An IPA study of transgenerational trauma in the third generation of holocaust survivors.

A thesis submitted in partial fulfilment of the requirements for the Professional Doctorate in Counselling Psychology at London Metropolitan University.

By Antonia Sherman

Student Number: M209441

Supervised by Catherine Athanasiadou-Lewis

School of Psychology
Faculty of Life Sciences and Computing
London Metropolitan University
2019

Declaration

I hereby declare that the work submitted in this dissertation is fully the result of my own investigation, except where otherwise stated.

Name: Antonia Sherman

Date: January 2019

Table of Contents

Abstract

Background/Aim: There has been a great deal of research looking at the effects of the holocaust on survivors and their children. However, there is far less research focused on the third generation of holocaust survivors. There has been little research on this topic from a Counselling Psychology perspective and studies looking particularly at the Jewish population in the United Kingdom are scarce. This research aims to bridge this gap and explore the experiences of being a grandchild of a holocaust survivor and how this may influence the way they make sense of their lives.

Method: Semi-structured interviews of six participants were analysed using Interpretative Phenomenological Analysis.

Findings: Through analysis three superordinate themes emerged; Holocaust at the core of identity; Salience of family influences within life; internal conflict over sense of purpose: burden vs honour. Nine subordinate themes were also generated and discussed.

Conclusion: Participants highlighted the importance of their grandparent's trauma in their everyday life. There was a belief that the holocaust was central to their identity and participants emphasised the internal conflict over whether this legacy was a burden or an honour. It is suggested that clinicians working with individuals in the UK who have grandparents that experienced the holocaust, take these familial experiences into consideration when conducting therapeutic interventions.

Acknowledgements

I would firstly like to thank my research supervisor Dr Catherine Athanasiadou-Lewis, for her support, patience, help and teaching throughout my time at London Metropolitan University, and whilst I have been completing this thesis. I am immensely appreciative of the support and friendship from my colleagues Harriet and Sarah along the way. Together we have shared a journey encompassing anxiety, success and personal development. Thank you for all your support throughout this process. I would also like to say a very special thank you to my good friend Lara for taking the time to proof read my thesis. I would like to thank my mother Julia and father Ken for all their emotional and practical help over the years, in particular by helping out with my gorgeous children. I would not have had the opportunity to complete a doctorate without your constant love and support. I am very thankful to my incredible husband Ralph, who has encouraged and supported me along the way. Thank you for believing in me, and being patient during weekends when I have been busy studying. A very special mention has to go to my three wonderful children, Gaby, Mia and Jessica who have shown great patience and understanding, watching me complete this research, over the last few years. Thank you for not complaining, whilst I have sometimes been preoccupied! Even though they are no longer around, I must also give thanks to my "Nagymama and Papa"- the inspiration behind this thesis and such a huge part in my own family story. Finally, I would like to thank the participants who took part in this research, for being so open and honest, and allowing me an insight into your world.

Chapter 1

Introduction

The Holocaust refers to the mass murder of six million Jews and millions of Romani people, homosexuals, communists and others pursued by the German Nazi regime during the Second World War. Survivors endured physical and psychological trauma that has been categorised as among the harshest in human history (Cohn & Morrison, 2017). Researchers have studied the consequences of this trauma on survivors and more recently on their descendants. Studies involving the children of holocaust survivors have had ambivalent findings over the past decades (Wiseman & Barber, 2008). Many non-clinical studies concluded that there were no differences between control groups and children of holocaust survivors in terms of mental health, family atmosphere and personality. However, other studies indicated that children of survivor's tended to have specific characteristics and difficulties with interpersonal relationships (Kellerman, 2001). Research has recently begun focusing on the grandchildren of survivors, referred to as 'third generation survivors' (Scharf & Mayseless, 2011), but these studies are scarce. Most research has taken place in Israel, America and most recently, Australia with no studies as yet, focusing on the third generation survivors living in Britain.

This research aims to explore the experience of being a third generation holocaust survivor, using Interpretative Phenomenological analysis. This introduction provides a reflexive statement, followed by framing the relevance of this research to Counselling Psychology.

1.1 Reflexive statement

Personal reflexivity involves the researcher "reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research" (Willig, 2008 p10). It also encompasses examining the way that the research topic affects the researcher as an individual. Meanings found and developed in qualitative research are a combination of the interaction between the researcher and participant (Finlay, 2002). It is vital for researchers to take a critical perspective of their work and themselves in order to be reflexive (Finlay, 2003). The subsequent account is a reflexive statement acknowledging the importance of conceptualising my own thoughts, feelings and beliefs, to allow these to contribute to the study and situating myself, within this research (Etherington, 2004).

In order to become critical of my own assumptions and beliefs, I will briefly expand on my own experiences as a third generation holocaust survivor. I have grown up being aware that both my maternal grandparents were holocaust survivors. This was a subject rarely discussed

in my family, for fear of upsetting my grandparents. There appeared to be some kind of unspoken rule that questions about the trauma they both faced in concentration camps should not be discussed, and I have strong memories that whenever the subject was alluded to, my grandmother would instantly become very tearful. It was not until I began my doctorate in Counselling Psychology and attended personal therapy that I realised that being a grandchild of holocaust survivors had hugely impacted my upbringing, family life, relationships, values and beliefs. I was very surprised that in my first personal therapy session when asked about my childhood, I began to discuss my grandparents' experiences of losing all their family during the holocaust. As my sessions continued, I was able to reflect on the fact that what I always perceived as being a 'close-knit' family appeared to have been affected by my grandparents' experiences. I became aware and could identify separation- individuation between my mother and her parents and to a lesser degree myself and siblings towards our mother. Survival issues have also been an important part of my upbringing. There is always too much food on the table symbolising a fear of anyone being hungry. I have always been aware that my grandmother, when she was alive and my mother even now, displayed a great deal of anxiety about going out in case accidents happened. I am now able to question whether there is a connection between this and my grandparents' experiences in concentration camps. My grandparents were taken away one day and never saw their family again, and my mother seems to have the same types of anxiety concerning whether we will reach destinations safely. I have always known that she would worry if I had not phoned her to let her know that I had arrived wherever I was visiting. I am also aware that I worry and imagine my husband and family have had accidents if they are late coming home. I appear to have grown up with an assumption that the world is a dangerous place, possibly showing a transgenerational effect of the holocaust.

Working with clients, in both primary and secondary mental health departments during my training as a Counselling Psychologist, has reinforced to me the importance of understanding clients' backgrounds in order to gain an understanding of their day-to-day difficulties. This realisation helped me to reflect on my own familial background and how it has shaped me as an individual.

I found that discussing my grandparents past during my personal therapy sessions, and reflecting on what it meant to me as a third generation holocaust survivor, has helped me understand more about my family life. My interest in this topic developed further while conducting this research as I discovered that there had been research done not only on holocaust survivors but on their families as well. I found that there were online-groups for both second and third generation holocaust survivors, which I did not know existed. It also became clear from my preliminary research, that studies involving third generation

transmission of holocaust trauma were limited. I was inspired to discover whether there was some kind of shared lived experience of the holocaust on other third generation survivors, encompassing family life and values.

I was aware that I would bring assumptions to this research involving my own personal experiences. I assumed that there would be evidence of some aspect of intergenerational trauma amongst my participants and that their grandparents' experiences would have had an effect on their upbringing and the way they may relate to their parents and others. I know that as a researcher, it was impossible for me to remain impartial and be completely objective (Smith, Flowers & Larkin, 2009). It was, therefore, important for me to reflect and identify how my assumptions and biases would influence my research and findings (Willig, 2008). Using IPA, I recognised that as a researcher, my pre- conceptions would have an impact on my research process, interviews and analyses (Smith,2004). I was aware of the importance of attempting to bracket-off my own personal experiences to ensure the validity of my research. However, I am aware that it is not possible to achieve this and that my values and beliefs will have influenced the way that results have been interpreted. I have attempted to be sensitive of my thoughts and emotions by keeping a personal 'reflective journal' throughout the process (Kasket, 2012). I feel that by documenting and discussing my assumptions and beliefs openly through supervision and personal therapy, I was able to detach them as much as possible from my research.

I have made a conscious effort when reviewing literature to include reports that have found no evidence of transgenerational trauma. I have also found some aspects of research difficult to acknowledge as there are many critical findings about parenting across the generations that I have felt uncomfortable reading about on a personal level. Therefore, every effort has been made in this literature review to give a balanced account of research, but clearly my influence will be unavoidable.

1.2 Relevance to Counselling Psychology

In line with the core humanistic values of Counselling Psychology, the therapeutic relationship has been found to be the most significant factor in whether therapy is successful for a client. This has been emphasised even more so when the client and practitioner are ethnically different (Sue &Sue, 2003). It has also been found that psychological interventions are most likely to be effective if they reflect the cultural background and lifestyle of clients (Sue, Akatsu & Higashu, 1985). It is, therefore, vitally important for Counselling Psychologists to meet the needs and have a good understanding of clients from ethnic minorities (Arredondo, 1998). It has been found that most cultural diversity studies

have ignored religious effects, including Judaism in psychotherapy research (Wieselberg, 1992). Cross-cultural psychology has been researched far less than other more prominent areas of psychology and ethnic minorities have been found to use mental health services far less than other groups of individuals (Eleftheriadou, 2012). As a Counselling Psychologist, it is important to have an understanding of the culture and background of ethnic minorities that will impact on the therapeutic relationship and therapy outcome. It is argued that the relationship between the self, familial system and cultural context must all be studied to gain a better picture of each individual (Eleftheriadou, 2012).

In a current document CDEM 2013 (BPS, 2013) it emphasised the task of "*ensuring that 'culture and diversity within and across ethnic minorities' concerns are mainstream not just within the divisional committee but within regions and networking and interest groups within counselling psychology"*. Living in a multi-cultural society Counselling psychologist's will encounter clients whose grandparents were holocaust survivors and it is important to embrace this diversity and family background and use the research gained about this client group within the therapy sessions. Being Jewish and having this trauma within the family may have an effect on aspects of clients' identities and this should be taken into account by a therapist. Counselling Psychology emphasises the importance of viewing a person holistically whilst acknowledging individual differences within their experiences. (Woolfe, Strawbridge, Douglas, & Dryden, 2010) Gaining a better understanding of this under-researched client group will help to enhance the therapeutic process with more successful outcomes in therapy. Elefteriadou (2012) concluded that more cross-cultural research is necessary in counselling psychology due to a lack of understanding of cultural variables, leading to multiple misdiagnosis and unsuccessful treatments.

It is argued that this research is also relevant to Counselling Psychology because of the great number of refugees arriving in the United Kingdom at the moment and evidence of their mental health difficulties due to the witnessing of traumatic events in their home countries (Hodes 2002). It is hoped that by gaining a better understanding of transgenerational trauma amongst holocaust descendants, it will enable counselling psychologists to empathise more and work with descendants of other ethnic groups that have experienced trauma.

Chapter 2

Critical Literature Review

2.1 Psychological Trauma

Trauma is a common occurrence in all societies and can result from mass group events such as genocide, and more personal events such as rape and domestic violence. Psychological trauma was not included in the DSM until 1980 when a formal diagnosis of Post-Traumatic Stress Disorder (PTSD) was defined. PTSD was seen as a psychological consequence of trauma and was conceptualised as "a condition which followed a catastrophic stressor that was outside the range of usual human experience'. (APA, 1980) Definitions of what comprises symptoms of PTSD and what counts as a traumatic experience have altered over the years due to expanding research in this area. The publication of the *DSM-5* (APA, 2013) has provided a more explicit definition of trauma:

Trauma is now defined as exposure to actual or threatened death, serious injury or sexual violence by an individual who experiences the event themselves, observes it happening to someone else, learns about the event from a family member or close friend or is repeatedly exposed to the details of the event.

This study uses Pearlman & Saakvitne (1995) definition of psychological trauma which is the "unique individual experience of an event or enduring conditions in which the individual's ability to integrate his/her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family" .The importance here is that it is the individual's subjective experience, which defines whether they been affected by a traumatic event. As a trainee counselling psychologist, it is important to value the phenomenological experience of individuals rather than focusing on the diagnostic criteria, outlined in the DSM. As Counselling Psychology is defined as having a 'humanistic value-base' (Woolfe, 1996), the approach by practitioners is one that views clients as subjective individuals rather than individuals defined by a label. Diagnosis can be helpful and seen by clients as reassuring at times, but it is important for therapists to adopt a stance in which clients are understood as a whole rather than within the diagnosis that their treatment is constructed (Cooper, 2008). With this in mind, individuals with a diagnosis of PTSD will not be included in this study as the Counselling Psychologist perspective is adopted to analyse the experiences of non-clinical populations to develop an understanding of the identity and experiences of participants.

2.2 Ethnicity, culture and trauma

It is important to have an understanding of the role of ethnicity when exploring how people respond to traumatic events. Ethnicity can be defined as "the identification of oneself to a particular group based on a shared culture or heritage " (Ruglass & Kendall- Tackett, 2015 pg. 83). Research shows that ethnic minorities have been marginalised and are likely to have suffered from prejudice and discriminations based on ethnic identity (Rugless & Kendall-Tackett 2015). This potentially affects the way they respond to trauma. Ethnic groups differ in their cultural norms and their histories, which lead to differences in the way that they respond and react to traumatic events (Duran & Duran, 1995). It is important to note, however, that within ethnic groups themselves, individuals respond differently. Mental health professionals are increasingly presented with a diverse client population, including immigrants, refugees and asylum seekers, from a range of ethnic backgrounds. Studies have suggested that culture and ethnicity affect the way that individuals may experience, manage and make sense of traumatic events (Wing Sue & Sue 2012).

Even though there are some universal responses to trauma, ethno-cultural factors have been found to affect vulnerability and treatment responses to traumatic events (Marsella, Friedman & Spain, 1992). African American, American Indian, Russian, Palestinian and Cambodian populations have all shown to be affected by their parents' trauma (Marsella et al, 1992). Ortega & Rosenheck (2000) found that Hispanic Vietnam veterans had more severe PTSD symptoms than non-Hispanic white veterans after experiencing war. Marsella (2010) highlights the need for further research linking culture and traumatic life events, suggesting that cultural determinants underlie many aspects of trauma-related mental health issues.

2.3 Trauma and the Holocaust

During the Holocaust six million Jewish people were killed and for those who survived, psychological help was generally not offered or requested (Perlstein & Motta, 2012). Many survivors attempted to rebuild their lives by suppressing their emotions (Barak & Szor, 2000). After the war, theorists began exploring the long- term-effects of concentration camp survivors. Some studies have focused on the long term effects on survivors, showing that survivors were more likely to experience high levels of anxiety, depression, emotional disorders, personality difficulties and feelings of less self-worth (Barel, Van Ijzendoorn, Sagi- Schwartz & Bakermans-Kranenburg 2010). Other studies have focused on survivors' resilience and shown that holocaust survivors have a reasonable level of psychological well-being (Casel & Suedfeld, 2006). Barel et al (2010) suggest that these inconsistencies are

because studies have approached research, using different theoretical starting points and have used different methodologies. Therapists working with holocaust survivors have tended to find more pronounced difficulties than those conducting research (Rieck, 1994). This may be attributed to the fact that holocaust survivors in therapy, may have more difficulty than others at coping with their individual sense of trauma, given that they have chosen to seek professional help.

A report, analysing studies between 1965 and 2008 have shown that throughout their lives, holocaust survivors showed more post-traumatic stress symptoms, more psychopathological symptoms and lower psychological well-being scores than a control group of people. Physical health and cognitive functioning showed no significant differences; however, those holocaust survivors who lived in Israel had a higher score in psychological well-being than those living in other countries around the world. (Barel et al, 2010). This could be explained because of the differences in challenges to holocaust survivors emigrating to Canada, America and the United Kingdom who had to adapt to new countries, languages and cultures.

2.4 Transgenerational transmission of trauma

Intergenerational trauma can be defined as "the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes" (Atkinson, Nelson and Atkinson 2010, p. 138). Offspring of survivors may experience symptoms similar to their parents, despite the fact that they did not directly experience the trauma. The concept was introduced in 1966, to describe experiences of the children of Holocaust survivors (Rakoff, Sigel & Epstein 1966); however, can be seen throughout history. Genocide, forced segregations, imprisonment and extreme violence could all result in transmission of trauma through the generations with an intense psychological effect within families (Hoffman & Shrira, 2015, Burchert, Stammel & Knaevelsrud, 2017). This idea, that the effects of trauma could be passed from one generation to the next have been studied among a variety of groups including children of Vietnam veterans (Leiner, 2009), families of American Indians (Myhra, 2011) and among children in families of Swedish torture victims (Daud, Skoglund, & Rydelius, 2005). Studies have shown that groups displaying signs of intergenerational trauma may be more vulnerable to PTSD (Yehuda, Halligan & Grossman, 2001), and may have negative and harmful coping strategies when dealing with anxiety and depression (Mhyra, 2011). Recently, a literature review of intergenerational trauma in refugees, found in over half the studies, a higher risk of psychological difficulties in family descendants (Sangalan & Vang, 2017). Research

suggests that exposure to long term trauma, may have an effect on future generations, but this idea remains controversial (Kellerman, 2001).

2.5 Transmission of Holocaust trauma

There are many inconsistencies with studies researching intergenerational transmission of trauma associated with the Holocaust. Some studies have found that holocaust trauma has had a profound psychological effect on survivors' children (Danieli, 1981). Other studies have suggested that differences between these "second generation" holocaust survivor and control populations are not to do with psychopathology transferred from their parents, but because of shared characteristics (Felsen &Ehrlich, 1990). This includes a higher susceptibility to psychological stress and PTSD (Yehuda, Halligan, & Grossman, 2015). Most research has focused on holocaust survivor's trauma and the children of survivors. Recently, more work has been carried out with the third generation of holocaust survivors. Survivors have been shown to have psychological effects because of their traumatic experiences (Danieli, 1984). The second generations' experiences are very much related to their relationships with their parents and to the society and culture that they have been bought up in (Chaitin, 2000). Grandchildren of survivors are most likely to have listened to their grandparents discuss their experience or learned about the holocaust from their own parents or media. It can, therefore, be expected that each generation has different feelings, emotions and experiences related to the holocaust.

When explaining transgenerational trauma, Kellerman (2000) distinguishes between the process of transmission, referring to the way that trauma is transmitted across generations and the content of transmission. This involves exploring what has actually been transmitted from parent to child. A review of some theories suggesting the process of transgenerational trauma will be given.

2.51 Psychodynamic theory

Psychodynamic theory has dominated research on the transmission of trauma, using mainly clinical studies (Rowland- Klein & Dunlop, 1997). Individuals in concentration camps were often tortured and isolated, leading to changes in perceptions of their own identity (Niederland, 1968). This may, therefore, have impacted their personal relationships and the way they parented their children.

Psychoanalytic research of transgenerational trauma has focused on the unconscious emotions passed between generations, to attempt to explain the reason that survivors' children have presented with similar emotional difficulties as their parents. Wardi (1992)

argued that survivors unconsciously communicated much of their own trauma onto their children, transmitting their own hopes and memories so that they become 'memorial candles' for those who did not manage to survive. These children may, therefore, have difficulties establishing a sense of self and an independent identity from their parents.

Barocas & Barocas (1973) found that children of survivors often had terrifying nightmares related to their parents' Holocaust experiences. The second generation of holocaust survivors have been described as living in the present and simultaneously in their parents' holocaust past. Kestenberg (1990) used the term 'transposition' to explain this dual reality, where the second generation feels the need to explore their parents past by becoming more attentive to their parents' suffering. The mechanism of transposition revives the murdered relatives whom the survivor has been unable to mourn. The second generation then re-creates the murdered objects and may, therefore, struggle to incorporate their own present-day conflicts and fantasies with their parents fantasised past. Rowland Klein & Dunlop (1997) argued that transposition was more common when a child was named after a relative that had been killed in the holocaust. These children may feel pressure and responsibility to live in the past, in order to convert their parents' overwhelming feelings of guilt and humiliation, to more positive feelings of being victorious, to ensure that no more pain will occur again.

Rowland Klein & Dunlop (1979) suggested that the concept of transposition explains the strong identification that the second generation feels with the holocaust, but an object relations model provides a deeper explanation of the mechanism of transmission of trauma between generations. This emphasises the dual dynamic process of unconscious communication between parent and child and child to parent. Rowland-Klein & Dunlop (1979) proposed that trauma is transmitted through the generations by a form of projective identification. It is hypothesised that holocaust survivor parents unconsciously projected the unwanted, unresolved traumatic parts of themselves into the psyche of the child as a way of psychologically self- healing. The child unconsciously internalises the unresolved trauma and identifies, with this projection, as part of his or her own psyche. It is suggested that the child becomes motivated to act on the projected feelings, by attempting to compensate for their parents' loss, which results in separation difficulties, excessively obedient behaviour and reverse parenting. Individuation difficulties have also been explained, by understanding that survivor parents may find separation difficult, as it reactivates the sense of loss they faced in the holocaust. Parents may react to this by either becoming over-involved in their child or by withdrawing emotionally (Rowland-Klein & Dunlop,1998). Children may, therefore, feel guilty about separating and suppress their desire for a differentiated sense of self (Freyberg, 1989).

Levine (1982) contributed to the psychodynamic theory of transgenerational trauma by acknowledging that the second generation of holocaust survivors identify themselves as targets of the Nazi persecution because they are the unborn Jewish genes, which should have been eliminated. It has been argued that the second generation then projects their holocaust related fantasies onto their environment in similar ways as their parents before them. (Bergmann, 1990).

Fonagy (1999) highlights the fact that psychoanalytic theory does not adequately explain the difficulties experienced through the mechanisms of transgenerational transmission of trauma. It is suggested that attachment theory is important in understanding how transmitted trauma impacts parent and child relationships.

2.52 Attachment

Attachment theory highlights the importance of the quality of the early relationship between mother and infant, to ensure the most advantageous cognitive, social and emotional development (Stroufe, 2005). The primary function of early object relationships is to help the infant feel secure in environments that generate anxiety. (Bowlby, 1973). During the first four years of a child's life, they develop an internal working model of their affective bonds, reflecting the representation of their world through themselves and others (Bowlby, 1973). The security of the mother-child bond is reflected in the child's confidence in the mother's ability to value their distress and act appropriately to it.

Parents own attachment style has been found to predict their behaviour towards their children. (Bar-on et al 1998). Holocaust survivors have been referred to as over-anxious parents (Kellerman 2001). This has implications for parent-child attachments. Sonnenberg (1974) found that survivors displayed their anxiety in a desire to prevent any suffering for their children. This over-cautious, anxious way of child-rearing has been linked to insecure attachment styles (Van Ijzendoorn, 1995). Mothers who have their own insecure attachments have been found to alternate between being overprotective of their children and overly dependent on their children. This means they may not have responded to the emotional needs of their child growing up, increasing the occurrence of disorganised attachment. Children, therefore, may become parentified. (Lehrner & Yehuda, 2018).

Trauma research has shown associations between mothers experiencing unresolved trauma and mourning and disorganised infant-mother attachments (Main & Hesse, 1990). It has been proposed that when faced with a distressed infant, parents with unresolved trauma may respond, showing parental fear (Main & Hesse, 1990). It is therefore suggested that the child may perceive their parent as either frightened or frightening with unpredictable parenting

reactions. The child develops an incoherent working model of the infant-mother relationship resulting in a disorganized attachment. Holocaust survivor may have triggered memories when interacting with their infant causing them to disassociate from the intense pain and trauma they have suffered and becoming emotionally unavailable at times. The infant may then begin to associate its own arousal as a trigger for a loss of emotional contact, followed by an overwhelming need to feel comforted. These moments of dissociation may have caused disorganization in their infant's attachment style and creates the potential for the infant to take on their parents pain as part of their own reality (Fonagy 1999).

Bar on et al (1998) highlights that trauma can be transmitted through parents unconsciously repeating their own childhood attachment style with their children. Attachment style can, therefore, be seen to be continued across generations, which could have lasting consequences for grandchildren of holocaust survivors.

2.53 Family structure and communication

Family unity has been associated with theories explaining how trauma is transmitted across generations (Barocas & Barocas, 1980). Studies have suggested that holocaust survivors created intense family relationships where they became over-involved with their children. Both parent and child attempted to protect each other from painful experiences, causing problems around separation and individuation (Barocas & Barocas, 1980).

Different types of communication within families may affect the mechanisms of trauma transmission (Ancharoff, Munroe & Fisher, 1998). Over-disclosure could affect the second generation, as they may find it distressing to hear traumatic details (Ancharoff et al 1998). Silence of survivors has also been proposed as a model for trauma transmission (Ancharoff et al 1998). Where information is missing, future generations may fill in the gaps with their own imagination, which can have negative consequences. Mor (1990) suggests that both of these types of parental communication created ways for children to incorporate their parents' trauma.

Recent research has attempted to understand the differences within survivor families. Through observations from clinical work, Danieli (1985) developed a typology conceptualising, four types of adaption styles within families: Victim, numb, fighter families and "those who made it". It is argued that these styles can be generalised within families, influencing parenting and children's psychological development and adaption (Danieli, 1985). Victim families appeared to have a fear of the world and were characterised by mistrust and anxiety. Fighter families felt the need to achieve; numb families were described as silent and cold and 'those who made it' families assimilated in pursuit of high

achievements in life. This typology has driven further research. Danieli, Norris, Lindert, Paisner, Engdahl & Richter (2015) used self-reporting questionnaires from the second generation of survivors and analysed data using exploration factor analysis. They found support for the existence of victim, numb and fighter families. However it should be noted that a methodological limitation of this study exists in that there was no control group, so comparisons to other survivor families could not be made and some questionnaires were left incomplete, thereby invalidating some demographic data (Danieli et al, 2015).

2.6 Second generation

There is much controversy in the literature when looking at the transgenerational effects of the holocaust. Initial studies highlighted specific psychopathology in second generation holocaust survivors (Barocas & Barocas, 1973). It was noted at this time that many of these second generation holocaust survivors, were showing similar presentations in therapy to that of their parents, reflecting a "survivor syndrome" (Niederland, 1968). Clinical reports suggest specific qualities found in children of holocaust survivors. These included an extensive range of emotional symptoms; emotional distance (Wiseman, 2008), fear of separation (Kellerman, 2013), high anxiety (Danieli, 1980) and increased feelings of guilt and depression (Rowland Klein & Dunlop, 1998).

It has been found that children of holocaust survivors are more susceptible to displaying some symptoms associated with Post-traumatic stress disorder when encountering stressors (Yehuda, Halligan & Grossman, 2015). Solomon, Kotler & Mikulinicer (1988) conducted a three-year prospective quantitative study of Israeli soldiers who developed PTSD after the Lebanese war. They found that symptoms were more common if the soldier was a child of a holocaust survivor. This led them to conclude that this group were more vulnerable to displaying certain symptoms. This study has been criticised for failing to document or take into account any information about the survivor parent or the age or education of the soldier (Solkoff, 1992).

It has been suggested that communication has an effect on intergenerational transmission. Lichtman (1984) analysed questionnaires completed by sixty-four adult children of holocaust survivors. A control group consisted of 43 participants. It was found that there were specific types of interpersonal relationships identifiable in second generation holocaust survivors but no single exclusive pattern within familial relationships. Looking at communication from parents to children showed that indirect communication, communication about the holocaust in early life and guilt-inducing communications were significantly related to negative personality traits. It is important to note that this study was carried out on Israeli's only, which could have an effect on results and may be different to results across other cultures.

The author also highlighted the importance of improving the validity and reliability of the questionnaires. This study can also be critiqued for having sampling biases (Solkoff, 1992). Recruitment was from Jewish organisations and the majority of participants were Orthodox, implying that participants all had a keen interest in Judaism. This sample may, therefore, have different results than a sample of less religious Jewish subjects. Participants were mainly married, which could also affect results considering relationships were being analysed.

Parenting and the child-parent relationships have been found to cause vulnerabilities, including separation-individuation conflicts and identity difficulties within second generation holocaust survivors. (Wardi, 1992). Trossman (1968) studied parent-child relationships and found that survivor parents were over-protective and looked towards their children to provide them a meaning for living. This caused enmeshed relationships with children. The second generation felt a need to overcompensate for all the suffering of their parents and a pressure to succeed in life. It was felt that this identification was more harmful than normal (Barocas & Barocas, 1973). However, other studies have shown no support for the hypothesis that holocaust families are more enmeshed than controls (Sigal & Weinfeld, 1989).

Many researchers have found that survivors' children have problems with separation-individuation and establishing an independent sense of self (Bar-On & Chaitin, 2001). If a child does manage to separate, they may feel guilt (Danieli, 1988). Rowland- Klein and Dunlop (1998) conducted a qualitative study interviewing six Jewish women who were children of concentration camp survivors. They conducted a systematic textual analysis and found four super-ordinate themes. These showed that this group over-identified with their parents' experiences, had a high awareness of their parents' survivor status, utilised a distinctive parenting style and felt a strong level of mistrust and fear. Interestingly, these results were found irrespective of the parental communication. It was argued that there appeared to be a conflict in survivors' children between wanting to please their parents and wanting to establish their own sense of identity and autonomy (Rowland-Klein & Dunlop, 1998).

Kellerman (2001) argues that numerous clinical studies highlight that children of holocaust survivors have specific characteristics showing a contradictory combination of resilience and difficulty, in coping with stressful situations than other populations. In contrast, some empirical studies with non-clinical samples looking at mental health have found no significant differences between children of holocaust survivors and control groups. The idea of psychopathology in children of holocaust survivors has been disputed greatly between

clinicians and researchers (Kellerman, 2001). Wiseman & Barber (2008) reviewed empirical evidence and concluded that the majority of studies involving non- clinical samples of survivors' children, found no differences in aspects of mental health, personality and family atmosphere. Kellerman's (2001) meta-analytic review of 35 studies found that there were no differences between the psychopathology of second generation holocaust survivors, compared to the normal population. It was found that individuals within clinical samples were more likely to be predisposed to the symptoms of PTSD and had difficulties in coping with stress. These studies, however, can be criticised for not taking into account diversity, family communication and sample size in the studies (Wiseman & Barber, 2008).

A recent, qualitative non-clinical study of fifteen Brazilian second generation holocaust survivors used a grounded theory approach to explore how participants' perceived the transgenerational transmission of their parents' holocaust experiences. Interviews were analysed and phenomena associated with parental trauma and resilience patterns were identified. It was concluded that traumatic experiences and resilience could be transmitted by the children of survivors. (Braga, Mello & Fiks, 2012).

A qualitative study using descriptive phenomenology examined experiences of second-generation holocaust survivors in healing and reconciliation by exploring the effects of participating in dialogue groups between survivors' children and children of the Third Reich. Data analysis found that participants found their inherited holocaust legacy a burden but the dialogue groups enabled a sense of healing for survivors' children (Matz, Vogel, Mattar & Montenegro, 2015).

There has been much discussion as to the validity of both clinical and non-clinical studies and it has been suggested that sampling method, research design and whether the population was clinical or non-clinical explained variations in results. Clinical research has been criticised for methodological weaknesses, illustrated by biased samples, presumption of psychopathology and lack of control groups (Solkoff, 1992). It was also suggested that researchers had emotional insinuations when writing their conclusions (Solkoff, 1992). Subject selection in clinical studies have been criticised, as these participants presented themselves for therapy, which makes it unsurprising that their symptoms were more extreme than the control groups (Wiseman & Barber, 2008).

Non-clinical studies have also had methodological criticisms when recruiting subjects. There has been some dispute as to what defines a holocaust survivor. Some studies have focused on children of survivors of concentration camps (Nadler & Ben-Shushan, 1989), whereas others have looked at children whose parents lived in Europe during Nazi times

(Wiseman & Barber, 2008). This would also affect results as the survivors would have had different experiences.

Some studies included participants in control groups who emigrated to America or Israel before the war, whereas others included Jewish people who had not emigrated from Europe (Barel, et al. 2010). Studies have shown that the environment holocaust survivors lived in after the war affected their adaption and could explain the variation in outcomes of some of these studies on their offspring (Barel et al. 2010).

2.7 Third Generation

Sigal, DiNicola & Buonvino (1988) reported that grandchildren of holocaust survivors were over represented in psychiatric services by 300%, suggesting aspects of trauma had been transmitted to this third generation. It is important to look at this population, as in many families, this is the last generation to have direct contact with holocaust survivors. It has been suggested that holocaust survivors have found it easier to communicate with their grandchildren than their own children (Bar-On ,1995). Whereas some holocaust survivors did not speak about their trauma to their own children, they felt able to describe their experiences to their grandchildren. This may also, therefore, have had an effect on how grandchildren make sense of the holocaust within their own lives. Most studies have focused on "the content of transmission" rather than the "process of transmission" (Kellerman, 2001). It is argued that both what is transmitted and the way that this has occurred are important to gain an understanding of the experiences of this population.

Similarly, to the research on second generation holocaust survivors, studies examining grandchildren of survivors also show contradictory findings. Literature suggests, that even when no psychological pathology has been found, the third generation of survivors were more likely to demonstrate higher levels of anxiety (Wetter, 1999) and show greater levels of distress (Scharf, 2007) when faced with difficult times within their life. Supporting this idea of vulnerability of this population is a quantitative study analysing 108 mother and daughter pairs. These pairs were assessed on holocaust exposure, family function and disordered eating. It concluded that being a third generation of a holocaust survivor was associated with a higher chance of suffering an eating disorder. This was linked to difficulties suffered by their second generational mothers (Zohar, Gilai & Givati, 2007). This study also concluded that third generation females were more exposed to the holocaust from their grandparents than the second generation. This highlights the importance for counselling psychologist's working with this population to have an understanding and appreciation of the familial background and how this might affect the therapy.

Evidence has also shown that the third generation of survivors have had difficulties with separation and individuation like their parents. Sager (2015) analysed a sample of 133 children of survivors and 139 grandchildren and compared them to a control group. Participants completed a dysfunctional separation and individuation scale, a differentiation of self-inventory scale and a parenting bonding questionnaire. They concluded that both the second and third generation had more difficulties with separation and individuation than the control group.

It is important to note that there is far less research examining the presence of holocaust related trauma characteristics in the third generation and very few studies focusing just on the third generation of survivors. Some studies have analysed all three generations together. Rubenstein, Cutter & Templer (1990) examined holocaust related trauma across all three generations. Third generational behavioural, emotional and interpersonal psychopathology was examined using the parent rating form of the Louisville Behaviour Checklist. This quantitative study examined data from the eldest child in 39 holocaust families and 12 non-holocaust families. The third generation were found to be more fearful, aggressive and display social withdrawal, suggesting some type of holocaust trauma had been transmitted. This study can be criticised; however, because the third generation were never actually questioned themselves as data was from reports from teachers and parents.

Chaitin (2000) has carried out qualitative research concluding that the three generations attach very different meanings to the holocaust (Chaitin 2000). Grandchildren of survivors of the holocaust appear to be learning about their past and showing an interest in the experiences of their grandparents. Ten families with three generations of Israeli holocaust survivors were invited to tell them their "life story". Themes were analysed relating to interpersonal family values. It was concluded that there was a greater variability of interpersonal values moving down through the generations. It was found that emotional difficulty in dealing with the holocaust and family relationships were important across all three generations. Chaitin (2000) argues that "the meaning of the past and the values that are emphasised within their families may be influencing their ability to deal with their interpersonal conflicts" (Chaitin, 2000 p309). This is important for health care professionals working with this population. Chaitin (2002, 2003) suggested that the term 'Paradoxical Relevance' can be used to explain the phenomena about the meaning that grandchildren of holocaust survivors attribute to their family history. This includes grandchildren who are aware the holocaust is important but do not know the meaning they attach to it; other grandchildren know a great deal about their grandparents experiences but feel emotionally detached from it; some others may have very little knowledge about the holocaust but feel very emotional about what their family had suffered. This study also suggested that the third

generation changes the emphasis from viewing their grandparents as victims to seeing them as heroes and are beginning to develop the importance of individuation and separation away from the family. This signifies a difference from the studies of the first and second generations.

Third generational effects may be found, as a consequence, of the way this group are parented by the second generation (Scharf, 2007). The second generation reported that they would communicate openly with their children, be less overprotective and encourage their children's independence (Wiseman & Barber, 2008). However, it has been argued that the second generation repeated the same parenting techniques as their parents before them. (Wiseman & Barber, 2008). Scharf & Mayseless (2011) looked at the narratives of 196 second generation parents and their adolescent children in a qualitative study and found that many second generation holocaust survivors replicated the parenting patterns of their own parents, therefore affecting the third generation. Themes showing survival issues, overprotectiveness, fear of separation and loss were highlighted. However, although similar themes were found across the generations, a decline in disoriented narratives and disorganizing experiences was found between parent and child, suggesting that the level of psychological distress was declining through the generations. It is important to note that this study again involved an Israeli sample, which may be different to other groups worldwide.

Some studies have shown no evidence of intergenerational trauma. Perlstein & Motta (2012) assessed 58 ultra-orthodox Jewish grandchildren of 2 or more holocaust survivors, 51 ultra-orthodox grandchildren of non-holocaust survivors and 41 non-Jewish grandchildren. It was concluded that it was not the fact that they were grandchildren of holocaust survivors that generated the transmission of trauma, but the fact that they were ultra-orthodox. This suggested that it was, perhaps identification within a community, that created this effect. A meta-analysis comparing third generation holocaust survivors and control groups, mostly using questionnaires, did not find any difference in attachment patterns and psychological functioning (Sagi-Schwartx, Van IJzendoorn & Bakermans-Kraenburg, 2008). 13 non-clinical samples were analysed, including 1012 participants. This study can be criticised; however, as it was not a large meta-analysis and it also included studies that had not been published, which may affect accuracy.

Other studies have focused on more positive aspects of being a third generation holocaust survivor. Kahune- Nissenbaum (2011) conducted a qualitative thematic analysis using on-line semi-structured questionnaires to 30 third generation holocaust survivors in Pennsylvania, America. Seven participants were then called on the telephone to gain more thorough responses. She concluded that although third generation survivors may still have

more anger and guilt than others, their focus has turned to pride, resilience and an affinity with a Jewish identity (Kahune- Nissenbaum, 2011). A limitation of this study is that participants filled in responses on-line, which will have affected the depth of the responses and the way that the answers and questions were interpreted. This study suggests there is a paradigm shift across the generations and proposes future studies in this area.

Another study examined protective factors, among second and third generation holocaust survivors. (Giladi & Bell, 2013). 215 Jewish American Canadian's completed an online survey of self-report measures. 52 were third generation survivors and were compared, to a control group comparing differentiation of self and family communication styles. The secondary- trauma scale, crucible- differentiation scale and family-communication scale were used. This study concluded that although there was a higher level of secondary trauma within the third generation than the controls, the levels were still within a normal range. It was suggested that this study supported qualitative research showing that there appeared to be an effect on this generation but not exhibited in psychopathology. Giladi& Bell (2013) indicated that studies highlighting the third generation's lack of psychological distress do not necessarily disprove intergenerational trauma, but instead could highlight this population's resilience and strength.

A more recent study examined the lived experiences of Jewish third generation holocaust survivors in Australia. (Cohn & Morrison, 2017). It was suggested that cultural differences between holocaust discourse in Australia compared to Israel and the USA could highlight difference, in life experience, of Australian third generation descendants. Semi-structured interviews were carried out with six participants and data analysed using Interpretative Phenomenological Analysis. This study concluded that these Australian grandchildren's identities were defined by their grandparents' traumatic experiences and that they felt pressure in integrating differences between their third generation descendent identity and their identity as an Australian. (Cohn & Morrison, 2017). A limitation of this study is that all the participants were from similar familial backgrounds, attended Jewish schools and had lived in Sydney, Australia, all their lives. A more varied social sample, therefore, may have drawn different conclusions.

Lurie Beck (2007) attempted to account for some differences found in these studies and argued, that there is very little demographic research on third generational holocaust survivors. Scharf (2007) found that being a parent with two holocaust survivors as parents "is a risk factor for less favourable psychosocial functioning" (Scharf, 2007, p617). However, this study was collected only with males, so would need to be replicated with females to draw clear conclusions. Rubenstein (1981) found that grandchildren with two

parents that were holocaust survivors appeared to show more signs of anxiety and that daughters of holocaust survivors showed more difficulty with the separation-individuation with their parents than sons. Lurie Beck (2007) suggests the importance of studying gender, age, and location of post-war settlement to gain a better understanding of the differences in experiences in descendants of survivors.

2.8 Rationale for research

The research has shown that there appears to be gaps within the literature regarding the experiences of the third generation of holocaust survivors, particularly in the United Kingdom. Studies of both the second and third generations have varied findings (Scharf, 2007). The review of the literature shows that many of the third generation of holocaust survivors are successful within their every-day life, but there may be some impact that the holocaust has within their family environment. The majority of studies have focused on the survivors themselves or children of holocaust survivors. The research of grandchildren have looked at three generations together as opposed to understanding the subjective experiences of the grandchildren of holocaust survivors on their own as a population. Most studies have been carried out in Israel, America and most recently Australia, so it will be interesting to see if the experiences of the third generation of survivors in the United Kingdom are similar to these previous studies. It has been suggested that many of the studies carried out in Israel may be affected by the social and political climate in the country. This study attempts to bridge this gap by supplementing the research and evidence for Counselling Psychologists' practice, in line with the scientist- practitioner role emphasised by the profession.

This research will use a qualitative methodology to adopt a phenomenological perspective in order to gain a deeper understanding of how individuals make sense of their grandparents' traumatic experiences in the holocaust. The literature has shown particularly unreliable data from studies conducted with non- clinical populations. This research aims to examine this group's experiences in more detail, independently from the clinical groups with diagnoses. It will attempt to understand and make sense of individuals' values, beliefs and family experiences within the context of the holocaust. This study aims to enable Counselling Psychologists and other health professionals working with grandchildren of holocaust survivors in the UK, to have a better understanding of their subjective experiences. This will hopefully facilitate more culturally sensitive therapy so that Counselling Psychologists have a clearer awareness of how best to work with this ethnic group (Scharf & Mayseless, 2011). This study will also attempt to add to the existing literature on transgenerational trauma so that there is a greater understanding beyond the experience of Jewish families to other ethnic populations who have faced trauma in their past.

The research questions proposed in this study are as follows:

How do the third generation of holocaust survivors make sense of their own identity in relation to the holocaust?

How do the third generation of holocaust survivors experience the relationships with their parents and grandparents?

Chapter 3

Methodology

Overview

Reviewing current literature has reinforced the requirement for further research, examining the lived experiences of the third generation of holocaust survivors. The methodology chapter outlines the rationale for using a qualitative approach to explore this. My epistemological and ontological position is then discussed. The chapter continues by providing a description of Interpretative Phenomenological Analysis (IPA) and a rationale for using IPA in this study. The procedure and design of the study is outlined, followed by details of recruitment and ethical considerations. The analytic process is then explained, including how validity is assessed.

3.1 Rationale for a qualitative approach

A qualitative methodology was selected for this research as it provides a detailed exploration, emphasising individuals' unique experiences. This allows for an ideographic understanding of the experiences of third generation of holocaust survivors. Qualitative research aspires to comprehend "the quality and texture of experience" (Willig, 2008 p9). There is limited qualitative research of Third generation holocaust survivors and it has been considered appropriate in areas categorised as ambiguous with an absence of previous theory (Richardson, 1996). Conducting qualitative research enables the researcher to adopt strategies, to understand how individuals make sense of their world, without assuming a factually discoverable truth (Woolfe et al, 2010). This study has an exploratory focus, meaning that quantitative methods were seen as incompatible to the research questions. Quantitative methods, test hypotheses from large samples of participants and are then generalised (Smith and Eatough, 2006). There are no theories to prove or disprove; therefore, a qualitative approach is considered most appropriate for this study. A qualitative approach is also seen as compatible with Counselling Psychology as both emphasise the subjectivity of human experiences.

3.2 Epistemological and Ontological Position

Epistemology is concerned with studying knowledge, whereas ontology is concerned with what there is in the world to actually know. (Willig, 2008). My epistemological stance draws on a critical realist position (Guba & Lincoln, 1994), This reflects a realist ontology recognising that there are fundamental truths within the world, and a relativist epistemology

retaining the belief that an individual's understanding of the world is a construct, from the way that individuals experience and perceive truths in different ways (Eatough & Smith, 2008). Therefore, it is equally possible to have different perspectives on the world because they are dependent upon previous expectations and individual beliefs (Finlay, 2006). Critical realism is compatible with the core underlying principles of Counselling Psychology, highlighting the importance of exploring individual's subjective experiences, values and beliefs (BPS, 2005). The implications of this, whilst conducting a research study, are that interpretations are inevitably interconnected with the relationship between the participant and researcher.

I am aware that through my initial academic courses and training as a primary school teacher, quantitative approaches were dominant. I was comfortable working with statistics and had a more positivist stance. However, through my Counselling Psychology training and working with clients, I have developed and changed my epistemological position. Having spent time in placements within the NHS, I became aware of the emphasis on working with diagnoses and labels and structuring treatment according to these. My critical realist position has influenced the way that I think about my clients in therapy. A diagnosis has to be looked at within the context of each clients lived experience. It is important to realise that as much as I can try to get close to understanding how others experience their lives, I can never actually fully comprehend what it feels like to have their personal lived experience (Smith et al, 2009).

3.3 Description of IPA

The methodological approach selected for this research study is Interpretative phenomenological analysis (IPA) (Smith and Osborn, 2008). IPA aims to develop a rich description of the lived experiences of participants, gaining insight into the way these individuals understand their own experiences (Smith & Osborn, 2008). Therefore, individual's experiences can be understood by exploring the meanings that individuals attribute to it (Smith et al, 2009).

The core theoretical perspectives of IPA are phenomenology, hermeneutics and ideography (Smith et al, 2009). Phenomenology is concerned with exploring human experiences. Phenomenological approaches aim to "capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place." (Giorgi & Giorgi, 2003, pg27). IPA's phenomenological philosophy originates from Husserl's (1927) interest in the phenomenology of consciousness. IPA has a phenomenological approach, as it provides an analysis of the way that individuals make sense of their lived experiences (Smith & Osborn, 2008).

Husserl introduced the term intentionality to describe the intentional relationship between the object within a person's consciousness and the individual's consciousness (Smith et al, 2009). He proposed the importance in identifying the central features of human experience to help understand the world.

These ideas were advanced by Heidegger (1927), who emphasised the interpretative position, and that individuals experiences are related to their cultural, historical and social circumstances (Larkin and Thompson, 2011). His work has had a great influence on IPA researchers, in that a fundamental part of phenomenological enquiry is the interpretation of the way that individuals make sense of their processes.

Heidegger reinforced the idea of a hermeneutic phenomenology. Hermeneutics is the theory of interpreting and attempting to understand the experience of individuals. Smith & Eatough (2006) describe the process of IPA involving a double hermeneutic process. Within this process, the participant endeavours to make sense of their own social and emotional experiences, at the same time as the researcher endeavours to make sense of the participant's understanding of these experiences (Smith & Eatough, 2006). Researchers must identify and reflect on their own beliefs and assumptions when interpreting participants' experiences. This allows for a rich analytic explanation, maintaining the participants' own voice. (Larkin & Thompson, 2011). An important feature of IPA analysis is that interpretation is circular rather than completing linear steps according to a formula. Smith et al (2009) highlight the importance of thinking about this 'hermeneutic circle' when conducting research. The analytic process is iterative, as the researcher moves back and forth through the data. To understand a specific part, the whole needs to be looked at in its entirety and to understand the whole the parts must be looked at (Smith, et al, 2009).

IPA has an ideographic approach. It aims to produce a comprehensive explanation on the distinctive, particular experiences of individuals. This significantly differs to nomothetic approaches, where results are generalised among large populations (Smith & Eatough, 2006). Sloman (1976) states that "science includes the study of unique occurrences, which therefore justifies, elaborate and detailed investigation and analysis of particular cases" (Smith et al, 2009,p 31). The ideographic approach focuses on a more detailed, comprehensive analysis.

3.4 Rationale for IPA

IPA was believed to be appropriate for researching transgenerational trauma in the third generation of holocaust survivors because of the aim to explore in- depth, experiences of this population (Smith et al, 2009). IPA is a relatively new approach, which originated in health psychology. It is now utilised by a variety of social scientist researchers (Smith et al, 2009).

IPA is a favourable approach when research is related to meaning making, the self and identity (Willig, 2008). This is, therefore, compatible with my research aims and questions. Willig (2001) suggests that researchers use methodologies that are aligned to their epistemological stance. Although IPA is not associated with one particular epistemological stance and has been categorised as being epistemologically open (Larkin, Watts & Clifton, 2006), it is compatible with my epistemological position as a critical realist. It enables researchers to interpret participants' descriptions of their experiences subjectively and takes into account the involvement of the researcher's values within this interaction. Individuals can be seen to think about the context of the holocaust, in a variety of ways because their own unique experiences are shaped by their own assumptions, thoughts and beliefs (Willig, 2008).

3.5 Alternative Methods

Other methodologies were considered but were not regarded as appropriate as IPA within this study. Grounded theory (Glaser & Strauss, 1967) and IPA have certain similarities to each other, as they both attempt to discover the way that individuals make sense of the world (Willig, 2008). There are different types of grounded theory approaches, but constructivist grounded theory is the most flexible and commonly used in psychology research (Charmaz, 2006). In grounded theory, data is collected until the point of data saturation with larger samples of 10-12 participants (Glaser & Strauss, 1967). However, IPA's ideographic commitment is concerned with capturing individual experiences, facilitating a microanalysis of small sample size studies. This enables an emphasis to be placed on exploring the convergence and divergence between participants within the study (Smith et al, 2009) Grounded theory focuses on constructing theories and formulating a model to explain certain phenomena, as opposed to capturing individual experiences. The research questions in this study are concerned with exploring the individual identity of grandchildren of holocaust survivors, which is more in-line with a phenomenological approach, complementing the aims of IPA.

Discourse Analysis was also considered. Discourse Analysis uses language as a way of constructing social reality through social, political and personal objectives. (WIllig, 2008). Within this study, discourse analysis could have been used to explore how grandchildren of holocaust survivors use discourse to construct their experiences of growing up as a third generation survivor. Although IPA places importance into the role of language, it does not view it as the only formation of an individual's reality. (Breakwell, Hammond, Fife-Schaw & Smith, 2006). Smith and Osborn (2008) state that although there are robust connections between linguistic and cognitive elements of an individual, there may be a variety of

different reasons to explain why people may not engage in a conversational exchange about their genuine thoughts and emotions. Therefore, this research was more interested in how individuals makes sense of their subjective experiences, rather than focusing on the language used by participants in order to construct their experiences. (Smith et al, 2009). Using IPA is, therefore, more compatible with the aims of this study.

3.6 Procedures

3.61 Design

Six grandchildren of holocaust survivors were recruited and interviewed face-to-face. Semi-structured interviews were conducted and analysed using IPA.

3.62 Sampling

IPA research emphasises collecting data from a purposive homogenous sample in order to facilitate a detailed exploration of the phenomenon (Smith & Osborn, 2008). The participants are a homogenous group in that they will meet the inclusion criteria suggested (see Appendix A). There are two main inclusion criteria:

1. Participants will have had one or more grandparent who spent some time in a concentration camp during the holocaust. Holocaust survivors have been defined in many different ways in other studies, and it was decided that the intergenerational trauma specifically of concentration camp survivors will be explored in order to make this sample homogenous. Research has suggested that survivors of concentration camps were severely affected by their experiences and this study is interested in how this experience has potentially affected the lives of their grandchildren.
2. Participants' grandparents will have moved to the UK after the war. Previous studies have suggested that holocaust survivors and their families have very different experiences depending on where they have been living, whether it be in Israel or other countries round the world (Kaslow, 1995). There has been minimal research up to this point, on grandchildren of holocaust survivors living in the UK.

Participants were excluded, if they had been in any therapy within the previous two years and if they scored over 5 in the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001 and Generalised Anxiety Disorder-7 (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006). These screening tools were used because this study's focus is on understanding the experiences of individuals without current mental health difficulties, from the non-clinical population.

3.63 Recruitment

Participants were recruited by posting a recruitment letter for the study on-line within groups of holocaust survivor descendants (see Appendix B). 'Snowballing 'was also used for recruitment purposes. Participants interested in taking part in the study were asked to email the researcher and eligibility and inclusion criteria were verified. Individuals who wished to participate were then sent information sheets (see Appendix C) and sent the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams,2001 See Appendix D) and Generalised Anxiety Disorder-7 (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006; See Appendix E). Individuals were excluded if they scored over 5 in either questionnaire to lower the possibility that findings from this study were influenced by an individual presenting with anxiety and/or depression. Once returned and completed, those participants that met the inclusion criteria scores were invited for a 1:1 interview.

Number of Participants answering the recruitment letter/Email:8

Number of Participants who scored above the cut off and were excluded:1

Number of Participants who entered therapy after recruitment and were excluded: 1

Number of Participants who attended interview: 6

3.64 Participants

Based on Smith & Osborn's (2008) recommendations, a sample size of six were recruited for this study. This sample size was considered appropriate in-line with my methodology, focusing on ideographic accounts of participants. The ages of participants ranged from 23 to 41 years old. Five participants were female and one male (see table 1).

Table1. Summary of Participants' demographics

Name (Pseudonym)	**Gender**	**Age Range**	**Which grandparent**
Shirley	Female	Under 25	Maternal father
Eve	Female	25-34	Maternal father
Dave	Male	Under 25	Paternal mother
Tia	Female	35-44	Paternal father
Ruby	Female	25-34	Maternal mother
Lara	Female	25-34	Paternal father

3.65 Interview Schedule

A semi-structured interview schedule was developed and utilised. (Smith & Osborn, 2008). Using open-ended questioning, and allowing the interviewer to use gentle prompts with a flexible approach, enabled a more thorough exploration of the phenomenon (see Appendix F). This allowed each individual interview to be steered and directed by each participant's sole experience (Smith & Osborn, 2008).

3.66 Pilot Study

Two pilot interviews were conducted with third generation survivors known to the researcher. This was to allow modifications to the interview schedule if necessary. Minor changes were made, to ensure questions were clear. Pilot data was not used in analysing data from this study.

3.67 Interview Procedure

Interviews took place either in a private room in a library or in the participants' home to ensure the participant's felt comfortable. When interviewing took place in a participants' home, the researcher gave a sealed envelope to a third party with details of the address to ensure safety. Participants were given the time and the opportunity to ask any questions relating to the study before giving their consent. This ensured that participants understood the purpose of the study and what was involved, so that informed consent could be given. Participants were then asked to sign the consent form (see Appendix G) and a demographics questionnaire (see Appendix H).

At the end of the interview, participants were able to provide feedback about their experiences. They were also, given the opportunity, to reflect thoughts resulting from the interview and were given a debrief form (See Appendix I). All Interviews were digitally recorded. The researcher used a reflexive journal, after each interview to note down personal reflections of the process. After analysis, the researcher contacted three participants, to check that the themes that emerged reflected their own interpretation of their experience.

3.7 Ethical Considerations

Before recruitment, ethical approval was obtained from London Metropolitan University (see Appendix J).

3.71 Confidentiality

Issues relating to confidentiality were outlined in writing and verbally discussed with each participant in line with BPS standards of privacy and confidentiality (BPS, 2009). Participants were reassured that all data would be confidential and anonymised, with pseudonyms used throughout the research process so they cannot be recognised. All participants' data was stored and disposed of in compliance with the BPS data protection legislation (BPS, 2009). This involved consent forms and interview transcripts being kept in a locked filing cabinet in the researcher's home. A password protected computer was used to store on-line data.

3.72 Personal affiliation to study

Participants in the pilot interviews were aware that the researcher was a Jewish third generation holocaust survivor. It was noticed during these interviews that this awareness appeared to influence the way questions were answered. Both participants attempted to question the researcher about her experiences during the interview and appeared reluctant when discussing more negative aspects related to being a third generation holocaust survivor. It was felt that they may have been careful in what they were saying to prevent the researcher from feeling offended in some way. On reflection, it was decided that the researcher would not disclose her own background to participants in the study so that they did not feel under pressure to answer questions in a particular way. However, it is important to be aware the researcher's background would still have an impact on the study. Participants were probably subconsciously aware that the researcher was Jewish, even if it was not explicitly discussed. The researcher is aware that when participants discussed Jewish festivals and rituals, her body language and non-verbal cues would have highlighted that she understood what they were saying which may have encouraged them to talk more freely about these topics.

3.73 Right to Withdraw

Participants were informed of their right to refuse to answer any particular questions and their right to withdraw from the study at any point, without reason and that under these circumstances all their data would be destroyed.

3.74 Potential Distress

Consistent with the code of ethics and conduct, the researcher has a responsibility to protect the participants (BPS, 2009). Although the research was not carried out with vulnerable individuals, the topic may have left participant's feeling emotional. The researcher was aware of this and aimed to show warmth and empathy throughout the process. As a

Counselling Psychologist who has worked with clients, the researcher was sensitive to each individual's responses to questions. This was done by being attentive to body language and non-verbal cues. A distress protocol would have been followed if a participant had shown signs of becoming distressed (see Appendix K).

3.8 Transcription

The recorded interviews were transcribed verbatim, including laughter and pauses. All participants' names were anonymised to protect their identity.

3.9 Analytic process

IPA does not have a pre-determined method when analysing data. Every interpretation is subjective because individual researchers bring their own beliefs and assumptions (Willig, 2012). Interviews were transcribed and analysed according to the six-step procedure outlined by Smith, Flowers & Larkin (2009). The first transcript was initially read and re-read by the researcher to develop a clearer understanding of the first participant. Preliminary observations and thoughts were written in a reflective journal, in an attempt to 'bracket off' the researcher's own beliefs and assumptions (Smith et al 2009). Initial annotations were written on the right hand side margin of the transcript, reflecting conceptual comments, metaphors, descriptions and language. This attempted to identify similarities, contradictions and differences within the text. The researcher endeavoured to remain close to the text and to the participant's voice.

The researcher proceeded by analysing these exploratory codes and identifying emergent themes, on the left hand margin. It was important to ensure that these themes were reflective of the data in the interview, whilst involving an interpretation by the researcher (Smith et al, 2009). (see Shirley's transcript Appendix L). Associations between similar emergent themes were identified and ordered chronologically over a large surface area. This enabled clustering similar identifying themes into groups. Themes that appeared to have weaker evidence were dropped at this stage. Super-ordinate themes were established, encapsulating divergence and convergence within the participant's interview. A summary was produced reflecting the super-ordinate and associated themes. This process was then repeated for all the interviews. (see Appendix M) The researcher attempted to 'bracket off' thoughts and feelings associated with the first participant before beginning analysing the second transcript, to keep each interview as distinct as possible in accordance with IPA's ideographic commitment (Smith et al, 2009).

After analysing all six transcripts, the researcher collated themes and patterns across all participants, noticing similarities and differences. It is important to note, that themes were chosen for frequency and the depth of the excerpts from which they emerged (Smith & Osborn, 2008). The researcher is aware that her own agendas and bias had a strong influence over this stage of interpretation and analysis. Throughout the entire research study, a reflective journal was kept to enable transparency in the researcher's reflections. (see Appendix N). A summary table of superordinate and subordinate themes that represented the final analysis across all participants was then produced.

3.10 Validity and quality

Smith et al (2009) encourages using Yardley's (2000) criteria to assess validity and quality of qualitative research, and these guidelines will be used in this research. Firstly, 'sensitivity to context' can be seen through showing sensitivity to existing research and theory in the literature review, and also sensitivity towards participants throughout the interview process and analysis. 'Commitment and rigour' were shown by paying attention to non-verbal cues during interviews and ensuring sufficient interpretation during data analysis, whilst representing participants accounts as closely as possible. 'Transparency & Coherence' have been demonstrated through a transparent audit trail and by having a reflective open stance. In addition, coherence has been shown by the researcher remaining consistent to the underlying principles of IPA**.** A summary of findings was sent to three participants, and they stated that the themes supported their experiences. It has been suggested that participant involvement within the analysis of phenomenological research is valuable (Willig, 2012). The researcher's supervisor verified all themes and a peer- review, was also conducted, with two trainees, confident with using IPA, to provide further validation. Yardley's (2000) final criteria to assess validity is 'impact and importance'. The researcher has attempted to conduct research that is important, interesting and will contribute to research and practice within the field of Counselling Psychology.

Chapter 4

Analysis

Three superordinate themes and nine subordinate themes emerged from the Interpretative Phenomenological analysis of the six transcripts (see Table 2).

Table 2. Superordinate themes and subordinate themes with key quotes

Superordinate themes	Subordinate themes	Quotes
Holocaust at the core of identity	**Enmeshment with 2nd gen parent**	*"and maybe I just tell them too much, I tell them the most minor details about my day but, yes I just always speak to them." (E*ve: 504-506)
	Orientation to fear, with a heightened sense of threat in Britain	*"so it has made me aware of things and as we get older actually, and Britain at the moment I think things aren't great… I think you need to be aware, so it does make me kind of hypersensitive probably…..that always stays with me."* (*Dave;561-565)*
	Strong collective identity to other 3rd generation survivors	*"We're all weirdly the same. We have things, maybe we have the same deep down worries…..I think we're very similar… a lot of people we meet"* (Lara:1598-1599; 1605-1606)
Salience of family influences within life.	**Importance of prioritising relationships- family comes first**	"*They had a massive thing about family….You know, that you have to be close to your family and you know that's all you've got…and you just look after each other…"* (Shirley: 634-635)
	Idolise grandparent survivor	*"I would do anything for my grandmother...if there's an experience she wants to enjoy I will do anything to make sure that happens…" (*Tia:1280; 1287-1288)
	Protectiveness towards second generation parent	*"because of the holocaust I feel there's a certain amount of underlying vulnerability. I don't want to exacerbate that"* (Ruby:640-641)
Internal conflict over sense of purpose: burden vs honour.	**Discomfort in feeling a duty to understand and make sense of grandparent's experience**	*" Because I want to know. I mean I need to know…..You know I need to get all the facts in order because soon there will be no survivors left and I'm going to have to carry on and I won't know anything" (*Shirley: 459-462)
	Obligation to uphold Jewish values, traditions and legacy for future generations	*"So I think after Belsen I kind of said to myself whatever you do you have to always light the candles at the least, because for me it kind of felt that all those people they never got the chance, never got the choice….and I should be doing that for them" (Tia:* 185-189;193)
	Feelings of guilt in complaining about their own lives as comparisons made to grandparents experiences.	*"I think to myself, don't be ridiculous, you don't know what cold is, You've got clothes on, you're in a brand new warm car, it's 1 degree, big deal."* (Lara:664-666)

These themes will now be examined in more detail, with key quotes selected to effectively represent themes and capture participants' experiences. Verbatim extracts will be used to demonstrate each theme. Significant pauses have been represented by […] and words have been added in square brackets if there is ambiguity over something the participant is referring to.

4.1 Superordinate Theme One: Holocaust at the core of identity

Whilst discussing their grandparents' experiences, participants highlighted the importance of the holocaust being integrated within their sense of self and identity formation. Their very existence can be seen as a consequence of a grandparent's survival and this awareness can be seen to affect different aspects of participants' lives.

4.1.1 Subtheme One: Enmeshment with second generation parent

Five of the six participants emphasised the close relationship that they had with their second generation parent, commenting that they spoke to them or saw them every day. There appeared to be a sense of difficulty in developing their own ideas about how they should be living their life, perhaps indicating an overly involved parent relationship and difficulty being truly independent from their parent.

"I see her ever day now but yea… Obviously I didn't want to move out of her house...I still don't….Can I go back now?" (Shirley; 677- 678)

Shirley appeared childlike when speaking about her relationship with her mother. She used a childish voice when asking if she could move back home to live with her mother now, even though she is a married mother of three children. This was a direct contrast to how confidently she spoke throughout the rest of her interview. Even though she sees her mother every day, it is implied that this is not enough. It was interesting that Shirley used the word *'obviously'*, perhaps attempting to reassure both herself, and me, that this is a reasonable request. I was aware during this interview that I could relate on a personal level to Shirley's experiences of the relationship with her mother as it is similar to my relationship with my own mother. I attempted to restrict the effect of this familiarity but am mindful that my non-verbal cues may have had an impact on the interaction with participants discussing the relationships that they had with their parents. It can be suggested that she was not confident

being a separate entity to her mother and was very dependent and reliant on her emotionally and practically. Eve seemed to share a similar over-dependence on her mother:

"like… I always care about what my mum thinks. Like even stuff to do with the wedding…. I'll always make sure she is happy even though it should be up to me and my fiancé […] I still want to know she is happy. I really value her opinion." (Eve;510-513)

Eve highlighted that she was uncomfortable doing anything that her mother disagreed with. It is implied in the above extract that although she is aware that as an adult she should make her own decisions, she struggles with this independent thinking. She appears to be constantly seeking her mother's approval, over choices she makes in her life. Feeling that she always needs to make her mother happy could leave her feeling highly dependent on this approval and unable to make judgements and choices herself

It seemed that participants who had developed their own sense of values that were different opinions to that of their parents were feeling guilt and discomfort about this:

"I remember him being really upset and me feeling the tension of… but I'm an adult, I'm 30 years old. I need, I want to get married to this person…it really took a real strength of character and a real sense of I have to do what's for me, what's right for me… I feel guilty if I don't do things the way they want me to do it. " (Ruby : 675-677; 663-664; 611-612)

Ruby expressed the need to do what was expected by her parents and the feelings of guilt that she felt if she adopted a different point of view to her dad. She appeared to struggle with this guilt by justifying the reasons that she made their own choices. Ruby expressed discomfort at marrying someone that was not orthodox against her father's wishes, and this was highlighted later on in the interview when she discussed that she pretended to her father that she was living a life far more orthodox than she was. She believed that the focus on observance was a direct link from her dad being a second generation holocaust survivor. There appears to be a difficulty in accepting that she is an individual, able to make her own individual choices and decisions. Repeating the word "*me"* also emphasises the importance of her own identity, justifying her own judgements and rulings.

Tia also expressed a similar view:

" I'd feel guilt about going out and spending money (laugh) doing anything, enjoying things…it's not good to be so insulated and isolated into like just one area….my dad's

opinions and his values, that's how I took those all on so then I have those opinions……. (Tia: 1047-1049, 1062-1065).

"He wouldn't have anything in the house that was like…or buy anything German……it kind of flew onto me…so I said ok nothing German. I've never been to Europe….I was very much in a bubble" (Tia: 361-362;384-388)

In Tia's extract it appears that her guilt was based on enjoying herself in a way that was not accepted by her Dad's own values. It appears that she cannot quite articulate the reason that she shares her dad's opinions, initially explaining that she "*took those all on*" and later diminishing responsibility stating that the opinions "*kind of flew onto me*". Tia spoke at length about the social difficulties she faced because she had adopted all her dad's opinions and values without question. She attributed many of these to the fact that he was a child of a holocaust survivor. Using examples of never buying German things and refusing to go to European countries indicated an uncomfortableness she now has with some of these views and there appeared to be a sense of her beginning to develop her own ideas and explore different perspectives within society. This implies that she struggles with a lack of individuality, which may have affected her emerging identity growing up.
Dave appeared to have a different type of relationship with his parents and was the only participant who did not have daily contact with his parent.

"*I think that a lot of where I am driven maybe has come from my parents and them pushing me to do stuff, but I think it's come from my dad through my grandma, but I think these characteristics meant she survived…."(Dave;865-867)*

It seemed that although Dave appeared to have a less intense relationship with his dad than the other participants, he has also adopted some of his dad's characteristics and beliefs. Dave implies that his motivation and career driven focus has been passed down through the generations. He appears to justify adopting similar characteristics to his father by implying these are the positive attributes that helped his grandmother survive her trauma. Perhaps this suggests a lack of individuality and taking responsibility for his own attributes and ambitions.

4.1.2 Subtheme Two: Orientation to fear, with a heightened sense of threat in Britain

All the participants spoke about a fear of anti-Semitism rising in Britain and a threat to their collective Jewish identity. There was a mixture of opinions of severity of this risk. Some

participants felt a hyper-sensitivity towards the current climate, whereas as others felt a more extreme sense of threat. Dave expressed his perspective on living as a British Jew, when asked about what the holocaust means to him:

"She <his gran> always says it will happen again…. I always try to monitor what's going on in the world because if there's any signal that things are turning a bit south, we need to act quickly…and Britain at the moment I think things are not great. I'm not worrying about it generally but I am kind of thinking about it as well." (Dave;555-557)

Dave appears to have the need to keep himself informed and be aware of any signals of danger to Jewish people in Britain, however, he describes this more as "awareness" rather than a realistic fear at present. His grandma has voiced her concerns to him that the situation could repeat and it is this warning that makes him *"monitor"* the situation, rather than just because he is Jewish. It can be suggested that because of hearing and learning about the potential triggers in pre-war Germany, Dave appears mindful and "ready to act quickly" if need be. Tia also shared this feeling:

"I've always got in the back of my mind that I might need to leave this country one day…things in the media and things in the world, sometimes it does make you feel like there's that…its always there….because of what's happened before …my grandma recently said to me, she said my past is haunting me because of what she was seeing in the news…" (Tia: 588-589, 593-594).

Tia spoke very quickly at this point and struggled to complete her sentences, perhaps highlighting her fear. She also appeared to use the media as a way of monitoring the situation. Again, her awareness of threat appeared to be as a direct result of her grandmother's concerns about Britain today.

Participants, whose grandparents had died and were not able to discuss their concerns about Britain today, also discussed feeling a sense of threat in Britain:

*" I think there is a difference in the, in the paranoia that I don't feel like it's, it might be another world but think it's very possible… whereas my husband would be ugh that would never happen now……"(*Shirley;372-375)

"whereas the other people don't notice the bit by bit, you know they don't notice an anti-Semitic attack in the street whereas I do. It makes you think."(Shirley;412-414).

Shirley uses the term "paranoia" when discussing the threat to Jewish people in Britain. The fact that she continues throughout her interview to give evidence for her view indicates that she uses this term to show how strong and powerful her view is rather than seeing it as something irrational. She compares the way that she interprets anti-Semitic attacks to others who are not third generation survivors, highlighting that because of her family history she feels different to others and perhaps more sensitive to the idea of threat to her Jewish identity. There was a sense that she was aware that small incidents could easily turn into bigger difficulties and was keeping an active awareness on the situation. Perhaps she felt that she had a greater knowledge of how dangerous situations could become because of her grandpa's experiences. She also discussed in the interview an emergency plan to pack and move to Israel if needed.

Lara shared similar fears to the other participants:

"*When you see people in Labour, how can that not worry you…I feel like there's parallels between life. I hope it would never happen again but let's not kid ourselves….It's absolutely possible again…"I live with it in the respect that I worry but I'm very grateful for my life.." (Lara;236-239)*

Lara again highlights the reference to "parallels" between now and Germany just before the holocaust implying the fear of a replication holocaust. She also makes reference to the Labour party and feeling concerned with the political situation in Britain. Lara discussed spending many years researching every aspect of her Grandfathers experiences during the holocaust. At points she referred to this as an "obsession". It can be implied that this knowledge has made her additionally apprehensive and that her grandpa's experiences in the holocaust, underlie her sense of unease. Her strong sense of fear can also be seen in the following extract:

*"it's very important people look at me and don't know I'm Jewish….It makes me feel safer. Isn't it awful, but it does…….(*Lara;274-275; 283-284)

"I want him to identify with being Jewish but I don't want it to be something that is branded… I just want him to blend in….." (Lara; 1172-1173)

Lara talks about the need to feel safe for both herself and her son by not looking and appearing Jewish. Using the word "*branded"* can be seen as a direct link to the yellow star

Jewish people had to wear during the holocaust. This choice in language can be seen to indicate an intense fear of the repetition of being persecuted in Britain. Stating that she feels "awful" saying she prefers people not to know that she is Jewish is interesting, as she appears very outspoken throughout the interview. This appears to be an uncomfortable statement to have made, at odds perhaps with the strong Jewish identity that she also discusses. This can also be seen as a parallel of life pre-war, where Jewish people felt conflicted in sticking up for their own beliefs and staying safe.

4.1.3 Subtheme Three: Strong collective identity to other 3rd generation holocaust survivors

The analysis highlighted that all six participants reflected that their familial history, in terms of the holocaust was a significant part of their identity. The traumatic after effects of their grandparents' experiences, appears to have resulted in a collective third generation identity, that is differentiated from other Jewish individuals in Britain.

"And can you tell me what the holocaust means to you?" (Researcher;282)
" Um…I'm really defined. It's defined my origins. It's defined my family…"(Ruby;283-287)

Ruby identified very strongly with her grandparents' experiences. Replying that the holocaust defines her is a very powerful statement, indicating an immense connection with her familial history and the way that she views herself. The holocaust appears to be an integral part of who she is and the way she lives her life. This identification can be used as a means to differentiate from other groups:

"As an adult I look through my group of friends who I grew up with and only one of them had grandparents in the holocaust…so I realised it was a little more unusual than I thought…" (Ruby;144-145).

"My friends don't understand and they won't understand because its' not their grandparent, they haven't experienced it…" (Tia;1253-1256)

Both Ruby and Tia differentiate themselves from their peers because of their grandparents' experiences and their own beliefs and emotions that come from being a third generation holocaust survivor. There is a sense of feeling unique and different from other Jewish people in Britain. All the participants' tended to situate their familial history within the context of being part of a group of grandchildren with shared experiences. Tia suggests that others

won't understand, that hearing about the holocaust is different to actually having a grandparent live through it and survive. Perhaps their grandparents experiences have left them with a need to belong and connect with similar others. There was a sense of pride and strength displayed in the way that participants spoke, that perhaps they had a better knowledge and understanding than others.

It is interesting that in being aware that they felt different from their peers, most of the participants had made a conscious decision to seek out other third generation holocaust survivors by ether joining Face-book groups or attending gatherings and meetings in person.

"I feel all these third gens… We're all connected, our grandfathers came here together… I feel connected because I know they were friends and they went through the same hell together, so it does make you feel, it's a nice thing, it's a good thing. When I'm around the other 3rd generations. We have things, maybe the same deep down worries…..I think we're very similar" (Lara 1442-1446).

Lara appears to feel connected to others who truly can understand what her grandpa has been through. Perhaps the idea that this ordeal was so horrific, without discussing any detail, there can be a shared understanding of her family history. Labelling her grandfather's trauma with an image of *"hell"* signifies the degree of pain and suffering that she feels he has endured. There is a sense of feeling comforted and again proud to be included in a third generation group. The need to find others who share her *"worries",* perhaps without questioning why she has them, provide a sense of support for her. Throughout the interview, Lara spoke fast and at great length, providing very detailed replies to questions. On reflection, I wonder if she had a sense that I was also a third generation survivor, even though this was not previously disclosed. Perhaps she then felt more connected and comfortable in sharing her feelings and beliefs with me. I am also aware that I felt particularly comfortable during this interview and wonder if Lara highlighting the connection between third generation survivors contributed to my own ability to feel relaxed.

Shirley and Lara spoke with great pride when describing the events that they go to for other third generation survivors:

"*It's a celebration of life so, and it's so lovely because now we've started introducing loads of dancing at it and it's really nice because it's not, I think for a bit it turned into a*

depressing affair and now we've made it, like this is more of a celebration" (Shirley; 470-473).

Shirley became animated and excited when talking about the events that she goes to for survivors, second generation and third generation. There is a sense of positivity and a *"celebration of life"* from these events. Perhaps previous generations focused more on the victimisation themes of the holocaust, whereas perhaps members of the third generation, no longer perceive it in this way and focus more on strength and resilience and celebrating survival. Shirley used the term "*we"* implying others from her generation. She seemed very clear that these events should be inspiring and filled with positivity.

Tia also shows a desire to connect with other third generation holocaust survivors but has not had the same positive experience:

"I tried to be involved in something recently but that was just for "the boys… they were making a quilt and I actually started to make one, and they found out….it was only for "the boys"…I found it very, I didn't really like it because I thought we were all the same…" (Tia;1265-1268)

There is a real sense that Tia feels a need to belong because she feels different from others because of her grandma's experiences. She seeks a group of people who *"felt as I did"* perhaps needing some kind of validation for her feelings and beliefs. She was rejected from this group of third generation survivors because her grandma's experience was different to those that were termed "the boys"- a group who came over to Britain together after the war. It is clear from the extract above that she viewed herself as the same as them, and found it upsetting when she was unable to support them in making a quilt. There is a sense that she is holding back in disclosing how upsetting she found this situation by changing the language used from *"I found it very"* which sounds as if she was going to give a strong response to a much gentler response of *"I didn't really …".* I wonder if this is a response to me, as perhaps, she felt she wanted to connect to me, therefore tried to mask her true emotions at this point. Tia's experience shows that not only is there a collective identity with other third generation survivors but that within this group of grandchildren, subgroups according to their grandparents' experiences have been formed as well.

4.2 Superordinate Theme Two: Salience of family influences within life

This superordinate theme highlights the value all six participants placed on the role of their family within their life. There was a sense that family provides the connection between the present and the past and is a way of protecting and maintaining their Judaism.

4.2.1 Subtheme one: Importance of prioritising family relationships, "family comes first"

All the participants stated that they came from close families and they viewed this positively, and proudly. Their relationships within their families appeared to show an appreciation for the trauma and sacrifices their grandparents had lived through. Although participants had different family structures, the dynamic concerning the value of family loyalties and relationships was consistent throughout all the interviews:

"We're a really close family- we see each other all the time. We speak to each other every single day .My mum speaks to her sister three times a day, I speak to my mum and dad every single day. I speak to my brothers every single day" (Eve;303-305)

Eve continuously refers to how close her family is throughout her interview, indicating this is very important to her. She emphasises the details of this family closeness compared to closeness of friendships, suggesting a real sense of pride and achievement. It appeared that it was important to Eve that I was aware how significant her family was to her, indicating perhaps that this was a core value within her family dynamic. I am aware that as a third generation survivor, this importance of prioritising family relationships resonated with me and my own experiences of growing up. I interrupted Eve by saying "yes, yes" on a few occasions when she was discussing her close family, which perhaps encouraged her to emphasise her opinion. It appeared that participants believed that the reason that they were so close with their families was due to their grandparents' experiences during the holocaust:

*"I think my family is incredibly close because of it. I think I have a huge appreciation for family and what it stands for because my grandpa lost so much and because I know the day my mum was born was literally the first day of his life" (*Eve; 188-191)

"*I think it made my mum …and my uncle closer…because they knew kind of what he'd lost and they had a massive thing about family…You know, that you have to be close to your family and you know that's all you've got"* (Shirley; 758-760)

Eve discusses feeling appreciation for her family suggesting a sense of feeling grateful to have the experiences of family relationships that her grandpa was unable to have during the holocaust. Perhaps suggesting the intenseness of some of these relationships, are compensating for the loss her grandpa had. When referring to her mother being born as "*the first day of his life"* there is a sense of starting fresh with a new family, to counteract against the trauma he had lived through, watching his family die. This can be seen as a message passed on through generations as clearly this statement had been passed from her grandpa to her mum and to her. In the extract above, Shirley also refers to her mum's "*massive thing about family*" as a consequence of her grandpa's experience. Similarly to Eve, Shirley's message growing up was that "*you **have** to be close",* highlighting the importance of her as a grandchild valuing these familial ties. Perhaps there was a sense of fear, mirroring experiences from the holocaust, in that as long as you have your family close, it does not matter if material objects are lost.

In line with this, participants appeared to prioritise family within their relationships:

"*my family will always come first, no matter what….." (Eve; 197).*

"you just look after each other and don't worry about friends so much…you know like...I love my friends but my family always comes first" (Shirley; 765-766;794-795)

In the extracts above, both participants use virtually identical language highlighting again the importance of these familial ties and relationships. Again a link can be drawn from perhaps mirroring how their grandparents had felt under extreme threat. The need and desire was maybe to protect themselves and their families rather than other people and outsiders. This innate feeling of *"family first"* appears to be integral, to not only how the participants feel, but also in their day to day lives. Interestingly, Shirley uses the term "worry" again indicating this need and perhaps fear in needing to protect her family. It could be suggested that there is an underlying hierarchy decided in advance on who it would be necessary to look after first in a crisis, a decision that perhaps her grandpa had to make during the holocaust.

Listening to and understanding their grandparents experiences was also referred to as a reason that families were so close:

"It probably has bought us closer together sometimes when we've talked about it. Especially as we've got older and went on family trip with gran……yes, so I think it's made us more open and bought us together" (Dave; 841-842)

Dave reflects that being open and talking about his grandma's experiences has bought his family closer together. Perhaps sharing the trauma creates empathy and shared understanding between family members, strengthening relationships. Dave was the only participant to speak of his Grandma negatively throughout the interview, however, alluded to the fact that as he has become older and appreciated some of what she suffered, he feels a stronger connection to both her and the rest of the family.

4.2.2 Subtheme Two: Idolise grandparent survivor

Half the participants' survivor grandparents had died, whereas the other half were still alive. Interestingly, none of the participants had actually had one-to one conversations with their survivor grandparent about their experiences. Eve, Tia and Dave had sat in on talks that their grandparent had given, but did not feel able to ask direct personal questions about their experiences. Perhaps they did not want to upset their grandparent, or perhaps they felt unable to cope with hearing traumatic stories. Lara and Shirley had spent time researching their grandparent's experiences and placed their grandparent's on a pedestal. Ruby' grandma had recorded her story, but Ruby felt unable to listen to the details. However, the majority of participants spoke about their grandparents and their experiences with a sense of awe and amazement for what they had lived through and survived:

".. when I see my grandpa speaking and I see two hundred school children fidgeting, but then sit there for half an hour in complete silence…that makes me immensely proud that something so terrible has turned into something so positive and that he can be so influential…" (Eve;214-218).

Eve expresses a sense of pride for the effect that her grandpa's story has on others as he visits schools around the country to teach about the holocaust. The language used in the extract above, "immensely" and repeating the word *"so"* three times, can be seen to emphasise the powerful emotions she has when speaking about her grandpa. When Eve spoke about her grandpa, there was a real sense of how much she idolised him, not only in what she said but in her body language too. Her eyes appeared to glaze over and she appeared nostalgic and reflective in her speech. Shirley also spoke about her grandpa in a

similar manner but a key contrast is that she had never met her grandpa as he had died before she was born.

" I feel that I have a closeness that I have met him through that….they all loved him…they said he was quite quiet. That is my connection with him…he was obviously such a special strong man"(Shirley;286-287;288-289;290;295-296)

Shirley often attended meetings with survivors that had known her grandpa. She felt that by spending time with others who had experienced similar trauma, she developed a "closeness" with the memory of her grandpa. It appeared very important for Shirley to understand and learn about her grandpa and his characteristics. Perhaps this indicates the importance of the way that her grandpa and his history has been idolised within her family. There appears to be an assumption made that because her Grandpa survived the trauma of the holocaust, that he was "*obviously"* special and strong, indicating an idolisation of the memory of her grandpa.

Other participants appeared to intellectualise the way that they spoke about their grandparents, without a sense of emotion, yet still placing them on a pedestal.

"*I'm amazed at the ability of the human spirit to survive…. It's just beyond the point of comprehension that any human being can….the ability to endure is just amazing, amazing" (*Ruby,;264-267).

Ruby appears to idolise the concept of a holocaust survivor, but distances herself from associating it too much with her grandma. Perhaps this is too painful for her as she knew her grandma very well as she had only died recently. She can be seen to use her grandma's experiences to generalise and intellectualise. There is a sense of her viewing the survivors as greater than humans for what they have endured; almost godlike perhaps.

Dave also talked about his grandma in a more detached way and unlike the other participants did not appear to idolise his grandma:

" I find it hard to get my head around, but she sounded not bothered by it…..she's given a speech somewhere and people have come up to her afterwards saying my God you are my biggest inspiration. I can't believe what you've been through […] maybe shame on me. Other people would be way more interested. It was more normal to me…" (Dave; 357-361).

Dave stated that his grandma spent more of her life, giving speeches about her experiences than being a mother or grandma. Perhaps this led to feelings of resentment. The extract above suggests that Dave was aware others idolised his grandma as their "*biggest inspiration"* and that there was an expectation for him to feel the same way. Perhaps the

statement *"shame on me*" implies he felt somewhat ashamed that he did not feel wonderment and admiration towards his grandma. This could indicate a pressure from society as a whole, that he should idolise his grandma because of her trauma; however he appeared to have normalised her ordeal. It could be suggested that as his grandma discussed her experiences without emotion, Dave did not feel any emotion either when thinking about it. This detachment may leave him slightly bemused and confused at others' opinion of his grandma. Although Dave did not speak about his grandma with the same reverence as the other participants, he appears to excuse his grandma's behaviour because of her experiences in the holocaust:

"*She's not interested really [in children], but fair enough. If you've gone through what she's gone through, she's got the right to be selfish."*(Dave; 520-521)

He often appears to criticise his grandma throughout the interview, but always vindicates and defends her actions on account of her trauma. This again may shows that he feels that he should idolise her and perhaps feels guilty and uncomfortable when he does criticise her.

Participants also illustrated the need to honour their surviving grandparent in some way:

"*as the oldest grandchild….shared his barmitzvah with my grandpa as he never had one…." Every single thing was a huge milestone for him..) (Eve;290-291).*

*"I did my wedding in Israel…which was a massive thing for me….that was a massive like fingers up..like look at this, you <Nazi's> didn't win" (*Shirley; 909-910;917).

As the extracts above show, both Eve and Shirley have great admiration for their survivor grandparent. Eve, honouring him with a Jewish coming-of- age ceremony that he had missed out on because of the holocaust, and implying that so much of her life and accomplishments have been just as big for her grandpa. Shirley held her wedding in Israel in honour of her grandpa. Both of these participants express a sense of defiance on behalf of their grandparent, perhaps trying to do their part in making up for the sufferings that their grandparents endured all those years ago. Tia also highlights the important role that her grandma has in her life:

"She is my inspiration, I guess….the rock of the family…she's the inspiration of everything that I do and what I think. It's always about her…I guess the matriarch…" (Tia;1294-1298)

Tia's description emphasises the enormous impact that her grandma's experiences have on her life. She considers her grandma as her inspiration and the very centre of her family and belief system.

4.2.3 Subtheme Three: Protectiveness towards second generation parent

All the participants' appeared protective towards their second generation parent, whether practically by looking after them, needing to please them or by showing uncomfortableness in criticising them at all.

" *He's not a child, you don't need to protect him, but I do… because of the holocaust I feel there's a certain amount of underlying vulnerability… I don't want to exacerbate that, I don't want to cause any extra unhappiness…"* (Ruby;645-646).

Ruby appears to feel a sense of responsibility for her father's happiness as a way of attempting to protect him. There is a sense of him having endured so much through his own parent's trauma that she tries to shield him from any distress. Lara appears to feel similar:

I've always felt bad for my dad…I'd always defend my dad…I've always been a daddy's girl. I always felt sorry for him…and I was so pleased to give him grandsons cos he'd never had a son…" (Lara;1320,1324,)

Lara feels sympathy for her father because of his own childhood and again appears to take on a responsibility to protect him, and make him happy. She talks at length about "*always feeling sorry"* for her dad and defending him to others and also in arguments with her own mum. This can be seen as the opposite of a traditional parent child relationship, where the parent feels a need to protect their child. Protecting their parent is an immense responsibility as Ruby and Lara both appear to want to make their father happy in different ways.

Three of the participants stated that their dads had shown a great deal of anger within their family. All three normalised and excused this behaviour because of the trauma of the holocaust:

"my dad bless him..he had a lot of anger issues…he was stressed.. he never processed what he and his parents went through" (Ruby ;170)

We didn't ask questions because that's how my, dad bless him…. We've both got a temper that's how he came to terms with it…" (Lara; 1233-1234)

Ruby and Lara use the same term "bless him" in an attempt to lessen the severity of what they were saying. This can be seen as a way of protecting their dads about speaking of them

in this way. They both appeared to want me to view their dad in a positive manner and were reluctant to disclose anything negative. Both Ruby and Lara, referred to the anger as a direct consequence of being a child of the holocaust. Perhaps this was their own way of defending against feeling anger, which is an uncomfortable emotion, towards their father.
Tia also had a similar experience with her dad:

"*I was scared of my dad (laugh)… I guess this doesn't go anywhere does it?" (Tia; 906)*

Tia needed reassurance of confidentiality before proceeding with any criticism of her dad. This perhaps suggests a difficulty in criticising him. Her need to protect him continued when after discussing his anger, she proceeds to describe him as:

"soft and ugh …again very caring…" (Tia;961)

This description can be seen as conflicting with her earlier descriptions of her dad, suggesting a desire to portray him in a more positive light by protecting him. The pauses and stammers in this could perhaps reflect feeling guilty about disclosing his anger and temper earlier in the interview.

Eve appeared to find it difficult to criticise her mum throughout the interview:

" she was quite strict and but, and obviously at the time I hated that, but now I realise that I appreciate it…" (Eve;420-421)

I'll get annoyed and I'll say to my mum you don't need to remind me, but actually...secretly I'm like okay that's actually quite helpful…(Eve;497-499).

In the extracts above Eve stipulates each negative comment about her mum with a positive. She does this throughout the interview, which perhaps suggests an inability or discomfort around criticising her mum, signifying a need to protect her. She discusses the way that she was bought up by justifying all her mum's actions, although she is able to reflect that she struggled with much of this as a teenager. She appears to defend a strict upbringing by focusing only on positive attributes of her mum.

Dave also struggled to criticise his dad:

" My dad would always work...work a lot. Very hard working He used to resent taking me to football but then he'd worked hard…he wasn't too interested but I don't hold that against

him…I would say he's loyal, um stubborn…I think you can be stubborn if you know what you're talking about…" (Dave;750-753;773-774)

Every time Dave made a negative statement about his dad, he appeared uncomfortable in his facial expressions and with his broken speech. He continually justified his dad's behaviour even though at times it appears he felt upset by his dad's lack of interest in his hobbies. There appears to be a sense from all the participants that their parents had suffered in some way as children and that therefore all different types of parenting behaviours could be justified. Perhaps they feel a sense of responsibility to look after and protect those second generation survivors, which consequently alters the dynamics of a parent-child relationship.

4.3 Superordinate Theme Three: Internal conflict over sense of purpose: burden vs honour

This superordinate theme details the mixed feelings that participant's spoke about, of their own individual sense of purpose. They identify strongly as grandchildren of survivors, and with that question, their function in society. Having a grandparent survive the holocaust has led to conflicting emotions of whether their role is a burden, in that they have a duty and responsibility to uphold or an honour in that it is a privilege for them to be alive and continue traditions.

4.3.1 Subtheme One: Discomfort in feeling a duty to understand and make sense of grandparent's experience

All participants appeared to feel that it was important to understand and be able to re-tell their grandparent's experiences, however they were able to do this to different degrees:

"I've been to Washington, I've met survivors… If I had time I would do so much more…because I want to know. I need to know...to tell my kids you know…" (Shirley;436,459-460).

Shirley, has made an effort to find out information about her Grandpa, but also an attempt to understand facts about the holocaust in general by travelling around, visiting museums and talking to survivors. She corrects herself from "*wanting*" to know details, to "*needing*" to know details. This is an important distinction and suggests an innate yearning, and responsibility to find out information, as opposed to a desire, out of interest. There appears to be awareness that before long there will be no more survivors left to talk about their trauma,

and Shirley feels a responsibility to tell her children, the fourth generation, their family history. Dave also discusses the responsibility of being a grandchild to a survivor:

"*I should have prepared a bit more…um..my memory is blank which is bad […] I do feel I should know her story better." (*Dave; 47-48)

"*there is absolutely a responsibility here to take on some of the learnings ..um I should be doing more...um um…my parents should take on more responsibility…."* (Dave; 415-416).

Dave stated that he should have prepared more for the interview, suggesting a sense of embarrassment that he wasn't aware of all the details of his grandma's experiences. He believes that as a grandson, it is perhaps his responsibility to understand as he "*should"* know the story. The second extract above can be seen to highlight the internal conflict that Dave shows. He believes that there is a responsibility, but then swiftly changes this responsibility towards his parents. Perhaps the broken speech and gaps in language show Dave uncomfortable with the responsibility, especially as it appears that he does not seem that involved with his grandma's experiences and felt unable to relay them accurately. He can be seen to defend from his discomfort by attempting to pass on the responsibility to others.

Lara also feels this sense of responsibility and has conducted a great amount of research to understand and makes sense of her grandpa's experience during the holocaust:

"I don't know why I do it…why am I living in the past?...but I do believe that it shapes you and I believe you should learn from it…" (Lara;708-710)

Lara appears to struggle with a sense of responsibility to find out all the facts about her grandpa's earlier life. She feels conflicted with a sense that she needs to know, but cannot understand or articulate where this need stems from. Lara, unlike Dave discusses how it is her that strives to know details about her grandfather's experiences, and not her father. She feels that it is her duty to learn from the experiences of the past. It is interesting to note that Dave's grandma discusses all her experiences continuously, writing books and conducting interviews, whereas Lara had always been discouraged from asking her dad any questions, which has appeared to leave her with a thirst to find out more and fully immerse herself in her grandpa's history. Ruby also appears to share this internal conflict:

"*I really wonder what went on in her mind. How she made sense and how she got through the day and I don't know and it's sad that I don't know that…"* (Ruby, 31-15).

"Why haven't I watched it (Grandma's video of story).. it might make me feel like I don't have a chance to be normal, that I'm traumatised.. maybe I don't want to …it's terrible I haven't listened to it..it's really bad of me, I should definitely do that...I feel an obligation, but I don't want to… (Ruby;869-871).

Ruby appears to have spent time reflecting on how her grandma may have felt during the holocaust. She seems to want to have a sense of the internal emotions that her grandma went through, perhaps in an attempt to try to understand. However, in the second extract Ruby discusses that it is too difficult for her to watch the Spielberg video of her Grandma's whole experience. She highlights a fear that if she fully understands what happened to her grandma she may never feel a sense of normality within her life. This strongly suggests the fear of after- effects of the trauma being passed through the generations. There is also a sense that it is emotionally difficult for participants to find out and process information about a grandparent that they have been close to. That so many of them continue to search for details, despite it being upsetting, can also be seen to reinforce the idea that they are conflicted and feel an unease about their responsibility in making sense of these traumas.

Ruby also alludes to the fact that choosing not to watch the video, is perhaps '*terrible'.* There does not appear to be an outside influence causing this obligation, which suggests an internal conflict within Ruby that she is struggling to manage. It is also possible that I influenced this sense of conflict within Ruby during the interview as I asked her why she had not chosen to watch the video. On reflection, I wonder whether I asked this because I felt saddened that I do not have the opportunity to watch my own grandparents on a video. Perhaps this question was too leading in the fact that it made her feel guilty and that she had to defend herself.

4.3.2 Subtheme Two: Obligation to uphold Jewish values, traditions and legacy for future generations

All six participants stated that they had a strong Jewish identity and related this to the trauma that their grandparents had endured during the holocaust:

"I've got a very strong Jewish identity…mainly from my grandma.. She survived which meant my dad survived which meant I survived and it feels like we're here because of her, so we owe it to her to maintain the religion.." (Tia;1179-1182)

Tia connects her Jewish identity to being a survivor's grandchild. She feels that she "owes" it to her grandma to continue having a Jewish identity and to continue traditions of the Jewish religion. It can be suggested that this obligation underlies much of the way that she

lives her life. Her grandma suffered the trauma of the holocaust, yet perhaps she feels a sense of duty to maintain her identity and family values for future generations. Having a strong Jewish identity can be seen to affect the way that participants uphold Jewish traditions day to day:

"I keep kosher and keep shabbas because I want the generations after to have something of being Jewish to carry on…I'm worried it will water down and then they've won…It's important for me that that always continues...not just for me but for generations after me because of her….."(Tia;51-542;544-545;549-552)

Tia expresses the importance of keeping Jewish traditions not just for herself but for her grandma and to be able to continue the Jewish religion, through future generations. It is important to be aware of the fact, that even though I did not disclose my Jewish identity to participants, they may have assumed that I was Jewish. Throughout Tia's interview, she refers to Jewish rituals and customs such as "kosher" and "shabbas" that I would only fully understand as a Jewish woman myself. I wonder if her assumption of my Jewish background encouraged her to talk more freely about the importance of Jewish traditions. It is interesting that she speaks in the present tense when stating "then they've won". She is referring to the Nazi's at this point, but it sounds very relevant to her today. This perhaps signifies the importance of the responsibility and duty that she feels. There is a sense of resilience and strength within her, in that many people died for her religion, and she is still struggling to continue the war to ensure that people did not die in vain. She moves between discussing the present, past and future, suggesting the strong link that this third generation has in connecting the past atrocities with present day and the future. This is the final generation that will have the opportunity to speak to their grandparents first hand, which may add to the pressure. Eve and Shirley referred to the importance of continuing the Jewish religion by talking about who they would and would not marry:

" I think deep down before I was with my fiancé I was with someone who wasn't Jewish and it was fine but I think deep down I probably felt like my grandpa went through so much…and for me not to continue the faith it feels a bit strange…" (Eve;617-620)

"I couldn't…When I had gone out with non-Jewish boys before I got married…I knew deep down I couldn't marry them because I thought after all he has gone through for being Jewish, I can't give this away…" (Shirley;961;996-968)

Both Eve and Shirley described a feeling "deep down". Perhaps this suggests that at a surface practical level they did not see any problem with marrying a non-Jewish man,

however, because of their grandparents' experiences, they both felt an innate obligation, to marry someone Jewish. They both dated people outside the Jewish faith, but it appears the finality of marriage was what was important to both of them. This is perhaps due to then having a family and the importance of "*continuing"* and *"not giving this away*" can be seen in both the above extracts. It appears that they both consider themselves accountable to maintain the Jewish religion, and both directly state that this is because of their grandparents' experiences in the holocaust. Dave did not appear to feel the same about marriage:

" *We kind of just do what we want, but we do identify Jewish definitely…but marrying out is not a big deal. My gran doesn't mind. Like like...i said she's not very religious.." (Dave;641-643)*

Dave stressed that he identified as Jewish 'definitely' but did not seem to feel an obligation to marry a Jewish girl. It is interesting that he followed this statement by stating that his gran "doesn't mind". This highlights the importance of his gran in perhaps making this decision. It is also interesting that Dave uses the term "we" rather than "I". This reflects that this is a family choice rather than a personal one. Perhaps his familial obligation is to have a strong Jewish identity but not to worry too much about the day to day religious traditions.

Two participants discussed the importance of continuing a family name, with a sense of obligation to honour their grandparent by passing on their name to their fourth generation child.

"*I really wanted to use the name XXXX*[1] *for him and then to me it's just too painful…It's a great great honour…but I just don't think I could, I just feel I would be jinxing him.."*(Shirley; 863-865;871-872).

*"He really wanted me to have a son to carry on the name, that was really important to my grandpa…the least we can do is take his name. And as I'm saying it to you I think now I get it..(*Lara;1658-1661).

In both extracts above, Shirley and Lara felt an obligation to name their child the same name as their grandpa. It can be seen that both participants appeared to have an inner conflict about this and seemed reluctant to take this on this obligation. Shirley felt that her grandpa had had such a hard life, she might pass on the pain and suffering to her child. She appeared to struggle with this decision each time she had a new child. She felt a responsibility to honour her grandpa, however, found this too difficult to complete. Lara also implied an obligation to name her son the same as her grandpa, but in stating that she "now gets it", suggests that she

[1] Name anonymised for confidentiality

also struggled with this duty. Both participants felt a strong connection to their grandpa, felt an obligation to continue Jewish traditions and values, but both felt uncomfortable in naming their child after their survivor grandparent.

4.3.3 Subtheme Three: Feelings of guilt in complaining about their own lives as comparisons made to their grandparents experiences

Several participants discussed feeling awkward when encountering difficult times in their life. They reported reflecting on their grandparents experiences and comparing them, which led to feelings of guilt and inadequacy:

" it's always lulling at the back of my mind, I think to myself, don't be ridiculous, you don't know what cold is, You've got clothes on, you're in a brand new warm car, it's one degree, big deal. "..by the way I guarantee that *no other 3rd gen is as weird as me thinking this…is that correct? Does anybody else…"(*Lara:664-670).

Lara's grandpa's trauma appears to underlie her conscious thoughts, making her feel guilty about moaning and complaining about day to day issues. This could leave her with a negative view of herself and feelings of inadequacy. She compares the cold that she is feeling with the cold that her grandpa suffered when he was on the death march. This allows her to perhaps dismiss her own emotions and see them as less real and valid as that of her grandparents. This could potentially have a significant effect on her relationship within herself and with others. Her potential insecurity over feeling the way she does can be seen when she asks me how she compares to other third generation survivors. She doesn't complete her question and does not stop her speech to ask for an answer, which is interesting. I wonder if she subconsciously does not want to know, whether this is about her, or because of a collective identity to other grandchildren of holocaust survivors. Dave and Tia also express a reluctance to complain because of comparisons with their grandparents experiences:

"I had to have a mole removed and it hurt and stuff but I thought to myself that it doesn't matter if it hurts, you can never…nana went through so much more […] you can't…so I've always compared everything by what happened to her." (Tia;1147-1152).

"If things aren't going too well and you're moaning about something, it's nothing, really its nothing, so you should not moan, you should just get on with it…" (Dave; 460-462)

Both Dave and Tia also appear to compare themselves with their grandparents and do not seem to give themselves permission to complain about their own situations. Tia stating that "it doesn't matter" if her mole being removed hurts again shows the impact that her grandma's trauma has on her life. The fact that her grandma went through so much more enables her to dismiss her own feelings of discomfort and pain. She believes that her grandma survived due to having a strong mind, and she lives her life according to this identical principal. Dave appears to have internalised his grandma's experience to enable him to "get on with it". Perhaps suggesting that her experiences motivate him to be strong and manage, but at the same time belittling and not taking into account his own feelings.

These participants perhaps feel that their own experiences will never compare to their grandparents and they will never know if they would have been strong enough to endure and survive the trauma that their grandparents lived through. This feeling of inadequacy has perhaps influenced participants to try and enhance and improve themselves:

"I try to be more charitable, that you should be kinder to people, I consider myself strong but then I look at what my grandpa's been through…I always say my motto every morning when I get my son dressed, no matter what be kind to people…" (Lara; 1116-1117)

" I guess I want to be good person, wanting to always help others, always putting other people before yourself." (Tia;1169-1171)

Lara takes her grandpa's experience and attempts to be a kinder, more charitable individual because of it. She is perhaps struggling against her feelings of inadequacy and tries to instil the importance of kindness in her son because of this. Tia also discussed being a good person, when asked about how her grandma's experiences have influenced her as a person.

There appears to be a sense of participants thinking about attributes that helped their grandparents survive, whether it be strength, 'mind over matter', resilience and luck and trying to live their own lives according to these survival strategies. The difficulty is that they may feel internally undeserving as they encounter more difficulties as they grow older and throughout their lives.

Chapter 5

Discussion

The aim of this study was to explore the experience of being a third generational holocaust survivor in the United Kingdom. Semi-structured interviews were conducted with six participants and through analysis using IPA, three superordinate themes and nine subordinate themes emerged. The implication of these themes in relation to theory, research and clinical practice will be discussed. Suggestions will be made for clinical implications and future research. The strengths and limitations of the study will follow. A final reflexive statement will be given, followed by a summary and conclusion.

5.1 Holocaust at the core of identity

Participants expressed a feeling that their grandparents' experiences during the holocaust were a core part of their identity, affecting their beliefs, behaviours and relationships. Ross (2001) suggests that ethnic identity connects individuals through past experiences and future expectations. Group membership and being a 'third generation holocaust survivor' could, therefore, create a significant connection, through which identity is constructed. The findings in this study are consistent with existing literature, suggesting that there appears to be long term consequences passed down to descendants of the holocaust (Danieli, 1998). Participants within this study appeared to be functioning psychologically well; however themes were identified that may at some point in their lives create a difficulty in coping with challenging life events.

5.1.1 Enmeshment with 2nd generation parent

Participants in this study appeared to have overly involved parental relationships and difficulty establishing their own ideas and values. This creates a struggle in developing a sense of self that is independent from their family system. Members in enmeshed families can be seen to be very dependent on each other, and establishing an autonomous, self-sufficient identity can be problematic (Kellerman, 2008). Previous studies have shown variability in holocaust family enmeshment. This finding echoes this, highlighting separation and individuation struggles with second generation holocaust survivors (Barocas & Barocas, 1980, Kellerman, 2001)) and also third generation survivors (Sager, 2015). However, it is inconsistent with Sigal & Weinfeld's study, (1989) that did not find a significant difference between enmeshment in survivor families and controls.

Second generation survivors have been found to view themselves as extensions of their parents, with greater family fusions than other families (Wiseman & Barber, 2008). The participants in this study stated that they felt an innate obligation to take on the values and beliefs of their parents as their own, suggesting, as found by Giladi & Bell (2012), that they had difficulties balancing their requirement for connectedness to others with their own need for individuation. Previous research on third generation survivors has highlighted that it is particularly families that display pathological tendencies that appear to be enmeshed (Kellerman, 2001). This study enhances this research by suggesting that individuals from a non-clinical population may also encounter enmeshment within their family systems.

Kaitz, Levy, Ebstein, Faraone & Mankuta's (2009) study recognised family cohesion as a moderator for transgenerational trauma transmission, highlighting a parent's ability to regulate their emotions as a moderating factor. Interestingly, Ruby, Lara, and Tia who described enmeshed family systems eluded to the fact that their second generation parent struggled with anger and managing their emotions. However, Shirley and Eve did not describe any difficulties for their parents in regulating emotions, yet also appeared to have enmeshed relationships.

This study showed that those participants who attempted to establish an independent identity and have an alternate belief system to their parents experienced guilt and shame. Both Ruby and Tia expressed discomfort at having different views from their fathers, and both participants appeared to be struggling with this in early adulthood. Even though they are third generation survivors, this is consistent with studies of second generation survivors who have been found to develop "separation guilt" when attempting to differentiate themselves from their parents (Rowland-Klein & Dunlop, 1997).

It has been suggested that holocaust survivors have been found to be over involved in their children's lives due to the feeling that their children compensate for all their traumatic loss (Wardi,1992). This study suggests that this enmeshment appears to be present between the second generation parents and their children (third generation survivors) as well. It is important to note that whilst most psychological theory views enmeshment as a negative process; participant's within this study viewed their parents' behaviour as evidence of love for them. This may explain why these families continue to function without evidence of overt pathology.

5.1.2 Orientation to fear, with a heightened sense of threat in Britain

Studies have concluded that both holocaust survivors and their children developed fears and anxieties about future calamities (Danieli, 1985). Parents would worry about survival and it has been argued that these fears are passed down through generations.

As far as the researcher is aware, this is the first study exploring grandchildren of holocaust survivors in Britain. Therefore, although other studies may highlight a tendency for this population, in other countries, to feel fearful, this study is unique in taking into account the current political climate in Britain. All participants in this study appeared to be ready to act on a potential threat to their survival. This is consistent with studies suggesting that intergenerational transmission of trauma includes a sensitivity and intensified unease, to conceivable threats of destruction (Sharf & Maysesless ,2011, Hoffman & Shrira, 2015).

Participants in this study displayed a sense of anxiety and awareness of threat, with an orientation to fear, which corresponds to Israeli studies highlighting an increased level of anxiety to ISIS in grandchildren of survivors (Hoffman & Shira, 2015). It can be argued that political conditions in Britain vary considerably from the political climate in Israel. In Israel, the holocaust is part of a national trauma (Elon, 1981) and all children learn about the holocaust as part of their emerging identity. These findings that, in Britain, the grandchildren of third generation survivors, also show this heightened awareness of fear, suggest that this may be part of a transgenerational transmission of trauma, rather than a cultural development.

It is suggested that, in line with theories of trauma, there is a heightened level of anxiety when future trauma represents a recollection of previous trauma. (Hoffman & Shira, 2015). In this instance, the future trauma represents the grandparents' past trauma, increasing levels of fear and anxiety. However, the majority of participants within this study had only one grandparent survivor, which is inconsistent with Hoffman & Shira's (2015) conclusion, that it was grandchildren who had four grandparent survivors and had experienced their own level of trauma, whom displayed high levels of anxiety.

Clinical studies of second generation survivors have found that participants have a mistrust of the world (Danieli, 1981), but this study highlights this relevance to a non-clinical population. A study in Brazil found that second generation survivors had a terrifying world view, with a tendency to anticipate disaster (Braga et al, 2012). Danieli (2005) implied that survivor parents attempt to teach their children survival skills, which unintentionally transmits traumatic experiences. It can be suggested in this study that potentially, these survival skills have been passed down to the third generation. This makes participants highly

aware of the dangers in Britain and of the fear of history repeating itself, a phrase that many participants used directly. This has important implications for clinical work, where these grandchildren might need to be made aware that their understanding of a potential, underlying threat and fear of the world, might be based, to some extent, on their familial history.

It is important to note that at the time of research, the press and media were reporting an increase in anti-Semitism around the county, which may have had an effect on the participants' narrative at the particular time of interview. As such, further research is needed to understand whether this heightened sense of threat applies directly to grandchildren of holocaust survivors in Britain or whether this finding may apply to the entire British Jewish community

5.1.3 Strong collective identity to other third generation survivors

The participants' accounts helped to illustrate the salience of having a collective identity to other third generation survivors. Survivors of trauma have been shown to have a desire to connect to others to help develop their sense of self-worth (Herman, 1992). This theory can be applied to the descendants of survivors in this study. This identification with having grandparents that survived this trauma can be seen to underlie the way that they define their existence and self- identity, as highlighted by Ruby within the interviews. In-line with social identity theory, it can be suggested that being a third generation of holocaust survivors provides a sense of belonging, with self- identification connected with membership of this group (Ross, 2001).

Many participants discussed feeling 'different' from others, including other Jewish people of the same age. This corresponds with research in Australia, suggesting that this third generation identity, provides a framework in which to position themselves within society (Cohn & Morrison, 2017). As similar findings have now been identified both in Australia and this study in Britain, it supports the argument that this collective identity is not due to Israeli culture, with a constant reminder of the holocaust, but is internalised by individuals, based on their own experiences.

Shirley and Lara discussed having had positive experiences in meeting up with other third generation survivors. They demonstrated a sense of pride and strength by reframing the purpose of group events from a more depressing purpose to one of celebrating life. This perhaps highlights a shift in the way that grandchildren of survivors perceive their role in the group compared to that of the previous generations. This correlates with studies highlighting that collective memory of trauma, in that participants did not personally witness the trauma,

allows for a different construction from generation to generation (Hirschberger, 2018). The positive outlook and pride displayed, may corroborate with theories highlighting positive adaptions within transgenerational trauma (Braga et al, 2012). Participants in this study appeared proud of this group membership. They did not meet with other third generation survivors in order to discuss history and trauma, but the connection of their past inspired them to continue meeting to triumph, rather than as a group of victims.

Tia experienced a longing to belong to a group of third generation survivors but discovered that she was not permitted membership because of diversity in her grandparent's experience. It would be interesting to explore whether this is a common theme among grandchildren of survivors. As a therapist, therefore, it would be important to explore a client's feelings about being part of a collective group and whether this was comforting or as in Tia's case, even more isolating. A further clinical implication would be in terms of group therapies for this client population. In Israel and America, there are numerous support groups for grandchildren of survivors; however, these appear limited in Britain at present.

5.2 Salience of family influences within life

Participants expressed the vital role that their families played in their lives. Studies have highlighted variability in interpersonal relationships within holocaust survivor families, dependent on types of parental communication (Dekel & Goldblatt, 2008). Participants in this study highlighted varying degrees of knowledge about their grandparents' experiences and different ways that they had received this information showing that these participants' feelings of family loyalty did not depend on whether the holocaust was spoken about a great deal in their families, or not really talked about. Shirley had never met her grandfather but constantly reiterated the importance of family because of his experiences. This correlates with Danieli's (1988) research, stating that regardless of communication style, effects of transgenerational trauma will still be transmitted to future generations.

5.2.1 Importance of prioritising family relationships: "Family comes first"

Previous research looking at familial relationships between survivors and the second generation have highlighted the association between the survivor's trauma and the relationships within familial systems. (Bar-On, 1995, Danieli, 1981). This study enhances this research as it positions the importance of family for the third generation as well. Participants emphasised that they believed that their close family ties were directly related to their grandparents' experiences in the holocaust. Survivors appeared to have felt that, through their trauma, family unity had emerged as one of the most important lessons (Bar-on, 1995). Therefore, this study, in line with previous research of the second generation,

suggests that, due to the third generation's familiarity and knowledge of family loss during the holocaust, they appreciate and preserve the importance of close relationships within the family. This study appears to be the first in highlighting not only the importance of family but the necessity to choose family over friendships. In this study, Eve, Shirley and Lara spoke about their close familial relationships, comparing them to friendships. At no point were they asked which is more important, yet all three volunteered their beliefs of having to put family before friendships. An unconscious process instilling the importance of family may have been passed through the generations, perhaps in compensation of the family that their grandparents lost. Bar-on & Chaitin (2001) argue that many holocaust survivors transmit the message that their survival was partially due to family ties and the strength of family. This perhaps provides an explanation of the importance of continuing these familial ties for the grandchildren.

Studies have suggested there was evidence of the transmission of mistrusting external surroundings to explain the closeness between family members (Chaitin, 2000). Although this study echoes the findings of family closeness, there was no evidence that this was because only family could be trusted. This study highlights, an underlying thought process, of participants, that perhaps one day they may have to choose who is more important to them. Their family values, embedded within them, emphasised always choosing to protect and look after family, above others. Interestingly, within this context, participants mentioned their parents, siblings and children but most failed to mention their partner. It would be interesting to research how interpersonal relationships between couples are affected by these survivor family scripts.

5.2.2 Idolise grandparent survivor

Several researchers have emphasised the importance of family relationships in understanding and conceptualising intergenerational transmission (Bar-On & Chaitin,2001, Kellerman, 2009). The idolising of survivors of trauma is well documented (Jacobs, 2016); however, very few studies have highlighted specific factors salient to the grandchild-grandparent relationship. All participants in this study appeared to view their grandparents as heroes rather than victims, and it can be suggested that idolising a survivor grandparent may have profound effects on grandchildren and their outlook of life. The values, therefore, of third generation survivors differ significantly from studies of other generations (Kahane-Nissenbaum, 2011). This idolisation was present, despite the fact that Shirley had never met her grandfather, Tia and Eve still regularly saw their grandparent, Dave occasionally saw his grandmother, and Lara's and Ruby's grandparent had previously died.

Previous research has shown that it is more likely for survivors to discuss and talk about their experiences with grandchildren than their own children (Bar-On, 1995, Sagi- Schwartz et al, 2008). This suggests that this openness enables grandchildren to learn about their family history. This finding is not replicated in this study; however, as none of the participants communicated directly with their grandparent about their trauma. Therefore, perhaps these grandchildren have added their own details and perceptions to their grandparents' experiences, affecting the way they have made sense of the holocaust. Wiseman &Brarber (2008) argue that it is the untold story of the holocaust that is passed on through generations, generating fantasies in offspring that may not be based on fact.

Children of holocaust survivors have been found to idealize their parents (Bar-On & Chaitin, 2001). This study echoes this finding for grandchildren of survivors. It is suggested that idealization acts as a defence mechanism in that it endeavours to inhibit negative emotions from developing. This can be seen in this study, as participants all found it very difficult to criticise or have any negative thoughts regarding their survivor grandparents. Dave occasionally criticised his grandmother; however, always then justified her behaviour by suggesting that it was a consequence of her experiences. Any criticism made by participants of their grandparents, can be seen to lead to feelings of guilt and shame. Bar-on & Chaitin (2001) argued that by idealizing parents, it allowed the second generation of survivors to carry less blame for their parent's own shortcomings. Perhaps this is similar in third generation survivors in thoughts and feelings towards their grandparents. Split perceptions may form for those with grandparents still alive and ageing as there can be contradictions between viewing them as omnipotent heroes and as helpless elderly victims (Kellerman, 2009). It is important for clinicians to be aware of this by questioning family attachments to grandparents and being aware of feelings of shame and guilt due to idealisation of the survivor grandparent.

5.2.3 Protectiveness towards second generation parent

Research on second generation survivors has found that children of survivors often presented with insecure-ambivalent attachments, leaving them continuously attempting to please their parents and protect them (Barocas & Barocas, 1979, Bar-on & Chaitin, 2001). It was suggested from clinical data that these children felt responsible for compensating for their parents' feelings of loss, alongside their own developmental needs. It is argued that this attachment may not necessarily stop the children from becoming adaptive adults, but may affect the way they then parent the next generation.

This study supports these findings, as a common theme found was participants' desire to protect their second generation survivor parent. Similar to studies of the second generation,

participants appeared to feel so sensitive to their parents' experience of being a child of a survivor, that it generated guilt that drove them to want to protect their parent (Wiseman & Barber, 2008). Ruby and Lara stated that they felt that it was their responsibility to protect their fathers as they both felt an awareness of vulnerability in them, because of their fathers' experiences growing up. All the participants in this study appeared to feel the need to protect their parents in some way, whether it be by feeling guilt at discussing their anger, justifying their parents' actions at all times or the desire to portray their parent to the researcher in a positive manner. Perhaps seeing their parents' emotional fragility and vulnerability has caused the participants to avoid feeling any kind of anger towards them as this may stimulate feelings of guilt (Wardi, 1992). This may involve repressing their own emotional needs in order to protect their parents from additional suffering, and is important for clinicians to be aware of when working with families with a background of trauma.

This finding supports Scharf & Maysesless's, (2012) study that Israeli grandchildren of holocaust survivors felt driven to protect and care for their parents. It is interesting that this finding has now been replicated in British families as well. Previous research of children coerced into a role of assuming responsibility for caring for a parent and role reversal has suggested that as long as responsibilities do not surpass the child's ability, there are no negative outcomes for the child's development. However, children's' development may be hindered if there is an excessive amount of responsibility placed on them (Mayseless & Scharf, 2009). This study supports findings by Scharf & Maysesless (2011) that the third generation may show a lower intensity of these effects, as participants in this study did not appear to show negative outcomes in their development at this point in time.

5.3 Internal conflict over sense of purpose: burden vs honour

Participants' accounts fluctuated between viewing their grandparents' trauma as an inflicted inheritance and a privileged legacy for them to continue. It has been suggested that the repercussion of continuing the legacy contributes to resilience patterns amongst descendants of holocaust survivors, as opposed to the emotional difficulties of internalising "a cursed" burden (Braga et al, 2012). Participants appeared to struggle with the dilemma of their sense of purpose. Many stated that they were only alive because of their grandparents' ability to survive the trauma, which creates in them a sense of pride and honour coupled with a responsibility, to continue their grandparents' legacy and the Jewish religion for which many had died in the holocaust. Kellerman (2001) noted that, although descendants of the holocaust may display good psychological functioning under normal circumstances, *this "may be interrupted by periods of anxiety and depression that have a 'holocaust flavour' in*

times of crisis" (Kellerman, 2001, p16). Participants within this study were not 'in crisis', so this claim cannot be corroborated by this research, In future research, it would be interesting to explore how third generation survivors manage stress to explore whether their crisis management strategies are functional, and to investigate the nature of these conscious tactics and unconscious defences.

5.3.1 Discomfort in feeling a duty to understand and make sense of grandparents' experience

The majority of participants in this study had made a conscious effort to find out information about their grandparents' experiences in an attempt to make sense of these experiences. Shirley described visiting holocaust memorial sites, whilst other participants had visited the concentration camps in which their grandparents had suffered. A theme noted through participants' discussions, was that most of them appeared to feel obligated, with a strong sense of responsibility, to learn from the past rather than just choosing to have an interest in the past. This supports Chaitin's (2002) finding that grandchildren of holocaust survivors felt compelled to learn from the holocaust. She explains that as the third generation are the last to speak to survivors in person, they see it as their responsibility to understand their grandparents' experiences.

Lara had spent much of her adult life learning details about her grandfather's experience, travelling around the world and staying up through the night researching papers. There was a real sense that if she did not do this, no one else ever would. As a third generation holocaust survivor, she could not verbalise what motivated her but described a sense of commitment to this cause; an internal conflict between "want" and "duty".

However, this study also found that, although participants appeared to feel a sense of duty to understand their grandparents' experiences, some, like Ruby and Dave, had made a conscious effort not to find out specific details about their grandparents' trauma. This can be seen to indicate a level of discomfort. Ruby felt that by fully understanding exactly what her grandmother went through, she would never have a chance to live a "normal" life.

This study, therefore, reiterates Chaitin's (2003) observations that there are differences in both the meanings that grandchildren of survivors attribute to this trauma and the abilities they have in 'working through' the past. Some participants within this study can be seen to attribute partial relevance to their meaning-making of the holocaust (Bar-on, 1995, Chaitin, 2002). They understand that the holocaust has some application and meaning in their life, but they appear to acknowledge that the past does not explain everything about the present. Others, however, can be seen to exhibit paradoxical relevance (Chaitin, 2003) meaning that

they understand that the holocaust has some relevance, however, seem afraid to confront the past in order to work through this.

5.3.2 Obligation to uphold Jewish values, traditions and legacy for future generations

Participants in this study can be seen to have established their identity within a religious framework, linking holocaust survivors and future Jewish heritage. Several also described the requirement and commitment to keep Jewish festivals and Jewish weekly rituals, in order to maintain the Jewish religion, on behalf of their grandparent survivor. Participants felt that they owed it to the Jewish people who had died and for those who had survived the trauma. This mirrors findings from second generation survivors that it can be both an obligation and a privilege to reconstruct a destroyed family and preserve the Jewish religion (Wardi, 1992). Research has labelled the second generation of holocaust survivors as 'living memorial candles' (Wardi, 1992). This study contributes to existing research by suggesting that the third generation also feels this sense of responsibility like their parents before them to connect the past, present and future. There appears to be a pressure felt that the six million Jews did not die in vain, and Tia described this as a process of not allowing the Nazi's to win.

Participants alluded to the importance within their family of marrying someone Jewish in order to have Jewish children, to continue their Jewish identity. It may be possible that this responsibility is being carried out because of an unconscious expectation passed on by their grandparents and parents (Rowland-Klein, 1998). It appears that the holocaust experience is passed through the generations indirectly, to ensure that the Jewish religion flourishes and that generations remember and keep alive an ideology that represents all the victims.

Kahune- Nissenbaum (2011) suggests that it is a combination of expectation, responsibility and a sense of wanting to belong that keeps third generation survivors committed to maintaining Jewish values. Dave was the only participant who did not feel an obligation to marry someone Jewish, but, interestingly, immediately followed this statement by stating that his grandmother would not mind. This reinforces that familial expectation plays a vital role in creating his sense of responsibility.

This study has looked at a non-clinical sample and participants have all appeared to live their lives mostly within their families' expectations. Two participants described the conflict they felt in naming a child after their grandparent. They both struggled with the expectation to do this and felt guilty for not continuing the family name. This is significant for clinicians working with third generation holocaust survivors who have not adhered to the expectations within their families.

5.3.3 Feelings of guilt in complaining about their own lives as comparisons made to grandparents' experiences

Participants expressed a process of internal complexity, in evaluating their problems through comparison with those of their grandparents. Studies of second generation survivors have identified the transmission of 'survivors guilt' as an emotional response to the interpersonal relationship with their parents (Niederland, 1968; Rowland Klein & Dunlop, 1998;). However, this study supports the theory of "guilt by comparison," identified by Kahune-Nissenbaum (2011) in a study of American grandchildren of holocaust survivors. Participants in this current study felt that it was inappropriate to complain and moan about their own problems as they instantly compared these to the trauma that their grandparents had lived through. Any personal tragedy of their own is overshadowed by the tragedy that they have heard about from the holocaust. This leads to feelings of guilt when complaining.

Although participants stated that their grandparents' experiences were not necessarily present in their thoughts on a daily basis, it is interesting that in times of distress and even when they felt like complaining, their grandparents trauma was drawn upon. However, the repercussion of this can be viewed as leading to feelings of inadequacy within themselves. Undervaluing their own emotions, may, at times, trigger shame and low self-worth, which has been noted in studies of transgenerational trauma (Kellerman, 2013). This has important implications for therapists working with this population. By understanding the transgenerational trauma within the familial system, insight can be drawn to perhaps explain a client's feelings of defectiveness. It would be interesting to build on this finding by attempting to understand how a deep sense of inadequacy may arise in grandchildren of holocaust survivors, as a result of continuously falling short, when comparing their own difficulties, with those of their grandparents, whose traumatic experience is incomparable.

In contrast with feelings of guilt when comparisons are made with their grandparents, Lara, Tia and Shirley felt that they used the comparison in a positive way in an attempt to be compassionate and kind to others. Many of the participants described being involved in charitable work and that they felt a need to teach their children to be kind to others. This supports findings by some researchers who believe that the holocaust has positively influenced personal lives of descendants, by increasing their compassion for human distress and making their existence more meaningful (Kellerman, 2001).

5.4 Clinical Implications

This study has offered some important insights, into the significance of having a grandparent experience the trauma of the holocaust. It is suggested that Counselling Psychologists spend time understanding and exploring familial relationships within this context when working therapeutically with this client population. Clinicians need to have a clear understanding of the family structures, relationships and ties that exist due to the holocaust, in order to provide appropriate treatment formulations and plans. Psychodynamic interventions are well-suited alongside person-centred practice.

Counselling psychologists need to be mindful of enmeshment between third generation survivors and their parents. This may provide potential explanations for clients presenting with difficulties developing an independent sense of self. Perhaps family therapy could be employed when enmeshed relationships are found, while work centred around individuation may be helpful to attempt to help clients 'separate' from their parents (Kellerman, 2009). Clinicians also need to be aware that third generation survivors may find it difficult to express anger and frustration with survivor parents and grandparents, possibly because this may elicit underlying feelings of guilt and shame.

It is imperative, therefore, for clinicians to have an understanding of the sense of burden and tension that this generation may feel due to their unconscious processes. Grandchildren of survivors who have not adhered to the expectations within their families may have difficulties with inner conflicts and present in therapy, with anxiety and depression with underlying guilt and shame about their divergent choices in life. (Jacobs, 2016; Kellerman, 2013; Wardi, 1992). They feel conflicted with an internal struggle, as to whether being a third generation survivor is an honour or a burden. Therapeutic interventions would encourage an open dialogue to allow expressions of anger, anxiety and guilt to aim to help these clients gain an awareness of these unconscious tensions followed by an ongoing process, enabling 'working through' some of their internal conflicts (Kellerman, 2009).

5.5 Proposals for Future Research

The findings from this study suggest various implications for further research. The research on the third generation of holocaust survivors is sparse, in particular on British grandchildren of survivors. This study focuses on the non-clinical population and future research may seek to explore experiences of a clinical population in Britain, to perhaps replicate or contradict findings in this study. Quantitative studies would also be helpful to facilitate generalising results to larger populations. These studies could compare if there is an effect concerning which parent is the second generation survivor; mother or father and see if this makes a

difference. This will help contribute to therapeutic processes and formulations when working with families and descendants of the holocaust.

The themes highlighted in this study may cause an underlying vulnerability and less useful coping strategies within grandchildren of holocaust survivors during difficult times within their life. Further studies of this population will lead to further insight into coping strategies and effects of transgenerational trauma in times of crisis.

This study found that participants idealized their grandparent survivor, with a suggestion that there is an expectation within society for everyone to idealize a survivor of trauma, and excuse their negative behaviours. Future research could expand on this research by focusing on interpersonal relationships within families with trauma survivors and how this may affect individuals within the familial system.

An interesting finding was that there was a sense of honour and burden found within participants. It may be interesting for future research to explore this internal conflict to understand whether intergenerational trauma becomes less, the further removed from the survivor (Chaitin, 2002) in Britain. This would need to be done by focusing on different generations within the same British families. Participants in this study displayed some positive personal qualities such as strength and defiance that could be attributed to their grandparents' experiences as well as some difficulties. The idea that there has been a paradigm shift in viewing intergenerational trauma more positively in grandchildren of survivors can be explored in future research too.

This research has focused particularly on third generation holocaust survivors that live in Britain. It is important to highlight that the holocaust has unique characteristics that distinguish it from other types of group trauma. The holocaust involved an entire group of people singled out by a state for complete annihilation. Therefore, survivors did not survive by surrendering, or fighting back; they survived by escaping capture or by surviving in concentration camps long enough to be released. Trauma transmitted through the generations of holocaust survivors may, therefore, be very different from transgenerational trauma seen in grandchildren of war victims or grandchildren of refugees.

This study could inform therapeutic practise with British grandchildren of survivors of other mass genocides and organised ethnic cleansing, which may have some similarities to the holocaust. For instance, Counselling Psychologists working with grandchildren of survivors of the genocides that have taken place in Cambodia and Rwanda may find that their clients face similar internal struggles and challenges as third generation holocaust survivors. This awareness may assist therapists when thinking about the modality and length of therapy

offered to individuals. It may also help provide a more thoughtful, appropriate formulation for clients.

This study involved a sample of Jewish grandchildren all living in or around London. This means that they were surrounded by Jewish people in their daily life. Research could be replicated focusing on Jewish grandchildren of holocaust survivors from different areas around the United Kingdom, who are not so affiliated with a Jewish community. This would be useful as a way of understanding and exploring how much effect the Jewish community and holocaust education as a whole has had on these participants.

5.6 Strengths and limitations

This section will evaluate strengths and limitations of this research study. IPA can be perceived as a methodological strength. In- line with qualitative analysis, a coherent, and in-depth analysis allowed for a detailed exploration into participants experiences of being third generation holocaust survivors. This contributes to understanding individual and familial experiences of being a grandchild of a holocaust survivor for this specific group. Qualitative research is subjective and it is important for this study to be viewed within this context. I am aware that my interpretations and findings will unintentionally have been influenced by my own beliefs, values and expectations. The underlying principles of Counselling Psychology are closely aligned with qualitative approaches with an emphasis on subjective experience and a relational view of humans.

One of the strengths of this study is that it provides an insight into the experience of being a third generation holocaust survivor, which is a population with very limited research, particularly in Britain. It has provided an understanding of the intergenerational transmission of trauma in a relatively tranquil country, in contrast to most other research undertaken in Israel. This study provides an understanding of the importance that the holocaust has had for grandchildren of survivors. It appears to be at the core of their identity, highlighting the salience of their family and an internal conflict over their sense of purpose in the world. This research can be seen to contribute to studies acknowledging the importance of clinicians being aware of multi-cultural factors and considerations of both historical and current trauma whist working with clients (Danieli, 2007). As clinicians in Britain, Counselling Psychologists work with many diverse ethnic groups and findings from this research can develop awareness, so minority groups can be offered more culturally sensitive treatment interventions. This research supports the requirement for counselling psychologists to be aware of the value of maintaining cultural considerations at the forefront of their minds when experiencing clients who may have effects of transgenerational trauma, even when presenting with other difficulties in therapy.

Although this study extensively explored the experience of a group of third generation holocaust survivors, it is important to note its limitations. Firstly, is that individual characteristics of third generation holocaust survivors can vary greatly in relation to community, how religious they are, which parent and grandparent experienced the holocaust and family unity. This suggests that findings from this study should be judiciously contemplated before any more generalised conclusions can be made. It is important to note that out of the six participants, five were female, which may have affected the findings. Perhaps male participants would have had very different experiences growing up as a third generation holocaust survivor, highlighting greater variability between participants' experiences. This was not a conscious choice in participants, but rather reflects the gender of participants willing to take part in the study and meeting the inclusion/exclusion criteria. A further potential limitation was that the majority of participants were recruited from adverts within online third generation holocaust survivor groups. These participants, therefore, may feel more of a connection to this identity than others, not involved in these forums.

Another limitation was around my own prior knowledge, values and bias. As a third generation holocaust survivor, I was very mindful that my bias may affect my interview process, analysis and development of themes. During the interviews, I was aware that if participants spoke about issues that I felt in my own family, my natural instinct and curiosity was to ask further questions. I endeavoured to notice these points in the interview and bracket my curiosity, taking particular care when responding to questions at these times. As my data came from open interviews, it was subject to a variety of interpretations. Themes were verified with my supervisor and double checked and verified by repeatedly looking back over transcripts. They were then verified again by checking the accuracy of themes with three participants from the study.

It is also important to be aware that I was a stranger to these participants and asking personal questions about their families. As a therapist, I am conscious that it takes many weeks to build up a relationship with clients encouraging honesty and reflectiveness. This may have affected the way that participants responded within their interviews. Perhaps they may have felt more comfortable criticising parents and grandparents if they knew and trusted me already. Smith & Osborn (2008) highlight the importance of researchers noticing what is omitted from interviews as participants in studies may grapple with discussing emotions and thoughts.

5.7 Final Reflexivity

As I approach the end of this study, I feel that I have developed both professionally and personally through this research process. Willig (2001) describes personal reflexivity as

reflecting upon the way that the researcher has shaped the research but also the way that the research has affected and changed the researcher. I am aware that at all points during this research my beliefs, experiences and assumptions will have impacted the study, but I am also mindful of the impact my research has had on me and my own personal development.

Finlay (2008) argues that it is important to be aware of the researcher/participant dynamic throughout the interviews. I was aware that the participants did not know my familial background; however they would have recognised me as a Jewish woman because of the online group they were recruited from. As an 'insider researcher' (Kanuha, 2000) I did not know how this would affect the study but attempted to be warm, empathetic and open with all participants through the interview process (Finlay, 2008). I am, however, aware that this knowledge may have impacted the interview process by either allowing participants to feel a sense of connection and ease to talk freely about their Judaism, or conversely feeling obliged to speak positively about being Jewish even if that is not what they truly felt.

There was also an assumption made that I would understand what the participants were talking about when they spoke about Jewish culture and customs. I was aware of my own feelings and responses to participants during the interview process and when they stated an opinion that was in keeping or opposing with my own beliefs and experiences, I consciously ensured that my body language and responses were as neutral as possible. I also gave myself time to give consideration to the next question that I asked. However, it is likely that my verbal and nonverbal cues would have an influence on the answers given.

My identification as a third generation holocaust survivor will have influenced my analysis of the data. It was important for me to pay particular attention to my own consciousness and I found myself during analysis being pulled towards themes that echoed my own experiences. I became aware through supervision, peer discussion and my reflective diary that I needed to maintain a more impartial stance. I, therefore, constantly made an attempt to ensure that the themes that were found reflected each participant's interview by reading and re-reading transcripts and then checking themes with some participants. I also verified the themes with my research supervisor to attempt to reduce my biases.

During this research, I noticed feeling uncomfortable at times, particularly at more negative findings which were unexpected at the beginning of the study. I have found the entire process difficult at times, yet also fascinating and motivating, in the fact that this study, gives third generation holocaust survivors in Britain a way to be noticed. I am using my own personal therapy to explore my own interpretation and meaning of being a third generation holocaust survivor. As a Counselling Psychologist, this research has provided me with an insight into the importance of taking into account a client's historical background and how

trauma experienced by a grandparent in the past, could have a profound effect on a clients' presenting difficulties.

5.8 Summary of key findings

Participants in this study presented with an orientation to fear, with a heightened sense of threat in Britain today. Britain has a very different political climate to Israel and children do not learn about the holocaust as part of their developing identity. There is also less holocaust awareness within society than in other countries that research has previously been done. This would, therefore, suggest that the fear highlighted by participants within this study, may be a direct consequence of transgenerational transmission of trauma through the family. Counselling psychologists working with this population may need to help grandchildren of survivors understand that some of their underlying fears about the world may be connected to their grandparents' past experiences.

This study has enhanced previous research highlighting the importance of family for third generation holocaust survivors. However, this study is unique in that it emphasises the significance for participants to prioritise familial relationships over all other relationships. It is suggested that there may an underlying thought process in which people are categorised in order of importance. Participants spoke of their need to protect and look after their parents and children but appeared to overlook their partners within this context. This could have important implications within interpersonal relationships involving third generation holocaust survivors. Clinicians working with this population need to be mindful of potential relationship difficulties between couples where one partner may have a grandparent that survived the holocaust. Clinicians may, therefore, need to modify formulations and interventions accordingly for this client population. Helping clients explore and understand how their family background affects their current relationships may facilitate positive changes between couples.

Previous research has attempted to explain the transgenerational transmission of trauma to the third generation of holocaust survivor, by suggesting that grandparents' have directly communicated with their grandchildren. It was proposed that holocaust survivors felt more comfortable and open, sharing their experiences with their grandchildren as opposed to their own children. This study, however, found that none of the participants had spoken directly to their grandparents about the holocaust. They had either researched experiences on their own or had been to listen to their grandparents give a public speech about the holocaust. They all felt unable to have a direct one to one conversation with their grandparents about their experiences and therefore constructed their own meanings, idolising their grandparents and viewing them as heroes rather than victims. Clinicians should have an awareness that feeling

negative towards an idolised grandparent may elicit feelings of guilt and shame in this client group. Clinicians' can, therefore, work to provide third generation survivors with strategies to be able to express anger and negative emotions that they may feel towards their grandparents in a healthy way.

5.9 Conclusion

The aim of this study was to explore how third generation holocaust survivors, make sense, of their own identity and how they experience the relationships with their parents and grandparents, within the context of the holocaust. Research on this population is scarce, despite a high percentage of this population presenting for therapy. The justification for this study was to enable health professionals working with grandchildren of holocaust survivors to have a clearer understanding of the experiences and emotions that this client base may have due to their familial background. Themes presented within this study support many findings of third generation survivors in other countries around the world. This suggests that transgenerational effects can be present, even without a societal pressure to remember the holocaust. Participants in this study have shown an active desire to understand, make sense and connect with their grandparents' experiences, highlighting that they feel a core fundamental identity with the holocaust in Britain today.

It is hoped that the findings would influence interventions used by clinicians working with this client population. An awareness that third generation holocaust survivors may experience internal conflicts and enmeshed familial relationships may alter the course of therapy, and provide more meaningful formulations for individual clients. This may also help clinicians to understand the needs of the grandchildren of holocaust survivors in terms of support groups, as they become older and have to manage the loss of parents and grandparents within the link and chain of their familial past. It is also hoped that findings highlight the importance of cross-cultural training for Counselling Psychologists in developing interventions that may specifically address transgenerational trauma. These findings may also prove useful as psychoeducation for clients presenting with effects of transgenerational trauma. Helping them understand their processes and normalising their internal conflicts may improve difficulties.

The findings in this study suggest that this client group may experience a conflict between feeling burdened and honoured by their grandparents past. This suggests an underlying vulnerability which supports previous findings that descendants of survivors may demonstrate excellent emotional and social functioning on a day to day basis. However, in times of crisis, they may be more susceptible to psychological distress. Further research is proposed into this and into exploring more about the experiences of both clinical and non-

clinical third generation holocaust survivors in Britain. This would aim, to help clinicians, develop a clearer awareness when working with individuals whose grandparents' experienced severe trauma.

References

American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed) Washington, D.C. American Psychiatric Publishing.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) Washington, D.C. American Psychiatric Publishing.

Ancharoff, M. R., Munroe, J. F., & Fisher, L. (1998). The legacy of combat trauma: Clinical implications of intergenerational transmission. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 257–279). New York: Plenum.

Arrendondo, P. (1998). Multicultural counselling competencies and universal helping conditions in culture-specific contexts. *The counselling Psychologist*, 26, 592-601. doi:10.1177/0011000098264003

Atkinson, J., Nelson J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing In N. Pudie, P. Dudgeon, & R. Walker (Eds) *Working together: Aboriginal and Torres Strait Islander mental health and well-being principles and practice,* Australian Institute of Health and Welfare, Canberra pp135-144.

Auerhahn, N. C., & Laub, D. (1998). Intergenerational memory of the Holocaust. In Y. Danieli, (Ed) *International Handbook of Multigenerational Legacies of Trauma* (pp. 21-41), Plenum.

Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, New Jersey: Prentice-Hall.

Barel, E., Van IJzendoorn, M. H., Sagi-Schwartz, A., & Bakermans-Kranenburg, M. J. (2010). Surviving the Holocaust: A meta-analysis of the long-term sequelae of genocide. *Psychological Bulletin*, 136, 677–698.

Baracos, H., & Baracos, C. (1973). Manifestations of concentration camp effects on the second generations. *American Journal of Psychiatry*, *130*(7), 820-821.

Baracos, H., & Baracos, C. (1980). Separation-individuation conflicts in children of Holocaust Survivors. *Journal of Contemporary Psychotherapy,* 11, 6-14.

Barak, Y., & Szor, H. (2000). Lifelong posttraumatic stress disorder: evidence from aging Holocaust survivors. *Dialogues in Clinical Neuroscience,* 2(1), 57-62.

Barel, E., Van Ijzendoorn, M.H., Sagi-Schwartz, A., & Bakermans- Kranenburg, M.J. (2010). Surviving the holocaust: A meta- analysis of the long term sequelae of a genocide. *Psychological Bulletin.* 136,677-698.

Bar-On, D. (1995). *Fear and hope: Three generations of the Holocaust*. Cambridge: Harvard University Press.

Bar-On, D., & Chaitin, J. (2001). *Parenthood and the holocaust.* Yad Vashem, Jerusalem.

Bar-On, D., Kleber, R.J., Krell, R., Moore, Y., Sagi, A., Soriano, E.,…Van Ijzendoorn, M.H., (1998) Multigenerational Perspectives on coping with the holocaust experience: An attachment perspective for understanding the developmental sequela of trauma across generations. *Intergenerational Journal of Behavioural Development,* 22 (2), 315-338.

Bergmann, MS. (1990). Recurrent problems in the treatment of survivors and their children. in Bermann MS Jucovy ME (Eds). *Generations of the holocaust*. New York: Columbia University Press, (pp 247-266).

Bowers, M.E., & Yehuda, R. (2016). Intergenerational Transmission of Stress *Neuro-psychopharmacology Reviews* 41 232-244

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

Braga, L.L., Mello, M.F., & Fiks, J.P. (2012). Transgenerational transmission of trauma and resilience: a qualitative study with Brazilian offspring of Holocaust survivors. *BMC Psychiatry,* 12(1), 134.

Breakwell, G. M., Hammond, S., Fife-Schaw, C., & Smith J.A. (2006). *Research Methods in Psychology. 3rd Edition.* London, U.K :Sage Publications.

Brewer, M.B., & Gardner, W. (1996). Who is this 'we'? Levels of collective identity and self-representations. *Journal of Personality and Social Psychology* 71(1), 83-93.

British Psychological Society Ethics Committee (2009). *Code of ethics and conduct.* Leicester: BPS retrieved from http://www.bps.org.uk/the-society/code-of-conduct/code-of conduct_home.cfm.

British Psychological Society. (2005*). Division of Counselling Psychology.Professional Practice Guidelines for Counselling Psychologists*, Leicester: The British Psychological Society.

British Psychological Society. (2013). *Division of Counselling Psychology strategy: Towards a culture and diversity strategy within and across ethnic minorities.* Leicester: The British Psychological Society.

Burchert, S., Stammel, N., & Knaevelsrud, C. (2017). Transgenerational trauma in a post conflict setting: Effects on offspring PTSS/PTSD and offspring vulnerability in Cambodian families. *Psychiatry research* 254, 151-157. doi: 10.1016/j.psychres.2017.04.033

Cassel, L., & Suedfield, P. (2006). Salutogenesis and autobiographical disclosure among holocaust survivors. *Journal of Positive Psychology*, 1(4), 212-225. doi: 10.1080/17439760600952919

Chaitin, J. (2000). Facing the Holocaust in generations of families of survivors: The case of Partial relevance and interpersonal values. *Contemporary Family Therapy, 22(3), 289- 313.*

Chaitin, J. (2002). Issues and interpersonal values among three generations in families of Holocaust survivors. *Journal of Social and Personal Relationships, 19*(3) 379 – 402.

Chaitin, J. (2003). Living with the past: Coping and patterns in families of Holocaust survivors. *Family Process, 42*(2), 305–322.

Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis.* London: Sage.

Cohn, I.G., & Morrison, M.V. (2017). Echoes of transgenerational trauma in the lived experiences of Jewish Australian grandchildren of Holocaust survivors. *Australian Journal of Psychology.* 70(3) doi: 10.111/ajpy.12194

Cooper,M. (2008). *Essential Research findings in Counselling and Psychotherapy: The Facts are Friendly*. London: Sage.

Danieli, Y. (1980). Countertransference in the treatment and study of Nazi Holocaust survivors and their children. *Victimology: An International Journal,* 5 (2-4). 335-367.

Danieli, Y. (1981). The group Project for holocaust survivors and their children. *Children Today,* 10(5). 11, 33.

Danieli, Y. (1984). Psychotherapist's participation in the conspiracy of silence about the Holocaust. *Psychoanalytic Psychology, 1,* 23–42.

Danieli, Y. (1985). The treatment and prevention of long-term effects and intergenerational transmission of victimization: A lesson from Holocaust survivors and their children. In C. R. Figley (Ed.), *Trauma and its wake up* (pp.295-313). New York: Brunner.

Danieli, Y. (1988). The heterogeneity of post-war adaption in families of Holocaust survivors. In R.L. Braham (Ed), *The Psychological Perspectives of the Holocaust and of its aftermath* (pp. 109-128). New York: Columbia University Press.

Danieli, Y. (2007). Assessing trauma across cultures from a multi generational perspective. In J.P Wilson & C.S.K Tang (Eds). *International and cultural psychology. Cross-cultural assessment of psychological trauma and PTSD* (pp. 65-89). New York, Springer Science.

Danieli, Y., Norris, F.H., Lindert, J., Paisner, V., Kronenberg, S., Engdahl, B. & Richter, J. (2015). The Danieli Inventory of Multigenerational Legacies of Trauma, Part 1: Survivors' post-trauma adaptional styles in their children's eyes. *Journal of Psychiatric Research* 68, 167-175.

Daud, A., Skoglund, E., & Rydelius, P.A. (2005). Children in families of torture victims: Transgenerational transmission of parents' traumatic experiences to their children. *International Journal of Social Welfare,* 14(1),23-32.

Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. *American Journal of Orthopsychiatry, 78,* 281–289. doi: 10.1037/a0013955

Duran, E., & Duran, B. (1995). *Native American post-colonial psychology,* Albany: State University of New York Press.

Eatough, V. & Smith, J.A. (2008)~. Interpretative phenomenological analysis. In C. Willig & W. Stainton Rogers (Eds). *Handbook of qualitative psychology.* (pp.179-194). London: Sage.

Elon, A. (1981). *The Israelis: founders and sons.* Tel Aviv, Israel: Adam Publishers.

Eleftheriadou ,Z. (2012). Cross-cultural Counselling Psychology In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of Counselling Psychology* (pp.195-212). London, England: Sage.

Etherington, K. (2004). *Becoming a Reflexive Researcher Using ourselves in Research.* London: Jessica Kingsley.

Felson, I., & Erlich, S. (1990). Identification Patterns of offspring of Holocaust Survivors with their parents. *American Journal of Orthopsychiatry,* 60,506-520.

Felson, I. (1998). Transgenerational transmission of effects of the Holocaust: The North American research perspective. In Y. Danieli (Ed) *International Handbook of Multigenerational Legacies of Trauma(* pp43-68) .New York & London, Plenum.

Figley, C. R. (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner/Mazel.

Finlay, L. (2002). "Outing" the researcher: The provenance, Principles and Practice of Reflexivity. *Qualitative Health Research* 12(4), 531-45.

Finlay, L. (2008). *Reflecting on 'Reflective practice'*. PBPL paper 52: The Open University.

Fonagy, P (1999). The transgenerational transmission of holocaust trauma. Lessons learned from the analysis of an adolescent with obsessive-compulsive disorder. *Attachment & Human Development,*1:1, 92-114, DOI: 10.1080/14616739900134041

Freyberg, J.T. (1989). The emerging self in the survivor family. In P.Marcus & A. Rosenberg (Eds), *Healing their wounds; Psychotherapy with Holocaust survivors and their families (*pp.85-104). New York: Praeger.

Frosh, S. (2015). Born with a Knfe in their hearts: Transmission, Trauma, Identity and the Social Unconscious. In E. Hopper & H. Weinberg (Eds.) *The social unconscious in persons, groups and societies.* London: Karnac.

Giladi, L., & Bell, T.S.(2013). Protective factors for Intergenerational Transmission of Trauma among second and third generation holocaust survivors. *Psychological Trauma: Theory, Research, Practice and Policy. Advance online publication.* Doi:10.1037/a0028455

Giorgi, A. & Giorgi, B (2003). The descriptive phenomenological psychological method. In P.M. Camic, J.E. Rhodes, & L. Yardley (Eds). *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 243-273). Washington, D.C: American Psychological Association.

Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New York: Aldine de Gruyter .

Guba, E.G., & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K Denzin &Y.S, Lincoln (Eds.), *Handbook of qualitative research (pp105-117).* Thousand Oaks, CA,US: Sage Publications.

Heidegger, M. (1927). *Being and Time.* Oxford: Blackwell.

Heppner, P. P., Kivlinhan, D.M., & Wamplold, B. E. (1992). *Research design in counselling.* C.A: Pacific Grove.

Herman, J. (1992). *Trauma and recovery: The Aftermath of Violence from domestic violence to political terror.* New York: Basic Books.

Husserl, E. (1927). Phenomenology. New complete translation. *Journal of the British Society forPhenomenology*, 2 (2) 77-90. doi: 10.1080/00071773.1971.1006182

Hirschberger, G. (2018). Collective Trauma and the social construction of meaning. *Frontiers in Psychology* 9:1441 doi: 10.3389/fgpsyg.2018.01441

Hodes, M. (2002). Three key issues for young refugees' mental health. *Transcultural Psychiatry,* 39, 196-213.

Hoffman, T., & Shira, A. (2017). Shadows of the past and threats of the future: ISIS Anxiety among grandchildren of holocaust survivors. *Psychiatry Research,* 253, 220-225.

Jacobs, J. (2016). *The holocaust across generations Trauma and its inheritance among descendants of survivors:* New York University Press: New York.

Kahane-Nissenbaum, M.C (2011). Exploring Intergenerational transmission of trauma in third generation holocaust survivors, *Doctorate in Social Work (DSW) Dissertations.* Paper 16.

Kaitz, M., Levy.M., Ebstein, R., Faraone, S.V., & Mankuta, D. (2009). The intergenerational effects of trauma from terror: A real possibility. *Infant Medical health journal,* 30(2), 158-179. doi: 10.1002/imhj.20209

Kanuha, V.K. (2000). "Being" native versus "going" native. Conducting social work research as an insider. *Social Work,* 45 (5), 439-447.

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review.* 27(2),64-73.

Kaslow, F.W.(1995). Descendants of holocaust victims and perpetrators: Legacies and dialogue. *Contemporary Family Therapy,* 17, 275-290.

Kellermann, N. P. F. (1999). Diagnosis of Holocaust survivors and their children. *Israel Journal of Psychiatry,* 36(1),56-65.

Kellermann, N.P.F. (2000) Psychopathology in children of Holocaust survivors: A review of the research literature. *Israel Journal of Psychiatry*, 38(1),36-46.

Kellermann, N. P. F. (2001). Transmission of Holocaust trauma – An integrative view. *Israel Journal of Psychiatry*, 64(3), 256-267.

Kellerman, N.P.F. (2009). *Holocaust Trauma: Psychological Effects and Treatment*. I Universe, Inc. New York: Bloomington,

Kellermann, N. P.F. (2013). Epigenetic transmission of Holocaust Trauma: Can nightmares be inherited? *Israel Journal of Psychiatry & Related Sciences,* 50(1), 33-39.

Larkin, M., & Thompson, A (2011). Interpretative Phenomenological Analysis In D. Harper & A.Thompson (Eds) *Qualitative research methods in mental health and psychotherapy: An introduction for students and practitioners.* Oxford: Wiley

Larkin, M., Watts, S., & Clifton, E.,(2006). Giving Voice and making sense in Interpretative Phenomenological Analysis. *Qualitative Research in Psychology,* 3, 102-120. doi: 10.1191/1478088706qp062oa

Lazar,A., Litvak-Hirsch ,T., & Chaitin, J. (2008). Between culture and family: Jewish-Israeli young adults relation to the Holocaust as a cultural trauma. *Traumatology* 14(4), 93-102.

Lehrner, A., & Yehuda, R. (2018). Trauma across generations and paths to adaptation and resilience. *Psychological Trauma: Theory, Research, Practice, and Policy*, *10*(1), 22-29. doi:10.1037/tra0000302

Leiner, B. (2009). The legacy of war: An intergenerational perspective. *Smith College studies in social work.*79, 375-391 doi: 10.1080/00377310903249884

Lichtman, H. (1984). Parental communication of Holocaust experiences and personality characteristics among second generation survivors. *Journal of Clinical Psychology 40*(4), 914-924.

Lurie-Beck, J. (2007). *The differential impact of Holocaust trauma across three generations*. (Unpublished doctoral thesis). Queensland University of Technology, Australia.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganised attachment status. In M.T. Greenberg, D. Cicchetti & E.M. Cummings (eds.) *Attachment in the pre-school years* (pp.161-181), Chicago: University of Chicago Press.

Marsella, A.J., Friedman, M.J., & Spain, E.H. (1992). A selective review of the literature on ethnocultural aspects of PTSD. *PTSD Research Quarterly* 3(2), 1-7.

Marsella, AJ. (2010). Ethnocultural aspects of PTSD: An overview of concepts, issues and treatments. *Traumatology.*16, 17-26

Matz, D., Vogel, E., Mattar , S. & Montenegro, H. (2015). Interrupting Intergenerational Trauma: Children of Holocaust Survivors and the Third Reich *Journal of Phenomenological Psychology* 46 (2):185-205. doi: 10.1163/15691624-12341295

Mayseless, O., & Scharf, M. (2009). Too close for comfort: Inadequate boundaries with parents and individuation in late adolescent girls. *American Journal of Orthopsychiatry, 79*(2), 191-202 doi: 10.1037/a0015623

Mor, N. (1990). Holocaust memories from the past. *Contemporary Family Therapy*, 12, 371-379. doi: 10.1007/BF00891707

Myhra, L. (2011). "It runs in the family": Intergenerational transmission of Historical trauma among urban American Indians and Alaska Natives in Culturally Specific Sobriety Maintenance Programs. *American Indian and Alaska native mental health research.* 18(2), 17-40.

Nadler, A.,& Ben-Shushan, D.(1989). Forty years later: Long term consequences of massive traumatization as manifested by Holocaust survivors from the city and the kibbutz. *Journal of Consulting and Clinical Psychology* ,57(2),287-293.

Niederland, W. G. (1968). The problem of the survivor: The psychiatric evaluations of emotional problems in survivors of Nazi persecution. In H. Krystal (Ed.), *Massive psychic trauma* (pp. 8–22). New York, NY: International University Press.

Ortega, AN., & Rosenheck, R. (2000). Postraumatic stress disorder among Hispanic Vietnam veterans. *Journal of Psychiatry.* 157(4), 615-9.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.

Perlstein, P., & Motta,RW. (2012). An investigation of Potential Holocaust-related Secondary Trauma in the Third Generation. *Traumatology,* 19(2),95-106.

Rakoff, V., Sigal, J.J., 7 Epstein, N.B. (1966). Children and Families of concentration camp survivors. *Canada's Mental Health, 14,24-26.*

Richardson, J.T.E. (1996). *Handbook of Qualitative Research Methods for Psychology and the Social Sciences.* Leicester. PBS books.

Rieck, M. (1994). The psychological state of Holocaust survivors' offspring: An epidemiological and psycho-diagnostic study. *International Journal of Behavioural Development, 17,* 649–667. doi:10.1177/016502549401700405

Ross, M.H. (2001). Psychological Interpretations and dramas: Identity Dynamics in Ethnic conflict. *Political Psychology* 22,157-17. doi: 10.1111/0162-895.00231

Rowland-Klein, D. and Dunlop, R. (1998) 'The transmission of trauma across generations: identification with parental trauma in children of Holocaust survivors'. *Australian and New Zealand Journal of Psychiatry 32*(3), 358–69.

Rubenstein, I. (1981). Multi-generational occurrence of survivor syndrome symptoms in the families of holocaust survivors. *Dissertation Abstracts International,* 42(10),4209.

Rubenstein, I., Cutter, F., & Templer, D, I. (1990). Multigenerational occurrence of survivor syndrome symptoms in families of holocaust survivors.*Journal of Death and dying* 20(3), 239-244. doi: 10.2190/HX4R-N9QY-49B7-8UEM

Ruglass, L., & Kendall-Tackett, K. (2015). Psychology of Trauma 101. *Journal of Trauma and dissociation* 16(5), 607-609. doi: 10.1080/15299732.2015.1043822

Sager, T.A. (2015) *A comparison study of family relationships in Jewish families involved and uninvolved with the holocaust*. Farleigh Dickinson University: Canada.

Sagi-Schwartz, A., Van Ijzendoorn, M., Bakermans-Kranenburg, M. J., (2008). Does intergenerational transmission of trauma skip a generation? No meta-analytic evidence for tertiary traumatization with third generation of Holocaust survivors. *Attachment & Human Development 10*(2), 105-121. doi:10.1080/14616730802113661

Sangalan, C.C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant and Minority Health,* 19(3), 745-754.

Scharf, M. (2007). Long-term effects of trauma: Psychosocial functioning of the second and third generation of Holocaust survivors. *Development and Psychopathology 19*(2), 603- 622.

Scharf, M., & Mayseless, O. (2011). Disorganising experiences in second and third generation Holocaust survivors. *Qualitative Health Research* 21(11),1539-1553. doi: 10.1177/1049732310393747

Shira, A. (2015). Transmitting the sum of all fears: Iranian nuclear threat salience among offspring of Holocaust survivors. *Psychological Trauma Theory Research Practice and Policy.* 7 (4), 364-371. doi: 10.1037/tra0000029.

Sigal, J.J., Di Nicola., V.F & Buonvino, M. (1988). Grandchildren of survivors: can negative effects of prolonged exposure to excessive stress be observed two generations later, *Canadian Journal of Psychiatry* 33(3), 207-12.

Sloman, A. (1976). What are the aims of Science. *Radical Philosophy, 13,* 7-17.

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

Smith, J.A., & Eatough, V. (2006) Interpretative Phenomenological Analysis In G.M Breakwell, S. Hammond, C. Fife- Schaw, & J.A.Smith (Eds.), *Research Methods in Psychology.* pp322-341. Thousand Oaks, CA, US: Sage Publications Inc.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis Theory, Method and Research. London:Sage.*

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

Sigal, J.J., &Weinfeld, M. 91989). *Trauma and rebirth: intergenerational effects of the Holocaust.* New York: Praeger.

Solkoff, N. (1992). Children of survivors of the Nazi Holocaust: A critical review of the literature. *American Journal of Orthopsychiatry*, 62(3), 342-357.

Solomon, Z., Kotler, M., & Mikulincer, M. (1988). Combat-related posttraumatic stress disorder among second-generation Holocaust survivors: Preliminary findings. *American Journal of Psychiatry, 145*(7), 865 – 868.

Sonnenberg, S. M. (1974). Workshop report: Children of survivors. *Journal of the American Psychoanalytic association,* 22(1), 200-205.

Srour, R.W., & Srour, A. (2005). Communal and familial war-related stress factors: The case of the Palestinian child. *Journal of Loss and Trauma,* 11(4), 289-309.doi: 10.1080/15325020600662757

Sroufe, L.A.(2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human development, 7(4), 349-367.*

Sue, S., Akutsu, P. D., & Higashi, C. (1985). Training issues in conducting therapy with ethnic-minority-group clients. In P. Pedersen (Ed.) *Handbook of cross cultural counselling and therapy*. Westport: Greenwood press.

Sue, D.W, & Sue, D. (2003). *Counselling the culturally different: Theory and Practice.* Hoboken, NJ: John Wiley & Sons.

Trossman, B. (1968). Adolescent children of concentration camp survivors. *Canadian Psychiatric Association Journal,* 13(2), 121-123.

Van IJzendoorn, M. H (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin,* 117(3), 387-403.

Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Sagi-Schwartz, A. (2003). Are children of Holocaust survivors less well-adapted? A meta-analytic investigation of secondary traumatization. *Journal of Traumatic Stress, 16,* 459–469.

Vogel, E.B., Matz, D., Montenegro, H., & Mattar, S. (2015). Interrupting Intergenerational Trauma: Children of Holocaust Survivors and the Third Reich. *Journal of Phenomenological Psychology* 46(2), 185-205.

Wardi, D. (1992). *Memorial Candles: Children of the Holocaust.* London and New York: Routledge.

Wetter, M.G. (1998*). The intergenerational transmission of increased anxiety traits in third generation Holocaust survivors*. (unpublished doctoral dissertation), Pepperdine University, Los Angeles, CA.

Wieselberg, H. (1992), Family therapy and ultra-orthodox Jewish families: a structural approach. *Journal of Family Therapy*, 14: 305–329. doi: 10.1046/j..1992.00462.

Willig, C. (2001). *Qualitative research in psychology: Adventures in theory and Method*. Buckingham: Open University Press.

Willig, C. (2008). *Introducing qualitative research in Psychology*. England: Mcgraw Hill/ Open University Press.

Willig, C. (2012). *Qualitative Interpretation and analysis in Psychology.* Maidenhead: Open University Press.

Wing Sue, D., Sue, D. (2012). *Counselling the culturally diverse: Theory and Practice.* New York, J.Wiley.

Wiseman, H. (2008). On failed inter-subjectivity: Recollections of loneliness experiences in offspring of Holocaust survivors. *American Journal of Orthopsychiatry, 78,* 350-358. doi:10.1037/a0014197

Wiseman, H., & Barber, J. P. (2008). *Echoes of the trauma.* New York: Cambridge University Press.

Wolf, D.L. (2017). *What's in a name? The genealogy of Holocaust Identities.* Department of Sociology, University of California, Davis.

Woolfe,R. (1996). The nature of Counselling Psychology. In R. Woolfe and W. Dryden (eds), *Handbook of Counselling Psychology* .London:Sage.

Woolfe,R., Strawbridge, S., Douglas, B., & Dryden, W. (2010) *Handbook of Counselling Psychology* (3rd ed). London: Sage.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15, 215-22. doi: 10.1080/0887040008400302.

Yehuda, R., Halligan, S. L. and Grossman, R., (2001). Childhood trauma and risk for PTSD: relationship to intergenerational effects of trauma, parental PTSD and cortisol excretion. *Development and Psychopathology*, 13 (3), 733-753.

Yehuda, R., Daskalakis, N.P., Lehrner, A., Desarnaud, F., Bader, H.N., Makotkine, L., Flory, J.D., Bierer, L.M., &Meaney, M.J. (2014). Influences of maternal and paternal PTSD on epigenetic regulation of the glucocorticoid receptor gene in Holocaust survivor offspring. *American Journal of Psychiatry.* 171 (8), 872-880. doi: 10.1176/appi.ajp.2014.13121571

Zohar, A.H., Gilai, L., & Givati, T. (2007*).* Holocaust Exposure and disordered eating: A study of multi-generational transmission. *European Eating Disorders Review* 15, 50–57.

Appendix A

Inclusion and Exclusion Criteria

Inclusion criteria

 All participants will be over 18

 Participants will have had one or more grandparent who spent time in a concentration camp during the holocaust.

 Participants' grandparent/s will have moved to the UK after the war.

Exclusion Criteria

 Participants will be excluded if they have been in any type of therapy over the last 2 years.

 Participants will be excluded if they score over 5 in the PHQ-9 and GAD-7.

Appendix B

Recruitment letter/Email

Dear Volunteer,

I am a trainee Counselling Psychologist at London Metropolitan University and am carrying out a research project investigating intergenerational trauma in the third generation of holocaust survivors.

There appears to be very little research conducted with this group and I hope that this study will increase our understanding of the effects that the holocaust may potentially have on grandchildren of survivors.

For this study I am looking for participants who:

1. Have had one or more grandparent/grandparents living in Nazi Germany who spent some time in a concentration camp.
2. Have Grandparents that moved to the UK after the war.
3. Have not been in any type of therapy for at least 2 years.

I hope that you are interested in participating in this study. This would involve an interview in a place that is local and convenient that would last approximately 1 hour and would be voice recorded. Information from your interview would be transcribed and used for my Doctoral thesis. All information collected throughout the research process will be strictly confidential and names and identifying information will be changed. All recordings will be kept safely.

If you choose to participate in this study you will be asked to sign a consent form. You are free to withdraw this consent for two weeks after the interview and without question. I will provide you with both my details and my supervisors details so that you can withdraw and at which time I will destroy any data and recordings related to your interview.

It is not expected that the interview will evoke any difficult emotions but there will be a debrief at the end of the interview, and you will be given the opportunity to discuss any feelings that may have emerged. You will be given details of sources of support if required.

Thank you so much for your interest and time, it is greatly appreciated. If you have any further questions please contact me either by phone or email. My details are below.

Kind regards,

Antonia Sherman

Counselling Psychologist in Training

London Metropolitan University

Email: antonia123@hotmail.com

Phone: 07989354190

The Research Supervisor's contact details

Dr Catherine Athanasiadou-Lewis

Counselling Psychologist/lecturer

London Metropolitan University

Email: c.athanasiadoulewis@londonmet.ac.uk

Telephone 0207 133 2669

Appendix C

Information sheet for participants

Thank you for considering taking part in this research project. This information sheet provides some details in order to help you understand what the research is about, why it is being carried out and what your participation will involve. This will hopefully enable you can make an informed decision about whether or not you would like to participate. This research is part of the Professional Doctorate in Counselling Psychology at London Metropolitan University and is supervised by Dr Catherine Athanasiadou-Lewis. Please take the time to read the following information and if anything is unclear or you would like further information please do not hesitate in contacting me. Both mine and Dr Athanasiadou-Lewis's contact details are provided below.

The purpose of the research study is to explore the experiences of the third generation of holocaust survivors, therefore focusing on individuals whose grandparents survived concentration camps during the holocaust. I would like to ask you questions about your experiences growing up and relationships within your family. To date, there is very little research in the United Kingdom exploring identity and relationships with the grandchildren of holocaust survivors.

If you choose to take part in this study you will have an opportunity to discuss any questions with the researcher. If you still decide to participate, an interview will be arranged on a date, time and location that is convenient to you. The interview will take approximately one hour and will be audio recorded. The interview is not devised to be challenging in any way and there will be an informal discussion of how you found participating in the interview. The interview will then be written up and data analysed.

You may find it beneficial and insightful reflecting on your experiences during the interview, however you may find discussing some of your experiences difficult and distressing. Every effort will be taken to minimise the risk of distress. If you become upset during the process you are free to ask the interviewer to move on to another question, take a break, or to stop the interview at any time. Once the interview is completed there will be time to discuss any issues raised. If further support is needed, I will provide you with information giving sources of support.

All information collected about you during this research project will be kept confidential, in accordance with the Data Protection Act (1998). Once the interviews are completed, data will be analysed. Information and quotes from the research will be strictly anonymous. The audio tapes and computer data will be stored securely at all times. All information will be kept by the researcher for a maximum of five years and will then be destroyed The results of

this study will be kept in the University library and in the future may lead to publication in academic journals or further studies looking at experiences of third generation holocaust survivors. I would like to reiterate that you will not be able to be identified from your responses.

If you are interested in feedback and results of this research, please contact the researcher and information will be given to you.

Thank you for taking the time to read this information sheet.

Researcher's Contact details

Antonia Sherman

Trainee Counselling Psychologist

London Metropolitan University

Email: antonia123@hotmail.com

Telephone 07989354190

The Research Supervisor's contact details

Dr Catherine Athanasiadou-Lewis

Counselling Psychologist/lecturer

London Metropolitan University

Email: c.athanasiadoulewis@londonmet.ac.uk

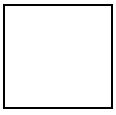
Telephone 0207 133 2669

Appendix D

PHQ-9

	Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every Day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

A11 – PHQ9 total score



From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Appendix E

Gad-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every Day
1 Feeling nervous, anxious or on edge	0	1	2	3
2 NOT being able to stop or control worrying	0	1	2	3
3 Worrying too much about different things	0	1	2	3
4 Trouble relaxing	0	1	2	3
5 Being so restless that it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7 Feeling afraid as if something awful might happen	0	1	2	3

A12 – GAD7 total score

Appendix F

Interview Schedule

1.Can you give me a brief history of your Grandparent/Grandparents experiences during the holocaust?

2. What was your experience of learning about the holocaust whilst you were growing up within your family?

3. How do you make sense of these experiences?

4. Please tell me what the holocaust means to you?

5.Can you tell me about your family?

6. Can you tell me about your relationships with your grandparents?

7.Can you tell me about your relationship with your parents growing up? (Prompt: How is the relationship now?)

8. Do you feel the holocaust has had any effects on relationships within your family?

9.How much do you think about your grandparents experiences?

10.Do you think that your grandparents' experiences during the holocaust have influenced you as a person? If yes how?

Prompts will be included at varying extents throughout the process to elicit greater detail and information.

Appendix G

Consent Form

An IPA study of Intergenerational trauma in the third generation of holocaust survivors.

In this study you will be interviewed by Antonia Sherman. It will take approximately one hour. You will be asked a number of questions exploring your experiences as a third generation holocaust survivor.

- I understand the procedure that is to be used.
- I am aware that I can withdraw my consent for up to 2 weeks after the interview. There will be no penalty for refusing to participate or from withdrawing from the study. I understand that if I withdraw my consent, all my data and recordings will be destroyed.
- I understand that this research is confidential. My name will not be used and a pseudonym will be used so that I will not be identifiable from any data. I understand that all research materials will be stored safely and securely.
- I understand that the results of this research will be available to others in order to provide more information about intergenerational trauma in the third generation of holocaust survivors.
- I understand that participation in this study is not expected to involve risks of harm, but if I feel distressed I will be offered support and an opportunity to discuss these feelings with the researcher. Information will also be given to me with further support needed if required.
- I understand that I will be given details on how to obtain the findings of this study in a debriefing form.
- I agree to be contacted for validation purposes after the interview process.

  Signature of participant……..

  Signature of researcher…….

  Print name:…… Print name:……

  Date:……

  Date:……

Appendix H

Demographic Questionnaire

The information you provide on this form will be used (in conjunction with other participant information) to build up a demographic picture of the participants who have been involved in this research project, and may be used in the final write-up of the research project. All information you provide will be kept strictly anonymous.

Please highlight in bold the answer that best describes you.

Are you?

1.Male

2. Female

2.What is your age group?

Under 25

25-34

35-44

45+

4.What is your marital status?

Single

Married

Divorced

Widowed

Widower

Unmarried Relationship

5. How many of your grandparents were in concentration camps during the holocaust.

1

2

3

4

6.How would you describe your cultural origin? (please state)

Appendix I

Debrief form

Thank you for taking part in this study. Your participation is greatly appreciated. If you have any question, concerns or would like to know the results from this study please contact the researcher on the following email address:

antonia123@hotmail.com

or the supervisor for this study

Dr Catherine Athanasiadou-Lewis

Counselling Psychologist/lecturer

London Metropolitan University

Email: c.athanasiadoulewis@londonmet.ac.uk

Telephone 0207 133 2669

If the interview has brought up some difficult or uncomfortable feelings for you and you feel that need further support, I have provided some details of some organisations below that you can contact.

- You can contact your GP to discuss concerns you may have. They will be able to provide further information for you.
- The Samaritans- This is a service for people experiencing distress and they are available 24 hours a day. Telephone no: 116 123
- Mind- a service providing support. Telephone no: 0208 519 2122

If you have any concerns regarding any aspect of your participation in this research, please do not hesitate in contacting me.

Many thanks

Antonia Sherman

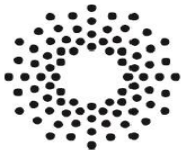
Trainee Counselling Psychologist

London Metropolitan University

Email: antonia123@hotmail.com Telephone 07989354190

Appendix J

Ethics approval



LONDON METROPOLITAN UNIVERSITY
LIFE SCIENCES & COMPUTIN

London Metropolitan University,
School of Psychology,
Research Ethics Review Panel

I can confirm that the following project has received ethical approval by one anonymous reviewer and the School of Social Sciences (Klaus Fischer) to proceed with the following research project:

Title:	An IPA study of Intergenerational trauma in the third generation of holocaust survivors
Student:	Antonia Sherman
Supervisor:	Dr. Catherine Athanasiadou-Lewis

Ethical clearance to proceed has been granted providing that the study follows the ethical guidelines used by the School of Psychology and British Psychological Society, and incorporates any relevant changes required by the Research Ethics Review Panel. All participating organisations should provide formal consent allowing the student to collect data from their staff.

The researcher is also responsible for conducting the research in an ethically acceptable way, and should inform the ethics panel if there are any substantive changes to the project that could affect its ethical dimensions, and re-submit the proposal if it is deemed necessary.

Signed:  Date: 23 January 2017

Prof Dr Chris Lange-Küttner
(Chair - Psychology Research Ethics Review Panel)

Email c.langekuettner@londonmet.ac.uk

Appendix K

Distress Protocol (adapted from Cocking's (2008) Protocol to follow if participants become distressed during participation)

Protocol to follow if participants become distressed during participation:

This protocol is devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in this research study. Below a three step protocol is outlined, detailing signs of distress that I, the researcher will look out for, as well as relevant action to take at each stage. It is not expected that extreme distress will occur,or that the relevant action will become necessary. However, a protocol is included, in case of emergencies where such professionals cannot be reached in time.

Mild distress

Signs to look out for:

Tearfulness
Voice becomes choked with emotion/ difficulty speaking
Participant becomes distracted/ restless

Action to take:

Ask participant if they are happy to continue
Offer them time to pause and compose themselves
Remind them they can stop at any time they wish if they become too distressed

Severe distress

Signs to look out for:

Uncontrolled crying/ wailing, inability to talk coherently
Panic attack- e.g. hyperventilation, shaking, fear of impending heart attack

Action to take:

The researcher will intervene to terminate the interview/experiment.
The debrief will begin immediately
Relaxation techniques will be suggested to regulate breathing/ reduce agitation
The researcher will recognize participants' distress, and reassure that their experiences are normal reactions to distress
If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
Details of counselling/therapeutic services available will be offered to participants

Extreme distress

Signs to look out for:

Severe agitation and possible verbal or physical aggression
In very extreme cases- possible psychotic breakdown and begins to lose touch with reality

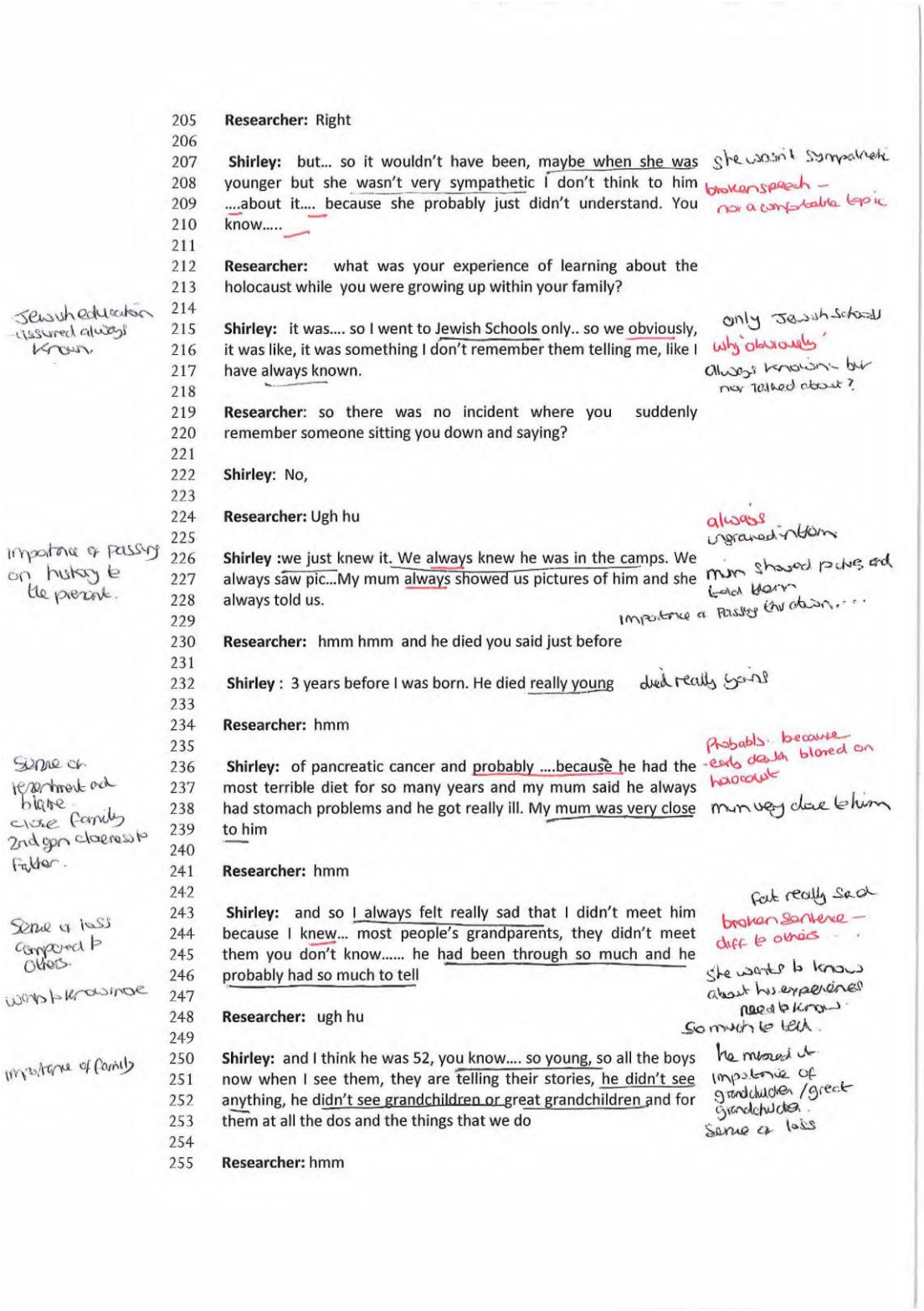
Action to take:

Maintain safety of participant and researcher
If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as Community Psychiatric Nurse (CPN) or their GP.
If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

Cocking, C. (2008). *Protocol to follow if participants become distressed during participation.* London Metropolitan University

Appendix L

Section of Shirley's transcript



205 **Researcher:** Right
206
207 **Shirley:** but... so it wouldn't have been, maybe when she was
208 younger but she wasn't very sympathetic I don't think to him
209 ....about it.... because she probably just didn't understand. You
210 know.....
211
212 **Researcher:** what was your experience of learning about the
213 holocaust while you were growing up within your family?
214
215 **Shirley:** it was.... so I went to Jewish Schools only.. so we obviously,
216 it was like, it was something I don't remember them telling me, like I
217 have always known.
218
219 **Researcher:** so there was no incident where you suddenly
220 remember someone sitting you down and saying?
221
222 **Shirley:** No,
223
224 **Researcher:** Ugh hu
225
226 **Shirley :**we just knew it. We always knew he was in the camps. We
227 always saw pic...My mum always showed us pictures of him and she
228 always told us.
229
230 **Researcher:** hmm hmm and he died you said just before
231
232 **Shirley :** 3 years before I was born. He died really young
233
234 **Researcher:** hmm
235
236 **Shirley:** of pancreatic cancer and probably ....because he had the
237 most terrible diet for so many years and my mum said he always
238 had stomach problems and he got really ill. My mum was very close
239 to him
240
241 **Researcher:** hmm
242
243 **Shirley:** and so I always felt really sad that I didn't meet him
244 because I knew... most people's grandparents, they didn't meet
245 them you don't know..... he had been through so much and he
246 probably had so much to tell
247
248 **Researcher:** ugh hu
249
250 **Shirley:** and I think he was 52, you know.... so young, so all the boys
251 now when I see them, they are telling their stories, he didn't see
252 anything, he didn't see grandchildren or great grandchildren and for
253 them at all the dos and the things that we do
254
255 **Researcher:** hmm

Shirley: and everyone's got their grandchildren and great grandchildren I think look if you could have just see this, like, your life wouldn't have been, you know..... it's a massive, when we do the event, it's a massive thing because it's like, look Hitler didn't win, look how many grandchildren that one's had, look how many great grandchildren ....and for him, I'm like, he didn't see that, you know.....that's what's really sad.

Researcher: so it's really hard that he didn't get to see, look what I've done with my life.

Shirley: Yes, which now, like I said to my mum, you know.... he would have had so much joy from that. He didn't get, a lot of the other boys were really successful business wise but he had a really hard time with my Grandma.

Researcher: Ugh hu

Shirley: She was you know, in an out of hospital. We experienced my Grandma so I know what he must have....., she would throw their whole house away and she would get in taxis to Brighton and just turn up at people's houses. You know....He was constantly chasing her and he couldn't go to work and.... coz of her, you know, so like I always think he would have had such a, you know, enjoyed his life later on..... but he didn't get to and that's what is so sad.

Researcher: and how does it make you feel when you see all the other boys?

Shirley: I feel like.... I feel like....no.....look for me I feel like I have a closeness that I have met him through that .....because I have asked some questions and I know he was very different to them, they all loved him. ...They're really like outgoing and you know funny and they said he was quite quiet.

Researcher: Hmmm

Shirley: and so I found out a lot of stuff so that is my connection with him but you know for me I am sad because he was obviously such a special strong man and I just feel that he had like such a hard life.

Researcher: it does sound like you got to know him a lot through what your mum has told you and also through the people who shared this experience with him.

Shirley: yea and and now we are even starting to still see my mum..... one of his best friends moved from the camps and from living in Windermere and he has a best friend who moved to um Canada later on in life and has got kids in Canada and when they

saw my mum... at one of the dos they they were like I feel like you are my family because they were best best friends. They didn't have any family

Researcher: Right

Shirley: so all of us, when I see them they are..... extensions of grandparents because that what they were, they were family to each other.

Researcher: so it's like a closeness that's there.

Shirley: yes. With all the survivors.... yea.

Researcher: so when you go to these functions and you see the boys and their children and their grandchildren there's a connection?

Shirley: they're family.... I think so.

Researcher: so you said that you didn't ever get sat down and told about the holocaust, you were at a Jewish school and it was something that you always knew about, that you knew your Grandpa....

Shirley: I always knew that he was in there, he was in the camps and he was in the.. I think it probably always upset me most and still now if I have to watch anything or read anything,

Researcher: Ugh hu

Shirley: I find it really hard whereas XXXXX my husband, will find it hard but.... I.... it hurts me inside, he I don't think it does, even though he is very involved you know with all the charities, and helps me, he loves being involved, for me I think maybe because it has been something that has always been there..... we've always known, it's very painful.

Researcher: so because it was your grandpa who went through it

Shirley: yea- you know they killed my family at the end of the day because that was my great grandparents, that was you know the family tree stops so yes I guess it does affect me because we don't, we don't and also I feel that's part of the reason he died so young. He had such a stressful, so many illnesses, because of the camps um ... so yea I do think it affects me more than other people because for them it's a story,...

Researcher: Ugh hu

Shirley: a lot of people they go "oh yes I've heard of that" but for me it was "that's my family". So yea.....

Researcher: and how do you kind of make sense of these experiences?

Shirley: (Pause 4 sec) um.. I always think when they say. I don't think you can ever make sense of this because you weren't there and so it seems seems like it's another another world but I think a lot of people say "never again" and I think it could happen so easily again.

Researcher: ugh hu

Shirley: I think there is a difference in the, in the, paranoia that I don't feel like it's, it might be another world but I think it is very possible.... whereas my husband would be ugh "that would never happen now" whereas I think that's completely rubbish like.... I completely believe it would happen now.

Researcher: right-so you feel a sense of paranoia?

Shirley: Yea. When....When I thought Corbyn was getting in, I was ready to pack my suitcases and I was like, right ok this is our plan, we're going to move to Israel, let's pack up, I don't want to live here anymore. We'll go there and you know what we'll just die with our own people at least.

Researcher: Ugh hu

Shirley: Whereas everyone else is like you're being crazy, like that's not going to happen but I I can see, I said to my mum, that's why I said I would speak to you because I said to my mum, me and my mum both have that paranoia

Researcher: Right

Shirley: and I can see my dad's side, they're divorced, but he doesn't have anything like that.... whereas my uncle, my mum's brother, has that paranoia

Researcher: hmm

Shirley: and he's like this Country is finished for Jews, we should leave, we should buy property in Israel and I feel that.... because I know what's happened and I feel like other people don't know what happened. They don't know how quick it was, you know they and I've asked I've asked the survivors questions like why didn't you go? why didn't you leave and they said because it was so gradual like we didn't you didn't notice, it was bit by bit, so now when I see a bit by bit I'm like it's happening.

Researcher: Yup

Shirley: Whereas the other people don't notice the bit by bit, you know they don't notice an anti-Semitic attack in the street whereas I do. It makes you think. I will read that and think "everyone hates Jews".

Researcher: so you think it makes you more paranoid and more nervous about the way you're living your life.

Shirley: I feel like I know that could happen, and other people don't, coz I feel like other people know very little about it, Jewish people as well and I don't know all the facts but I know what happened .....and I think there's a lot of people that go "oh the holocaust, it's so sad" but for them it's a story from a long time ago, you know, but for us we know, we know we've met the people that it happened to. If that makes sense.

Researcher: absolutely. Thank you. And can you tell me what the holocaust means to you? You've told me a little bit already but if you could expand on what it means to you.

Shirley :um..... I don't know how to answer..... , it's the persecution of Jews, and other people, and other religions and for me it's about Hitler, it's about torturing Jews. I've been to see a lot of the...um...I've been to Washington, I've met survivors there going round the holocaust museum. I've been to Yad Vashem, and ....all these things..... so when I've when I've gone there I've seen what they did to people and I think I think..... it's really shocking

Researcher: Ugh hu

Shirley: and whenever I've gone to these places your..... I feel like you're in a daze for a few days after because you can't believe that humans can do that to another human. um

Researcher: it sounds like you've really kind of learnt about it and gone out to try and find out more and more information about it as well.

Shirley: Yes and I think if I had time I would do so much more. You know I've been to quite a lot of the talks of survivors and I've read a few of their books, their memories, um but I do find that really hard..... and I really feel like miserable after.

Researcher: What do you think drives you to keep doing that do you think?

Responsibility – need to know

resilience and strength.

change for future generations

Importance of continuing in family.

3rd generation changing to bigger-

need knowledge

interest developed over time.

role as a mother increased responsibility

459 **Shirley:** Because I want to know. I mean, I need to know..... to tell
460 my kids you know. You know I need to kind of get all the facts in
461 order because soon they'll be no survivors left and I'm going to have
462 to carry on doing the events and I won't know anything.
463
464 **Researcher:** so the events you do are for?
465
466 **Shirley:** The ***XXXXX*** Society: so it's all the survivors that came to
467 Windermere and they were orphaned children that the Country let
468 in and they meet up every year with their...it started off it used to be
469 like when they were couples, it was like a ball. It's not for that, it's a
470 celebration of life so, and it's so lovely because now we've started
471 introducing loads of dancing at it and it's really nice because it's not,
472 I think for a bit it turned into a bit of a depressing affair and now
473 we've made it, like this is more of a celebration and it used to be, all
474 the boys used to come from.... Israel and America and Australia, and
475 every year they would meet and now its because a lot of them have
476 died since then
477
478 **Researcher :**Ugh hu
479
480 **Shirley:** so it's a lot of second generation, I would say mainly, like
481 the boys family and third generation, like I take my kids as well
482
483 **Researcher:** right
484
485 **Shirley:** so it's fourth generation and quite a few people have
486 started taking their kids so it's really nice.
487
488 **Researcher:** and what made you, at what point did you get involved
489 in that because obviously you said that it was something you always
490 knew, it was in your family so at what point did you start taking
491 more of an interest or finding out more information.
492
493 **Shirley:** I think when we first went, I think maybe they didn't used
494 to invite second generation so I think when it started getting bigger
495 and bigger, more generations and..... oh I think I must have gone
496 for the last eight years, nine years,
497
498 **Researcher** : Ugh hu
499
500 **Shirley:** something like that, since I met, yes about eight years since I
501 met my husband.....well I'm going to have to tell my kids one day
502 and I think I was always interested, we always used to go to talks but
503 you know when you are younger you don't want to know the facts,
504 you want to know the outline and now you need to learn the facts
505 or you're never going to know them.
506
507 **Researcher** : so it sounds like you feel that you feel you need to tell
508 your kids .....
509

conflict b/w want and need

responsibility to tell kids.

have to.

need to know as much as possible.

celebration - more positive now.

3rd gen changed focus.

Group collective - important

change for future.

continuing tradition as a group.

2nd + 3rd.

important to continue

responsibility to continue.

bigger + bigger.

Since met husband.

involved for her kids.

Responsible to pass on information

changed over time — age

need to learn - before it's too late

role as a mother changed

Appendix M

Preliminary superordinate and subordinate themes for each participant

Shirley

Superordinate theme	**Subordinate themes**
HEIGHTENED AWARENESS OF THREAT	Fear of political danger
	Anxiety/neurotic as a mother
	Feels threat of anti-Semitism more than others
IMPORTANCE OF FAMILY RELATIONSHIPS	Closeness Of family
	Enmeshment with parent
	Idolising parent/grandparent
	Protective role in family
	Compensate for loss
ASPIRING IDENTITIES	Role of connecting past-present & future
	Defiance
	Responsibility to pass on values
	Need to honour the memory

Eve

Superordinate theme	Subordinate themes
SEPARATION/INDIVIDUATION DIFFICULTY	Enmeshment with parents
	Seeks reassurance from parents- need to please
	Close family-importance of familial relationships
INSTILLED FAMILIAL VALUES AND EXPECTATIONS	Pressure to succeed
	Sense of duty and responsibility
	Need to appreciate and not take things for granted
	Resilience and strength
	Doesn't want to disappoint
IDOLISE SURVIVORS/GRANDPARENTS	Sense of pride
	Internal struggle to criticise grandparents
	'he made me who I am"
	Decisions made on grandparents happiness
	Strong connection to family history

Dave

Superordinate theme	Subordinate themes
SENSE OF BEING EMOTIONALLY DETACHED FROM HOLOCAUST	Lack of interest in grandparents experience
	Numbness
	Intellectualises holocaust narratives
	Avoids uncomfortable emotions
HYPERVIGILENCE OF THREAT IN RELATION TO JEWISH IDENTITY	Awareness of threat to Jews
	Unsure of safety within Britain
	Ready to leave home quickly
INTERNAL CONFLICT BETWEEN RESENTING GRADPARENT AND GUILT FOR EMOTIONS	Guilty for own feelings
	Shame
	Protective of dad
	Justifies behaviour of Dad and Gran because of their past

Tia

Superordinate theme	Subordinate themes
SELF-IDENTITY EMBEDDED WITHIN THE HOLOCAUST	Intense emotional connection to past
	Past trauma has strengthened Jewish identity
	Duty to remember those who have died
	Responsibility to continue traditions
	Desire to make sense and understand grandparents experience
FEELS A SENSE OF DANGER WITHIN BRITAIN TODAY	Affiliation with similar others
	Negativity towards Europe
	Strong connection to Israel as place of safety
	Sense of being different
FEELING RESPONSIBLE FOR 2ND & 3RD GENERATIONS HAPPINESS	Idolise grandma
	Very close family relationships
	Strong values instilled through generations
	Justifies dads anger and behaviour in terms of holocaust
	Lives her life for idolised grandma

Ruby

Superordinate theme	Subordinate theme
HOLOCAUST HAS IMPACTED IDENTITY	Experiences self as different from others
	Sense of feeling damaged by holocaust
	Strong Jewish connection and identity
	Conflict between expected self and emerging adult
	Holocaust provides explanation
EMOTIONAL CONSEQUENCES	Orientation to fear
	Feeling isolated emotionally
	Feeling isolated emotionally
	Feeling guilt
	Self –uncertainty
PAST TRAUMA AFFECTED PRESENT FAMILIAL RELATIONSHIPS	Protective of dad because of underlying vulnerabilities
	Can't connect to grandparents because of culture differences
	Difficulty criticising dad
	Desire to be accepted by dad

Lara

Superordinate themes	Subordinate themes
HOLOCAUST IS ROOTED IN JEWISH IDENTITY	Sense of connection to other 3rd gens
	Compelled to understand and make sense of grandparents experiences
	Links past to present day experiences
	Importance of Israel because of holocaust
INTERNAL CONFLICT OF SENSE OF PURPOSE	Honour vs burden
	Needs to prove self -worthy to be here
	Responsibility/duty to pass on values and lessons to future generations
	Guilt
PRIORITISES FAMILY OVER ALL OTHERS	Protectiveness of dad and grandad
	Closeness of family emphasised
	Proudness of family
	Idolise grandparent

Appendix N

Reflections from my reflective diary

I am writing in this journal at various points through this research. Before and after I interview participants it is important to write down some of my thoughts and emotions to be able to bracket off as much as possible through the analysis stage.

Literature review Reflections

I am aware that this is such a major piece of work, bigger than I have ever done before and I feel quite anxious at the prospect. The literature review at first seemed enormous, but with the help of supervision I feel that I am making some progress in finding a gap in the research on third generation survivors. I find myself surprised that there are groups supporting second and third generation survivors as I had no idea that these existed. The more involved I become in my literature review, the more excited, immersed and interested I feel I am becoming. Most studies appear to have been done in Israel and America.

5th July 2017 (Shirley)

I am nervous as this is my first participant and I am aware that I am very keen for this interview to go well. I am nervous taking on the role of researcher as opposed to therapist. I arrive early and spend some time gathering my thoughts in the car outside.

I am pleased how the interview progressed. Shirley was very friendly and immediately said that she was nervous, which put me more at ease. She was warm and welcoming and I felt comfortable asking her questions. I was aware that when she said things that resonated with my own family, I had to stop myself reacting and agreeing with her. I was also tempted at times to ask her leading questions and again felt I needed to slow the process down to give myself time to think. Writing this immediately afterwards is really helpful, to help differentiate my own bias and what I found in the interview with Shirley.

15th September (Dave)

I had arranged to meet Dave in a public library and was anxious that we would be disturbed in the room as I had only hired it for an hour. Dave was running late on the trains and arrived 45 minutes late. This made me feel quite flustered at the beginning of the interview, as we were in a timed room.

I found Dave personable and was aware that he may have felt negative towards his grandmother but didn't seem comfortable with this feeling at all. He often stopped himself talking, stating that he should have known certain facts and dates better. His body language and non-verbal cues were fascinating and gave me more insight into some of his discomfort. I was pleased that after the interview, he commented that he had found this a very helpful experience and that he felt compelled to ask more questions.