

Behind the Stiff Upper Lip: War Narratives of Older Men with Dementia

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The concept of the stiff upper lip stands as a cultural metaphor for the repression and figurative ‘biting back’ of traumatic experience, particularly in military contexts. For men born in the first half of the twentieth century, maintaining a stiff upper lip involved the ability to exert high levels of cognitive control over the subjective, visceral, and emotional domains of experience. In the most common forms of dementia, which affect at least one in five men now in their 80s and 90s, this cognitive control is increasingly lost. One result is that, with the onset of dementia, men who have in the intervening years maintained a relative silence about their wartime experiences begin to disclose detailed memories of such events, in some cases for the first time. This article draws on narrative biographical data from three men with late-onset dementia who make extensive reference to their experience of war. The narratives of Sid, Leonard, and Nelson are used to explore aspects of collective memory of the two World Wars, and the socially constructed masculinities imposed on men who grew up and came of age during those decades. The findings show that in spite of their difficulties with short-term memory, people with dementia can contribute rich data to cultural studies research. Some aspects of the narratives discussed here may also be considered to work along the line of the counter-hegemonic, offering insights into lived experiences of war that have been elided in popular culture in the post-War years.

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The population of men still living who were directly involved in the World War II (WWII) is diminishing each year. Those who took part as active combatants are

now in their ninth or tenth decade of life, and those who experienced bombing and evacuation as children or teenagers are also beginning to join the ranks of the old-old (>85 years of age). At the same time, an increasing number of survivors are developing age-related cognitive disabilities, such as Alzheimer-type dementia. In Europe approximately 17 per cent of all men in the 80–94 age group are now estimated to have dementia (Misiak et al., 2013) and by the age of 95 this is believed to rise to almost one in two (Brayne et al., 2006).¹

On the face of things this might suggest that our access to men's direct testimony of the war years is limited, not just by brute mortality, but also by age-related morbidity. While diagnostic procedures differ between societies and cultures in ways that are beyond the scope of this article, it is recognized within most nations directly involved in or affected by WWII that many older survivors now experience a recognizable, age-related syndrome characterized by disturbance of memory (particularly short-term memory), generalized confusion (particularly in time and space) and problems with language that may be either expressive (for example word-finding problems) or receptive (difficulty in understanding others' speech). For purposes of the discussion below we will use the generic term dementia to describe this syndrome.

Long-term memory usually remains relatively intact for some time following the onset of dementia, and this is particularly true of memories of extreme, or emotionally charged, events. Memory for events that took place during what are sometimes described as the 'reminiscence bump' years, between 10 and 30 years of age, are also reported to be well-preserved. These are the years when the person's most significant life events are likely to have taken place (Gluck & Bluck, 2007).

In this article we draw on the narratives of three men, Sid, Leonard, and Nelson, to show that, despite their diagnosis, people with dementia can contribute rich data to cultural studies research. These data not only underscore arguments advanced in theoretical sources related to the social construction of masculinity and the lived experience of war for men of their generation, at times they also shed new light on incidents that have since faded from popular memory.

As Erll and Rigney (2009) have argued, certain memories, held in common, become hegemonic; that is to say they become shaped over time to fit, and to benefit, the prevailing power relationships within a society. The wartime evacuation of Dunkirk, for example, is now held in British popular memory through the dominant image of the 'miracle of the little ships', rather than the military debacle that even Churchill at the time judged it to be. As with other aspects of WWII, these dominant images have often been fixed in popular consciousness by way of representations in popular media. The 1958 film *Dunkirk* has, for example, perhaps been more of an influence on collective memories of Dunkirk than have either contemporary first-hand accounts or subsequent historical research.

¹This paper was originally prepared for an issue of this journal on 'Masculinities at war'. The much larger body of data from which the narratives discussed here are taken also includes many accounts of women's experiences of military service, civilian life in wartime, childhood evacuation and displacement.

In the narratives discussed below, while Dunkirk is explicitly mentioned by two of the men concerned, there is no miracle, but only personal tragedy and the dread of invasion. If Sid and Nelson were ever susceptible to what Calder (1991) describes as the ‘Dunkirk myth’, this is to say, they have now seen through it. Memory is, as Erll and Rigney (2009) point out, a ‘complex interaction between medial, social (and ultimately also cognitive) processes’. If memories of events cease to be ‘performed’ as acts of memory they can become inert and can then be overwritten by versions that ‘speak more directly to latter day concerns’ (Erll & Rigney, 2009: 10). Although, Sid, Leonard, and Nelson are, like all narrators of social history, acting out their relationship to the past from a position in the present, we will suggest here that their memories appear in some ways less ‘mediated’, than those of similar age cohorts without dementia. Although they may, throughout most of their lives, have repressed painful memories or colluded with hegemonic representations of the events concerned, the onset of dementia makes it less possible to maintain that self-controlled silence, often described in popular sources as the ‘stiff upper lip’.

The ‘stiff upper lip’ as cultural metaphor

In popular culture the ‘stiff upper lip’ has come to be synonymous with a form of masculine, and particularly British, repression of emotion. A trembling lip, it is implied, is an effeminate trait, while the ability to bite back and suppress emotion is the mark of a man. The stiff upper lip has been a particularly prevalent metaphor in military contexts. It is, for example, implicit in Tennyson’s (1854) *Charge of the light brigade* that heroic conduct in the face of blundering military authority is to maintain a dignified silence, rather than to speak out in protest: ‘theirs not to make reply, theirs not to reason why; theirs but to do and die.’ George Orwell (1940) described the stiff upper lip as ‘a kind of stoical resignation.’ Many of the British actors who starred in films about WWII in the immediate post-War era became synonymous with the idea of the stiff upper lip. When John (later Sir John) Mills, who took the lead role in the film *Dunkirk* among many other such films, died in 2005 many obituaries referred to him as a personification of the archetypal British stiff upper lip.

Perhaps largely as a result of such films, in mainstream British popular culture the dominant view of WWII for many years was that of a clean war ‘where people died intact and quickly; where the injured overcame their disabilities; where cheerful, patriotic wives and sweethearts waited patiently and faithfully back home’ (Bender, 1997: 343). Bender suggests that subsequent generations have absorbed the ‘highly sanitised and stereotyped version of the War... regularly presented in various media—novels, radio, and most especially the dominant forms of film and television’ (Bender, 1997: 345). The permitted, sanitized discourses of war were perpetuated through filmic representations of various kinds: discourses of patriotic stoicism (Pathé newsreels), selfless heroism (*The Great Escape*) and, more recently, humour (*Dad’s Army*; *’Allo ’Allo*). Burnell et al.’s (2010: 66) study of narrative

coherence in war memories of WWII veterans found that humour was identified as a key strategy for avoiding more authentic communication about war-related experiences with other ex-servicemen: they quote one of the interviewees as follows: ‘one didn’t talk... much about... I regret that we didn’t talk about it/one generally spoke about it in a jokey (sic) manner.’ Here it is implied that the tendency to ‘laugh off’ traumatic experience may also be a way of maintaining a stiff upper lip.

Machin and Williams (1998) adopted the concept in their study of phantom limb pain in amputee veterans of WWII. Here they use the term stiff upper lip to mean:

- silent acceptance of high levels of pain
- reluctance to seek medical help
- an expectation of having one’s experiences dismissed.

The stiff upper lip then, also enters the domain of the ‘unspeakable’; those things that have been experienced viscerally, but which cannot be given a voice due to societal taboos, and to the expectation of being disbelieved. In this article we explore the possibility that with the onset of dementia, the tendency to maintain a stiff upper lip which has continued to dominate men’s narratives in the post-war years may begin to relinquish its hold. The narratives discussed below, we suggest, come less under the control of what Post (2000) describes as the ‘hypercognitive’ and enter instead into the realm of the subjective and visceral.

A series of research studies indicate that, in extreme cases, the onset of dementia can unleash dormant post-traumatic stress disorder (PTSD). For example, Johnston (2000) describes the cases of three WWII veterans who developed combat-related stress for the first time shortly after being diagnosed with dementia and hypothesized that their ability to ‘function well’ in the aftermath of war was due to the cognitive effort required to keep intrusive images under control. When this ability began to deteriorate, their defences were lost and the images broke through. They began to experience combat-related nightmares and to be hyperactive and anxious. Other symptoms involved violent outbursts, tearfulness, and a preoccupation with wartime experience that had not previously manifested itself.

The social construction of memory

In the field of dementia studies, there has to date been surprisingly little overlap with cultural or sociological studies of memory. Within the prevailing biomedical model of dementia, the problem is characterized as one of individual ‘memory loss’ rather than memory change over time, and the memory in question is largely taken to be located within the (diseased) brain of the diagnosed person. While alternative, more holistic models of dementia certainly exist (cf. Kitwood, 1997; Post, 2000; Sabat, 2001) they have not, to date, placed great significance on the social construction of memory, nor indeed on the links between events in social history and the lived experience of people who now have dementia. While this article cannot hope to

engage with the whole body of theory on memory as socially construct, one of its main purposes is to begin to open up this debate.

Roper (2000) has, for example, demonstrated how recall of a single wartime event can undergo many narrative shifts over the life-course of an individual. In his study of the WWI officer Lyndall Urwick, narrative accounts of an incident changed over the following decades in what appears to have been a progression from anger in the immediate aftermath, to reconciliation in mid-career, and renewed memories of death in Urwick's later years. In the cases of the three men with dementia whose narratives are presented here it appears that they experience history less as a linear unfolding of time which takes them reliably further and further away from the precipitating events, and more as a series of palimpsests. The disorientation in time and space characteristic of dementia means that they find themselves reliving events from the past as though these events happened only very recently, or are happening again. LaCapra (2001:21) suggests this is characteristic of post-traumatic acting out 'one is... performatively caught up in the compulsive repetition of traumatic scenes... caught up in a melancholic feedback loop.' There is therefore no claim that the narratives discussed below have any one-to-one correspondence with 'what really happened'; rather, they are what Kuhn (2010) describes 'performances of memory.'

Summerfield's (1998) research on women's wartime work and training draws attention to the often troubled interface between interior and public discourses in such performances of memory. Nevertheless her interviewees' attempts to construct a coherent narrative from fragments of autobiographical memory, popular myth and official sources offer opportunities for understanding the ways in which interiority and public discourse intersect in individual voices. Summerfield argues that it is 'necessary to encompass within oral history analysis and interpretation, not only the voice that speaks for itself, but also the voices that speak to it, the discursive formulations from which understandings are selected and within which accounts are made' (1998: 15). The narrator is not to be regarded as an already-given historical entity, but as the locus of a process in which memory is produced and reproduced from a variety of available discourses.

From a social constructionist perspective, it is thus possible to shift the 'problem of forgetting' from the brain of the individual diagnosed with dementia to the more general social milieu, recognizing that forgetting is not only ubiquitous, but also a significant part of the way that hegemonic order is maintained. In their performances of memory, people with dementia may return—in some cases compulsively—to events that have been blocked from collective memory. A number of writers have coined terms which suggest that there are indeed pathological forms of forgetting at a societal level. Jacoby (1996:3–4) uses the term 'social amnesia' to describe a failure to learn from history, characterized by '... the impatience to hustle through the past as if it were the junkyard of wrecked ideas'. Schefer (1995: 141) uses the similar term, 'mnemonic damage', to refer to the occlusions and silences that accompanied growing up in wartime France, and Huyssen (2003) describes a cultural 'hypertrophy of memory', noting that 'inevitably, every act of memory carries with it a

dimension of betrayal, forgetting and absence.’ Bertman (2000) takes the analogy further in his suggestion that ‘cultural amnesia’ is the ‘social equivalent of Alzheimer’s disease’.

Neal (1998) suggests that the literal ‘unspeakability’ of war-related trauma, for many, has not just been a result of the freezing of affect believed to accompany such experiences, but also the societal taboo on disclosure of events that do not conform to the ‘institutional underpinnings of the social order’ and which thus feed into ‘overriding forms of collective fear and anxiety’ (Neal, 1998: x–xi). Heller (1992) noted in his study of the experiences of ageing veterans:

When they try and speak of it the memories overwhelm them and they fall silent... Nor is it possible for them to understand why, when they came home as young soldiers almost fifty years ago, no-one wanted to hear the story of what they had witnessed. Even today survivors share the feeling that still no-one is listening.

Caruth (1996) uses the term ‘the wound that speaks’ to describe the painful re-emergence of wartime trauma through narrative, reminiscent of the process by which shrapnel works its way back to the surface of the injured body. In the following section we discuss the process by which the three narratives presented below were created after long silence.

Methods

Baldwin (2008) notes that people with dementia require agency and opportunity to take part in the performance of memory through narrative. Often, however, they are not only denied the opportunity to create narratives, but are also subjected to a ‘disabling meta-narrative’ which marks them out as unable to do the very thing that the performance requires; that is to communicate coherently. Here, too much emphasis is placed on intact cognition as the sole criterion for participation; and on this basis people diagnosed with dementia are frequently subjected to ‘narrative dispossession’ (Baldwin, 2006). Even within geriatrics research, a recent US study by Taylor et al. (2012: 413) showed that people with dementia are often excluded ‘without rationale or mention of exclusion as a limitation, or any discussion of its potential effect on the evidence base’. Other professional discourses and practices similarly exclude people with dementia from visibility, voice, and inclusion. As Gilmour and Brannelly (2010) note, the shift to a rights-based, as opposed to the traditional needs-based, model of dementia opens up space for new interdisciplinary perspectives and practices. This has direct bearing on the methods by which the narrative data discussed below was created.

The narratives presented in this article are taken from a much larger body of first-person biographical testimony collected as part of the Trebus Projects, a series of arts projects carried out with people with dementia (www.trebusprojects.org.uk). Many of those involved in the project were people whom care workers believed were no

longer capable of meaningful communication, and some stories include the last words their narrators ever spoke. These accounts provide evidence that even people with very severe dementia can often provide a meaningful account of their earlier lives. The narratives were created iteratively, initially in response to the prompt ‘Tell me about yourself’, with the ongoing story then repeated to the narrator at the beginning of each session. There were no overt prompts related to war or military service. The existence of these narratives thus helps to challenge popular misconceptions about the nature of dementia, and the ability of people who have dementia to contribute to social research and other forms of debate.

The narrators: Sid, Leonard and Nelson

The three narratives of men with dementia presented below (Sid, Leonard, and Nelson) cover a period extending from the end of WWI to the immediate aftermath of WWII. Among many other subject areas, their stories shed light, for example, on the way masculinity has traditionally been constructed through father–son relationships, peacetime employability, fitness-for-combat, and military service. They also expose, at points, events and constructions of events that have been elided or downplayed in popular culture.

Narrative 1—Sid ‘My dad was a sick man ...’

Bender (1997: 344) points out that those who were actively involved in WWII had often been brought up by parents who were still traumatized by WWI. He suggests that ‘the damage to the older generation caused by the First World War, and the limited communication during the Second, increased the psychological toxicity of the events being experienced’. The first set of extracts taken from Sid’s narrative, presented below, conforms closely to Bender’s analysis. Sid grew up in the shadow of the WWI. His father was a seriously disabled veteran who struggled, as a result, to provide for his family or hold down regular employment. Sid’s narrative of his own military service, from which he emerged physically unscathed, shows how persistent is this ongoing legacy, in the form of survivor guilt and post-traumatic stress spanning two generations.

Sid was born in Dalston, East London in 1918, the last year of what was then still known as the ‘Great War’. His father was, Sid tells us ‘a sergeant in the First World War... and barely survived’. [He was] ‘badly wounded in the stomach and gassed, chloride gas’. Sid’s father only worked ‘bits and pieces’ after this, ‘mostly to give him something to do’.

He was always in Mum’s way. Mum gave him a hard time... she wouldn’t have done it, but she seemed to suffer the intolerance of the War... he took a bashing... I was in the middle of it all.

Sid grew up, then, in a household where far from being regarded as a hero of the Great War, his father was seen as redundant and emasculated, something of a

nuisance, unable to provide adequately for his family. This conforms with Bourke's (1996) deconstruction of the frequently assumed connections between virility and war; the body which returns is not only physically altered but also inscribed with different values and meanings: the experience of war 'fundamentally affected not only the shape and texture of the male body, but also the values ascribed to the body' (1996: 30).

As Bourke notes, a feminist view of the construction of masculinity as patriarchy is not helpful here, because it fails to take account of the ways in which men can be oppressed by other men. Societal responses to the returning disfigured male body are also clearly shot through with class divisions. A wheelchair-bound male member of the middle classes could still continue with a profession or live the life of an invalid without losing the status of hero. To a working-class woman like Sid's mother, however, the return of a husband unable to work was a burden, dramatically altering the balance sheet of the household.

As Cooper and Hurcombe (2008) note, 'the wounded male body elicits atypical responses and disturbs established power relations: the wounded body becomes a battleground of the genders'. Sid's nascent awareness of his own masculinity is therefore constructed around conflicting gender identities. His mother is described as his 'angel... a diamond... the backbone'; she 'did the donkeywork' and there are many indications that it is his mother whom Sid emulates.

Sid himself became a regular soldier, 'I went into the army myself... got my khaki uniform with brass buttons' and, during the WWII, was posted to Norway as an Infantryman. The details of this posting are comparatively vague, although Sid does describe himself as having been 'right up against it from the beginning'. Luckier than his father, physically at least, he came through it all 'without a scratch'. Sid's narrative suggests, however, that this was really only the beginning of his war.

The very sad thing was the line up when we all came home... looking around for who was missing... there were only about four of us. I remember when I came back looking for their names... names we'd cut into the trees and written on the walls. [...] People you went to the pub and had a pint with... all dead.

Almost all of Sid's childhood friends have been killed, and he suggests that he felt the need to undertake some act of expiation to make up for his own safe return.

I volunteered to tell the wives of the dead soldiers. I needed to do it; I felt guilty that I came back alive... I couldn't look at the mothers of the dead... I knew what they were thinking... I felt ashamed.

In a later comment Sid discusses the overall death toll of WWII, and particularly what he sees as the squandering of young lives. It is noticeable here that Sid seems to borrow on images that are perhaps more familiar to us from writing on WWI; the tragic waste of doomed youth and the uncaring military authorities. It can easily

be forgotten that many WWII combatants were also not consenting adults (in terms of the law of the day) when they were conscripted.

A lot of people died that shouldn't even have been there, let alone be killed... young men... young boys left school, then they're forced to be men straight away, do you see? They were in the army, and the army didn't care a hell about them.

Other events are described in elegiac terms that we might tend to think beyond the reach of the average working-class East Ender of Sid's generation: 'The lads through the windows grew into men, and grew into soldiers that went on the fields with me, and they didn't come back'.

One particular friend of his youth, Frankie, 'my closest friend and the most loyal person... I grew up with that boy from when he couldn't walk on his legs', was killed on the retreat from Dunkirk 'getting on one of the boats... nearly there'. Sid was a long-term contributor to the Trebus Project, and it is noticeable that over time he begins to transfer traumatic events from one person to another, so that later in his narrative Frankie has been killed by a bayonet wound to the stomach like the one received by Sid's father, rather than by drowning. Similarly, Sid says of his mother: 'she fell off the back of a boat, she fell in the water and the tide carried her away... we couldn't get to her', apparently confusing her death with Frankie's. What remains constant throughout is the sense of loss, and the mutability of past and present experience: 'Frankie came home one day and said he was killed... he's not coming home... he was leaning over the garden fence and he said he won't be coming home'.

Reflecting on the ongoing impact of these events on his own later life Sid reveals the manifestation of 'night terrors' consistent with some degree of PTSD.

It'll come back at night... I'm always looking back over my shoulder all the time. It's in the air, thinking that somebody's following me around. If I hear a sound, I turn my head and it's something to do with what's happened in my war time... It used to wake me up in the night. I was always fighting in my sleep.

Sid identifies himself as always having been a 'man's boy'; 'I preferred the company of men'; his narrative refers at several points to his impulse to protect and save other young men and his sense of despair in being unable to do so. His commentary on his post-war employment as a driver suggests that he may have found it difficult to break away from military life. His chauffeur's uniform is, for example, described almost identically to his earlier army uniform ('a navy blue uniform with brass buttons and a peaked cap') and, even attired like this, he still 'felt shy about the nice clothes... even guilty... it was just after the war and I didn't want to give the impression of showing off'.

(All extracts from Sid's narrative are taken from Bryce et al., 2010, IV-VII.)

Narrative 2—Leonard: ‘We didn’t want to be soldiers...’

Born a few years after Sid, Leonard’s story begins with his lower middle-class family background in pre-War London. His grandfather is described as a ‘true gentleman’ who worked at ‘the premises of people who are insuring’. His father owned a tailoring business, and was ‘Mayor of the Borough’. Leonard himself became a successful gallery owner and cinematographer after the war. Of his reluctant indoctrination to military service he says:

I made a friend on the train going North... a chap came and sat opposite me in the carriage... he was rather shy, almost in tears... we went through the war together... I don’t know what happened to him... we sat in silence for about half the journey... we didn’t want to be soldiers. I can’t remember where we were billeted... in mid-winter... it was so cold and only ice water to wash... we were taken on to break our nerve... we wanted to run away and leave.

Due to what he clearly believes to have been some form of financial deal between his father and ‘a friend in Whitehall’ Leonard’s active military service does not last long.

I wasn’t in the army long... I got someone helping me... he got me a posting to something else away from the fighting... I think money may have changed hands. [...] My father was friendly with a top man in Whitehall... he protected me.

Throughout his narrative Leonard refers several times to his ‘luck’ in being spared active service in this way. Although in less explicit terms than Sid, Leonard also makes reference to ongoing identification with those who, lacking this kind of patronage, did not survive. Many years later, it seems that he made efforts to find out what became of the regiment to which he was briefly attached.

The regiment I was in... where I was shouldering arms... were slaughtered. I got speaking to the lady behind the desk in the records office. She said, ‘My dear, you don’t know how lucky you are, it was a bloodbath. The group you were with was murdered’.

Later we move on to Leonard’s life in post-War London and his sexual relationships with other men in the years when sex between consenting adult males was still punishable by law. Here again, Leonard’s father appears as a benign and protective, but somewhat controlling character

Many people I knew went to prison... many people from the film studios. My father would have been furious if he found out... if he knew I was having sex with [a man] ... he never knew. It just became a habit to tell little lies. He never asked me a word about it... he was in on it, but he didn’t want me to know that he knew

Like many people with dementia, Leonard is preoccupied by the need to reconnect with people and places in the past. However, it is noticeable that his efforts to do so are invariably, in his own account, aborted because the buildings or records concerned have been destroyed, often by bombing. For example, a cinema in Oxford Street has ‘only very recently been destroyed, taken down to the ground in the bombing’ and the publisher’s office of a magazine he contributed to has been ‘demolished in the last two months... the building has gone, the records have gone.’

Leonard emerges here as someone who has always had something of a double identity. His story is, in many ways, a kind of case study of the twentieth century, with its petty snobberies and ambivalences about gender, sexuality and social class papering over the cracks, during the decades of industrial blight and global warfare. The stiff upper lip is revealed here as a hypocritical reluctance to speak inconvenient truths. Homosexuality is tolerated as long as it is not named, money changes hands under the table, and deals are done in the corridors of power.

(All extracts in this section are taken from Bryce et al., 2010: 47–53)

Narrative 3—Nelson: ‘Everybody forgets and you’re left with so much propaganda’

The ‘toxicity’ of the first half of the twentieth century described by Bender (1997) above, is further intensified when we consider that between the two World Wars came a depression which brought mass unemployment, poverty, and widespread ill-health. Board of Education studies for these years show that in some of the worst affected areas children were found wearing clothes ‘that often fail to afford adequate protection and to maintain the self-respect of the children... the meagre income upon which the families live cannot run to the purchase of both food and clothing’ (Eichholz et al., 1928).

Nelson who features in the last of these three narratives was a child of this depression. Born in the 1930s, he grew up in extreme poverty and overcrowding, the third of eight children. Aged 9 at the onset of WWII, he refers to bomb sites as his playgrounds and Canadian and US servicemen as his role models.

Nelson’s narrative begins with a description of the house where he grew up

Back then overcrowding was getting very bad. I say jokingly about squashing bugs but you could walk in any house and smell the bugs back then... the only way to get at them was to knock holes in the wall... put paraffin in and burn them out... burned the bloody houses down killing the bugs.

Like Sid’s father, Nelson’s father was also disabled, in this case due to a childhood accident which left him unfit for military service and barely able to hold down a job even when work was actually available

My father worked as a coalman in winter and a builder’s labourer, when he could get a job, in the summer, and that wasn’t easy for him... he’d been run over by a traction engine when he was a kid, and left with half a leg

Initially, the outbreak of war made little difference to Nelson's day to day life but later the reality began to hit home

When war broke out it all seemed normal for a while and then all of a sudden after Dunkirk... that's when it got rough. I thought, funny what's that train doing there... in the sidings?... They wouldn't normally stop... but then you saw it after Dunkirk... the tiredness in the soldier's faces. Looking out the windows. Day after day you could see the trains coming in with the blinds closed... I ran home and told my dad. He said, 'Cross over the road. Don't look. Walk away.'

Nelson's story also includes more than usually graphic descriptions of the aftermath of bombing raids

An incendiary fire was bad. They say now that you could put it out, but you couldn't. I said to one of them firemen, 'Those incendiary bombs don't half smell.' He said, 'That ain't the incendiary bombs, son.' We knew then what it was... burnt flesh and carbide.

It is evident that Nelson had a difficult relationship with his father, 'He wasn't a hero, he was drunk all the time', and he relates one incident where his father appears to have made (or seriously considered) a suicide attempt by driving at a wall, when Nelson was in the van alongside him, 'I see that wall at the end, and I knew what he was doing, suicide... I said, "You might want to die but not me".' As Davies (1997: 365) notes, there have been few clear estimates of the psychological impact of WWII on British civilians, such as the suicide attempt mentioned here, because psychological trauma among civilians 'was usually interpreted as a sign of constitutional weakness rather than a reaction to extreme life events... and demonstrations of psychological distress or failures to cope with trauma were actively suppressed'.

Perhaps as a result, Nelson presents his father as someone less admirable or able to protect him than the Canadian and US officers he identifies with and runs errands for. His own emerging sexuality is also closely linked with the behaviour of these role models. By contrast, Nelson's father is presented as a figure alternately bullying and pathetic, without proper weapons (only a 'small hammer'), and unable to keep Nelson safe.

I used to bunk off school and go up to the Ferrari garage to help the Americans for cigarettes... there was only one thing the Americans were interested in and that wasn't such a long word as chocolate. Mind you, we were just as bad. The Americans brought guns and nylons to bribe their way... that was the first present I ever gave my girlfriend... a pair of nylon stockings from a Canadian for cleaning his engines.

Nelson also recalls the now largely suppressed and forgotten reprisals that were taken in Britain against prisoners of war. In this, his narrative again covers some of the same territory as Calder (1991) who drew attention to the ways in which

‘unpatriotic’ wartime activities such as looting or rape were quickly excised from the collective myth of ‘plucky little England.’

People tried to get on with life but you could sense a fearful change. They took it out on the Italian prisoners of war. When anyone saw them with an English woman they’d go mad. I know two Italians were caught on the waste ground... there were two dead found... beaten to death... nothing in the papers... everything denied.

Nelson, more than either of the other two narrators, indicates a life-long sense of indignation about the way wartime events were reported.

Even at the time, I didn’t believe most of what was written in the papers [...] There are these historians now... The way you’ve got to look at it is everybody forgets and you’re left with so much propaganda. They’ve got their stories all worked out.

The main focus of Nelson’s anger seems to be the contemporary newspaper reporting of an explosion which destroyed a large area of West Hendon in 1941, killing 40 people and making over 1000 homeless. In Nelson’s account this was reported to be a German bomber that had crashed with the bombs still on board, but he believes it to have been one of the first V2 bombs, ‘There was a complete shut-down on it in the papers... two streets at a crossroads and it completely engulfed the lot of them’. Contemporary sources make it clear that there were numerous competing explanations; what is at issue here is not in the end so much the type of bomb, but whether it hit or missed its intended target. Reporting at the time seems to have been concerned to prevent the panic that would ensue if it became apparent that heavy bombing of civilian targets—as opposed to industrial sites—was likely.

Nelson himself makes reference to his disrupted education, noting that due to the bombing of his school ‘my reading and writing is not that good.’ It seems unlikely in view of this that he is taking issue with academic historians, but rather with wartime propaganda and its largely unchecked perpetuation by other means in the post-war era. He continues to see as the enemy all forms of authority, particularly upper-class authority, rather than just the potential German invaders; ‘If they’re still trying to bomb me in to submission, they’ve done the wrong thing.’ War is less a time-limited engagement with another nation than a campaign waged against him personally, and people like him, in the context of his life as a whole.

(Extracts in this section are from Bryce et al. 2010: 59–69)

Conclusion

This article has argued that men born in the first half of the twentieth century were indoctrinated to a view of masculinity in which the concept of the stiff upper lip was dominant. Throughout the majority of their lives, including peacetime employment, wartime, conscription to military service, or civilian experience

of WWII, this required them to maintain high levels of cognitive control, and low levels of expressed emotion. Now in their 80s and 90s a significant proportion (around 20 per cent) of these men experience the onset of dementia, and along with this a relaxing of cognitive control over traumatic or emotional memory.

The article discusses three specific examples of men with dementia discussing their wartime experiences in ways which are frank and revealing, with significant emphasis on the subjective and visceral domains of lived experience. The narratives shed light on a variety of experience of the social construction of masculinity and demonstrate that in spite of some cognitive problems people with dementia can contribute rich data to cultural studies research. The three narrators have been approached as people first rather than instances of a diagnosis, or as 'patients'. They have been enabled to contribute to a field of study on which they have something important to say. Beyond this the data are of great interest due to the relative lack of self-censorship or mediation of their narratives, which may be considered in some ways to work along the line of the counter-hegemonic, adding to the complexity of the 'interaction between medial, social (and ultimately also cognitive) phenomena' which according to Erll and Rigney (2009) is cultural memory. Dementia, often regarded as a pathological loss of narrative identity, emerges here as a lens through which we can view social history and its occlusions and conceits differently.

In her seminal work Bourke (1996) showed how the social construction of masculinity can oppress men as well as women, precisely because the subjective experiences of men have been left unexplored. This has been particularly true of working class men, like Sid and Nelson, and those like Leonard whose sexual attraction to other men was considered deviant. In later life, to develop dementia has often then taken the form of a double or triple jeopardy, a further discounting of the value of one's lived experience.

Fine and Weis (1998: 27) write of the need to theorize and contextualize differently 'voices that have been historically smothered' and to 'relentlessly create textual room for counter-hegemonic narratives'. While there has been a long history of silencing people with dementia on the basis that they are 'unreliable narrators' or 'confabulators', such objections can no longer have currency today when it is recognised that all our narratives are 'multiple, multivoiced, discontinuous and fragmented' (Sermijn et al., 2008: 636). People with dementia may lose the ability to censor their own traumatic memories, and thus to conform to the 'stiff upper lip' model of masculinity that characterized the post-War period. In the narratives, or 'performances of memory', of the three men with dementia presented here we are, however, given some valuable insights into what perhaps always lay behind the stiff upper lip for men of their generation.

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