school holidays. This would have been in the early 1930s. Around this time also, Emily remarried. Her husband was someone Emily had nursed at some stage, an old sea captain-type known to Joyce as 'Pop Jennings'. This was a somewhat unexpected marriage as far as Ethel was concerned. She received the news by letter and the family were not invited to any wedding ceremony. Thinking back on the matter Joyce thought there may have been some antagonism between her mother and grandmother over the marriage, but remembered Pop Jennings as a jovial character who was always kind and welcoming to her whenever she went to stay with them.

Their union was not a happy one, however, and Pop Jennings, considerably older than Emily, would get the wanderlust and leave her for considerable stretches to

travel around the country staying with his friends and family. This intermittent relationship carried on for several years, and they didn't formally separate until the mid 1940s. Joyce disclosed that a precipitating factor in the marriage break up, had been a perception by Pop Jennings that Emily was having a sexual relationship with her grandson.

Howard, who was a house surgeon at Greenlane Hospital, had gone out to New Lynn to see Emily who said she wasn't feeling very well. He was examining her abdomen, when Pop Jennings walked in and objected most profusely to what was perceived as sexual interplay. Emily was outraged and the separation ensued. There was no divorce as Pop Jennings took ill on one of his tours, and was admitted to a hospital where he died. Emily advised the Palmerston North Teppetts by letter that Pop Jennings had died, and none of the family went to the funeral. For a time, Emily was in need of support from her daughter and son-in-law who took turns to travel to Auckland on alternate weekends to look after her, all the time encouraging her to come to Palmerston North to live with them.

Transition to Womanhood

When Joyce's first period came she was in her first year at high school. She ran home from school to inform her mother that: 'That bloody thing you talked about has happened'. It was lunch-time and her father was home from work. She remembered this quite clearly because her father, realising what had happened, began calling her 'whiskers' as a term of affection from this moment on¹⁰. She began to notice the boys, present for mixed classes for English and mathematics, and remembered having a crush on Tom 'somebody' she sat close to because they were both seen as students who weren't struggling. She thought they received preferential treatment because they could do their work, sometimes being allowed to go home early, and getting plenty of affirmation from the teacher for their achievements. However, Joyce did not really engage in serious courting until she had left school.

¹⁰ This information was disclosed in a conversation with an older woman, to which I was a party and reflects her reluctance to discuss such things in the context of an interview with her male nephew.

Together with Howard and the Jamiesons from next door, she was part of a group that went to dances in various country halls around the district, sometimes Ashhurst, Kairanga or Bulls. There wasn't the sexual freedom for females that there is today, and Ethel would always implore Joyce not to blot her copybook, and would have gone berserk if Joyce had become a 'fallen woman'. Howard would be told to 'Behave and remember who you are' by his mother, whereas it was more direct for Joyce 'Don't come home with a baby under your pinnie'. Sex was probably happening in her group but there was certainly a cone of silence in talking about it, and definitely gender differentiation in terms of what were acceptable sexual mores.

The main rule in the Teppett household was that Joyce and Howard had to bring their friends home, and they wouldn't be allowed to go out with them unless they had been OK'd first by their parents. In retrospect, Joyce thought this reflected the 'Conservative' values of her parents, where the surreptitious meeting of young men and women was frowned upon. Ethel and Conway were quite relieved to have two teenage children of a similar age but different genders, as this facilitated a kind of in-house chaperoning process, that would monitor behaviour and protect the moral fibre of their progeny. It was certainly expected that when they went out together to a social function that they would return at the same time, but Joyce and Howard were able to organise their evenings to ensure they got some private time with their respective companions. They would leave a stone on the concrete post by the gate, and whoever got home first would pick it up and wait quietly on the veranda for the other to appear. One evening, Joyce returned to discover the stone missing but no sign of Howard, so she proceeded to wait on the veranda to see if he would turn up. Unbeknown to Joyce, however, Howard had got home earlier, noticed the stone was missing and assumed that Joyce was already inside. Finally she could wait no longer and crept into the house to find Ethel sitting in the lounge waiting for her. She was chastised because Howard had been home an hour or more, and was prevented from going to a dance the next week as punishment.

Entering the Work-force

Joyce began work as an 18 year old in the Palmerston North Post Office, a very unglamorous job as a clerk, utilising the secretarial skills she had developed at secondary school. The best thing about this job was that it was close to her father's employment at Pegdens Furniture. She would be able to meet him after work and they would go home together. But it was only a month or two before she had the excitement of a new job at the aerodrome, another clerical position but ever so glamorous in 1934 when aviation was a novel and exciting mode of transport. Joyce cycled from the western end of Tremaine Avenue (then known as Boundary Road) to the Milson airport¹¹ each day and was totally committed to this job, which gave her regular perks like post-servicing test flights over Palmerston North, and substantial discounts on air fares.

Joyce reported no regrets about undertaking a clerical career, while her brother had the opportunity to go to university. This was just the way it was in those days, although she believed she could have achieved her aspirations for journalism if she had had the opportunity. The fact of the matter was that while the Teppetts may have been relatively comfortable in the 1930s, all surplus money went towards Howard's education. They continued to live in rented accommodation and would not have been able to afford the expense of tertiary education for their daughter as well, and her acquiescence to a non-professional career certainly helped her brother's aspiration for a vocation in medicine. The depression was still lurking, and Conway was struggling to make a living from commission only. He would chase business, by making himself known to local builders and property developers, and would also travel up to the lower Hawke Bay to solicit trade from wealthy farmers. Conway was becoming discontented with his employment status, and together with Fred King, another Pegdens' colleague, decided to go into the furniture business on his own account.

¹¹ At this time the airport would have been operated by the Milson Aerodrome Inc., who sold their interest in the airfield to the Palmerston North City Council in 1936. The same year it became the operational base for New Zealand's inaugural commercial airline, Union Airways (the forerunner of National Airways Corporation), its first flight was on 16 January 1936 and Palmerston North became established as one of the country's flying centres (Petersen, 1973:212-213).

King and Teppett opened in Broadway, adjacent to Berryman's Lane, in 1935, in what was an old garage. The economy had begun to pick up and the business began to prosper. After 12 months they were approached by the Catholic Church (which owned most of the land on Broadway east of Berryman's lane) with an offer of a purpose built shop on the other side of Berryman's lane, if they were interested in a long-term lease. They moved into these premises in 1936, and established themselves as the leading purveyors of Regency furniture in the greater Manawatu area. It would seem that success had finally arrived for Conway, the penniless immigrant who had arrived in New Zealand 20 years earlier. A fire razed these new premises soon after they took them over, but even this turned out to be to their advantage as the shop was well insured. They were able to sell large amounts of water and smoke damaged stock at improvised premises at a good profit, because they had already been paid out by their insurers. There was evidence of arson; furniture lacquer had been systematically spread throughout the building and set alight, but no arsonist was ever brought to trial. The original shop was soon restored, and this business became significant in shaping the economic future of the Teppett family, but also tragically altered Joyce's life.

Disfigurement

Conway encouraged Joyce to leave the aerodrome and work for him at King and Teppett which needed additional labour. Joyce was thrilled, saw this as an opportunity to learn the business from the bottom up, and as a pre-condition of going into business with her father. She relished the rouseabout role she assumed, doing everything and anything from helping in the sewing room to assisting with clerical and administration matters. On the 5th July 1936, while sewing a loose cover for a suite, she had an accident with the scissors she was using to cut a thread on a circular needle.

Somehow the scissors ricocheted off the needle and went into my eye. Nobody else in the shop knew I had hurt myself, and I just ran over the road to Dr Munroe's surgery.

The receptionist asked Joyce to show her what was wrong with her eye, and when Joyce took away her hanky she immediately got Dr Munroe. He looked at her eye and asked 'What I did, and where was my mother?' There were no telephones and the nurse went over to King and Teppett to tell Conway what had happened. It was about 5:15 pm when Conway came to the surgery. Dr Munroe had given Joyce an injection for the pain, and the decision was made to admit her to Northcote Hospital.

Conway went home, got Ethel and they went straight to Northcote Hospital in Grey St. Dr Munroe was attending to Joyce. He must have intimated in his discussion with Ethel and Conway that the eye would need to be removed. Ethel became distraught and said he was not to touch the eye, and that they would get a second opinion. Joyce went home that evening with the idea that she was going to Wellington on the morning train to see another specialist, who would offer a more encouraging prognosis. That evening Joyce endured excruciating pain (despite the pain relief provided). She tried to sleep and her mother comforted her by saying 'When the pain gets too much to handle just rip the sheet', and she ripped that sheet to shreds!

The second specialist was a Dr Doctor, which Joyce thought was a funny name for a doctor. He was waiting for them at the Wellington train station and took them directly to his consulting rooms. Ethel did not want her daughter surgically disfigured if there was an alternative, but Joyce by this stage was consumed with the pain from her eye and oblivious to anything else. The pursuit of an alternative medical opinion was a desperate attempt to save her eye, and to avoid taking the irreversible step of surgical removal. Dr Doctor confirmed Dr Munroe's diagnosis. There was nothing that could be done to save the eye, the sight was permanently lost and they were advised there was a chance that a cancer could develop. It would have to be removed. Ethel said that if the eye was coming out then she would prefer Joyce to have the operation in Palmerston North. They waited at Dr Doctor's rooms in Wellington until they caught the afternoon train. An ambulance was waiting at the Palmerston North station when the train got in around 6:00 pm,

and Joyce was taken directly to Northcote Hospital. Dr Munroe performed the operation the next morning.

Joyce had known that the eye would be removed, but thought that she would have an artificial eye put in to replace it. After the operation, she was most distressed about not being able to see a thing because both eyes were heavily bandaged. She asked Dr Munroe why he had tied the bandages in this way, and he told her that he wanted to rest her good eye. By the time of her 21st birthday, some three months after the operation, Joyce had still not got an artificial eye and wore a patch. It was a hell of a blow for a young woman to be faced with this on her 21st birthday. Without the opportunity to partially disguise her disfigurement with a prosthesis, she had to make do with spectacles and a sea shell. She got her first prosthesis, a mass produced one, in October 1936, and she waited several years before she had the comfort of an eye which was custom-made for her eye socket. Joyce remembered the 'nice man' who lived in Hamilton who made and fitted these eyes, and it was half a dozen years or more before she realised that he also had an artificial eye. This was a comforting discovery for Joyce; he had the same disability, was making good of his situation and Joyce was determined not to let the accident get in the way of her aspirations.

However, while Joyce had this extraordinary drive for self-determination, her mother felt it was inappropriate and that Joyce should adjust her lifestyle to meet her disability. Joyce said:

It really hurt my Mum more than me, but my mother sort of protected me. She wouldn't let me ride my bike for instance, because she was scared that I would fall off. If I ever wanted to go to town, she felt she had to go with me, but Dr Munroe said to my mother that I had to find my wings. There was no reason why I couldn't do everything I wanted to, and the best thing my mother could do would be to encourage this. So when I got home I said to mum that I was going to bike around the square just to prove I could do these things, but there were lots of things she wouldn't let me do. She was really closeting me, because she felt so poorly about it. She thought it was going to be a stumbling block for me for the rest of my life, but I didn't let it be. I did everything I wanted to do, went in to town, played sport, and you do adjust. I had a lot of strength in my other eye, I could see everything

ahead of me, but when it came to the stage where I wanted to get my licence and drive a car that was a no no.

Joyce acknowledged but appeared relatively unmoved by notions of disfigurement

Yes, I was sad that I was a little different from other folk in as much as if you'd broken a leg or an arm that would mend. I knew that an artificial eye detracts, but you can't look back, you've got to go forward, and I think from a very early age I went forward. Nothing stopped me.

Joyce looked to her Christian faith for emotional support following the accident, she had always been religious, but now her faith in God gave her tremendous confidence in her own ability to overcome this adversity. God inspired her to develop a positive disposition towards her own disfigurement and an awareness that there were others far worse off. Joyce taught Sunday school for five years or so and would often have to bike from Boundary Road, across town to Te Awe Awe Street to do so. The Bagnell's (who were on the Vestry of All Saints), had a large house and up to 30 kids from the Hokowhitu area would be in their lounge for the lesson. Sometimes Con would drop Joyce and her mother off in the car, and Ethel would play the piano when they sang hymns. Sunday was quite hectic for the Teppett household, they all would have gone to the 8:00 am service at All Saints, and because Con was in the choir he would attend the 11:00 am service while Joyce taught Sunday school. While her faith had given her the inner strength to cope, her grand mother Emily would often say 'circumstances altered cases and broken noses altered faces'. Joyce knew she had to make important decisions about what she was going to do with her life, she had been a clerical worker but this no longer interested her.

Joyce and her mother were at loggerheads, and despite being in her twenties she was very much controlled by her mother. Ethel was consumed with her daughter's disability when all Joyce wanted to hear was encouragement towards normalcy. The fact that the accident occurred in the shop did not help with domestic politics, and thereafter, the two became inseparable to Ethel, who blamed Conway for hiring Joyce in the first place. This must have taken the gloss off the emerging commercial success of the business.

A Career in Nursing

Joyce had to get away from her mother's suffocating influence and to facilitate this escape she decided on a career change that necessitated a move away from home. She had always had an affection for babies, and during her secondary school years often spent time in the Plunket Rooms in King Street helping to bathe and feed infants, while she waited for her father to finish work. It therefore seemed quite appropriate for Joyce to do Karitane nursing, which meant she would have to go to Wanganui for training. She spent two years training and relished the independence, but also missed her family and recalled cycling from Wanganui to Palmerston North one weekend on metal roads.

Her first job as a Karitane nurse was for a family in Awahuri, where she lived in for several weeks while mother and baby adjusted and settled down. Soon after this she was living back at Boundary Road, World War II had started and there wasn't a lot of work around. She did a bit of Karitane nursing at odd times, but was kept busy helping run the home and also working the quarter acre section her parents had bought in Victoria Avenue. It was a decent bike ride from Boundary Road, but Conway and Joyce would spend many weekends attending to the substantial vegetable garden they had established. Joyce also went back to the aerodrome to do compulsory voluntary work as part of her contribution to the war effort¹², work that was a welcomed respite from her mother.

Ted Jamieson, their next door neighbour in Boundary Road who was 18 months younger than Joyce, had gone off to war. Howard, who was at medical school, was exempted from going overseas, but was required to do military training during his vacations. The Teppetts were particularly sensitive to the anguish of others who had the worry of relatives fighting overseas, and Ethel in particular became committed to the welfare of our soldiers abroad. Boundary Road became embroiled in the industry of producing supplies for servicemen overseas and relatives in England. Ethel would be continually baking cakes, knitting balaclavas

and gloves, and making up parcels for soldiers. The perishable supplies would be put in treacle tins, and taken to a place in town to be made air tight before being sent overseas. There was a shop on the corner of the Square and Fitzherbert Avenue which was run voluntarily for the benefit of the soldiers. Joyce and Ethel would take second-hand clothing and baking into this shop, and the money was used to buy comforts for the soldiers. These were Spartan times. A lot of males had gone overseas and the government had brought in rationing, but Joyce felt nobody in New Zealand really suffered greatly during the war years, apart from the anxiety for those with sons and maybe daughters away at the war.

Joyce wanted to broaden her nursing career and decided to undertake maternity training. This took her back to Wanganui for another couple of years. On returning to Palmerston North she worked as a maternity nurse at the Rostrata Maternity Hospital, on the corner of Ferguson and Ruahine Street for a few years until it was closed, and then went up to the Public Hospital.

Joyce became a familiar nursing figure at Palmerston North Public Hospital during the war years, but also worked as a receptionist for the x-ray department. It was while working in this department that she first met Mrs McDonnell, who had been admitted to hospital in order to have a hydatids cyst removed from her lung. This lady was about the same age as Joyce's mother and there was an immediate affinity; a strong relationship developed as Joyce visited her on the ward. She became a good friend when Ethel died, and Joyce became a de facto daughter referring to her as 'Mum' until she died in 1990. Joyce also struck up a relationship with a woman of about her own age who required an x-ray of her leg to ascertain why she had a debilitating limp. It transpired that she had cancer of the femur and the leg was amputated¹³. Joyce was encouraged by her colleagues to undertake general training, and on this occasion did not need to go to Wanganui as the training was offered in Palmerston North. Joyce's vocational choice of nursing

¹² World War II pushed New Zealand women forcibly into the labour force at all levels. Women became active in the economy. The percentage in the public service for example rose from 5 per cent to 25 per cent in the war years (Aitken, 1975:27).

would equip her well for the carer role which came to characterise the greater part of her life.

In 1948 Joyce's brother married. Howard had written assuring her that just because he was getting engaged to Jean Johnson (a nurse he had met while working at Greenlane Hospital) didn't mean he wasn't going to be her brother anymore. Joyce travelled to Auckland to meet the Johnsons and to familiarise herself with the wedding arrangements as she would be a bridesmaid. The Johnsons lived in Papatoetoe, on a few acres where Jean's mother grew gerberas for the market and her father ran a garage. This was a Scots family where hard work and frugality was encouraged. The bridal party frocks were blue and patterned on the those worn by the actresses in the film *Anna and the King of Siam*, and had pink roses down the back. The hats (which were carried) were full of violets which were Jean's favourite flower. Jean's brother Don was the groomsman, and Howard's friend Duncan McCrae¹⁴ was the best man. The Presbyterian ceremony had humour injected when the Minister commenced the service with the hymn 'Have courage brother, do not stumble'. Everybody in the church laughed and that seemed to break down any barriers. The wedding breakfast was held in a large marquee, with an avenue of little orange trees running down its centre, at the Johnsons' home. This marriage partially severed Howard from the Teppetts in Palmerston North, and confirmed Joyce's place as the loyal caring daughter. She was 32, probably resigned to the fact that she would not be having a similar wedding, and took some comfort in knowing that she was the consummate carer for her parents, something that was not undermined by her spinster status.

¹³ This patient liked peaches, and as Ethel used to preserve a lot of peaches, Joyce would be given a jar of peaches for this lady nearly everyday. She recovered from the amputation, had an active working life around Palmerston North where she still lives, and Joyce sees her quite often.

¹⁴ Duncan was gay, although he had not 'come out' in 1948, and Howard was called upon in the early 1950s as a character witness for Duncan when he was arrested in Invercargill for committing homosexual acts. These were homophobic times, and despite Howard's moral courage Joyce believes there was an ambivalence towards Duncan's sexual orientation, particularly as Howard and Jean had four sons.

The Death of Grandmother and Mother

In 1949 Ethel's health began to seriously deteriorate. It had been 30 years since her mastectomy, so apart from the not infrequent minor surgery to remove small tumours and growths she had had a quite remarkable remission. The length of her remission was attributed to the skill of the surgeon, as neither radiology nor chemotherapy were available when she had the original operation. In August 1949 she had a major operation on her bowel, as she had developed cancer of the rectum, and everybody was anticipating she would need a colostomy. Howard came down to Palmerston North, observed the operation and got to see why the surgeon had not performed a colostomy. While Ethel was delighted that she hadn't needed a colostomy, she was never told that it would not have done any good as she was riddled with the disease, and was going to die anyway.

This signalled the end of Joyce's general nursing training, and she went home to nurse her terminally ill mother. Joyce had vivid memories of those times, and the extreme pain and discomfort her mother endured. She couldn't take morphine, as it made her feel terrible, and all she could use were AP codeine tablets. Towards the end, most of her mother's conscious state was spent sticking her tongue out to have a tablet deposited, and she would go through them like peppermints! She was also incontinent and in desperate need of the intense nursing care that Joyce provided.

Since the death of Pop Jennings, Joyce and her father had been encouraging Ethel's mother Emily to shift down from Auckland. Ethel's illness made it impossible for them to travel to Auckland as they had done over the last few years, and it was thought that she would be a great help with the cooking and nursing. They had moved from 234 Boundary Road which they had rented for 18 years, to a new three bedroom house they had built on their section at 258 Victoria Avenue, so there was certainly the room to accommodate her. However, this was like shifting an old tree and expecting it to grow. Emily, who had a history of angina, quickly deteriorated and Joyce soon had two bedridden patients to care for. Emily began to have a series of strokes, and shortly after Christmas in 1949 had to

be hospitalised. Joyce needed some respite, she was exhausted and did not have the physical strength to continue the intensive nursing required for both her mother and grandmother. Emily died on the 21st of January 1950, six days after the birth of her first great grandchild whom she never saw.

Ethel, perhaps motivated by Emily's death, was determined to see her grandson David, and a significant logistic exercise was organised by the family to make this possible. It was a Friday evening 10 days after the birth, Jean and baby were still in hospital in Auckland, and Ethel was given intravenous sedation so she could be moved by stretcher to catch the overnight train to Auckland. Joyce, Conway and Ethel had a sleeper berth, and once in Auckland they stayed with the Whites, family friends who lived in Derby Street, Greenlane. This was convenient, because Jean was in Greenlane Hospital, and Ethel was able to see and hold her grandchild. When it was time to return to Palmerston North, a doctor from Greenlane gave Ethel another injection, and she was carried onto the southbound train. They were met at the station in Palmerston North by an ambulance which took her back to 258 Victoria Avenue, a terrible performance but she had seen the baby!

Ethel's terminal illness was instrumental in Howard deciding to shift his family south he wanted to be a support to his family during this time. He bought a medical practice in Foxton, which he took possession of in Easter 1950, but they stayed at 258 Victoria Avenue for several weeks before this. This was a tense time; Ethel's condition continued to deteriorate, and Howard's wife was decidedly unhappy about the shift away from Auckland. Joyce remembered many arguments about this, but Howard was resolute that he wanted to be near his mother. Ethel's death brought no tears to Conway, only relief. When he found Joyce crying he asked her what she was crying for? Joyce was taken back by this, and retorted by asking why wasn't he crying? Con said he had done his crying over the years and was glad that Ethel no longer endured the pain which she had suffered for most of her adult life. Joyce still felt a sense of grief as she loved her mother dearly in spite of the many upsets they had over the years. At the time of my interviews with

Joyce, she was absolutely confident that her mother really appreciated the care that she was able to give her, and nursing her mother remained a precious memory.

After Ethel's death, a lot of pressure went on Howard from his wife to return to Auckland. He liked Foxton so much, however, that he cajoled her into staying for another 12 months, and for several years after this there was a continuing debate about returning to Auckland¹⁵. Joyce and her father appreciated having Howard and his family close to Palmerston North, and extensive contact with the Foxton Teppetts became an important dimension to their respective lives.

THE SOCIO-CULTURAL CONTEXT OF JOYCE'S LIFE

While this thesis examines Joyce's phenomenological experience of trauma, in the hermeneutic tradition it is important to know as much about the larger sociological context, when constructing her life history. No event, however seemingly remote can be dismissed as irrelevant in our search to discover the significance of another event. The influence that economics, family structure, politics, religion and educational transmission (Watson, 1976:101-102) had had on Joyce's phenomenological experience of trauma was pertinent to this study.

Economics

Joyce's parents experienced good fortune with work and accommodation throughout this first phase of Joyce's life. Within five years of arriving in New Zealand they had bought a small farmlet, which through family labour became an economic proposition, providing most of their food and augmenting the household income. After shifting to Palmerston North they were still able to grow much of their food, and Joyce's father was never unemployed, even during the depression. With meticulous money management they were relatively comfortable during this

¹⁵ There is no doubt that Howard's shift to Foxton remained an ongoing issue of concern for his wife. I can recall her looking at property on the North Shore in 1972, convinced that he was at last ready to make the move. I had heard various stories, including one about being unable to sell the practice in the 1950s when he had entertained ideas of going to England to specialise in gynaecology. But the reality was that he had become integrated into the Foxton community, was close to his own family in Palmerston North and excessively comfortable with his disposition even if his wife was not.

period of widespread economic hardship. Joyce 'inherited' this meticulous approach towards the management of financial affairs, attributing it to witnessing the poverty of the depression. Moreover, it should be noted that Joyce made a significant contribution as an unpaid domestic helper and caregiver, a contribution which probably curtailed her ability to pursue her own professional career.

Family, Socialisation and Relationships

During her childhood, Joyce developed a close relationship with her grandmother, brother and father but failed to bond significantly with her mother. She was not breast fed for the same time as her brother (because of her mother's breast cancer) and this may have been a factor underlying this lack of bonding. Her mother may also have held some resentment towards Joyce because her breast cancer developed while she had been pregnant.

Joyce was exposed to physical discipline and felt vulnerable because her mother was much harder on her than Howard. She yearned for equitable treatment. Her mother's treatment of her exacerbated a chronic shyness and nervousness, and she relied on her father, grandmother, brother and teacher-boarder (Myrtle Carnachan) for her emotional support. She developed a view that Ethel's differential treatment of her vis a vis Howard, was gender normative, and that it was quite natural for her brother to be the apple of her mother's eye.

Howard was conscious of this differential treatment and it led to the development of a mutual concern for each other's well-being at home and in the school yard. Joyce's father was also aware of this harsh treatment but, resigned to making allowances for his sick wife, would never confront Ethel. During the weekends, Conway would try and make up for her mother's treatment of her by spoiling Joyce at every opportunity.

When the family shifted to Palmerston North Emily and Myrtle remained in Auckland, so the Teppetts lived as a nuclear family for the next 20 years. Joyce's role as a familial caregiver was nurtured during her teens. She was the daughter at

home whereas her brother was away pursuing a higher education and a 'professional' career, which were seen as a male's prerogative. Joyce's own nursing career, on the other hand, was interrupted by her duty to return home and nurse her mother.

Joyce had the opportunity to socialise with boys, but differential gender mores persisted into adulthood and there was limited freedom for a woman. Her mother would often say 'Don't you come home with one under your pinny' to Joyce, and simply 'Remember who you are' to her son. In the 1930s, it was considered scandalous if a young woman got pregnant before marriage and a reputation for being 'too casual' with sexual favours could ruin marital prospects (Ebbett, 1981:6-7).

Politics

Joyce's parents were conservative in their values and influenced by a Christian disposition to the welfare of others. Her father was an active member of conservative associations (e.g. Rotary, Chamber of Commerce, Free Masons) which assisted his business interests, but also maintained his involvement in philanthropic projects. Joyce recalled a communitarian ethos, where if you had some spare money you would share it with those who had none. These values were instilled in Joyce and Howard and certainly influenced their own views and behaviour in later life.

Joyce lived through two world wars. She saw disabled service men from World War I and in adulthood she noticed the absence of young men during World War II. While Howard was exempted from overseas military service (because he was at medical school) he served in the home guard. The family saw it as their patriotic duty to support the war effort via voluntary work, and were particularly motivated by concern for their relatives in England.

Religion

The family were active Anglicans, and attended church morning and night each Sunday. It was deemed to be ungodly to labour on the Sabbath in this household; they would not cook, would rely on food prepared earlier in the week, and would often have family concerts on Sunday evenings around the piano. The faith Joyce was introduced to as a child waned at times, but she described herself as a practising Christian.

Educational Transmission

Education was highly valued in the Teppett household. School reports were always a focus of parental interest and pressure to succeed academically. Ethel would frequently refer to Joyce's inferior educational performance vis a vis Howard. Myrtle (Joyce's teacher and educational mentor) spent countless evenings coaching Joyce, which improved her self-confidence immensely. Joyce became a competent student, particularly in creative writing, and this nurtured aspirations of becoming a journalist.

The shift to Palmerston North was an educational shock for Joyce. Myrtle was no longer available and she and Howard were separated for the first time, embarking upon quite different curricula. Joyce's earlier aspiration of becoming a journalist was displaced by more 'domestic' aspirations which were entrenched in her sexist secondary education. She felt no anguish about this at the time; as such educational prescription was 'normal' and she knew of no woman who had embarked upon a professional career. Indeed, Joyce's experience was typical of New Zealand in the 1930s, where there was limited opportunity for women to embark on a professional career (Ebbett, 1981:44-49).

THE INDIVIDUAL LIFE IN CONTEXT

In some respects the first 35 years of Joyce's life were typical of all women growing up in New Zealand during the period 1915-1950. Conservative values towards child-rearing were prevalent and there was certainly a far greater religious

orientation than exists today. It would have been exceptional for Joyce to have embarked on a professionally orientated secondary and tertiary education for example, as in her time this was seen as a male prerogative (Macdonald, 1993:92-93). In other aspects her early life was atypical. As a child she had suffered ill-health requiring hospitalisation for several weeks at a time. Her family never endured economic hardship, and from early adulthood she lived in relative affluence, her working career never driven by economic necessity. Losing her left eye at 21 years of age was a traumatic accident that differentiated her from her peers, and probably had a profound affect on her subsequent life.

The Trauma of Losing Her Eye

This accident can be seen as a significant *turning point* that precipitated biological, cultural, social and psychosocial change (Mandelbaum, 1982:150) in Joyce's life.

Biological Dimension

Joyce lost all sight in her damaged eye and experienced excruciating pain, which was relieved when the eye was removed two days after the initial accident. Thereafter, Joyce had to endure several years of discomfort until a custom made prosthesis was fitted. There was a reported dearth of ocularists in the United States in the mid-1930s (Danz, 1990:3-5), and perhaps a similar situation existed in New Zealand. The medical opinion advised there was nothing she couldn't or shouldn't do. Joyce felt she adapted well to vision in one eye and never saw herself as 'disabled' as a result of this accident.

Cultural Dimension

While Joyce's disfigurement was *acquired* through the accident, it was also a result of *treatment sequelae* (Elks, 1990:37), that is the surgical removal of the eye. At 21 years of age, Joyce had violated the 'physical attractiveness' stereotype, a cultural phenomenon which has been shown to curtail the social and vocational opportunities available to disfigured people (Elks, 1990:36). After the accident, Joyce's lifestyle changed, her mother (in contrast to medical opinion) insisted that

Joyce not undertake any activity that might jeopardise her remaining vision. Joyce found this attitude suffocating and felt that losing her eye had been more traumatic for her mother than it had been for herself. Joyce no longer had aspirations of working for her father, and instead decided to pursue a career in nursing. It seems likely that this decision was in part influenced by her awareness that there were others in greater need than herself, and that her disfigurement would not be such a disadvantage in nursing.

Social Dimension

New Zealand women in the 1930s were certainly conscious of the physical attractiveness stereotype, with magazines and newspapers columns promoting ideal images of facial complexions and hairstyles. It was also a socially significant transition for a young woman to turn 21 years of age, and 'come of age'; those who were more affluent looked forward to the debutante ball, but most families celebrated in some way (Ebbett, 1981:89-93). After the accident Joyce did not socialise with other young people to the same extent. She claimed that her own hopes and aspiration for marriage were not affected, and that she had had the opportunity of marriage, but had not been inclined towards the suitor. This would suggest that her decision not to marry was indicative of a strong sense of self-determination, and she would not pursue marriage unless it was what she wanted. It was not unusual for unmarried daughters to remain living with their parents (Ebbett, 1981:4) but because Ethel was consumed with Joyce's 'disability' and blamed her father for the accident, the home environment became uncomfortable for her. Joyce did not want to be continually reminded that she only had one eye and was determined that it would not stop her doing what she wanted to do. Ethel's suggestion that her father was somehow culpable distressed her, as he was the parent Joyce had always felt closest to.

The opportunity to go to Wanganui for nursing training was a welcome respite from her mother, although she missed her father. This career choice may have offered Joyce some emotional respite from the social impact of losing her eye, and she developed a skill for helping others which complimented her sense of compassion and she found personally rewarding. When she returned to Palmerston

North her nursing skills were in demand at home as her mother's health had begun to deteriorate. Joyce became the consummate familial caregiver. Being the only daughter had disposed her to this role (Antonucci, 1990:205-227), particularly as she had significantly more contact with her parents than her brother (Umberson, 1992a:664-674) who had been encouraged to pursue an independent professional career.

Psychosocial Dimension

Joyce was determined not to let the accident beat her. Defying her mother she rode her bicycle into town and back without falling off, picked up scissors again and continued to be a proficient sewer. She was aware that 'she had lost some of her beauty' but developed a remarkably philosophical attitude towards losing her eye, being genuinely relieved that it was only one eye it could have been both. Joyce was impressed by the attitude and ability of the ocularist who made her first customised prosthesis (he had also lost an eye) and thought that if he could succeed then she would do the same. It seemed likely that this encounter with this ocularist, assisted Joyce in the development of a stoic disposition towards her own disfigurement.

The accident re-newed her faith in her own ability to get through the vicissitudes of life. She was not resentful of spinster-hood, appreciated that some things were beyond her control, and was determined to live life to the full and not wallow in self-pity. The accident confirmed her life as a carer for others, but she felt comfortable and useful in this role. Aware that there were others far worse off than herself, she saw herself as strong and capable of looking after her sick mother and grandmother.

The Trauma of losing Her Grandmother and Mother

Joyce first experienced familial bereavement, with the death of her grandmother and mother in quick succession, when she was 35 years old. The trauma arising from bereavement can be influenced by the individual's personal disposition and

circumstance, the context of the death and the salience of the relationship that existed with the deceased.

Joyce's Experience of Grief

Joyce's grandmother (Emily), an elderly woman, died soon after her admission to hospital following a stroke. Her admission to hospital was a physical relief to Joyce who was exhausted providing intensive palliative nursing to her mother Ethel, and this, coupled with Emily's escape from prolonged suffering meant that Joyce was more likely to experience a positive bereavement outcome (Kerr, 1994:351). This is not to say that Joyce didn't grieve at Emily's death. It had been a valued relationship (Galloway, 1990:899-904), as Emily was the only grandparent she knew, and her presence and affection during Joyce's childhood had helped compensate for Ethel's harshness. However, the relationship had become less salient (it had been more than 20 years since Emily lived with the family in Auckland) and this to some extent mitigated the trauma arising from her death (Umberson and Chen, 1994:153-155).

The Significance of a Salient and Negative Relationship with Her Mother

In most respects, Joyce's response to her mother's death was consistent with what has been described in the literature review, except in terms of relationship salience. Antonucci (1990:205-227) proposed that social and structural contingencies foster greater closeness between children and their mothers than between children and their fathers, but this was not Joyce's experience. Joyce's relationship with her mother was salient (her adult-life revolved around familial care-giving) *and negative*, which meant that she was less likely to be adversely affected by her death (Umberson and Chen, 1994:165). Umberson and Chen (1994:165) proposed that the loss of a parental relationship characterised by negative salience can lead to an improvement in the child's well-being and a relief (Wheaton, 1990:209-223), and this was certainly Joyce's experience.

If Joyce grieved at all after Ethel's death it could have been *anticipatory grief* for the kind of relationship that had never existed (Kerr, 1994:358). Ethel's difficult

relationship with Joyce was a significant factor in her daughter's decision to go nursing, a vocational choice which ironically became the perfect match for Ethel's own health needs. Indeed, Joyce's active nursing of her mother up until her death supports the proposition that *anticipatory grief* does not detract from a daughter's willingness to care for a parent, and that an emotional bond exists regardless of the quality of the relationship (Kerr, 1994:338).

The Significance of Context and Faith

It took Ethel more than 30 years to die from cancer, and this in itself can make the eventual death less traumatic with a shorter duration of grief (Kerr, 1994:351). She had died at home amidst familial support from her husband (Conway), daughter and son (who had shifted from Auckland to be closer to the family), and in this context death from cancer was likely to lead to a more positive bereavement outcome for Joyce and other family members (Yancey and Greger, 1990:29). Joyce had been relieved of the burden of nursing Ethel (Bass et al., 1991:32-42), and had personal financial security (her father's business was successful and she had exclusively inherited the family home from Ethel¹⁶) which have been shown to reduce protracted grieving (Umberson and Chen, 1994:152). It has been proposed that a positive spiritual disposition to parental death, can make bereavement a positive experience (Kerr, 1994:352-353). In this respect, Joyce's Christian faith mitigated the trauma arising from her mother's death. Moreover, Ethel was no longer suffering the pain and indignity of her cancer, and her death marked a stage of significant personal growth in Joyce's life.

THE LIFE WORLD AND THE PHENOMENOLOGICAL ATTITUDE

I undertook five interviews to produce this chapter, and initially had some difficulty in engaging Joyce's *natural attitude* (which reflected her spontaneous perception of what are the givens in her world), because she was concerned about what the record should say. The familial relationship which had given me access to her story also had implicit constraints. She would sometimes distort her 'on the

record' disclosure by omission if she felt it would be offensive to me, and/or if she thought it was none of my business. I have endeavoured therefore to demarcate two perspectives namely Joyce's phenomenological attitude and her life world, each of these is briefly discussed in the following pages.

Joyce's Phenomenological Attitude

The phenomenological attitude becomes apparent when the subject makes his/her ongoing experience an intentional object of enquiry (Watson, 1976:99). Joyce wanted her story in print but *not* 'warts and all', and she disclosed some information that she had not wanted 'on the record'. This was particularly so when discussing her upbringing, where she was reticent about disclosing the detail of the punishment she received from her mother. She would elucidate far more detail about the nature and frequency of this punishment off the record, and it became clear that it was a significant memory of her early childhood.

Influence of Cultural Determination

Joyce was extremely loyal to her mother, despite her resentment of the punishment she received as a child. She readily accepted that her mother's cancer mitigated her responsibility for being excessively punitive, and that her own behaviour was probably more provocative than Howard's. She developed a view that Ethel's attitude to her was gender normative; and that it was quite natural for her brother to become the apple of her mother's eye and that this was why she was 'Daddy's girl'. This phenomenological attitude provided a rationale for the different treatment they received as children.

Selective Effects of Memory

Joyce also demonstrated a reluctance to disclose details of her experience of puberty and sexual activity, which are often significant turning points for young adults. However, I was privy to a discussion between Joyce and an older female friend, where she disclosed significant details of her first period and the social

¹⁶ This was an unusual arrangement for a husband not to inherit the home after his wife's death. It seemed likely that the house was in Ethel's name to protect this asset from Conway's business

psychological changes that followed. When I asked her why she hadn't disclosed this to me in the relevant interview, she reiterated that such things were private and none of my business. This reflected how Joyce's phenomenological attitude was influenced by my age, gender and familial connection. This life history was a product of 'our interaction', and another researcher would be likely to construct a somewhat different document.

Joyce's Life World

Idiosyncratic Conceptualisation of Experience

Based on an apparent acceptance of those things she could not change and an absolute commitment to take responsibility for her own actions. Joyce projected an image of self-reliance and determination to make the best of what ever life threw at her. This was evident in her survival of her upbringing, and in later life she condemned the sexist and conservative values which had curtailed her own opportunities. There was some contradiction in this because while she maintained that a 'child needs to be corrected' and that smacking a defiant child was acceptable, she believed it was far better today where children are encouraged to speak up and participate in adult discussion. Joyce would often say 'a girl can do anything these days and that's a good thing', and if she had her time again she would 'shoot for the stars', statements that convey some regret about her own childhood and how she would have preferred to have been brought up.

Similarly, when Joyce lost her eye she was determined that the accident would not destroy her life. When I asked 'How did Howard getting married make you feel about marriage yourself?', she was somewhat dismissive. 'Oh, it didn't worry me, he could jump over the moon, and I wouldn't attempt to jump over the moon'. This may have been an evasive response to avoid emotional trauma (a phenomenological attitude) and/or it may also reflect that Howard's wedding was 10 years after her accident, by which time she had already passed over the opportunity to marry. The accident happened over 60 years ago, and this made it difficult to get the perspective of a 21 year old woman in such circumstances. Her

liabilities, and excessive death duties.

adjustment over this time seems to have extinguished any lingering sadness about this incident, perhaps confirming that it was more traumatic for others than it was for herself.

Significant Imputation of Meaning

Joyce got a lot of strength from her religious faith, believing that it augmented her faith in herself to rise to the challenges she faced. While her faith had waned at times, it was an implicit part of her consciousness which disposed her to a fatalistic view of the world. When she lost her eye she knew there was nothing that could be done to retrieve it, but was determined (with God's help) not to lose a quality of life which she knew she could attain if she put her mind to it. Joyce knew that she must make her own decisions and take responsibility for her actions, but this occurred within a context of faith and a belief that God would not desert her.

SELF-IDENTITY

I am unable to triangulate Joyce's autobiographic account with another person who knew her during these early years, and can only hazard a guess as to the 'self-identity' she chose not to disclose at all. Joyce knew she was different from other children. She had difficulty walking until age 6 because of a hernia, and was conscious also of the different treatment she received from her mother vis a vis her brother. While Joyce claimed not to be an unloved child (and was certainly close to other members of her family), perhaps she did see herself as a physically and emotionally 'abused child'. Her mother's rigid approach to discipline initially had a negative affect on her self-image, and exacerbated her shyness and nervousness.

I was conscious that Joyce's disfigurement (losing her eye) may have radically altered her previous aspirations for marriage and children of her own. This would have been a normal expectation for any young woman in the 1930s, and yet she appeared to be at ease with the loss of this opportunity. Indeed, she claimed she had this opportunity and, because she still knew the man, was glad she didn't take it. This may well be so, but it might also be interpreted to mean that he wasn't

much of a catch at the time, and that her disfigurement had limited the quality of potential suitors. She felt sensitive about her artificial eye, which was something 'she didn't need to be reminded of'. While this may have reflected personal distress in talking about disfigurement, she was also reactive to any inference that she was somehow 'disabled' as a result of it.

CONCLUSION

In the first 35 years of Joyce's life she witnessed rapid technological and socio-economic changes in New Zealand society. Joyce's life was shaped by the socio-cultural context which she grew up in, her family were religious, valued education and epitomised the Protestant work ethic. She had persistent health problems during her childhood, but was generally happy with her rural lifestyle. Joyce's educational, social and vocational options were significantly curtailed because of her gender and her family's financial commitment to her brother's tertiary education. While she had entertained ideas of being a journalist she entered the workforce as a clerical worker which was the 'norm' for women in the 1930s.

She had a traumatic accident when she was 21 years old and lost an eye, and this seemed to have been a significant turning point in her subsequent life. The injury did not really result in any physical disability, as she was able to adapt and was motivated to do most things. But her disfigurement was seen as a disability, particularly by her mother. The Christian faith she had been introduced to as a child was a great source of strength in her recovery from the trauma of disfigurement, but her mother's persistent closeting of her became unbearable and she decided to leave home to train as a nurse. However her pursuit of a full-time nursing career was constrained by the demands of her terminally ill mother, and she would have to regularly return home to nurse her when her health deteriorated.

Joyce first experienced bereavement with the death of her grandmother and mother. She had had a positive relationship with her grandmother, but was not unduly upset by her death as she was elderly and died soon after her admission to hospital. Similarly, because Joyce had had a salient but *negative* relationship with

her mother, when Ethel died there was a sense of release (from her cancer) and little grief. She may have experienced *anticipatory grief* for the kind of relationship that had never existed (Kerr, 1994:358), although the lack of positive salience in their relationship had not undermined Joyce's volition to care for her mother. Ethel's death became a *turning point* (Mandelbaum, 1982:159) in Joyce's life, she resumed nursing part-time and became her father's domestic secretary and caregiver. This marked a new beginning for Joyce, she had always had a close relationship with Conway and he was determined to make up for the poor relationship she had had with Ethel.

CHAPTER 4

A New Direction

One of the first things Joyce did following her mother's death, at Conway's insistence, was to get her driver's licence. Joyce and Conway were getting on like a house on fire, she had reduced her nursing to 20 hours a week, and this allowed her time to keep house and prepare meals for her father. Initially she worked split shifts at the Public Hospital, but towards the end of the 1950s began working as a practice nurse and receptionist for Dr Armour, a general practitioner in Princess Street. Joyce was not giving up any material standard of living by reducing her working hours. Although the pay was good, she saw these weekly wages as a bit of pocket money to spend as she wanted (such as on her nephews in Foxton whom she could spoil). Her principal reason for working was to have something she really liked doing, and to meet other people.

In 1952, Con asked Joyce if she would like to go to England. She was really excited at the prospect and had visions of flying overseas. However, Conway had booked a passage on the old *Aorangi*, making her last voyage from Auckland to Vancouver. Joyce had nothing but pleasurable memories of this sea journey, and even loved the exhilarating bad weather while other passengers were sick. They traversed Canada from Vancouver to Montreal on the Canadian Pacific Railway. They had several stops on the way where Conway spoke at Rotary clubs, and they were billeted by local Rotarians. It was winter and the first deep snow Joyce ever saw was at Banff, where they stayed an evening.

They sailed for England from Montreal on the *Empress of Canada*, and the trip was delayed because they had to wait for the ice to clear from Hudson Bay before they could get out. They were met in Liverpool by Conway's brother Bob. They had expected Conway's eldest brother Bill to be at the wharf as well, but these brothers had had a major falling out. This had occurred in 1927, on account of Bill marrying a Catholic. Conway and Joyce were certainly aware of this marriage, but

Bill had never mentioned the dissension at home. Conway for his part was more than pleased that in turning Catholic Bill had at last found God. Before his marriage to Molly Finn, Bill had been an atheist, something Conway found much more objectionable. Bob's wife Gertrude, however, was bigoted against Catholics, and could never tolerate Molly¹⁷. On occasions, Bill would come down to London from Coventry to visit relatives and stay with Bob and Gertrude in South Woodford. But Gertrude discovered he had slept with rosary beads under his pillow. She threw them out the window, told Bill to follow them and there had been no contact for over 10 years.

Bill was waiting at Euston station when the three of them got into London, and what should have been a joyous occasion was somewhat blighted by this deep-seated family friction. Conway and Joyce were deeply opposed to this bitter squabble, and concerned they could become part of it, because they had planned to stay with Bob and Gertrude. Conway put the hard word on Gertrude and Bob; if Bill didn't feel comfortable in coming to see them in South Woodford, then they would not be staying there. This forced the beginning of a reconciliation. Bill would come for meals and evenings at Cheyne Ave, South Woodford, but would always stay in the Swan, a pub just down the road. Joyce thought that Gertrude was most unreasonable in her attitude to Bill, and had never encountered prejudice of this kind in her own family. She thought that Gertrude came from a very closed family, and that we are all shaped to a large extent by the way we are brought up as children. However, Joyce was concerned that this prejudice was damaging the relationship between the brothers. This initial visit of the antipodean Teppetts in 1952 was a catalyst for rediscovering familial relationships for the English Teppetts, and this renewed contact was nurtured by Joyce and Conway's regular correspondence and in subsequent trips they had to the UK.

Developing a Connection with Foxton

During the 1950s Howard and Jean had three children, and Joyce began a long-standing ritual of weekly Sunday visits down to Foxton to see them. It was always

¹⁷ Molly was killed in Coventry when it was blitzed during the war.

Conway and Joyce travelling down to Foxton, as invariably Howard would be working most weekends and wouldn't be able to get up to Palmerston North. Howard was settled and there was no sign of a move back to Auckland. Jean's displeasure was appeased by frequent trips to Auckland. She also found herself becoming fond of the town, and her nursing skills were very much part of Howard's practice. Joyce and Conway were always included in the Foxton family, and strong relationships developed with many Foxtonians they met through Howard and Jean. They would often be invited to join Foxton Rotary Club excursions which sometimes went to Australia or Norfolk Island, and a cheap holiday was had through group bookings. Conway was also a keen punter and member of the Foxton racing club. He and Joyce would attend every race meeting and Howard was the Club's medical officer.

Joyce recalled some wonderful New Year's Eve parties in Foxton, when the Scots in Jean would have everybody out after 12:00 p.m. 'first footing', a ritual where you invited yourself into neighbours' and friends' houses to celebrate the new year. Joyce recalled one party where Jean and Howard went out 'first footing' and she agreed to mind the children, but they still weren't home by 6:00 a.m. the next morning. Joyce was annoyed, put both toddlers in the pram and pushed them all the way to the beach. She had plenty of time to consider what she would say to her brother when she saw him, because he didn't pick her up until 9:30 a.m. after she had telephoned from the tea-rooms which overlooked the river beach. Howard's first words were that they had a great time. She retorted that it would be the last time she would be going down to a Foxton New Year's Eve, and be the one who stopped at home to look after the kids. But she did go down again; it was year about, with Howard and Jean having a party one year and going out the next. While Joyce objected to Howard and Jean being out all night, she really did enjoy her contact with her nephews, who were also very happy in her company.

In 1957, Howard had a car accident while bringing several children (three Teppetts, and two neighbours) up to Palmerston North to see Jean who was in the Mercy Hospital with a slipped disk. The police came to Victoria Avenue and informed Con and Joyce about the accident. Power lines were down on the road at

Longburn, and Howard's car wheels became tangled causing him to lose control and crash into a power pole. Joyce and Con went straight up to the hospital, and found a chaotic scene. There were kids everywhere. Seven children had been injured, some quite seriously, and because they all had lacerations there was a lot of blood. Joyce could see those less injured being stitched up, but was most concerned to discover that her eldest nephew David was in theatre, and her youngest nephew Robert (6-7 month old baby) was unconscious with a severe laceration to his head. Aside from Robert (myself) and David, Howard and the other children were discharged from hospital within 24 hours. I was discharged after about 48 hours, and went to Joyce's care in Victoria Avenue, because Howard was recovering from a broken nose and wrist, and Jean was still in hospital recovering from treatment to her back. David was discharged a couple of weeks later, the same time as Jean as he required close monitoring because of his head injury. Because Jean wasn't to do any heavy lifting, I remained with Joyce for about a month.

There was a degree of friction developing in Foxton. Jean was feeling short changed with her family being so far away in Auckland when Howard's was just up the road. Jean harboured some resentment towards Joyce, because Ethel had bequeathed the house at 258 Victoria Avenue to Joyce alone¹⁸. Ethel and Conway had given significant financial support to Howard while he was at varsity, and he certainly had no doubt about the equity of the arrangement, and would stick up for Joyce. Jean became quite assertive with Conway, insisting that whenever he spent money on Joyce, he should spend the same on her. Conway had the financial means to accommodate Jean's request and did so with no resentment, as he always saw Howard's wife as another daughter.

Jean also became particularly sensitive to my bonding with Joyce, and it came to a head when she had brought me up from Foxton for a visit. When she lifted me up to ring the door bell at 258 Victoria Avenue, Joyce answered the door and I am

¹⁸ I am unsure why Con wasn't left the house after his wife's death. The house was probably in Ethel's name to protect this asset from any potential business liability, and to reduce Con's liability for death duties which were significant in 1950.

reported by Joyce to have said 'Home again mummy'. There was an immediate reduction in contact between Joyce and myself, with the support of Conway who felt that I needed to know who my mother and father were. Joyce recalled that even 12 months after this incident when she and Conway went down to Foxton on their Sunday visit they would still be greeted by a tearful Robert, bag packed, saying he was coming home with them¹⁹. This would often transpire, as Jean by this stage had had her fourth son Ross, and was probably lacking much energy to resist.

In 1960, Joyce and Conway sailed to England again, but this time via the Suez Canal with a family friend Mrs MacDonnell. Joyce had met Mrs MacDonnell while nursing during the war. She wanted to see her relatives in England but was worried about travelling alone, so jumped at the opportunity to share a berth with Joyce. From Port Said they travelled overland through Greece, Yugoslavia, Italy and finally to France where they took the ferry to Britain. The English familial politics had improved markedly since 1952, and Joyce recalled a wonderful welcome and experiences with Bill Teppett's family in Coventry.

When it came time to depart for New Zealand, Joyce and Conway had two passengers to accompany them. Bob had always wanted to come out to New Zealand, but it took a bit of persuading to get Bill to agree. However, no amount of effort could succeed in shifting Gertrude and Dorothy. Conway offered to pay their fare but they would not leave England²⁰. They sailed back through the Panama Canal, and were met in Wellington by Howard, Jean and their children. Bill and Bob stayed in Palmerston North with Joyce and Conway for six months, but they got a lot of trips away with commercial travellers who would call at the shop, so they got to see a lot of the country. Joyce said they got on splendidly,

¹⁹ I can personally verify some of Joyce's narrative. I certainly recall my bonding with her and my grandfather, and the strong connection I developed with Palmerston North even though my home was in Foxton. I remembered the seemingly inseparable unit of Joyce and my grandfather, who we would see at least once or twice a week. Their home in Palmerston North was our home, and Joyce and Con were very much part of our extended family.

²⁰ I met Dorothy Teppett in 1985, when I had spent time in England prior to taking a camper van holiday in Europe. Dorothy was astonished at the distances we covered and places we got to in our VW Kombi, as we were incredulous that she had hardly ever been out of London. Sometimes she

confirming it was Auntie Gertrude who was the cat amongst the pigeons, rather than Uncle Bob having anything against Catholicism.

In 1966, Joyce's sister-in-law Jean discovered a lump in her breast. It was like history repeating itself as Ethel had had the same complaint. The biopsy confirmed a malignant tumour and Jean had a radical mastectomy, followed by radiation therapy. The surgeon said that if she could go 5 years, she could go 10 but it was evident that she would not have a long life. Howard was a pretty worried man. He'd seen it before in his mother and, because he wasn't a layman, every little symptom Jean had he thought, 'Well, this is it'. Joyce and Conway were totally available to Howard at this time for support, but he adopted a very stoic attitude to his wife's illness, and appeared to get emotional respite from maintaining his working regime²¹.

Joyce's Marriage to Sam

Joyce had a life outside of Foxton. The property in Victoria Avenue had a substantial garden which she took great pride in keeping in an immaculate condition and Con by this stage had become interested in local body politics, and community service initiatives. Furthermore, at 50 years of age she had found herself in a relationship that would lead to marriage. Sam Marsden lived two doors down at 262 Victoria Avenue, in a house he had built two years after the Teppetts had shifted into 258. He had lived in this house with his first wife Rena, and two children, Warren and Jan. Joyce remembered them as wonderful neighbours, having their company in card evenings and on picnics. Rena died in 1966 and Sam was living alone for a couple of years before the relationship began to develop. Sam made himself available when it came to doing any jobs around the house and garden that were too much for Joyce and Conway. He was 15 years older than

would go to Worthing by Sea for Christmas and she had been to Margate in Anglia, but that was the extent of her travelling.

²¹ Howard's stoicism was reflected in his refusal to discuss Jean's cancer with his children, probably because he would be unable to maintain his composure. I can recall the world trip taken by Jean and Howard in 1966, when my younger brother and I stayed two months in Auckland with Jean's sister and her husband. This seems a curious arrangement given the closeness and availability of Con and Joyce in Palmerston North, and was perhaps a reflection of Jean's prerogative, and a willingness to accommodate her at this time.

Joyce, but in good physical condition which reflected his active lifestyle. Sam was one of those blokes that hates to stop working, and when he retired from his main job as an electrician with Fletchers, he continued part-time factory work with Manawatu Knitting Mills.

They were married on 15 April 1969 in All Saints Church, and the wedding breakfast was at the Chalet on the lagoon²². It was very cold as there had been a frost in the morning, but they had a nice wedding, an all day affair and they didn't leave until about 5:00 p.m., when they headed off on their honeymoon. They had the use of a house at Hatepe on Lake Taupo, but decided to stay the night in a Feilding motel because they had all been drinking. However, when they got to this motel Sam realised he had left the key to the lake house in a jacket back in Palmerston North, so they had to come back to get it. They called into the party that was in progress at 258 Victoria Avenue, somewhat sheepish in their forgetfulness, but stayed for supper and finally got away about 9:00 p.m. The motelier in Feilding said he would leave the door of the unit open, and they were able to use it without disturbing him. They had a late start the next day, and just ambled up to Taupo arriving at the house right on the waterfront at about mid afternoon. They had a fortnight away. Conway, meanwhile, went to the Empire Hotel, he knew the proprietor well and would often stay at this hotel if Joyce was away.

The marriage had its opponents. Sam's daughter Jan saw it as disrespectful to her mother. She didn't attend the wedding (although her brother did), and ill feeling continued for some years. When Jan's first born was christened, Joyce was not invited to the ceremony. Sam was most affronted and said that if Joyce wasn't going then neither was he. It was a Sunday and Joyce and Conway would be going to Foxton anyway, so they insisted that he had to go to his grandson's christening because of its spiritual significance. Sam was not so religiously inclined, and turned up in Foxton after he had put in an appearance at the church service. Joyce

²² I was the page boy at Joyce's wedding, and I recall the wedding breakfast being held at the Chalet. I can remember my mother saying 'She's no spring chicken' in reference to the age differential between Joyce and Sam.

never set out to displace Jan's mother in any way, and was hurt by the inability to forge a close relationship with her stepdaughter. But, like most things in her life which were outside her control, she didn't let it make her miserable.

Sam, Joyce, and Conway lived together at 258 Victoria Avenue. Sam sold his house partly to appease Jan who was concerned that her inheritance might somehow be jeopardised by this marriage. Conway and Sam got on really well, the only difficulty being Sam's dog, a particularly snappy pekinese which would sometimes irrationally attack Conway's feet. All three were keen bowlers, and Sam would always make the effort to fit in with existing arrangements. The regular Sunday trip to Foxton was now a threesome, plus a pekinese which would invariably snap at Joyce's nephews. Sam more often than not took responsibility for driving, and developed a reputation for impatience and speed. He had a habit of riding the clutch, and would often wheel spin when taking off up the driveway in Foxton.

In 1971, while on holiday in Norfolk Island with the Foxton Rotary club, Conway received a telegram from the Governor General, enquiring whether he would be receptive to being awarded an MBE. Joyce had opened the telegram thinking it meant trouble, and was delighted to be able to telephone her father to pass on such good news. The award was in recognition of his contribution to the community as a member of the Power Board, a City Councillor, and as a benefactor for the Brightwater Rest Home. A man of means, but generous with it, Con would often say he had no desire to be the richest man in the Kelvin Grove cemetery. Joyce respected Con's right to dispose of his wealth in this manner. She wanted for nothing and felt proud of his good works, although she questioned the wisdom of giving money to old drunks who said they were hungry and broke, sure they would just spend it on grog. He must have taken note of this, because Joyce had memories of her father taking such people to restaurants and paying for their meals (rather than handing out cash), when he was in her company .

In 1973, Joyce, Sam and Conway flew to England. Initially ambivalent about going, Sam changed his mind a week before Conway and Joyce's scheduled

departure. They were pleased he had decided to come and an alternative booking was made to depart a month latter. They were away for six weeks and Joyce thought England had changed a lot compared with when they were there in the 1950s. All the train conductors were of a dark race, as well as the people that took your tickets and served you in tea rooms and shops. It may have already started when they were there in 1960, but it wasn't as noticeable. There wasn't anything wrong with them, they were very friendly, but it was the dark people that would carry your bags down escalators, not the white people. They were only able to see Bill and Dorothy, as Bob had died from lung cancer six months after returning from New Zealand in 1960. This had become a source of tension, as Gertrude felt some resentment that Bob had spent half of his last year of life in New Zealand through Conway's encouragement. She also had died a year before their arrival so there was no face-to-face confrontation over this, but Sam did not get the opportunity to meet her which was disappointing for Joyce.

Dorothy had sold the house in Cheyne Avenue, and had moved into a one bedroom flat, so they stayed in lodgings in South Kensington. They spent time in Coventry with Bill who was 93 years old by this stage, ten years older than Conway, and plans were made to celebrate his 100th birthday as both men were in good health. Conway at 83 was remarkably fit, and had no ambivalence about travelling large distances. He loved returning to London as a visitor, but always looked forward to returning to New Zealand. He said he could never have owned a house, a business and a car at the same time if he had stayed in England, and New Zealand had been good to him. However, Conway would not get to England again and would not out live his brother.

The Death of Joyce's Father

1977 was to be a year not unlike 1950, with multiple deaths occurring in the Teppett family. Conway, now 87, had begun to develop serious emphysema, the legacy of smoking a pipe up until he was 65. He continued to work part-time until the last fortnight of his life. The shop had been sold by this time but the new owners liked having him keep gentleman's hours, to help facilitate a smooth

transition of control. In his last fortnight his breathing got so bad that he didn't want to go to the shop. Severe coughing attacks would leave him exhausted, breathless, and he would often require oxygen. Joyce was nursing her father as she had her mother, but this was the parent that had given her the 'wings' (certainly the where-with-all and encouragement), to get into life. Conway's condition deteriorated rapidly, and he was also having bowel disorders and passing blood.

The night before his death, he asked Joyce to cook roast beef for tea but couldn't eat it and was looking terrible. Joyce rang Howard who came up. She remembered Conway and Howard having a joke, and thought he was putting on a brave face. When Howard was leaving to return to Foxton he assured her Conway was fine, but Joyce had an intuitive feeling that this was not the case. She couldn't get him to go to bed and he just wanted to stay in the lounge sitting up in front of a fire. He said something like he didn't want to go to bed, as thousands buried at Kelvin Grove had died in their beds. This comment put Joyce on edge, and she slept on the settee. If he wasn't going to bed then neither was she.

It was a restless night and Joyce was up at 6:00 a.m. to cook Sam breakfast. Sam said he shouldn't go to work, but Joyce said Conway was fine, but she was having difficulty waking him up as he kept dozing off. Howard rang at about 10:00 am to see how Conway was, and Joyce said he was still asleep when they both heard a loud noise. Howard asked what it was and Joyce said 'Its Dad'. Howard dropped everything to come up to Palmerston North, and Joyce rang Sam's work, leaving a message for him to come home quickly. Conway had gone. It was the 17th of May.

When the undertaker came to take Conway away, Howard took Joyce to the back of the section. They were both bawling when he assured her that Conway could not have gone on as he was, and that he'd look after her. She replied that she would look after him, but Howard pointed out that she wouldn't be alone, she had Sam. Joyce was feeling a lot of grief, but the grieving process was definitely affected by Jean's concurrent illness and helping her brother and his children through this difficult time. Conway's funeral was overshadowed by the awareness

of Jean's terminal illness, but he was buried from the Church which he loved and contributed much to, by his close friend the Reverend Keith Elliott. Keith had interrupted his fund raising walk from Cape Reinga to the Bluff, to come to All Saints and take the service. He had first met Con at the church when he was the Parish curate.

Conway was a man who would shed tears in private, and had written a letter expressing his gratitude for Joyce's care, which she found when cleaning out his room. This letter was written three years before his death when he had gone into hospital for bronchial treatment, and had great significance for Joyce because it affirmed her value to Con. Joyce believed he wrote it because he would have been too upset to actually speak the words.

Sunday 26-5-1974

My Dearest Joy,

In case I don't return home, I just want to tell you how much I have appreciated the loving care and attention you have bestowed on me over many years. I realise more than any one what you have sacrificed for me. I am a long way past the allotted span, and its your looking after that I have enjoyed and obtained such a long and happy life. Don't think for one moment that I am despondent, far from that I have no regrets. I have just tried to pay my way, and I think with some success. I have served this community in many fields and not without reward, especially when I think of those good people in Brightwater, and also by the recognition of my services by her majesty the Queen, and so thank you Joyce, may God bless you, and be with you always.

Your affectionate Father

CWT

Joyce's sister-in-law Jean died three weeks after Conway's funeral. At 59 she had surrendered to the same cancer at the same age as Ethel had in 1950. Howard had been hopeful of a good remission. Joyce believed he had a tremendous faith, was always hopeful of a miracle and never discussed the inevitability of Jean's death

with her²³. There was a superficial stoicism in this generation of Teppetts; Howard would put on a brave face and throw himself into his work, but in private would often shed tears. Joyce recalled finding Howard crying in his orchid house. 'Don't cry', she said, 'because I'll cry too'. Howard replied 'Haven't we had a kick in the butt'.

Joyce, Sam and Howard

Joyce and Sam were now left together in 258 Victoria Avenue, but Joyce didn't think the relationship changed because of this, although she had become more dependent on Sam. He was now retired so they had plenty of opportunities to get out and about. Sam's Christmas present to Joyce in 1978 was an airline ticket to England. He had surprised her at the beginning of December and they were booked to fly out on the 15th, but Joyce was hesitant. She couldn't go to England because she had no clothes, and was cooking Christmas dinner for Howard in Foxton. Sam urged her to forget the clothes, arguing they could travel light and buy them in London. She rang Howard to explain what had happened and found Howard had already telephoned Dorothy Teppett in London to tell her they would be over for Christmas. Joyce and Sam arrived in mid December, and spent Christmas in Coventry with Bill. He was now 98 years old, and nearly dropped dead when he saw Joyce and Sam on his doorstep. This was a valuable memory for Joyce, as there were great hopes that Bill would make a century, but this was his last Christmas as he died the following year. The trip helped Joyce charge her batteries as she always did when she had contact with her English relatives, but something was missing. They had to ferret out information about things to do in London, whereas Conway would just know where to go and she wanted to be back in New Zealand for Howard's birthday in March.

Joyce had renewed vigour for her relationship with her brother. Jean's death had eased the tension which used to emanate from her perception that Joyce was

²³ I find this curious. Howard communicated the inevitability of her death to me three months before this when I was living in Christchurch. Both Howard and Joyce shared a Christian faith, and I did not; perhaps he was reluctant to share his hope for divine intervention with me because he thought I might mock his faith.

favoured by Conway. Joyce maintained regular contact with Howard, readily offering a helping hand to run the household, and always ready with emotional support should he need it. There was no resentment from Sam because of Joyce's commitment to her brother. This had always been her terms, first her father and now her brother were blood ties that ran deep and Sam accepted this.

However, Joyce never stood in the way of Sam's familial commitments either, and when his sister Maisy (who lived alone in Wanganui) had a fall, they made plans to go and see her. Maisy's neighbour telephoned Joyce and Sam on the Sunday afternoon, and said the doctor had put her into hospital with a suspected broken leg. Joyce said there was no point in going across that evening, because if her leg was broken she would be in theatre and it would be better to go across to Wanganui the next day. After lunch, they travelled across and found Maisy more or less sitting up in the hospital bed. She was bruised, shaken and had not broken her leg, but Joyce and Sam stayed at the hospital until 5:00 p.m.

Joyce suggested they have a cup of tea before heading back to Palmerston North. Because the hospital cafeteria was closed, they stopped at a tea shop in Guyton Street. They got the last two sandwiches and cakes in the shop and Sam said 'We'll make this spin out', and cut the sandwiches and cakes into quarters. This was to be their last supper together. They left Wanganui via Cobham bridge, the river was in flood and there was a lot of drift wood flowing downstream. Sam said facetiously that he was 'coming back to Wanganui tomorrow with a trailer to get some of this wood'. Joyce replied that she 'would pack the thermos flask, so he would be able to have a hot drink'.

The Car Accident and Sam's Death

As they drove up the Kaitoke Hill, Sam noticed a piece of wood lying across the road obstructing his lane and swerved to miss it. He veered into the path of an oncoming car and there was a head-on collision²⁴. The car they hit was a Triumph

²⁴ I had strong pre-understandings in this regard and remember getting a ride back to Palmerston North with Sam and Joyce shortly before he had his fatal car accident. It was dark and he totally misjudged my driveway, and almost ended up in the ditch. It could have happened to anyone, but I

2000 which afforded its occupants significant protection; the passenger sustained a fractured pelvis but the driver was not hurt at all. Joyce and Sam's Datsun, on the other hand, was completely demolished, crumpled like a tin can, even the boot lid was bent and Sam had been killed instantly. Joyce was severely injured, in a semi-conscious state lodged on the floor of the car, underneath the dashboard. She sustained severe facial lacerations, a collapsed lung and had lost a lot of blood. The impact had also pulverised an arm and leg, and she would require the permanent insertion of a metal plate in her left leg to hold the fragments together. She remembered a lady (who she assumed was travelling behind them) said to her 'Where do you live dear?' as she lay in the wreck. Joyce replied, 'In Palmerston North, but ring my brother Dr Teppett in Foxton'. The lady said 'Hang on', and Joyce heard the ambulance siren, but did not remember anything else.

Joyce was admitted to intensive care at Wanganui Base Hospital, and for the first three weeks of her hospitalisation was heavily sedated because of her injuries. This period was very much a blur for her, she slipped in and out of consciousness and certainly did not realise that Sam had been killed. Howard, who had been notified of the accident at 7:00 p.m., went through to Wanganui and saw her after she came out of theatre. He told her Sam had been killed, but Joyce had no recall of this. Joyce was angry with herself, when she discovered that the elderly man who sat by her bed and whom she would talk to, wasn't Sam. It was three weeks later when she said to this man (who wore dark glasses like Sam) 'Oh you look different Sam'. He replied 'I'm not Sam'²⁵, and Joyce enquired, 'What bed is my Sam in then?'

Joyce could not attend Sam's funeral and felt sad that she hadn't been able to be there, but as the years have gone by this has lessened. She has since discovered that on the day of his funeral a relative, Molly Ridgeway, had sat with her. Joyce apparently asked where was Sam during periods of intermittent consciousness, and

found his erratic driving disconcerting. In the context of his fatal accident, I am sure his lack of defensive driving skills would not have helped.

²⁵ He was the driver of the car they had hit. He had not been hurt in the accident, but his wife was in hospital with a fractured pelvis. Because he was an elderly man with a pacemaker, the hospital admitted him until his wife could be discharged.

Molly didn't know what to say. Joyce sometimes said 'I can't find the thermos flask Sam', while in this semi-conscious state, and remembered the hospital doctor asking her 'Had you found the thermos flask yet?', when she eventually came to realise what had happened.

Joyce was in hospital for five months, and on 1 October 1981 she was transferred to the Rehabilitation Unit at Palmerston North Hospital. She had found her time in Wanganui Base Hospital unpleasant, it was further for her brother and friends to visit and she had come to rely on the emotional lift that this provided. Because Howard was often in Palmerston North, he was able to visit her regularly at the Rehabilitation Unit. One afternoon he took her out for a ride. He had flowers in the car and said he was taking her up to Kelvin Grove cemetery. Sam had been buried beside his first wife. Joyce couldn't believe the grave because there wasn't any sign of mounded earth, it was completely level and the grass had grown. The ACC had even put up a headstone. Joyce had no difficulty in Sam being buried where he was, it was always agreed that he would be buried in this plot, and Joyce would be cremated and her ashes put in her Mum and Dad's grave.

Joyce had been married for 12 years, she wasn't a kid when she married and wasn't walking into anything with her eyes closed. She knew what she wanted from marriage, and if she had any disappointments she had certainly forgotten them. Sam was very kind to her and they would seldom argue. He would simply shut off if Joyce ever wanted to argue a point. She soon learnt to mimic this behaviour, and Sam discovered it was a waste of time persisting, but they would never go to bed angry. If either of them had not been speaking for part of the day, Sam would always say, 'I'll make you a cup of tea dear', always ending the day with a nice conversation. She thought marriage was a two-way street where you learnt to give and take, and if you had any differences you talked them out.

Joyce's Rehabilitation

Joyce was discharged from the Rehabilitation Unit at Palmerston North Hospital Labour Weekend and went to Howard's in Foxton to continue her convalescence.

Her leg was still in plaster, but the orthopaedic surgeon had removed her arm cast just before Howard had picked her up. She recalled asking him to put it back on, as the pain following its removal was unbearable. They packed Joyce into Howard's car with pillows to support her arm, but by the time they reached Himatangi she had started screaming the pain was so bad. Howard called into Lonsdale hospital when they arrived in Foxton, and picked up some strong pain relief so she could sleep. He didn't like to keep these drugs in his surgery. She stayed in Foxton until Christmas, and began the long slog back to fitness. She recalled it taking two hours to peel six potatoes, when she would help Molly (Howard's housekeeper) get a midday meal, but Joyce was determined to persevere with her occupational therapy. Molly was a great help when it came to bathing, but wasn't strong enough to lift her out of the bath when Howard's assistance was needed. Howard said, never let the water go before you get out of the bath, it gives you buoyancy and makes it easier to get up. She learnt this lesson very quickly.

In the new year she returned to 258 Victoria Avenue in Palmerston North. She had had the plaster cast off her leg, and thankfully there were not the problems she had with her arm. But she still needed to attend the out patients' clinic for physiotherapy. It was decided by others, that it would be a good idea for her to get a boarder, someone who would be able to help her out around the house and section. Howard's practice nurse had a teenage daughter who was looking for accommodation in Palmerston North and a match was struck. This was not successful, the girl was of little help to Joyce and had social habits which Joyce found distasteful. Joyce rang her mother within the month, and told her it wasn't going to work, and her next door neighbours and friends ensured she had assistance when it was required. Joyce believed that you can do most things if you try hard enough, and became determined to get back in control of her life. The box hedge which defined the front lawn had a lot of oxalis underneath it and she sat down on her bottom, determined to weed it. She became cast, and tried to get up

for an hour or more and cried in despair at her inability to do so²⁶. Eventually a man she didn't know (who had noticed her on his way to the dairy) helped her up, got her inside and made her a cup of tea. She battled on and got over this hurdle, and when she went to her nephew's wedding in January 1982, she was determined to go without her crutch.

At this point in her life she was physically on the mend from the car accident, but was acutely aware that she was living alone. This was the first time in her life that she had no one living with her whom she could care for. Joyce consciously or otherwise, began the process of building her life around her brother. She went down to Foxton most weekends to clean up the house and prepare meals. Molly had really become incapable of being Howard's housekeeper. She'd just sit down with a cigarette and a gin, and moan about how bad she was feeling. She had really gone to the pack, doing less and less. Molly was significantly younger than Joyce but you would never have thought so and did everything against medical advice. She took large amounts of blood pressure medication, but continued to smoke and would drink a bottle of gin a week! It was inevitable that her self-destructive lifestyle would ultimately take its toll, and she died of a stroke in 1987.

After Molly's death, Joyce found her weekends in Foxton crept into the next week. She had no one to answer to in Palmerston North, and enjoyed helping her brother out. This was a two-way street. Joyce was sure that Howard appreciated her help in the surgery and she was certainly glad of the company and the opportunity of having something to do.

Joyce Shifts From Her Family Home

After consulting with Howard, Joyce decided to sell 258 Victoria Avenue, as the rates had become too expensive for her to manage on her pension and the house needed money spent on it. She would have dearly liked to have moved down to

²⁶ I recalled Joyce being quite angry at this time in her life. Perhaps it was a delayed grief response to Sam's death. She would really work hard physically in her garden, which was additionally burdensome because she was still recovering from her injuries, and would become quite tearful and miserable at her inability to achieve as much as she had previously.

Howard's, and had asked him if she could. He was always against the idea, saying 'You've got your life to lead and I have mine'. Joyce said he was really an independent man, who could do most things himself and had relished his independence. Joyce moved into a small town house in Roy Street in 1987, it was also a load off her mind not having a large section to maintain and she could spend more time in Foxton. Initially, Joyce had regrets about leaving Victoria Avenue; she missed the land, her nice front lawn and the greenbelt where you could walk over the bridge on the lagoon to Centennial Drive and the Esplanade. She had lived on this side of the square for forty odd years, but Palmerston North wasn't a big place and her friends would never be far away to come and see her. Now that she was no longer driving, Roy Street was also more convenient, within an easy walking distance of supermarkets, which enabled her to retain most of her autonomy.

The Foxton Boarder

Joyce became a sort of Foxton boarder. She spent more and more time at her brother's house. Now in their twilight years, they were more or less living together, reflecting on their lives and wondering who would be first to go. A typical evening would be spent in front of the TV, with Howard chain smoking and Joyce knitting. She would goad him about the smoking and remind him it was the emphysema that had got Conway. At about 10:00 p.m. Howard would go out to his shed and Joyce would have a bath, but they wouldn't get to bed much before 12:30 or 1:00 a.m. Howard was a firm believer in not going to bed on the same day you got up, and was continually undertaking engineering and building projects, so there were never enough hours in his day. He had built a reflector telescope to pursue his passion for astronomy. While this had been a solitary pursuit, he had also built a yacht which involved the whole family in years of construction.

The burglaries in Foxton had also gone on for years and Howard had been 'done over' dozens and dozens of times. It used to worry Joyce that one day something might happen to him. She implored him to draw his curtains at night before he

went to bed, but he said it made the room like a morgue, and wouldn't have it. The burglaries had plundered Howard's ever decreasing cache of sellable goods, but there had never been a face-to-face encounter with an intruder. Apparently Molly went berserk one night when she found somebody in the house, but most of the burglaries were executed with a great deal of stealth, either while Howard was out or asleep. He was deeply upset when most of his late wife's jewellery was stolen, as she had bequeathed individual items to each of their children. Howard was not afraid of the burglars and always said 'They may touch my belongings, but they would never touch me'.

Joyce recalled the medical emergencies that had arisen when Howard had discovered that his medical bag had been pinched from his car, and the patient's lives placed in jeopardy because of such thievery. While Howard had a cavalier attitude to the potential danger inherent in multiple re-victimisation, those who also knew about the volume of burglaries (Joyce, family members, his practice nurse, and some close friends) became very worried. Joyce could not get used to this aspect of being the Foxton boarder, and became frightened that something would happen to Howard and she would be left on her own. The burglaries seemed to happen every month, and Howard gave up making claims to State Insurance, because he was so embarrassed at having to go through the rigmarole so frequently. Ironically, it was after he had lost most of his valuable possessions that he installed a burglar alarm, which significantly reduced the number of break-ins.

Joyce and Howard, Sharing Their Lives

While Howard had not wanted Joyce to live in Foxton permanently, she nevertheless became enmeshed in his life, and he didn't complain. She recalled many times when after tea they would reminisce about their childhood, particularly Mangere, and get a few laughs out of it. So many things had changed in a generation; they had gone from horse and carts to men on the moon, and both got a thrill out of technological advances. Joyce thought the kids of today didn't get the same kick out of the little things that used to enthrall her as a child, like

when they got electricity and you could get light, just by turning a switch. That was a real thrill, when up until then you had a kerosene lamp. But there was nothing like that for children today, everything was here already, but you never knew what was around the corner.

They would reflect on Howard's grandchildren, and were thrilled to bits when a grand daughter was born, the first Teppett girl in two generations. Joyce felt so lucky to have grand nieces and nephews, they meant so much to her and she hoped she meant something to them. She thought every age has something to offer, and we all had something to learn. However, she was also conscious of the real differences in the way these children were brought up, compared to her day. To some extent she envied the educational opportunities and approach to parenting that was evident in her nephews, great nephews and nieces. She thought kids got away with murder, but that it was a good thing to be encouraged to speak up and the broad curriculum available to girls was an improvement on her education which was so circumscribed. Joyce felt she was brought up in a make believe world and that she was very naive. She never knew where babies came from until she was eight or nine, whereas kids today knew from the word go. She thought a child could be told too much too soon, which is a fault. but to keep kids ignorant was far worse.

Joyce had a real scare with Howard in 1989, when he had had a funny turn. As a result he went to a cardiologist, who diagnosed that he needed a pacemaker to keep his blood pressure up, and prevent the fainting spells. This was a straight forward operation and Howard said he felt much better for it, but it was never taken as a sign to start slowing down his practice. He and Joyce would discuss his 'non-retirement' occasionally, usually after one of his sons had hassled him to think about hanging up the stethoscope. He always said he would never retire completely, he'd cut down his patients, but there'd be a few elderly people he would see anytime. Joyce would have liked him to retire, he could have had a life other than working all the time.

She had begged him to go to England with her for a holiday, but could never get him to budge. He had been to England in 1966 with Jean on their whirlwind world tour and never wanted to go there again without her. Joyce felt put out by this. She never felt like that after Sam had been killed and was quite happy at the prospect of travelling to England without Sam. All Howard used to say was 'If I had my Jeanie I'd have a trip', and Joyce would reply 'Well you've got your Joycey, and you won't take a trip'. He'd say that was different, but 'If you want to go to England, I'll give you the money to go with'.

Joyce was always financially independent of Howard, she could keep to a budget, and was quite capable of saving the air fare to England. Joyce went to England regardless of whether her brother would accompany her, as reconnecting with her English relatives recharged her batteries. She developed a latent interest in her genealogy and while in England would ferret out information for the Teppett family tree she was constructing. She discovered Derek Teppett by chance, a previously unheard of second cousin of Joyce from her own generation. Derek's wife had died and Dorothy Teppett (Joyce's first cousin in London) began receiving phone calls for D. Teppett, but had never heard of a Derek Teppett. When Dorothy told Joyce, she tracked Derek down, identified his position in the family tree and he became a regular correspondent.

The Night Joyce Would Never Forget

On Thursday 30 September 1993, Pauline Gunn (Howard's practice nurse) telephoned Joyce to see if she would come down to Foxton. Pauline was going to take the Friday off and Howard needed a hand with the surgery. The weekend jaunt to Foxton began a couple of days early, but Joyce was pleased to be asked and more than happy to help Pauline out. She got down in the afternoon and bought some nice meat for Howard's tea. After they had cleaned up the dishes, they sat in the TV lounge enjoying the heat of the fire, as it was quite chilly. Joyce had her bath at 10:00 p.m. and Howard went out to his shed to muck about, and somewhat surprisingly they were both saying goodnight around 11 p.m., which was early for them. Howard said he would not put the burglar alarm on, because

Joyce needed to get up to the toilet several times during the night, which would set it off.

The fact that Howard had not activated the alarm before they went to bed became a particular point of concern for Joyce in the months and years that followed the terrifying break-in, when she was raped and Howard beaten and left for dead. Sometime between 2:00 a.m. and 3:00 a.m., after drinking most of the previous day, Raymond Green and Garth Thompson decided to burgle Howard's surgery. Thompson had previously stolen Howard's medical bag from his car and when they discovered that the bag was not in his car, decided to break into the house. They had with them a metre length of steel, scavenged from the engineer's yard a short distance from Howard's property.

THE INDIVIDUAL LIFE IN CONTEXT

This chapter has described Joyce's life from when she was 35 years of age through to when she was 78. Joyce lost both parents during this phase of her life, and this is to be expected when the life span of parents and children overlap by 50 years or more (Umberson and Chen, 1994:152-153). Joyce had been 35 years of age when her mother died, and 62 when Con died. However, perhaps what is less typical was that she had lived most of her adult life with her parents. Joyce had not married earlier in life and had her own family, and because of her father's relative affluence, had no economic need to generate her own income. She had the opportunity of making several trips to England over this period of her life, and developed a carer role centred around her father's, husband's and brother's needs.

A distinguishing characteristic of Joyce's life had been her experience of traumatic accidents, which have become significant turning points (Mandelbaum, 1982:150) in her subsequent life. At 21 she had lost an eye, and at 66 Joyce survived a fatal car accident in which her husband was killed. She was critically injured and hospitalised for five months, but fatal car accidents are not an uncommon experience. At 78 years of age, her life became quite atypical when she became a homicide survivor, and victim of elder rape.

In examining the trauma arising from these events, one can see how the strength gained from previous traumatic experience has influenced her subsequent recovery, particularly in regard to her criminal victimisation. These experiences of trauma also became significant turning points, which led to significant changes in her subsequent life.

The Death of Her Mother as a Turning Point in Joyce's Life

While the death of her mother from cancer had a traumatic context, it also marked a major turning point resulting in substantial change in the cultural, social and psychosocial dimensions (Mandelbaum, 1982:150) of Joyce's life.

Cultural Dimension

Joyce had grown up with a mother with cancer and her illness became a significant influence on Joyce's life. She had gone into nursing primarily as an opportunity to get some respite from her mother's domination and later she nursed both her mother and grandmother at home until they died. Joyce and Con felt some guilt when her grandmother Emily died as they thought she may have lived longer if they hadn't put pressure on her to move to Palmerston North. When Ethel died a few months later there was a sense of relief that she would no longer suffer, but it was also a major juncture for Joyce as her father had quite a different disposition to Joyce's desire for self-determination.

While Ethel had been convinced that because Joyce had lost an eye there were many things she would never be able to do, Conway insisted that she should do everything and anything she liked. The economy was booming, his business was successful and he was committed to supporting her morally and financially to achieve this. Joyce could work out of choice, giving her the time to adapt her carer role to become her father's domestic secretary.

Social Dimension

Joyce was 35 years old when her mother died, and recognised that she would not have children of her own²⁷. She was resigned to spinster-hood, but committed to making the most of the social opportunities she did have. She became actively involved in child care with her young nephews, and got some cathartic benefit from this undertaking as it was as close as she would get to having her own children. Joyce invested a lot of energy in developing relationships with her relatives in England, and enjoyed several trips to England with her father. She developed an interest in her own genealogy, and constructed a Teppett family tree dating back to the early nineteenth century and referred to England as 'home'.

Joyce's professional caring skills became directed towards her immediate family members. She threw most of her energy into the care and support of her father who was actively involved in local body politics, community works and business. This maintained her interest in nursing and part-time work did not compromise the time she could devote to her father and nephews, who gave her life a sense of purpose. Joyce undertaking this carer role benefited those on the receiving end: it enabled her father and brother to pursue their respective careers, in the knowledge that they could always rely on Joyce to perform any manner of domestic tasks.

Joyce bonded well with her brother's children, and played an active role in their upbringing. This created some tension with her sister-in-law, who felt somewhat displaced by Joyce's effort. When Howard had a car accident and several children were injured in the late 1950s, it was Joyce who was called on to help his family get through the trauma. However, in the mid 1960s when Howard's youngest children needed care for two months following his wife's mastectomy, they were sent to his sister-in-law in Auckland (at his wife's bequest), rather than to Con and Joyce in Palmerston North.

²⁷ I am conscious that this represents my own pre-understandings of Joyce's circumstance at this time, and that, in contrast, she has said she did have the opportunity to marry earlier in her life, but chose not to. My point is that at 35 years of age the opportunity to marry would be diminished, and with it the likelihood of having her own children.

Psychosocial Dimension

Joyce believed her mother's closeting of her was an attempt to protect her from life's disappointments, which could have arisen from her disfigurement. This confirmed that notions of disfigurement are more pertinent to the observer than the subject, and ignored that Joyce had long accepted those things she knew she could not change. After her mother's death, Joyce knew there would no longer be any obstacle to pursuing her aspirations for self-determination, and was confident there would be nothing she couldn't do. She had always been extremely close to her father and was pleased to be able to care for him, to be an intrinsic part of his business and social success.

However, while her commitment to her father was absolute, she did not like to be taken for granted as a child minder whenever her brother and sister-in-law went out socialising. This reflected a natural attitude towards her carer role and disfigurement; it was her accident that had lead her to this role and it was not one she had necessarily pursued out of choice. She was reactive when it appeared that relatives overlooked her possible desire to go out and socialise rather than remain at home with their children. Joyce found this attitude reminiscent of her mother's closeting, but since Ethel's death she had developed greater self-confidence and assertiveness.

Joyce's Marriage to Sam a Turning Point in Her Life

Joyce's marriage occurred at a time when she had established herself as the consummate caregiver for her father, and there were changes in the cultural, social and psychosocial dimensions of her life (Mandelbaum, 1982:150).

Cultural Dimension

Joyce married Sam when she was 53 years old. He was a widower 10 years her senior who had been a neighbour for 20 years. It was a marriage forged in companionship, that meant that Sam would not need to continue living alone and Joyce would have a husband. Joyce's father was supportive of the marriage. He had enjoyed her exclusive care and attention for almost 20 years but had no

reticence about sharing his house with Joyce's husband. Joyce gave up working for a wage altogether, and extended her carer role to include Sam who was very much inclined towards fitting in with Joyce and Con's established social routine.

Sam's daughter did not approve of the marriage, because she felt it was disrespectful to her mother. While Joyce had developed an acceptance of those things she could not change (i.e. the loss of her eye) her strong sense of self-determination and responsibility drove her to try and develop a positive relationship with her stepdaughter. Initially she thought it could be possible if she made sufficient effort, but later felt that she was never accepted by her stepdaughter, which caused her considerable emotional pain over the years.

Social Dimension

There was no radical change in Joyce's social routine as a result of her marriage. It was Sam who adapted to Joyce's existing lifestyle. He sold his house and moved in with Con and Joyce, as she would never move out of her father's home. In a sense the marriage was an extension of the carer role Joyce performed for her father; Sam was considerably older than Joyce and likely to become dependent on her as he became elderly. Joyce reported no ambivalence about giving up her own economic livelihood. Both her father and Sam were working and she felt comfortable with devoting her time to their care.

Joyce became the object of some derision from her stepdaughter, whose lack of acceptance underlined the significance of her own family in helping her deal with her sense of rejection. Sam felt extremely uncomfortable with his daughter's attitude but Joyce would always implore him not to alienate himself from his own family.

Psychosocial Dimension

It was atypical for a woman to be married for the first time at 53 years of age, but Joyce was sure she had married someone who accepted her for who she was. She had long come to terms with her disfigurement, and Sam also saw beauty as an intrinsic quality, not merely physical. But her stepdaughter's rejection hurt Joyce

and took some of the gloss off the excitement of marriage. Joyce was happy with her marriage to Sam, but reluctant to disclose any information of a sexual nature and would not describe her sexual experiences. Therefore I am unable to comment on whether this was a sexually active marriage, and if it was how this development in her life may have affected her self-image.

As far as Joyce was concerned, losing an eye had not prevented her from doing much, especially since the death of her mother, and she reported contentment with her carer role. She had adopted this role not out of choice and was conscious that losing an eye at 21 years of age had a deterministic affect on her subsequent life. Joyce had learnt to make the best of a situation. Her Christian faith and strong sense of self-determination had helped her overcome adversity, but this was not the same as wishing that things had been different. Because Sam's daughter never accepted the marriage, it reminded Joyce of how chance and circumstance had had a particular affect on her life.

The Trauma of Losing her Father

The degree of trauma arising from parental bereavement appears to be related to relationship salience either positive or negative, and sociological factors influence the salience of filial relationships (Umberson and Chen, 1994:153-155).

Joyce's Socio-Demographic Characteristics

The literature suggests that filial roles are generally more salient and more positive for daughters who have more frequent contact with parents (Umberson, 1992a:664-674), which was certainly Joyce's experience in terms of her relationship with her father. She had lost her best friend of 60 years and because the relationship was characterised by positive salience (unlike her relationship with her mother), she was far more likely to be adversely affected by Con's death (Umberson and Chen, 1994:165). However, for Joyce death was not final, and her Christian faith in an after-life convinced her that she would see her father again. The spiritual significance she placed on death has been shown to mitigate the duration of grieving (Kerr, 1994:352-353).

The Context of Her Father's Death

Con's death was anticipated and protracted. The trauma of his death was mitigated by Joyce's realisation that Con was not going to recover, and he was in a great deal of physical distress. In the last two weeks of his life as she nursed him, they had talked about all sorts of things, and Joyce said he was ready to die. She felt good about being able to offer Con this care, and had the support of her brother who had advised her of Con's medical needs and said 'He could not have gone on the way he was', and this was more likely to lead to a positive bereavement outcome (Yancey and Greger, 1990:29). However, she had now lost both her parents, and this can protract the grieving process when bereaved adult children become the older generation, reminding them of their own mortality and inevitable death (Kerr, 1994:354).

Joyce's ability to grieve Con's loss was curtailed by the almost simultaneous illness and death of Howard's wife, which placed demands on Joyce to assist her brother and nephews with their grieving. In a sense her role of being a carer for others had overtaken her own opportunity to grieve the loss of her father, because she was so immersed in this wider familial grief. Joyce grieved for Con's loss six month's after his death, when she and Sam were on holiday in England. There was an acute awareness of his loss, they were without his intimate knowledge of England and realised that Con would not be travelling to England to celebrate his brother's 100th birthday. Because of this emptiness, Joyce looked forward to returning to New Zealand for her brother's birthday.

The Death of Joyce's Father as a Turning Point in Her Life

Con's death lead to changes in the cultural, social and psychosocial dimensions of Joyce's life (Mandelbaum, 1982:150).

Cultural Dimension

While Con's death gave Joyce the opportunity to spend more time with her husband (they were living together, alone for the first time in their marriage), it seemed to strengthen her relationship with her brother in Foxton. Because her

brother had lost his wife, this gave her a rationale for re-aligning her caring role onto Howard. There was no apparent resistance from Sam on this point. He had always been aware that familial commitments had a priority with Joyce

Social Dimension

Joyce and Sam were living alone as a couple for the first time, but she said that their relationship didn't change at all as a result of this. While the principal focus of her care had died, this was replaced by a desire to dispense care and attention onto her husband and widowed brother. Joyce's relationship with Sam's daughter had improved, but because she felt she had not been accepted, the closeness she felt to Howard became all the more important to her. It was Sam's idea to go to England during the Christmas season following Con's death as a surprise for Joyce, but she was reluctant to go primarily because of her concern and commitment to her brother. Joyce believed that Howard needed her to get through Christmas, and decided to go only when she became aware that Howard had colluded with Sam in arranging the trip.

There was a remarkable symmetry between the death of Howard's wife and Joyce's mother. They had both died of the same cancer at the same age, and Joyce and Howard became united in their grief. There was an increase in the routine of trips to Foxton to see Howard, as Joyce felt some responsibility to support her brother through his time of grief. Joyce and Howard would often weep while in each other's company, and Howard in particular felt that the deaths of Con and his wife had been a terrible kick in the butt for the Teppett family.

Psychosocial Dimension

Joyce at 61 years of age couldn't change who she was, but after Con's death the consummate carer needed to find another person to care for. Her husband was the perfect prospect; he was older than Joyce and likely to eventually require the nursing care which she would be able to provide. However, Joyce felt her brother's needs were more immediate as he struggled with the loss of his wife and father, and the demands of a GP's hectic work schedule. Joyce felt comfortable

actively supporting her brother, and did not think this was disloyal to her husband. While the opportunity now existed for her and her husband to enjoy their own company more, this was seldom pursued and Sam accepted the commitment Joyce wanted to make to Howard.

The Trauma of Losing her Husband

Earlier research describes the death of a spouse as the most stressful life event, requiring more psychological adjustment than any other (Holmes and Rahe, 1967:213-218; Stroebe et al., 1988b:1-18). However, Arbuckle and de Vries demonstrated the resilience of older adults, and that while they maybe initially distressed following spousal bereavement they returned to similar levels of functioning as non-bereaved persons after two years or more (Arbuckle and de Vries, 1995:638).

Bereavement Effects

It has been proposed that loneliness may be one of the most difficult problems of widowhood (Lopata, 1993:381-396; Lund, 1989:215-231), and this maybe exacerbated in older adults who have spent many years with the same partner (Arbuckle and de Vries, 1995:643-644). To some extent this was Joyce's experience; while she had only been married to Sam for 12 years, after his death was the first time she had ever lived alone in her life. This may have been a significant factor in reaffirming her relationship with her brother, and her desire to go and live in Foxton, although Howard had been opposed to this.

It has been suggested that surviving a stressful event like spousal bereavement can enhance self-confidence and capability (Arbuckle and de Vries, 1995:644). Enhanced self-efficacy reflects 'crisis competence', having survived a significant crisis in one's life creates greater resilience in facing subsequent stressful and threatening events (Kimmel, 1977:386-393). This was surely Joyce's experience. She had lost her husband at 66 years of age, but this was not her first encounter with traumatising events. Joyce had survived the trauma of losing her eye and the deterministic affect this had on her subsequent life. She had lost both her parents

whom she had lived with for most of her life and had supported her brother and his children after the death of her sister-in-law.

Gender Effects

It has been reported that following spousal bereavement, women are more likely to report lower levels of hopefulness for the future, which may reflect fear of assuming independent responsibility for tasks previously undertaken by the deceased spouse (Hansson et al., 1993:367-380; Lopata, 1993:381-396). This was probably Joyce's experience; she had lived most of her life 'dependent' on her father, and after his death reported that she became more dependent on Sam. When he was killed, she was concerned about what she would now do with her life. While a comparison could be made between Howard's loss of Jean and his response to bereavement, unlike Joyce he had his children and his work to give him a sense of hopefulness for the future.

Women may experience greater fatalism and more vulnerability following spousal bereavement than men, and that this may reflect their greater sense of spirituality and faith (Arbuckle and de Vries, 1995:644-645). Joyce had always had a strong Christian faith, which nurtured a fatalistic disposition towards crises that have occurred through out her life. Sam did not share her religious disposition and Joyce did not report any belief in a spiritual re-unification with him in an after-life (as she had with the deaths of her mother and father). Perhaps this reflected her thoughts that this would occur with Sam's first wife, and because she had married a widower, his death constituted a different context. She certainly had no ambivalence about Sam being buried next to his first wife, and felt assured that her place of burial should be in her parents' grave.

Context Effects

When the loss of a spouse is unexpected, this may not have a significant impact on long-term adjustment in latter-life spousal bereavement (Lund, 1989: 215-231), and the greater the time since bereavement was also significant in achieving positive outcomes (Arbuckle and de Vries, 1995:645). Initially, Joyce held some

animosity towards Sam's sister Maisy, because they had originally travelled to Wanganui Base Hospital to see her. Joyce felt embittered that while Maisy had not been seriously injured in her fall, this visit had cost Sam his life and she would spend five months in this hospital. However, she was not financially impeded as a result of Sam's death and income has been reported as the primary intervening variable in attaining psychological well-being following spousal bereavement (Lehman et al., 1987:218-231; Sanders, 1993:255-267; Schuster and Butler, 1989:55-68). It seems likely that her financial autonomy and the opportunity to realign her carer role onto her brother, mitigated the trauma arising from Sam's death and assisted her recovery.

The Accident and Death of Sam as a Turning Point in her Life

After this car accident and Sam's death, Joyce experienced changes in the cultural, social and psychosocial dimensions of her life (Mandelbaum, 1982:150).

Biological Dimension

The car accident severely injured Joyce who was in intensive care for many weeks. She sustained severe lacerations to her face, a punctured lung, a broken arm and a shattered tibia and ankle. She was given a lot of pain relief to cope with the physical trauma of her injuries and did not regain 'lucid' consciousness until three weeks after the accident. It took several months of intense physiotherapy and occupational therapy before she was able to move unaided.

Cultural Dimension

The accident changed Joyce's life profoundly. She was a widow after only 12 years of marriage and for the first time in her life faced living alone. Furthermore she had been quite disabled by the accident, with her left leg being so damaged that it would take her almost a year to walk unaided. She was now in a position where she needed to receive the care of others, and she found this a difficult and foreign experience, compared to her normal life as a caregiver. The discomfort she felt in this changed status provided considerable impetus in her resolve to recover from her injuries and regain control over her life.

Social Dimension

Joyce at 66 years of age was a widow living alone for the first time in her life, and it became a time of readjustment as she endeavoured to reconstruct her life. When she decided to return to her own home, she took in a young female boarder to help her get back on her feet, as she was still using walking aids. There was a clash of moral values, with Joyce being offended by her boarder's sexual behaviour. Joyce was decisive; the young boarder had been of little assistance and she would not tolerate promiscuity under her roof.

Joyce was determined to regain control over her situation and to assert her preferred life options. She was not a good patient; it was a role she was decidedly uncomfortable with, and became quite distressed at the time it took to recover from her physical injuries. Joyce would not be dictated to by others who thought they knew her needs and was determined to make an expeditious recovery so she could resume her role as a carer for others.

Joyce focused on her brother in Foxton, who was willing and able to receive her care because he knew how important this was to her. She effectively moved to Foxton, spending a couple of days in Palmerston North in order to keep her house and garden tidy, but spending increasing proportions of each week immersing herself in her brother's work and family. Because Howard's housekeeper had failing health, Joyce would pick up on these duties as well as providing nursing assistance in the surgery.

She was disappointed that Howard was opposed to her moving down to Foxton on a permanent basis, and that he encouraged her to maintain some autonomy and keep her home in Palmerston North. Joyce felt some anger towards Howard, especially when he consistently refused to accompany her to England to visit their relatives. Howard would say he would go if he had his wife with him, and it upset Joyce that he didn't want to travel with her, when it would have made her day.

Psychosocial Dimension

Joyce had always seen herself as a fighter. She could have easily died as a result of the car accident but was determined to survive. The physical injuries she sustained presented her with a new challenge, and the idiosyncratic theme of rising above adversity surfaced again. Once she had achieved her physical rehabilitation, she would resume her carer role because she could not let go of an identity that was her life. While Joyce was determined to bestow her care on Howard, he was decidedly against her selling her home in Palmerston North and moving to Foxton permanently. Initially Joyce found it difficult to accept that Howard had such a different disposition. While he had become her world, she had to come to terms with him being an important person to many people who placed great demands on his time. In the past her stoicism had helped her accept many things she could not change, and it now it assisted her accept her status as the 'Foxton Boarder'.

JOYCE'S LIFE WORLD AND PHENOMENOLOGICAL ATTITUDE

There may be distortion when we move from a *natural attitude*, the spontaneous reflections of what are the givens in her world, to the *phenomenological attitude* where Joyce makes her ongoing experience an intentional object of enquiry (Watson, 1976:99). These two perspectives were apparent in this chapter.

Joyce's Life World

Idiosyncratic Conceptualisation of Experience

Following the car accident, Joyce battled for her life and became immersed in protracted physical and psychological rehabilitation. She was under no illusion that her recovery from this trauma would be totally contingent on the effort she put in and her determination to recover became profound.

Significant Imputation of Meaning

Her Christian faith gave her 'faith in herself' and had been of such assistance when she lost her eye, her parents and it bolstered her efforts at recovery from the car accident. But following the car accident she also placed immense faith in her

brother, not only because he was a doctor, but also because he gave her life a new focus. The carer role had been such an explicit feature of her adult life, and a *natural attitude* was revealed in her desire to shift to Foxton permanently to care for Howard. She was hurt by Howard's rejection of this proposal and also his refusal to accompany her to England *because* he had made this trip with his wife in 1966, which he felt was totally different to travelling with his sister. Howard's lack of reciprocity generated ambivalent reflection (revealing a *natural attitude*) on her role as a carer for others.

Joyce's Phenomenological Attitude

The Influence of Cultural Determination

In the years since her mother's death her life had been transformed by the liberating disposition of her father, but Joyce still maintained a *phenomenological* attitude towards reporting images of her mother. Joyce mitigated her mother's closeting of her by reporting that it was 'well meaning', even though it overlooked her desire for equitable treatment and self-determination.

Joyce had previously indicated ambivalence towards the carer role which had been such a significant feature of her life. Her *phenomenological attitude* towards the carer role was reflected by her desire to pursue nursing as a vocation of choice which had nurtured her disposition towards caring for others. She also disclosed a *natural attitude* towards this role, when she expressed her resentment at the circumscribed vocational options available to women in her day, and that if she hadn't lost her eye when she was 21, things may have turned out differently. This tension, between her phenomenological and natural attitude, became apparent when she reflected on the carer role as it related to Howard and her own need for care.

Joyce displayed a *phenomenological attitude* when she rationalised Howard's opposition to her moving to Foxton and be his care giver; he was a man who relished his independence and autonomy and she had to respect this. This was also apparent when she reflected on her own needs for care. Joyce's inference that

providing for her care would be an inappropriate burden on her nephews, seemed to reflect a *phenomenological attitude* at odds with the kind of life she had lived.

I am one of these nephews and in the context of being the assembler of this life history, I ask myself if I would expect her to say something different given the mutual awareness that it is not a realistic probability. This reflected a *phenomenological attitude*, because her apparent life-long volition for the carer role had not been reciprocated by her nephews who had their own respective familial responsibilities.

Selective Effects of Memory

Joyce never acknowledged the concern that others had with Sam's driving, and that this may have been a factor that contributed to the accident. It seemed to me that a number of scenarios were possible where the plank on the road could have been successfully negotiated without losing control of the car. However, this would depend on defensive driving skills (which I believed Sam did not possess) and Joyce must have had doubts as well, because there had been familial concern about his driving for a number of years.

CONCLUSION

This chapter has covered Joyce's life from 1950 to 1993, when her life was transformed after the death of her mother. Her father had the financial resources and disposition to ensure Joyce attained any aspirations she had. She travelled to England on several occasions with her father and later with her husband, seemingly achieving everything that had previously appeared out of reach. These were fulfilling years for Joyce as she developed her life as the consummate caregiver. However, she also experienced trauma arising from natural bereavement, accidental death and criminal victimisation, all of which had a profound effect on her subsequent life.

The loss of her father was traumatic for Joyce because the relationship was so salient and positive. While her mother's death had given her freedom to pursue her

self-determination, her father's death left a deep sense of loss. Her grieving, however, was curtailed by the almost simultaneous illness and death of her sister-in-law, when her care giver skills were needed by her brother and his family. After her father's death, it seemed that Joyce became more committed to fulfilling her brother's care needs than her husband's. This was probably due to a combination of her marriage later in life to a widower, and the significance she had always attached to blood relatives. She had cared for her mother and father, and when her brother was in need of support this became her priority.

After her husband was killed in the car accident, Joyce required care as she struggled with her physical and psychological rehabilitation. Sam's death had been instant, and Joyce did not realise he had died until three weeks after the accident, but she did not appear to suffer any protracted grief as a result of his sudden death. Joyce did not make a good patient, and was disheartened by her lengthy hospitalisation. However, she became determined to overcome her injuries in order to resume control over her life as a carer for others. She was now a widow and because her brother was a widower in her mind it made perfect sense for them to live together. But Howard wanted her to retain autonomy, and his lack of reciprocity for her disposition resulted in Joyce developing some ambivalence towards the carer role, which had characterised all her adult life. Nonetheless she persisted and eventually became the 'Foxton boarder', providing much assistance to Howard in the surgery and as a housekeeper, although she continued to maintain a home in Palmerston North.

Howard had been burgled countless times and was extremely lax about security. Because Joyce had become entwined with his life in Foxton, she was acutely aware of the frequency of burglaries and harboured considerable fear for Howard's safety. It used to infuriate her that he had such a cavalier attitude, confident that while they may steal his possessions they would never harm him, because he was their doctor. This high rate of repeat victimisation disposed Howard to the risk that most concerned Joyce, and on 1 October 1993 when Joyce had gone to Foxton to help Howard out, her worse fears transpired. Two burglars broke into Howard's house demanding money and drugs and they were verbally abused and beaten with

a steel bar. Joyce was sexually assaulted soon after the break-in, and while Howard laid bound and dying beside her she was vaginally raped.

CHAPTER 5

The Father of all Traumas

Joyce was awoken in the early hours²⁸ by Howard yelling 'Get out! Get out!' She could hear the gruff voice of another man, so got up to see what all the commotion was about. She was sleeping in the bedroom directly opposite Howard's, separated by a high studded hall way that often characterises old villas. When she got into the hall way she was grabbed by the neck from behind, and shoved into Howard's bedroom. She landed on the bed which was stripped of all the bed clothes that were lying on the floor at the foot of the bed. Howard was also on the bed, and Joyce could see the outline of a man standing over him with some sort of bar. Joyce reached up to try and turn on the light at the head of the bed, and the second man (Green, who became the guard) told her to 'Turn that fucken light off'. Howard said something and the guard told him to shut his mouth, and the other man (Thompson) who had grabbed Joyce by the neck left the bedroom and went off searching through the rest of the house. The guard was saying 'Where's the money? Where's the drugs?' Joyce remembered Howard saying there were no drugs in the surgery²⁹.

At this moment Green attempted to rape Joyce. He was at the side of the bed, right in front of her and grabbed hold of her right hand and placed it on his erect penis. Joyce said 'Don't rape me, I'm nearly eighty, haven't you got a mother?' He didn't reply, but both Howard and Joyce were hit. Joyce received a blow across her face that broke her front teeth. Green brought her legs around over the edge of the bed and pulled her pants down around her knees. Joyce was holding Howard's hand as Green tried to put his erect penis in her vagina. He didn't succeed because

²⁸ At the trial several witnesses who had been at the same party as the two accused said they left this party sometime between 2:30 - 3:00 am on 1 October 1993. Both of the offenders said in their respective statements to the police that they decided to burgle the doctor's house, ostensibly to see if they could get his medical bag so they could sell the drugs. One of the offenders (Thompson) had previously stolen this bag from his locked car, and when they could not find the bag in the car, they decided to break into the house to get it.

²⁹ In fact Howard kept ampoules of pethedene under his mattress, in case he was called out to a car accident. After the crime scene had been cleared by the police, and we were allowed entry to his house, these drugs were still under his mattress.

the position wasn't right for him, so he put it in her mouth. She thought 'I'll get you you bastard', but with the other man in the house Joyce was too frightened to bite his penis. She thought the other man might come in and make mince meat of her and Howard. She began praying out aloud for God to help them, and Green would have heard this.

Thompson who had been looking around the house for what seemed like ages came back into the bedroom demanding to know where the money was. Howard said, 'I haven't got any drugs, but you can have my money', Joyce pulled up her pants and said she would show him where the money was. Green stayed with Howard. She remembered Thompson ripping out the telephone cord by the bed before he pushed her out of the bedroom, down the hall to the cupboard where Howard kept the practice takings. Joyce reached for the ice-cream container inside the cupboard and threw a handful of notes into the back of the cupboard, and gave what remained in the container to Thompson. He shoved her back into Howard's bedroom, and threw the container onto the bed in disgust at the absence of much cash. Howard was no longer on the bed, but lying on the floor by the bedroom window that faced Thynne St. Green was prodding him in the ribs with the steel bar saying 'Get up old man, get up old man', and demanding to know where the safe was. Howard told him there was no safe.

It was obvious to Joyce that Howard had been beaten by Green when she was out of the room, and after she came back into the bedroom both men became very aggressive. They decided to take Joyce and Howard down to the surgery. Thompson had to drag Howard up off the floor and shepherd him down the hall way. Joyce described being frog marched with Howard in front, and she noticed that he was walking with a peculiar gait, dragging one leg which was not like him. Green had Joyce by the elbow and was hitting her around the face and head with his hands as he directed her to the surgery. They were told to get on the floor. Howard was slow in responding and was pushed down by Green. Joyce thought she heard Howard hit the desk. They were tied up with a length of rope from the trailer in the backyard, and then Thompson went off exploring again.

Green hadn't said a thing, but had loosened the rope around Joyce's legs, pulled her pants down to below her knees and inserted his finger in her vagina. Joyce was saying, 'Please don't rape me'. There was no response from Howard. While Green stood over the top of her shoulders, he held his erect penis with his hand and pushed it into her mouth. He then vaginally raped her, thrusting his penis into her with Joyce yelling out that it hurt. She reached for Howard's hand, but it was cold, and when she let it go it just flopped. The guard moved up and down on top of Joyce, she didn't know if he ejaculated, but he was kissing her on the mouth. Joyce didn't think he put his tongue in, but she smelt cigarette smoke on his breath.

Joyce saw Thompson as having a kinder disposition than Green. She had told him where the keys to her car were, hoping this would hasten their departure. Joyce could hear her car running as she was being raped, and when Thompson came back into the surgery she said 'That bloody bastard has raped me'. Thompson said to Green, 'You fucken bastard. What did you do that for?' and assaulted him, hitting him on the head with Howard's medical bag which he had in his hand. During the tussle Joyce said, 'I think the doctor is dead'. Thompson said 'Jesus! Let's get out of here', and they both decamped in Joyce's car.

From Fright to Flight

Joyce covered Howard up with a rug off the surgery table as he was cold, and said 'I'll cover you up dear. I won't be very long, I'll run and get help'. She couldn't use the phone because Thompson had pulled the cord out, but all the neighbours were patients of Howard's and known to Joyce. However, Jock the immediate next door neighbour had died on Thursday, and Mr Tremuers who was the next house down the street had not been well, so she ran to the third house the Ellisons. She stood on the lawn and yelled 'Let me in'. They opened the door and took her in and she said 'Quick go down to Howard, we've had a break-in. I think Howard's dead'. Larry Ellison returned in about quarter of an hour and confirmed that Howard was dead. Joyce thought he was before she left the surgery, but she was wanting to be told that he wasn't.

Jane and Larry Ellison's court testimony (Queen vs. Thompson and Green, 1994: 59-61) referred to being woken by Joyce just before 5:00 am. Jane described Joyce as being very agitated and shaking, and could see that Joyce's nightie had been ripped and that she had been injured. She could see a nasty graze on her forearm, and blood stains on her legs and on the front of the nightie. Joyce told Jane that she had a sore nose and elbow where she had also been hit. They telephoned the police about 5:10 am, and Larry went to Howard's house initially trying the surgery door which was still secure, but he found the kitchen door open. He went inside the house, and made his way to the surgery where he found Howard lying on the floor, and immediately checked for signs of life. He had been a volunteer fireman for fourteen years, and knew how to administer basic first aid and CPR. He couldn't find a pulse, nor was it evident that Howard was breathing. He recalled that Howard's arm was cool to touch, and there was quite a marked temperature difference from his chest, so he decided to commence CPR. There was no response from Howard, and Larry returned to his house and confirmed with Joyce that her brother was dead, and telephoned the police again.

Initial Police Contact

Joyce thought Howard was dead before she left the surgery, but desperately wanted to be told that he wasn't. Joyce thought she arrived at the Foxton Police station at about 6:00 am in the morning, and remembered the police being very kind to her. They came out to the car, helped her into the station, and appeared genuinely upset at what had happened. They kept plying her with coffee and Joyce felt comfortable and safe with them. They told her they would be getting a female police officer up from Levin to take the details from her. Joyce could see why they would do this, as some of the questions were very private. She felt that Constable Howchow was very sensitive towards her as she took the initial details of her relationship to Howard, where she came from and why was she in Foxton. She recalled feeling numb as she struggled to fathom the enormity of what had just happened, but also dumb, and not wanting to talk about it. She wasn't so much ashamed at what had happened, but remembered feeling sorry for herself and disappointed that she had not resisted her assailant more.

Joyce felt dirty. She was still wearing her nightie, and a dressing gown borrowed from Jane Ellison when she was whisked through to the Police Surgeon in Palmerston North. She was scared stiff, in a state of shock and didn't really know what would happen next. Initially the police intended to take her to Levin for the medical examination, but Joyce said she wanted to get clean clothes from her home in Palmerston North. She had wanted to go back to Thynne St to get clean clothes from there, but the scene of the crime had by this stage been sealed. She was taken to Doctor Dahya at the Christian Medical Centre and recalled him saying 'It hurts me as much as you to have to examine you'. He whispered in her ear:

It'll be all right because I knew Howard well. Whenever I went down to Foxton on police duty, I knew where to find the key and if Howard wasn't home, there would be a note on the bench to make yourself a cup of coffee and he'd be back in five minutes.

Joyce thought this was lovely because if he knew Howard, it wasn't like a complete stranger. But despite his sympathetic manner, Joyce was still shocked to have an internal examination. When she travelled up from Foxton in the car it never entered her mind, the police woman never mentioned it, but Joyce appreciated the forensic reasons for the examination. It was helpful to have a niece present. Karen had been advised by the police that Joyce was at the Christian Medical Centre. Joyce thought this was helpful to Karen as well, because she was extremely upset and anxious to know how she was. This was the first family member Joyce had seen, approximately six hours after the nightmare had begun. After the medical examination, Karen took Joyce back to her home where she had a bath, and gathered up clean clothes to go and stay with family members. It gave Joyce tremendous relief to have this familial support. She didn't feel alone, and could begin to share the burden of what had happened with others who cared for her³⁰.

³⁰ I recall being phoned by the Palmerston North Police around 8:00 am on 1 October 1993, they didn't tell me what had happened on the telephone, but insisted on visiting me at home. When I saw the police car arrive I ran out to the gate and said, 'Its my father. isn't it?' Sergeant Dobson

Joyce's Response to Howard's Homicide

Joyce was beginning to think about what she could have done to make things different. She was in shock and experiencing extreme numbness, but had always had a gut feeling that something like this would happen to Howard, because of all the break-ins he'd had³¹. She also had feelings of guilt that Howard was dead and she wasn't, and wondered if it might have been different if she had jumped out of the window and run for help when she first heard Howard shouting at the intruders. She later came to believe that if she'd done this it could have been worse, as the intruders may have taken Howard's body away, and he may have become a missing person. She was convinced that Howard did not know that Green had raped her in the surgery, because by that stage she was sure that he was unconscious, and more than likely dead. She also believed that he was unaware of the sexual assaults that occurred in the bedroom before they were taken to the surgery. She thought Howard must have been passing in and out of consciousness, as at no stage did he try and intervene and stop Green assaulting her, which was totally out of character for him.

The story was breaking and Joyce's nightmare had now become public property, with the media machine endeavouring to put the most heinous aspects of the crime in the spot light. The TV news on 1 October splashed headlines about the murder and rape that had rocked the small Horowhenua town of Foxton. Joyce saw a picture of her brother on the front page of the *Evening Standard* with the headline 'DOCTOR BRUTALLY SLAIN' and knew that what had happened earlier that day was not a dream. Thankfully, that first evening the phone only ran hot with

replied, 'Yes. There has been a burglary and your father is dead, and your aunt is receiving medical treatment'. I was taken to the Palmerston North Police Station where I met other family members. From there we were taken down to Foxton Police Station to be debriefed by Detective Inspector Hawthorn, who was heading the homicide inquiry. I was also in a state of shock, but recollect an extremely blunt disclosure of the course of events which had transpired earlier that morning in my father's house. I found the debriefing emotionally devastating, and recall Detective Inspector Hawthorn saying words to the effect 'Do you want to know or what?' My wife Karen turned up at the Foxton Police Station at about 9:30 am, and we both went through to the Christian Medical Centre in Palmerston to see Joyce.

³¹ This break in on 1 October 1993, was the 52 time the police had been advised that Howard's house or car had been broken into in the last 17 years (*Evening Standard*, 5 March 1994, page 9).

family friends, and Joyce was not subjected to the close media attention she would later endure³².

Joyce's Substantive Police Interview

Constable Howchow took a full statement from Joyce on the morning of 2 October. Joyce had vivid memories of this interview, which she later had significant regrets about. Joyce said that the constable gave no leading questions as such, and thought she was trying to be kind to her. She had a typewriter and was taking things down as Joyce said them. Joyce had never been interviewed by the police before and looking back felt that the constable should have enlarged on the questions that were put to her. The statement she most regretted saying was that 'Thompson was the man with a kinder disposition', which was later successfully used by his defence counsel to mitigate his culpability in Howard's murder. Joyce felt that her statement had to be seen in the context of what had happened in her brother's house that night, in particular that Thompson appeared to be a less brutal man because he had not raped her, and that she hadn't actually seen him hit Howard³³. However, she knew him to be a vicious man who had aggressively assaulted her, and she also thought that he had already assaulted Howard before she came out of the bedroom. In retrospect, Joyce also believed that Thompson knew the lay out of Howard's house, and was convinced that he had been there before as a burglar.

Thompson's own statement to the police said that Howard had come at him after they had broken into the house, and he 'had stepped aside, and given him one to put him on the ground'. He also indicated to the police that he had previously stolen Howard's medical bag from his car, and that this was the principal reason

³² I recall the evening of 1 October, when Joyce stayed at my house. She was extremely quiet and tearful (we all were), and there was not much sleep had that night. This would become a pattern in the weeks and months ahead for Joyce, and other members of the Teppett family as they endured sleep disorder commonly associated with post-traumatic stress. We were all prescribed sleeping pills, but Joyce in particular became a reluctant user of such medication, primarily because of a repetitive nightmare she would experience. A nightmare which made her dread sleeping.

³³ Thompson's defence counsel projected an image of his client based on Joyce's words of 'a kinder disposition', successfully portraying him as a valiant hero type who assaulted Green when he discovered he had raped Joyce. Joyce and (her family) believed the main reason Thompson did

for going to the house on 1 October. It was Thompson's idea to commit the burglary in the first place, and as Green's counsel put it, Green was sucked into the course of events. It is apparent in studying the court transcript, that the testimony of Thompson's associates appears contrived, in an effort to mitigate his responsibility in this crime. Green, who consented to a video interview (Thompson did not), also contradicts Thompson's statement to the police, saying that he was first into Howard's bedroom, further implicating himself in the aggravated assault on Howard. The Teppett family believe this reflects the power of intimidation where a gang associate is pressured into mitigating the culpability of other gang members involved in the same crime.

The other pertinent point not reflected strongly in Joyce's police statement is the fear she had of retaliatory violence from Green (and Thompson) if she had tried to resist him while she was being raped. She said in her police statement that she had thought about kicking Green in the groin and biting his penis, but was scared of a retaliatory assault on herself and Howard, and just froze with fear. She had reason to be scared as she and Howard by this stage had endured two hours of Green and Thompson's terrifying company. They had both sustained several blows to the face and the body with the 10 kg length of steel, and Joyce had already been orally raped and sexually assaulted by Green. Joyce thinks Constable Howchow should have said, 'Why didn't you lift your leg?' She would then have been able to explain her fear on the record. If this had happened, Joyce believed this would have assisted her subsequent testimony at the trial.

Joyce's Three Perspectives on the Trauma of 1 October 1993

Joyce had three distinct perspectives on the events of 1 October 1993: the police interview, her court testimony, and her reflection on these events disclosed in interviews four years after the event.

The police statement is by far the least detailed, being literally a bare bones document that doesn't describe a clear course of events. In this statement, Joyce

this was because it was not in the code (the Nomad Gang code) to commit rape, and not out of any personal compassion for Joyce.

said she was thrown onto the bed by Thompson and Howard was sitting on the edge of the bed with Green (brandishing this piece of steel) standing over him saying 'Where's the money? Where's the drugs?' Joyce recalled Howard saying there were no drugs in the surgery, and meanwhile Thompson was elsewhere in the house looking for the drugs. Joyce was first sexually assaulted and orally raped soon after Thompson left the room. It seemed to me that Howard was aware of this from what Joyce said in her police statement and court testimony. Joyce said in the police statement that when Thompson came back into the room demanding to know where the money was, Howard said 'I haven't got any drugs, but you can have my money'. Joyce said that she would show Thompson where the money was.

However, four months later when she testifies as a crown witness, it is clear she remembered far more detail about the course of events (in particular Howard's response) even though she had been told not to make any reference to being raped when she was giving evidence. In her testimony (*Queen vs. Thompson and Green*, 1994: 26), she said that every time Howard told Green to get out of the room and leave Joyce alone, he was hit with a swinging blow from the steel bar.

In a subsequent interview with Joyce four years later (August 1997) she had reconstructed these events, and had a different recollection of what happened when Thompson came back into the room. She said that it was Howard who told her to go and get the money for Thompson, but that she didn't really think Howard was with it and that he was passing in and out of consciousness. She now believed that because of his semi-conscious state, Howard would not have known that Green had sexually assaulted and raped her. She took a lot of solace from believing this to be the case because when she asked Howard to hold her hand he didn't move, he didn't say 'Don't do it'. That was very much out of character.

The Societal Response to this Crime

While Joyce and her family were literally reeling from what had happened, barely capable of processing the barrage of professional interest in their personal tragedy,

there was also a broader social context which is manifest whenever there are acts of heinous criminal violence. The media had a legitimate and valid role in informing the public of the tragedy, but there is no doubt that tragic news makes great copy. This media attention raised public awareness of this crime and the human tragedy, and many people expressed their sympathy. This public support was comforting to Joyce and the Teppett family, but it was essentially momentary and assisted members of the public rather than the survivors, to come to terms with what had happened. Victims of violent crime quickly become invisible to societal concern, once the horror of their story has been exhausted. Survivors have to struggle with their recovery from trauma long after the public interest has subsided.

The experience of Joyce and the Teppett family bares this out. They were initially inundated with expressions of grief and sympathy from Reinga to Bluff. Howard was the perfect victim because nobody (himself included) could ever imagine that such a heinous act of violence would ever be committed against a person who devoted his life to helping others. This was immediately apparent in Foxton where literally the whole town went into intensive grieving. In the days following this tragedy, many tears were shed by people from all walks of life, as they realised they had lost someone who had touched so many of their lives in some way.

The town organised a civic service for Howard, at the Memorial Hall on 4 October. Not everyone could fit inside, so the hundreds gathered outside had to listen to the simultaneous broadcast of the service on car radios³⁴. Joyce could not face attending this service so soon after the tragedy, and felt traumatised at any

³⁴ The *Manawatu Herald* reported on 6 October 1993 page 3 that: 'the civic service gave thousands of citizens the chance to share one last time the healing powers of a doctor who gave his all to the town. From all directions people moved silently towards the hall, and many stood outside in the darkening town for the 90 minute service'. The service was broadcast live on Radio Foxton, and those who couldn't get into the Hall listened to parked car radios for the duration of the service. Ian Little, the owner of Radio Foxton, believes 3000 people attended the service, and he'd never seen anything to come up to it in the town before. Later the station would be inundated with requests to re-transmit the service, and for copies of the recording of the service. This radio station also transmitted Foxton's St Mary's mass dedicated to Howard, and his funeral held in All Saints Church, Palmerston North.

thought of going near Foxton³⁵. This was sad for the town as there was genuine concern for her and she was personally known to many Foxtonians. There were many tributes to Howard's life and his influence in Foxton as well as public abhorrence at what had happened, and sincere sympathy at the Teppett family's loss.

Howard's Wake and the Funeral

Howard's body was released by the coroner on Tuesday 5 October, and the family wanted to have the body in my home until the funeral on Friday (I was the only family member in Palmerston North with a suitable house). Joyce had always favoured this practice, but we all knew Howard didn't like it, and that was why it had not occurred following the death of his father and wife. The family decided that it was not inappropriate to 'over rule' his preference, as this was an important time for the family to console themselves, and having his body present became a significant part of the process that ensued. There was a tremendous familial togetherness at this time. Differences were put aside as we united in our grief: a poignant reminder that blood is thicker than water.

The house was like a railway station with hundreds of Foxton people and friends from all over the country (and overseas) turning up to see Joyce and to say goodbye to Howard. The support was phenomenal. We never bought food or drink, it would just appear in waves, and our small kitchen was continuously engaged in washing and drying dishes, to cope with the numbers passing through the house. Joyce got so much support from this, and was overwhelmed by the kindness that was shown to her, not only by her own friends and peers, but also by the many younger friends of her nephews. There was no age barrier, all were there for the same purpose. It was extremely helpful to receive this attention and Joyce would often say how difficult it would have been if she hadn't had this kind of support.

³⁵ I attended this service (together with other family members) and found the expression of public sympathy and support extremely uplifting, but I can understand how Joyce could not have faced this kind of attention at this stage. All the media were represented as the story had really taken hold, but there had been no direct media contact with Joyce, although other family members began to give interviews after the funeral.

Howard's funeral on 8 October was the pinnacle of this social display of grief and sympathy, and it was widely reported by the print, radio and television media. The *Evening Standard's* front page reported that it was standing room only in All Saints Church, Palmerston North, and a moving and uplifting service. Joyce was quick to notice that Mr Rajaratnam, a colleague of Howard's, gave an incorrect birthplace for Howard in his eulogy (Manurewa not Grey Lynn), but she certainly agreed with his sentiment that he 'didn't deserve to depart from this world in this manner', and that 'we must all take responsibility for the flaws in our society which enabled this to occur'.

Joyce's Reflection on Howard's Death

In her reflection on Howard's death, Joyce felt that the manner in which he died was unjust and unfair given the kind of life he had led. She believed that it is a blessing to die in your sleep, and that it would have been a wonderful reward for the way Howard lived and looked after people, graciously and for nothing. She implored me not to shed any tears for her should she die in her sleep, as this would be her wish. Joyce found the nature of Howard's death more traumatising than his death in itself, and appreciated that because he was elderly, had cardiac problems and continued to smoke, he may not have lived for many more years anyway. However, his 'natural' death would have been quite a different thing to losing her brother to homicide, a traumatic experience that continued to affect her life, over and above the loss of a loved one.

Following the funeral there was an abrupt cessation of public attention. The tragedy was now over, with society into an adaptive moving on mode, but this was not so for Joyce and the rest of her family. A little over a week after her rape and the murder of her brother, the support that had been so comforting began to retreat, and Joyce began to experience the grief of her loss. It was as if the presence of so many people since 1 October had cushioned her from the reality of what had actually occurred. Howard's death was close to the bone. He was the last member of her immediate family, a mentor and support person, and most importantly someone she could talk to about their experiences as children and a

family. Four years later she still had things she would have liked to ask him about those experiences, and also would also have appreciated his professional support and advice with regard to her current problems.

While there was intense sadness at saying goodbye to the many friends who had been so close and supportive until the funeral, there was also a yearning for privacy and space, so Joyce made the decision to return to her own home. She deliberately made this decision as she wanted to resume some autonomy. This yearning for self-reliance and self-determination has been a salient feature of her personality throughout her life, and a particular feature of her recovery from the previous traumas she experienced. But she was also feeling extremely sad and low, and at this point had honestly wished that she had died as well.

Joyce's Reflection on Being Raped

Joyce believed that Howard's homicide and her rape were together the worst experience she had ever had. The father of all traumas. Worse than losing her eye or the car accident when she lost Sam. She reported an experience that was broadly consistent with rape trauma syndrome. Now, back home alone with her brother dead and buried, she began the fight to survive this aspect of her traumatic experience. Joyce saw sex as a voluntary act, whereas rape was something you didn't want, it was forced upon you and it was dirty. She felt dirty for hours afterwards, and could not get rid of the horrible 'sweet' smell of Green. She thought he had been on glue or cannabis or something, and this putrid smell just kept on hanging over her. If she smelt that smell four years after the event the whole experience that she found so dirty, sordid and frightening would have all come back to her.

Sleep Disorder

Joyce knew she would be all right in the day time, because she could move about, go up town and keep her mind occupied doing her normal routines. It was the night that she found terrible. She recalled having sleep difficulties, feeling tired but after going to bed being unable to sleep. Sometimes she would turn on the

radio, but stopped doing this when all she heard was repeated coverage of the Teppett murder in Foxton. There was no way she could sleep; on the point of dropping off, she would suddenly awaken and her mind would be going over the whole episode again. On occasion she would take a sleeping pill, but she had always been a reluctant user of such medication and would usually get up and make a cup of tea, and sit in her lounge, because she knew she couldn't sleep in the bedroom.

She endured a repetitive nightmare. It featured a vicious black dog that would be standing in her hall-way snarling at her. She would get up to chase the dog out, but there wouldn't be any dog, the door would be locked and she would realise that this was a nightmare. She had no idea why the nightmare should feature a black dog, or any dog, but thought that maybe she was associating it with Green, and the way he had snarled at her and Howard. That particular nightmare stopped when she broke the cycle of not being able to sleep at all, but she still had nights when she couldn't sleep (four years after the event). She didn't feel particularly debilitated by this sleeping pattern, and thought that as you got older you needed less sleep anyhow.

Serious Assault Counselling

Joyce was entitled to counselling funded through ACC. I became Joyce's liaison person with this agency, and selected a counsellor whom I thought would be most appropriate. This person was the oldest female counsellor available, as I felt Joyce's age was an important factor to take into account. Joyce herself did not actively seek counselling, it was something that was quite foreign to her, and looking back something she thought didn't do her much good. She recalled the weekly visits were on a Tuesday from 10:00 am-10:30 am, and while the routine (having to be up with the house tidied for when the counsellor arrived) was good, she would only have half an hour of actual counselling. Joyce said she was a very nice lady, who did make her talk, but Joyce found her repetitive in her main message which was 'You know its never going to go away my dear'. Joyce later felt some resentment towards these words. She knew it was never going to go

away, and felt that she didn't need to be told all the time. She thought that an older victim of crime has different needs to younger victims, and that any counselling should be cognisant of this. In a later interview she said:

If I were to live till a hundred it wouldn't go away, and I don't think time is going to dim it either. A younger person has more resilience to fight back. I don't think they look on life the same as an older person. And why should they? They have all their lives to live and an older person has had a full life. I don't think we laugh it off, I'm talking about life in general, I think that an older person because they're set in their ways more, looks on life totally different to the young ones, and every generation is the same. Its a true saying that it takes an old shoulder to make a wise head. I guess the older generation are wiser in lots of ways.

The Trial

There had been a depositions hearing in late November 1993, where the prosecution had successfully made its case for Thompson and Green to stand trial for Howard's murder. The Teppett family had been briefed by the police as to what the trial plan would be, and how the process would unfold. The police were extremely confident that they would get a good result, as in their collective opinion this was an open and shut case.

Joyce also met with the Crown Prosecutor who ran through what would be required of her as a Crown witness, and he showed her a video of a similar case. She remembered being told that she must not question any cross-examination by Defence Counsel; if something was said that she didn't agree with, she couldn't question the lawyer that said it, but the Crown Prosecutor would help her out with it. She learnt a week before the trial that Green would be admitting the rape, and was relieved about not having to give evidence in relation to her sexual violation. However, because of this she was told not to use the word 'rape' in any of her testimony. The murder trial commenced on 23 February 1994, which was relatively soon after the events of 1 October 1993. It is not unusual for 12 months or more to pass before a High Court trial commences.

Jess Tootle, a close friend of Joyce, volunteered to support her at court, and sat with her in the little room you get put in before you go up into the dock. They didn't talk about the trial. While Joyce was giving evidence, she sat beside the witness box but was not allowed to answer any of the questions put to Joyce. Joyce didn't ask for this support, it was offered to her (she thought it was suggested by a family friend), and felt it was nice having Jess there. In retrospect, Joyce was sure she would have coped without her presence, but thought that if Jess wanted to come that would be okay as far as she was concerned.

Joyce's Perception of the Court

Joyce had a naive understanding of High Court trials, but appreciated the role juries play, and was relying on this jury to deliver her justice. The first time she saw the jury she was struck by their apparent youthfulness. She recollected one girl in shorts and a pony tail, and the foreman in shorts, and thought 'Good Lord, they're too young to be on a jury. We'll be sold!' She believed a young jury would always give a favourable hearing to young criminals, and that this jury was too inexperienced in life for dealing with a murder trial. She would have liked to have seen more older people on the jury, and looking back was convinced that this didn't transpire because the defence challenged every older person who's name was called³⁶.

Joyce was also struck by the absence of Foxtonians at the trial, and would have liked to see more of Howard's stalwart friends present. There was a large presence of Nomad gang members (attired in their regalia) which Joyce thought was terrible, but believed they had a right to be there. Joyce wasn't scared of these people and reported that when giving evidence she only saw what she wanted to see her family and the jury and blotted out everything else. She also thought that because the accused came from Foxton, it made it difficult for Foxton people to attend the trial in Palmerston North. However, she was certainly appreciative of

³⁶ The jury was sworn in after 35 names were drawn from the registrar's barrel. Twenty-three jurors disqualified themselves, or were challenged before the final 12, seven men and five women, took their oaths. The process took 20 minutes. Justice Neazor told them 'Being a juror is as important as fighting in the armed forces' (*Evening Standard*, 5 March 1994, page 9).

the presence and support of the few Foxton friends who did attend the trial, as well as those from Palmerston North and other parts of the country³⁷.

Joyce was reluctant to venture any opinion as to her performance as a Crown witness, saying that this was for others to discern who were present and had heard her testimony. She went into the dock to tell the truth, and nothing but the truth, but felt that parts of the cross-examination were pretty tough. She felt particularly intimidated by Mike Behrens (Counsel for Green). Behrens, she thought, was particularly vociferous, doing his level best to get the 'boys' off, people that she knew were guilty. Joyce was particularly sensitive to Behren's performance, and recalled with anguish his summing up where he made reference to her not minding being raped by her dying brother, because she was contemplating an assault on Green³⁸. This represented an edited version of her police statement which really hurt Joyce, and became another bitter pill for her to swallow.

Behrens was persistent in challenging her recollection of events with particular reference to her eyesight, and the fact that she had not been wearing her glasses during the attack³⁹. In contrast, Joyce had no ill feelings toward Les Atkins QC (Thompson's Defence Counsel), even though it was his use of Joyce's words 'that Thompson had a kinder disposition' that would ultimately extinguish his culpability in Howard's murder.

³⁷ I was flabbergasted at the absence of Howard's Foxton friends during the trial, and felt hugely let down. I recalled speaking with Loma Betty, who was one of the few Foxton people to attend, and made comment about the absence of Foxton support. She said that people had said to her 'I don't know how you can go along, and hear all that again', and indicated that they 'couldn't cope with it'. To which she responded 'Well imagine what it must be like for the family'.

³⁸ On page 6 of her Police statement she said 'I was too frightened to try and pull the hood off (the anoraks that Thompson and Green were wearing). I thought they would get Howard, otherwise I would have kicked the man who raped me between the legs. I was too scared'. Unfortunately, the trial transcript I have obtained does not contain the summing up by either Counsel or the Judge, and I was advised by the Court that this is the normal practice. I am therefore unable to corroborate Joyce's recollection of this statement. However, I can recall words to this effect, as well as his reference to her speaking with the media which required a certain stoic disposition. He proposed that because of this she would have found her experience of criminal victimisation less frightening than somebody without such a disposition.

³⁹ The transcript of the trial (page 40) does reflect his repetitive questioning about her eyesight, which in Joyce's opinion was reference to her artificial eye. Despite what she had been through, she still felt sensitive about this wound 60 years on, and was not prepared to acknowledge to the Court that because she had a prosthesis, wearing glasses has become her normal mode of dress.

The Verdict

Neither Joyce (nor the family) were prepared for the lengthy deliberation the jury would undertake. They had retired at 3:48 pm on Wednesday 2 March, after hearing all the summing up. Joyce recalled leaving the court at around 5:00 pm, and going home for tea and returning to court at about 6:30 pm. The jury was still out. They were still out at 10:00 pm, then 12:00 pm and at around 2:30 am the judge called them in and asked them if they had made a decision. The foreman replied that they hadn't, and Joyce believed the Judge said, 'I'll give you another half an hour, and if you still can't make a decision I will have to discharge you, and there will have to be a new trial'⁴⁰. Joyce remembered the jury coming back in at 2:58 am saying they had reached a verdict. They found the accused not guilty of murder, but guilty of manslaughter.

The jury was not convinced that either Thompson or Green had acted with sufficient aggression, and had intended to cause serious harm to Howard. Joyce felt sick, and numb. She knew this wasn't right because she had been there, and had no doubt about their aggressive intent. The despair of Joyce and the Teppett family was matched by the concurrent euphoria of Green and Thompson's supporters. Joyce recalled Thompson turning around and smiling at all the gang members present, and then still laughing he turned to the Teppett supporters and did a curtsy. Joyce could have knocked him over. She felt so angry it was like rubbing salt in her wounds. I also felt outrage at Thompson's display following the verdict, and interpreted this as contempt for our family⁴¹. I was extremely fatigued

⁴⁰ I remember the long hours waiting along with Joyce and other members of our family in anticipation of this verdict. I also recall Judge Neazor saying to the jury words to the effect of 'We don't like having the expense of re-trials' which we felt put unnecessary pressure on them to come to a decision expeditiously. Justice Neazor must also have been fatigued because after the verdict was delivered he said to Thompson 'You are free to go', momentarily forgetting that he was still in custody for the aggravated robbery of another elderly Foxton man. Joyce recalled that three weeks before the events of 1 October 1993, this elderly man was attended to by Howard. He had been tied up and beaten with an instrument in a robbery of his home. Howard had told Joyce that he would be called to give evidence when the case went to court. Justice Neazor had previously conceded that hearing this charge at the murder trial would prejudice the defence case in projecting Thompson as a less violent culprit (vis a vis Green) in the assault on Howard.

⁴¹ The *Evening Standard* had a different interpretation of Thompson's display and said 'At 2.58 am the jury announced its verdicts. Quiet cheers of 'yes' and 'great man' came from Thompson's supporters. He turned smiling to the left of the courtroom where his supporters had sat for most of the hearing. The seats were now occupied by the Teppett family. The supporting groups had swapped over. Those Teppett family members who hadn't put their heads in their hands, or

as a spectator to these proceedings. Like Joyce, I was convinced that the Jurors (after 11 hours of deliberation) must have been similarly fatigued, and this had interfered with their critical judgement.

The Fall Out

The tragedy of Howard Teppett's violent death, had now been reduced to that of an accidental death. The Crown had failed to prove that there had been intent to cause him serious injury, or that the accused had any reason to believe that Howard would be in a state of imminent death due to the injuries they had inflicted. This was a perspective quite different to that first reported, and quite different from the Teppett family's understanding of the facts and Joyce's story. How could the jury ignore the fact that breaking into someone's house, and beating them with a 10 kg steel bar around the head and body, could not cause serious injury, especially when that person is 79 years old? Joyce was distraught. She had gone to court looking for justice and was now overcome by an immense feeling of betrayal.

That far away numb feeling she had experienced in the Foxton police station four months earlier had suddenly returned. She was under no illusion that Howard had been beaten and believed his injuries had prevented him intervening when she was being sexually assaulted by Green. We all saw the heavy bruising around his face and the large contusion on his forehead (which had induced cerebral bleeding) when he lay in state. But the jury were never shown all the photographs of his body. This enabled the defence to infer that he had not been severely beaten, and could have easily broken his rib in an accidental fall⁴².

embraced one another for support, saw Thompson smiling at them (*Evening Standard* 5 March 1994, page 9).

⁴² The defence argued (and Justice Neazor conceded) that these photographs were prejudicial to their case, as the jury were not medical people and therefore would not be qualified to assess the seriousness of the injuries. But the defence wanted the photograph of his rib cage. This photograph was significant to the defence because the Pathologist claimed Howard had died from internal bleeding from a fractured rib that had perforated his lung. The Pathologist believed the rib had been broken by a substantive blow from the linear edge of the steel bar, but the absence of significant external bruising directly above the fractured rib indicated (according to the defence) that he had not been struck with significant force on the rib cage. In Joyce's testimony she made reference to Howard being pushed down onto the floor in the surgery, and that he may have fallen against the desk, thus offering another possible explanation for the rib fracture which had caused

The Law is An Ass

The death of Howard Teppett was once again the focus of media attention, as the whole country reacted to a seemingly incredible verdict. Joyce broke her silence, spoke to the media about her experience on 1 October 1993, and was quoted on the front page of the *Evening Standard* (3 March 1994) saying 'The law's an ass, I don't think its fair'. She was feeling very angry, was not hesitant in describing her experience of the attack from Thompson and Green, and how this verdict had let her down with a wallop. The police visited her, expressing their commiseration at the verdict (but not offering an explanation) and said that they would try to lay a charge of aggravated robbery against Thompson⁴³. However, they warned Joyce that the defence were likely to object to this, given that Thompson had already successfully defended a charge of murder. Joyce was worried sick that Thompson would get away scot-free, but received enormous moral support from the widespread public outrage that followed the verdict.

This verdict must have been particularly difficult for Foxton, as the town was reminded of the murder of an elderly woman Lorna Robinson in 1977, where the accused (represented by Les Atkins) was subsequently acquitted on a technical defence. I can recall Howard's distress in having to identify Lorna's body, and how he assured himself that his patient and friend had not suffered for long due to the multiple stab wounds around her throat. Trevor De Cleene, who had been involved in the defence of the Lorna Robinson murder, said he could understand the small town's anger over the Teppett trial verdict, and was:

extraordinarily concerned about the attitude of the courts and the treatment of criminality, it was time for the pendulum to swing back to the protection of society against violent crime, we have given too much credence to the offender and not enough to the victim, and people were entitled to feel safe in

Howard's death. In suppressing the photographic evidence of Howard's other injuries, Justice Neazor was attempting to compensate for the prejudice that existed towards the accused, and would inevitably be reflected in the jury. This is not an unusual practice in High Court trials.

⁴³ Thompson was subsequently charged with the aggravated robbery of Howard Teppett, a charge he would later admit, together with the other aggravated robbery of the elderly Foxton man who had been Howard's patient.

their homes and on the streets of this country (*Evening Standard*, 9 March 1994, front page).

The family felt totally re-traumatised by this verdict, and more emotionally devastated than when we were first informed of Howard's homicide and Joyce's rape. It was worse because we as a family had been violated by due process, and were confronted with the reality that as victims of crime we were powerless within the administration of criminal justice. However, in the days following the verdict, buoyed by the support of so many people throughout the country, we honestly believed that it would be possible to have a re-trial. We were ignoring the reality that there is no such statutory provision for the prosecution (only the defence have the right of appeal), but felt that there was a chance of creating a precedent.

In a sense, a precedent was created with the Solicitor General agreeing to meet with us as victims and to hear our concerns, a response that is within the parameters of the Victim of Offences Act 1985. We took the opportunity of this audience to express our concern about the performance of the Crown Prosecutor, who we felt was totally out-matched by the litigation skill of the defence. We believed that he had not sufficiently prepared for the case, particularly in regard to the pathologist report, and should have obtained a forensic pathologist's opinion as to the lack of external bruising over the fractured rib, verifying that he could have been struck a substantial blow without leaving significant exterior bruising. However, the Solicitor General found nothing untoward in the verdict, the judge's instructions to the jury, nor the length and hour of jury deliberation. He also advised that the Crown Prosecutor had subsequently taken the opportunity to consult with a leading forensic pathologist regarding our concern about the absence of bruising. This pathologist, Dr Kenneth Thomson, confirmed that the absence of exterior bruising underlying an abrasion was an indicator of lack of force. We had felt the full power of the State closing ranks, in the nicest possible way⁴⁴.

⁴⁴ The family felt a tremendous anger at what we considered a farcical legal process, because we were acutely aware that only four people really knew what happened between 3:00 am and 5:00 am on 1 October 1993. One was dead, one had given evidence and both accused made contradictory statements to the police, but were not called to give evidence. We felt aggrieved and confident the

There were some letters to newspaper editors, which defended the verdict and the system of adversarial justice which characterises New Zealand's criminal law. For example, a letter by Shirley Smith, Barrister and Solicitor of Wellington (*Dominion*, 15 March, 1994: page 6), eloquently defends the legitimacy of legal fiction (where the court, mindful of potential juror prejudice, reconstructs the crime, sometimes suppressing evidence that is excessively prejudicial to the defence) and warns against the perils of any justice fuelled by outrage and vengeance.

This legal view was a particular worry for Joyce and the Teppett family. We were not advocating revenge, but believed that the legal fiction created in this trial had simply mis-represented to the jury what had transpired on 1 October 1993. Joyce certainly did not see incarceration as purely punitive, and was hopeful that both Thompson and Green would come out of prison better people than when they went in. However, she knew that there was a high chance of further criminal contamination in prison, but saw prisons as a necessary evil because there would always be a certain type of offender who needed to be incarcerated. She also thought this must cause anguish for the families of Green and Thompson, because irrespective of what your children do you must still love them.

This second wave of correspondence and media attention confirmed the public abhorrence for such crimes, and was highly critical of a justice system that could be so negligent to the victims of violent crime. The support expressed spurred Joyce on, giving her the strength to speak out. She gave a live interview to Kim Hill on Radio New Zealand on the 2 March 1994, where she repeated her view that the law was an ass and that there had been no justice for her brother in his murder trial. Her anger with the criminal justice system (which she believed took better care of the criminal than the victim), motivated her to give an interview with *The Evening Post*, which published a feature article titled 'Why do young

system was flawed, particularly because Joyce's testimony had been used to free someone whom we believed was a murderer. While Thompson was entitled to decline to give evidence, unfortunately for the Teppetts, Joyce had no such choice. She was of principal interest to the Crown as a prosecution witness, whereas her status as a homicide and rape survivor was relatively superfluous, reduced to a 'victim impact statement' prior to sentencing.

men rape elderly women?' (McBride, 12 March 1994:13). She said in this article that she thought Green had been angry and frustrated at not getting money or drugs fast enough, and that this was why he had raped her. This confirmed the juxtaposed comment by Toni Allwood (National spokesperson for Rape Crisis) and Warren Young (Professor of Law and former Director of the Institute of Criminology, Victoria University) asserting that rape was primarily a violent act of asserting power and control, rather than a sexual act. Joyce said there should be statutory provision of legal counsel for the victims in jury trials (as occurs in some European countries), a measure that would ensure that juries heard the victim's perspective on the crime and not just the prosecution's interpretation of this experience.

The Sentencing of Green and Thompson

There was an air of expectancy as Green's sentencing approached. Joyce and the family were given the impression that there would be statutory appeasement by way of the sentences that would be handed down. On the 26 March 1994, Green was sentenced to a total of 16 years for the manslaughter of Howard and sexual violation of Joyce, a reasonably long sentence but short of Joyce's desire. She was aware that with remission he would only serve 11 years or so. This was not enough (in her mind) for murdering her brother, and she thought that if one committed murder and was sentenced to life imprisonment, a person should serve a significant part of their life. She reflected on the fact that Green and Thompson (the latter sentenced to 10 years for the two aggravated robberies), were both young men, and after they had done their time they would still be young men. Howard had gone for ever, and because she had received a life sentence as a survivor of homicide, why shouldn't they? She described her resentment at having to lock her doors (even during the day time), and that because of her subsequent fear of crime, she was now effectively incarcerated in her own home⁴⁵.

⁴⁵ It was noticeable that Joyce remained quite paranoid about being criminally victimised, and kept all the windows and doors in her house locked. I know that with her deteriorating eyesight she felt increasingly vulnerable, and was reluctant to open the door to people she did not know. She had been burgled twice between October 1993 and March 1996, but on both occasions was out in her garden and did not see the burglar. She was relieved about this, and had a distinct fear that should she come face-to-face with a burglar, she would sustain an assault.

This is a generalised fear of crime per se, and not focused on a fear of Thompson and Green seeking revenge on their release from prison. When Thompson escaped from Linton prison in 1997, Joyce was not unduly worried. She thought he probably appreciated her testimony because it helped get him off murder⁴⁶. She was more candid about Green though, and viewed him with greater disdain, thankful that he would be locked up for longer than Thompson.

Reflecting on the Media

Joyce was staggered when the media turned up at her house after the trial, and certainly had not expected this to occur. A quiet private person by nature, she did not like seeing herself flashed on the television and the story being harped on and on about for weeks on end. She felt so strained and drained that she didn't have the strength to resist. Early on, when she would go up town she'd get smiles from people in the street who she didn't know, and would think, 'Yes. You saw me on television, there's that face again, you know who I am'. After such experiences she was always glad to get home, and be on her own out of the limelight.

The journalists themselves were not insensitive to her, quite the opposite, but she thought this was a ploy used to get you to open up. They had a job to do and she believed they were skilled at getting her to talk, but was most comfortable speaking with the media when she was in the company of other family members. However, this did not always occur, and she was particularly affronted by TV 3 when they turned up at her house in 1997, after Thompson's escape from prison. The reporter presented herself on her doorstep first thing in the morning⁴⁷, and was very pleasant, so Joyce asked if she would like a cup of tea. She said yes, and could her friend who was waiting in the car have one as well, as they had just driven up from Wellington. What rocked Joyce was that when this other person came into her house he was operating a TV camera, which she thought was an invasion of her privacy. She wished she had told them to leave her house. She

⁴⁶ Thompson was at large for several days, but returned to Linton prison voluntarily. He received an additional 6 months for escaping lawful custody.

⁴⁷ Joyce was notified by the police of Thompson's escape. she was visited by Victim Support, and then by the media in quick succession.

now felt much stronger in being able to resist their interest, and would definitely not talk to them again⁴⁸.

THE TRAUMATIC EXPERIENCE OF RAPE AND HOMICIDE

The central focus of this thesis has been to examine Joyce's phenomenological experience of trauma throughout her life. She has described the rape and homicide as her most traumatic experience, which I will now examine in an interpretative context.

The Traumatic Experience of Elder Rape

Joyce's experience of elder rape was consistent with the proposition that the sexual violation of older women most often occurs as a crime of opportunity committed in conjunction with another crime, especially burglary (Davis, 1980:98-100). She was certainly aware of the risks of burglary when she stayed with her brother, because of Howard's occupation as a GP and the possible availability of drugs. Over the years, Howard had sustained a large number of burglaries. The traumatic impact of the rape has to be seen in the context of the crime, Joyce's personality and her previous experiences of trauma (Davis, 1980:101; Koss and Harvey, 1991:43-44).

The Nature and Context of Her Rape

Joyce was sexually assaulted by Green soon after the initial break in, and later in the surgery he committed further sexual assaults and vaginally raped her. To be raped beside her dying brother was the most traumatising experience Joyce had ever had, and his possible awareness of her sexual violation induced considerable

⁴⁸ I can affirm some of Joyce's comments regarding the media, particularly their voracious interest in the story, as I was also pursued for comment. I was reluctant to go into town, dreaded being recognised and spoken to about either my father's death or the trial, and would prefer to keep a low profile in the privacy of my home. On reflection I also think that the high media profile of the story worked against the prosecution during the trial, making it more likely that the Judge would acquiesce to pressure from the defence to suppress seemingly prejudicial evidence. Initially, I was not opposed to the publicity as I felt that it would help us get a re-trial, but now recognise that I was yet another dis-affected victim who was willing to be paraded along with other commentators on a crime story of particular national interest. I also recall with anguish the short half-life of the

anxiety. It caused her great emotional pain to think Howard could be subjected to such a brutal and dehumanising attack, as well as witnessing her sexual violation, powerless to intervene (she believed) because of his injuries. It was this context of the rape which she found more traumatic than the rape itself. If Howard had not died, Joyce would have felt less traumatised. This would also be consistent with the proposition that sexual violation is less traumatic when the victim is not of reproductive age or in a marital relationship (Thornhill and Thornhill, 1990:155-176).

The Social and Physical Vulnerability of Elder Rape Victims

According to United States literature, elderly victims tend to have a greater likelihood to be living alone and this can increase their vulnerability to economic crimes like burglary (Bachman, 1992:2). This was certainly the case with Howard who had sustained so many burglaries in the last 20 years of his life, and since 1993 Joyce herself had been burgled twice in her own home while living alone. Joyce's experience appeared not to correspond with the United States literature describing the greater physical vulnerability of the elderly vis a vis younger victims of violent sexual assault (Bachman, 1992:2). Joyce did not suffer any broken bones, but received a severe contusion on her forearm and broken teeth from a blow with the steel bar.

Joyce described the vaginal rape by Green as extremely painful, but I can not confirm whether she suffered any substantial genital tract damage, as all medical testimony relating to the rape was suppressed at the murder trial. It has been proposed that older victims of vaginal rape are four times more likely to require surgical repair than younger women (Muram et al., 1992:74). This indicates perhaps that her rape was less aggravated, than could have been the case. Green was sentenced to 7 years for the sexual violation, 20 years being the maximum for the most heinous sexual offences. Joyce had sustained a relatively mild beating compared to that of other rape victims, and she did not suffer any serious internal

story; one minute you are a hot media property, and the next you are old hat because the story is no longer newsworthy.

injuries, which commonly serve as indicators of the degree of aggravation when determining an appropriate sentence.

Fear and the Loss of Control

Joyce and Howard were both physically assaulted by two young, violent men, who were not reluctant to use brute force in order to attain submission and this induced an element of fear. This exacerbated her vulnerability (Groth, 1978: 213) and Joyce felt powerlessness to prevent her sexual violation. She had thought of biting Green's penis but had not done this out of fear of violent reprisal. She is conscious of this powerlessness when she reflected how Howard had not intervened when Green first sexually assaulted her in the bedroom, and attributed this to him being semi-conscious.

In differentiating between sex and rape, Joyce also indicated her powerlessness. She saw sex as consensual, whereas rape was forced upon you. It was dirty and you didn't want it. Joyce felt dirty and impregnated with the odour of Green (the smell of cannabis or glue). When interviewed four years later she said that if she were to smell it again, it would bring it all back.

The Traumatic Experience of Homicide Survival

The literature recognises different grief reactions for anticipated death and *sudden traumatic* death, with homicide survivors reflecting an experience more profound, more lingering and more complex than normal grief acceptance (Lord, 1987:4-5; Sprang et al., 1989:159). This was Joyce's experience in regard to Howard's homicide, where she found the nature of his death more traumatising than his death itself. She knew he was elderly and had health problems, which meant he may not have lived for many more years anyway, but an anticipated natural death would have been quite different to losing her brother to homicide.

Joyce's Past Experience of Loss and Death

Losing her brother in these circumstances was much more traumatic than losing her eye, her parents to death from natural causes or Sam in the car accident. These

events were nothing to the grief she felt at the loss of Howard, because his death was neither anticipated nor accidental. But having successfully survived those previous traumas, has probably prepared her to survive the trauma arising from her violent criminal victimisation. Joyce's previous experience of trauma had demonstrated a remarkable ability to dig deep for reserves of resilience, and a determination to survive. This came through again when she faced the survival of rape and homicide.

Shock, Denial and Isolation

The Police described Joyce as being in a state of shock⁴⁹ and she described feeling 'numb and dumb' immediately after the event, reflecting her effort to avoid reality and deny that the death had occurred (Getzel and Masters, 1984:139; Sprang et al., 1989:161). Joyce was hoping it was a nightmare, and that she would wake up to discover the terrible events had not transpired. She stayed with relatives for several days afterwards, but was keen to move back to her own home. This pursuit of isolation enabled her to avoid continually re-telling her story, and withdrawal from sharing such stories was a behaviour repeatedly observed in a New Zealand homicide survivors therapy group (Ridling, 1994: 24-25).

Joyce felt that the nature of Howard's death was an injustice given the kind of life he had lived. He should have been rewarded by dying in his sleep which she thought was a wonderful way to go. It was impossible for Joyce to separate his death from the additional trauma of sexual violation, but she was glad she was there on 1 October 1993, because she had shared her brother's last moments of life.

Social Support Systems

Joyce got tremendous emotional support during Howard's wake and funeral, and even after returning to her own home was surrounded by friends and never wanted

⁴⁹ Detective Harry Hawthorn said Joyce was in too much of a state of shock to be interviewed by police on 1 October, and praised her strength of character for first going to the aid of her brother, and then for raising the alarm (Manawatu Herald, October 6, 1993:3). Joyce was interviewed on 2 October and, because she was still in a state of shock, later felt her Police statement was deficient.

for company. She wanted to return to her own home and to retrieve as much of her old life as she could, but at times became deeply miserable in her solitude. Some friends encouraged her stoicism, but with others she would reveal the depth of her grief. Her family was particularly important in this regard, as their shared experience of homicide survival gave them empathy for her loss.

Joyce knew that she could call on her family in Palmerston North whenever she needed help, but was reluctant to use this assistance, and endeavoured to maintain as much autonomy and self-reliance as possible. Joyce became concerned that she would be seen as demanding by her nephews. She believed that she would not be demanding of her own children (if she had any) and therefore could not let herself be demanding of her brother's children.

THE TRAUMATIC EXPERIENCE OF A MURDER TRIAL

Joyce remained suspended in the trauma of her rape and her brother's homicide, unable to move on in her grieving until the trial was over. Throughout this time she displayed a stoic image of coping, but inwardly was scared that she would 'lose her marbles' and feared becoming mentally ill because she knew she could not cope with that. Joyce was relieved to be told a week before the trial that the rape charge would not be defended. She was essentially a private person and would have found the public-examination of her sexual violation additionally traumatic.

Joyce felt bitterly alone at the trial, because of the absence of visible support for herself and the Teppett family. There was plenty of Foxtonian support for the accused and it shocked Joyce to see the brazen presence of so many gang members. This reinforced her feeling that she was now alone, and getting through the trial involved a great deal of self-reliance. The tremendous Foxtonian support she had received at Howard's death had seemingly evaporated, and she initially felt a sense of betrayal that so many of Howard's friends were not at the court to support her. In time the resentment waned, and she felt that many of Howard's

friends had 'moved on' in their grief and had no desire to revisit it at a trial, especially with the intimidating presence of Foxton-based gang members.

Her Testimony

Joyce was the key witness in the Crown's case against Green and Thompson, and was initially confident there would be a guilty verdict (because of widespread public support and police confidence). She was determined to 'get justice for her brother' and was convinced that her testimony would help achieve this. The Crown Prosecutor briefed her about the process, and implored her not to mention anything about the rape in her testimony. Joyce was encouraged to take a friend with her into the dock for moral support. She felt this wasn't that helpful (as she couldn't talk with her) but was pleased to be able to accommodate a friend's desire to support her.

Joyce was reluctant to offer an opinion on her performance as a crown witness, 'this was for others to assess', but was conscious that her testimony mitigated Thompson's culpability in Howard's homicide. While she later expressed considerable regret about her choice of words in her original police statement (i.e. that Thompson had 'a kinder disposition'), she bore no apparent malice towards Thompson's counsel who seized upon this opportunity in the defence of his client.

However, she was derisive towards Green's counsel, convinced that he focused on her visual disability to discredit her as a witness. Joyce felt that his repeated questioning about why she wore glasses if she could see without them, was a dig at her prosthesis and resented her disability being seen as a weakness. In summing up, she believed he said 'she wouldn't of minded being raped beside her dying brother because she had contemplated kicking him in the groin'. She harboured tremendous animosity towards this counsel for making this comment, and after the trial she wrote to him expressing her disgust.

The Jury Deliberation and Verdict

Joyce recalled the long deliberation of the jury, and was aware that this was not an encouraging sign from the prosecution's point of view. Each time the jury filed back into the courtroom for clarification on a point of law or aspect of evidence, Joyce was struck by their 'youthfulness' and became convinced that they would not deliver her justice. She remembered the discomfort of the Crown Prosecutor in the early hours of the morning when she asked him what was happening. He suggested that Green would be found guilty of murder and Thompson manslaughter. Joyce was not convinced and prayed for the result she wanted, but was bitterly disappointed. The jury found Green guilty of manslaughter (not murder) and this meant that Thompson (who had been charged as a party to murder) was acquitted. Joyce was angered when Thompson turned and faced her family, curtsied and laughed in their face. The media coverage put a different interpretation on his display (see footnote 42), but Joyce and the family were not convinced.

The Media

There had been a media presence throughout the trial, and acute public interest in Joyce's story after the verdict, which was described as incredible given the previously reported circumstances of Howard's homicide. Joyce was so angered by the verdict that she spoke to the media expressing her disgust and her belief that the law was in need of radical reform. She gave interviews with television, newspapers and radio and this projected to the public an image of Joyce as a disaffected victim of crime, and a profile as 'the Foxton doctor's elderly the sister who had been raped'.

She regretted having talked to the media and in retrospect would have preferred the dignity of anonymity. Joyce felt the media had focused on her tragedy because of its newsworthiness, and had not attained any benefit from speaking to them. She felt that the journalists were skilled in extracting her story, and were able to disguise their 'curiosity for the macabre' as apparent empathy for the victim of a heinous crime. She was particularly offended by the intrusiveness of the media

following Thompson's escape from Linton prison in 1997, when a television cameraman unexpectedly entered her house and filmed her. Joyce was reluctant to concede that the media exposure may have helped others similarly affected by criminal victimisation, and believed that the whole story must have become tiresome to the general public.

JOYCE'S EXPERIENCE OF POST-TRAUMATIC STRESS DISORDER

Sprang et al. (1989:159-164) identified nine reactions to homicide associated with post-traumatic stress disorder, some of which are also associated with rape trauma syndrome. Joyce appeared to experience six symptoms of post-traumatic stress disorder; namely, shock and numbness, concern about the brutality and suffering, guilt anger and resentment, disturbance of sleep patterns, feelings of depression and hopelessness and the inability to put the rape and homicide out of her mind. Each of these symptoms is discussed below

Shock and Numbness

Joyce experienced the conscious avoidance of recall which induced a feeling of numbness, especially soon after the events of 1 October 1993. She described feeling 'numb and dumb' at the time of the police interview, a state reflecting the psychological process of denial which often follows a traumatic experience. Initially she thought it was unreal, a nightmare which she would awaken from, and was reluctant to talk about what had happened because the horror of the experience had been too traumatic to face, comprehend and articulate.

The distress of this moment made her wish that she had died with Howard, and been spared the trauma of homicide survival. But her denial was short-lived. She knew Howard was dead before she ran to get help, and the consequential police enquiry and media attention confirmed his death. Her substantive statement to the police was made on 2 October 1993 while still in shock, and she felt this was an inaccurate document, particularly in explaining the rationale for her disposition toward Thompson vis a vis Green. She felt let down by the constable who undertook the interview, because the statement did not explain why she said

Thompson had a kinder disposition than Green. Quite simply, *she did not see Thompson hit Howard, and he hadn't raped her*. She believed he was equally aggressive during the attack; that he was responsible for the initial assault on Howard, which may have broken his rib and lead to his death. She recalled having the same feeling of shock following the trial, as she could not believe the verdict.

Concern About the Brutality and Suffering

Joyce had firsthand experience of the aggravated nature of the attack by the two offenders, and vividly recalled the abusive language, how she and Howard were repeatedly punched and hit with the bar, and the sexual brutality of Green. Joyce had been terrorised for up to three hours, and had been deeply concerned for Howard who had sustained severe injuries. She felt tremendous fear when the offenders showed no respite in their brutality and were reluctant to leave without more money or drugs. She could not assist her brother and was paralysed with fear. All she could do was to pray for divine intervention.

Guilt, Anger and Resentment

Joyce experienced guilt when she survived, and guilt over her testimony which mitigated Thompson's culpability in her brother's homicide. She would often mentally re-visit the crime scene with a different scenario (i.e. What if she had been able to escape earlier and raise the alarm? Could this have prevented her brother's death etc.?). The guilt gave way to tremendous anger towards the offenders and also the criminal justice system for its relegation of the interests of the victims of crime.

Four years after the event, Joyce's attitude toward the offenders was still one of anger. They had robbed Howard of his life, the opportunity to know his youngest grandchildren, and robbed her of quality in her own life. She was angered that Thompson got off with the help of her testimony and that he had the audacity to laugh in her face when he was acquitted of murder. She was angered that, despite their relatively long sentences, with remission they would come out of prison young men, and yet her brother would never come back.

Her anger is also projected against the defence counsel (particularly Green's) for 'getting them off', and the Crown Prosecutor for 'being so incompetent'. Together they had reduced the significance of her testimony as a crime victim. Joyce felt passionate about the rights of victims and principles of restorative justice, and bitter resentment that after all she had been through she could not get justice for her brother. She was convinced that such injustice would continue until the criminal justice process was amended, to take greater account of victims' input.

Disturbance of Sleep Patterns

Initially Joyce did not sleep well. She would cat nap during the day and dread the night. She would go to bed tired but be unable to sleep because in her dreams she would revisit the course of events of 1 October 1993. She endured a recurrent nightmare which featured a vicious snarling dog, which she associated with Green because of the way he had snarled at them. She would wake abruptly, get up and go into her lounge and sometimes listen to the radio, but because there was coverage of the Teppett murder for weeks and weeks this didn't help her sleep either.

She became so tired that at times she would use a sleeping tablet, and the nightmare eventually stopped after she began sleeping through the night. She still had nights when she couldn't sleep four years after the event, and continued the occasional use of sleeping pills which had never been the case prior to 1 October 1993. However, she felt that as you got older you could get by with less sleep anyhow.

Feelings of Depression and Hopelessness

The experience of rape and homicide tested Joyce's ability to bounce back as she had from previous traumatic experiences. She had lost so much. Howard was the last surviving family member of her generation, a friend and mentor. She could reminisce with him about their childhood memories and he was someone Joyce could care for. The enormity of her loss immersed Joyce in a sense of hopelessness where she sometimes wished that she had died with Howard, to

avoid the trauma which followed. Joyce initially adopted a fatalistic attitude towards her recovery and didn't find the serious assault counselling from ACC helpful for this very reason. She was old, had lived her life and lacked the resilience she had had as a younger person to fight back. The potential to attain the adaptation phase of recovery may well have seemed impossible for Joyce six months after the homicide, as she was still suspended in shock waiting for the trial. She had no control over the timing of the trial and because of this powerlessness a fatalistic approach to her survival was understandable.

Inability to Put the Homicide and Rape Out of Mind

Howard's homicide was inextricably connected with her own experience of rape. Initially she had felt sorry for herself and disappointed that she hadn't resisted Green because she had been terrified into submission. Even when she resumed some autonomy and ventured into town, she was conscious that people recognised her from the paper or television, which reiterated her status as the sister of the doctor from Foxton who had been raped. The images remained as vivid as if they were yesterday, but Joyce learned to live with them. This was an idiosyncratic trait which arose during her previous experiences of trauma, where recovery has in part been grounded in her recognition and acceptance that there were some things she could not change. This now included her status as a rape and homicide survivor. She reminded herself that life had to go on, and that she could not afford to sit back and be miserable at her time of life. She wanted a quality of life which she knew would only happen if she didn't become overpowered with grief.

THE TRAUMA OF RAPE AND HOMICIDE SURVIVAL AS A TURNING POINT IN HER LIFE

Joyce's experience of rape and homicide survival has led to changes in the cultural, social and psychosocial dimensions of her life (Mandelbaum, 1982:150)

Cultural Dimension

It is a rare experience for an elderly person to be raped and to survive a homicide in the same crime scene, which has made Joyce's experience quite atypical. Joyce

acquired an additional status as a victim of a particularly heinous crime, which received substantial media coverage. This meant that for a while she lost her privacy, and was acutely aware that members of the public recognised her as the 'the Foxton Doctor's elderly sister who had been raped'. Joyce did not enjoy this status and she regretted talking with the media because she saw herself as a private person. The experience of the trial completely changed her disposition towards the criminal justice system which she believed was flawed because it relegated the interests of victims of crime. In the past, she was relatively unaware of criminal justice processes and would not presume to question the efficacy of due process, but she was so angered and indignant from her experience that she broke her silence and spoke out after the trial.

Faith and Joyce's ability to cope

Joyce told the *Evening Post* (12 March 1994, page 13) that much of her strength or ability to cope was due to her Christian faith. She described how she had nearly lost her faith altogether after the trial because she really asked God for help (as she had during the attack) and felt some disillusionment when it wasn't forthcoming. But later she thought that perhaps God had helped her when she reflected on how far she had come since the tragedy, and the strength she had mustered to survive the trauma.

But Joyce could not forgive Thompson and Green for what they had done to her life. Their crimes were too big to forgive, although she recognised that this attitude conflicted with Christian principles. She believed her ability to cope with both past trauma and the trauma of rape and homicide stemmed from her faith in God. This experience tested all the resilience she could muster and Joyce took some comfort in the belief that no future mishap could cause her anywhere near the same amount of grief.

Social Dimension

Fear of Crime

Earlier literature (see Chapter 1) has reported that the fear of crime was inversely related to the experience of criminal victimisation, and that elderly people experience the greatest fear of crime but the lowest rate of victimisation. This did not appear to be the case in the inaugural New Zealand National Survey of Crime Victims, where younger people who experienced greater victimisation had a greater fear of crime (Young et al., 1997:118-119). It would appear that fear of crime was influenced by the greater vulnerability of some groups, even though their risk of victimisation was no higher than others and recent victimisation. This would suggest that because of Joyce's age and recent victimisation she would have an increased fear of crime.

Joyce's first experience of criminal victimisation occurred during the depression, when the family's kitchen was burgled in Boundary Road. Later in the mid 1960s, someone broke into their garage in Victoria Avenue, and letters that Joyce had kept from her childhood were destroyed. These experiences had no significant impact on Joyce's disposition towards her own safety, but she had an acute concern for the security of her brother, because of the number of burglaries he had sustained. However, she was burgled twice after 1993 and demonstrated significant fear at the prospect of encountering a burglar and being attacked. On both these occasions I recall Joyce being quite distressed that someone had been into her house. She was annoyed at having to lock her doors during the day while working in her garden and reported feeling like a prisoner in her own home.

While she reported a fear of crime she also had a fatalistic disposition which would mitigate her anxiety. She felt that because she had been through such a traumatic experience, that nothing could ever hurt her again to the same extent. Her increased security reflected an increased fear of crime per se, and Joyce was not re-traumatised when Thompson escaped from Linton prison in 1997. However, she acknowledged that she would have had a different disposition if it

had been Green who had escaped. She felt that Thompson would have appreciated her testimony, and would not hold any desire for revenge.

The Loss of the Caregiver Role

While Howard had been opposed to Joyce moving permanently to Foxton, she had nonetheless ingratiated herself significantly into Howard's work and life. She was the 'Foxton Boarder' and this enabled her to maintain her role as a caregiver, a vocation that had characterised most of her adult life. Howard's death removed this, and Joyce became the last living Teppett of her generation in New Zealand. For the first time in her life she had no one to care for and there was a void in her life. She lamented the loneliness of not having someone of her generation in the family to talk with, but certainly appreciated the contact she had with her nephews. She maintained her interest in craft work, bowls, the Country Women's Institute and the church and was determined to get the most out of the social opportunities she did have.

Vulnerability and Independence

Despite her failing eyesight, which further exacerbated her vulnerability, she was committed to maintaining her autonomy and determined to live alone. She passed over the opportunity of moving into a retirement village which offered nursing care and greater physical security. This was because she would have had to give up her garden, which she saw as her therapy and something she could still do with limited eyesight. She also had a neighbour who was extremely kind and helpful. Overall, she had insufficient fear or paranoia to push her into exchanging these important aspects of her life for a new living situation.

Psychosocial Dimension

Joyce's previous life experience with trauma, demonstrated that she had a remarkable ability to dig deep for reserves of resilience and determination to survive, and this stoic disposition was demonstrated again as she endeavoured to survive the trauma of rape and homicide. She kept saying to herself that life had got to go on, that you can't sit back and be miserable at her time of life. She still

had a lot of living to do, and wanted to have a quality of life which would only happen if she didn't become overpowered with grief. In a sense she now saw herself as a 'caregiver for herself', and was determined to maintain her independence for as long as was possible. While this was a transition from being a caregiver for others, she also recognised that there might come a time when she would need to go into nursing care herself, particularly if she were to go totally blind.

JOYCE'S LIFE WORLD AND PHENOMENOLOGICAL ATTITUDE

The two perspectives of *natural attitude* (the spontaneous reflections of what are the givens in her world) and her *phenomenological attitude* (where she made her experience an intentional object of enquiry) were apparent in this chapter (Watson, 1976:99).

Joyce's Life World

Idiosyncratic Conceptualisation of Experience

When she was being raped she had thought of biting Green's penis, but hadn't because she was scared of additional violent retaliation. Joyce knew Howard was in a bad way, and did not want to induce any further assault from them. When she heard Green and Thompson leaving in her car, she knew that *she* had to raise the alarm and getting help for her brother was totally dependent on *her* effort. It would seem that Joyce had the same disposition to overcoming the trauma of rape and homicide survival, as she had with previous traumatic experiences, and was determined that it would not beat her.

She could not change her status as a rape and homicide survivor, but had to accept this and move on. Joyce recognised that she was in her twilight years and therefore didn't have the luxury of wallowing in self-pity if she wanted to get enjoyment from the remaining years of her life. To achieve this, she knew that she had to retain as much of her previous life as possible and maintain her living situation to ensure she had access to her garden and supportive neighbours. When her vision began to fail, she registered with the Foundation for the Blind who assisted her to

make routine living adjustments, recognising the importance of taking these steps in order to retain her independence.

Significant Imputation of Meaning

Joyce's faith in God had its greatest test as she and Howard were brutalised during the break-in on 1 October 1993. Joyce had prayed out loud for God's help as Green was raping her and the lack of divine intervention was a tremendous blow to her faith. She had felt forsaken. All her life her faith had been her friend, and when she needed it most because she and Howard were so vulnerable and helpless, it wasn't there. Before she left the crime scene to get help, she covered Howard with a blanket even though she already thought he was dead. Joyce attached significant meaning to this experience; she had been able to share the last moments of her brother's life and if she hadn't been there perhaps his body could have been carried off somewhere.

However Joyce's faith in God has strengthened since the trauma of rape and homicide survival. She attributed her resolve to survive this experience and ability to maintain an independent lifestyle to her faith and proof that God had not forsaken her. Even as she faced the prospect of losing her sight, she was convinced that God would not abandon her to blindness. If this were to happen, Joyce would most likely see this as an indication that the time had come for her to consider nursing care, rather than a reason to reject her faith. She developed a fatalistic disposition; whatever the future held for her, nothing could be as traumatic as rape and homicide survival and her faith in God reinforced this.

Joyce's Phenomenological Attitude

Influence of Cultural Determination

Joyce was determined to 'get justice for her brother', and felt a deep sense of personal responsibility as the principal prosecution witness in the murder trial. She had always demonstrated a tremendous loyalty to her family and while she had been unable to prevent Howard's death, she felt sure that if she told the truth the jury would convict. She felt considerable anger that her testimony had helped

acquitt Thompson, saying the policewoman should have ascertained why she felt he had a kinder disposition than Green, which would have reduced the potential for this comment to be taken out of context by defence counsel.

Selective Effects of Memory

This was most apparent when Joyce reconstructed the course of events which occurred on 1 October 1993, in the life history interviews four years later. As time went by, Joyce reconstructed the course of those events to lessen the trauma that arose from the experience and its recall. To believe Howard *didn't know* she was sexually violated reduced the emotional trauma arising from her status as a homicide and rape survivor. Joyce's police statement, court testimony and life history narrative all offer slightly different perspectives on the events of 1 October 1993. Her life history narrative has reprocessed her experience into a format she finds less traumatic, but it is a version which seems less likely.

If Howard had been conscious of the sexual assaults taking place in the bedroom (as supported by her police statement and court testimony) then it seems plausible that Howard would suggest that she leave the room with Thompson (as suggested in her life history narrative) to get respite from this attack. Furthermore, one can assume that when Joyce and Thompson left the bedroom, Howard was further assaulted by Green (probably for telling Green what he thought of him for sexually assaulting his sister). When Joyce returned to the room, Howard was lying on the floor, Green was standing over him and prodding him with the bar, and after this she never recalled him saying another word. However, it does not seem likely that Howard would have been aware of her rape in the surgery, as by this time he would have been unconscious from the blood that had filled his left lung.

It seemed likely that the police statement made on 2 October 1998, reflected her *natural attitude*, although she was the subject of an interview process and undoubtedly still in a state of shock. Similarly, a *natural attitude* was evident in her court testimony. She adamantly believed that she told the truth as she saw it, even if, in retrospect, this had mitigated Thompson's culpability in Howard's homicide. However, because the life history reconstruction of the course of events

on 1 October 1993 was different from these previous perspectives, it seemed more likely to reflect a *phenomenological attitude*. Joyce attached significant solace to her latent belief that Howard had not known of her sexual assault (because of his semi-consciousness and lack of intervention) despite this being contradicted by her police statement and court testimony. Perhaps this reflected a desire that her life history narrative should also endeavour to mitigate the trauma of this experience, as her reconstruction had done.

She was reluctant to comment on her performance as a witness, which perhaps reflected some degree of guilt which she did not want reflected in her life history. While she readily acknowledged her police statement and testimony had mitigated Thompson's culpability in Howard's homicide, she did not comment about how other aspects of her testimony had mitigated Green's culpability. It was significant to the jury that Howard may have broken his rib when Joyce said 'she thought he hit the desk when he was pushed onto the floor of the surgery by Green'. This testimony was pertinent to Green's defence and Joyce was either unaware or unwilling to acknowledge this.

CONCLUSION

At 78 years of age Joyce experienced the most devastating trauma of her life. Her experience of elder rape was consistent with the literature in that it occurred in conjunction with another crime (burglary), and because of her age she had been relatively helpless to prevent it. However, she did not sustain any serious internal damage, which appears at odds with the increased risks of older women vis a vis younger rape victims reported in the literature. However, the psychological trauma of her rape was exacerbated by the context of the crime, particularly because her brother may have been conscious of her sexual violation. The fact that he died and that his last image of his sister may have been her sexual violation have caused Joyce immense pain, and have been much more traumatic than the rape itself. To cope with this, she reconstructed the course of these events into a form she found less traumatic where Howard *was not* conscious of her sexual assault and violation.

The experience of homicide survival was made more traumatising because the accused were not convicted of murder, and this exacerbated her distress. Joyce endured at least six symptoms of post-traumatic stress disorder commonly associated with rape and homicide survival: *shock and numbness, concern about brutality and suffering, guilt anger and resentment, disturbance of sleep patterns, feelings of depression and hopelessness and an inability to put the homicide and rape out of her mind*. She endured some of these symptoms for many months and others (disturbed sleep patterns) for years, confirming that her experience of the grief that arose from Howard's homicide was more profound, complex and protracted than that associated with natural death.

Joyce's criminal victimisation has resulted in an increased fear of crime. She had been burgled twice since 1993 and now consciously locked her doors and was fearful of encountering a burglar in her house in case she was assaulted. However, this fear of crime was not sufficient for her to give up her independent living situation. She had had the opportunity of moving into a more secure living situation, but resisted this because the benefits were outweighed by the costs of having to surrender the autonomy of independent living. Joyce looked upon her ability to look after herself and her garden as affirmation that she still had this capacity, *despite* what she has been through. The significance of self-reliance had always been a feature of her life, particularly in her recovery from previous traumatic experiences. She would reconsider her living situation only if she became unable to be self-reliant and it would be irresponsible to persist because her frailties meant living independently was too dangerous. However, she also had the comfort of knowing that family members were supportive of her efforts to retain independence and could be called upon to undertake tasks to make this possible.

It seemed that her past traumatic experiences had given her the resilience to survive and now, particularly because of her age, unless she adopted a positive outlook to move forward she would die deeply miserable. Joyce had consciously endeavoured to normalise her life and retaining as much as possible of her previous lifestyle was pertinent to this. She had always been a very private person,

and certainly did not enjoy the publicity that surrounded her rape, Howard's homicide and subsequent trial. She briefly spoke to the media after the trial and demonstrated an awareness of why current criminal justice processes are negligent of victim's interests. However, she also recognised that the fight for reform of the criminal justice system would be huge, and beyond her years to achieve. She regretted talking to the media (which had been so out of character) and retreated into her privacy to rebuild as much quality into her life as possible.

Joyce attributed most of her ability to cope and survive the trauma of rape and homicide to her faith in God, which she believed had always assisted her throughout her life. This Christian faith had been an explicit feature of her life since childhood, and had given Joyce courage when she faced trauma in the past. During the break-in and after the trial her faith diminished significantly, as she had felt forsaken. However, when she reflected on her recovery since the events of 1 October 1993, she was convinced that this was God's work. She also had tremendous relief in knowing that because this had been the most traumatic experience of her life, nothing else could hurt her quite the same, which gave her courage to carry on. Joyce believed that God would assist her in the future as well and this contributed to a fatalistic disposition towards the rest of her life.

CONCLUSION

I undertook this study with the basic aim of producing a family life history, and combined this with the study of trauma in one woman's life. Joyce was an excellent subject for this enquiry because she has had such a range of traumatic experiences over her lifetime. The tragic circumstances of 1 October 1993 were the underlying catalyst for this study and my salient and positive relationship with Joyce gave me access to her story. She had always had a strong interest in her family's genealogy and was a motivated narrator because she saw this life history as an opportunity to record her knowledge of the family and her personal experiences.

This thesis has examined Joyce's experience of trauma as it has occurred over her entire lifetime. Her experience can be seen as quite atypical. She experienced not only extensive familial bereavement, but two traumatic accidents that together had a significant impact at different stages of her life. At 21 Joyce had to deal with the trauma of facial disfigurement after she lost her left eye in an accident with a pair of scissors. When she was 35 years old she first experienced the trauma of parental bereavement, with her mother dying from a long-term cancer. Thirty years later her father died when he was 87 years old. When Joyce was 66 years old, her husband was killed instantly in a car accident and she was critically injured, requiring several months of hospitalisation. During her physical recovery from this accident, she had to adjust to *needing* care and also began living alone for the first time in her life. On 1 October 1993 when she was 78 years old she was raped during the aggravated burglary of her brother's house and surgery. Howard died as a result of the injuries sustained in this burglary. Joyce endured not only the trauma of the rape and homicide but also the subsequent trauma of the trial in 1994.

I have used the life history method(s) of in-depth interviews, and participant-observer techniques to record her narrative. While this method was the best way to access Joyce's phenomenological experience of trauma, I have been conscious of the potential for distortion to occur in life history narratives. In constructing this

life history I have described how my close familial relationship with Joyce and her *natural* and *phenomenological attitude* influenced her disclosure during the interviewing process. As a result, this life history is a product of our relationship and it is quite possible that another researcher would be likely to construct a rather different life history from a somewhat different perspective.

There has also been inevitable distortion of her narrative when I have intruded with my interpretation of her socio-cultural context and how this influenced her phenomenological experience of trauma. I have developed idiographic propositions which explain how some of these experiences of trauma became major turning points, precipitating biological, cultural, social and psychosocial changes (Mandelbaum, 1982:159) in her subsequent life. But this was *my analysis* of her experience, based on my pre-understandings of her life, the new information I learned during the in-depth interviews and my assessment of her experiences vis-a-vis the academic perspectives discussed in the literature review. Unlike the narrative component of this life history, my analysis has not been subject to Joyce's critique. She may not agree with what I have construed to be turning points in her life and would probably see the language I have used to describe these junctures as somewhat jargonistic and inaccessible.

THE TRAUMATIC EXPERIENCES WHICH HAVE SHAPED HER LIFE

Losing Her Eye

Losing her left eye at 21 years of age appeared to have a significant effect on her subsequent life. When most of her peers were marrying and starting their own families, Joyce had an accident with a pair of scissors that left her facially disfigured. Elks (1990:36-37) has reported how facial disfigurement can greatly affect the way people are perceived, because of the pervasive physical attractiveness stereotype that 'beautiful is good'. There was certainly evidence to suggest that young women in the 1930s in New Zealand were conscious of this stereotype, with magazines and newspaper columns promoting ideal images of facial complexions and hairstyles (see Ebbett, 1981:88-91). Joyce's reflection on

her disfigurement 60 years after it had occurred revealed her awareness that she had lost some of her beauty, and that she didn't need to be reminded of it.

Joyce reflected a stoic attitude to her disfigurement, and demonstrated self-control and fortitude at this point in her life. She developed a positive disposition to make the best of the opportunities she did have, and comforted herself with the thought that she could have easily lost the sight in both eyes. It is possible, of course, that her projected stoicism in dealing with this traumatic accident also reflected her phenomenological attitude. Most importantly, Joyce did not see her disfigurement as a disability, but her mother did. Ethel became consumed with it, and endeavoured to curtail Joyce's activities so as not to jeopardise her health and safety. But Joyce rode her bicycle into town, defying her mother, to prove she wasn't disabled. She was under no illusion that how she responded to this trauma would be of more importance to her recovery than how others perceived her. She reported how her Christian faith gave her enormous spiritual strength to get through this experience, and that developing empathy and a motivation to help other people worse off than herself also assisted her recovery.

Joyce found her mother's closeting behaviour particularly oppressive and undertook Karitane and maternity training in Wanganui, in part to get some respite from living with her mother's attitude. Ironically her mother's need for nursing care meant that she would eventually have to give up work to look after her. Kerr (1994:358) has observed that a salient and negative relationship does not detract from a daughter's willingness to participate in the care of the parent, and Joyce said she was happy to be of such assistance to her mother. After her mother's death, Joyce became a caregiver for a succession of other family members, notably her father, her husband and finally her brother.

Her Mother's Death

It took Ethel more than 30 years to die from cancer, and this in itself can make the eventual death less traumatic with a shorter duration of grief (Kerr, 1994:351). She died at home amidst familial support, and this as well as being relieved of the

burden of nursing Ethel was likely to lead to a more positive bereavement outcome for Joyce and other family members (Bass et al., 1991:32-42; Yancey and Greger, 1990:29). Furthermore, Umberson and Chen (1994:165) report that following the death of a parent with whom the child had a salient and negative relationship, there can be an improvement in the child's well-being. This was Joyce's experience. Ethel's death was not an excessively traumatic experience and it heralded a positive transformation in Joyce's life.

Whereas her mother had always closeted Joyce (endeavouring to preserve her remaining vision and protect her from the disappointments of life that might flow from her disfigurement) her father had quite the opposite disposition. As a child, Joyce had had an extremely close relationship with her father (in part a reaction to the difficulties with Ethel) and becoming his domestic secretary/caregiver was a prospect filled with excitement. He was committed to compensating for the relationship she had had with Ethel and had the financial resources which enabled Joyce to pursue any aspirations she had. Joyce had the opportunity to make several overseas trips, developing a close relationship with her English relatives which ignited a keen interest in her genealogical roots.

Her Father's Death

Because her father had been such a focus of Joyce's life, and the relationship so salient and positive, she was more likely to be adversely affected by his death (Umberson and Chen, 1994:165). Moreover, because this was her second parent to die, this could exacerbate her grieving (Kerr, 1994:354). However, Con's death occurred only a few weeks before her sister-in-law's and Joyce was unable to fully grieve his loss at this time. Joyce became enveloped in her brother's grief; Howard and his children needed Joyce's emotional support, and she was motivated to provide it. Joyce's father and brother had been the extremely significant people in her life, she had always had their unconditional support and Joyce was selfless in assisting her brother come to terms with his double bereavement.

While this timing of her father's death took her mind off her loss, there were other variables that mitigated her grief. Con's death was inevitable; he was old and seriously ill and simply couldn't go on. He struggled to breathe and this discomfort was now over. Because of her faith, Joyce was confident that there would be a spiritual reunion with her father when she died, a belief which has been shown to curtail the grieving process (Kerr, 1994:351-353). Joyce and Sam were living alone for the first time after eight years of marriage, but the needs of Howard and his family filled the vacuum left by Con's death, rather than an intensification of her marital relationship. This emphasised the primacy she placed on familial relationships, and her husband fitted in with this disposition, expressing no resentment at his secondary status.

The Death of Her Husband

The accident that killed Sam, left Joyce a widow and for the first time in her life she faced the prospect of living alone. Loneliness has been reported as the most difficult problem associated with widowhood (Lopata, 1993:381-396; Lund, 1989:215-231) and this was a difficult prospect for Joyce to envisage. All her life she had been a caregiver and now, as she recovered from the accident, she was initially dependent on others. Joyce became determined to regain control of her life, which meant overcoming her physical injuries as quickly as possible so that she could resume her caregiver role. At 66 years of age she did not want to give up her life's vocation as the consummate caregiver, but she needed to find another person to care for.

Joyce wanted to shift to Foxton and live with her brother. He had been widowed, his housekeeper had recently died and it made perfect sense for her to undertake this role. However, while Howard appreciated the help Joyce gave him around the house and in the surgery, he wanted her to keep her home in Palmerston North. She recognised that he valued his autonomy, and it suited Howard for her to be the 'Foxton Boarder' rather than a permanent resident. Joyce spent increasing amounts of her time in Foxton helping her brother which gave her life a sense of purpose, but she was upset and annoyed that Howard did not reciprocate in this

regard. She was selfless in helping him out, whereas Howard was not prepared to have her shift to Foxton permanently or even to accompany her on an overseas trip.

Joyce expressed ambivalence about the value of her life as a caregiver when she reflected on Howard's attitude and would say 'If I had my time again I would shoot for the stars'. It was a sentiment which seemed to express some regret at having devoted so much of her life to being a caregiver. However, despite this hurt, Joyce respected Howard's right to self-determination and was resolute that it would not get her down. She had always had a stoic disposition to accept those things she could not change, and this now applied to her brother's disposition. Joyce moved to a small, low maintenance property in Palmerston North which gave her more time to spend with her brother. This was a pragmatic response which enabled her to make the most of being the 'Foxton Boarder'.

Her Rape and Homicide Survival

Joyce's experience of rape and homicide survival was a direct result of her selfless disposition towards fulfilling her brother's needs. She had gone to Foxton earlier that week without a second thought because she had been asked, and was pleased to be of assistance to her brother. The burglary that resulted in Howard's death and her rape supports the proposition that elder rape is a crime of opportunity committed in conjunction with another crime (Davis, 1980:98-100). She believed that one of the burglars (Green) had raped her because he was angry at not getting enough money and/or drugs and because she was accessible and vulnerable; a view which is consistent with the literature (see Groth, 1978:213).

The events of 1 October 1993 were her most traumatic experience and became a crucial turning point in her life for a number of reasons, three of which were as follows. First, it severely tested her Christian faith; she had prayed for assistance during the attack and at the trial and it hadn't been forthcoming. However, when she reflected on how far she had come since those events she attributed much of her recovery to God's assistance in giving her the strength to carry on. Second,

Joyce developed an increased awareness of the criminal justice system and advocated the need for reform to enhance the victim's role in criminal trials. She would vent her views about this whenever a similar rape/homicide was reported in the media, which would invariably result in her revisiting her own experience. Third, she had an increased fear of crime, was particularly afraid of being assaulted by burglars and had adopted a fortress mentality in terms of her home security. However a fatalistic disposition also mitigated some of this fear, and she took some relief from believing that nothing in the future could be as traumatic as rape and homicide survival. This included the prospect of blindness, for since 1993 there had been a significant deterioration in her eyesight, threatening her ability to live independently and increasing her vulnerability.

More important than the above reasons, however, were the circumstances of Howard's death and the consequences in terms of her role and status. She lost her brother in the most terrifying of circumstances, made worse by her concern that he may have been aware of her sexual violation. It has been reported that for post-menopausal women, and women not in a current sexual relationship, rape is less traumatic than it is for those who are pre-menstrual and/or in a relationship (Thornhill and Thornhill, 1990:155-176) and this could have been Joyce's experience. However, her experience of sexual violation was overshadowed by the context of the crime, and it seems likely, in accord with the ecological model of rape trauma (Koss and Harvey, 1991: 43-44), that if Howard had not died Joyce would have been less traumatised. That her stoicism could mitigate the trauma and assist her recovery was also consistent with the ecological model of rape trauma (Koss and Harvey, 1991:43-44).

Howard's death meant that Joyce had lost her last chance to be a primary caregiver within her own family and was now in a position of having to look at her own needs for care. She became acutely conscious that she was the eldest surviving member of her family, and lamented the loneliness of not having someone of her generation to share her life with. In response to the loss of the caregiver role, she appeared to redirect her care of others towards herself, in an effort to maintain her autonomous living situation which afforded her a quality of life. This drive for

self-reliance had always been a salient feature of her personality. Not all potential traumatising events are equally traumatic for all individuals, but for Joyce this was the culmination of a traumatic experience, after a lifetime of surviving trauma.

THE SIGNIFICANCE OF HER SOCIO-CULTURAL CONTEXT

There were several salient features of her socio-cultural context which appeared to influence her recovery from traumatic experiences and these are discussed below.

The Significance of Faith

Joyce was introduced to Christianity as a child and the family had a strong Anglican orientation. She recalled how faith shaped their lives with strict adherence to church attendance, the special familial significance placed on Sundays and her father's disposition toward philanthropic causes at the community level. When Joyce lost her eye at 21 years of age, her faith became an implicit source of support and she reported how God had helped her get through this trauma. She would get tremendous comfort from believing that she was not alone and that God was looking out for her. This faith engendered a positive disposition towards recovery. Over her lifetime, Joyce had watched several members of her family die in a range of different circumstances and contexts. It was significant for Joyce that death was not final and she believed implicitly that in death she would be reunited with her dead relatives in a spiritual sense. A spiritual disposition to death has been shown to shorten the period of grieving following bereavement (Kerr, 1994:352-353).

Her Family's Compliance with the Norms and Values of the Social Context

It has been suggested that gender is the most important social characteristic to determine inter-generational relationship salience, because social and structural contingencies associated with gender foster greater closeness between children and their mothers than between children and their fathers (Antonucci, 1990:205-227). This was certainly the case with Joyce's family where her father was the sole income earner, working long hours and the children would not really see him until

the weekends. Her mother had principal responsibility for running the household and caring for the children which was typical of New Zealand households in the 1930s (Ebbett, 1981:4). Ethel became a dominant figure in Joyce's childhood.

The family's compliance with gender-based differential treatment became increasingly evident at secondary school where Joyce's educational and vocational options were heavily prescribed because of her gender. Her family was relatively affluent (even during the depression she never experienced poverty) and her parents were able to financially assist her brother to undertake lengthy tertiary training. This was never an option for Joyce as women were generally not acceptable in the professions in the 1930s (Ebbett, 1981:44-49), and while she had entertained ideas of being a journalist, became resigned to undertaking a clerical as opposed to a professional career. However, she reported no disappointment with such curtailment of her opportunities or aspirations; it was the norm, and she knew of no woman who had gone to university.

The Significance of Intra-familial Relationships

She had a strained relationship with her mother; Ethel's cancer became apparent when Joyce was an infant and this seemed to adversely influence the development of a close mother-daughter relationship. Joyce believed, for example, that she received differential treatment compared with her brother (particularly with regard to corporal punishment) and developed a salient but *negative* relationship with her mother. This differential treatment persisted into adulthood and Joyce recalled how her mother had much higher expectations of her sexual behaviour than her brother and she had less freedom when she began courting. However, she came to accept these differences as normal and acknowledged that compared with her brother she could also antagonise her mother.

Joyce had a salient and *positive* relationship with her father, and reported that she had always been the apple of his eye. Conway was aware of the difficulties between Joyce and Ethel, and would endeavour to compensate for this by taking the children out for treats most weekends, which also gave his wife a break. When

Ethel insisted that Conway discipline Joyce, he would pretend to administer it and she would feign tears, a strategy that endeared him to Joyce. She was thrilled when her father asked her to go and work for him, saw this as a precursor to going into business with him, and certainly held no resentment towards him after her accident which had occurred while working in the shop. This accident, which appeared to have had so much influence over the subsequent course of her life, affirmed the bond she had with her father because his disposition to her disfigurement was so different from Ethel's.

Joyce also had a salient and positive relationship with her brother. There was only 15 months between them, and he would often try to ameliorate Ethel's wrath to save Joyce from the corporal punishment she sustained. Joyce would reciprocate by defending Howard in the playground; bullies would often beat him because he was such a good student and she had no hesitation in going to his defence. They spent a lot of time in each other's company and the close bond they developed during their childhood continued into adulthood. She was a bridesmaid at his wedding and developed a strong relationship with his children after the shift to Foxton. Howard valued the relationship immensely. He resisted his wife's desire to return to Auckland and this enabled his children to develop a close relationship with both Joyce and Con.

The Consummate Caregiver

In most respects Joyce's life was quite typical of a young woman growing up in the 1930s (Ebbett, 1981:6). She had taken a secretarial course, had secured clerical employment and was living at home waiting for marriage which would precipitate a move to independence. However, after losing her eye at 21 years of age her aspirations changed and she began a career in nursing. While Joyce claimed to have had the opportunity to marry and have her own family, she did not take it, instead becoming a companion-nurse-housekeeper for her parents, which was not unusual for unmarried daughters in the 1930s, especially if their fathers could afford to keep them dependent (Ebbett, 1981:103-104).

The technical nursing skills equipped her to become the consummate familial caregiver, initially for her sick mother and later for her father for whom she cared for almost thirty years. This was a rewarding vocation for Joyce who received tremendous satisfaction from helping others, and whose needs or situations always reminded her that there were others worse off than her. Joyce had no economic need to work and her father's affluence meant that whilst her personal earning capacity was restricted (because of her familial caregiving commitments) she still enjoyed a high standard of living. Since it has been reported that the lack of financial concerns can be influential in recovery from grief and achieving well-being following bereavement (Arbuckle and de Vries, 1995:645; Hehman et al., 1987:218-231; Sanders, 1993:225-267; Schuster and Butler, 1989:55-68) it is important to acknowledge that Joyce had no financial concerns.

Joyce married late in life. This was a happy marriage based on companionship, with her husband moving into her existing social context. In many respects it was an extension of the caregiver role which had become her vocation in life: her husband had been a widower, was twelve years her senior and was an appreciative recipient of Joyce's care. Joyce's commitment to her marriage was secondary to her familial commitments and did not compromise her investment in the relationships she had with her father or brother. Those were always Joyce's terms, and she reported that Sam accepted them unreservedly.

RECOVERY FROM THE TRAUMA OF HOMICIDE AND ELDER RAPE

Joyce was 78 years old when she was raped and her brother killed and 82 years old when she began to talk about these experiences in the life history interviews. Sprang et al. (1989:159) propose that the grief reactions of homicide survivors are more profound, more lingering and more complex than normal grief. There is evidence to suggest that both the passage of time since the loss and the socio-historical context in which the bereaved had matured will have a considerable influence on long-term bereavement adjustments (Arbuckle and de Vries, 1995:638-645). But after four years, and despite her stoic disposition, Joyce reported that if she were to smell a particular smell associated with her assailant

again (the smell of cannabis or glue) it would bring it all back. This would suggest that four years after these events the dialectic of trauma (Herman, 1992:1) was still evident. These memories could still cause some distress for Joyce, but because of her stoicism she had learnt to survive and deal with the consequences of these criminal actions on her life. This was the best she could do and probably as good a recovery as was likely for someone at her age and stage of life.

Fatalistic Disposition and Self-determination

Joyce was conscious that she didn't have a lot of time left, but was committed to achieving as much quality of life as possible. Her experience of serious assault counselling confirmed that she was aware of her loss. She knew that her memories of the event would never go away, but she was determined not to *dwell* on it. She claimed the counselling did not help her overcome the trauma of rape and homicide survival, but the weekly visits from the counsellor had made her resume her daily routine, which was a good thing. This reflected the stoicism which had been apparent in previous recoveries from trauma and with the concept of counselling being quite foreign to her, she knew that recovery would be dependent on her own actions and attitude. She reported that her Christian faith took a beating during and immediately after the events of 1 October 1993, but that it had also been rekindled as a result of this traumatic experience. Joyce believed that God watched out for her and she took some comfort in believing that no experience in the future could be as terrible as that which she endured in 1993. She had had the courage and resilience to survive this experience and, with failing eyesight, was confident that with God's help she could even face the prospect of blindness.

The outcome of the murder trial was particularly traumatic for her because the verdict had the effect of redefining the event, making it appear that what she had suffered was not as serious or as bad as what she felt she had endured. There was also the additional burden that her testimony as the principal crown witness had assisted the defence. If there had been a conviction for murder, Joyce would have felt more at ease precisely because her testimony would have served its purpose.

Because it didn't turn out this way, she was left with a feeling of inadequacy and also perhaps some sense of culpability. However, she knew she could not turn the clock back to re-testify and instead looked forward to a better future, taking some comfort in her reconstruction of the course of events that transpired on 1 October 1993.

In the life history interviews, Joyce projected a *phenomenological attitude* where she was convinced that Howard had not been aware of her sexual violation, a different position to that reflected in her police interview and court testimony. Similarly, after the car accident in which she was critically injured and Sam killed, she never reflected on his possible culpability in the accident and yet he had a familial reputation for erratic driving.

A Changed Lifestyle

Joyce had to learn to live with an increased fear of crime, particularly since she had been burgled twice since 1993. She saw herself as a prisoner in her own home and resented this, lamenting a time when crime rates were much lower in New Zealand. Her vulnerability had been exacerbated by failing eyesight, but despite this she elected to remain living independently. She did not want to give up her garden and neighbours which were important determinants of her quality of life. She was assisted by familial support to undertake various tasks she found difficult and if this were not available it seemed likely that she would have considered some form of care. Joyce also felt that it would be irresponsible to continue living independently, if her failing eyesight meant she would become a danger to herself.

THE MAIN POINTS WHICH EMERGED FROM JOYCE'S STORY

It was significant that over her lifetime Joyce experienced both accidental and natural sources of trauma prior to the experience of rape and homicide survival. In a way her previous experiences appeared to have imbued her with a sense of 'crisis competence' (Kimmel, 1977:386-393), and the resilience to survive subsequent traumatic experiences. It was also apparent that much of Joyce's response to these traumatic experiences was a function of the socio-cultural

context in which she had matured, and this has been shown to have a considerable influence on long-term bereavement adjustments (Arbuckle and de Vries, 1995:644-645). In Joyce's case, her stoic disposition to past traumas, together with her Christian faith, gave her a fatalistic disposition towards her recovery. At 84 years of age she may not have had the time to work through the trauma, but a fatalistic disposition gave her confidence that she could recover and achieve some quality of life.

Clearly the ecological model of rape trauma (Koss and Harvey, 1991:43-44) was pertinent to Joyce's experience and her historic experience of trauma gave her the additional resilience to survive. Another elderly victim from a different socio-cultural context and with a different history of traumatic experience may well have had different needs in comparison with Joyce. It is important therefore, that policy and services are flexible in meeting these needs particularly when there is an absence of familial resources available to trauma victims. Joyce had familial support and financial resources which are known to be important in determining the duration of grief following bereavement (Arbuckle and de Vries, 1995:645; Umberson and Chen, 1994:154; Yancey and Greger, 1990:29). Because the grief reactions of homicide survivors are reported to be more profound, complex and lingering (Sprang et al., 1989:159), this made the availability of these resources all the more important to Joyce's recovery.

In terms of counselling services, the particular needs of elderly victims should be taken into account i.e. their increased sense of vulnerability, and often relative immobility. Joyce's counsellor was the oldest available through ACC, but there was still at least a generation between them. I am aware that Joyce lamented the lost opportunity of sharing her story with someone from her own generation, because she felt that younger people see things so differently. To this end, there may be more therapeutic benefit in facilitating group counselling with other elderly crime victims. This could engender support systems between group members, mitigating their sense of vulnerability and fear of crime and re-introduce the importance of self-determination in achieving recovery. However, it is important to appreciate that the fatalistic disposition to recovery which appeared to

be Joyce's experience, may reflect her advancing years and signal to the counsellor the chronological impossibility (from the victim's point of view) of achieving long-term post-traumatic adaptation.

REFLECTIONS ON THE LIFE HISTORY AND IT'S LIMITATIONS

Overall the aims and objectives of this thesis have been achieved. While I focused on Joyce's life, in effect this life history is an extremely valuable family life history which has described Joyce's understanding of Teppett genealogy, and the significant people and events that have shaped our lives. Joyce was an excellent subject for the study of trauma, because of the range of traumatic experience she has had over her lifetime. In this enquiry I have been able to describe how the symptoms of trauma manifested in her different experiences of trauma, and those variables which had assisted and/or impeded her successive recoveries from these traumatic experiences.

Joyce was a *good* informant in that she was accessible, had an interesting story to tell and was motivated to narrate it. But there were limitations in the study. Her failing eyesight meant that she was unable to complete her own personal diary of her life, which could have been an important source of data triangulation for her narrative. This had been helpful in constructing the childhood years of her personal document, but was not completed for her adult years when she sustained most of her traumatic experiences. This would also have helped my analysis of her *natural* and *phenomenological attitude*, and could perhaps have revealed information that had not been disclosed in the life history interviews. It was apparent that she felt uncomfortable about disclosing some things to me during these interviews, and she may have felt more comfortable describing these in her diary.

The *problem of truth* is a weakness of life history design, and this was exacerbated in this study by the relative lack of external triangulation. I had access to some documents - a letter written to her by her father expressing his appreciation of her caregiving, her police interview and the murder trial transcript - and these were

useful in triangulating some aspects of her later life. However, there was no reference to any other individual from Joyce's peer group who knew her during her earlier life, as all potential informants were deceased.

While this life history has examined Joyce's experience of trauma over her whole life, it is not surprising that there has been perhaps a particular focus on the trauma arising from her rape and homicide survival. This thesis is somewhat deficient in this regard and it may have been better to augment the data sources by soliciting the contribution of those professionals involved in this traumatic incident in her life i.e. the police surgeon, those police who were significantly involved in the inquiry, her serious assault counsellor and prosecution counsel. This could potentially extend to the defence counsel as well, even the offenders, although it was unlikely that they would have co-operated. I attempted to get copies of the offenders' original police statements (when I requested Joyce's statement and the transcript of the trial), but they would not consent to releasing these documents.

SUGGESTIONS FOR FUTURE RESEARCH

The Impact of Bereavement on the Elderly

In undertaking the literature review for this thesis I became aware that there is a dearth of New Zealand based research which examines the bereavement effects on the elderly who have lost parents and/or spouses. The overseas literature suggested that the trauma of bereavement was influenced by the socio-cultural context in which the bereaved had matured, his/her past experience of death, the nature of the relationship with the deceased and the context of the death. Umberson and Chen (1994:154) have suggested that older adult children are less affected by parental death than younger children, and older people who are widowed also demonstrate considerable resilience when they lose a spouse (Arbuckle and de Vries, 1995:638). Research is needed to assess whether these propositions apply to the New Zealand context, and this life history has indicated some research questions which would be relevant to such an enquiry.

Joyce was a parental caregiver for most of her life, and undertook this role with both her parents despite having a *negative* salient relationship with her mother. Does this reflect her status as a maiden aunt and/or the impact of socialisation, where as a daughter she felt duty bound to provide this care? Joyce married later in life, and had only been married twelve years when she lost her husband. The most traumatising aspect of this for Joyce was that she had to surrender her caregiving role, and come to terms with living alone which is described in the overseas literature as one of the most difficult problems of widowhood (Lopata, 1993:381-396; Lund, 1989:215-231). Perhaps Age Concern would be an appropriate body to initiate this research, utilising its networks to access older bereaved people who were prepared to participate in a cohort study for a protracted period. This would have the advantage of tracking participants' bereavement effects over time, and discerning the influence this had on the trauma arising from bereavement.

The Criminal Victimisation of the Elderly

While Joyce's experience of criminal victimisation was extreme, she has not been the only elderly victim of sexual violation and/or homicide survival. In order to further discern those aspects of trauma that are perhaps more pertinent to elderly crime victims, future research could concentrate on comparative analysis between such cases. This would have the advantage of being able to identify common themes between victims' stories, and provide a broader frame of reference from which to develop nomothetic propositions about the needs of elderly crime victims. These could in turn inform the development of more appropriate policy and intervention strategies to better meet these particular victims' needs. The Ministry of Justice published a discussion paper on restorative justice in 1995, and this research proposal is clearly located within this policy discourse.

Police Interviews with Traumatised Complainants

Joyce felt re-traumatised by the murder trial, particularly because the verdict had been manslaughter, which cast an aspersion on her credibility as a witness and the value of her testimony. However this experience began with the initial police

interview, and Joyce felt some anger that this did not convey what she had really wanted to say. It seemed likely that Joyce was in a state of post-traumatic shock when she had this interview, and this would have influenced the quality of information disclosed. Furthermore, Joyce was concerned that the non-directive questioning by the police officer allowed statements like 'Thompson had a kinder disposition' to appear in her statement without an accompanying qualification i.e. Joyce said he had a kinder disposition because he hadn't raped her, and *not* because she saw him as a less aggravated assailant who felt concern for what had happened to her. Was Joyce's experience in this regard unique? Should there be special procedures for conducting interviews with crime victims who are in a state of post-traumatic shock?

The police could initiate research into the efficacy of non-directive interviewing for traumatised complainants, by undertaking a comparative analysis between a control group who comply with the status quo in terms of interviewing procedure, and a study group who have the opportunity to subsequently critique and amend their original statements. The extent to which subsequent amendment occurred could indicate how the passage of time and perhaps as a consequence the greater control of their emotional well-being and cognitive functioning can influence a complainant's disclosure and recall of traumatic events.

Serious Assault Counselling

In this life history, Joyce claimed that the counselling she received hadn't done her much good in terms of her recovery. However, it was somewhat unclear whether this was because of her perception of the individual counsellor's approach, her own stoicism which projected a cynical view on the concept of counselling per se, or whether it reflected a fatalistic disposition where she believed her recovery lay to some extent in God's hands. The efficacy of group counselling with elderly crime victims could well be a subject for enquiry, given Joyce's experience of individual counselling, her feelings of isolation and loneliness, and her desire for the company of her peer group. A.C.C. could initiate research into evaluating the current efficacy of individual serious assault counselling for elderly victims, to ascertain whether Joyce's perception is a common theme or atypical. These results

could also be compared with the self-evaluations of elderly victims who participated in a group counselling pilot, to assess whether there is any benefit in group counselling, currently not achieved in individual serious assault counselling.

The Loss of Independence

It became evident in this enquiry that Joyce, having lost her familial caregiving role, became determined to focus her caregiving skills onto herself in an effort to maintain her independence. It was also apparent, however, that her failing eyesight in particular presented a real threat to her independent living situation and she was reluctant to look at the prospect of going into care. In a way, going into care would be the ultimate surrender of her stoicism. She would be acknowledging that she is no longer resilient and self-reliant, which have been such pertinent features of her life. As the population ages there will be more people facing these decisions in their old age and coming to terms with losing their health, their homes and families. Is the likelihood of living their remaining years in a rest home the most likely future for older women like Joyce?

There are huge fiscal implications for the care of the elderly in New Zealand and it would be appropriate for Health Authorities and appropriate interest groups to collaborate in researching these issues. On the one hand there may be strategies or initiatives that could help the elderly retain their independence if that is what they want to do. Conversely, there may be aspects of rest home care and culture that could be changed to make this a more gratifying prospect for those needing residential care. A survey of elderly people currently in care and those living independently could elucidate what they see as their respective needs, and the obstacles to having these fulfilled. A comparative analysis of these respective needs as defined by elderly people themselves, could usefully inform any cost benefit analysis of long-term care for the elderly.

APPENDIX

QUESTION SCHEDULE FOR INTERVIEW ONE (0-5 YEARS)

23 March 1996

Genealogical

- Who were your ancestors and from where did they come?

PROBE: ethnic/cultural religious origin?

- What do you think was their main reason for emigration?

PROBE: social/cultural context of Victorian England ?

- Why did they choose New Zealand, and did they consider any other destinations?

PROBE: was the decision facilitated by familial variables? an attractive 'colony' in the South Pacific ?

Birth-5 Years

- Where and when were you born?

PROBE: circumstances of birth/ health of her mother/nature of maternity care etc.

- Where did you initially live?

PROBE: Can you describe the characteristics of the property? Did you live at the same place or shift about in this first five years?

- What can you remember about your early experiences of family life?

PROBE: what features/characteristics can you remember? (Living in an extended family with maternal grandmother in same household) were there defined roles in the household? how would you describe your relationship with your grandmother / mother / father / brother?

- How do you think your early childhood experience of family and exposure to family members shaped or influenced the person you are?

PROBE: were you happy about how you were disciplined as a child? how does your experience influence your current thinking about parenting and childhood development?

- Can you recall any events that occurred in your early childhood which you feel have been significant in shaping the person you are?

PROBE: W.W.I. Queen St parade? shifting house/pre-school education?/monkey taking the hat at Auckland Zoo/ lack of electricity? nature of domestic chores undertaken by the family?

- How did you cope with these events and/or changes, and how did they effect you?

PROBE: can you describe your perception of the events, and what it is that you have taken from this experience?

- How would you describe your health in your first five years?

PROBE: did you suffer from any pre-school illness/hernia?

- Did your initial lack of health early on make it more difficult for you, and how did you cope with your experience of hospitalisation?

PROBE: did you think you received adequate treatment? What can you remember about the hospital/nurses/doctor?

- Can you recall any specific people from this period who have stuck in your mind?

PROBE: Why have you identified these people as significance? Are they also connected with a significant event. first ride in a car?

- How did you change as a result of knowing these people?

PROBE: did they influence your outlook on education/a career? your social and moral development?

- Can you remember the first friends you made outside the family?

PROBE: Neighbours? the Corfields, how did you travel to school?

- What was it about these people that you liked so much?

PROBE: did you see them as similar or different to you? Were your parental figures mutual friends / etc.

- What can you remember about your first day at school?

PROBE: your first day at school/ who took you/ memories of your first teacher/classroom experiences/were they positive/negative?

- How did you respond to the trauma of beginning school?

PROBE: did you miss home? did you make friends easily/ find school lessons easy or hard?

INTERVIEW SCHEDULE FOR INTERVIEW TWO (5-12 YEARS)

9 May 1996

Important Events and People

- Tell me about the area you lived in , what was it like?

PROBE: can you describe some of the features of your neighbourhood that stick in your mind?

- Were there any significant events that come to mind for you during this time?

PROBE: why do you see these events as significant and how have they influenced you?

- Were there any significant people (non-familial) you can remember from this time?

PROBE: why are these people significant and how have they influenced you?

The Educational Experience

- Can you tell me about your primary school days?

PROBE: where did you go to school? what was it like? can you remember specific pupils/events and why?

- Can you describe the quality of education you received at primary school?

PROBE: what did you learn from primary school? What were your favourite subjects? how do you think you achieved academically? how did it prepare you for high school?

- Can you describe any bad experience from you primary school days?

PROBE: Did your early exposure to bullying (which was particularly focused on Howard) persist? did your assertiveness/loyalty to your brother help both of you in dealing with this aggression? Has there been a lesson in here for latter life?

The Home and Family Life

- During this seven year period (5-12 years of age) where did you live?

PROBE: did you continue to live in the same house at Mangere, or were there other addresses?

- Who lived with you during these years?

PROBE: did your maternal grandmother and Myrtle Canachan continue to live with you during this time? Were there other boarders?

- Who were the significant people in the family household for you ?

PROBE: can you describe why they are important or significant? How have they influenced you?

- What were relationships like in the house hold?

PROBE: Between your parents, boarder, brother etc.?

- Can you describe any family occasions or events which occurred in Mangere during these years?

PROBE: why do you remember this as significant? How as it influenced you?

Health

- How would you describe your health during the primary school years?

PROBE: Did the poor health you suffered in your first five years persist through out primary school? Did you have any recurring problems with your hernia/scarlet fever/adenoids?

- Looking back on your experience of hospitalisation, what was this like?

PROBE: how did you feel about going into hospital? What can you most vividly remember about the experience? Can you describe the smell , nurses uniforms , the ward etc.?

- Did your early experience of ill-health influence you in any way?

PROBE: has it changed the way you look at illness and health? has it helped you develop self reliance and coping mechanisms ?

QUESTION SCHEDULE FOR INTERVIEW THREE (12-18 YEARS)

9 June 1996

Important Events and People

- What were the circumstances that lead to your family leaving Auckland

PROBE: familial health / economic opportunity?

- How did you feel about this move?

PROBE: were happy/sad at the prospect? were you involved in the decision to shift?

- What was your impression of Palmerston Nth in 1928?

PROBE: how did it compare with Auckland/Mangere?, are there any particularly features you can now recall about this city, looking back on how it has changed?

- This time of your life coincided (1928-1934) coincided with the great depression, what can you remember about the depression?

PROBE: did you understand why it had come about?, can you recall how it was discussed?, what are some of the images that come to mind for you? did you see abject poverty?

- Who were the significant people (non-familial) to you during these years?

PROBE: was there somebody else to replace Myrtle as your mentor? can you recall any friend that you made during this time?

- What made these people significant to you?

PROBE: did you share any special relationship? did they help you with your shyness?

- How would you describe your transition to womanhood?

PROBE: can you recall any courting ?and how was inter gender relationships viewed by your friends/family etc.

Educational Experience

- Where did you first go to school in Palmerston Nth, and how did this differ from Mangere?

PROBE: College St or Central Normal?, how did you cope with the transition from a small class size, to a larger class? did you have difficulty with your shyness?

- What secondary school did you attend, and what can you recall about your high school experience ?

PROBE: were there any teachers with whom you developed a good rapport?, did you enjoy your studies, and did you have the opportunity to develop your composition skills?, did you overcome your problems with shyness?, did you play sport or participate in cultural activities?

- How did you cope with being separated from your brother during secondary school?

PROBE: what was the effect of Howard going to different school?, did he still maintain a tutoring role with your own studies? do you think there was a differentiation within your family between Howard's education and your own?

- How did your secondary education prepare you for entering the work force?

PROBE: did you end up in a job where you used skills you had acquired at school or not?, do you think school fully exploited your potential? were you encouraged to shoot for the top?

Home and Family Life

- Did your maternal grandmother shift down to Palmerston Nth and continue to live with you?

PROBE: did she continue with her itinerant mid-wifery?, were there any other people who lived with you?

- Where did you initially live in Palmerston Nth. and are there any features which describe the house that you can recall?

PROBE: why did you shift from Park Rd to Waldegrave St?, which house did you prefer and why?

- Did the lifestyle of the Teppetts change moving from a farmlet to a city dwelling?

PROBE: was there still itinerant merchants (butchers, bakers etc.) calling at houses as had been your experience in Auckland?, did you have new jobs to do now that you had no orchard, cows, horses etc.?

- When did you move to Boundary Rd and can you recall the reason?

PROBE was this property semi-rural?, was it a yearning for the good life?

- Did your mother's health improve as a result of moving south?

PROBE: because your awareness of her cancer would have increased, did this make it any easier for her/ you/ the rest of the family?

- Was your family supportive of you moving through adolescence and into womanhood?

PROBE: having a sick mother would not have been easy for an adolescent going through puberty etc.? who would you talk to?

- Can you recall any significant familial event that occurred between 1928-1934?

PROBE: graduating from school? leaving home?, your father entering business? the parent meeting girlfriends/boyfriends? any altercations from staying out too late etc.

QUESTION SCHEDULE FOR INTERVIEW FOUR (18-24 YEARS)

9 July 1996

Important Events and People

- Are there any particular memories that you have of events you experienced from the mid 1930's to the early war years?

PROBE: The shop/the accident/the start of war.

- Why are these events important?

PROBE: Impact on yourself/family, were you changed as a result of these events?

- Looking back on these events, would you do anything differently?

PROBE: What are the lessons you have gained out of these experiences? What seems most important to you in all of this?

Courting

- How did young people meet other young people at this time?

PROBE: Pubs/clubs. Groups or singles?.

- Was this any different for young men?

PROBE: Were there different expectations in your home for Howard (the son) as opposed to you the daughter?

- These are the years when we all fall in love, sometimes we have an upset what happened to you?

PROBE: Were you ever engaged/seriously in love with anybody? Who etc.

The Trauma of Losing an Eye

- Lets talk about the accident; when did it happen, how did it happen?

PROBE: Can you remember the date/time and place of the event?
What were you doing at the time? Were there any others involved/nearby?

- Did it hurt?

PROBE: Did you stay conscious? How long did it take to get help?

- Were you admitted into hospital? And which one?
- What can you recall about being in hospital and the treatment you got?

PROBE: Were staff sensitive about your loss? Helpful in selecting prosthesis etc.

- Looking back do you think they could have done things differently?

PROBE: You as a nurse, a professional judgement about the treatment you received.

- What would have made it easier for you?

PROBE: (Speaking as a woman/individual) what helped you cope with the trauma/what didn't?

- I am guessing, but I suppose this would have been a hell of a blow for you?

PROBE: Did you have feelings of embarrassment, a negative self image because of sustaining some disfigurement? I suppose your earlier experience of shyness would have made it worse?

- How did you overcome these feelings?

PROBE: Did you change the way you lived, did it affect your ambition?

- How did your family respond to the accident?

PROBE: Who was particularly supportive? And who wasn't?

- Did your family or friends give you any ideas about how they thought this accident would affect you?

PROBE: Did the accident affect you as a nurse and caregiver? Did the accident have anything to do with your decision to become a Karitane nurse? Why?

- How do you think this accident has affected your life?

PROBE: Your dreams/aspirations/faith in human nature, and chance etc.?

- Looking back over these years what really helped to cope?

PROBE: Inner strength of familiar support? What helped and what didn't?

QUESTION SCHEDULE FOR INTERVIEW FIVE (25-40 YEARS) **8 August 1996**

Important Events and People

- Where did you live between 1940 and 1955?

PROBE: When did you move to Victoria Avenue? Were you happy with the move and why?

- Can you remember anything about W.W.II?

PROBE: What was life without the men-folk? What did you hear about the war? Did you nurse any of the casualties? What was the war ending like? How did it differ from your memories of the parade in Queen Street after W.W.II.

- Did you change employment during these years?

PROBE: Why did you first train for Karitane then maternity nursing and finally general nursing?

- Did anything happen during your time as a nurse that has really stuck with you?

PROBE: Any particular incident/accident/humorous/tragic circumstance you can recall? Why has this been significant for you?

- Can you tell me about Howard's wedding?

PROBE: Where was it held? How did it go in the wedding party? What was the reception like? Can you remember anything from the speeches?

- Did his marriage make you think of taking the plunge?

PROBE: Was there anybody who came close at this time, why didn't it eventuate?

- What can you tell me about your Grandma's death?

PROBE: When/where/the circumstance?

- Tell me about nursing your terminally ill mother?

PROBE: How sick was she? Was it easy for you to nurse your mother? Did you share confidence about the past? Could you express your feelings to her?

- Tell me about her death?

PROBE: Was it the release of a cancer death? Who was there at the time of her death and at the funeral etc.? How did the family (and you) cope with her death?

- How did it feel living with just your father at this time?

PROBE: I would imagine that given your closeness over the years that this would have been quite an exciting time for you two to develop a relationship without having to consider your mother? Without the constraint of her concern for your disability?

- Can you remember the birth of your eldest nephews at this time?

PROBE: The excitement/pleasure of a new generation of Teppett children etc.

QUESTION SCHEDULE FOR INTERVIEW SIX (40-60 YEARS) **13 November 1996**

This interview will address the years of your life between 1956 and 1977

- Can you tell me about the time you had with uncle Bill and Bob in New Zealand?

PROBE: Were there any particular events or occasions that you can recall during their stay at 258 Victoria Avenue? Did they ever talk about the familial impasse that had existed in the UK? What is your perspective on these familial dynamics looking back at them?

- Did you continue to work in nursing during these years?

PROBE: Did you change your occupation at all? If so why?

- This period was when the Foxton Teppetts really became established: Can you describe the relationship that developed between you and your father and the Foxton connection?

PROBE: When did the Sunday routine begin? Are there any particular events/occasions that you can remember? Foxton personalities you met through this connection? The social fellowship that characterises small rural towns? Etc.

- What can you recall about my mother's mastectomy in 1996?

PROBE: This would have been a harrowing time for your brother; a young family and seriously ill wife, did it bring back memories of your mother's illness etc., were there any contingency plans made by the family in the event that she didn't last very long? Did the Foxton expectations of you (and Con) change as a result of her illness? Was it around this time that I became a regular visitor/boarder at 258 Victoria Avenue?

- When did the romance with Sam begin?

PROBE: How long had he been a neighbour at 262? At what point did the relationship change to one of romance? Are there any particular memories you can recall about your courting and when/how was the decision to get married made?

- What can you remember about your wedding day?

PROBE: The service? The reception? Where did you go for your honeymoon etc.?

- Did you experience any difficulties in marrying an older man with an adult family?

PROBE: Was his family accepting of you, was our family accepting of him?

- What can you recall about your second trip to England with Sam and your father?

PROBE: How was it different to your earlier trip? (Air as opposed to sea travel), had there been any change in the English Teppett family dynamics since the earlier trip? If so do you think the New Zealand Teppett's had exerted any influence?

- How long did your father continue working at the shop, and when did he decide to get out completely?

PROBE: This was a family business for over 40 years, was there every any discussion of future Teppett involvement? How do you think your father felt about severing the Teppett involvement with the business?

- Your father's health began to fade during the mid 1970s, did you nurse him during this time?

PROBE: Do you take the opportunity to talk about his life, his achievements. (His role in the Brightwater old peoples home). What were his reflections on his life, his hopes for you, Howard and his grand children?

- Hill illness must have been a difficult time for you and your brother (with Jean also being terminally ill), how did you cope with this?

PROBE: You were losing a father he was also losing a wife, this must have caused a lot of tension and stress for both of you?

- Do you think that Jean's concurrent illness had any influence on Con's 'will to live'?

PROBE: Did he ever comment about the added burden of his simultaneous illness? How did you and Howard cope with the knowledge of the inevitable double bereavement, which was imminent?

- When did he die and was he alone?

PROBE: Who was present at his death, was he lucid / with it up until the end? Had you said your goodbyes? Is there anything you wanted to say but didn't?

- Do you think your grieving for the loss of your father was affected by the death of my mother soon after?

PROBE: Do you think you had sufficient time to adjust before Jean's death? Did you feel you needed to support your brother (and nephews), who were struggling with their own bereavement?

QUESTION SCHEDULE FOR INTERVIEW SEVEN (1977-1987)

2 April 1997

- At the beginning of this decade the first time that you and Sam had been together alone, can you describe how this change felt?

PROBE: Was there new found autonomy etc.? Did you relationship change?

- Were there any particular events/occasions you can remember in your relationship with Sam during these years?

PROBE: The trip to the UK, how was this different from previous trips when your father had accompanied you? How did Sam feel?

- You had both retired from working life, how did you adjust to this?

PROBE: What did you replace the routine of work with? Your Church group? Country Women's Institute? Was there a feeling of release/enjoyment or regret by either Sam or yourself at having finished your working careers?

- This was also the time when your brother had become a widow, did this circumstance change the relationship you had previously had with him?

PROBE: Who did he rely upon for emotional support?

- If the reliance was on you, how did you feel about this?

PROBE: If it was someone else who was this? How did other family members feel about this?

- Can you describe your reflections on 12 years of marriage?

PROBE: Was it what you expected, hoped for? What were the joys/disappointments, what did you learn/gain from this marriage?

- What can you recall about the car accident at Kaitoke?

PROBE: The date and time and circumstances (why were you on the road at that time) that led to the accident?

- When did you discover that Sam had been killed?

PROBE: You were unconscious in hospital for sometime, how long? Did Howard break the news? My recollection of these events: visiting Sam's daughter with Dad to advise them of the accident etc.)

- You were too ill to attend his funeral, this must have been extremely difficult for you?

PROBE: When you discovered that his funeral had occurred, how did this make you feel? Who sat with you when you listened to the tape of the funeral? Was this helpful or not, do you still have the tape?

- The circumstance of this accident which meant you had no time to say goodbye to your husband must have made it very difficult to come to terms with your grief?

PROBE: How long did it take to go through the cycles denial anger adjustment etc.? Can you recall what helped and what didn't at this time?

- I can recall an extensive period of hospitalisation in Wanganui, what was the extent of your injuries and how would you describe your time in hospital?

PROBE: You spent extensive time in hospital in your childhood, how was this different? What can you recall about this period of hospitalisation that was helpful, and not so helpful? Was the family helpful?

- You were now living alone for the first time in your life, recovering from serious injuries, how did you get through this?

PROBE: Did you have the support of others, or did you rely on inner strength or faith? Relate my recollection of this time with her at 258 Victoria Avenue.

- Was it difficult attending my wedding without Sam, can you describe these feelings?

PROBE: Sam and Karen's Grandfather being extremely good friends etc., but the absence of Sam must have created some anguish at this time.

- When Karen and I went to the UK what were your thoughts about us making the connection with the UK relatives that you know so well?

PROBE: Did you think they would make us welcome, that we would like them etc.?

- During our year away was there an increased demand for your support in Foxton?

PROBE: Wasn't Molly's health degenerating, and didn't this put added demand on you to perform reception duties for the practice? The protracted trauma of losing Reuben, your role in his nursing and euthanasia?

- When Molly died, and from this time did your involvement with Foxton intensify?

PROBE: When did she die? Did you become the permanent back up receptionist/housekeeper from this time? Did these circumstances lead to you and Howard renewing the strong sibling relationship you had had in your childhood, or not?

- Could you describe what a typical evening was?

PROBE: Watching TV, having friends in? Discussing the past the future?

- Were you ever worried about being burgled when you stayed in Foxton?

PROBE: Did you think you could be at risk of harm through burglary (given the frequency), did Howard ever think he was at risk from harm?

QUESTION SCHEDULE FOR INTERVIEW EIGHT (1987-1993) 5 June 1997

- Are there any particular events that you can recall from these years, and why are these important to you?

PROBE: Our returning from over seas, David Stewart's funeral.

- Looking back at David's death, what are your feelings about this loss?

PROBE: Do you think there is a difference when a child is lost in such tragic circumstances? If no, would there have been more or less trauma if he had died from a protracted illness?

- It was during these years that you shifted from Victoria Avenue to Roy Street, what were your reasons for making this move?

PROBE: Cost of rates, the upkeep of the house and section? Did you make this decision alone, or were you influenced by others?

- How did you feel about shifting from the house where you had lived for 40 odd years?

PROBE: Was there a sense of loss at cutting ties with the house that your parents had built and? A sense of relief in terms of moving to a more manageable property?

- What were your thoughts about the new property?

PROBE: Excitement/apprehension about developing a new property garden etc.? Were you worried about making new friends and keeping in touch with old friends and neighbours?

- Do you think you made the right decision in shifting?

PROBE: If yes or no why was this?

- This was also a period when there were eight grandchildren born, how did you (and Howard) feel about this?

PROBE: What were your initial thoughts on seeing the new borns?

- How would you describe your relationship to these children?

PROBE: Did you see yourself as a grandparent to these infants? A grand Aunt? How did you feel about such a role?

QUESTION SCHEDULE FOR INTERVIEW NINE

3 August 1997

October 1993 to February 1994

- Can you describe the feelings you had at the medical examination by the police surgeon?

PROBE: Who was the Doctor and did you know him? Was he sensitive to your experience? did he say/or do anything that you found helpful and reassuring? Was there anything about the examination process that could have been done differently, which would have made you feel better?

- Do you think your experience as a nurse influenced the way you felt about the medical examination process?

PROBE: do you think it made it more or less comfortable given your clinical knowledge and experience?

- What can you remember most about your first contact with the police?

PROBE: did it take long for the police to make contact with you at the Ellisons, was this a Foxton Cop? Did you know him? -

- Was it the police who confirmed to you that Howard was dead?, how did they inform you??

PROBE: Did you think the police were sensitive/supportive at this time How/why was this helpful?

- Can you recall any aspect of the police interview which you found particularly difficult?

PROBE: Why was this? because of the way the questions were asked, or something else? Was there anything they could have done differently which would have made you feel better? Did you feel more comfortable with some officers (male/ female, old/young)?

- Was it helpful to have the support of family members at this time?

PROBE: Can you recall who were the first family members you saw?, how did you feel when you saw them?, what did you say? Was it helpful to have family to share the grief with? If so why?

- How did you feel about being pursued by the media? is there anything that concerns you about the way you were treated or portrayed by the media?

PROBE: What was it like to talk about what had happened at this point in time?, an opportunity to tell 'your story'?, or an intrusion of your privacy?

PROBE: were journalists sensitive to your emotional vulnerability? do you think they accurately portrayed your position to the public?

PROBE: Your story became 'public property', what effect has this had on you? has it assisted or obstructed your recovery? why?

The Funeral

- How did you feel about the wake and funeral arrangements at 18 Pahiatua St?

PROBE: did you think it was appropriate or not to have Dad's body at the house?

- How did you feel about the procession of visitors?

PROBE: the Foxton middle class, the Foxton Maoris, Ross and my friends?

- Looking back at these days leading up to the funeral what was the greatest help to you? And what could you have done without?
- What do you remember most about Howard's funeral?

PROBE: what music? Tributes etc., some other feature of the service?

- Was it the kind of service that you wanted for your brother?

PROBE: if yes, or no why is that?

- Do you think it was the kind of service he would have wanted?

PROBE: if yes or no why is that?

- What were you're feelings after the funeral?

PROBE: were you able to get on with the grieving process, did your attention start focusing on other things?

Counselling

- When you commenced counselling what were your thoughts and expectations?

PROBE: did you think it was necessary/appropriate?, did you feel comfortable with the idea of counselling to address your needs?

- Did you find the counselling appropriate for the issues you needed to deal with?, and why was this?

PROBE: was it easier for you to talk with an older woman counsellor?, were some aspects of the counselling more helpful than others, is there anything that wasn't covered in the counselling which would have made it easier for you?

- Do you think that counselling services need to take specific account of the needs of older victims of crime?

PROBE: If yes, what are the specific needs of older victims, if no, why do you think it is not appropriate to differentiate on the basis of age?

- Did the counselling prepare you for the trial?

PROBE: did you discuss the process of giving evidence, cross examination etc., and the possible affect this may have had on you.?

- During this period leading up to the trial, what gave you the strength to get on with it?

PROBE: an inner sense of responsibility for your brother (wanting to be his advocate), the need to hold it together for the rest of the family? the support of the police?

The Humanisation of the Experience

- How does a 70 year old deal with trauma? How do you handle those moments on your own?

PROBE: the experience of the grieving process, has there been an acceptance of what has happened?

- Looking back do you think you were experiencing any of the symptoms of Post Traumatic Stress?
- PROBE: intense anxiety, fear paranoia? Sleep eating disorders? Did you use medication and /or other strategies to cope with this stress?

QUESTION SCHEDULE FOR INTERVIEW TEN
13 August 1997

The Trial

- Do you think you were well prepared for the trial?

PROBE: were you worried about the process? had you been fully briefed by the police? did you appreciate your role in the prosecution's case?

- How did you feel about being a witness, and having to give evidence?

PROBE: Were you aware that you would be cross examined, and what this would entail? Did you know you would have to face the accused and their supporters? How did you cope with this?

- Was there any aspect of the proceedings which you found particularly distressing?

PROBE: your experience of cross-examination? The quality of the prosecution performance vis a vis the defence? The lack of support in the court from Foxtonians supporting the Teppetts? The large gang member presence? How did you feel about their appearance (dress) and behaviour?. Is there anything else?

- Were you prepared for the duration of the proceedings?

PROBE: How did you feel about the jury deliberation late into the evening?

- Was the verdict in this trial what you had anticipated?

PROBE: was this the sort of outcome you had expected/ been advised of by the Police? Did they debrief you to advise why the verdict had gone this way?

- What affect did this verdict have on you?

PROBE: why was that?

- How did you feel when the supporters of Thompson and Green responded to the verdict?

PROBE: what affect did their response have on you? And why was that?

- How did you cope with the re-newed media interest after the trial ?

PROBE: did you feel more or less comfortable in dealing with the media at this time? Did you get across to the public what you wanted? Do you have any regrets about what you may have said? Why?

- What did you think about the sentences that were eventually handed down to Green and Thompson?

PROBE: were they adequate/ inadequate, does a lengthy jail sentence give you some comfort as a victim of serious crime?

- Do you think any good has come of this high profile trial and verdict?

PROBE: are juries more/less disposed to elderly victims of violent crime? Are the police and media treating victims of crime with more concern and respect?

- Looking back at the process of a criminal trial is there anything that you would like to change about either the law or the process?

PROBE: seating arrangements in court? Degrees of murder instead of murder /homicide choice? The jury process?, regulations requiring greater sensitivity to victims by defence counsel? Where the trial is held (home district or not).

- We all think you have coped so incredibly well, how did you achieve this?

PROBE: what was most helpful?

QUESTION SCHEDULE FOR INTERVIEW ELEVEN

31 August 1997

Reflection on the High Points of Your Life

- When you look back over your life what do you think are your most important experiences and achievements?

PROBE: what aspects of your 'self' are you most proud of? And why is this? were these achievements affirmed by others? Who, and what was the context?

- Looking back do you think there have been significant people and who have been influential over your personal development?

PROBE: Why were these people important? What did you learn from these people?

- Have there been any events that have significant influence over you?

PROBE: Why were these events important? How do you think your life was changed by these events?

Reflection on the Trials of Your Life

- During your life you have had several traumatic experiences. Do you think these experiences have changed you, and in what ways?

PROBE: Have there been any differences in the nature / scope of your traumatic experiences i.e. losing an eye, fatal car accident, the rape and experience of a homicide survivor? You've probably heard/read of indecencies that older people have been subjected to, how would you describe your experience as opposed to the previous impressions you held?.

- Do you have a fear of crime?, :

PROBE: if yes, did this fear exist before October 1 1993? And has your fear of crime changed since October 1 1993?

- What were your thoughts and feelings after the burglary at Roy St last year?

PROBE: were you scared?, because you didn't encounter the burglar how did this make you feel? Have you taken any further precautions since this burglary?

- What were your thoughts when Thompson escaped from prison earlier this year?

PROBE: were you scared? If yes or no Why?

- Your latest blow has been the deterioration in your sight which has affected your lifestyle. How are you coping with this, what affect has it had on you?

PROBE: (in light of what you have already been through) is losing your sight affecting your recollection of feelings about being a victim of violent crime? And your fear of crime?

Reflection on Societal Change

- What are your thoughts and feelings about the changes in society you have seen over your life time?

PROBE: what are your thoughts about this? What in your opinion has been progressive, and why is this? What in your opinion has been negative and why is this?

- What do you think about the changes taking place in New Zealand today?

PROBE: how do these changes affect you?

- Where do you see New Zealand society heading, what will the country look like in the future?

PROBE: Is this the kind of future you would like to see or not? If not where would you like New Zealand to be in the future?

Reflection on Self and Family

- What are your own thoughts about the kind of life you have lead?

PROBE: has it been the kind of life you thought you would live?, are there any things you could have done without? Why is this?

- What are your expectations for your future?

PROBE: what are you looking forward to?, what are you worried about?, what would alleviate your concerns?

- How do you think your 'family ' has influenced your life?

PROBE: how?

- Have the different roles you have had in this family ever curtailed you own aspirations?

PROBE: was (or is) there something you would really like to have done, but feel that this would not be supported by your family? Is there something that you would really like to do now but feel that this would not have the support of your family?

- Do you have any aspirations for you family?

PROBE: are there things that you would like them to do ? for you / their children? what would you like to happen for your great nieces/nephews? How would you like to be remembered?

- You are living on your own and independently what value do you place on this?

- What do you see as the things that might reduce your ability to do this, and what do you see as a solution to problems?

PROBE: the informal support from friends, as they get older how will this affect you?

- Is there anything else you would like (need) to talk to me about?

PROBE: are there things we have missed out?

BIBLIOGRAPHY

- Age Concern. (1995). *Elder Abuse and Neglect in New Zealand. A report prepared by the National Advisory Group on Elder Abuse and Neglect*, Age Concern Incorporated, Wellington.
- Aitken, J. (1975). *A Woman's Place? A Study of the Changing Role of Women in New Zealand*, Heineman Educational Books, Auckland.
- Antonucci, T. (1990). Social Supports and Social Relationships, pp.205-227, in Binstock, R. and George, L. (eds) *Handbook of Ageing and the Social Sciences*, Academic Press, San Diego.
- Arbuckle, N.W. and de Vries, B. (1995). The Long-term Effects of Later life Spousal and Parental Bereavement on Personal Functioning. *The Gerontologist*, 35(5):637-647.
- Bachman, R. (1992). *Elderly Victims*, Bureau of Justice Statistics Special Report, United States Department of Justice, Washington.
- Bass, D., Bowman, K., and Noelker, L. (1991). The Influence of Caregiving and Bereavement Support on Adjusting to an Older Relative's Death. *The Gerontologist*, 31:32-42.
- Biggs, S. (1994). Failed Individualism in Community Care: An Example From Elder Abuse. *Journal of Social Work Practice*, 8(2):137-149.
- Brett, C. (1995). Violence in Our Time. *North and South*, November 1995:63-78.
- Brown, L., Christie, R., and Morris, D. (1990). *Families of Murder Victims Project*. Final Report sponsored by United Kingdom Victim Support, and Department of Social Work Studies. University of Liverpool, Coventry Polytechnic, Coventry.

- Burgess, A.W. and Holmstrom, L.L. (1974). Rape Trauma Syndrome. *American Journal of Psychiatry*, 131(9):981-986.
- Cameron, C. (1994). A Feminist Critique of the Distinction Between Penile Rape and Rape with an Object. *Auckland University Law Review*. 7(3):647-663.
- Cartwright, P.S. and Moore, R.A. (1989). The Elderly Rape Victim. *Southern Medical Journal*, 82:988-989.
- Cunningham, M.R. (1986). Measuring the Physical in Physical Attractiveness: Quasi-experiments on the Socio-biology of Female Facial Beauty. *Journal of Personality and Social Psychology*, 50(5):925-935.
- Danz, W.S. (1990). Ancient and Contemporary History of Artificial Eyes. *Advances in Ophthalmic, Plastic and Reconstructive Surgery*, 8:1-10.
- Davis, L.J. (1980). Rape and Older Women, pp.93-119, in Warner, C.G. (ed) *Rape and Sexual Assault Management and Intervention*. Aspen. London.
- Denzin, N.K. (1970). *The Research Act: A Theoretical Introduction to Sociological Methods*, (1st Edition) Aldine. Chicago.
- Ebbett, E. (1981). *Victoria's Daughters. New Zealand Women of the Thirties*. A.H. & A. W. Reed Ltd, Wellington.
- Elks, M.A. (1990). Another Look at Facial Disfigurement. *Journal of Rehabilitation*, 56:36-40.
- Faletti, M.V., Gibbs, J.M., Clark, M.C., Pruchno, R.A. and Berman, E.A. (1989). Longitudinal Course of Bereavement in Older Adults, pp.55-68, in Lund, D.A. (ed) *Older Bereaved Spouses: Research and Practical Applications*, Hemisphere, New York.

- Fanslow, J.L., Chalmers D.J. and Langley, J.D. (1995). Homicide in New Zealand: An Increasing Public Health Problem. *Australian Journal of Public Health*, 19(1):50-57.
- Foa, E.B., Riggs, D.S. and Gershuny, B.S. (1995). Arousal, Numbing, and Intrusion: Symptom Structure of PTSD Following Assault. *American Journal of Psychiatry*, 152(1):116-120.
- Fulton, R. (1965). *Death and Identity*, John Wiley, New York.
- Fulton, R. and Owen, G. (1977). The Sociology of Death. *Death Education*, 1:15-25.
- Galloway, S. (1990). Young Adults' Reactions to the Death of a Parent. *Oncology Nursing Forum*, 17(2):899-904.
- Getzel, G.S. and Masters, R. (1984). Serving Families Who Survive Homicide Victims. *Social Casework: The Journal of Contemporary Social Work*. March, pp.138-144.
- Groth, N.A. (1978). The Older Rape Victim and Her Assailant. *Journal of Geriatric Psychiatry*, 11(2):203-215.
- Hahn, H. (1987). Advertising the Acceptably Employable Image: Disability and Capitalism. *Policy Studies Journal*, 15(3):551-570.
- Hansard. (1986). 475(41):5126-5128, Government Printer. Wellington.
- Hansson, R.O., Remondet, J.H. and Calusha. M. (1993). Old Age Widowhood: Issues of Personal Control and Independence, pp.367-380, in Stroebe, M.S., Stroebe, W. and Hansson, R.O. (eds), *Handbook of Bereavement: Theory Research and Intervention*, Cambridge University Press, New York.

- Herman, J.L. (1992). *Trauma and Recovery: From Domestic Abuse to Political Terror*, Harper Collins Publishers, London.
- Holmes, R.H. and Rahe, R.H. (1967). The Social Readjustment Rating Scale. *Journal of Psychomatic Research*, 11:213-218.
- Hough, M. (1995). *Anxiety About Crime: Findings From the 1994 British Crime Survey*, Home Office, London.
- Hudson, M.F. (1994). Elder Abuse: Its Meaning to Middle-aged and Older Adults. *Journal of Elder Abuse and Neglect*, 6(1):55-81.
- Hull-Brown, M. (1994). Elder Abuse: Its Time Has Yet To Come. *Mental Health News*, Autumn:14-15.
- James, M. (1994). Abuse and Neglect of Older People. *Family Matters*, Australian Institute of Family Studies, 37, 94-97.
- Kastenbaum, R. (1972). *The Psychology of Death*, Springer, New York.
- Keys, F. and Brown, M. (1993). Elder Abuse and Fear of Crime Among Older People. *Social Policy Journal of New Zealand*, 1:99-104.
- Kerr, R.B. (1994). Meanings Adult Daughters Attach to a Parent's Death. *Western Journal of Nursing Research*, 16(4):347-365.
- Kimmel, D.C. (1977). Psychotherapy and the Older Gay Man. *Psychotherapy Theory, Research and Practice*, 14:386-393.
- Kohli, M. (1981). Biography, Account, Text. Method, pp.61-75, in Bertraux, D. (ed.) *Biography and Society: The Life History Approach in the Social Sciences*, Sage Publications, Beverly Hills.

- Koss, M.P. and Harvey, M.R. (1991). *The Rape Victim: Clinical and Community Interventions*, Sage Publications, California.
- Kubler-Ross, E. (1969). *On Death and Dying*, Macmillan, New York.
- Lehman, D.R., Wortman, C.B. and Williams, A. (1987). The Long-term Effects of Losing a Spouse or Child in a Motor Vehicle Crash. *Journal of Personality and Social Psychology*, 52(1):218-231.
- Lopata, H.Z. (1993). The Support Systems of American Urban Widows, pp.381-396, in Stroebe, W., Stroebe, M.S. and Hansson, R.O. (eds) *Handbook of Bereavement: Theory, Research and Intervention*, Cambridge University Press, New York.
- Lord, J.H. (1987). *No Time For Goodbyes. Coping with Sorrow, Anger and Injustice After a Tragic Death*, Pathfinder Publishing, California.
- Lund, D.A. (1989). Conclusions About Bereavement in Later Life and Implications For Interventions and Future Research, pp.3-15, in Lund, D.A. (ed) *Older Bereaved Spouses: Research and Practical Applications*, Hemisphere, New York.
- MacDonald, C. (1993). *The Vote, The Pill and The Demon Drink: A History of Feminist Writing in New Zealand 1869-1993*, Bridgit Williams Books Ltd, Wellington.
- McLanahan, S.S. and Sorensen, A.B. (1985). Life Events and Psychological Well-Being Over the Life-Course, in Elder, G.H. (ed) *Life Course Dynamics: Trajectories and Transitions, 1968-1980*, Cornell University, New York.

- Malinak, D., Hoyt, M. and Patterson, V. (1979). Adults' Reactions to the Death of a Parent: A Preliminary Study. *American Journal of Psychiatry*, 136(9):1152-1156.
- Mandelbaum, D.G. (1973). The Study of Life History, pp.146-151, in Burgess, R.G. (ed.) (1982). *Field Research: A Source book and Field Manual*, Allen and Unwin, London.
- Maxwell, G., Shepherd, P. and Morris, A. (1996). *Counselling For Families of Murder Victims. Summary of Research Findings*, Institute of Criminology, Victoria University of Wellington, Wellington.
- McBride, E. (1994). Why Do Young Men Rape Older Women? *The Evening Post*, 12 March 1994, page 13.
- Ministerial Committee of Inquiry into Violence (1987). *The Roper Report*. Government Printer. Wellington.
- Ministry of Justice (1995). *Restorative Justice: A Discussion Paper*, Ministry of Justice, Wellington.
- Morris, A. (1997). *Women's Safety Survey 1996*, Victimisation Survey Committee, Wellington.
- Muram, D., Miller, K. and Cutler, A. (1992). Sexual Assault of the Elderly Victim. *Journal of Interpersonal Violence*, 7(1):70-76.
- Ogg, J. and Munn-Giddings, C. (1993). Researching Elder Abuse. *Ageing and Society*, 13:389-413.
- Parkes, C.M. and Weiss, R.S. (1983). *Recovery From Bereavement*, Basic Books, New York.

- Pawson, E. and Banks, G. (1991). Rape and Fear of Violence in Christchurch, *Community Mental Health in New Zealand*, 6(1):16-33.
- Perkins, H. and Harris, L. (1990). Familial Bereavement and Health in Adult Life Course Perspective. *Journal of Marriage and Family*, 52:233-241.
- Petersen, G.C. (1973). *Palmerston North: A Centennial History*, A.H. & A.W. Reed, Wellington.
- Pillemer, K. and Finkelhor, D. (1988). The Prevalence of Elder Abuse: A Random Sample Survey. *Gerontologist*, 28(1):51-57.
- Pillemer, K. (1991). Domestic Violence Against the Elderly, in Rosenberg, M. and Fenley, M.A. (eds) *Violence: A Public Health Approach*, Oxford University Press, New York.
- Plummer, K. (1983). *Documents of Life: An Introduction to the Problems and Literature of a Humanistic Method*, Allen and Unwin, London.
- Police Criminal Investigation Branch. (1992). *Violence Against Seniors. A Literature Review*, Police CIB Planning and Research Unit, Christchurch.
- Rando, T.A. (1984). *Grief Dying and Death: Clinical Intervention for Caregivers*, Champaign, III: Research Press Co.
- Ridling, L. (1994). Homicide Bereavement: Surviving the Void. *New Zealand Journal of Counselling*, 16(1):23-29.
- Riger, S. and Gordon, M.T. (1981). The Fear of Rape: A Study in Social Control. *Journal of Social Issues*, 37 (4):71-92.
- Robinson, J., Young, W. and Haslett, S. (1989). *Surveying Crime*, Study Series 5, Institute of Criminology, Victoria University of Wellington, Wellington.

- Rumsey, N. and Bull, R. (1986). The Effects of Facial Disfigurement on Social Interaction. *Human Learning*, 5(4):203-208.
- Rumsey, N., Bull, R. and Gahagan, D. (1982). The Effects of Facial Disfigurement on the Proxemic Behaviour of the General Population. *Journal of Applied Social Psychology*, 12(2):137-150.
- Sanders, C.M. (1993). Risk Factors in Bereavement Outcome, pp.255-267, in Stroebe, M.S., Stroebe, W. and Hansson, R.O. (eds) *Handbook of Bereavement: Theory, Research, and Intervention*, Cambridge University Press, New York.
- Schuster, T.L. and Butler, E.W. (1989). Bereavement, Social Networks, Social Support and Mental Health, pp.55-68, in Lund, D.A. (ed) *Older Bereaved Spouses: Research and Practical Applications*, Hemisphere, New York.
- Sprang, M.V., McNeil, J.S. and Wright J.R. (1989). Psychological Changes after the Murder of a Significant Other; Social Casework. *The Journal of Contemporary Social Work*, 70(3):159-164.
- Stanko, B. (1995). Women, Crime and Fear, in Skogan, W.G. (ed) *Reactions to Crime and Violence*, Sage, Thousand Oaks, California.
- Stroebe, M.S. and Stroebe, W. (1983). Who Suffers More? Sex Differences in the Health Risks of the Widowed. *Psychological Bulletin*, 93 (2):279-301.
- Stroebe, W., Stroebe, M.S., and Domittner, G. (1988). Individual and Situational Differences in Health Risks of the Widowed. *Psychological Bulletin*, 93(2):279-301.
- Stroebe, W., Stroebe, M.S. and Hansson, R.O. (1988). Bereavement Research: An Historical Introduction. *Journal of Social Issues*, 44(3):1-18.

- Thornhill, N.W. and Thornhill, R. (1990). An Evolutionary Analysis of Psychological Pain Following Rape: The Effects of a Victim's Age and Marital Status. *Ethnology and Socio-biology*, 11(3):155-176.
- Tyra, P.A. (1993). Older Women: Victims of Rape. *Journal of Gerontological Nursing*, 19(5):7-12.
- Umberson, D. and Chen, M.D. (1994). Effects of a Parent's Death on Adult Children: Relationship Salience and Reaction to Loss. *American Sociological Review*, 59:152-168.
- Umberson, D. (1992). Relationships Between Adult Children and Their Parents; Psychological Consequences for Both Generations. *Journal of Marriage and the Family*, 54:664-674.
- Victim of Offences Act (1987). Government Printer, Wellington. New Zealand.
- Wheaton, B. (1990). Life Transitions, Role Histories and Mental Health. *American Sociological Review*, 55:209-223.
- Watson, L.C. (1976). Understanding a Life History as a Subjective Document: Hermeneutical and Phenomenological Perspectives. *Ethos*, 4(1):95-131.
- Whyte, W.F. (1984). *Learning From the Field: A Guide From Experience*, Sage Publications, Beverly Hills.
- Wolf, R.S. (1994). Elder Abuse: A Family Tragedy. *Ageing International*, 21 (1):60-64.
- Yancey, D. and Greger, H.A. (1990). Determinants of Grief Resolution in Cancer Death. *Journal of Palliative Care*, 6(4):24-31.

Young, W. (1983). *Rape Study Volume 1: A Discussion of Law and Practice*.
Institute of Criminology, Victoria University and the Planning and
Development Division, Department of Justice, Wellington.

Young, W., Morris, A., Cameron, N. and Haslett, S. (1997). *New Zealand
National Survey of Crime Victims 1996*, Victimisation Survey Committee,
Wellington.