



# MONASH University

**Exploring the Lived Experiences of Grandchildren of Holocaust  
survivors: a Phenomenological Approach**

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Bachelor of Health Science, Graduate Diploma of Psychology, Graduate  
Diploma of Professional Psychology  
Graduate Diploma of Counselling

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(Educational and Developmental)/Doctor of Philosophy

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### Abstract

Research into intergenerational transmission of trauma in families of Holocaust survivors emerged when children of Holocaust survivors presented to therapy with symptoms of depression, anxiety, phobias, and guilt. Most of these studies employed a quantitative approach, investigating indications of adverse impacts of the parents' Holocaust trauma on children. Most of these studies had an underlying assumption that growing up with parents who survived the Holocaust would be associated with adverse impacts on the children's mental and emotional wellbeing. However, findings have been diverse, with some studies reporting intergenerational transmission of trauma between the Holocaust survivors and their children (Baranowsky et al., 1998; Braga et al., 2012; Rowland-Klein & Dunlop, 1998), while others found no evidence of intergenerational transmission of trauma (Sagi-Schwartz et al., 2003; van IJzendoorn et al., 2003).

From the late 1980s, researchers expanded their approach to include the grandchildren of survivors to further investigate the potential presence of intergenerational transmission of trauma. Similar to the research into intergenerational transmission of trauma of children of Holocaust survivors, most researchers only investigated the adverse impacts of grandparents' Holocaust trauma (Dashorst et al., 2019; Zerach & Solomon, 2016). Nonetheless, there were some exceptions with reported cases of transmission of resilience and post-traumatic growth (Kidron et al., 2019; Shasha-Rubinstein et al., 2015).

This thesis aims to expand previous research on the experiences of adult grandchildren of Holocaust survivors. Employing a phenomenological approach, the design of the studies is qualitative and exploratory, allowing for a deep understanding of how grandchildren of Holocaust survivors understand their grandparents' Holocaust traumatic experiences while also exploring if and how intergenerational transmission of trauma and resilience occurred.

The thesis includes four components:

1. A qualitative, systematic literature review on available research on the experiences of grandchildren of Holocaust survivors.
2. An interview-based study with fourteen individuals who self-identified as grandchildren of Holocaust survivors.
3. An interview-based case study of two individuals who self-identified as children and grandchildren of Holocaust survivors.
4. A synthesis of the three above studies presented as a discussion of the intergenerational transmission of trauma, as well as positive outcomes, in adult children and grandchildren of Holocaust survivors.

### Publications During Enrolment

\*Greenfeld, D., Reupert, A., Harris, N., & Jacobs, N. (2021). Between fear and hope: the lived experiences of grandchildren of Holocaust survivors: A qualitative systematic literature review. *Journal of Loss and Trauma*. Advance online publication. <https://doi.org/10.1080/15325024.2021.1905320>

\* Greenfeld, D., Reupert, A., & Jacobs, N. (2023). Living alongside past trauma: Lived experiences of Australian grandchildren of Holocaust survivors. *Family Relations*, 72(3), 876–890. <https://doi.org/10.1111/fare.12737>

\*Greenfeld, D., Reupert, A., & Jacobs, N (2022), Transmission of trauma and resilience in multigenerational families of holocaust survivors: two case studies. *Journal of Illness, Crisis & Loss*, 105413732211446. <https://doi.org/10.1177/10541373221144673>

Reupert, A., Greenfeld, D., May, F., Berger, E., Morris, Z.A., Allen, K.A., Summers, D., & Wurf, G. (2022). COVID-19 and Australian school psychology: Qualitative perspectives for enhancing future practice. *School Psychology International*, 43(3), 219-236. <https://doi.org/10.1177/01430343221091953>

\* Denotes publications pertaining to this thesis

### **Thesis Including Published Works Declaration**

I hereby declare that this thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

This thesis includes (3) original papers published in peer reviewed journals. The core theme of the thesis is the lived experiences of grandchildren of Holocaust survivors and the meanings they assigned to these experiences. The ideas, development and writing up of all the papers in the thesis were the principal responsibility of myself as a PhD candidate working within the School of Educational Psychology and Counselling under the supervision of Professor Andrea Reupert and Associate Professor Nicky Jacobs.

The inclusion of co-authors reflects the fact that the work came from active collaboration between researchers and acknowledges input into team-based research.

In the case of Chapters Four, Six, and Seven my contribution to the work involved is outlined in Table 0.1

**Table 0.1***Contribution of Authors to Publications Included in Thesis*

| <b>Thesis Chapter</b> | <b>Publication Title</b>  | <b>Status</b> | <b>Nature and % of student contribution</b>   | <b>Co-author name(s) Nature and % of Co- author's contribution*</b>  | <b>Co-author (s) is a Monash student</b> |
|-----------------------|---|---------------|---|--|--|
| 4                     | Between fear and hope: the lived experiences of grandchildren of Holocaust survivors: A qualitative systematic literature review. | Published     | <b>70%</b> Candidate contributed to the conceptualisation, design, development of research protocol, data collection, analysis, writing and editing of manuscript, submission of manuscript.  | <b>20% Prof Andrea Reupert Prof Andrea Reupert</b> contributed to the concept, design, data screening and analysis, editing of manuscript.<br><b>5% Dr Nicholas Harris</b> contributed to concept, data screening.<br><b>5% Assoc Prof Nicky Jacobs</b> contributed to manuscript editing. | No<br><br>No                             |
| 6                     | Living alongside past trauma: lived experiences of Australian grandchildren of Holocaust survivors                                | Published     | <b>85%</b> Candidate contributed to conceptualisation, design, development of research materials, participant recruitment, data collection, transcription of interviews, analysis, writing and editing of manuscript, submission of manuscript. | <b>10% Prof Andrea Reupert</b> contributed to concept, development of research materials and analysis.<br><b>5% Assoc Prof Nicky Jacobs</b> contributed to concept, design, development of research materials, and manuscript editing.   | No<br><br>No                             |
| 7                     | Transmission of trauma and resilience in multigenerational families of Holocaust survivor: Two case studies                       | Published     | <b>85%</b> Candidate contributed to concept, design, development of research materials, participant recruitment, data collection, transcription of interviews, analysis, writing and editing of manuscript, submission of manuscript.           | <b>10% Prof Andrea Reupert</b> contributed to concept, development of research materials and analysis and manuscript editing.<br><b>5% Assoc Prof Nicky Jacobs</b> contributed to concept, design, development of research materials, and manuscript editing.                              | No<br><br>No                             |

I have not renumbered sections of published papers in order to generate a consistent presentation with the thesis.

**Student name:** Daliya Greenfeld

**Student signature:**

**Date:14/8/2023**

I hereby certify that the above declaration correctly reflects the nature and extent of the student's and co-authors' contributions to this work. In instances where I am not the responsible author, I have consulted with the responsible author to agree on the respective contributions of the authors.

**Main Supervisor name: Andrea Reupert**

**Main Supervisor signature:**

**Date: 14<sup>th</sup> August, 2023**



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I also want to acknowledge that this thesis was reviewed by an editor, Dr. Kerry Wardlaw. The editing work undertaken was sub-editing and proofreading. The editing process did not include any changes to the thesis structure, content, or arguments.

Many thanks for the support and encouragement from other fellow PhD students. Thank you for taking the time from your busy schedule to be there for me when I needed a friend to pour my frustration and share my excitement when a study was published.

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## Preface

### Researcher's Positioning: Growing Up in the Shadows of the Past

My lived experiences as a child of Holocaust survivors are intimately linked with my interest in the subject of this thesis and my motivation to conduct this project. Reflecting as an adult on my upbringing and early childhood experiences, I know that they were coloured by two main themes: the *Holocaust* and *being an outsider*, which I now link to the status of my parents as Holocaust survivors and migrants. Although my experiences contributed to my motivation and interest to expand my knowledge as a practising psychologist, I was also aware that as a researcher, there was the potential risk for personal bias, particularly when I collected and interpreted the data. To bracket my experiences as a child of Holocaust survivors my approach was purposefully not grounded in specific pre-existing theories or presumptions. Moreover, I engaged in several processes, detailed in the thesis, to acknowledge these potential biases and to reduce researcher bias. Specifically, I wanted the data to properly reflect the experiences of the grandchildren of Holocaust survivors.

To clarify my stance, I provide some biographical details: I was born in Israel to parents who were both Holocaust survivors and met in Israel, where they resettled after the Second World War. Our nuclear family was small with my mother, father, older sister and myself. My sister and I were the first generations of native Israelis in a family steeped in Central European culture. I only spoke Hungarian (my mother's *mother tongue*) during the first four years of my life. I started speaking Hebrew when I started kindergarten.

My first memory concerning my parents' Holocaust background comes to mind as I look at a photograph from my early childhood. I think I am four or five years old in the picture. I am dressed up for my birthday. I am standing in front of the camera with another boy and a woman with her arms around our shoulders. That woman is not my mother. Behind us is a woman whose head is wrapped in a scarf and cautiously peeking at us from a nearby stairway. It is hard to tell if she is smiling as her hand covers her mouth. That woman is my



mother. I also remember that before the photo was taken, my mother wanted to stand beside me. I refused to take the picture with her by my side and pushed her away. That is why she was peeking through a nearby stairway.

This photograph sums up my shame and embarrassment about my parents' background, of growing up in a "different" family than my friends, especially those who did not have Holocaust survivor parents. Their fearful behaviour around strangers and their constant reminders to my sister and me to not "trust anyone who is not family" and "there is no such thing as close friends" isolated us from the social world outside the family unit. As an adult, I now understand that these were likely reflections of their experiences during the war and Holocaust.

I know more about my mother's war experiences than my father's, as she often talked about that part of her life. She and her family were deported as part of the last Hungarian Jewish transport to Auschwitz. Only my mother's brother and sister (my uncle and aunt), and my mother survived. One story that my sister and I heard time and again related to how she saved her sister's life by pulling her out as she stood in line with others destined to be killed in the gas chambers in Auschwitz. As a young child, hearing this story made me see her as a resilient and resourceful woman.

As for my father, he kept silent, leaving us (my sister and me) with little knowledge about his past. From his side of the family, only he and his sister survived the war. His sister had one child. I always remember hushed conversations between my parents about my aunt's "nervous breakdowns". When I was in my 20s, she suicided. My mother then told me that my Auntie was never herself after the losses she experienced during the Holocaust, including the death of her first husband and their child.

As a child and adolescent, I felt as if I was living in two parallel worlds; On one hand, there was the home and family environment, which I experienced as dark, with only scarce

moments of happiness, and with over-controlling and protective parents, and being closed to the outer world. For example, I was not allowed to attend community events, or visit my friends. Conversely, there was the “outside world”, which included school and one or two close friends with family life so different to mine. At 16, I started questioning why I felt so different: “What is wrong with me?”, “Why am I forbidden from enjoying life as an adolescent as my friends do?”

My schoolteacher picked up on my social difficulties. However, I was lucky to receive support from an educational psychologist who, by creating a safe and non-judgmental space, supported me through the process of understanding how my parents’ experiences coloured their view of the world and their ability to show love and warmth to me. I believe this was where my curiosity and interest in deciphering the phenomenon of intergenerational transmission of trauma arose. And so, the search for answers began.

As part of my search to understand how my parents’ traumatic past may have impacted my life, I came across the term “second generation survivors” during my psychology studies in Israel. In the late 1990s, I participated in a support and awareness group for other second-generation survivors. In that group, I found social support from others and started my journey to form my Holocaust-related identity. My journey can be viewed from an existential approach as a search for meaning; how do I, Daliya, make sense of the past trauma endured by my parents? How do I make sense growing up in a family with gaps about our past and this yearning to connect with people I never met nor got to know, such as my grandparents?

Another significant experience that illustrates how my parents’ traumatic past impacted my life occurred in my early 40s. I travelled to Hungary to visit my mother’s birthplace and where she and her family lived until their deportation to Auschwitz. I recall two key experiences:

The first experience happened as I disembarked the train at her birthplace. I stood on the platform and thought, “This is where they (my mother, her parents and siblings) stood to be taken away, and most never returned.” I felt the urge to move my hand across the station wall in what I now understand as a search for a connection to this past. The second experience occurred when I gained access to my mother’s and aunt’s birth certificates. For the first time, I saw and touched my grandparents’ handwritten signatures on the fading paper of the original certificates. I thought “they were real people”, “Sabba and Safta (grandfather and grandmother in Hebrew), I am here.” It was as if through these objects (my grandparents’ signatures), a connection and a link were established to the losses and grief I experienced through my parents’ unspoken grief.

As I reflected on these experiences, I understood how my familial Holocaust background ignited my interest in the broader topic of intergenerational transmission of trauma in families of Holocaust survivors. However, as I was writing the research proposal, I struggled with self-doubt. Specifically, I was aware that a research project should have relevance and contribution to the knowledge in the field of transmission of intergenerational trauma beyond my personal interest. I kept asking myself, why is it important to continue and investigate the possible impacts of a historical collective trauma that happened almost 78 years ago? What relevance does the phenomenon of intergenerational transmission of trauma have in the 21st century?

Interestingly, these self-doubts became part of the process of refining my topic for the research project. As I surveyed the literature about the long terms impacts of the Holocaust on the survivors and their offspring, it became apparent that most of the available literature focused on survivors and their children. However, a small number of studies expanded the target population to include grandchildren of the survivors. Reading these studies developed my views and challenged my prior assumptions that the children of Holocaust survivors (like

me) were the ones who were mostly traumatised due to the proximity of living with a traumatised survivor-parent. Through these studies, I learnt that a new generation had come to an age, the grandchildren of the survivors who had their own stories to tell. For me, this was *terra nova*, a new landscape. Since I have no children, I have no personal experience in how my parents' traumatic past would have impacted my children if I had any.

In this research project, I hoped to document and understand the experiences and meanings that the adult grandchildren of the Holocaust survivors assign to their family's past. As someone who grew up in Israel, where the Holocaust is perceived as a legacy for all, I am interested in understanding what form and meaning these experiences assume for those who have grown up in other locations where survivors settled. One of them is Australia, the country where I live and study. My interest in the human capacity to recover from past trauma was inspired by my parents' struggle in building a new life and how they coped with everyday life challenges. Of course, my lived experience of being parented by two Holocaust survivors has formed my beliefs concerning how past parental (and, in their case, collective) trauma has impacted not just their mental health but potentially their ability to express love and afford secure attachment to us, their children and how that may have shaped me, on a personal level as well as in professional roles.

## **Chapter 1. An Introduction to the Thesis**

Research on trauma has generated vast knowledge on the health-related impacts of a single traumatic experience on survivors and their immediate families. For example, studies of families of Vietnam war veterans have shown how parental post-traumatic stress disorder (PTSD) was linked to dysfunctional family relationships (Evans et al., 2009). A study on the psychological impact of natural disasters, highlighted the increased vulnerability to stress and PTSD of children when their parents displayed elevated levels of parental post-traumatic stress (Dyb et al., 2011). However, less is known about the health-related impacts of large-scale traumatic events, such as man-made mass and collective trauma. Like individual trauma, collective trauma can potentially have long-term health-related impacts.

Nevertheless, in the latter, even when the wounds of the past might appear to be healed, and group members seem to cope well with the aftermaths of the trauma, adverse impacts may become part of the narrative for those generations to come (Shamai, 2016). Understanding generational impacts is paramount for developing effective interventions and support programs for survivors, extended families, and communities. An intergenerational approach to trauma aims to ascertain the impacts of collective trauma on subsequent generations while assessing the content and processes involved in the transmission of trauma. This thesis explores the lived experiences of grandchildren of Holocaust survivors (GHSs), the meanings they assign to their familial Holocaust background, and investigates indications of intergenerational transmission of trauma (ITT) as well as resilience.

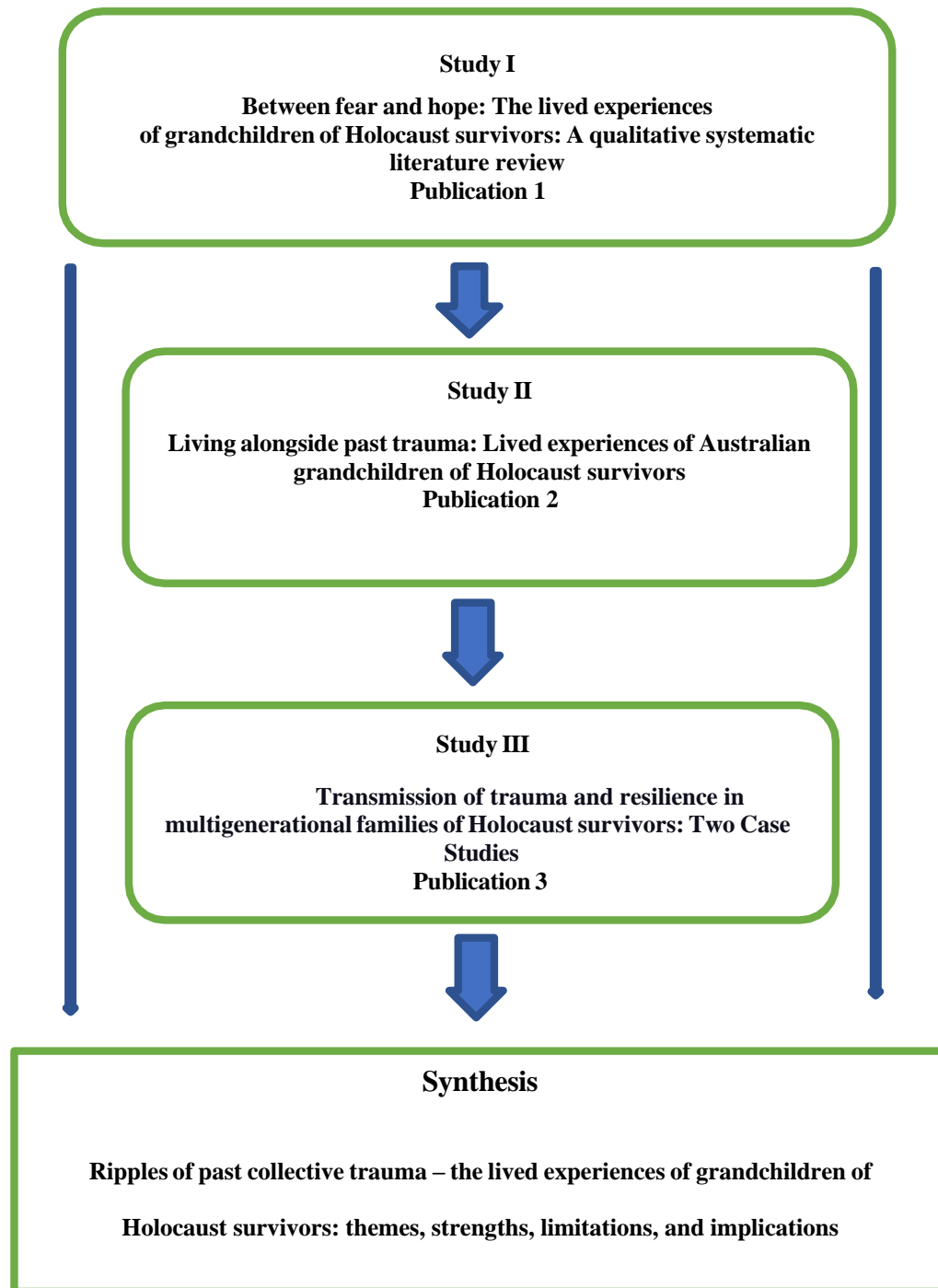
### **1.1 Thesis Structure**

This is a thesis by publication; as such, it is structured differently than a traditional thesis. The thesis incorporates framing chapters with an introduction, methodology and discussion, and core chapters, including material written for and published in peer-reviewed journals. A thesis with publications must include sections that link the research presented in each paper to situate it within the overall premise of the thesis. While every effort was made

to minimise duplication, due to the nature of the published papers and the thesis structure, there is some unavoidable repetition where the background, aims and objectives for each study is explained prior to presenting the publication in its original form.

In accordance with Monash University Graduate Research guidelines, the published articles included in this thesis have been presented in their publication format and layout.

However, each journal differed in its formatting requirements, thus resulting in minor formatting differences in chapters, including additional page numbers. Figure 1.1 illustrates the overall structure of the thesis and identifies the publications included.

**Figure 1.1***Overall studies structure*

The thesis began with the preface that situates the author's positioning and motivations concerning the thesis topic. Including this positioning statement is important when working within a qualitative approach and is part of the reflexivity process.

This chapter (Chapter 1) provides an overview of the thesis structure, followed by a discussion of the main concepts underpinning the research for this project. First, a review of the evolution of the term trauma and its implication for trauma research in psychology is presented. This section also defines the terms mass, collective and cultural trauma. Second, the psychological mechanisms of primary and secondary traumatisation are discussed. Third, the conceptualisation of ITT is presented in terms of its relevance to collective trauma. Fourth, the chapter provides the historical background to the Holocaust and the rationale for its conceptualisation as collective trauma in the thesis. This section also reviews the debate and diversity surrounding the definition of a Holocaust survivor (HS) in the scholarly literature. Finally, the chapter concludes with an overview of the aftermath of the Holocaust, including the migration and resettlement of the HSs. As two of the studies in the thesis involved grandchildren of HS (GHSs) who live in Australia, attention is given to the migration and resettlement of the HSs in this country.

Chapter 2 presents a narrative review of the literature on what is known about the psychological impacts of the Holocaust on those who survived, their children and their grandchildren. The chapter concludes with research limitations to date, the thesis rationale and research aims. Following the literature review, Chapter 3 introduces the research framework that has been chosen for the thesis, provides major definitions and justifies the purpose of choosing a specific approach. Next, the conceptual framework that guided the research is presented with a detailed discussion of its components, Bronfenbrenner's ecological systems approach and Frankl's meaning-centred approach. Each component is explored together with its relevance and application to the phenomenon of intergenerational transmission of trauma in families of Holocaust survivors.

Chapter 4 was designed to address gaps identified in the literature review outlined in Chapter 2. It presents the background to the first study publication in the thesis, *Between fear*



*and hope*, a systematic qualitative review of the literature about the lived experiences of GHSs. The chapter summarises the research questions that guided the review and includes an extended methodology section for the procedures involved in the systematic review.

Chapter 5 presents the methodology and methods employed in the thesis. The chapter provides the rationale for the suitability of phenomenology as a methodological approach to explore ITT in the families of HSs. The chapter concludes with a discussion of the researcher's reflexivity and ethical considerations relevant to the thesis.

Following on from the conclusions of the qualitative systematic literature review, Chapter 6 presents the background, aim and research questions that guided the second published study in this thesis, *Living alongside past trauma*. There is also a discussion of the relevance and contribution of the study. Chapter 7 provides the background, the aim and the research questions for the third published study in this thesis, *Transmission of trauma and resilience*. The chapter addresses the relevance and contribution of the study for the field of ITT in families of HSs.

Chapter 8 begins with an introduction to the overall thesis and provides a summary and synthesis of the three studies in this thesis. The chapter also includes a review of the research objectives and a discussion of themes identified across the three studies while highlighting shared themes. Included are sections addressing the limitations and strengths of the studies and recommendations for clinical practice. Finally, the thesis concludes with a postface outlining reflections on experiences of personal and professional growth throughout the research and the writing of the thesis.

## **1.2 The Evolution of the Term Trauma and its Implications in the Field of Psychological Science**

“Trauma is not a natural category but a culturally constructed way to mark out certain classes of experiences and events” (Kirmayer et al., 2007 p. 4).

This section reviews the origins of the concept of trauma and how it evolved from a term that was initially limited to physical injury to include psychological injuries. This section will also address historical, social, and political events that have influenced changes in the conceptualisation of trauma and its applications in the medical and psychological fields. This is followed by a discussion of various types of traumatic events and how these are defined in the literature. Next, there is a review of how the impacts of a single traumatic event are conceptualised within psychology. The concept of primary traumatisation is defined, followed by a discussion of its relevance to Post-Traumatic Stress Disorder (PTSD) through the various editions of the Diagnostic and Statistical Manual (DSM) (American Psychiatric Association, 2013). Next, secondary traumatisation is defined, including the expansion of PTSD to include secondary traumatisation. This section is followed by an introduction to the phenomenon of intergenerational transmission of trauma (ITT) and its relevance to collective trauma.

Originating from the Greek word for wound, *trauma* first appeared in medical texts in the middle of the 17th century but was limited to the pathological and physiological impacts of a violent physical injury on the human body (Micale & Lerner, 2001). Accordingly, at that time, physicians assumed that when an injury exceeded the body's capacity to heal, it could lead to permanent physical damage and even death (Kirmayer et al., 2007). The early conceptualisation of the term trauma evolved around the notion that violent events that caused physical bodily injuries may also simultaneously activate physical mechanisms targeted at survival, recovery, and repair.

According to Micale and Lerner (2001), the period between 1870 and 1930 is considered critical to the development of the term trauma as it is understood and employed today in medicine and psychology. The time between 1870 and 1930 saw a paradigm shift in natural and social sciences with a new direction towards understanding and linking

physiological and mental processes and how the latter may underline certain somatic conditions. These changes contributed to the emergence of a class of health practitioners that started focusing on mental functions and psychological processes. In addition, new techniques were developed for treating illnesses attributed to the nervous system and verbal therapies by Freud and Adler (as an example), who were trained as physicians (Micale & Lerner, 2001).

Coinciding with this paradigm shift, the western world experienced industrialisation and rapid technological advances. Some of these novel technologies contributed to developing and utilising new modes of travel (by land, sea, and air), communication, and an expansion of urban life. With the modernisation of factories, the production of goods and agricultural work became more dependent on machinery, coinciding with an increase in work and travel-related accidents. Some of these accidents led to severe physical injuries never experienced before. The technological advances impacted the development and production of military weaponry, which increased the lethal capabilities of the armed forces. All these changes, and in particular the development and deployment of weapons by the military, introduced the potential for exposure to new and detrimental pathologies and injuries that could occur during military training and armed conflicts (Micale & Lerner, 2001).

It is beyond the scope of this thesis to review all the historical, social, and political events that may have contributed to the development of the concept of trauma. Nevertheless, the First World War is of specific relevance, where the use of new lethal and mass destructive weaponry led to massive loss of life on the battlefield. While treating injured soldiers, British, American, and French physicians noticed symptoms that included fatigue, tremor, confusion, nightmares, and impaired sight and hearing (Jones et al., 2006; Jones, 2012). These presentations were challenging to physicians, who were not trained to treat soldiers with no apparent physical injuries or pathologies. The diagnosis of shell shock was subsequently

used, and provided when the impacted soldier could not return to combat duty, but the physicians could not identify any underlying physical pathology (Jones, 2012).

The diagnosis of shell shock may be considered an early diagnosis that preceded the later diagnosis of Post-Traumatic Stress Disorder (PTSD) (Micale & Lerner, 2001). The DSM-III revised edition (American Psychiatric Association, 1987) first introduced exposure to trauma criteria as part of the diagnosis of PTSD and differentiated between direct exposure, witnessed, and indirect exposure through others (North et al., 2016). The category of indirect exposure involves a situation where an individual learns of the traumatic event(s) that occurred to a close family member or a close friend. Furthermore, the DSM-V (American Psychiatric Association, 2013) clearly states that “in cases of actual or threatened deaths of a family member or friend, the event(s) must have been violent or accidental” (American Psychiatric Association 2013, p. 271).

The addition of indirect exposure to trauma through close contact with a traumatised family member as part of the criteria for PTSD diagnosis may be understood as an improvement in screening and diagnosing PTSD. This applied to clinicians as they assess individuals who present to therapy with a familial and collective trauma background. More importantly, these changes in DSM-V (American Psychiatric Association, 2013) PTSD criteria may have had implications for mental health professionals in terms of developing awareness while exploring clients’ backgrounds to look for traumatic events linked to familial and collective trauma.

### **1.3 Definitions of Traumatic Events**

Catastrophic events that are perceived as precursors to trauma may be caused by human behaviour in the examples of rape, war, ethnic cleansing, and genocide, or by nature with extreme natural events like hurricanes, tsunamis, and bushfires (Neria et al., 2008). This thesis focuses on the transmission of trauma concerning human-made traumatic events that

involve multiple people. Such events are known in the literature as mass trauma events (Landau et al., 2008; Shamai, 2016) and involve multiple persons who simultaneously witness or are confronted with an actual or a threat of death to self or others (Landau et al., 2008). One way to conceptualise such large-scale trauma is by applying a “ripple effect”, where the initial event sends shock waves through several interrelated systems (Tullberg & Muradwij, 2018). Hence, the impact of the trauma may exceed those initially and directly affected to include the survivors’ nuclear and extended family, communities, and nations (Shamai, 2016).

However, there appears to be a lack of consensus among researchers about the definition of large-scale traumatic events. To illustrate, the terms cultural, historical, collective, and national trauma have been used interchangeably in previous literature when describing large-scale trauma (Shamai, 2016). Additionally, the term disaster is sometimes utilised to describe the outcomes and impacts of a natural catastrophic event such as the 2004 earthquake on the Indonesian coast and accompanying tsunami (Walsh, 2009) and the aftermath of Hurricane Sandy in 2012 on New York State (Lowe et al., 2016).

Addressing this lack of consensus surrounding the definition of large-scale traumatic events, Shamai (2016) suggested that researchers could ask the following questions concerning large-scale traumatic events: what happened, how did it happen, and what are the damages? (p. 2). Shamai (2016) argued that the search for answers to these questions encourages researchers to systematically scan for facts about the catastrophic event, suggesting that responding to these questions can contribute to an improved understanding of the impacts of traumatic events on a systemic level and not just on an individual survivor level. Bearing these questions in mind, this section reviews the current terminology in trauma literature. Then, the terms are presented in terms of their relevance to the topic of the thesis.

### ***1.3.1 Collective Trauma***

Collective trauma can be conceptualised as nested within a large-scale traumatic event that has impacted a group of people who may be affiliated through ethnicity, race, religion, and/or sexual orientation (Landau et al., 2008). Similar to individual trauma, collective trauma has the potential for long-term impacts (Shamai, 2016). However, in the latter, those impacts may become part of the collective narrative and memory for generations to come, even when seemingly the wounds of the past have healed, and group members appear to others to cope well with the aftermath of the trauma (Kidron, 2019; Shamai, 2016).

### ***1.3.2 Historical Trauma***

The term collective trauma is sometimes used interchangeably with the term historical trauma. For example, Mohatt et al. (2014) defined historical trauma as “a complex and collective [trauma] experienced over time and across generations by a group of people who share an identity, affiliation or circumstance” (p. 128). However, although historical trauma focuses on the catastrophic past event, collective trauma, that may be linked to a historical event, is characterised by the ongoing presence of reminiscences of the past and how these take on a prominent and meaningful place in the collective memory and narrative (Kidron, 2019). Furthermore, the collective memory and the meanings assigned to the trauma may persist beyond the individual’s experiences and memories and potentially carry the transmission of the collective narrative from the trauma survivors to subsequent generations (Hirschberger, 2018).

### ***1.3.3 Cultural Trauma***

One subtype of collective trauma is cultural trauma. The concept of cultural trauma is inherently linked to the definitions and functions of “culture”. Pastor (2004) discussed the nature of cultural and collective trauma and compared culture to a club that provides benefits to its members, such as identity, safety and meaning. Pastor (2004) further argued that the

“members [of the cultural group] support, defend and sometimes sacrifice themselves for the culture” (p. 619).

Several researchers (Alexander, 2004; Shamai, 2016; Sztompka, 2000) defined cultural trauma as a socially constructed concept. For example, Alexander (2004) argued how “members of collectivity feel that they have been subjected to a horrendous event that have left indelible marks upon their group consciousness, marking their memories forever, and changing their future identity in fundamental and irrevocable ways” (p. 1). Likewise, Pastor (2004) added the “symbolic or instrumental manner” (p. 619) of choosing certain victims based on their culture to be inflicted with pain and suffering. According to Pastor (2004), perpetrators may perceive victims of cultural trauma as targets due to their embodiment of the targeted culture.

Expanding upon this definition of cultural trauma, Sztompka (2000) included the adverse impacts of the trauma, specifically the rapid, sudden, and radical social change in the cultural environment of the collective. Applying the theory of social change, Sztompka (2000) highlighted four domains considered to be characteristic of a cultural trauma perceived as social change: (i) chronological domain where the change is perceived as sudden and rapid; (ii) substance and scope where the change is perceived as radical and comprehensive and penetrates the core of the culture; (iii) the origins of the change are perceived by the collective as external and imposed by others exogenous to the collective; and, (iv) the collective’s mental frame that accompanies the trauma is perceived as unexpected, shocking, and repulsive. To illustrate, Sztompka (2000) listed several examples of events that carry the potential of cultural trauma, including racial riots, radical economic reforms, forced migration, ethnic cleansing, genocides, mass murder and acts of terrorism.

#### **1.4 Primary Traumatization**

Traumatic events, whether mass, collective or individual, carry the potential to adversely impact the individual who was present and exposed to the event(s) when it

occurred (Shamai, 2016). *Primary traumatisation* refers to the impacts of the trauma on those who were present and directly experienced the trauma (Harvey, 1996). Those who survive trauma may suffer from a multitude of physical, behavioural, cognitive, and affective symptoms, including but not limited to sleep disturbances, hypervigilance, fears, anxiety, and depression (APA, 2013; Kidron et al., 2019). The biomedical model places an emphasis on the pathological impacts of trauma on an individual's physical, mental, and emotional health (North et al., 2016). Central to this approach is the diagnostic construct of PTSD, where long-term symptoms negatively impair an individual's daily life functioning (APA, 2013).

### **1.5 Secondary Traumatisation (ST)**

Notwithstanding the impact of primary traumatisation, people do not need to be directly exposed to trauma to be negatively impacted. The DSM-III (APA, 1987) first introduced exposure to trauma criteria as part of the diagnosis of PTSD and differentiated between direct exposure, witnessed and indirect exposure through others (North et al., 2016). The category of indirect exposure addresses a situation where an individual learns of a traumatic event(s) that occurred to a close family member or a close friend. Furthermore, the DSM-5 (APA, 2013) clearly states that “in cases of actual or threatened deaths of a family member or friend, the event(s) must have been violent or accidental” (APA, 2013, p. 271).

Motta et al. (2004) expanded the definition of indirect trauma to include the construct of *secondary traumatisation* (ST). ST is when an individual in close and extended contact with the traumatised individual(s) experiences trauma-related symptoms. Secondary trauma typically includes family members or close friends but has also been known to impact carers and emergency and health care workers (Tullberg & Muradwij, 2018). Although ST symptoms may be similar to primary traumatisation, they are commonly less severe (Motta et al., 2004). Various empirical and clinical studies have investigated ST in families of World War II (Bernstein, 1998) and Vietnam war veterans (Rosenheck & Nathan, 1985), second generations of Japanese survivors of the atomic bomb (Tatara & Danieli, 1998), children of



the Armenian genocide (Kupelian et al., 1998) and children of HSs (Scharf, 2007).

### **1.6 The Intergenerational Context of Collective Trauma**

Large-scale traumatic events, such as collective trauma, may result in diverse and complex individual, community, and national impacts (Kirmayer et al., 2014; Shamai, 2016). Furthermore, past collective trauma has the potential to impact generations for decades and sometimes centuries after their ancestors' original trauma (Kidron et al., 2019).

The intergenerational approach to trauma aims to understand and evaluate the extent to which past trauma impacts subsequent generations, and assess the content and processes involved in the transmission of trauma. The term *transmission of trauma* is employed to describe thoughts, feelings and behaviours generated from the survivors' experiences that are identifiable in their offspring's behavioural and cognitive style (Kellermann, 2001a).

Examination of collective trauma through an intergenerational lens expands trauma research from an initial focus on those directly impacted to those indirectly exposed to the traumatic past of their ancestors. ITT research typically uses the following strategies: (i) an evaluation of the extent of the trauma among the survivors' family members and across several generations, (ii) identification of familial and societal processes involved in trauma transmission, (iii) identification of familial sources of vulnerability that may act as a risk factor in transmission and development of psychopathologies, and (iv) identification of protective factors within the individual, family, community and social environment that foster resilience across the generations (Danieli, 1998; Danieli, Norris, Lindert et al., 2015; Danieli, Norris & Engdahl, 2016).

### **1.7 The Holocaust as a Collective Trauma**

The following section provides the historical background for the Holocaust and justification for its conceptualisation as a collective trauma.

The Holocaust (1939-1945) is one of the largest-scale ethnic cleansing events in the 20th century (Yad Vashem, n.d.). However, it is essential to note that the Holocaust was not a

result of one single event but instead consisted of a series of events and processes that took place over many years from 1938 to 1945. Furthermore, the Holocaust was not localised to European countries and should be understood as a series of global events with perpetrators, victims, witnesses, and rescuers from all over the world (Bergen, 2016). The aftermath of the Holocaust sent shockwaves around the world, creating demographic changes as refugees and displaced people sought to return to their homelands or emigrate to new countries. Most refugees gathered in displaced people camps in Europe, mainly in Germany, Austria, and Italy, in areas under American control (Bergen, 2016). Some waited until they were granted travel documents and could legally migrate and resettle in new countries. Others boarded ships that were organised by the Jewish leadership in Palestine.

These migration routes (primarily through the sea) were considered “illegal” as Palestine was under British rule then, and the authorities limited the quotas for migrants (United States Holocaust Memorial Museum, n.d. Aliya Beth section). It is estimated that by 1948 more than 70,000 HSs took these illegal routes to Palestine. British authorities intercepted more than 90 per cent of the boats, and the HSs were either sent back to the displaced camps in Europe or detained on the island of Cyprus (United States Holocaust Memorial Museum, n.d. Aliya Beth section).

Although most of the victims persecuted and exterminated during the years that culminated in what has become known as the Holocaust were Jews, other minorities were also persecuted, incarcerated in camps, and in many cases, killed. These included those who were mentally ill or physically disabled, those identified as Roma and Sinti, communists, Jehovah’s Witnesses and homosexual men (United States Holocaust Memorial Museum, 2020, Who were the victims? section).

Those who survived the Holocaust experienced other losses, including the death of family members, the destruction of homes and, at times, of entire communities (Starman,

2006). From late 1939 through to the early 1940s, Jews (mainly in Poland) were forcibly moved from their homes into designated urban areas called ghettos where they were held sometimes for years (Gilbert, 2014). During 1939 and 1941, approximately half a million Polish Jews died in these ghettos from starvation and diseases brought on by overcrowding and a lack of medical care (Bergen, 2016). In addition, throughout 1942 and 1943, German, Austrian, Czech, Dutch and French Jews were transported by the tens of thousands to labour and concentration camps in various locations in Europe, where they experienced starvation, torture, disease, and constant threat to their lives, while many witnessed the execution of family members and for some, entire communities (Bergen, 2016).

### **1.8 Who is a Holocaust Survivor?**

As the aim of the thesis is to explore the experiences of grandchildren of HSs, it is imperative to define who counts as a Holocaust survivor for the study. Answering this question can be challenging and complicated for several reasons. First, in the years following World War II, historians did not reach a consensus on how to define a HS (Spicer, 2020). Second, the absence of an agreed definition allowed for a multitude of meanings to develop. Third, given this ambiguity, the scientific community and formal and informal survivor groups assigned their respective interpretations to HS, often referring to it as a term, status, and label (Spicer, 2020).

The struggle to conceptualise a definition for what or who is a HS has been an integral part of the research process involved in the thesis, from the initial stages of the research proposal to the recruitment of eligible participants, data analysis, and synthesis. Defining a HS required considering the diverse timeline for traumatic exposure and the many types of traumatic experiences that Jewish people were exposed to during World War II, including but not limited to the Holocaust. For some, the traumatic experiences of persecution, humiliation and killings started as early as 1938. For example, in Germany, in 1938, during the event known as *Kristallnacht* (night of the broken glasses), synagogues and Jewish businesses and

homes were targeted, windows broken, and property destroyed, alongside physical aggression towards Jewish residents (Bergen, 2016). This event marked the first mass arrest of Jews (30,000 Jewish males) who were incarcerated in local prisons and later sent to various concentration camps such as Dachau, Buchenwald and Sachsenhausen (United States Holocaust Memorial Museum, 2019, Kristallnacht section)

For some Jewish families, these events prompted the organisation of travel documents and leaving the countries they had called home. For many, such a hasty departure meant leaving behind nuclear and extended family members who did not want to or could not travel. For some survivors, this meant never reuniting with their relatives who had perished in the war. Some kept searching for their relatives for years after World War II ended. For many years, those individuals who fled their homeland to avoid further persecution and trauma were not perceived by scholars and formal survivors' groups and organisations as HSs, mainly because they managed to escape and did not directly experience the Holocaust (Spicer, 2020).

While some escaped before the war broke out, others who stayed in their homelands found themselves subjected to various traumatic experiences. These experiences started with being prohibited from practising their professions and keeping their businesses open through to forcible relocation to ghettos and later to labour and concentration camps. From 1941 onwards, some concentration camps also functioned as killing centres (Bergen, 2016). Nevertheless, a minority of those incarcerated in the ghettos and camps managed to escape, formed fighting units, or joined existing resistance fighters. These groups were known as partisans and were primarily active in Eastern Europe, with approximately 20,000 Jewish members (United States Holocaust Memorial Museum, n.d., Jewish partisans' section).

Another experience endured to survive the Holocaust and World War II involved living in hiding. These were mainly children, often hiding under a different religion and/or

using false identity papers. Some children could pass as non-Jews and live openly under a false identity. Others hid in cellars and attics, living with the constant fear of either being discovered or deported to labour and concentration camps. For those whose families decided to hide their children in cloisters and monasteries, such experiences meant denying their ethnic identity and enduring the separation from their family without knowing their parents' and siblings' fate (United States Holocaust Memorial Museum, 2022).

When defining who belongs to the category of HS, researchers need to consider these various experiences and the timeline of events, and the potential for exclusion and, with that, emotional pain. Nonetheless, Bar-On (1995) argued that adopting a definition such as “anyone who lived under the Nazi occupation during WWII and was threatened by the policy of the Final Solution but managed to stay alive” (p. 21) posed several problems. Specifically, he raised the question of what status should be provided to those who escaped to Russia and left families and relatives behind. Bar-On (1995) continued by asking, “Who decides who is a Holocaust survivor?” (p. 21), suggesting that in Israel, during the 1950s, some HSs felt stigmatised by the term HS and wanted to minimise their connections to this past or avoid it altogether. Such feelings arose from unjustified societal judgment that perceived HSs as weak since they presumably did not resist and fight for their freedom (Bar-On, 1995).

As the debate around defining a HS continued, the definition expanded over the seven decades after the Holocaust. According to Yablonka (2012), these expansions reflected social, cultural, and political changes as well as changes in the public consciousness concerning this historical collective trauma. In defining who HSs are, Yablonka (2012) highlighted three significant factors: self-identification (does one identify themselves as a HS?), societal recognition of being a HS, and lastly, those who felt a “historical consciousness or mission” either because they experienced the Holocaust directly or indirectly via the impact the Holocaust had on their families. On this basis, Yablonka (2012)

defined HSs as “all Jews in continental Europe who had suffered from Nazi oppression, either directly (the ghetto, the camps, the need to live in hiding) or indirectly (losing their families, fleeing, or being expelled from countries conquered by the Nazis)” (p. 185).

It is worth noting the current definitions from two of the largest Holocaust remembrance organisations, Yad Vashem in Israel and the United States Holocaust Memorial Museum. They are both educational and research institutions that are engaged in preserving the legacy of Holocaust victims and survivors. Yad Vashem (Shoah resource, n.d.) provided the following definition of a HS.

We define Shoah [Hebrew for Holocaust] survivors as Jews who lived for any amount of time under Nazi domination, direct or indirect, and survived. This includes French, Bulgarian and Romanian Jews who spent the entire war under anti-Jewish terror regimes but were not all deported, as well as Jews who forcefully left Germany in the late 1930s. From a larger perspective, other destitute Jewish refugees who escaped their countries fleeing the invading German army, including those who spent years and, in many cases, died deep in the Soviet Union, may also be considered Holocaust survivors.

Likewise, the United States Holocaust Memorial Museum provided a broad definition of HSs, including Jews who experienced Nazi persecution between 1933 and 1945, those who were in ghettos, concentration, and labour camps, and those who survived while in hiding. In addition, the museum expanded the definition to include “people who did not self-identify as Jewish but were categorised as such by the perpetrators” (United States Holocaust Memorial Museum, n.d.). The latter referred to individuals born to and who grew up in a family who converted to Christianity. The Nazi law did not recognise these conversions and considered the converts, their children and sometimes their grandchildren Jewish (Bergen, 2016).

The varied definitions of a HS as they appear in the scholarly literature and Holocaust

remembrance organisation websites demonstrate the complexity of providing an overall definition of who a HS is. In their definition of a HS, Yad Vashem (Shoah resources, n.d.) provides a concluding statement that “no historical definition can be completely satisfactory”, highlighting another aspect in the complexity of defining who a HS is, and those whom the Holocaust impacted.

Spicer (2020) addressed the complexity in defining a HS by describing a “hierarchy of suffering and pain” as it was formed within survivors’ communities. Spicer (2020) described how this hierarchy informed an inconsistent definition of the status of HS. Within survivors’ communities and associations, consideration was given to factors such as the survivor’s experiences during the Holocaust (e.g., ghetto, concentration and labour camp survivors, resistance fighters, and those in hiding) and the location and length of time of incarceration in ghettos or camps (Spicer, 2020). To that end, some survivor communities attributed the high level of pain and suffering to experiences of incarceration in camps and subsequently excluded those who were in hiding or joined partisan groups (Spicer, 2020).

Considering the various traumatic events that HSs endured during the Holocaust and to avoid falling into the trap of hierarchical presentation of HS experiences, this thesis and the thesis published studies defined a HS as anyone who lived in a country occupied by Nazi Germany before and/or during World War II and was subject to some form of persecution such as internment in ghettos, labour or concentration camps, living under false papers or in hiding. This definition was chosen to be inclusive yet operational for the purpose of participant recruitment.

### **1.9 The Aftermath of the Holocaust**

The Holocaust resulted in the destruction of 60 per cent of European Jewry, which amounted to one-third of the world’s Jewish population at that time (Staines, 2010). After the liberation of labour and concentration camps, those who survived gathered in displaced person camps. Between 1945 and 1948, most displaced person camps were situated in

Germany, Austria, and northern Italy (United States Holocaust Memorial Museum, n.d., the aftermath of the Holocaust). By the end of 1946, approximately 250,000 Jewish HSs were staying in these camps. While receiving medical care and food from the Allied Forces, many survivors continued to experience stress related to uncertainty about their and their family's fate. Most were perceived as stateless and lacked permanent residency and an official national identity (Ofer et al., 2011). Some who returned to their homes were denied access as strangers had assumed ownership (Eitinger & Major, 1993). Moreover, Jews who attempted to return to their homelands experienced further persecution, violence and, in some cases, murder (Ofer et al., 2011). Such experiences led many to migrate from Europe to other countries such as the United States of America (USA), Canada, Israel, and Australia (Staines, 2010).

### **1.10 Migration and Resettlement**

This section discusses the migration and resettlement of HSs after World War II. Since two of the studies in the thesis recruited participants from Jewish communities in Australia, specific attention is given to the migration of HSs to Australia.

The migration of European Jews to Australia started as early as the 1930s when the attitudes and persecution towards Jewish people in Europe worsened. The migration further increased as World War II commenced. However, migration quotas were limited due to the *White Australia Policy*, which sought to maintain 98% of the British heritage population in Australia (Kangisser Cohen, 2011). In 1938, with the deterioration of the social, political, and economic situation for Jews in Germany and Austria, Jewish representatives in the United Kingdom and Australia asked the Australian government to allow more Jewish refugees to settle. These requests were met with a refusal from the Australian government (Rutland, 2005). Nevertheless, between 1938 and 1940, 10,000 refugees managed to arrive in Australia, from whom approximately 8,000 self-identified as Jews (Rutland, 2005). Most of these refugees came from Germany and Austria (Staines, 2010) following the Nazi annexation of



Austria in 1938 and the event known as Kristallnacht on November 9th, 1938.

After World War II, the White Australia Policy ended, and Australian borders were open to non-British migrants, many of whom were displaced persons from Europe. However, for many HSs, Australia was not a preferred destination, primarily due to scant knowledge about life in Australia, apart from those who had relatives already living in Australia.

Many survivors chose to resettle in the USA and Palestine (Kahana et al., 2005). Those who chose to migrate to the USA justified their decision by having family members who already had established lives there and thus could provide support in setting up a new life. For others, the USA symbolised the land of economic opportunities and personal freedom (Kahana et al., 2005).

For more than fifty per cent of HSs in Europe, Palestine was their chosen destination citing ideological and political motives and identifying Palestine as the safest place for Jews after the trauma of the Holocaust (Offer et al., 2011). These migrants arrived in Palestine from the late 1940s until the mid-1960s (Offer et al., 2011). However, until the establishment of the State of Israel in May 1948, migration to British-controlled Palestine was illegal, and HSs who chose to migrate risked either having the ships turned back to Europe or facing incarceration in detentions centres such as the one in Cyprus (Kahana et al., 2005).

Although Australia was not necessarily a preferred destination, according to Kangisser Cohen (2011) there were three main reasons why HSs settled in Australia. The most common reason was having relatives who already resided in Australia and thus could sponsor them. Another reason was that survivors applied for visas to several countries and chose Australia because it was the first country to offer them a resettlement permit. Lastly, for some, there was a strong desire to migrate as far as possible away from Europe and the sites of destruction and traumatic experiences. Australia's remoteness offered that option. Thus, between 1946 and 1954, approximately 17,000 HSs arrived from Europe and Shanghai, and a

further 10,000 arrived between 1954 and 1961, including Hungarian Jews who survived the Holocaust but sought a way out of Hungary under the communist regime. In total, more than 36,000 HSs migrated to Australia post-WWII (Rutland, 2010).

Notably, although most HSs migrated to Israel and the USA, Australia has the largest number of HSs per capita anywhere in the world outside of Israel (Joffe et al., 2003).

Australia has the ninth-largest Jewish population in the world (DellaPergola, 2020), accounting for less than one percent (0.8%) of an estimated global Jewish population of 14.7 million in 2019. In 2019, most Jewish people lived either in Israel (45.3%) or the USA (38.8%). Data from the 2016 Australian population census estimated the local Jewish population to be 117,903, accounting for 0.5% of the national population (Graham & Narunsky, 2019). Most of the Jewish population (40%) lived in Australia's capital cities, predominantly in the state of Victoria (46.4%) and in the state of New South Wales (40.5%) (Graham & Narunsky, 2019).

The migration and resettlement of Jewish HSs in the aftermath of the Holocaust highlights how, for some, new struggles began as they were rebuilding their life after this collective trauma. For some, this meant learning a new language and adapting to a social environment different from what they previously had known, and for some, it meant learning new trades and professions to make a living in their new countries (Taft & Markus, 2018). As can be seen from the data presented in the previous section (Joffe et al., 2003), many HSs chose to resettle in Australia, a place geographically far from where the atrocities took place. Two of the three studies in this thesis focus on the experiences of the grandchildren of HSs who grew up in Australia, aiming to understand what meaning (if at all) they assigned to their familial Holocaust trauma and what relevance (if at all) this past has in their present adult life.

## **Chapter 2. Literature Review**

This thesis explores the phenomenon of intergenerational transmission of trauma (ITT) while focusing on the grandchildren of the Holocaust survivors (GHSs). As was established in Chapter 1 of this thesis, the Holocaust is understood as a collective and cultural trauma thus it carries the potential to impact more than one generation. This chapter presents a narrative literature review and includes studies across the three generations presumably impacted by this collective trauma: the survivors, their children, and their grandchildren.

The studies discussed in this chapter focus on the psychological impacts of Holocaust-related trauma on each generation. Specifically, the review starts with studies that have examined the impacts of the Holocaust on the survivors, also known in the literature as the “first generation” (Wiseman et al., 2002). Next, a range of studies are presented concerning the intergenerational transmission of trauma (ITT) between the survivor-parent and their children. This population is known in the literature as the “second generation” of HSs (Scharf, 2007). Lastly, to complement the qualitative systematic literature review presented in Chapter 4, the current chapter provides a narrative summary of a sample of quantitative studies concerning ITT as has been researched in samples of GHSs, also known as the “third generation” (Giladi & Bell, 2013). Of particular interest are the theoretical models used in these studies to examine the phenomenon of ITT and methodological challenges identified in research on ITT.

### **2.1 The Impacts of the Holocaust on Survivors**

A comprehensive review of all the available literature on the psychological impacts of the Holocaust on survivors is beyond the scope of this thesis. Therefore, this section is limited to reviewing a selection of studies that remain relevant to the current research in the field. The studies have been chosen since they represent changes in the focus of the research on the impacts of the Holocaust on the survivors and their descendants from the early years that were proximal to this collective trauma through the following seven decades.

Furthermore, changes in the aims of the studies, methods used, and conclusions, are explored and discussed.

During the first two decades after the war, research into the psychological aftermath of the Holocaust was limited to psychiatrist clinical reports on patients who were survivors. These reports focused on the psychopathological impacts of Holocaust-related trauma on the survivors' mental and emotional well-being (Krystal, 1968; Niederland, 1968). The reports primarily employed the response to stress model (Carmil & Breznitz, 1991) to hypothesise that exposure to extreme stressors may be linked with the affected individual's psychological, behavioural, and physiological manifestations. In their pioneering works, Niederland (1968) and Eitinger (1961) described their findings concerning the psychological functioning of HSs after the Holocaust in terms of "survivor syndrome" and "concentration camp syndrome", respectively.

Eitinger (1961) developed the term concentration camp syndrome by examining a sample of 100 former male concentration camp prisoners and War World Two veterans in Norway. He compared their pre-war mental and physical health records to their subjective reports after the war. According to Eitinger (1961), 85 of the 100 participants reported a multitude of symptoms, including increased fatigue, memory impairments, dysphoria, emotional instability, sleep disturbances, feelings of insufficiency, loss of motivation, irritability and nervousness, vertigo, and chronic headaches. Eitinger (1961) termed these symptoms as "concentration camp syndrome". Eitinger also found that these symptoms were associated with extreme experiences in the camps, such as starvation and torture.

Likewise, Niederland (1968) coined the term "survivor syndrome" based on his clinical work with HSs who presented to psychiatric treatment. Niederland reported HSs presenting with multiple symptoms, including chronic depression, anxiety, unresolved mourning, insomnia, somatisation, guilt, and problems regulating aggression. In a later study

Niederland (1981) also argued that specific manifestations of the survivor syndrome might resurface years after the Holocaust trauma. For example, he reported cases where survivors experienced nightmares and recurrent memories of their traumatic experiences years after the liberation from the concentration camps. In some cases, reliving those memories negatively impacted their mood and somatisation and even contributed to alterations in the client's sense of identity.

However, while the works of Eitinger (1961) and Niederland (1968, 1981) have highlighted the adverse psychological impact of the Holocaust on those who presented for treatment, their reports have several methodological limitations. Specifically, there are issues relating to the validity and generalisability of the results. For example, Eitinger's (1961) findings were limited due to the small sample size, study participants only being recruited from Norway, and limiting the study to male participants.

Additionally, Eitinger (1961) did not provide long-term follow-up on how these individuals adjusted to life after the war and whether their symptoms remained, worsened or improved. Finally, the research from both Eitinger and Niederland was limited to *select* samples (Felsen, 1998; Sagi-Schwartz et al., 2003), using non-random and convenience sampling of participants. For instance, Niederland's (1968) report was based only on HSs who presented to psychiatric treatment, thus it excluded those who did not seek mental health support or adapted well to life after the Holocaust.

The terms "survivor syndrome" and "concentration camp syndrome", as well as "concentration camp neurosis" (Baranowsky et al., 1998; Ryn, 1990), can be perceived as precursors to what is currently known as Post-Traumatic Stress Disorder (PTSD) (Baranowsky et al., 1998). In the 1980s, the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (APA, 1980) introduced the diagnostic criteria for PTSD, which led to clinicians and researchers noting similarities between the array of

symptoms reported by HSs and those reported by clients diagnosed with PTSD (Barel et al., 2010). While some studies on HSs reported findings aligned with the “survivor syndrome” symptoms, others also reported on sadness, helplessness and rage, symptoms associated with unresolved mourning for the losses they experienced during and after the Holocaust (Sagi-Schwartz et al., 2003).

In the following years, during the 1970s and 1980s, some researchers (Davidson, 1980; Matussek, 1975) questioned the validity of “survivor syndrome” as it was reported by Eitinger (1961) and Niederland (1968). For example, Matussek (1975) who interviewed 245 HSs previously incarcerated in concentration camps, reported that the “concentration camp syndrome” was only one of several reactions of the HSs to the stress of incarceration. Other reactions were characterised by loss of trust in other human beings, that was associated with HS’s social isolation, and sometimes paranoid ideation. Furthermore, Matussek (1975) found that the severity of the adverse impacts of incarceration was associated with the characteristics of the trauma the survivors experienced. Specifically, Matussek (1975) found that the type of work the HSs were forced to perform in the camps was a stronger predictor of adverse psychological outcomes compared to the camp type and length of incarceration.

The quest to understand the possible long-term impact of the Holocaust on survivors continued well into the 1990s and the 2000s and beyond, but there were shifts in theoretical approaches and methods. Notably, since the late 1980s, research on the psychological impacts of the Holocaust on those who survived expanded to include constructs related to psychological well-being, adaptation and cognitive function (Shmotkin et al., 2011; Shrira et al., 2011). Studies that compared HSs’ adaptive capacities to matched control groups, with no Holocaust background (Eitinger & Major, 1993; Lomranz, 1995) found minimal differences. Moreover, even when faced with a new threat and trauma such as during the Gulf War (1990-1991) when Israel was attacked by missiles, HSs did not differ in their response to the threat

compared to non-HSs (Robinson et al., 1994). Robinson et al. (1994) also found that in some cases HSs reported feeling “immune and hardened” (p. 360) by their Holocaust experiences and that helped them to function under the threat of war.

Moving beyond a single study approach, Barel et al. (2010) conducted a meta-analysis of 59 papers (total of 12,746 participants) to compare HSs to non-HSs on measures of physical health, psychological wellbeing, post-traumatic stress symptoms, and cognitive functioning, and found that HSs were less adapted and showed poorer psychological wellbeing. However, Barel et al. (2010) found that HSs did not differ from non-HSs in their cognitive functioning and physical health. Barel et al. (2010) concluded that although HSs showed elevated post-traumatic stress symptoms, they adapted well to other aspects of daily functioning. The authors suggested that survivors had strong motivations to rebuild their personal and professional lives and to get involved in social activities, serving as a protective factor that may have moderated the adverse impacts of their traumatic past.

This brief review of studies highlights the diversity of findings concerning the long-term mental health and post-trauma adaptation and adjustment of Holocaust survivors. Some researchers found that exposure to Holocaust trauma led to chronic and lifelong adverse impacts on the survivors’ mental health. Following this assumption of psychopathology, they focused their research on examining the adverse impacts of Holocaust trauma. Subsequently, some reported PTSD (Baranowsky et al., 1998), anxiety and maladjustment among HSs (Antonovsky, 1971; Niederland, 1968). Although acknowledging that the collective trauma of the Holocaust carried the potential for adverse consequences, others argued that these psychological impairments were limited only to a fraction of the HSs referred to in the literature as *clinical samples*, and as such were not representative of the overall population of HSs who went on to build their lives and seemed to be well adapted (Hantman et al., 2003; Shrira et al., 2011).

According to Solomon (1998), such diversity in findings may be related to a *pathogenic bias*. This bias is built into the researchers' overall theoretical framework, where researchers assumed the existence of underlying psychopathology due to exposure to Holocaust-related traumatic experiences. Such a framework informed the research questions and the selection of participants, heavily relying on clinical samples. Conversely, those who found no significant differences between the HSs and non-HSs comparisons on measures of psychological well-being and adaptation (Lomranz, 1995; Shanan & Shahr, 1983) referred to strength-based theoretical frameworks (Agaibi & Wilson, 2005; Kobasa, 1979; Tedeschi & Calhoun, 2004) and interpreted their findings as indications of resilience (Shmotkin et al., 2011) and post-traumatic growth (PTG) (Lev-Wiesel & Amir, 2003).

## **2.2 The Impacts of the Holocaust on the Children of the Holocaust Survivors**

Although research during the first two decades after the Holocaust focused on the survivors and their adjustment to life after the Holocaust, from the late 1960s onwards, studies expanded to include children of HSs (CHSs). Many HSs focused on creating new families in the years following World War II. Many married and fell pregnant, sometimes while they still had temporary living arrangements in displaced person camps. For some survivors, bringing a new life into the world was perceived as a symbol of victory against the Nazi regime's plan to exterminate the Jews (Wardi, 1992). As a result, it was common for HSs to name their children after their murdered relatives. In some families of HSs, the parents assigned the role of "lifesavers" and "memory candles" (Wardi, 1992) to those who were born immediately after the war, expecting them to fill their lives with new hope and content to replace the losses they experienced through the war and the Holocaust. Following their therapeutic work with HSs and their children, Barocas and Barocas (1973) reported how some HSs perceived their children as an extension of their own identity, which in turn led to difficulties in the separation and individuation process between the parent and the child.

The term second generation of HSs appeared in the literature around the 1970s.



Similar to the first wave of research on survivors, the prevailing theoretical assumption of adverse psychopathological impacts of the Holocaust on the survivors was expanded to the CHSs. However, in the case of CHSs, the assumption of underlying psychopathology centred on the concept of secondary traumatisation (*see* Section 1.5). Secondary traumatisation (Baranowsky et al., 1998; van IJzendoorn et al., 2003) may occur when a child, who did not directly experience the Holocaust, lives with or has continuous contact with the traumatised survivor-parent. Such ongoing exposure to parental trauma can potentially become a chronic stressor for the child (Scharf, 2007; van IJzendoorn et al., 2003). Albeck (1994) attempted to explain secondary traumatisation as a form of *empathic traumatisation*, describing how in some cases, the CHSs attempted to understand their parents' traumatic experiences through imagination as a means to integrate their parents' trauma into their lives.

Another similarity between early studies and the first wave of research during the 1960s and 1970s on CHSs was that they relied primarily on clinical reports of psychiatrists and psychologists. These reports found similarities in symptoms reported by survivors to those described by CHSs, who presented to therapy with symptoms of depression, anxiety, phobias, guilt, and issues relating to separation and individuation (Barocas & Barocas, 1973; Davidson, 1980; Solkoff, 1992; Solomon, 1998). For example, Davidson (1980) reported that in their therapeutic work in child and adolescent outpatient services in Israel, 20% of the referred patients had at least one parent who was a concentration camp survivor. To understand these presentations, clinicians and researchers turned to the phenomenon of "intergenerational transmission of trauma [ITT]" (Kellermann, 2001a; Sigal & Weinfeld, 1989).

The early literature on ITT in families of HSs differentiated between direct and specific transmission and indirect and general transmission (Schwartz et al., 1994). Direct and specific transmission referred to cases where, through modelling and socialisation,

children of parents with a specific mental health disorder (e.g., major depressive disorder) learn to think and behave in disordered ways as modelled by their affected parent. Hence these children were identified as being at risk of developing a similar disorder to their parents. Indirect and general transmission referred to cases where the impacted parent's mental illness adversely impacted their ability to parent. As a result, some children were deprived of attention and care for their needs as a developing individual. This transmission route did not occur through learning between parent and child and was an example of indirect transmission. The transmission was understood to be a consequence of the parent's ability to function, leading to a wide range of adverse mental and emotional impacts on the child (Schwartz et al., 1994).

Utilising the concept of direct and specific transmission, Baranowsky et al. (1998) and Yehuda et al. (2001) explored the hypothesis of transmission of PTSD symptomology from HS parents diagnosed with PTSD to their children. Yehuda et al. (2001) examined the association between HS parental PTSD and their children in a convenient sample of 153 participants who had sought therapy. The sample consisted of three groups: 60 were CHSs with at least one parent living with PTSD; 33 were CHSs with no parental PTSD; and a comparison group of 42 individuals whose parents were not HSs. Yehuda et al. (2001) found an association between HS parental PTSD and the occurrence of PTSD in children, indicating parental PTSD was a risk factor for children developing PTSD. However, although the study included a comparison group (without parental Holocaust background), the CHSs were recruited through Jewish community groups and from participants in a specialised psychotherapy group that treated HSs and their families. As such, these results may not be generalisable to other CHSs not affiliated with local Jewish organisations or to those who did not attend psychotherapy. Another problem with the study is that Yehuda et al. (2001) only measured parental PTSD indirectly from asking the CHSs to complete a parental PTSD scale

(it did not come directly from the parent). Children's responses may be questionable and, at best, provide a subjective perception of their parent's symptoms.

Analysing a non-direct route of transmission, Kellermann (2001b) compared the perceived parental behaviour between one group of 159 adult CHSs and a comparison group of 151 adults with no parental Holocaust background. Participants did not report a history of mental health issues. Using the Holocaust Survivor Parenting Questionnaire developed for the study, Kellermann (2001b) identified four factors that characterised the CHSs' perception of their HSs' parenting. The factors were: transmission (e.g., "the past of my parent has an influence on my life" and "my parent transmitted his/her burden onto me"); affection (e.g., "I felt that my parent accepted me" and "when I was sad I could get support from my parent"); punishment (e.g., "my parent hit me" and "my parent shouted at me"); and over protection (e.g., "my parent was too involved in my life" and "my parent was afraid that something might happen to me when I was far away") (p. 64). Kellermann (2001b) found a significant difference ( $p < .05$ ) in the factor of transmission with CHSs reported on higher levels of "transmission" regardless of the gender of the parent—compared to children with no Holocaust background. However, except for the factor of punishing (where HS fathers rated significantly higher than non-HS fathers), ( $p < 0.5$ ), no other differences were found between perceived parental behaviour between CHSs and children of non-HSs. Based on these findings, Kellermann (2001b) suggested that CHSs did not perceive their parents as dysfunctional but instead viewed them in a positive manner. These findings suggest that in some cases, CHSs were less likely to experience a non-direct transmission as they reported an overall positive and supportive upbringing by HS parents.

Conversely, other researchers (Bar-On et al., 1998; Scharf & Mayseless, 2011; Wiseman et al., 2002) presented CHSs' reports of parenting practices that included overprotectiveness, fear of separation, and a lack of emotional support. Moreover, these

studies signalled an expansion in the study of ITT in families of HSs from the early focus on psychopathology to the inclusion of various developmental and sociocultural theoretical frameworks such as attachment (Ainsworth et al., 2015; Bowlby, 2012; Wiseman et al., 2002). For example, Bar-On et al. (1998) investigated an association between HS parents' traumatic experiences, including the loss of their parental attachment figures, and whether these contributed to the survivor's ability to form a secure attachment with their children. Bar-On et al. (1998) also asked whether these parental experiences impacted HS's parenting practices. In a series of three studies, Bar-On et al. (1998) reported parental overprotectiveness and a pattern of parentification where CHSs assumed a caring role that included emotionally supporting their parents. Additionally, Bar-On et al. (1998) found that CHSs' preoccupation with their parents' emotional pains was associated with avoiding asking their parents about the Holocaust for fear of evoking painful memories. Bar-On et al. (1998) associated the parental pattern of overprotectiveness with what is commonly known in the attachment literature as enmeshed family relationships (Ainsworth et al., 2015), or as an insecure-ambivalent and preoccupied attachment style. Bar-On et al. (1998) suggested that such an insecure attachment had the potential to adversely impact the child throughout their development, especially when they encountered stressful situations as they may exhibit maladaptive responses due to the lack of secure attachment during their early childhood.

Other studies included an interpersonal approach (Giladi & Bell, 2013; Wiseman et al., 2002) to evaluate whether and how familial and interpersonal patterns in families of HSs might influence ITT in these families. Wiseman et al. (2002) collected data on familial communication about the Holocaust past between HS parents and their children. The authors analysed the relationship between *informative* verbal and nonverbal parental communication about their Holocaust experiences and children's interpersonal behavioural patterns. They found that regardless of open (described by the authors as "informative verbal

communication”) or absent familial communication (described by the authors as “knowing not knowing”), CHSs ( $n = 56$ ) did not differ from non-HS children ( $n = 54$ ) on measures of mental health that included measures of anxiety, depression, loss of behavioural control, general positive affect and emotional ties. However, when comparing CHSs experiencing open and informative familial verbal communication to those who grew up with no verbal communication, the latter CHSs reported a significantly higher level of measures of interpersonal distress ( $p < .05$ ). Additionally, it was found that CHSs who grew up with no familial verbal Holocaust-related communication reported higher levels of interpersonal stress when compared to the group with non-HS parents.

Wiseman et al. (2002) also employed an attachment theory perspective with an emphasis on the role of communication pathways between parents and their offspring from infancy to adolescence. They found that being a CHSs was not associated with higher interpersonal distress but rather with the type of familial communication about the Holocaust. Accordingly, Wiseman et al. (2002) suggested that open communication pathways between HS parents and their children were paramount in the development of well organised internal models of attachment. Moreover, Wiseman et al. (2002) suggested that open communication pathways gave room to address disruptive events in a manner that strengthened the attachment between the parents and their children.

Some previous studies (Wiseman et al., 2002; Yehuda et al., 2001) exploring ITT between HSs and their children presented the demographic characteristics of their samples, such as age, gender, parental Holocaust experiences, and the number of HS parents in the family. However, most did not include details on the HSs’ pre-war experiences, their age at the time of the Holocaust, their immediate experiences after the war, and their experiences during migration and settlement. According to Danieli (1998) and Danieli, Norris and Engdahl (2016), the nature of the Holocaust as a collective trauma and the potential for

diverse and complex long-term impacts on the survivors and their descendants calls for a “multidimensional, multidisciplinary and integrative” approach (Danieli, Norris & Engdahl, 2016, p. 639).

Danieli, Norris, Lindert, et al. (2015) and Danieli, Norris and Engdahl (2016), in their seminal works, surveyed 422 CHSs from the United States of America (USA) and Israel to explore the relationship between several characteristics of HS parents and their impact on the adaptation and wellbeing of their children. These characteristics included the survivor’s family history (pre-war familial structure, Holocaust exposure and resettlement experiences), family milieu (socio-cultural status, social support post-war) and the survivor’s post-trauma adaptations style. Danieli, Norris and Engdahl (2016) defined post-trauma familial adaptation style as “survival strategies generalise[d] to a way of life” (p. 640) and thus formed an integral part of the developing child’s biopsychosocial environment.

Danieli, Norris and Engdahl (2016) found that HS parents’ post-trauma adaptation style could shape the CHSs emotional development, their identity and beliefs about themselves and others in their social environment. Specifically, Danieli, Norris, Lindert, et al. (2015) and Danieli, Norris and Engdahl (2016) identified three post-trauma adaptation styles among HSs: victim (characterised by being unable to move on from the past trauma; emotional volatility and overprotectiveness); numb (emotional detachment, avoidance of communication about the past trauma); and fighter style (valuing mastery and justice and maintaining Jewish identity). According to Danieli, Norris and Engdahl (2016), the parents’ experiences of being intermitted without the possibility of escape (e.g., in hiding and being incarcerated in a ghetto, labour or concentration camp) had the strongest association with the HS parents’ adaptation style post-war labelled “victim”. Additionally, Danieli, Norris and Engdahl (2016) reported that HS parents’ post-war adaptation style indirectly affected their children’s adaptation and mental wellbeing, and that family experiences post-Holocaust had a

more substantial direct impact on the children's wellbeing than pre- and during-Holocaust parental experiences.

Furthermore, Danieli, Norris and Engdahl (2016) identified two factors that appeared to act as protective factors in the adaptation of CHSs. Firstly, they found that CHSs who lived in Israel reported better adaptation compared to those who lived in the USA. To explain these findings, Danieli, Norris and Engdahl (2016) emphasised how in the new state of Israel established after the war, the Holocaust became an integrated part of the national identity and narrative. Thus, HSs found a new meaning to their lives in building and defending the new Jewish state. Danieli, Norris and Engdahl (2016) also found that continuity between the generations in the HS family acted as a protective factor in the CHSs adaptation. Specifically, they reported an indirect effect between continuity in religious affiliation across the generations and the reparative style of the CHSs.

The research by Danieli, Norris, Lindert, et al. (2015) and Danieli, Norris and Engdahl (2016) on the intergenerational impacts of HS post-trauma adaptation styles augmented other theoretical frameworks using psychoanalytic (Kogan, 2002) and attachment theories (Bar-On et al., 1998). Moreover, research by Wiseman et al. (2002) and Danieli, Norris, Lindert, et al. (2015) and Danieli, Norris and Engdahl (2016) contributed to the shift from the psycho-pathogenic approach that was prevalent among researchers in early studies on the survivors (Eitinger, 1961; Niederland, 1968, 1981) and their children (Baranowsky et al., 1998) towards an integrative and systems approach. This is the basis for the thesis conceptual framework that is outlined in the next chapter.

Although some studies on ITT that included CHSs improved the strength of their methodological designs, by for example the inclusion of control groups and sampling from non-clinical populations, there are still some methodological weaknesses with these studies. For instance, research by Bar-On et al. (1998) and Yehuda et al. (2001) recruited participants

using convenience sampling from local Jewish organisations and approached attendees in gatherings of formal organisations of CHSs, thus limiting the generalizability of the results. In addition, Yehuda et al. (2001), who explored the transmission of PTSD symptomology from HS parents to their children, relied on indirect measures, namely the CHSs' perceptions of their parents' severity of PTSD symptomology. These measures were limited to the subjective impressions of the CHSs of their parents' symptomology. Likewise, Kellerman (2001a) employed self-reported measures on how CHSs perceived their parental behaviour towards them.

Another methodological weakness highlighted in literature reviews on the impacts of the Holocaust on the CHSs (Felsen, 1998; Solomon, 1998) related to the sampling methods employed. Findings from studies employing clinical samples (Harel et al., 1988; Lomranz, 1995) supported the hypothesis of ITT in CHSs. For example, studies that relied on participants who attended therapy reported challenging family relationships, such as parental overprotective behaviours which in turn were associated with anxious behaviours and ambivalent bonds between the children and their HS parents (van IJzendoorn et al., 2003). Conversely, studies that utilised non-clinical samples of CHSs found that their overall daily functioning and ability to cope with stress was not statistically significantly different from comparison groups (Scharf, 2007; Schwartz et al., 1994).

A different methodological approach was undertaken by van IJzendoorn et al. (2003) who conducted a meta-analysis of 32 papers ( $n = 4,418$ ), including clinical and non-clinical samples, to further explore the possible impacts of variances in sampling methods. Of the 32 papers in the meta-analysis, 38% used random/non-select sampling methods, and 22% involved clinical/select samples. Data from 4,418 participants revealed significant differences in measures of psychological wellbeing and adaptation between the second-generation HSs and comparison group, with a small effect size ( $d = 0.28, p < .001$ ). When examining the



complete set of studies, the authors found that CHSs were less well adapted than comparison groups with no familial Holocaust background. Notably, when addressing the sampling method, the findings indicated that only studies with convenient sampling showed a significant effect size ( $d = 0.35$ ,  $p < .001$ ) for general adaptation. Moreover, the effect size was more robust in clinical samples compared to non-clinical samples, thus indicating the presence of secondary traumatization.

### **2.3 The Impacts of the Holocaust on the Grandchildren of Holocaust Survivors (the Third Generation)**

Until the late 1980s, research into ITT in families of HSs mainly focused on the ITT between the survivor-parent and their children. However, with the third wave of research, studies into ITT expanded to include the grandchildren of HSs (GHSs). GHSs may be uniquely positioned concerning their ancestors' trauma: with a timespan of almost eight decades away from the Holocaust, most GHSs will be the last generation to have had direct contact with the survivors, though some were born after their grandparents died. Others may hear of their ancestors' trauma through indirect communication pathways, such as from other family members (e.g., parents, aunts, uncles, and others), educational and community programs commemorating the Holocaust, or through their research into their family history. Nonetheless, the research on ITT and GHSs is still sparse. Many papers continue to employ the conceptual framework of secondary traumatisation, thus searching for indications of adverse impacts of the Holocaust on GHSs, with only a minority of studies exploring possible positive outcomes.

This section complements Chapter 4, which presents a systematic qualitative literature review on ITT and GHSs. The search for studies on ITT and GHSs was completed in January 2020, and yielded 726 papers, eight with a quantitative design. These papers span from 1998 to 2016. Four studies were conducted in Israel, two in the USA, one in Canada and one in Italy. This section starts by reviewing the Sagi-Schwartz et al. (2008) meta-analysis

examining evidence for transmission of trauma between the HSs and their grandchildren. This meta-analysis included three studies (Bachar et al., 1994; Scharf, 2007; Sigal & Weinfeld, 1989) that were identified during the database search for the qualitative systematic literature review for this thesis (see Chapter 4). The meta-analysis review is followed by a brief review of seven further studies published after the Sagi-Schwartz et al. (2008) paper. These seven studies (Giladi & Bell, 2013; Iliceto et al., 2011; Letzter-Pouw et al., 2013; Payne & Berle, 2021; Perlstein & Motta, 2013; Preiss et al., 2022; Zerach & Solomon, 2016) cover the time between 2011 and 2022.

The Sagi-Schwartz et al. (2008) meta-analysis followed a previous meta-analysis (van Ijzendoorn et al., 2003) that found no evidence for secondary traumatisation in samples of non-clinical CHSs. Following these conclusions, Sagi-Schwartz et al. (2008) hypothesised that since the CHSs did not have a higher prevalence of psychological problems than comparisons (those with no familial Holocaust background), no transmission of trauma would be evident among their children (GHSs).

Thirteen studies ( $n = 1012$ ) met the inclusion criteria; all had samples of non-clinical GHSs as comparisons. In addition, the 13 studies included seven that used a convenient sampling method. For example, participants were recruited during a Holocaust Memorial Day service (Gopen Hyman, 2003), and in another study (Liebenau, 1992) participants were referred to the study from a community organisation of CHSs. The remaining six studies included in the meta-analysis used non-convenience sampling methods (Sagi-Schwartz et al., 2008) referred to as non-select samples.

Data from the studies in the Sagi-Schwartz et al. (2008) meta-analysis were coded into a broad category titled “adjustment” then further divided into positive and negative indicators in the coding system. “Negative indicators” included measures of anxiety, depression, eating disorders and clinical referral (Sagi-Schwartz et al., 2008). The “positive

indicators” category included outcomes relating to general attachment, attachment security, self-esteem, relationships with partners, and coping. The authors further differentiated the overall category of functioning into three domains: externalising, internalising, and attachment-related issues. The externalising domain included studies that reported on outcomes of aggression and conduct problems in GHSs. Studies in the meta-analysis that reported on outcomes of distress, fear, self-esteem, anxiety, depression and eating disorders were grouped under the domain of internalising. Lastly, studies reporting on outcomes of attachment security and attachment to parents were included in the attachment-related domain.

Sagi-Schwartz et al. (2008) did not find significant differences between non-clinical samples of GHSs in their comparisons on psychological wellbeing and adaptation measures. The authors concluded that their meta-analysis did not support the hypothesis for secondary traumatisation in the GHSs in their samples. Sagi-Schwartz et al. (2008) explained their findings referring to the stress-diathesis model (Paris, 2000), suggesting that since HS parent’s traumatic experiences were not inflicted upon them by their parents or other important attachment figures, HS’s ability to form a secure attachment with their children was not adversely impacted. This affirmed that HS parents were able to fulfil their role as trusted parents and grandparents. Additionally, Sagi-Schwartz et al. (2008) argued that social and communal support available to most of the HSs during and after their resettlement in new countries contributed to their resilience as individuals and in their parental functioning. Sagi-Schwartz et al. (2008) conjectured that the lack of evidence in their meta-analysis for ITT in the GHSs was an outcome of the HSs grandparents’ resilience and adaptation post-war.

However, the Sagi-Schwartz et al. (2008) meta-analysis has several limitations. First, the authors did not consider any mediating variables in the HS’s family background that may have impacted the GHS adaptation and psychological wellbeing, such as factors related to

grandparents' trauma. There is variation in individual experiences and places associated with trauma, including ghettos, labour camps, concentration camps, individuals living in hiding, living under false identities, or fighting in the resistance. Additionally, the authors did not consider whether the number of HSs in the grandchild's family impacted the grandchild's level of adaptation. Such factors were examined in the works of Danieli, Norris, Lindert et al. (2015) and Danieli, Norris and Engdahl (2016) and were found to adversely impact CHSs adaptation and wellbeing. It would have been beneficial to examine whether such impacts were transmitted to the GHSs.

Lastly, Sagi-Schwartz et al. (2008) excluded all qualitative research and case studies from their analysis. The inclusion of quantitative studies only, meant the authors relied on the results of clinical measures and surveys. Such measurements may identify underlying psychopathology, but they may not have the sensitivity to elicit an understanding of the experiences of GHSs from their perspective and, just as importantly, the meaning they give to experiences growing up with this history.

Seven studies on ITT, including the GHSs, were published after the Sagi-Schwartz et al. (2008) meta-analysis. These studies covered the time between 2011 and 2022 and offered additional information and insight into the phenomenon of ITT and GHSs. Moreover, these studies attempted to address some of the previous methodological limitations, by including matched comparison groups (i.e., participants with no familial Holocaust background). Nonetheless, using convenience sampling remains a concerning limitation of these studies. Six studies recruited participants who self-identified as descendants of HSs (Giladi & Bell, 2013; Iliceto et al., 2011; Letzter-Pouw et al., 2013; Perlstein & Motta, 2013; Preiss et al., 2022; Zerach & Solomon, 2016) and/or participants were recruited from local Jewish communities and synagogues (Perlstein & Motta, 2013). Two studies (Giladi & Bell, 2013; Letzter-Pouw et al., 2014) explored ITT with a sample that included CHSs and GHSs.

Notably, studies focused primarily on the possible adverse impacts of Holocaust trauma on the GHSs similar to the earlier studies on ITT in CHSs. For example, Iliceto et al. (2011) explored differences between GHSs and their comparisons on measures of hopelessness, expressions of anger and temperament (the last included depressive, hyperthymic, cyclothymic, irritable, and generalised anxious temperament). Others, such as Perlstein and Motta (2013), explored the impact of grandparental Holocaust trauma on the grandchildren while measuring secondary traumatic stress and trait anxiety as measured on the State-Trait Anxiety Inventory (Spielberger et al., 1983). Zerach and Solomon (2016) explored the relationship between being a GHS and child of a previous Israeli prisoner of war in terms of levels of post-traumatic stress symptoms and anxiety sensitivity.

In comparison, Preiss et al. (2022) included measures of post-traumatic growth. They aimed to explore the impact of the Holocaust on samples that included HSs, CHSs and GHSs and matched comparisons. Preiss et al. (2022) found that HSs, CHSs and GHSs reported higher levels of post-traumatic stress symptoms than comparison groups. Additionally, they found that only the HSs group exhibited significantly higher scores on a measure of post-traumatic growth than their comparison. No other differences were found between CHSs, GHSs and their comparisons. However, Preiss et al. (2022) concluded that while GHSs reported a high level of post-traumatic stress symptoms, they also appeared to be well-adapted and were able to integrate their familial trauma into their present lives while rediscovering positives aspects of their grandparents' pre-war legacies.

This narrative review of the literature on the impacts of the Holocaust on survivors, their children and grandchildren has highlighted how research into ITT has evolved since its early days in the 1960s and 1970s till the present day. The initial studies on ITT involving HSs and their children relied primarily on clinical reports by psychiatrists and psychologists who treated HSs and CHSs. Some early studies were criticised (Felsen, 1998) for their

theoretical and methodological approaches. For example, some of the early researchers (Eitinger, 1961; Niederland, 1968) operated under the assumption that most HSs who were exposed to the atrocities of the Holocaust were psychologically adversely impacted.

Methodologically, early studies relied on convenience sampling and lacked comparison groups. These weaknesses were addressed in the second wave of research on HSs and their descendants. Nonetheless, most studies continued to investigate adverse impacts of the Holocaust on the survivors and their children, using the construct of secondary traumatisation (Baranowsky et al., 1998; van Ijzendoorn et al., 2003).

Almost eight decades after the collective trauma of the Holocaust, researchers continued to explore whether this trauma impacted the grandchildren of the survivors, also referred to as the “third generation” of HSs (Jilovsky et al., 2016). However, findings were mixed, and experiences are diverse concerning ITT for both CHSs and GHSs. Most studies continued to explore and report on the adverse impacts of the Holocaust on the grandchildren, including PTSD (Payne et al., 2021), expressions of hopelessness and anger (Iliceto et al., 2011) and secondary traumatic stress (Perlstein & Motta, 2013). There were a few studies that went against this trend with GHSs reported outcomes of resilience and post-traumatic growth (Preiss et al., 2022; Shasha-Rubinstein et al., 2015).

This narrative review found that most studies on GHSs involved quantitative methods using scales and questionnaires. These methods are anchored in the scientific approach to inquiry known as positivism and post-positivism (*see* Chapter 5, Section 5.1.1, 5.1.2). Although these tools may have their strengths in identifying underlying psychopathology, they may lack the sensitivity to elicit and document the voices of GHSs. In listening to their stories, researchers may gain insight into their experiences and, most importantly, how they have attempted to make sense of their ancestors’ trauma.

The overall objective of the thesis is to expand the research on the experiences of

adult grandchildren of Holocaust survivors to allow for a deep understanding of how grandchildren of Holocaust survivors make meaning of their grandparental trauma, while also exploring if, and how, intergenerational transmission of trauma and resilience has occurred.

### **Chapter 3. The Thesis Conceptual Framework**

This thesis aims to explore the experiences of grandchildren who grew up with at least one grandparent who was a Holocaust survivor (HS). Addressing gaps identified in the literature reviews (see Chapter 2 for a narrative review and Chapter 4 for a systematic qualitative review), the published studies included in the thesis explore how and whether grandchildren of Holocaust survivors (GHSs) experience intergenerational transmission of trauma (ITT). Additionally, the three publications in the thesis aim to gain insight into if and how GHSs make meaning of their grandparents Holocaust-related traumatic experiences.

#### **3.1 Thesis Conceptual Framework**

The literature reviewed in Chapter 2 concerning the impacts of the Holocaust on survivors, their children, and grandchildren, identified a multitude of theoretical models that explain and explore the phenomenon of ITT. Some of the main theoretical models previously employed were psychodynamic (Kogan, 2002; Rowland-Klein & Dunlop, 1998; Vardi, 1992), sociocultural (Scharf & Maysel, 2011; Wiseman et al., 2002), attachment (Goldberg & Wiseman, 2006; Sagi-Schwartz et al., 2003) and the biological model (Lehrner & Yehuda, 2018). The various theoretical models resulted in differing assumptions concerning the processes involved in ITT in families of HSs. Overall and according to these theories, ITT in descendants of HSs occurred due to unconscious and displaced HS parental emotions, inadequate parental and caregiving behaviours, inability to form secure attachments with their offspring and understanding ITT as a possible epigenetic mechanism (Kellermann, 2001a).

For example, the psychodynamic approach emphasises the role of unconscious absorption of repressed and insufficiently worked-through traumatic experiences from the HS parent to their offspring (Kogan, 2002). Within this approach, some scholars who examined ITT between the HS parents and their children argued for a displacement of unresolved and repressed grief that impacted on the children of HS parent(s). To illustrate, Vardi (1992)



found that some HSs perceived their children as living representations for the continuity of life despite the trauma but also a constant reminder and, in some cases, a replacement for their Holocaust-related losses (e.g., death of family and community members).

Using a psychoanalytic approach, Rowland-Klein and Dunlop (1998) interviewed six female CHSs and identified several unconscious processes involved in the ITT, from the HS parents to their children. Rowland-Klein and Dunlop (1998) described a form of projective identification where the HS parents projected their Holocaust-related anxieties into their children, which according to Rowland-Klein and Dunlop (1998) contributed to the transmission of fear and mistrust in the extra-familial, social environment, mainly directed towards non-Jewish people. The participants in this study self-reported behaviours of hypervigilance and suspicion, and a fear of being publicly identified as Jewish. Rowland-Klein and Dunlop (1998) also noted introjection, including overidentification of the CHS with their HS parental trauma. For example, CHSs reported nightmares and daydreams associated with reliving what they knew of their HS parents' experiences in the concentration camps. While important, the psychoanalytic perspective limited the research focus to intrapersonal factors while neglecting to acknowledge other social factors, such as parental experiences post-war, including migration and resettlement.

Due to its therapeutic nature, psychoanalytic theory has been primarily employed in clinical samples and case studies. Consequently, this has led to understanding HS descendants as a population that have been chiefly adversely impacted by their ancestors' traumatic experiences during the Holocaust (Solkoff, 1992). In comparison, those using sociocultural theory focus on the socialisation process and findings that parenting, caregiving behaviours, and communication patterns play a crucial role in trauma transmission between parents and children (Kellermann, 2001a; Scharf & Mayseless, 2011; Wiseman et al., 2002). Previous studies using the sociocultural framework, contributed to an understanding that

CHSs and GHSs are not a homogeneous group and highlighted the differences in the impacts of their parental and grandparental Holocaust trauma. For example, Scharf and Mayselless (2011) interviewed 196 parents who identified as CHSs and their 142 adolescent children (identified as grandchildren of HSs). Scharf and Mayselless (2011) identified several HS parental behaviours that characterised the caregiving relationship between the CHSs and their children including survival issues, lack of emotional resources and parental coercion of the child to please the parents and satisfy their needs. They described a range of experiences CHSs reported concerning their HS parental behaviours. They categorized them thematically as survival-related parental behaviours characterised by overprotectiveness and overcontrolling of their children's lives, such as not allowing them to go on school trips or visit friends. Parental behaviours linked to survival issues were also related to the parental preparedness for a potential catastrophe demonstrated by hypervigilant behaviours, mistrust, and hostility towards the world. According to Scharf and Mayselless (2011), there was a lack of differentiation between parents' Holocaust-related traumatic experiences, their associated needs such as for safety, and their children's wishes and needs. As a result, CHSs reported being unable to enjoy a normal childhood and adolescence as their needs in a place and time distant from their parents' trauma were unmet.

Other studies (Giladi & Bell, 2013; Wiseman et al., 2002) that used sociocultural theories to frame the research explored the influence of familial communication pathways on the transmission of trauma to CHSs and GHSs. For example, Giladi and Bell (2013) collected self-reported measures from 77 CHSs and 52 GHSs (with no familial relations) on levels of secondary traumatic stress and quality of general familial communication: "the exchange of factual and emotional information between the family members" (p. 386). Giladi and Bell (2013) found that frequent verbal familial communication was associated with lower levels of secondary traumatic stress in CHSs and GHSs compared to CHSs and GHSs who reported

lower levels of family communication.

In contrast to the studies discussed above that adhered to a singular theoretical model to examine ITT in descendants of HSs, the research conducted in this thesis employed a multi-faceted conceptual framework for the following reasons. To start, the research undertaken in the thesis was exploratory by nature and was not guided by a specific hypothesis, so it was not set up to test any particular theory. Instead, the thesis aimed to document GHSs' experiences, gain insight into how they made sense, if at all, of the trauma felt by the grandparents, and explore the presence of their grandparents' trauma in their current, adult lives. Furthermore, the research for the thesis has conceptualised the Holocaust as collective trauma (as discussed in Chapter 1), where those impacted are affiliated through ethnicity, race and religion (Landau et al., 2008). Nonetheless, despite these affiliations, there is a diversity of traumatic experiences amongst survivors of collective trauma. For example, during the Holocaust, individuals were at different ages and developmental stages leading to differences in their response to the trauma of the Holocaust (Lehrner & Yehuda, 2018). Furthermore, HSs also had different traumatic experiences during the Holocaust with some living in hiding, others incarcerated in ghettos, labor camps and many in concentration camps (Spicer, 2020). Considering the diverse circumstances involved in collective trauma, it is untenable to categorise survivors and their offspring as a homogeneous group.

The following section presents the concepts that comprise the conceptual framework utilised in the thesis: Bronfenbrenner's ecological systems approach (1979) and the concept of meaning in Viktor Frankl's (1992) logotherapy approach.

### **3.1.1 The Ecological Systems Theory**

The ecological systems approach seminal text was presented in Bronfenbrenner's earliest work, *The Ecology of Human Development* (1979). The concept of "ecology" originates from the natural sciences and describes the reciprocal relationship between an

organism and its environment (Harvey, 1996). Bronfenbrenner applied this concept to the study of human development across the lifespan, with an emphasis on processes of change and continuity that drive human development (Bronfenbrenner, 1986). According to this ecological approach, five nested social environments interact with the individual and are interrelated to each other throughout an individual's development:

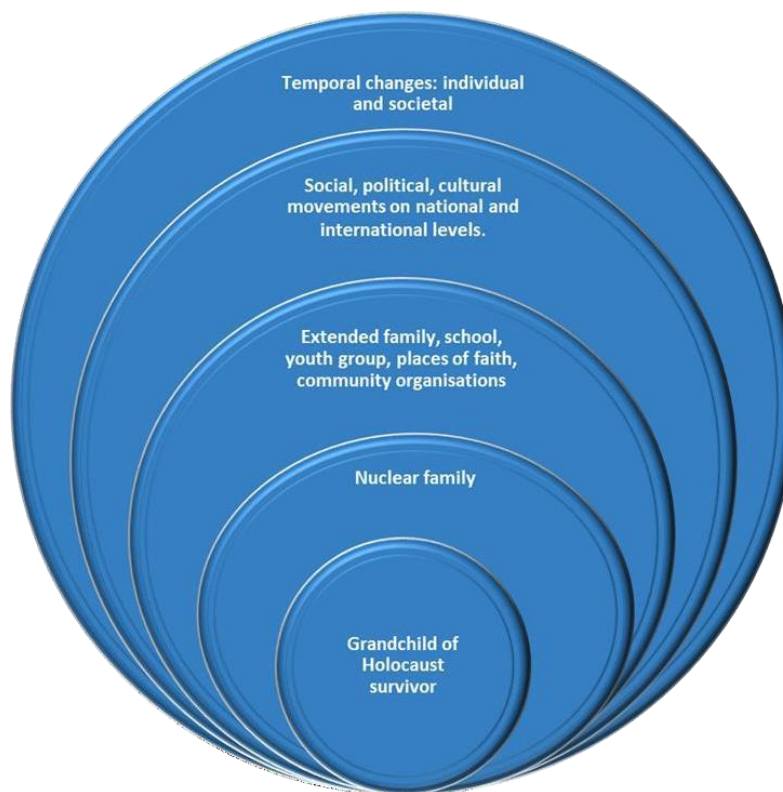
- (i) *Microsystem*: relates to contexts where the individual participates directly, including for example in the nuclear family and neighbourhood.
- (ii) *Mesosystem*: the context where different microsystems interact. The individual is not necessarily directly involved such as with interactions between a child's parents and their parents' co-workers.
- (iii) *Exosystem*: organisations and institutions that might be accessed by members of a microsystem. These can include schools, universities, community organisations, places of faith, as well as the extended family, and family members' social networks.
- (iv) *Macrosystem*: represents the national, cultural, social, and political milieu of an individual's society.
- (v) *Chronosystem*: represents a domain of time as it relates to the individual's life transitions, as well as political, social, and economic changes that occur throughout the individual's life span. This includes significant events such as wars, famine, natural disasters, and economic recession (Bronfenbrenner, 1986).

Bronfenbrenner's ecological systems approach (Bronfenbrenner, 1979, 1986) was chosen as one of the components in the conceptual framework of this thesis as it supports the

examination of the various systems and the interactive relationships within and between these systems to gain a complex understanding of ITT in GHSs. Figure 3.1 depicts the thesis author's adaptation of Bronfenbrenner's ecological systems approach and suggests potential systems that may be involved in ITT in GHSs.

**Figure 3.1**

*Adaptation of Bronfenbrenner (1979, 1986) Ecological Systems Approach: Potential Systems Involved in Intergenerational Transmission of Trauma in Grandchildren of Holocaust Survivors.*



Large scale trauma involving a collective of individuals is a complex, multi-faceted phenomenon. In addition to impacting those directly exposed, it has the potential to send shock waves in the surrounding exosystem. The aftermath of a collective trauma can echo through the microsystem (loss of property and livestock, deaths in the nuclear family) to the exosystem (losses and disruptions in the extended family, school, places of faith and community institutions), and macrosystems (cultural values, economic stability).

Additionally, impacts of trauma can ripple along the lifetime of an individual and be transmitted to subsequent generations (chronosystem). Previously, Bronfenbrenner ecological systems approach has been applied as a theoretical model to understand individual differences in post-traumatic response and recovery (Harvey, 1996), trauma recovery and resilience (Harney, 2007), and community resilience in response to natural disasters (Boon et al., 2012).

To date, research regarding ITT in families of HSs that have applied a systems approach has been sparse. Notwithstanding, Danieli's work (1998) addressed the complexity of Holocaust-related trauma by examining the interactive relationship between multiple systems—from the biological and intrapsychic through the communal, national, and international—and their role in an individual's development. According to Danieli (1998), the domain of time had a role in creating continuity and flow in the individual's life from past, to present to future. Danieli (1998) further assumed that exposure to collective trauma such as the Holocaust disrupted this continuity and caused a rupture with the potential to keep the affected individual in a fixed psychological state of suffering and emotional pain. The thesis research has been inspired by Danieli's application of a systems approach to the study of ITT in families of HSs, although the study was mostly limited to the survivors and their children (Danieli, 1998; Danielle, Norris, Lindert et al., 2015; Danieli, Norris & Engdahl, 2016). Thus, the thesis aims to apply concepts from the ecological systems approach (Bronfenbrenner, 1979, 1986) to understand experiences of GHSs and the meanings they make (if at all) of their grandparental Holocaust related traumatic experiences.

### **3.1.2 Existential Psychology: Frankl's a Meaning Centred Approach**

The other major theory that frames the thesis is existential psychology. It is rooted in existentialism, a philosophical school of thought that emerged in the 19<sup>th</sup> century. In the 20<sup>th</sup> century, existentialism became part of the third force in psychotherapy alongside humanistic approaches such as person-centred and Gestalt therapies (Jones-Smith, 2016). As a

psychological approach, existentialism invites individuals to explore their existence, purpose in life and the subjective experience of being alive (Yalom, 1980). According to the tenet of existentialism, the “phenomenology of meaning” is a characteristic of all human beings and is expressed in an individual’s constant search for a meaning to *their* existence (Yalom, 1980). This search takes place outside the self and is sometimes expressed as a struggle to find a fulfilling purpose in one’s life (Yalom, 1980). In contrast, a meaningless life keeps the individual in a state of existential vacuum that is characterised by subjective states of boredom, apathy, and emptiness (Yalom, 1980).

Viktor Frankl was a neurologist and psychiatrist in Vienna whose personal and professional life was impacted by the Holocaust. He and his family were deported and incarcerated in several concentration camps where he suffered personal losses. His parents and wife died in the camps and only one sister survived. In the concentration camps, Frankl supported new prisoners to overcome the initial shock of arriving in the camps. In his autobiographical work, *Man’s Search for Meaning* (1992), Frankl described how he applied the concept of meaning to his and others’ existence during the years in the camps. Frankl emphasised that meaning could be found in every moment in life, even the most hopeless. For Frankl, the meaning found in the suffering he endured was in the goal to survive and be able to rewrite the manuscript of his book. This meaning gave him a purpose and aided his survival. In this autobiographical work, Frankl described three ways by which individuals can find meaning in their life (i) creativity—one’s actions and achievements (ii) experiential—experiences involving someone we love or something we value and (iii) attitudinal—one’s attitude and values towards suffering and fate (Frankl, 1992; Yalom, 1980).

The concept of making meaning applies when exploring individuals’ responses in the aftermath of various traumatic events such as stroke (Thompson, 1991) and bereavement after a sudden and violent loss of a loved one (Currier et al., 2006). Making meaning may

also be applied to understanding the responses of collective trauma survivors of the Holocaust, as they have different traumatic experiences including the loss of family members, destruction and loss of property and incarceration in ghettos and concentration camps (Bergen, 2016).

According to Janoff-Bulman (1992), after such traumatic events, those impacted experience feelings of fear and anxiety and often a sense of profound disillusionment. Janoff-Bulman (1992) explained these findings by suggesting that survivors perceived their pre-trauma assumptions of the world as illusory since they find it impossible to reconcile their trauma experiences with their pre-trauma beliefs about human nature. For some survivors, this sense of disillusionment triggers a search for meaning, which can lead to the revision of their pre-trauma assumptions or, alternatively, to the creation of new beliefs to support post-trauma adaptation (Armour, 2010).

Most studies in this field investigated the concept of meaning making in the context of personal trauma. For example, Lehman et al. (1987) examined the long-term impacts associated with the sudden death of a child due to a motor vehicle accident. They found that 80 per cent of parents ( $n = 41$ ) were unable to make sense of this experience and did not assign a meaning to their loss for as long as seven years after the accident. Although most studies explored the concept of meaning making in the context of personal trauma, only some studies examined this concept among survivors of collective trauma. For example, Updegraff et al. (2008) in their longitudinal study explored the meaning making process for adults following the 9/11 terror attacks in the United States of America (USA). The study involved 931 participants surveyed two months after the terror attacks and then two years afterwards. Updegraff et al. (2008) found that participants, who managed to ascribe meaning to the trauma during the first two months after the 9/11 terror attacks, reported fewer symptoms of post-traumatic stress compared to those who could not make sense of the attacks.



Few studies have explored the process of meaning making in HSs and these were limited to elderly survivors (Armour, 2010; Prager & Solomon, 1995). To illustrate, Armour (2010) found that HSs conceptualised meaning making not as a thought pattern or change in their attitudes towards the traumatic past but rather as associated with activities that were oriented towards physical survival (staying alive). These survival activities reportedly sustained the survivor's hope for an end to the Holocaust and with it a reunification with their family.

Few studies have applied the concept of meaning making to GHSs. One exception is an unpublished dissertation (Kahane-Nissenbaum, 2011) that explored ITT in GHSs, using Frankl's existential theory (1992) when analyzing the experiences of GHSs. Kahane-Nissenbaum (2011) found that GHSs assigned various meanings to their grandparents' trauma. These meanings were associated with a sense of pride, commitment to Judaism and experiences of gratitude. Moreover, according to Kahane-Nissenbaum (2011), although the GHSs did not experience the Holocaust directly, they found meaning through the commitment to sustain their grandparent's legacy for future generations. Taking note of these previous studies, the research in the thesis aims to explore how (if at all) GHSs assign meanings to their familial Holocaust background.

## **Chapter 4. Between Fear and Hope: The Lived Experiences of Grandchildren of Holocaust Survivors: A Qualitative Systematic Literature Review**

This section provides the background for the systematic qualitative literature review that the narrative literature review presented in Chapter 2. Although several reviews had already been undertaken in the field of intergenerational transmission of trauma (ITT) in families of Holocaust survivors (HSs), some such as Dashorst et al. (2019) did not distinguish between children of Holocaust survivors (CHSs) and grandchildren of Holocaust survivors (GHSs), making it challenging to explore ITT among GHSs independently of ITT among CHSs. Other reviews were narrative (Kellermann, 2001a) rather than systematic. Narrative and traditional literature reviews typically provide details on studies the authors included without explaining the criteria for the inclusion of some studies and the exclusion of others. Hence traditional and narrative reviews may exclude studies either because the authors were unaware of them, or alternatively, they decided, for reasons that are unspecified, to exclude them (Gough et al., 2017). When inclusion and exclusion criteria are not explicit it is challenging for the reader to assess the justification for such decisions and whether they were applied in a consistent and rigorous manner. Furthermore, there can be variations in the quality, or the relevance of the studies chosen to be included in narrative reviews and these factors have been considered when examining findings and conclusions of narrative reviews (Gough et al., 2017).

### **4.1 Study Design**

The systematic literature review presented in this chapter was conducted in accordance with the Preferred Reported Items for Systematic Review (PRISMA) (Liberati et al., 2009) reporting guidelines, and was developed with consideration of the *Cochrane Handbook for Systematic Reviews* (Higgins et al., 2019).

A phenomenological approach (Smith et al., 2009) guided the data extraction, interpretation, and synthesis. It should be noted that while the Cochrane guidelines inspired

and guided the review process, the guidelines were adjusted for a review that included qualitative studies only, an inclusion criterion made due to the nature of the phenomenon studied.

Before commencing the systematic review and to avoid duplicating existing research, the thesis author initially searched the relevant literature, including Prospero, a register for systematic review protocols (Centre for Reviews and Disseminations, 2020). The findings of this search confirmed that at the time of this study, no current review was in progress or to the best of this author's knowledge, was published.

To date, one meta-analysis of 13 studies (Sagi-Schwartz et al., 2008) examined indications of transmission of Holocaust trauma to GHSs. Chapter 2 of the thesis discussed and critically appraised these meta-analysis findings. In their meta-analysis, Sagi-Schwartz et al. (2008) included a section reviewing seven qualitative studies and divided these into two categories: four qualitatively designed studies that had non-clinical samples and three studies with clinical cases. However, the authors did not specify the search and identification process of these studies or their criteria to determine the inclusion of these studies in their review.

It is also notable that the Sagi-Schwartz et al. (2008) review only covered studies from 1980 to 2002. It can be assumed that there have been further studies after this study in 2008, in particular those with a focus on GHSs. Furthermore, since the Sagi-Schwartz et al. (2008) publication, HS grandparents have aged, as have GHSs. It can be assumed that these chronological and developmental changes may have influenced the dynamics of the relationship between the GHSs and their grandparents and subsequently new material concerning the experiences of GHSs should be investigated.

Another more recent systematic review by Dashorst et al. (2019) aimed to understand the long-term impacts of the Holocaust on the mental health of offspring of HSs with analysis of 23 studies from 2000 to 2018. However, CHSs and GHSs were not differentiated in the way

that the offspring of HSs were defined, making it difficult to ascertain potential differences between the two cohorts. Extending the methodology to include both a systematic review and meta-analysis, Payne and Berle (2021) examined ten papers and investigated the prevalence of Post-Traumatic Stress Disorder symptoms among offspring of HSs. All studies were quantitative, with three studies sampling only GHSs. Payne and Berle (2021) reported higher PTSD related symptoms in CHSs compared to the control group with no Holocaust background. Notably, they reported inconclusive results concerning the transmission of PTSD symptoms to GHSs, suggesting that if there was a transmission of PTSD symptomology to GHSs, it was not statistically significant.

Prior to the commencement of the research in the thesis there have been several narrative reviews and meta-analyses examining ITT among offspring of HSs. As discussed previously, most studies did not differentiate between CHS and GHS cohorts, thus making it difficult to gain an understanding if and how GHSs experienced ITT. At the same time, qualitatively designed studies exploring ITT in this population have gained momentum (Scharf & Mayseless, 2011; Wiseman & Barber, 2008), but there has been no systematic review of the available qualitative literature. Therefore, the study presented in this chapter aimed to address this gap and to systematically review the available literature, and to expand the knowledge in the field of ITT concerning GHSs.

#### **4.2 Protocol for Conducting Systematic Literature Review**

Developing a review protocol before undertaking the review ensured that decisions about the methodology (e.g., search terms, decisions on data extraction and synthesis) were carefully considered for their appropriateness to the research field and the research questions. Furthermore, since the review involved several reviewers, the protocol served as a guide for consistency between reviewers during data screening and to reduce ambiguity as to what was considered “data” for the review (Butler et al., 2016).

The protocol for the systematic review presented in this chapter and employed in the

included publication, was guided by the eight steps outlined by Perry and Hammond (2002). These steps included: background, review question, search strategy, methods of study selection, quality assessment, data extraction, data synthesis and timeline. These steps also aligned with the *Cochrane Handbook for Systematic Reviews* guidelines (Higgins et al., 2019).

The steps presented in the Cochrane handbook for systematic reviews (Higgins et al., 2019) were mostly designed for review of intervention effects and diagnostic test accuracy (Liberati et al, 2009). The studies included in the review presented in this chapter employed qualitative research methodologies. Thus, sections of the protocol, such as formulation of the review question, search terms and the choice of quality assessment were adapted for studies that employed qualitative methodologies, as highlighted in the following sections.

### **4.3 Review Questions**

The following research questions guided the current review:

- I. What qualitative research exists to date that explores the lived experiences of GHSs?
- II. What are the potential processes involved in ITT to GHSs?

There are several frameworks to assist researchers to develop research questions to guide systematic literature reviews. Some, such as the PICO framework, are better suited for studies that evaluate interventions. To illustrate, the PICO framework formulates research questions that include the following terms: population, interventions, comparator, and outcomes (Liberati et al., 2009). The term population usually requires a precise definition of a group of participants. The term intervention refers to specific preventative or therapeutic treatments. Comparator refers to control groups or groups of participants who were not exposed to the intervention. Lastly, the term outcome is associated with the possible impacts of the intervention on the participant in various domains, such as physical, mental, and emotional wellbeing.

A careful examination of the terms included in a PICO framework deemed it unsuitable for the research questions of this review. For example, a combination of the term “population” and “intervention” in data searches would yield a high number of quantitatively designed studies that should be excluded from a systematic qualitative review. Likewise, the term “comparison” does not typically form a part of a qualitative research question and hence would be rendered irrelevant in a systematic search for qualitatively designed studies (Cooke et al., 2012).

To enable an efficient, relevant data search, the review questions were formulated using an alternative tool to the PICO, the SPIDER approach (Cooke et al., 2012). SPIDER includes the following components: sample, a phenomenon of interest, design, exploration, and research type (Cooke et al., 2012). The application and relevance of each component have been summarised in Table 4.2, adapted from Cook et al. (2012).

**Table 4.1**

*The SPIDER search tool (adapted from Cook et al., 2012)*

| Term                      | Application as search tool   |
|---------------------------|--|
| S - Sample                | In qualitative reviews the term “sample” is more relevant (as compared to “population” in a PICO formulated question) since qualitatively designed studies tend to recruit small groups of participants. |
| PI Phenomenon of Interest | The description, and interpretation of the participants’ experiences, social interactions, behaviours and exploration of the meanings they assign to these experiences.                                  |
| D Design                  | “design” refers to the theoretical or conceptual framework and its influence in data analysis and synthesis.   |
| E Exploration             | The qualitative findings often discuss subjective constructs which are not directly observable to the researcher.  |
| R- Research type          | Type of research that can be qualitative and mixed methods   |

To illustrate, since the review aimed at capturing qualitative studies that presented GHSs experiences, the term *sample* referred to papers that included participants who self-identified as GHSs. Following an initial search of the literature and to ensure capturing as many relevant studies as possible, the following key terms were also included in database searches: survivor, third generation, grandchild, grandparent, family, and child. The following section details the search strategy and databases employed in selecting the studies included in this review.

#### **4.4 Search Strategy and Study Selection**

Guided by the review research questions, the following key terms were identified and applied: [Holocaust OR concentration camps] AND survivor AND [third generation OR grandchild OR grandparent OR family OR child] AND [experience OR outcome]. The search term “outcomes” was included to capture papers that employed mixed methods in their design, namely those studies which employ a combination of quantitative and qualitative approaches (Creswell & Clark, 2018). Concerning mixed methods papers, only qualitative data were extracted. These key terms were implemented in the search in six online databases

that were chosen due to their scope in consultation with the university specialist librarian: Medline (a database with international literature on biomedicine, including the allied health fields); PILOTS (a comprehensive database on post-traumatic stress); PsycINFO (an electronic bibliographic database that provided citations with abstracts to scholarly literature in the psychological, social, behavioural, and health sciences); ProQuest (a multidisciplinary portal that enabled cross-search access to key online databases and both to full text and bibliographic information); PubMed (supported the search and retrieval of biomedical and life sciences literature, including behavioural sciences) and, lastly; Scopus (an abstracting and indexing citation database of peer-reviewed scientific, technical, medical and social sciences literature).

Where possible, searches were limited to “English language”, “peer reviewed” and “full text”. When these limitations were not available, the results were limited through the screening process. Limiting the searches to English only was done as translating non-English papers was beyond the author’s capabilities. Limiting the review to peer-reviewed papers meant the exclusion of book chapters, books, conference papers, dissertations, and other grey literature. Although such sources may have provided additional data on the review topic, they were excluded since they had not undergone rigorous peer review. The author further limited the review to full text after unsuccessful attempts to gain access to articles.

Once the abstract screening step was completed, three reviewers proceeded to screen the full text of identified articles. There were no limits on the range of years, and the date of the entire database was used. For example, in the case of PsycINFO, the database started with material dated 1806. No end date was placed on the searches as the author wanted to capture a wide range of studies, including recent publications. The searches concluded on the 29th of January 2019. As indicated in the paper, the search yielded 849 papers that were uploaded to Covidence (<https://www.covidence.org/>). Covidence is a web-based platform that supports



collaborative systematic reviews. After removing 123 duplicate papers, the author of this thesis screened 68% of the titles and abstracts, and the paper co-authors, Prof. Reupert, screened 21% and Dr Harris the remaining 11%. Although reference lists of the included studies were hand-searched to identify other relevant publications, none were identified. To be included in the review, primary data had to be presented in the paper, specific to the experiences of GHSs. Studies using a mixed-method design were included, although only qualitative data were extracted. No age, demographics or geographic restriction was placed on sample participants or study settings in order to capture a wide range of studies.

#### **4.5 Quality Assessment**

A detailed quality assessment based on the Walsh and Downe (2006) checklist was undertaken with the final 18 papers. This checklist was chosen as it is well adapted to evaluating qualitative studies in health research (Walsh & Downe, 2006). First, each of the 18 papers was critically appraised according to nine essential criteria. Then, utilising the checklist, each paper was rated according to four categories, from A, indicating a paper with no or few flaws per assessment criteria, through to D, indicating significant flaws which are very likely to affect the article's credibility. The details of the procedure and ranking of the papers were outlined in the publication.

The following sections describe the data extraction, analysis and synthesis phases. These phases followed an Interpretative Phenomenological Analysis approach (IPA) (Smith et al., 2009).

#### **4.6 Data Extraction, Analysis, and Synthesis**

Guided by the research questions, the author of the thesis (who also was the principal reviewer) engaged in the data extraction, analysis and synthesis stages. Data analysis followed the steps of IPA analysis (Smith et al., 2009), starting with reading and re-reading each paper while highlighting and taking notes of all relevant information.

A data extraction table designed for this review served as a tool to tabulate extracted

information into columns titled author, year of publication, title, phenomena of interest, scope, aim(s), geographical setting, and sample characteristics (e.g., size, age, gender). Next, the reviewer extracted each paper's findings and tabulated them into two columns. One column was reserved for primary data (participant direct quotes) and another for secondary data (the authors' summaries and interpretation of their findings). Although the primary focus of IPA is on participants' experiences and the meaning they assign to them, there is always a need to account for the researcher-analyst understanding of these experiences (Smith et al., 2009). Thus, a third column included the reviewer's interpretation of the primary data.

Primary data came from direct quotes as presented in the original papers, mainly from semi-structured interviews (Cohn & Morrison, 2018; Hogman, 1998; Litvak-Hirsch & Lazar, 2011; Scharf & Mayseless, 2011) and in-depth interviews (Chaitin, 2000, 2002, 2003; Hirsch & Chaitin, 2010; Kidron, 2012; Klein, 2007; Lazar et al., 2008; Lev-Wiesel, 2007; Litvak-Hirsch & Bar-On, 2006; Rosenthal, 2002) and a self-case study by Bender (2004). Some of the secondary data came from the three papers that were summaries of clinical observations and cases and data derived from the authors' summaries, descriptions, and interpretations.

The second step, *initial noting*, involved noting participants' quotes and highlighting data of interest and relevance to the review questions. To facilitate and document this step, a master document was created with individual sections for each paper where initial notes were written, and the data were coded to describe potential themes. This master document was also utilised in the third step, the development of emergent themes. This step aimed to concentrate the volume of the data generated in steps one and two whilst mapping interrelationships and patterns across the notes in the master document. The fourth step involved searching for connections across the emergent themes as they were identified from the third step. In the fourth step, the document was re-read to search for themes that appeared in common to several papers.

In the last step, following the IPA approach (Smith et al., 2009), the author of this thesis re-read the master document containing the emergent themes and proceeded to identify potential clusters of data and patterns of meanings across the complete data set. Codes were collated, and a thematic map for potential overall themes and sub-themes was developed. Through a collaborative process, the review team further examined and redefined the themes and sub-themes to the final version as it appears in the publication.

Four overarching themes were identified, with some having sub-themes. The publication below provides a detailed description and discussion of these themes herein.

#### **4.7 Timeline**

The database search commenced in October 2019 and was finalised by the 29th of January 2019. Results of the search were uploaded to Covidence, followed by blind screening by the review team for title and abstract in February 2020. Quality assessment of identified papers occurred in March 2020. Data extraction, analysis and synthesis occurred between April and July 2020. The study write-up was completed by January 2021, and the manuscript was submitted in February 2021 to *The Journal of Loss and Trauma*. The paper was accepted for publication in March 2021.

#### **4.8 Relevance and Contribution of the Study**

The study was published in *The Journal of Loss and Trauma*. To the best of the author's knowledge, this is the first peer-reviewed systematic review of qualitative literature that explicitly focused on the lived experiences of GHSs. The review addressed an important gap in the research on intergenerational transmission of Holocaust-related trauma by expanding the perspective that previously focused on ITT among CHSs and adding the GHSs. Through the process of systematic review, while covering a timeframe of more than two decades of research in the field, the study provided a comprehensive overview of the experiences of GHSs, together with the researchers' observations and interpretations.

#### 4.9 Citation and the Article

Greenfeld, D., Reupert, A., Harris, N. & Jacobs, N. (2021). Between fear and hope: the lived experiences of grandchildren of Holocaust survivors: A qualitative systematic literature review, *Journal of Loss and Trauma*, doi: <https://doi.org/10.1080/15325024.2021.1905320>



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## **Between Fear and Hope: The Lived Experiences of Grandchildren of Holocaust Survivors: A Qualitative Systematic Literature Review**

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# Between Fear and Hope: The Lived Experiences of Grandchildren of Holocaust Survivors: A Qualitative Systematic Literature Review

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## ABSTRACT

The aim of this review is to synthesize qualitative research on the lived experiences of grandchildren of Holocaust survivors (GHSs). A systematic search yielded 18 studies covering a period of two decades. Four main themes emerged; (i) the responsibility to teach and transfer the Holocaust legacy to future generations, (ii) experiences of family life, (iii) struggles integrating the Holocaust-related past into current life and (iv) fears and anxieties. Findings highlight the role of trauma related communication within families of survivors in the transmission of the trauma narratives. Implications for trauma informed practice are discussed.

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Trauma; survivors;  
holocaust; family;  
grandchildren

## Introduction

It is estimated that 170 million people were killed during the 20th Century as a result of war crimes and genocides (Rummel, 1997). Such large-scale events can be traumatic for those who experienced, witnessed, or were confronted with an actual or a threat of violence or death to self or others (American Psychiatric Association [APA], 2013). Thus, survivors of genocides may suffer from a multitude of physical, behavioral, cognitive, and affective symptoms including but not limited to sleep disturbances, hypervigilance, fears, anxiety, and depression (American Psychiatric Association [APA], 2013; Kidron et al., 2019).

Intergenerational Transmission of Trauma (ITT) involves familial processes that may occur when those who did not experience the trauma firsthand, exhibit cognitive, affective, and behavioral patterns that can be traced to their ancestors' traumatic past (Leiner, 2009). ITT assumes that descendants of trauma survivors may be at risk of developing psychological disorders for decades and sometimes centuries after their ancestors' trauma (Kidron et al., 2019). To this end, various studies have investigated the

long-term impacts of trauma on family members of Vietnam war veterans (Rosenheck & Nathan, 1985), children of Japanese survivors of the atomic bomb (Tatara & Danieli, 1998) and children of the Armenian genocide (Kupelian et al., 1998). Holocaust Survivors (HSs) are another population where health care professionals in the 1960s and 70s observed an increase in the numbers of Children of Holocaust Survivors (CHSs) presenting with mood disorders, issues related to separation-individuation, and aggression (Danieli, 1998).

The Holocaust (1939–1945) is one of the largest scale ethnic cleansing that occurred in the 20th century (Yad Vashem, 2020). Though minority groups such as Gypsies, people with disabilities and communists were among those also targeted during the Holocaust, most victims were of Jewish ethnicity. Survivors of the Holocaust experienced large scale of destruction including loss of homes, death of family members and destruction of entire communities (Starman, 2006). The nature of these traumatic events was brutal, repeated, and prolonged, sometimes lasting for years. During the first two decades after the war, research into the psychological aftermath of the Holocaust was limited to clinical reports on survivors (Krystal, 1968; Niederland, 1968) that explored the psychopathological impacts of Holocaust-related trauma. Niederland (1968) coined the term “survivor syndrome” to describe those presenting with multiple symptoms including chronic depression, anxiety, unresolved mourning, insomnia, somatization, guilt, and problems regulating aggression.

The term Second Generation of HSs appeared in professional literature around the 1970s', particularly in articles from psychologists and psychiatrists who treated CHSs (Barocas & Barocas, 1979). Among the symptoms reported were depression, anxiety, phobias, guilt, and issues relating to separation and individuation similar those reported by survivors (Solokoff, 1992). To explain their findings, researchers applied the concept of secondary traumatization (Dashorst et al., 2019; Van Ijzendoorn et al., 2003) that involves the transition of traumatic experiences from the survivor to others through close and extended contact (Motta et al., 2004).

Throughout the seven decades since the Holocaust, researchers have attempted to determine whether these symptoms are transmitted to subsequent generations. In a meta-analysis of 32 papers van Ijzendoorn et al. (2003), investigated whether secondary traumatization occurred in families of HSs. A strong effect size ( $d \geq 0.35$ ,  $p < .05$ ) for secondary traumatization was found in clinical samples of CHSs but was absent in non-clinical samples. In a systematic review of 23 studies (published between 2000 and 2018), Dashorst et al. (2019) found an increase in the prevalence of mental health symptoms in CHSs in relation to parental mental health symptoms. Moreover, parental mental problems were associated with the occurrence of

other mood and anxiety disorders and substance abuse in CHSs. Notably, both van Ijzendoorn et al. (2003) and Dashorst et al. (2019) excluded studies that utilized qualitative methods. Clinical questionnaires, scales and surveys may identify underlying disorders, but do not have the capacity to elicit an understanding of the experiences of decedents of HSs from their perspective and just as importantly, the meaning they give to experiences growing up with this history.

The grandchildren of HSs (GHSs) may be at a unique position concerning their ancestors' trauma; With a timespan of over seven decades away from the Holocaust, most of the GHSs will be the last generation to have had direct contact with the survivors, with others born after their grandparents' passing. Nonetheless, research on ITT and GHSs is sparse.

The current study aims to address this gap and to systematically review the available qualitative literature on the lived experiences of GHSs (also known as the 'third generation'), and to provide an insight into these subjective experiences and explore potential processes involved in ITT to GHSs.

## Methods

The study followed the PRISMA statement for conducting and reporting systematic reviews (Liberati et al., 2009).

### *Search, study selection and quality appraisal*

Six databases (Medline, PILOTS, PsycINFO, ProQuest, PubMed and Scopus) were searched using the following search terms: ["Holocaust" OR "Concentration Camps"] AND survivor AND [third generation OR grandchild\* OR grandparent\* OR family\* OR child\*] AND [experience OR outcome\*]. The search was restricted to the English language, full-text, and peer-reviewed publications. Reference lists of the included studies were hand-searched to identify other publications. The search was concluded on 29 January 2019 with 849 papers. The Google scholar database was also searched (16 February 2021) but no additional papers were identified. After removing 123 duplicates, 726 papers progressed to title and abstract screening (refer to Figure 1). The first author screened 495 papers for inclusion, the second author blind screened the first 151 entries, and the third author blind screened the last 80 entries. Disagreement occurred for 5% of the papers. Consensus was reached by referring to the third reviewer and applying the inclusion criteria.

For inclusion, studies needed to be full-text English language, published in peer reviewed journals. Primary data, specific to the experiences of



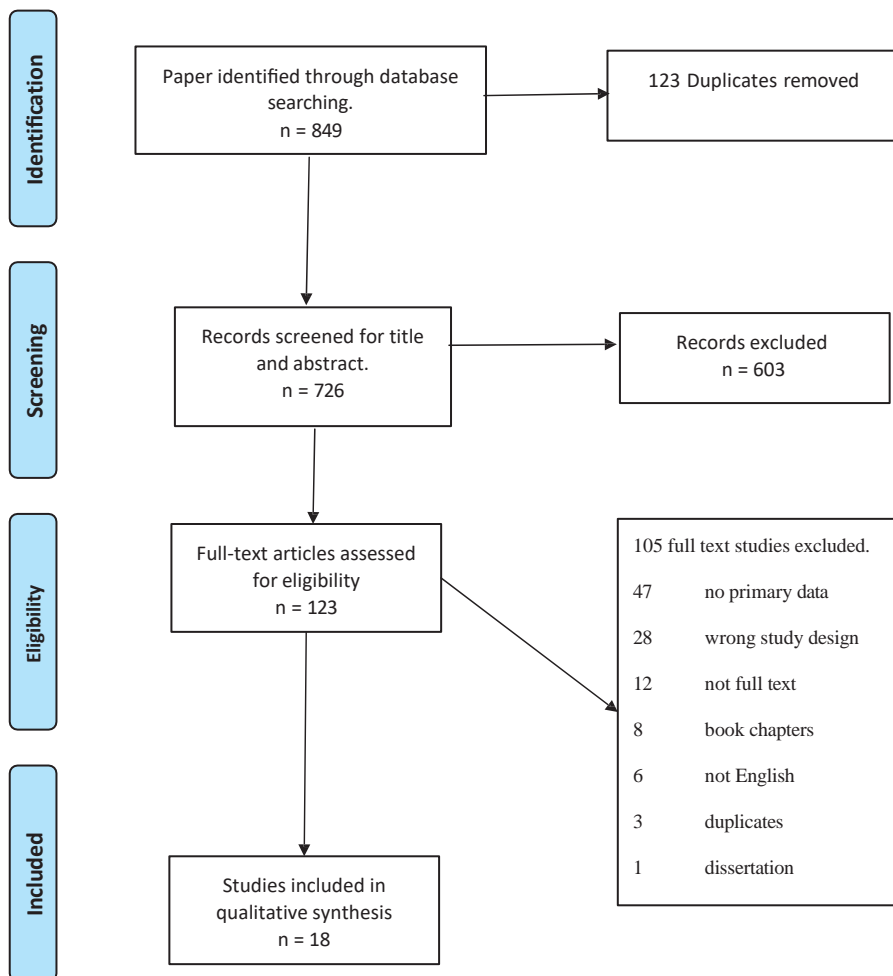


FIGURE 1. Prisma flow chart.

GHSs was another requirement. No age, demographics or geographic restriction was placed on sample participants or study settings. Studies were excluded where it was not possible to identify and extract primary data related to the grandchildren and if the participants were grandchildren of trauma survivors other than HSs. Refer to [Figure 1](#) for the search, retrieval, and screening process.

A quality review process was employed to promote confidence of review findings, identify any problematic papers that may exist and ensure that these do not skew the findings in an inappropriate way. The Walsh and Downe (2006) checklist is a comprehensive tool for evaluating qualitative methodologies. The checklist covers eight domains (scope and purpose, design, sampling strategy, data analysis, interpretation, ethical dimension, researcher reflexivity and relevance and transferability) and provides essential criteria for each domain's appraisal. Each paper was rated on these

eight-domains following the essential criteria on a four-level scale, with 'A' indicating no or few flaws to 'D' containing significant flaws. A quality score for each paper was then calculated by transforming the scores of A, B, C and D to 4, 3, 2, and 1, respectively. The scores for each paper were then summed and averaged to yield a final quality score. Twelve of the 18 papers rated as 'A' (no or few flaws, indicating high credibility of the study), three rated as 'B' (some flaws, however, unlikely to affect credibility) and three as 'C', indicating of some flaws that may affect this study's credibility. Refer to [Table 1](#) for details.

### *Data analysis and synthesis*

To address the research question, only qualitative findings were extracted. Extracted key findings included first-order constructs (as told by the participants) and second-order constructs which included the authors' description, interpretation, and assumption. Interpretive Phenomenological Analysis (IPA) was utilized for data synthesis. IPA guided the researchers in the identification of patterns of information in the data and applications of in-depth interpretations (Pringle et al., 2011). Potential clusters of data and patterns of meanings were identified. Codes were collated, and a thematic map for candidate themes and sub-themes was developed. Differences between themes in reference to participants' demographics were noted when found.

### *Study characteristics*

A total of 18 studies were included. Ten of the studies were set in Israel, three in Europe, three in Australia and two in the U.S.A. Of the ten studies that were undertaken in Israel, three were by the same author (Chaitin, 2000, 2002, 2003) and where a subset of participants appears to overlap. Five studies focused solely on the experiences and the voices of GHSS (Cohn & Morrison, 2018; Hirsch & Chaitin, 2010; Hirsch & Lazar, 2011; Klein, 2007; Lazar et al., 2008). The remaining 13 studies included participants from three generations: the survivors, their children, and the grandchildren. One study (Litvak Hirsch & Bar-On, 2006) employed a longitudinal design, where the same three generations in one family were interviewed 11 years apart.

### **Findings**

Four overarching themes were identified that included (i) the responsibility to teach and preserve the Holocaust legacy to future generations, (ii) experiences of family life, (iii) struggles integrating the Holocaust-related past

TABLE I. Study characteristics, participants, methods, and quality appraisal.

| Authors/year and country                       | Participants (grandchildren)                                  | Age (grandchildren)                             | Methods   | Quality rating |
|--|---|---|---|----------------|
| Bender (2004) U.S.A                            | N ¼ 1   | Not provided                                    | Self-case study.  | A              |
| Bako and Zana (2018) U.S.A                     | Not provided  | Not provided                                    | Testimonies and vignettes from the authors' clinical case interviews. Psychodynamic approach to interpret content       | C              |
| Chaitin (2000) Israel                          | N ¼ 9   | Not provided                                    | Life stories- open ended individual interviews. Content analysis to explore data.                                       | A              |
| Chaitin (2002) Israel                          | N ¼ 12 (3 males, 9 females)                                   | 16–24   | Life stories and individual open-end interviews.  | A              |
| Chaitin (2003) Israel                          | N ¼ 12 (3 males, 9 females)                                   | Age range 16–27                                 | Open-ended individual interviews.   | A              |
| Cohn and Morrison (2018) Australia             | N ¼ 6 (3 males, 3 females)                                    | Age range 25–34<br>M ¼ 28                       | Semi-structured interviews. Interpretative Phenomenological Analysis.   | A              |
| Fosson et al. (2003) Europe                    | Unknown   | Not provided                                    | Clinical cases observations and summaries.  | B              |
| Hogman (1998) U.S.A                            | N ¼ 7   | Age range 8–26                                  | Semi-structured individual interviews   | C              |
| Kidron (2012) Israel                           | Not provided  | Not provided                                    | Ethnographic, in-depth individual interviews.   | A              |
| Klein (2007) Australia                         | Not provided  | Not provided                                    | Individual interviews   | C              |
| Lazar, Litvak-Hirsch and Chaitin (2008) Israel | N ¼ 90  | Age range 21–32,<br>M ¼ 25                      | Individual short open-ended questionnaire   | A              |
| Lev-Wiesel (2007) Israel                       | 1   | 27  | Individual unstructured interview. Content analysis in data interpretation  | A              |
| Litvak Hirsch and Bar-On (2006) Israel         | 1   | 28  | Individual life story interview   | A              |
| Hirsch and Chaitin (2010) Israel               | N ¼ 34 (17 females, 17 males)                                 | 20–32<br>M ¼ 26                                 | Structured interview  | B              |
| Litvak Hirsch and Lazar (2011) Israel          | N ¼ 60 (30 males, 30 females)                                 | 23–32   | Semi-structured individual interviews   | B              |
| Quadrio (2016) Australia                       | N ¼ 7   | 13, 13, 22                                      | Summaries of clinical cases   | A              |
| Rosenthal (2002) Europe and Israel             | 38 Families. No demographic information on the grandchildren. | One grandchild, 23 yrs. is discussed in detail. | Individual open-ended interview and family interviews. Coding system grounded in the interview text to identify themes. | A              |
| Scharf and Mayselless (2011) Israel            | N ¼ 142 (47 males, 95 females)                                | Over 18 yrs old (adolescents)                   | The adult attachment interview. Data analysis: phenomenological and interpretative approaches.                          | A              |

Note. Key to the quality rating; A: No or few flaws. The study credibility, transferability, dependability, and confirmability are high. B: Some flaws, unlikely to affect the credibility, transferability, dependability and/or confirmability of the study. C: Some flaws which may affect the credibility, transferability, dependability and/or confirmability of the study. D: Significant flaws which are likely to affect the credibility, transferability, dependability and/or confirmability of the study.

into the current life and (iv) fears and anxieties. Subthemes were identified for some of these themes.

### *The responsibility to teach and preserve the holocaust legacy to future generations*

Grandchildren highlighted their unique position as the last generation to have had personal contact with the survivors and the subsequent need to preserve the legacy of the Holocaust. An Australian grandchild said: “the fourth generation may get the understanding from videos and documents.[-but]- they don’t have the direct relation to the survivors that the third generation does” (Klein, 2007, p. 133). Some grandchildren voiced their opinion on how the Holocaust should be taught (Klein, 2007) while questioning the current methods of teaching and commemorating the Holocaust. One grandchild indicated: “Perhaps it is incumbent on the third generation to approach commemoration differently, so we stop feeling so much pain so that we realize our role in speaking out against other genocides.” (Klein, 2007, p. 140).

### *Experiences of family life*

Three sub-themes were identified regarding participants’ experiences of family life; family closeness, family secrets related to the Holocaust background and the lack of parental emotional support.

#### *Family closeness*

Strong emotional ties across the generations were reported (Chaitin, 2002; Hogman, 1998; Lev-Wiesel, 2007; Hirsch & Chaitin 2010; Litvak Hirsch & Bar-On, 2006). One adult (27 yrs old) grandchild said, “my mother and my granny are all mine” and “granny is my best friend. We tell each other everything” (Lev-Wiesel, 2007, p. 84). In her self-case study, Bender (2004), a grandchild of HSs described her family “My immediate family is extremely close” and “we all communicate very openly ... and rely on each other for support” (p. 211). Hogman (1998) noted the relationship between the children of HSs and their children in terms of overprotectiveness and fusion. For example, a 26-year-old grandchild said “if my mother gets upset, I get upset. In my family, everyone feels everyone else’s pain” (Hogman, 1998, p. 555).

#### *Family secrets*

Rosenthal (2002) described the dialogue within three generations in a family of survivors as they struggled to talk about the past. The grandmother

said, “I never have talked about the Holocaust; that is in here” while touching her chest (p. 234). The son followed (relating to the family interview): “I think it is my first time ... that we are sitting together and talking about the Holocaust because it was, let’s say.” and his mother finished the sentence saying “Taboo” (p. 234). The grandson (aged 29) reflected on this closed family dialogue “The emotional issue is ... a mystery” (p. 235).

Grandchildren reported that their parents avoided speaking about the Holocaust experiences of their parents. Hirsch and Chaitin (2010) quoted a grandchild (aged 25) saying, “My parents avoid this subject, perhaps because it is too close to them, it is their parents ... and they were affected by it” (p.10). Some grandchildren referred to the Holocaust experiences in the family background as “secrets”; “My knowledge about the Holocaust comes from school, from reading ... not from my family. My grandmother ... she never spoke about it. Nobody speaks about it in my family; it’s all a secret” (26-years-old grandson; Hirsch & Chaitin, 2010, p. 15).

#### *Lack of parental emotional support*

One paper noted the perceived lack of emotional support from parents. In their interviews of 147, 18-year-old adolescent GHSs, Scharf and Mayselless (2011), both mothers and fathers were perceived as unavailable, cold, and unable or unwilling to support and comfort their children. For example, “My mother does all the chores of a mother, nothing more. I could hire a housekeeper now, and she would do it, it wouldn’t be very different” (p. 1548). Another grandchild described his relationship with his mother “Expressing love is not included in her role as a mother.” (Scharf & Mayselless, 2011, p. 1548).

#### *Struggles integrating the holocaust background in present life*

Grandchildren reported feeling different from others, expressed some emotional ambivalence in dealing with the family’s traumatic past, and ongoing struggles forming their identity while acknowledging their grandparents’ traumatic past (Chaitin, 2002; Cohn & Morrison, 2018; Litvak Hirsch & Bar-On, 2006).

#### *Feeling different*

GHSs said that they felt “different” from same aged peers, especially from those who were not descendants of HSs. All six participants in the Cohn and Morrison (2018) study considered their Holocaust heritage as a distinct part of who they perceived themselves to be and used this identification to distinguish themselves from others. In the words of one grandchild, “I feel

like people who don't have grandparents who went through Auschwitz or any kind of concentration camp will never get it" (p. 203). Some grandchildren described feeling privileged to hear their grandparents' wartime stories, and simultaneously expressed their pride at their grandparents' survival. As one grandchild said (26-year-old) said, "I was given something precious" (Hogman, 1998, p. 555) and "without the Holocaust, I would not be alive. It is part of me, not be questioned, a strong force in my life" (Hogman, 1998, p. 557). Grandchildren perceived their existence as a symbol of their grandparents' triumph over the threats of death and annihilation; "my family lost so many members, but they still gave me a message of victory, so together with the anxieties, I also feel strong" (Hirsch & Chaitin 2010, p. 15).

### *"I'm not a survivor, I did not survive anything"*

Some described their struggles with integrating the traumatic past into their self-identities with some struggling to accept the label "third-generation survivor" (Cohn & Morrison, 2018). One grandchild (aged 34) said, "I don't describe myself as a survivor ... I did not survive anything" adding "I am the product of their survival" (Cohn & Morrison, 2018, p.204). Only one participant out of the six interviewed stated "I see myself as a third generation of course. And very much identify with that term survivor" (p. 204)

### *Toward psychological freedom*

Litvak Hirsch and Bar-On (2006) described one granddaughter (aged 26) who was able to form an understanding and acceptance of her grandmother's traumatic past. She stated "I remember her [grandmother] as a very tough woman. Today I know just from the viewpoint of an adult ... - that she had to erect these walls, otherwise she would have been hurt" (p. 473). The authors highlighted the grandchild's "ability to emotionally contain Olga's [the grandmother] stories" (p. 479) and to free herself from the difficulties and conflicts that her mother experienced in her relationship with her mother (Litvak Hirsch & Bar-On, 2006). These difficulties related to accounts of silence and avoidance when talking about the Holocaust.

### *Fears and anxieties*

Various expressions of fears and anxieties were identified and summarized as; fears of annihilation (Cohn & Morrison, 2018; Lazar et al., 2008) and anxieties linked to being separated from family (Bako & Zana, 2018;

Fossion et al., 2003; Hogman, 1998; Quadrio, 2016; Scharf & Mayselless, 2011).

### *Fear of annihilation*

“Fear of annihilation” appeared in clinical (Bako & Zana, 2018) and community samples (Hogman, 1998; Hirsch & Chaitin, 2010; Lazar et al., 2008; Rosenthal, 2002). However, the expression of such fears varied across the geographic settings. In studies conducted in Israel, participants’ fears of annihilation were embedded in the perceived impact of the Holocaust on the Israeli society (Lazar et al., 2008; Hirsch & Chaitin, 2010; Hirsch & Lazar, 2011). Based on a survey data, Lazar et al. (2008), suggested that, “The strongest impact is the fear of annihilation, with almost any incident and event interpreted as a threat” (p. 96).

Grandchildren living in Europe, U.S.A and Australia (Cohn & Morrison, 2018; Rosenthal, 2002), related their fears to being persecuted due to anti-Semitism and fears of extermination. One grandchild (aged 25) said: “there’s this sensitivity or heightened threat alert when anti-Semitism happens, which I think is directly related to the Holocaust” (Cohn & Morrison, 2018, p. 203) and “I always have that sense of feeling. Like when’s the next, methodical murder spree gonna happen?” (Cohn & Morrison, 2018, p. 202).

Fears and anxieties manifested as hypervigilant behaviors, such as the constant need to be on guard and being ready for threat. Sometimes these behaviors were modeled by parents to their children. “If you were to visit my parent home, you would see many bags and suitcases ... this is not because we travel a lot” (a 23-year-old GHSs; Hirsch & Lazar, 2011, p. 392). The link between these behaviors and their family Holocaust background was made, “I believe it is the Holocaust that makes us feel haunted and that we feel we need to be on guard all the time” (Hirsch & Lazar, 2011, p. 391).

### *Anxiety-related to separation*

Anxiety related to being separated from family was recorded in community samples (Hogman, 1998; Scharf & Mayselless 2011) and clinical cases (Bako & Zana, 2018; Fossion et al., 2003; Quadrio, 2016). Interpreting their therapeutic work with descendants of HSs Bako and Zana (2018), argued that HSs experiences of separation from family permeated the experiences of descendants. One female grandchild described her feelings when sending her son off to school: “I would feel again and again that this is the last time I would see him. I often feel that any day spent together may be the last one”. (Bako & Zana, 2018, p. 275). Some grandchildren described how

separating from a loved one was perceived as a probable threat for their survival that could lead to loss and death (Scharf & Maysseless, 2011). A grandchild described the feelings and thoughts he experienced whenever his father left for army reserve duty; “it was quite a difficult separation. I don’t remember why, but I was really afraid that my father would be killed” (p. 1547). Similarly, grandchildren reported a sense of impending danger that was readily activated in the form of misinterpretation of everyday events such as common illness (Scharf & Maysseless, 2011).

## Discussion

The current review sought to describe the lived experiences of GHSs also known as third-generation HSs. Eighteen papers published between 1998 and 2018 met the inclusion criteria and provided the data for this review. Despite the heterogeneity in samples, socio-cultural setting, and a period of two decades, similar experiences were found for grandchildren across the 18 studies. The four overarching themes highlight the extent to which the Holocaust-related trauma echoes across various aspects in the lives of the GHSs. The findings of this review indicate that over time, GHSs continue to define themselves in relation to the historical trauma, their ancestors, and others who share this heritage. Descendants continue to actively engage with their ancestors’ past in search of meaning of their Holocaust-related identity.

Grandchildren referred to their grandparent’s Holocaust experiences as ‘family secrets’ and “taboo” (Bender, 2004; Chaitin, 2002, 2003, Hirsch & Chaitin 2010, Rosenthal, 2002). Likewise, Danieli (1998) referred to ‘the conspiracy of silence’ when describing the communication between survivors and their children. Bar-On (1995) found that both survivors and their children avoided talking about the Holocaust. Called, the “double wall of silence”, Bar-On (1995) argued that the children became sensitive to their parents’ need to keep silent and subsequently avoided asking them about their experience in order not to evoke painful memories.

Two seemingly contrary themes were identified about family experiences, “lack of parental support” and “family closeness”. This contradiction might be explained within the context of previous trauma and how it is communicated between family members (Kellermann, 2001; Wiseman et al., 2002). Avoidance of open communication about the trauma may have enhanced an impression of family closeness and preserved the belief in intrafamilial support despite experiences of parental emotional deprivation and neglect (Chaitin, 2002; Rosenthal, 2002).

“Fears and anxieties” was another theme where similarities were noted between the findings of this review and previous studies of CHSs (Braga



et al., 2012; Rowland-Klein & Dunlop, 1998). Even though not directly exposed to the trauma, both children and grandchildren described fears about the Holocaust. In this review, grandchildren described “fears of annihilation” concerning anti-Semitism and the occurrence of another Holocaust (Lazar et al., 2008; Hirsch & Chaitin, 2010). Similarly, studies that explored experiences of CHSs reported of a family environment characterized by anxiety and fear of another Holocaust (Rowland-Klein & Dunlop, 1998) and parents’ terrifying views of the world as unsafe and unpredictable. In turn, the children reported their constant readiness to respond to potential threats to their survival (Braga et al., 2012).

The findings of this review vary from those reported by Sagi-Schwartz et al. (2008) in their meta-analysis of 13 papers. Sagi-Schwartz et al. (2008) found no significant differences between GHSs and comparisons whose grandparents were not Holocaust survivors, on measures of psychological wellbeing and adaptation ( $d \approx 0.04$ ,  $p > .05$ ). In contrast, findings of the current review highlighted a continuity in some of the experiences reported by CHSs and GHSs specifically those concerning Holocaust-related fear and anxiety. Also, in this review, CHS and GHSs described a familial communication pattern of avoidance concerning their ancestors’ Holocaust experiences. Such continuity of experiences along a time of more than seven decades since the Holocaust, may indicate toward residues of trauma that might have been passed along the generations. The differences between this review and that of Sagi-Schwartz et al., (2008) may be due to location or setting differences. The current review included papers from Israel, USA, Europe, and Australia while, apart from one Canadian study, the meta-analysis papers were drawn from Israel and the USA. Previous studies (Barel et al., 2010) suggested that country of residence may play a role in adaptation and wellbeing of the survivors and as well as their descendants. For example, van IJzendoorn et al. (2003) suggested that living in Israel may have acted as a protective factor for the survivors as they perceived themselves to be safer from anti-Semitic attacks as compared to those living elsewhere. The current review however, found that GHSs reported of experiences of fear and anxiety regardless of their country of residence. The different methodologies employed (qualitative versus quantitative) may also account for the different results.

The strength of this review is anchored in the methodological approach taken to systematically search and analyze available qualitative literature in this field. Limiting the papers to qualitative methods presented a rich tapestry of grandchildren’s experiences and provided an insight into their experiences. Another strength relates to the diversity of papers, in terms of geographical and cultural settings.

Nonetheless, this review has several limitations in terms of both the review methodology and the papers identified. Only a small number of papers qualitatively explored the lived experiences of GHSs. Yet, GHSs are at a unique position within the survivor's family. The grandchildren may be the last generation to have had direct contact with the survivors, although less intensive than what their parents experienced. Future studies might explore potential effects of the frequency and quality of the relationship between the GHSs and their grandparents and how these factors may impact on the transmission of the trauma. Another limitation pertaining to all the papers included, is the absence of participants' screening for current, and past mental health status and it should be acknowledged that such status might impact or inform experiences. Six papers did not report participants' ages. Developmentally it is important to consider participants' ages as others (Hildebrand et al., 2016) have found age to be a predictor of outcomes, and perspectives may vary, depending on life stage (e.g., leaving home or starting a family) (Townsend et al., 2020).

## Implications

This review highlighted the process of Holocaust related familial communication and its role in trauma transmission, as supported by previous research in the field of ITT (Danieli, 1998; Kellermann, 2001). When the narrative of the trauma is forbidden or avoided, as can be seen in themes identified in this review, the impact of the trauma may exacerbate and deepen. In such cases, the trauma becomes secret, and it may be transmitted in a nonverbal manner (Bako & Zana, 2018) with children and grandchildren of survivors nonetheless aware of its presence (Bar-On, 1995). Notably Giladi and Bell (2013) found that open family communication between HSs and their decedents was found to be positively associated with lower levels of secondary traumatic stress for the grandchildren suggesting that it could be considered as a protective factor for ITT among these populations.

Several authors highlighted the need to explore and assess Holocaust-related trauma when GHSs present for therapy even when the client may not deem it to be relevant (Fossion et al., 2003; Lev-Wiesel, 2007). Clinicians who suspect generational trauma in their client's background should ensure practising in a culturally sensitive manner when exploring the past.

The focus of this review was to consider "if and how" grandparents' Holocaust-related traumatic events were transmitted to their grandchildren. During 1998 and 2018, the period covered in this review, other large scale traumatic events occurred that may potentially adversely impact future generations. For example, the 9/11 terror attacks in the USA and the

subsequent Afghanistan and Iraq wars may have adversely impacted not just those directly exposed but also their families and, in some situations, entire communities. More recently, the COVID-19 pandemic may impact multigenerational families and entire nations, thus further compounding intergenerational trauma. Thus, diversified research into the long-term impacts of IIT is needed to support healthcare workers in providing trauma-informed services that are ethnically and culturally inclusive. Continued efforts are needed to identify factors and processes that contribute to IIT and those enhancing resilience and psychological growth.

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## **Chapter 5. Methodology and Methods**

This chapter outlines the methodological framework for the next two qualitative studies that are presented in Chapters 6 and 7. First, the chapter reviews the philosophical worldviews of positivism, post-positivism, constructivism, transformative approach, and pragmatism. This section also discusses the relationship between the epistemological assumptions guiding the thesis, the methodological framework and the methods employed.

Second, there is a presentation of the methodological framework of the thesis, namely phenomenology, and a justification for its suitability for studying the intergenerational transmission of trauma (ITT) among descendants of Holocaust survivors (HSs). Third, the methods employed in Studies 2 and 3 are discussed, including recruitment and data collection procedures. The case study research method employed in Study 3 is detailed, along with the Interpretative Phenomenological Analysis (IPA) that is the analytical framework employed in both studies. Lastly, the chapter concludes with a discussion of quality appraisal in qualitative research, and a review of the ethical considerations relating to Studies 2 and 3 and how these were addressed.

### **5.1 Philosophical Worldviews**

The researcher's worldview and philosophical assumptions concerning scientific inquiry have guided the research process from personal interest in the topic, framing the research questions, to the research design, including the type of data collection and analysis. Creswell and Poth (2018) defined worldview as "a general philosophical orientation about the world and the nature of research" (p. 15). These assumptions centred around ontological philosophical questions such as "what is the nature of reality?" and "what is considered real?" and epistemology questions about "what counts as knowledge?" and "how do we make claims about this knowledge?" Alongside ontology and epistemology, researchers have also engaged in questions about the role of values in research axiology, with questions about "what is ethical?" in choosing the appropriate means of acquiring knowledge about the world

through research methodology. The researcher's responses to these questions act as a paradigm. A *paradigm* is defined as an overarching framework guiding the researcher through their work (Guba & Lincoln, 1994). The following sections outline the underlying assumptions of five philosophical worldviews and how these influenced the research process with a comparison to the ontological and epistemological assumptions that guided the thesis.

### ***5.1.1 Positivist Worldview***

The worldview known as positivism dominated scientific inquiry from the 19th century. Ontologically, the underlying assumption of the positivist approach centred around the existence of a singular objective reality that could be observed and measured (Braun & Clarke, 2013). Epistemologically, the concept of causality is at the core of positivism, and hence, the researcher actively looks for probable causes that most likely determine the phenomenon observed and/or measured (Creswell & Creswell, 2018). The search for probable causes is often conducted by employing empirical research methods that aim to predict and generalise results to larger populations (Osborne, 1994). The positivist paradigm has been described as a reductionistic approach with a focus on discrete, testable components (Creswell & Creswell, 2018). For example, when utilising an experimental research design, the researcher typically defines research questions that lead to specific hypotheses comprised of measurable variables. These hypotheses are then tested, and measurable results are discussed while addressing these hypotheses and whether they may be supported or not.

### ***5.1.2 Post-positivist Worldview***

Post-positivism grew out of the positivist approach to scientific inquiry and is sometimes referred to as the scientific method (Creswell & Creswell, 2018). However, in contrast to positivism, post-positivism has challenged the assumption of the existence of a single and absolute reality. Instead, post-positivism has emphasised that our knowledge of the world is socially constructed (Creswell & Creswell, 2018). There is acknowledgement that



researcher bias is inherent and unavoidable, and thus issues about reliability and validity in the research process should be addressed. In practical terms, when designing research guided by post-positivism, attention has been given to reducing sources of bias. When this is impossible, attention has shifted to control measures, such as the use of control groups (Spencer et al., 2020). Moreover, the emphasis on removing or reducing biases has extended to acknowledging researcher subjectivity, and the need for the researcher to remain neutral or objective as much as applicable and possible throughout the research process (Spencer et al., 2020).

### ***5.1.3 Constructivist Worldview***

A constructivist worldview shifts beyond acknowledging subjective limitations in research to embrace multiple perspectives. Ontologically, the underlying assumption for a researcher guided by the constructivist worldview has been to incorporate the possibility of multiple realities, each of which may generate and contribute differently to a knowledge base (Spencer et al., 2020). Epistemologically, the researcher assumes that individuals actively construct their understanding of the world they live in through social and cultural norms and their interactions with other individuals and institutions (Osborne, 1994). Accordingly, the researcher openly explores various perspectives or views of “reality” as expressed by participants’ accounts of their experiences, and the meanings they assign to those experiences. The meanings and interpretations individuals assign to their experiences may be influenced by social interactions with others and social and cultural norms (Spencer et al., 2020). Such interpretations are also applied to the researcher’s experiences, which have the potential to inform what is collected and how data is analysed and interpreted (Spencer et al., 2020). Hence, instead of hypotheses used in research guided by positivism and post-positivism, researchers employ open research questions about the studied phenomenon that guides them through the inquiry process (Carter & Little, 2007).

#### ***5.1.4 Transformative Worldview***

The transformative worldview emerged as an alternative to post-positivism and constructivism. The transformative worldview argued that the assumptions underlying post-positivism and constructivism were not appropriate for examining social justice issues about marginalised individuals and groups such as indigenous people, members of the LGBTIQ communities, ethnic and racial minorities (Creswell & Poth, 2018). Central to the transformative worldview is the assumption that knowledge is not neutral. Instead, knowledge reflects the power balance or struggles between various social groups. Hence, research using this worldview has focused on examining the inequities based on gender, ethnicity, sexual orientation, and disability, and how these have impacted the lives of marginalised groups. As issues relating to oppression, suppression and alienation have been studied, researchers provided participants with an opportunity to be heard and contribute as potential catalysts for change (Creswell & Poth, 2018).

#### ***5.1.5 Pragmatic Worldview***

An essential aspect of pragmatism has been its focus on the investigated problem while encouraging the researcher to develop and test possible solutions. Ontologically, in contrast to positivism, pragmatism does not support the argument for an absolute and singular reality. Moreover, pragmatism has placed less emphasis on research methods and is characterised by a practical approach to research (Cherryholmes, 1992). In contrast to positivists and post-positivists, researchers who have espoused pragmatism place less emphasis on research methods. Instead, they have tended to focus on the problem being investigated and embrace flexibility in their choice of methods, through “freedom of choice” (Creswell & Poth, 2018, p. 27). Researchers guided by the pragmatic worldview have tended to select their methods, techniques and procedures to those best suited for their research purpose (Creswell & Poth, 2018). The mixed method approach has appealed to researchers

operating within a pragmatic worldview as it offers a variety of techniques and procedures for data collection and analysis (Creswell & Poth, 2018).

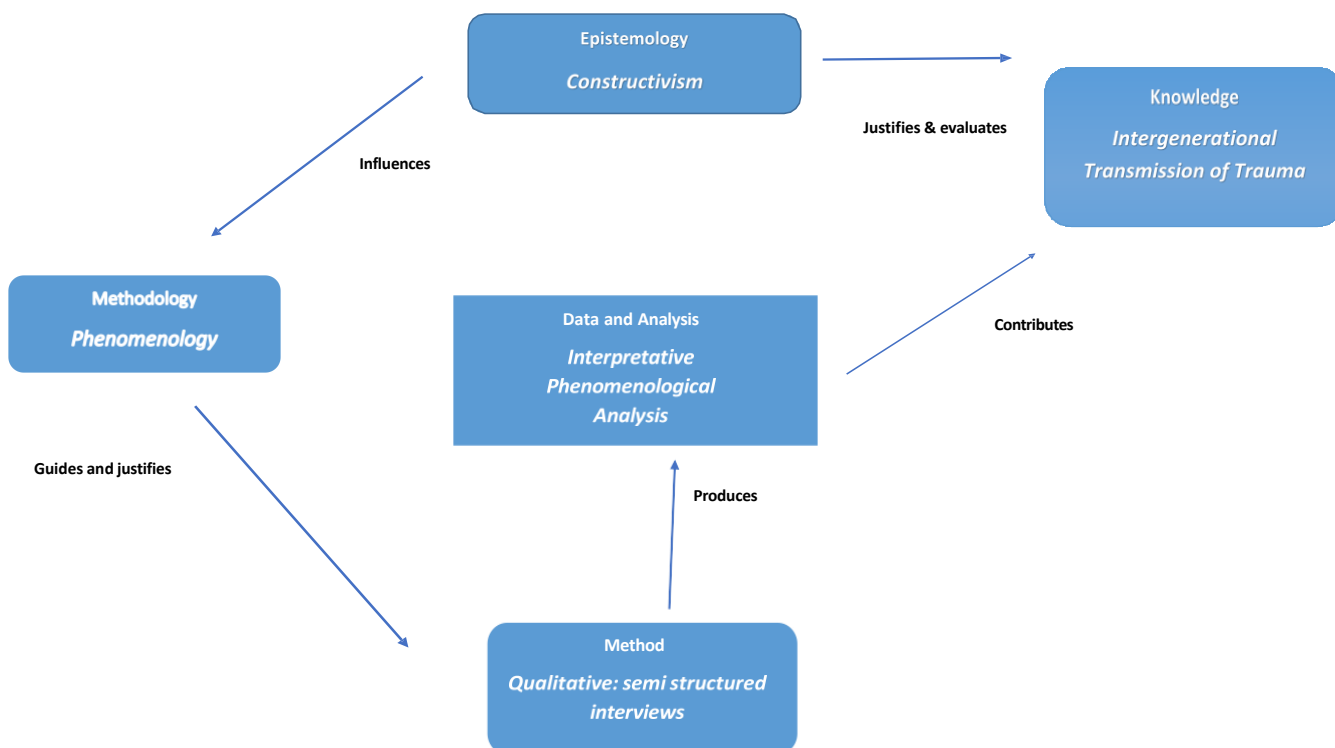
## **5.2 The Relationship Between the Epistemology, Methodology and Method**

Before presenting the research methods employed in this thesis, it is essential to highlight the differences between the concepts of methodology and methods and epistemology, that guided the research process. Carter and Little (2007) described how epistemology, methodology, and method relate to knowledge. Epistemology is a theory of knowledge that explores and discusses the components and limits of existing and new knowledge and thus applies to various scientific inquiries, for example physics and social sciences. Methodology is the theoretical framework that justifies and guides the execution of the research process. In comparison, the methods describe the procedures and tools employed during data collection and analysis. Methods bring about the product of the research process and thus contribute to the existing knowledge in the field of inquiry.

Figure 5.1 illustrates the relationship between epistemology, methodology and methods and how these contribute to the knowledge of the researched phenomenon. The figure is an adaptation of the model by Carter and Little (2007), which represents the methodological approach and methods applied in the thesis. Specifically, the components in Figure 5.1 relate to those applicable to the research in the thesis. For example, the epistemological approach that guided this research is anchored in constructivism (*see* Section 5.1.3). The arrows in Figure 5.1 highlight the relationship between the various components of the model. For example, as an epistemological approach, constructivism assumes that human beings have their individual perspectives and thus differ in how they perceive reality. Therefore, the constructivist approach influences the researcher's choice of methodology, in this case, phenomenology. The methodology, in turn, guides and justifies the methods employed in the research.

**Figure 5.1**

*The relationship between epistemology, methodology and method (adapted from Carter & Little, 2007)*



### 5.3 Ontological and Epistemological Assumptions Guiding the Thesis

The ontological and epistemological assumptions that guided the research process in this thesis—from its conception through the development of the research questions, data collection and analysis—align with the constructivist worldview. Ontologically, as a researcher, when attempting to answer the question, “What is the nature of reality?”, my preference was towards accepting that there is not one universal reality; rather, the reality is perceived as subjective and contextual. This ontological stance has been linked with the epistemological assumption that individuals will have their own perceptions of reality or the world they live in (Creswell & Poth, 2018). Furthermore, obtaining knowledge of reality through this research involved interacting with individuals while listening openly to their lived experiences without judgement (Creswell & Poth, 2018). The nature of such interactions has the potential to generate knowledge from all parties involved: the researcher

and participants (Creswell & Poth, 2018).

#### **5.4 Methodological Approach: Phenomenology**

This section situates the methodology employed in the two empirical studies in the thesis while applying Carter and Little's (2007) model of the relationship between epistemology, methodology and methods. As a philosophical movement, phenomenology emerged towards the end of the nineteenth century and was founded by Edmund Husserl (Davidsen, 2013). Phenomenology is a dynamic philosophical movement comprised of several streams. Due to the limited scope of the thesis, this section focuses on two philosophers, Husserl and Heidegger, their contribution to phenomenology and how their ideas inspired and guided the methodological framework in the studies included in the thesis.

An investigative description of a phenomenon is at the core of phenomenological inquiry. Crotty (1998) defined phenomena as “the things themselves...that present themselves immediately to us as conscious human beings” (p. 78). Crotty's (1998) definition of phenomena highlighted another key aspect of phenomenological inquiry: “consciousness”. According to Crotty (1998), our consciousness is being aware of something. However, the phenomenological inquiry denotes that such an awareness (or being conscious) of the object cannot be separated from the subject (e.g., the human being). In other words, a phenomenological inquiry aims to describe our being in the world as we perceive it through our consciousness (Crotty, 1998).

The phenomenological approach has also emphasised that we should strive to experience what appears to our consciousness precisely as it appears while bracketing our preconceptions and knowledge. Husserl highlighted the practice of bracketing in his approach to phenomenological inquiry to enable a scientific and objective knowledge of these experiences (Davidsen, 2013). According to Husserl, to achieve such objectivity, researchers should become aware of any pre-existing influences that may impend their ability to directly experience things as they are (Crotty, 1998; Kopala & Suzuki, 1999). Pre-existing influences

include researchers' experiences of external and internal sensory inputs, their expectations, pre-existing knowledge, and any pre-existing hypotheses derived from their knowledge.

As a former student of Husserl, Heidegger diverted from Husserl's emphasis on objectivity to introduce an existential turn to phenomenology (Smith et al., 2009). Heidegger focused on the understanding of the concept of existence. To describe the qualities related to (the existence of) being a human, Heidegger used the German word *Dasein*, which translates to "there being" (Davidsen, 2013). Heidegger did not intend to describe what a human being is but rather to describe how they understand themselves in their world. The being in the world, or existence, consists of our engagement with the world through our relationships with other humans, objects, and anything that occupies our world (Davidsen, 2013).

Moreover, these engagements occur in a specific time and space, and human beings employ language to understand their existence and assign meanings to it. Accordingly, Heidegger argued that the researcher could not avoid the subjectivising influences of language, culture, pre-assumption and expectations. Thus, any attempt to describe a phenomenon inevitably involves interpretation (Davidsen, 2013; Rennie, 1999).

Following these arguments, Heidegger's work assumed the phenomenological philosophy towards hermeneutics with an emphasis on interpretation and meaning (Davidsen, 2013). Accordingly, Heidegger argued that the researcher should engage in interpretation and associated meanings to cultivate an understanding of a phenomenon and associated experiences (Davidsen, 2013). All three studies in the thesis, the review and the two interview studies, were guided by the methodological approach of phenomenology alongside Interpretative Phenomenological Analysis (IPA) in the process of data interpretation and analysis. The following section discusses IPA and provides a rationale for its suitability for the phenomenon of inquiry into intergenerational transmission of trauma (ITT).

## **5.5 Interpretative Phenomenological Analysis**

Originating from phenomenological philosophy, phenomenological research focuses

on a rich description of the experiences as told by participants while situating these in the interpersonal, social, and cultural contexts they have occurred in (Smith et al., 2009). The following sections discuss the link between phenomenology and the method used in the thesis, interpretative phenomenological analysis.

This thesis focused on the phenomenon of ITT among families of Holocaust survivors. As previously stated in Chapter 1, the Holocaust is understood as a form of collective trauma with the potential to directly impact the mental health and wellbeing of survivors and indirectly impact their extended families' mental health and wellbeing. Furthermore, the nature of collective trauma implies the possibility of impacts on individuals, communities and, at times, entire nations, and can potentially transfer trauma to the next generations through family conversations and parenting strategies (Danieli, 1998; Kellermann, 2001a). In this thesis, the term *transmission* describes the thoughts, feelings, and behaviours generated from the HSs' traumatic experiences identifiable in their children's and grandchildren's behavioural and cognitive styles and emotional responses (Braga et al., 2012; Kellermann, 2001a). Thus, the term transmission as used in the thesis does not refer to heritability and genetic predispositions. Experiences of collective trauma may be complicated by survivors' various experiences pre- and post-trauma such as their refugee status, resettlement and accompanying social and economic challenges (Danieli, Norris & Engdahl, 2016).

HSs were exposed to various traumatic experiences during the Holocaust such as concentration and labour camps, hiding and fighting with partisans, as well as different post-Holocaust experiences in displaced person camps or resettlement (Gilbert, 2000). Considering how the Holocaust evolved and impacted different political and geographical areas in Nazi Germany and its allies, different levels of impact has been found amongst populations of victims and survivors (Bergen, 2016; Gilbert, 2000). Even for those who were

incarcerated in the same concentration camp with similar living conditions, their pre-war life, worldviews, faith, and spirituality impacted how they responded and coped with these traumatic experiences (Spicer, 2020).

The three studies in this thesis, including the systematic literature review, explored the experiences of grandchildren of HSs (GHSs). All three studies aimed to present an understanding of the experiences of GHSs concerning the phenomenon of ITT. Studies 1 and 2 were limited to participants who self-identified as a GHS, while Study 3 included two cases of participants who self-identified as both a child and a grandchild of HSs. In addition, all three studies provided a description and interpretation of the experiences and the meanings the participants assigned to their experiences. For these reasons, the phenomenological approach was chosen as an overarching methodological framework, and Interpretative Phenomenological Analysis (IPA) was employed as the method of data collection and analysis approach.

Interpretative Phenomenological Analysis (IPA) was developed as a qualitative method by Smith (1996) and is situated within phenomenological philosophy. According to Smith (1996), IPA incorporates a rich description of the individual's lived experiences combined with interpretations as reported by the individual and analysed by the researcher. Hence, ontologically, IPA assumes that the world, or what is known as "reality" is not a separate entity from the person who is embedded in that reality. Epistemologically, IPA assumes that knowledge of the "reality" is gained through the circular relationship between the researcher and the object of inquiry in a process known as hermeneutics (Smith, 2007).

## **5.6 Hermeneutics**

Hermeneutics, a practice of text interpretation, first emerged in the 17th century in the field of theology concerning biblical interpretations (Crotty, 1998). With time, the practice of hermeneutics expanded to other written texts and unwritten resources such as human behaviours and actions. Additionally, the purpose of hermeneutics expanded from



interpreting to understanding and assigning meaning to the object of inquiry (Crotty, 1998).

According to Smith (2007), within the IPA framework, the practice of hermeneutics takes place through the various stages of the research and is characterised by two circular processes. One process occurs between the researcher and the participant, and the other between the researcher and the data collected (e.g., audio, visual, written data). In the first process, researchers aim to bracket their pre-assumptions and perceptions while engaging with the participant. Pre-assumption and perceptions can be driven by the researcher's characteristics, such as age, gender, sexual orientation, personal experiences, and ideological, political, and theoretical stances (Berger, 2015). The bracketing allows the researcher to focus on the participant and record their experiences as the participant tells them. Then, as the researcher leaves the shared space (with the participant) and starts the data analysis task, they transition back and forth between the participant's words and the meanings the participant assigned to their experiences. Simultaneously, the researcher examines their understanding of the data as they interpret it. Such understanding is often influenced by the researcher's theoretical orientations and guided by their research questions.

The second circular process occurs during the data analysis stage when the researcher examines the transcript. This process can be conceptualised as a relationship between the part and the whole. For example, the part may represent a single word, single extract, or paragraph from the transcript, while the whole may be a sentence or page. In Smith's words (2007), "To understand the part, you look at the whole; to understand the whole, you look at the part" (p. 7).

### **5.7 Case Study Method**

The following section discusses the methodology and methods employed in Study 3. Similar to Study 1 (the systematic review) and Study 2 (interviews with GHSs), Study 3 employed a phenomenological methodology to explore the phenomenon of ITT. However, Study 3 used a case study method to develop an in-depth understanding of this phenomenon

from data collected from two participants. According to Schwandt and Gates (2018), case study research may focus on a unit on the micro level (an individual), the meso level (an organisation), or the macro level (a community). Regardless of whether the case is situated at a micro, meso or macro level, the researcher should first identify what the case is about. Hence, the research questions should be carefully evaluated for their suitability for case study methodology. Appropriate research questions explore the “how” and “why” a phenomenon occurs and aim to investigate the contextual conditions relevant to the phenomenon. To assist in developing a research question appropriate for case study methodology, Creswell and Poth (2018) emphasised the importance of identifying the boundaries of any given case. Such boundaries may include the case location, the relevant time frame, and the specific context of the case studied.

Study 3 continued the exploration of the phenomenon of ITT in GHSs as it was first explored in the systemic literature review (Chapter 4) and built on the findings of Study 2 (see Chapter 6 and the published article, *Living alongside past trauma*). However, although the cases described and analysed in Study 3 were circumscribed by the same context of ITT in families of HSs, they are also defined by the inclusion criteria. Specifically, the two cases included in Study 3 were chosen because these individuals identified as a child and a grandchild of HSs. The research questions of Study 3 reflected these boundaries as they questioned if and how ITT occurred in families where there was at least one parent and grandparent HS—as it can be understood from their lived experiences.

### ***5.7.1 Type of Case Study***

Following the formulation of the research questions, the next step involved considering the type of cases to be investigated. Creswell and Poth (2018) described three types of case studies: intrinsic, collective, and instrumental. An *intrinsic case study* is defined by its uniqueness and thus the research focuses on the case and its uniqueness with a lesser

emphasis on a generic phenomenon or the related theoretical construct. A *collective case study* involves the selection of multiple cases to illustrate an issue being studied. A collective case study enables the researcher to explore differences between and within cases. Finally, for *instrumental case studies*, the data gathered from the case(s) is utilised to generate knowledge of the phenomenon studied and is not limited to understanding the single case (Baxter & Jake, 2008).

The two case studies presented in Chapter 7 (including the published article, *Transmission of Trauma and Resilience*) employed a combination of instrumental and collective case studies. Although both cases described their lived experiences as a child and grandchild of HS, the aim of the study extended beyond the individual cases. It aimed to generate knowledge in the ITT field concerning descendants of collective trauma who grew up in multigenerational families of survivors. Therefore, the data analysis and interpretation process treated these cases as two cases, allowing for the description and interpretation of each case's experiences, with an additional exploration of similarities and differences between the cases.

### **5.7.2 Participants**

Fourteen participants provided the data for Study 2 (*see* Chapter 6) and two additional participants provided the data for Study 3 (*see* Chapter 7 for description and analysis). Chapters 6 and 7 outline detailed information, including the characteristics of participants.

### **5.7.3 Procedures**

All procedures were approved by Monash University Human Research Ethics Committee 23208 prior to the beginning of the research (*see* Appendix A for ethics approvals).

### **5.7.4 Recruitment and Sampling**

All the participants in Studies 2 and 3 self-identified as Jewish Australian adults (aged

over 18 years) and identified as grandchildren of Holocaust survivors. For the purpose of these studies (and this thesis), a Holocaust survivor is defined as someone who lived in a country occupied by Nazi Germany before and/or during World War II and was subject to some form of persecution (*see* Chapter 1, Section 1.8 for a discussion of definitions of HS in Holocaust literature). The participants in this study were recruited using purposeful and criterion sampling.

Purposeful sampling is widely used in qualitative research and specifically in IPA, as it contributes to the researcher's identification and selection of knowledgeable individuals about the phenomenon of interest (Alase, 2017; Palinkas et al., 2015). The study was advertised (*see* Appendix D for the research poster) by several Australian Jewish community organisations, for example The Jewish Holocaust Centre, March of the Living and Sydney Jewish Museum, from April 23, 2021, to September 14, 2021. The advertisement contained a hyperlink to the research explanatory statement (*see* Appendix E) that described the study rationale, purpose, and eligibility criteria. At the end of the explanatory statement, potential participants had to choose from two options: "Yes, I consent to participate" or "No, I do not consent". At this stage, consent was obtained once the potential participant clicked the "Yes, I consent" button. Those who did not consent could not progress to the next page of the link. Thus, it is not possible to calculate how many people accessed the link and read the explanatory statement but withdrew, as these attempts were not recorded. Those who chose "Yes, I consent" were directed to a text box where they were invited to type their email address for the researcher to contact them to arrange a time for the interview.

The recruitment and sampling processes occurred in stages. In the first stage, the researcher accessed the Qualtrics platform (an online platform where participants' responses were recorded)—to download potential participants' responses. The details of 44 potential participants were downloaded in this stage. The second stage was sending emails to these

potential participants with a link to a Google online form where they were asked to indicate their preferences for the interview mode. The options were in person, over the telephone, via video (Zoom or Skype). They could also choose between alternative dates and times for the interview to take place. Twenty-six individuals replied and were booked for interviews during May and June 2021. However, three individuals cancelled their booking due to clashes with their work schedule and declined to make a new booking. Thus, 23 individuals were booked for an interview.

Next, exclusion and inclusion criteria were applied, leading to the removal of three individuals who presented to their interview, as they were living overseas. The ethics approval was restricted to the recruitment of participants residing in Australia to allow referral of participants to available support services in case of psychological stress resulting from participation in the study. Additionally, although two individuals were interviewed, their data were excluded from the sample of Study 2 (but used in Study 3) as it was determined at the start of the interview that they were both a child and a grandchild of HSs. Overall, there were 18 participants intended for Study 2 and two participants chosen for Study 3.

Four additional participants were removed from the sample of Study 2. During their interviews, it was revealed that their grandparents escaped occupation before or during the war. Although there was suffering and losses experienced by these families, to adhere to the definition of HS, the data collected from these participants were not included in the data analysis for this study. Thus, the final sample for Study 2 consisted of 14 participants.

This sample size of Study 2 is appropriate given that qualitative methods focus on individual experience and its relevance to the studied phenomenon. Previous similar qualitative studies provided some guidance around appropriate sample sizes, with ranges from six (Cohn & Morrison, 2018) to 142 GHSs (Scharf & Mayseless, 2011). Within IPA,

sample sizes tend to be small (Smith et al., 2009). According to Alase (2017), IPA sample sizes can range between two and 25. Smith et al. (2009) highlighted the benefits of a small sample size to enable researchers to capture rich and thick descriptions of participants' lived experiences. The historical event that provides the background to this study, the Holocaust, is complex in terms of family configuration and the survivors' traumatic exposure level. For example, families of HSs could have between one to four grandparent survivors.

Furthermore, due to the nature of the Holocaust, survivors may have been exposed to various traumatic experiences, including internment in ghettos, labour camps, and concentration camps and/or hiding and living under false identities (Danieli, Norris & Engdahl, 2016). The samples for Studies 2 and 3 included participants from various family configurations (concerning the number and grandparental level of exposure to trauma).

Data analysis occurred concurrently with interviews to assist in the decision for when the sample had reached saturation. Data saturation was deemed when the new information gathered from participants produced little or no new data (Guess et al., 2006). For these reasons, a decision was made to conclude recruitment in July 2021. The other 19 potential participants who had made expressions of interest were then emailed a thank you email advising them that recruitment had concluded.

#### ***5.7.5 Eligibility Criteria***

Due to the potentially traumatic nature of the experiences investigated in the interview process, participants were required to be 18 years and over. To be included, participants were required to have at least one grandparent who was/is a HS. As per the definition, this meant that the grandparent/s had lived under Nazi occupation before and/or during WWII. Considering the aims and research questions of Study 2 which focused on the lived experiences of GHSs, two participants were excluded because they self-identified as both a child and grandchild of a HS. These participants provided the data for Study 3, which

explored the experiences of individuals who had lived with at least one parent and grandparent HS.

### ***5.7.6 Informed Consent***

All participants had access to an explanatory statement about the project. The statement outlined the purpose of the research project and the procedures to be used in data collection, the voluntary nature of participation, potential risks and benefits, and the protection of confidentiality (*see* Appendix E).

Prior to being interviewed, all participants were emailed a consent form. Participants were asked to read, sign, and return the consent form via email (except for one participant who handed the form in person). Upon signing the form, participants indicated their consent and the right to withdraw from the study at any time until approving their interview transcript. Once participants approved their transcript any identifying details were removed and the transcript moved to the stage of data analysis. Additionally, before the commencement of the interview, each participant verbally consented to the audio recording.

### ***5.7.7 Confidentiality***

All participant information was treated with confidentiality from the initial stages of recruitment to data collection and publication of results. At the recruitment stage, the initial contact with interested participants occurred through private emails.

All interviews, whether in person, over the telephone or via video conferencing, were conducted in private places such as my home office. The Monash University Zoom platform was used for video conferencing as it ensured the highest possible level of online security. When a follow-up was required, communication with participants was conducted via private email. After receipt of checked transcripts, all identifying data were removed, and participants were named using a pseudonym. All audio recordings and transcripts were stored in line with Monash University data storage requirements, with access only by the researcher

and the supervisory team.

### ***5.7.8 Data Collection: Semi-Structured Interviews***

All participants took part in an individual semi-structured interview that aimed to explore their experiences as grandchildren of Holocaust survivors. The existing qualitative literature on lived experiences of CHSs and GHSs and the research questions informed the interview schedule (*see* Appendix B). The interview schedule was further refined through collaborative discussion between myself and my supervision team, who brought their expertise in qualitative research and clinical work with descendants of HSs. Moshe Lang, an Israeli-born and Australian family therapist with extensive experience in therapeutic work with Holocaust survivors and their families in Israel and Australia was also consulted. After the first interview (conducted on the 10th of May 2021), I met with a member of the supervisory team to review the interview process, discussed how rapport was established, and evaluated whether there was a need to change any of the interview questions. Considering my characteristics as a child of HSs, the debrief post the interview provided an opportunity to share and explore experiences and emotional reactions during and after the interview. Although no changes were made to the interview schedule, there was a shift in the following interviews to focus on the grandchild's lived experiences rather than a testimony of the grandparents' experiences during the Holocaust.

The interview schedule (for details see Appendix B) consisted of two sections: a detailed demographic and background questionnaire followed by the interview questions. The background questionnaire included questions about the participant's age, gender, country of birth, education, and their religious attitudes. Participants were also asked to provide details of their grandparents' country of birth and their experiences during the Holocaust (for example: living with partisans, in ghetto or concentration camps). The background section was followed by the interview proper that included fourteen open ended questions designed to prompt participants to reflect on their lived experiences. For example, participants were asked, "How did you find out about your grandparent(s) experiences during the Holocaust?";



and “How old were you when you found out?”

Eleven participants chose their preferred mode of interviewing via the secure online platform Zoom. Two interviews were conducted over the telephone, and one participant chose to be interviewed in person in a meeting room at a university library. All the interviews were conducted by the author of this thesis. Interviews ranged between 30 and 90 minutes, with an average time of 43 minutes.

To ensure that the data collected were accurate and its meaning was interpreted appropriately, regular summaries and key points were reflected back to participants during the interview. Although the interview questions aimed to address the research questions that guided this study, the nature of the semi-structured interview allowed for flexibility (Minichiello et al., 2008). For example, after learning that the participants had children of their own, the interviewer also asked about communication about the familial Holocaust past between the participant and their children (great-grandchildren of HSs).

All interviews were audio-recorded and transcribed using the artificial intelligence software Otter (<https://otter.ai/>). All transcripts were checked for accuracy while listening to the recording. In some cases, for example, where names of towns and places were misspelled, the transcript was amended. All participants were emailed a copy of their transcript and invited to review and edit it as appropriate. In qualitative research, this technique is known as member check or interview transcript review (ITR) whereby participants are provided with an opportunity to read and edit their transcripts. (Hagens et al., 2009).

Participants could add new information, clarify, and make comments on the original transcript, and remove information if they choose to do so. Nine of the 14 participants reviewed and edited their transcript. Of these nine, only two participants returned their transcript with major edits, with one deleting some personal experiences and the other focusing on the style and readability of the transcript.

#### ***5.7.9 The Use of Technology in Qualitative Interviews***

The latest advances in information and communication technology, such as video conferencing tools, offer novel opportunities for qualitative methods for interviewing

participants. No more have these advances been timelier than during 2020 and 2021, when the coronavirus pandemic presented challenges to accessing and interviewing participants in person. With social distancing, bans on interstate travel and universal masking requirements, conducting face-to-face interviews seemed challenging. However, videoconferencing applications, such as Zoom and Google Meets, offered valuable opportunities to continue qualitative research with minimal obstacles and in a safe manner.

Literature evaluating the use of video and conference technology in the collection of qualitative data has mainly been limited to asynchronous internet methods such as instant messaging and online focus groups, where communication occurred at different times (Deakin & Wakefield, 2014). The evaluation of internet communication methods, specifically those that have employed real-time video signals that allow for a replication of the features of face-to-face interviews has increasingly gained momentum (Archibald et al., 2019; Sedgwick & Spier, 2009; Weller, 2017). Archibald et al. (2019) reported how participants and researchers found using Zoom superior in forming and maintaining rapport compared to experiences using nonvisual mediums such as telephone or email. However, participants also mentioned disadvantages, citing technical difficulties concerning internet connection, limited webcam, microphone functionality and call quality. Nevertheless, despite these challenges, online video interviewing has increasingly become accepted as a methodological tool for collecting qualitative data (Deakin & Wakefield, 2014; Weller, 2017). Offering participants various online interviewing options overcame geographical hurdles to expand the sample to include participants from states other than the state of Victoria (where the researcher resides).

Furthermore, at the time of conducting the interviews, social distancing and universal mask wearing were mandated in Victoria due to the COVID-19 pandemic. Hence, as well as being able to conduct the interviews safely and without visual obstructions of face masks, online video interviews offered participants the flexibility of time and convenience to do the interview from a location of their choice.

## 5.8 Case Study Data Collection

Semi-structured interviews were employed to prompt participants to reflect on their experiences. The same interview schedule was used in the interview and case study projects. However, in the case study project, the scope of the questions was expanded to include experiences concerning being a child and a grandchild of Holocaust survivors. As both participants lived interstate, they were interviewed via Zoom. The average time for the interview was 60 minutes (ranging from 35 to 90 minutes). After the initial analysis of the transcripts, one participant was contacted for a brief (20 minute) follow-up telephone interview to ask for further clarifications concerning a segment of the interview. These case studies followed the same procedures as in the second study to gain informed consent and protect confidentiality. Both participants read their interview transcripts and returned them with edits relating to style and readability.

### 5.8.1 *Quality Assessment in Qualitative Research*

The criteria and procedures for appraising the quality of research differ between quantitative and qualitative research methods. The terms *reliability* and *validity* are commonly used in quality appraisals of quantitative research (Meltzoff, 2017). For quantitative research, reliability indicates the accuracy of the measurement tools and the extent to which the results can be replicated, and validity refers to the extent to which the results measure what they intended to measure (Meltzoff, 2017).

The ontological and epistemological assumptions that have guided this thesis are framed within a constructivist worldview underpinned by the assumption that individuals construct knowledge through their lived and shared experiences. This assumption challenged the terms of reliability and validity as they are commonly perceived and applied in quantitative research and raised the following questions: is it possible to argue for reliability and validity in qualitative research, and if so, what steps should be taken to ensure reliability and validity (Merrick, 1999). Stiles (1993) has defined *reliability* as the “trustworthiness of the data” and *validity* as “the trustworthiness of the conclusions or interpretations” (p. 601). The following sections explore and discuss the concepts of trustworthiness and the researcher’s

reflexivity as steps were taken to enhance the strength of the research design and evaluate its appropriateness in exploring the studied phenomenon (Cypress, 2017).

### **5.8.2 Trustworthiness**

Stiles (1993) reconceptualised reliability and validity using the broad term of *trustworthiness*. Trustworthiness refers to the concept of “good practice” in qualitative research and encompasses steps that are essential to ensure the quality of the research process (Stiles, 1993). Stiles highlighted a significant challenge concerning the nature of verbal data collected, analysed, and reported in qualitatively designed studies. Stiles has argued that words do not necessarily mean the same to each individual as they may have different cultural perspectives, experiences, and values associated with a word. For example, the word “pride”, used to describe an emotional response to their grandparents’ Holocaust-related traumatic experiences, was used by several participants in Study 2. However, “pride” had different meanings to participants when linked with their individual experiences (*see* Chapter 6 and Chapter 8 for discussion). Thus, Stiles (1993) recommended several steps to enhance the trustworthiness of a study. These steps included disclosing the researcher’s orientation, explicating the researcher’s and participants’ social and cultural context, and intense engagement with the data.

Disclosure of researcher’s orientation occurred at the start of the thesis, where I declared my personal positioning and shared with the reader my experiences of growing up with HS parents (*see* Preface). While acknowledging my interest and motivation to perform the research, I also explored the potential for bias due to my familial Holocaust-related background. As such, during the data analysis phase in all three studies, including the systematic literature review, I set aside time to reflect on my personal beliefs and values and made a conscious effort to analyse the data while keeping participants’ perspectives in mind. Additionally, throughout the data analysis and interpretation process, I shared the transcripts and emerging themes with the supervisory team, who brought their expertise and vast experience in qualitative research and clinical work with descendants of HSs.

### **5.8.3 Researcher Reflexivity**

The researcher's reflexivity concerns the researcher's role in creating the knowledge generated by their research activities. Specifically, reflexivity relates to the researcher's position concerning the topic studied and how this position may interact with and impact the research process and its outcomes (Berger, 2015). The researcher's position may refer to various characteristics, such as age, gender, personal experiences, values, beliefs and political and ideological assumptions. Berger (2015) described how the researcher's positioning may impact the research process, including the researcher's worldview and theoretical assumptions, which in turn, may impact the research questions and the populations of interest. Additionally, the researcher's background may act as a filtering lens during data analysis and interpretation and, thus, shape the findings and conclusions of the study. A researcher's background may also impact the researcher-participant relationship. For example, participants may be at ease and more willing to share their experiences with a researcher they believe or know to have similar lived experiences. Conversely, researchers with experiences similar to their participants may choose to alter their interview style and schedule. For example, they may omit specific questions, being more emphatic and sensitive to participants' responses that most align with their own experiences. Such actions can potentially adversely impact the research (Bradbury-Jones, 2007).

In this thesis, the concept of the researcher's reflexivity was particularly challenging due to my personal experiences of being parented by and having lived with two HSs. This personal history presented a challenge and required constantly monitoring of actions and responses through all the stages of the research project. When presenting the research topic through an advertisement for participants and sharing with prospective partner organisations, and during interactions with the participants, I considered whether and when to disclose my personal connections with the topic. My background as a child of HSs may have helped during the

interviews to cover topics with suitable sensitivity and cultural and religious understanding. Such intimate knowledge of living in a family of HSs may have contributed to the strength of the interviewer-participant relationship that is critical for qualitative interviews, as the quality of this relationship impacts participants' level of self-disclosure and the depth of the information shared (Knox & Burkard, 2009).

#### ***5.8.4 Ethical Considerations***

The studies that comprised this thesis involved the exploration of past trauma, which posed a potential risk for psychological distress. While those who participated in the study may have felt sufficiently comfortable sharing their experiences with the researcher, a potential risk of psychological distress could not be ignored. The nature of the interviews invited participants to reflect on their experiences, and for some, this related to deceased grandparents. Also, when exploring past trauma, there is a risk for participants to (re)experience stress and become emotional or otherwise distressed. Several steps were taken to address these potential risks. The participants were advised that participating in the interview was voluntary and that they could withdraw at any time (up to when they approved their transcript) without providing a reason. The participants were also informed that they could refuse to answer specific interview questions without having to provide a reason.

Of the 16 participants, only three became visibly emotional, which involved two participants becoming tearful and one crying at some point during the interview. When this occurred, the recording was stopped, and the participant was asked if they wanted to take a break or stop the interview. All three participants said they wanted to continue with the common response being "I don't know why I am crying" and "I did not expect to become emotional". My role was exclusively as a researcher conducting the interview, not as a practising provisional psychologist. The protocol was followed to refer distressed participants to external counselling services; this point was made clear to participants on the explanatory statement

and verbally at the conclusion of the interview. Participants were also advised of the option to self-refer themselves and access the 24-hour, 7-day support services of Beyond Blue and Lifeline in the explanatory statement (*see* Appendix E).

Another ethical issue that arose was related to the definition of a HS, as detailed in Chapter 1. The nature of this definition led to the exclusion of several interested individuals who wanted to share their lived experiences, but their grandparents' experiences during the Holocaust were not in line with the definition. Rejection from participating may have led to negative emotional impacts on these individuals who perceived themselves as GHSs. The reason for their exclusion was explained to them, while also acknowledging the possible emotional distress they may have experienced as a result. Additionally, they were also provided with details of the support services mentioned above. The issue around the definition of a HS is more complicated than the scope of this thesis, and it should be noted that the definition of a HS has changed during the last decade and is still contested (Spicer, 2020; Yablonka, 2012). This ethical issue was addressed in Chapter 1 of the thesis and the relevant publication of Study 2.

The ethical concerns highlighted above were addressed through the application of ethical standards, and all procedures were approved by the Monash University Human Research Ethics Committee (MUHREC) before recruitment took place. Ethical approval documentation can be found in Appendix A.

## **Chapter 6. Living Alongside Past Trauma: Lived Experiences of Australian Grandchildren of Holocaust Survivors**

This chapter presents the second of the three published studies in this thesis. The first study, a systematic qualitative literature review, presented in Chapter 4, highlighted previous research which showed how Holocaust-related trauma continued to impact the lives of GHSs despite the passage of almost 80 years since its occurrence. The systematic review identified several gaps in the literature regarding the experiences of GHSs that the current study aimed to address. Following findings from the previous research on ITT between HS grandparents and their children and grandchildren, the current study was designed to investigate potential negative (e.g., fear, anxiety, depression), as well as positive (resilience and post-traumatic growth) aspects of the transmitted Holocaust-related content.

Although studies of ITT in the GHSs have been sparse, available research was conducted in Israel (Chaitin, 2000, 2002, 2003; Kidron, 2012; Lev-Wiesel, 2007), and only a small number undertaken in Australia (e.g., Cohn & Morrison, 2018; Klein, 2007; Quadrio, 2016). In Israel, the Holocaust has played a central role in the nation's cultural and political narrative. It is perceived as a legacy shared by all Israelis regardless of familial links to this collective trauma (Elon, 1981). Several studies (Danieli, Norris & Engdahl, 2016; Felsen, 1998) found that descendants of HSs (children and grandchildren) adapted better to life, reporting less adverse impacts of the familial Holocaust past on their mental wellbeing and therefore promoting the idea that residing in Israel may act as a protective factor. Conversely, a meta-analysis conducted by van IJzendoorn et al. (2003) found no significant differences in the adaptation and wellbeing of CHSs regardless of their country of residence. Important to note is that Australia has the largest proportion of HSs living outside of Israel, most of whom resettled in Melbourne. However, unlike the socio-political milieu in Israel, the Holocaust does not play a central role in Australia's identity. With this knowledge in mind, the study



presented in this chapter aimed to explore the experiences of adult grandchildren of HSs who live in Australia, a place geographically distant from where their grandparents' traumatic experiences took place and also with a time span of almost 80 years since the Holocaust.

### **6.1 Research Questions**

The following questions guided the research:

- I. What (if at all) has been transmitted from the grandparents' experiences of the Holocaust to adult Australian GHSs?
- II. In what ways, if any, is the Holocaust past of their grandparents relevant to the present life of adult Australian GHSs?
- III. What influence (if at all) do grandparents' past have on the life of adult Australian GHSs?

### **6.2 Relevance and Contribution**

Although more than seven decades have passed since the Holocaust, the world continues to experience war, terror, ethnic cleansing, and genocide. The recent invasion of Russian armed forces to Ukrainian territories in February 2022 has brought back the terrors of war and the possibility of long-term mass and collective trauma impacts. Since February 2022, the United Nations Refugee Agency (UNHCR, n.d.) has recorded more than 7.2 million individual refugees and more than 6.9 million internally displaced people in Ukraine. It can be assumed that some of these individuals have experienced or witnessed violence or threat of death to themselves or others. Understanding processes involved in ITT and the impacts of collective trauma on survivors and their offspring is paramount when planning a trauma-informed response to survivors, their extended families, and entire communities.

The following study was published in the *Family Relations: Interdisciplinary Journal of Applied Family Science*. The paper extends our knowledge and understanding of the impacts of collective trauma on subsequent generations. The paper also highlights patterns of familial communication and their role in the transmission of trauma and resilience.

### 6.3 Citation and Article

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# Living alongside past trauma: Lived experiences of Australian grandchildren of Holocaust survivors

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## Abstract

**Objective:** We explore the experience of intergenerational transmission of trauma in grandchildren of Holocaust survivors.

**Background:** Impacts of mass and collective trauma may exceed those initially affected to include the survivor's extended family and, thus, impact families for generations to come. Understanding these impacts is paramount to developing interventions and support programs for the survivors and their families.

**Method:** Fourteen semistructured interviews were conducted with randomly recruited 11 female and three male Australian grandchildren of Holocaust survivors ( $M_{\text{age}} = 36.5$  years). Data were analyzed using interpretative phenomenological analysis.

**Results:** Six main themes were identified: knowledge about the past, communication modes about the Holocaust, kinship with other descendants, emotional reactions, the meaning of the Holocaust, and impacts on present life.

**Conclusions:** The findings demonstrated that intergenerational transmission of trauma occurred and included both features of vulnerability and resilience. Although traumatic content was mainly transmitted through open communication, echoes of the past trauma were also transmitted nonverbally.

**Implications:** There is scope for developing and formulating guidelines for clinicians working with families of collective trauma survivors to educate the clients and support familial communication pathways. Additional clinical and research implications are discussed.

## KEYWORDS

family, grandchildren, Holocaust, survivors, trauma

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It has been more than 7 decades since the occurrence of the genocide known as the Holocaust. Nonetheless, the world continues to experience genocidal and ethnic cleansing events, war, and terror. These events result in a large number of refugees and uprooted people worldwide (Apfelbaum, 2000). The UN Refugee Agency (UNHCR) reported that as of 2021, more than 84 million people would have been forcibly displaced from their homelands (UNHCR, 2021). This number is forecasted to grow with the recent invasion of Russia to Ukraine and the subsequent armed conflict. According to UNHCR (2022), more than six and a half million refugees have fled to neighboring countries and more than seven million Ukrainians have been internally displaced. Most displaced individuals have been exposed to war-related violence in their homelands (UNHCR, 2021). Hence, it can be assumed that many have experienced traumas that involved witnessing or being confronted with an actual or a threat of violence or death to self or others (American Psychiatric Association, 2013).

Large-scale traumatic events such as these are known as mass and collective trauma (Shamai, 2016). This trauma occurs when survivors are affiliated with the trauma through their ethnicity, religion, or race. This type of trauma results in impacts that may exceed those initially affected to include the survivors' nuclear and extended family and entire communities. Furthermore, past collective trauma has potential for intergenerational impacts occurring for decades and sometimes centuries after their ancestors' original trauma (Kidron et al., 2019). Understanding the generational impacts of collective trauma is paramount for the development of effective interventions and support programs for the survivors, their extended families, and their communities.

Notably, trauma-related research has highlighted the health-related impacts of a traumatic experience on survivors' daily functioning, as well as on the well-being of their family. For example, Evans et al. (2009) showed that Vietnam War veterans with a diagnosis of post-traumatic stress disorder (PTSD) had an increased risk of experiencing dysfunctional family relationships and negative impact on their children's well-being. Others highlighted the psychological stress experienced by spouses of veterans with combat related PTSD (Yambo et al., 2016). Health impacts of war- and violence-related trauma including PTSD, psychosomatic complaints, depressive symptoms, and heightened anxiety have also been extensively identified in families of Holocaust survivors (Danieli, 1998; Scharf, 2007).

However, comparatively less is known about the generational impacts of collective trauma. To address this gap, research in this field aims to understand the extent to which collective trauma may impact subsequent generations and the content and processes involved in the phenomenon of intergenerational transmission of trauma (ITT). Research on ITT emerged in the late 1960s when children of Holocaust survivors sought psychological treatment for a variety of psychological symptoms. Clinicians reported that children of Holocaust survivors presented with symptoms similar to those reported by the survivors, including depression, anxiety, guilt, separation and individuation issues, and PTSD (Payne & Berle, 2021; Scharf, 2007; Scharf & Maysless, 2011). Clinicians and researchers highlighted an association between the parents' traumatic experiences and their children's mental health (Danieli, 1998) and referred to the phenomenon of ITT to explain such findings (Kellermann, 2001). The term *transmission* was employed to describe the thoughts, feelings, and behaviors generated from the Holocaust survivors' traumatic experiences identifiable in their children's behavioral and cognitive style (Braga et al., 2012).

Notably, review of the literature on ITT between Holocaust survivors and their children reveals differences in the findings as to "what is being transmitted." For example, some highlighted negative impacts of the Holocaust survivors' traumatic experiences on their children's mental health in presentations of PTSD, anxiety, fear, hypervigilant behaviors, mistrust, and depression (Letzter-Pouw et al., 2014; Payne & Berle, 2021). In comparison others reported signs of resilience and post-traumatic growth (Braga et al., 2012; Shasha-Rubinstein et al., 2015; Zerach & Solomon, 2016). Hence, the current study incorporates positive (e.g., resilience and posttraumatic growth) and

negative (e.g., anxiety, fear, hypervigilant behaviors, and depression) aspects of transmitted Holocaust trauma-related content.

Intergenerational transmission of trauma research also endeavors to understand familial and societal processes involved in such transmission. Clinical and empirical studies evaluating long-term impacts of the Holocaust on the children of Holocaust survivors highlighted several processes that may have contributed to ITT. Patterns of parental communication of the traumatic past have been identified as a crucial pathway in the transmission of trauma (Wiseman et al., 2002; Wiseman et al., 2006). Danieli (1998) described an intergenerational communication pattern, “the conspiracy of silence,” characterized by the Holocaust survivor’s avoidance of talking about the past with their children. This was specifically prevalent among survivors who migrated to Israel to start a new chapter in their lives. The Holocaust survivors found themselves subjects of societal judgment and were accused by “native” Israelis as being weak and stigmatized as those who “went like sheep to the slaughterhouse” (Bar-On, 1995, p. 19). Such value judgments prompted survivors to avoid talking about their traumatic past, both publicly and privately. Furthermore, Holocaust survivors believed that in being silent about their experiences, they protected their children from the horrors of the past and allowed for their normal development.

Conversely, later studies (Giladi & Bell, 2013; Wiseman et al., 2002) reported that in families where Holocaust survivors openly communicated about their traumatic experiences, the children reported lower levels of psychological distress than those in families who chose to remain silent. In a review of studies on ITT in families of Holocaust survivors, Felsen (1998) suggested that children of survivors who grew up in families where the trauma was communicated silently and nonverbally were at a higher risk to experience ITT. Bar-On (1995) argued that some children of Holocaust survivors became sensitive to their parents’ needs of silence, thus creating a “double wall of silence” (p. 20) where parents did not speak of the past and children did not ask. Nonetheless, those untold and repressed stories of the past were ever present in the family home as an elephant in the room and thus were nonverbally transmitted to the children (Bar-On, 1995).

Notably, most of the research aimed at understanding the content and processes involved in ITT among families of Holocaust survivors focused on survivors and their children (e.g., Letzter-Pouw & Werner, 2013; Scharf, 2007). Nonetheless, grandchildren of Holocaust survivors are in a unique position concerning their ancestors’ trauma. With a time span of over 7 decades away from the Holocaust, most grandchildren will be the last generation to have direct contact with the survivors.

However, research on ITT and grandchildren of Holocaust survivors is sparse, with studies presenting some limitations. First, the majority of these studies continue to search for indications of adverse impacts of the Holocaust on the survivors’ grandchildren, such as the presence of eating disorders (Zohar et al., 2007), PTSD (Zerach & Solomon, 2016), family conflicts, and separation and individuation issues (Scharf, 2007). Second, most of the research on ITT involving the survivors’ grandchildren employed quantitative designs. Although clinical questionnaires, scales, and surveys may identify underlying disorders, they may lack the capacity to elicit an understanding of grandchildren’s experiences and uncover the meanings assigned to them. Last, most studies took place in Israel (Greenfeld et al., 2022), where the Holocaust and its related trauma take center stage in forming the national identity (Elon, 1981). The Holocaust is perceived as a legacy shared by almost all Israelis regardless of their familial history. The Holocaust is also extensively taught at schools in Israel and is part of the country’s political discourse (Elon, 1981). Notably, it was Australia that welcomed the largest proportion of Holocaust survivors outside of Israel. These survivors went on to establish thriving communities (Taft & Markus, 2018), with Melbourne in Australia reporting the largest number of survivors per capita outside Israel (United States Holocaust Memorial Museum, 2004).

Addressing these gaps, the current study aims to explore the lived experiences of adult Australian grandchildren of Holocaust survivors. Specifically, we ask what (if anything) has

been transmitted from the grandparents' experiences to their adult grandchildren? We also ask what relevance and impact (if at all) do the grandparents' Holocaust past experiences have on the life of their adult grandchildren?

## METHODS

A phenomenological approach was employed to explore participants' experiences of growing up in family with Holocaust survivor grandparents. Given the phenomenological approach, this study reports on both descriptions as well as interpretations (Smith et al., 2009) that participants assigned to their experiences of being a grandchild of a Holocaust survivor.

### Recruitment and sampling

The participants in this study were recruited using purposeful and criterion sampling that is widely used in qualitative research and specifically in interpretative phenomenological analysis. Participants were recruited via an online advertisement posted between April 23, 2021, and July 14, 2021. Concurrently, several Australian Jewish organizations published the advertisement on their social media platforms. Interested participants accessed a hyperlink in the advertisement and were directed to a statement describing the purpose of the study and the eligibility criteria. Upon completing the demographic questionnaire, participants were directed to a separate survey where they provided an email address for the researcher to contact them to arrange a time for the interview. Subsequently, a Google online form was emailed to the first 44 respondents to choose the preferred interview mode (in person, over the telephone, videoconference) and date. Only 23 individuals replied and subsequently booked times for an interview.

Eligibility included having at least one grandparent who was or is a Holocaust survivor. Guided by previous literature on Holocaust studies and consistent with the definition given by Yad Vashem's Holocaust Resource Center (the Holocaust museum, research, and education center in Jerusalem, Israel), Holocaust survivors are defined as "Jews who survived the Holocaust period in Nazi-occupied Europe" (Shoah Resource Center, 2003, p. 1). In consideration of the aims and research questions of the study, participants were excluded if both their parents and grandparents were Holocaust survivors (including two participants who had applied). After consideration of all eligibility criteria, a final sample of 14 participants were included.

Participants were Jewish Australian adults (18 years and older) who self-identified as a grandchild of a Holocaust survivor. Eleven women and three men participated, with their ages ranging from 27 to 51 years ( $M_{\text{age}} = 36.5$  years). All participants were born and lived most of their life in Australia, with the exception of one woman who was born in Romania and had lived in Australia for 22 years. Three participants had one grandparent who was a Holocaust survivor, five had two survivor grandparents, two had three survivor grandparents, and four participants had four survivor grandparents. Table 1 provides a detailed description of participants' characteristics. Participants were given a pseudonym to protect their identity.

### Data collection procedures

All procedures were approved by Monash University Human Research Ethics Committee (approval certificate 23208) prior to beginning of research. An interview schedule was developed from the existing literature and guided by the research questions. The schedule consisted of 14 open-ended questions designed to prompt participants to reflect on their lived experiences. For example, participants were asked, "How did you find out about your grandparent(s)

TABLE 1 Participant ( $N = 14$ ) characteristics

| Pseudonym | Age (years) | Gender | Country of birth | Number of HS grandparents | Mode of interview |
|-----------|-------------|--------|------------------|---------------------------|-------------------|
| Abigail   | 28          | Female | Australia        | One                       | Face-to-face      |
| Josh      | 30          | Male   | Australia        | Three                     | Video             |
| Michelle  | 43          | Female | Australia        | Two                       | Video             |
| Sandy     | 27          | Female | Australia        | Four                      | Video             |
| Emily     | 37          | Female | Australia        | Two                       | Video             |
| Robert    | 39          | Male   | Australia        | Two                       | Phone             |
| Rebecca   | 51          | Female | Romania          | Four                      | Video             |
| Tamara    | 32          | Female | Australia        | One                       | Video             |
| Suzanne   | 50          | Female | Australia        | Two                       | Video             |
| Sam       | 36          | Male   | Australia        | Four                      | Phone             |
| Liz       | 36          | Female | Australia        | Three                     | Video             |
| Sarah     | 33          | Female | Australia        | One                       | Video             |
| Esther    | 46          | Female | Australia        | Four                      | Video             |
| Rachel    | 32          | Female | Australia        | Two                       | Video             |

Note: HS = Holocaust survivor.

[Correction added on Feb 24, 2023, after first online publication: In row 13, under Pseudonym column, there has been a name change and the new pseudonym is Esther]

experiences during the Holocaust?"; "How old were you when you found out?"; and "How did you feel and what were you thinking when you found out/were told?" Smith et al. (2009) described qualitative interviews from an interpretative phenomenological analysis approach as a "conversation with a purpose" (p. 57). The interview schedule served as a tool to facilitate an interaction between the interviewer and interviewee to allow them to tell their story.

The preferred mode of interviewing for 11 participants was via Zoom, a secured online platform. Two interviews were conducted over the telephone, and one participant chose to have the interview in person at a university library. Interviews ranged in time between 30 and 90 minutes, with an average time of 43 minutes. All interviews were audio recorded, transcribed by a transcription software (<https://otter.ai/>), and sent to participants for member checks. Overall, nine participants returned their transcript with minor or no changes. However, two participants made major edits, which primarily reflected the deletion of some personal experiences (not relevant to the research aims) and edits relating to style and readability.

## Data analysis

After accepting member checks, the first author proceeded with data analysis using interpretative phenomenological analysis, which is a cyclical, iterative process involving constant revisiting the transcripts while ensuring that participants' experiences take center stage (Smith et al., 2009). To start, the first author analyzed the transcript of each participant individually, and notes were made to identify patterns of experience. Next, a cross-case analysis was conducted with the second author, where patterns were compared across all 14 transcripts and emerging superordinate and subordinate themes were described. An interpretation of these themes followed this step to reflect the participants' thinking and experiences. Hence, the results presented here are an interpretative phenomenological guided analysis and a joint product of the participants' experiences and the analyst interpretations, a process known as double hermeneutics (Koch, 1995).

The first author's interest and perspectives on the topic of ITT in families of Holocaust survivors were informed by her experiences as a child whose parents were both Holocaust survivors.

The second and third authors brought expertise in qualitative research methods, and experience in psychological practice involving but not limited to working with families of Holocaust survivors.

Throughout this study the first author engaged in self-reflection, journaling her experiences and engaging in robust discussions with the second and third authors to monitor potential influences of personal bias on findings.

## RESULTS

Six main superordinate themes were identified: knowledge about the past, communication modes about the Holocaust, kinship with other descendants, emotional reactions, the meaning of the Holocaust, and impacts on present life. Various subordinate themes were also identified, and both are summarized in Table 2.

### Knowledge about the past

Nine participants were not able to pinpoint a specific time in their life where they first “discovered” that their grandparents were Holocaust survivors. In the words of Sam, “I don’t think I ever received the information through a formal sit down.” Some described how the topic of their grandparents’ past was a “constant presence” (Sam) and a regular topic in the family’s conversations (Emily). For others, there was a sense that they always knew of their family’s Holocaust experiences whether these were communicated directly to them or not, as described by Josh: “A shadow that is either easy to see or not easy to see.”

### Communication modes about the Holocaust

Participants described how they learned and communicated about the Holocaust, including the participant’s family, peers, schools they attended, and at community gatherings.

TABLE 2 Superordinate and subordinate themes

| Superordinate themes                      | Subordinate themes  |
|---|---|
| Knowledge about the past                  |   |
| Communication modes about the Holocaust   | Family communications<br>The role of schools in initiating the communication about the Holocaust<br>The role of the community             |
| A sense of kinship with other descendants |   |
| Emotional reactions                       |   |
| Meaning of the Holocaust                  | A scar and a reminder of survival<br>The need to share the grandparents’ stories<br>A perspective on life<br>The value of “family”        |
| Impacts of the Holocaust on present life  | Emotional and mental health challenges<br>Resilience and inner strength<br>Awareness of racism and prejudice<br>Living alongside the past |



## Family communications

Eleven participants described an open mode of communication within their families, where they indicated that they could approach at least one of their Holocaust survivor grandparents and ask questions and receive an answer: "My grandmother was always very open about her Holocaust experiences, and after she died my mother and I continued to share stories that my grandmother had told us" (Emily). Likewise, Michelle summarized, "It was never a secret in our family." For three participants, these conversations evolved as both parties grew older. To illustrate, Josh reported, "I think I was older and feeling more confident to be more direct in my questioning and I think she was older and mindful that she cannot really stop answering." Two participants reported that their grandparents were more open and willing to talk about the past with them, compared to how they communicated with their children (the participants' parents): "Later in life they were probably more open about things than perhaps with my parents" (Sam). Conversely, three participants described a closed mode of communication, where they felt they could not ask their grandparents questions about the Holocaust. Sarah, for example, remembered about her grandmother: "She didn't ever want to speak about it." Rebecca described a need to protect her grandparents by stating that "I didn't dare to bring up the topic freely, I did not want to hurt them, I felt it is difficult for them to talk about it ... I also felt protective of them."

## The role of schools in initiating the communication about the Holocaust

Seven participants described how they were first exposed at the Jewish primary school they attended to the term *Holocaust* and learned of its historical meaning during class time. For some, this happened "when we started learning about the Holocaust at school ... I started asking questions" (Rebecca). Others described school projects in which children were encouraged to explore their family's roots, and these provided the participant an opportunity to ask questions: "My grandparents really started talking about it when my oldest sister started doing their roots project at school." Some noted the pervasive presence of the Holocaust, as represented by Liz when she said, "Jewish school where it's just you know, my friends, are grandchildren of survivors, very similar backgrounds ... at school you're learning about it it's just sort of a way of life. I did not know any different."

## The role of the community

Six participants described how growing up in the Jewish community contributed to cementing the role of the Holocaust not just in their private life, but also informed their communal identity. Sam described his experiences attending a local Jewish Museum with his Holocaust survivor grandfather as young child:

[I would have been] eight, nine or 10 or something ... my grandfather was pretty involved in the Jewish Museum. And I think I was involved in couple of ceremonies where they like to include grandkids. So that's kind of my first sort of touch to the Holocaust ... something to do at the museum.

Likewise, Rachel reflected on her connection to the Holocaust survivors' community in her hometown, describing how this was influential in shaping her identity:

being living and breathing ... and the strength that we have here, and the number of Holocaust surviving people that we have here is definitely entrenched within

me. And it's quite a special, special community for that reason. So that is my identity.

Another participant, Esther, described how as an older adult, she heard for the first time her grandmother speak of her survival during a communal commemoration ceremony: "Suddenly my grandmother turned around and said 'Oh he saved our family' ... I went, 'what?,' like I always thought her family was, you know, she was in a labor camp. She wasn't a survivor; she didn't have a tattoo."

## A sense of kinship with other descendants of Holocaust survivors

Three participants described how growing up with peers who had familial Holocaust backgrounds contributed to a sense of kinship and belongingness to a community of grandchildren of Holocaust survivors. For example, Abigail said that she found that other descendants of Holocaust survivors shared her unique perception of the world as "tinted sort of differently and so to speak to someone who sees that tint the same as me there is a type of kinship." She believed that she and her peers shared "emotional needs ... caused by [the] same trauma." She continued by defining these emotional needs as attachment and developmental needs that were not fully met by her parents due to the ancestral trauma. This form of kinship was also exclusionary, which separated her from those peers whose grandparents were not Holocaust survivors and hence did not share the same sadness, underlying trauma, and melancholy. Likewise, Suzanne described feeling shocked "when I realized that actually, no, most people haven't got that [Holocaust background]," adding "it made ... me feel a bit isolated actually, I didn't feel like many of my friends understood what I was going for."

## Emotional responses

Participants described their emotions when as young children they understood that their grandparents were Holocaust survivors. Some recalled responding to their grandparents' stories with horror and fear, for example, "I always had a sense of quiet horror ... when my maternal grandmother would tell me stories from her experiences ... I always felt a sense of dread—what would happen next?" (Emily). Likewise, others termed the "discovery" of their grandparents' past as a "bombshell has been dropped on me" (Josh). For others, such as Suzanne, Tamara, and Emily, the fear evoked by the grandparents' stories was coupled with Holocaust-related nightmares. Tamara described, "I do remember having I would have been under the age of seven having like, recurring nightmares about Nazis coming down our street and things like that. So, like, it definitely scared me."

Another emotion that participants reported was sadness, with some relating their sadness directly to their grandparents' suffering during the Holocaust, specifically the extensive losses in terms of death of family members. Conversely, others described pride in their grandparents' survival. For example, Abigail described her grandfather, who was a partisan (individuals who joined resistance movements to fight the Nazis and their allies) during the war, and so felt "a lot of pride because when he was at risk, when his family all died, he did not hide away but he fought." For some, their feelings of pride were combined with a sense of sadness:

I feel proud to be related ... and to have the meaningful connection [to his grandparents] ... I feel a deep sadness in ... conjunction with pride and happiness and enjoy you know that their memory of what they left behind is not incomplete in many ways. (Josh)

## The meaning of the Holocaust

Participants assigned various meanings to their experiences of growing up in a family with Holocaust survivor grandparents. Some described their grandparents' traumatic past as a scar they felt they carried, while others highlighted lessons learned and changes to their perspectives on life and associated challenges.

### A scar and a reminder of survival

For some, the past trauma of their grandparents was described as a scar and a reminder of their survival. Others valorized this familial past, calling it a "badge" of honor. Interestingly, Sam declared that it was "maybe a bit of a badge of honor" adding "it's a funny concept." When asked to elaborate on the concept (badge of honor), Sam explained, "I feel very proud to be a descendant of four survivors. Obviously, a big part of survival was luck but also in the strength of the individual. I have a great deal of respect for my grandparents collectively." While reflecting on the losses his grandparents suffered, he added, "none of them had any immediate family members left. And so, I felt sorry for them about that. And pride also comes to mind. A lot of pride for them."

Likewise, Robert described his grandparents' past as a combination of a "damning scar," which served as a reminder that their survival granted him life, while also saying that "we should have some pride ... we're lucky enough with ... new life." Similarly, Emily perceived herself as a grandchild of survivors as "the living proof of a legacy ... a legacy of bloody hard work and survival."

### The need to share the grandparents' stories

For some, their grandparents' survival was an inspiration and a motivator to share their experiences with their children and the public. Participants described their responsibility to sustain their grandparents' narratives into the future: "a legacy that I carry and teach the next generations about" (Rachel). Likewise, Rebecca emphasized, "I feel obligated to mention, a way to make people aware of the Holocaust and a way for me to make sure no one forgets." For others, such as Sarah, there was a sense of urgency to ensure the stories are not forgotten: "I don't want it to kind of stop at my generation, I guess." For Tamara, the sense of urgency to "keep the story going ... keep educating" was coupled with the knowledge that her generation is the last generation to have direct contact with the survivors.

Although acknowledging the need to share the past with their own children, three participants described an inner dialogue concerning the timing and manner of such disclosure. Robert noted, "and it's something that's defined my life and my upbringing, I think it's very important to share, probably not so much a confronting nature." Liz and Rachel questioned at what age children should be told about their grandparents' experiences: "and at what point do you bring it up? ... when do you talk about it?" (Liz). Similarly, Rachel said,

I think, you know, talking a little bit about the story in an appropriate way is, is totally fine ... but at the same time, if they're not mature six-year-old, and that's not going to happen ... we're just gonna have to play it by at that time and see.

### A perspective on life

Participants described how growing up listening to their grandparents' Holocaust experiences shaped their perspectives on common experiences (such as feeling the cold temperatures in

winter) and how they handled difficult and challenging times (including, for example, dealing with COVID-19 lockdowns). As Suzanne reflected, “well like the COVID, you know, I just remember thinking, this is just such a walk in the park, you know ... I find it's a reference point for me in ... my experience daily experiences [compared to their experiences].” Likewise, Emily said, “you know, you're not starving in a camp ... forced to work 18 hours a day ... and you're not waiting to find out if you're going to live tomorrow,” adding that “measuring my life against that and saying, well, that doesn't matter, because I'm not in the same position my grandmother was.”

## The value of “family”

“Always, family ... family comes first” (Rebecca).

When describing their grandparents' life before and after the Holocaust, several participants described the losses their grandparents experienced including the death of family members. Reflecting on these losses, 11 participants indicated how these losses shaped their perspectives and appreciation of their own nuclear and extended families. Robert said, “you need to realize how precious family is when you start hearing stories ... how the Holocaust has shaped families like mine, my grandmother, and her mom literally being the only two from her family that survived.” For Sandy, the losses endured by her grandparents meant she appreciated the role of her current family in her life: “Family relationship is something that, oddly enough, does stem from this Holocaust identity, because I looked at my grandparents and they don't have that family ... So I think it definitely shaped my idea around family structure.”

For Michelle and Rebecca, the grandparents' past contributed to a “sense of obligation” (Michelle) to the family. Both described how as young children they experienced parental pressure to visit their grandparents even when they did not feel like doing so. Rebecca related this sense of obligation to her mother's need to take care of the grandparents and “put them above anybody else because of what they went through,” adding that she was constantly reminded that “whatever happens family comes first ... it was very much drummed into us.”

## Impacts of the Holocaust on present life

Another superordinate theme related to participants' perceptions of how the Holocaust impacted their present life as adults. Participants described emotional and mental health challenges as well as experiences of growth and resilience, some of which they believed might be attributed to their family history. However, some did not believe that they were adversely impacted by their grandparents' Holocaust experiences.

## Emotional and mental health challenges

Four participants described experiencing mental health issues such as depression and anxiety, with some associating this with growing up in a family of Holocaust survivors. To illustrate, Suzanne described, “It's probably made me more anxious ... I think as a result of growing up knowing about this story [the grandparents' Holocaust past].” However, some questioned whether growing up in a family of Holocaust survivors carried the potential for the transmission of the Holocaust trauma to their parents (the children of the survivors) and themselves as grandchildren. For example, while describing himself as “extremely anxious,” and adding that “I have suffered bouts of depression,” Robert questioned “whether or not it's [the grandparents' traumatic experiences] contributed to this [his experiences of anxiety and depression] or whether it's just the way [I am] without predisposition. I don't know.”

Likewise, Rebecca described her grandparents as loving and caring but also said, "I think they were more impacted by it [the Holocaust] emotionally," adding that one of the grandmothers "was a depressed person, and I do not know if she was just that kind of a person or it's something that came about as a result of what she went through." Speaking of her diagnosis of depression, Rebecca questioned, "I wonder is it for me ... or is it more a genetic thing."

Three participants described their experiences attending psychotherapy. When asked whether the familial past was addressed in therapy, Abigail said that "when I am in therapy with a psychologist, I am not thinking how has the Holocaust influenced my life." Rebecca said that although the subject was brought up in therapy, "I don't think we got into whether it has any significance."

## Resilience and inner strength

Five participants described how growing up with their Holocaust survivor grandparents was, they believed, linked to their resilience and strength. For Emily, resilience and strength was role modeled:

I come from a family of very resilient women. And I'd like to think that I picked up on that a bit. I think my grandmother [a Holocaust survivor] was such a strong role model that I took strength from that.

She continued by defining this as "knowing that you have the power to look after yourself. And that you have the power to look after other people."

Similar perceptions were described by three others (Sam, Robert, and Rebecca). Sam, whose four grandparents were Holocaust survivors, perceived their resilience in the following way: "In all four of them in terms of surviving and then restarting life and getting on with it ... that gives me strength." The meaning of "strength" was further explored as a "strong drive" (Sam and Robert) for life that specifically was experienced in their professional life as a drive to succeed and overcome obstacles. When describing his grandfather, Sam said that his survival "[has given me] a stronger work ethic, maybe a stronger drive, it personally drives me a lot." Similarly, Robert said, "having that focus and drive and motivation ... to be a persistent [and] resilient when it comes to that whole business mentality."

## Awareness of racism and prejudice

Another area where participants identified impacts of their familial Holocaust past was in their attitudes in relation to human rights and racism. For example, Suzanne believed that her grandmother's Holocaust experiences "made me more sensitive to ... suffering and disadvantage and prejudice" adding "I think it's made me more outspoken, when I see or hear about prejudice or racism or cruelty. I think I'm more aware of it and more likely to react and do something." Likewise, Tamara described the impact of her grandparents' experience of being sheltered and saved by complete foreigners: "I feel like it's changed my whole political everything views" and "I feel a responsibility to help other minority groups ... and not just minorities, just like in general, like when human rights because, you know, you want someone to be there for you, right?"

## Living alongside the past

Two participants indicated that they did not believe the Holocaust had a substantial impact on them, either positive or negative. One participant, Esther, said that while acknowledging the

Holocaust as part of her family's history, "I've not chosen to make that central to my identity." Putting the past into perspective, Esther said, "to me, it's unique in the sense that it's personally relevant as it occurred to my family. But I don't see it as being any more important than any other historical event that occurred to the Jewish people." Similarly, Liz said the Holocaust is "my story, or my heritage," adding that "everybody has a story."

## DISCUSSION

The current study sought to explore the lived experiences of adult Australian grandchildren of Holocaust survivors, to examine whether ITT occurred, and to evaluate the relevance and impact of their grandparents' past on their life. Although not asked directly about the quality of their relationship with their grandparents, all the grandchildren in the current study described their close and affectionate connection to the grandparents. Although the grandchildren did not experience the Holocaust trauma firsthand, they continued to engage, relate, and assign various meanings to their grandparents' trauma. Nevertheless, the survivors' grandchildren in this study could not identify a specific time when they "found out" about their grandparents' trauma and instead, reported that the Holocaust had a constant presence in their life from early childhood. Moreover, the presence of the trauma appeared to be maintained through various communication pathways between the grandchild and grandparent, as well as among peers, at school, and the local Jewish community.

The current study identified various modes of familial communication, ranging from open communication to avoidance. However, contrary to previous findings that emphasized the prevalence of avoidant communication between the Holocaust survivors and their children (Bar-On, 1995; Danieli, 1998; Jucovy, 1985; Rowland-Klein & Dunlop, 1998), most grandchildren in the current study described an open communication mode about the past. Only three grandchildren described a grandparental avoidance or reluctance to discuss their past trauma.

Such contradictory results may be explained in the context of generational differences combined with shifts in societal attitudes concerning Holocaust survivors. Bar-On (1995) argued that "the conspiracy of silence" (p. 19) was most prevalent among the post-World War II generation, who in addition to experiencing the Holocaust trauma, faced the challenges of migration and integration into their new countries. With a focus on building a new life and establishing a future for their families, the survivors wanted to distance themselves from the past trauma (Jucovy, 1985). Furthermore, those who migrated to Israel found themselves subjects of societal judgment and stigmatized as weak victims (Bar-On, 1995). This context helps explain why some survivors were reluctant or perhaps unable to talk about their Holocaust experiences.

However, since the late 1970s a shift in the Western culture positioned the Holocaust as a predominant fixture in mainstream media, with books, movies, and theater plays highlighting the event. This shift saw a transition from Holocaust survivors being perceived as weak and psychologically damaged toward recognizing their suffering and strength in survival (Shandler, 2017). Perhaps for these reasons, at least partially, some families are ready to talk about this traumatic past, but others are not. In the current study, three grandchildren of survivors described a familial avoidance of the topic involving grandparents and parents while perceiving this avoidance as a form of protection and shielding from past horrors. Nevertheless, these grandchildren accessed other pathways to learn about the Holocaust, mostly through educational programs at school, self-initiated learning through books, and mainstream media.

Concerning the question of what was transmitted, analysis of the superordinate themes of emotional responses and impacts of the Holocaust on present life identified feelings of vulnerability and resilience. On the one hand, some grandchildren described ongoing mental and emotional health challenges, particularly experiences of anxiety and depression. Conversely, some

reported self-perceived resilience, strength, and feelings of pride of their grandparents' survival. Interestingly, these feelings were expressed among the grandchildren regardless of the mode of familial communication, including those who reported an avoidant mode of communication. More importantly, while some questioned whether their mental health challenges were directly linked to their grandparents' trauma, most grandchildren in the current study linked their perceptions of resilience and strength to their grandparents' survival stories and to the behaviors modeled by them. Similar findings highlighting a mixture of vulnerability and resilience were found in studies of children and grandchildren of Holocaust survivors. For example, following an analysis of 55 in-depth interviews with children of Holocaust survivors, Kidron et al. (2019) described how experiences of resilience and vulnerability interacted to form what she named "resilient vulnerability." The children of the survivors in Kidron et al.'s study described carrying a "scratch" as a marker of their parents' trauma, which they interpreted as a minor wound and part of their lives. Interestingly, in the current study, grandchildren of survivors described their grandparents' traumatic past as a *scar*, signifying an aspect of permanent vulnerability combined with a level of healing of the emotional wounds.

## LIMITATIONS

The definition used in this study of who is a Holocaust survivor inevitably excluded those whose grandparents escaped the Nazi occupation and migrated to countries other than Australia, even though it is acknowledged that these families experienced losses and trauma that carries the potential to impact subsequent generations. Furthermore, it can be assumed that only those grandchildren who had an interest in the topic and felt comfortable sharing their personal lived experiences registered. There may be other grandchildren of Holocaust survivors who either have no knowledge of their Holocaust background or chose not to talk about it. It should also be noted that analysis and interpretation of the interviews did not account for differences in family construction (e.g., number of the survivors in the family) and survivors' level of traumatic exposure during the Holocaust (e.g., intermittent in ghetto, labor camp, and concentration camps). Future research should explore if and how such differences may bear an impact on the lived experiences of the survivors' grandchildren and may moderate the ITT among this population. The current study focused on the lived experiences of the survivors' grandchildren explicitly, concerning their relationship and communication with their Holocaust survivor grandparents. Future studies need to address how, if at all, these experiences were affected or mediated by their parents' (the survivors' children) experiences of ITT as the potential conduit of trauma between the grandparent and the child. Finally, the frequency and quality of the grandparent-child relationship was not measured or explicitly identified, and this too could be the focus in future studies.

## IMPLICATIONS

Findings highlight the importance of identifying familial communication pathways that allow for family disclosures and conversations about past collective trauma. Reupert et al. (2015) emphasized the therapeutic value of such processes concerning families dealing with parental mental illness, with recommendations for managing such conversations. Likewise, there is scope for the development and formulation of guidelines for clinicians working with families of collective trauma survivors to educate their clients and support familial communication pathways.

Another clinical implication concerns how collective trauma may be explored and addressed in therapy. According to the experiences of some grandchildren in the current study, their traumatic familial background was not discussed with their therapists, and they believed that doing

so would have helped them better understand how this past may have impacted their lives. Further research is required to explore possible barriers for both descendants and therapists when addressing past collective trauma during therapy. Understanding such barriers will contribute to the development of therapeutic tools for therapists to improve their engagement with clients whom they suspect to have been exposed to past collective trauma. Furthermore, clinicians who suspect such generational trauma in their clients' backgrounds might approach this topic in a culturally sensitive manner while providing a safe, nonjudgmental space for exploration and healing.

Lastly, although the current study explored trauma transmission in descendants of the Holocaust, collective trauma may occur because of natural disasters (e.g., hurricanes, floods, and wildfires) as well as global pandemics, all of which carry the potential to impact subsequent generations. With the current evolving crisis in Ukraine there is an ongoing need to support the families who survived the war, including elderly, young adults, and children (Kaufman et al., 2022), all of whom carry the potential for the intergenerational transmission of trauma. Hence, future studies exploring ITT might include diverse populations of descendants of other collective trauma survivors. In doing so, researchers should aspire to explore whether there are universal pathways involved in ITT.

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## **Chapter 7: Transmission of Trauma and Resilience in Multigenerational Families of Holocaust Survivors: Two Case Studies**

This chapter presents the third and final published study of this thesis. The third study continued the exploration of the phenomenon of intergenerational transmission of trauma among grandchildren of Holocaust survivors (GHSs). Findings from the first and second published studies showed how after more than seven decades since the end of the Holocaust, the familial Holocaust trauma continues to impact the lives of GHSs. Although Study 1 systematically reviewed the qualitative literature and included studies from various countries, Study 2 focused on the experiences of GHSs living in Australia. Findings from that study highlighted how adult GHSs in Australia learned of their grandparents' Holocaust trauma and the meaning they assigned to being a GHS. The sample involved those with at least one grandparent who is/was a HS. The study presented in this chapter continues the exploration of the experiences of descendants of HSs while focusing on individuals who grew up in a multigenerational family of HSs. The study also further explores patterns of familial communication as these were identified in Studies 1 and 2 and their potential role in the transmission of trauma and resilience.

The study employs Interpretative Phenomenological Analysis (IPA) to analyse data from two case studies. Like the second study in the thesis, this study employed semi-structured interviews. The interview schedule (*see* appendix B) was similar to the one employed in the second study, though modified to include the multigenerational HS background in participants' families.

### **7.1 Aim**

This chapter reports on and discusses case studies that explored the experiences of two adult individuals who grew up in a multigenerational family of HSs. The following research questions guided the study:

- I. What relevance and impact (if any) does the familial Holocaust past have on the life of the adult grandchild?
- II. In what ways do family members communicate (if at all) about the grandparents' and parents' traumatic experiences during the Holocaust?

## **7.2 Relevance**

The study has been published in *Illness, Crisis and Loss* journal. The paper describes verbal and nonverbal modes of familial communication about the Holocaust, and how these contributed to the transmission of trauma and resilience from the HS grandparents and parents to their offspring.

## **7.3 Citation and Article**

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# Transmission of Trauma and Resilience in Multigenerational Families of Holocaust Survivors: Two Case Studies

Illness, Crisis & Loss  
1–17

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## Abstract

This study explored the relevance of the Holocaust in the lives of Australian adults who grew up with at least one parent and grandparent who were Holocaust survivors. Two individual cases are highlighted with data analysed using a Phenomenological Interpretative Approach. Two themes are discussed: the relevance of the Holocaust in participants' life and the familial communication patterns about the Holocaust. The findings demonstrate how past collective trauma continues to impact the lives of the survivors' descendants decades after the historical events and how transmission of trauma and resilience from grandparents and parents to their offspring occurred verbally and non-verbally.

## Keywords

trauma, generational, resilience, holocaust, survivors

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## Introduction

Seventy-six years have passed since the end of war world two (WWII), a period which marked the end of one of the largest genocides, the Holocaust. Although targeting Sinti and Roma people, the mentally ill and homosexuals, most victims were Jewish (Laqueur & Baumel-Tydor, 2001). In response to the Holocaust, in 1948, 152 nations signed the genocide convention providing a definition and criminalizing those who would engage in and carry out a genocide. Nevertheless, the twenty-first century is marked by several ethnic cleansing events that has resulted in death, destruction and many refugees and internally displaced people. In 2021, the UN Refugee Agency (UNHCR, 2021) estimated 84 million forcibly dislocated people worldwide, of whom 26.6 million were refugees. The recent invasion of Russia to Ukraine and subsequent armed conflict has led to six and a half million refugees who fled to neighboring countries and more than seven million internally displaced Ukrainians (UNHCR, 2022). Many survivors of such large-scale traumatic events may have witnessed or been exposed to an actual or a threat of violence to themselves or others (Shamai, 2016). Exposure to such traumatic experiences is likely to adversely impact the survivor, resulting in what is known psychologically as primary traumatization (American Psychiatric Association, 2013).

The health impacts of genocides and ethnic cleansing on the survivors include post-traumatic stress disorder (PTSD) (Joffe et al., 2003), sleep disturbances (Rosen et al., 1991), hypervigilance, anxiety, and depression (Kidron et al., 2019). With the passage of time, the impacts of mass trauma on those who did not witness nor were present at the traumatic event have also been reported, a phenomenon known as secondary traumatization (Motta et al., 2004). According to Motta et al. (2004), secondary traumatization may occur when an individual who is in close and extended contact with traumatized survivors, such as family members and close friends, reported trauma-related symptoms.

The long-term impact of parental Holocaust trauma on children of Holocaust Survivors (HS) includes depression, anxiety, PTSD (Payne & Berle, 2021) and difficulties in separation and individuation (Freyberg, 1980). Notably, most studies on secondary traumatization in children of HSs focus on the adverse impacts of their parents' Holocaust related trauma and the transmission of PTSD from one generation to the next (Baranowsky et al., 1998). The term 'transmission has been employed to describe the thoughts, feelings, and behaviors generated from the HS's traumatic experiences identifiable in their children's behavioral and cognitive style (Kellermann, 2001).

Several variables have been investigated for their role in transmitting Holocaust-related trauma from the HSs to their children and grandchildren. For example, Scharf and Mayseless (2011) found that the quality of the relationship across three generations in families of HSs was characterized by emotional neglect, unpredictable emotional reactions, and the compulsion of the child to please and satisfy parents' needs. In a survey of 422 adult children of HSs, Danieli et al. (2016) found that the nature of the mother and father's Holocaust experiences had a

significant and indirect impact on their children adaption and wellbeing. Specifically, parents' internment (in ghettos and concentration camps) without escape or hiding was found to be significantly ( $p < .05$ ) correlated with the child's reparative adaptational impacts. Danieli et al. (2016) defined reparative impacts as insecurity about one's competence, obsession with the Holocaust, protectiveness, need for control and immature dependency.

One variable that has been implicated concerns intergenerational communication patterns about the Holocaust trauma (Wiseman et al., 2002, 2006). Intergenerational communication patterns are a conduit of parental and grandparental values, attitudes, and beliefs, and accordingly, have an important role in children's social and emotional development (Okner & Flaherty, 1989). Lichtman (1984) investigated patterns of intergenerational communication in families who had experienced Holocaust trauma and found three potential patterns (i) open verbal communication, where the HSs in the family openly shared their Holocaust experiences with their children and grandchildren (ii) absence of communication, and where HSs avoided talking and sharing their experiences and (iii) instances when the trauma was conveyed through unexplained outbursts of anger, behavioral expressions of sadness and grief as these were experienced and perceived by their children and grandchildren as types of communication about their traumatic experiences. Kidron (2009) expanded this nonverbal pattern to include objects such as photos, jewelry and toys the survivors managed to save. Providing a further nuanced stance on communication patterns in families, the experience of "knowing and not knowing" is also reported (Jucovy, 1985; Wiseman et al., 2002) and where, children and grandchildren of HSs (GHSs) reported knowing and being impacted by their familial Holocaust trauma without being explicitly told about their history.

Associations between intergenerational communication patterns and the mental health impacts on the children and grandchildren have also been reported. Lichtman (1984) found that HS mothers' willingness to talk about their traumatic experiences and how often they spoke about these to their children was positively correlated with children's reports of paranoia and psychosomatic complaints and feelings of guilt. Moreover, high levels of maternal sadness and outbursts of unexplained grief (as a result of the mothers' trauma) were positively correlated with high levels of anxiety and depression, especially among daughters (Lichtman, 1984). Others have found that the absence of communication concerning Holocaust related trauma was associated with children and grandchildren's increased risk of mental illness. To illustrate, Wiseman et al. (2002) reported high levels of interpersonal distress among daughters of HSs who described an absence of communication with their mothers about their Holocaust experiences. Likewise, Giladi and Bell (2013), found that frequent open family communication (not just about the Holocaust) was associated with lower levels of secondary traumatic stress, as reported by children and grandchildren.

Most of the literature in this field has examined how open and avoidant intergenerational communication patterns contribute to the transmission of the Holocaust related trauma and other, associated adverse outcomes for children and grandchildren. Few

studies explored other intergenerational communication patterns among families of HSs. Kidron (2009, 2012), explored the role of object relations in homes of HSs in Israel, using ethnographic cases studies. Kidron (2009, 2012) highlighted how physical traces embodied in the HS's body (scars, tattooed numbers) as well surviving objects (such as pre-war photographs and toys) can contain, represent, and transmit knowledge, meaning and emotions otherwise not verbally communicated. Such transmission occurs through the decedent's person object relations. Kidron found that children of HSs were able to connect and relate to their ancestors' traumatic past while bypassing the 'wall of silence' (p. 16) whereby family members avoid communication about the past.

In previous studies examining the transmission of Holocaust related trauma involving three generations (Bar-On, 1995; Danieli et al., 2016), only one generation in the family was identified as a HS. Hence, the current study aims to expand and explore the lived experiences of grandchildren who grew up in a multigenerational family of HSs (with at least one grandparent and one parent identified as HSs). Specifically, two case studies were analyzed in respect to the following questions:

1. What relevance and impact (if any) does the familial traumatic past have on the life of the adult grandchild?
2. In what ways do family members communicate (if at all) about the grandparents and parents' traumatic experiences during the Holocaust?

Such information can be used to inform therapeutic approaches when working with these families and possible areas for professional development for therapists.

## Methodological Approach

The study's methodology follows an Interpretative phenomenological approach (IPA) to qualitative research. IPA is characterized by three core philosophical components: phenomenology, hermeneutics, and idiography (Smith et al., 2009). IPA's subject matter of investigation is an experiential phenomenon, as it is described and understood by the participant (Smith et al., 2009). IPA researchers interpret these experiences and their meaning as the participants reported them. IPA researchers operate within the hermeneutic cycle, resulting in a joint product of participants' experiences and the researcher's interpretations, a process known in IPA as the "hermeneutic circle" (Koch, 1995, p. 830). Finally, IPA is characterized as an idiographic approach which means that IPA is concerned with a particular phenomenon as it is understood from the perspective of a particular individual in a particular context (Smith et al., 2009). Families of survivors of collective trauma, such as the Holocaust, have their unique experiences, some of which may be associated with their ancestors' traumatic experiences. Furthermore, the grandchild's lived experiences are anchored within the unique familial, communal, and social context of their lives. It is for these reasons that IPA is aligned with the present study questions.

## Case Selection

The cases presented in this study were drawn from a collection of interviews that formed a larger study aimed at exploring the lived experiences of Australian GHSs. Participants were recruited from Australian Jewish communities via purposeful and criterion sampling, widely used in qualitative research and IPA (Smith et al., 2009). Participants were invited to participate in the study via an online advertisement disseminated with the support of several Australian Jewish organizations. Of the initial 44 individuals who responded and provided their contact details, 23 booked times for an individual interview.

Eligibility included having at least one grandparent who was/is a HS. Guided by previous literature on Holocaust studies and consistent with the definition given by Yad Vashem's Shoah Resource Center (the Holocaust Museum, research and education center in Jerusalem, Israel) a HS is defined as a "Jew who lived in a country occupied by Nazi Germany before and/or during World War II and was subject to some form of persecution" (Shoah Resource Center, 2003). The two cases presented in this study were excluded from the larger study due to having both a parent and a grandparent who were HSs. Hence, they are presented here in a separate study, as they shed light on the lived experiences of participants who grew up in a multigenerational family of HSs.

## Data Collection

All procedures were approved by [edited out for blind review] University Human Research Ethics Committee project number 23208 prior to beginning of research.

An interview schedule was developed based on the existing literature and guided by the research questions. The schedule consisted of a short demographic questionnaire and fourteen open-ended questions designed to prompt participants to reflect on their lived family experiences. For example, participants were asked, "How did you find out about your grandparent(s) and parents' experiences during the Holocaust?" and "Does your parent and grandparents' experiences of the Holocaust have any impact on you, at all? If so, how?" The nature of the open-ended questions allowed the participants to reflect on their experiences as they understood them to be. Every effort was made to create a safe and non-judgmental space, ensuring participants' stories would be kept in a non-identifiable manner.

The interviews were conducted via video conferencing software and lasted for an average of 60 min. One participant (Eva) was contacted for a follow up interview to gather additional data. All interviews were audio-recorded and transcribed by a transcription software (<https://otter.ai/>) and checked by the first author. Both participants received a copy of their transcripts to allow them to edit, delete or add information. Both participants made changes relating to style and readability, but neither changed the content.

## Researchers' Reflexibility

The first author's parents were Holocaust survivors; thus, her lived experiences will have informed her values, interests, and perspectives on the topic. Several steps



were taken to minimize these influences on the research process. Before the interviews, the author set aside time to reflect on her status as a child of HSs and her knowledge as a researcher and psychologist on the impacts of the Holocaust on the mental wellbeing of children and grandchildren of HSs. This process of personal reflexivity (Finlay, 2002) helped the author bracket her experiences: acknowledging them while also attempting to set them aside. Any possible biases that could compromise the integrity of the study were addressed in consultations with the second and third authors. The second author is a psychologist experienced in qualitative research, working mostly with families living with adversity and has no personal connection to the Holocaust. The third author is a psychologist who has experience working with HS's offspring.

## Data Analysis

The data analytic process followed the three step IPA procedure for case studies recommended by Smith et al. (2009). The first step involved the first author reading and re-reading the original data set to familiarize herself with the data while ensuring that the participant's experiences remained the focus of the analysis. Next, initial notes and comments were made for relevant information pertaining to the research questions. The third step involved the development of emerging themes in each transcript while working with the notes and comments made in the second step. These themes were reviewed and modified during collaborative discussions between the first, the second and third authors to ensure that each theme responded to the research questions. Finally, connections and differences were explored and documented across the emergent themes and across the two case studies.

## Findings

Themes are presented in the context of the two participants' life stories. To respond the research questions, each participant's life story served to bind the case in the dimensions of time, place, and context, thus highlighting the depth and breadth of the current study (Baxter & Jack, 2008; Stake, 1995). Two superordinate themes were identified: the relevance of the Holocaust in participants' life and the familial communication patterns about the Holocaust past. Various subordinate themes were also identified.

## Ziva's Life Story

Ziva is a 67-year-old female born in Israel, and who has lived most of her adult life there. She migrated to Australia in 2010, 12 years ago. Both her paternal grandparents and their son (her father) were Holocaust survivors. They were interned in a ghetto and lost all of their children except Ziva's father, their youngest son, who managed to escape the ghetto when he was 18 years old. After the ghetto's liquidation, her grandparents were held in several concentration camps, and Ziva's father believed that they

had died. However, later while living in Israel, he located them in the USSR, and the three family members were reunited with the family in Israel. Ziva's maternal grandmother and her mother fled Europe and came to Israel before the war and thus did not experience the Nazi occupation.

In his last years of his life, her father wrote about his experiences of the Holocaust, documenting his family's life in the ghetto and his escape from the ghetto. After their father's passing, Ziva's younger brother adapted their father's story to a play which he still performs to the public and to high school students in Israel. Ziva has three children from her first marriage and currently lives in Australia with her second husband.

## The Relevance of the Holocaust Throughout Ziva's Life

Ziva described how as she matured, she developed an interest in her familial Holocaust past and recounted how its relevance in her life grew. As a young child, Ziva indicated that she "had zero interest and curiosity about the Holocaust" adding "I was not interested in my grandparents' and father's Holocaust story.". She found out about her father and paternal grandparents' Holocaust past when she was young but did not experience any sympathy nor affinity with this history. Similarly, Ziva shared her personal information in the interview in a factual detached manner as if telling someone else's personal story.

When she was 19, her stance changed and the Holocaust became a relevant part of her life. She credited this change to a book written by an American Jewish girl about her lived experiences in a ghetto. Ziva described her reactions to reading the book "it was the very first time that I finally learned something about the Holocaust. And that book changed my view completely. Because maybe it was written by a girl who was really close in age to me."

When asked about the meaning of the Holocaust in her present life as an adult she declared that the "Holocaust is incredibly important to me. It features in my dreams, there are many associations that go through my mind throughout the day that are related to it...And in many ways, I feel like I'm basically re-living it." Ziva also stated that her lived experiences of growing up "with two, three, Holocaust survivors on my family" contributed to her coping with life challenges. She said, "when I went through really difficult times, I would say to myself if they [my grandparents and father] could survive, so can I" adding, "I think I gained tremendous resilience from the experiences of my grandparents and my father."

### *Familial Communication About the Holocaust*

Verbal communication: Due to the language barrier (her grandparents did not speak Hebrew, Ziva's mother tongue), Ziva could not verbally communicate with her HS paternal grandparents. Accordingly, her mother (who was not a HS) functioned in what Ziva described to be the 'memory keeper' in the family, telling Ziva of her paternal grandparents' experiences during the Holocaust. The stories of their traumatic

experiences were linked to weekly Friday nights visits to the grandparents' home that "was boring to us, the children. We didn't understand why we had to do it." Her mother would justify the visit by telling Ziva and her brother, "you have to understand, they are survivors" ... "And then came all the stories that she was sharing about them."

The Holocaust was also mentioned during mundane meal preparations with her HS father, where he would often say, "I'm very careful with the [potato] peel because when we were in the ghetto, we lived for a long time on the peels". According to Ziva, this was "the only time that I remember from my childhood that he ever talked about his life during the Holocaust"

**The Presence of the Holocaust at Ziva's Home:** Although Ziva could not communicate directly with her paternal grandparents, the past was present in her life through interactions with particular objects. To illustrate, Ziva remembered her late uncle's photo on the wall in her grandparents' home: "they [grandparents and her father] never ever talked about him or his daughter, even though his picture was on the wall. So, when I visited their home the first thing that I saw was always his picture". The picture was a constant reminder of her grandparents' losses. "They lost their oldest son, who was already married and had a daughter, my niece".

Late in her life, when her father was elderly, he wrote his memories of the Holocaust. Through this, she found out that her grandparents and father "blamed him [their oldest son] for being killed". (he died while moving illegally in and out of the ghetto, where he was caught and killed). She explained:

His wife and his child who was just about two or three years old remained and my grandparents took care of them... they felt like it wasn't fair of him to behave irresponsibly. And so, it seemed like that particular perception of him remained. At least that was my impression.

Another object that linked Ziva to her family's Holocaust past was a ring her father gave her when she was seven years old, noting, "it was my very first ring, a gold ring with a heart. And he actually had the letter X [original letter removed due to confidentiality] engraved on it". The letter was not the first letter of Ziva's name. When she asked her father for the meaning of the engraved letter, he responded, "it was HER [his sister's] name" (capitalizing added by Ziva when she received a copy of the original transcript). After receiving the ring, Ziva explained, "from that point on. I started to live her life [late aunt's life]". Saying that, "it was almost like my father was saying to me, 'you're living here as her. You are her'".

## Eva's Life Story

Eva is a 71-year-old female, born in Hungary. Her four grandparents and both parents were Holocaust survivors. Eva was born five years after the WWII ended. Her parents separated when she was "very young," and she grew up in what she described as "micro family" that included her maternal grandparents, mother, and uncle. The

family lived in the same house where her maternal grandparents and her parents sheltered during the Holocaust. Their house was known as a 'safe house' organized by the Swedish diplomat, Raul Wallenberg. Acting under the Swedish government, Wallenberg provided Jewish families with protective passports, and the Hungarian government allowed those families to remain in Budapest in apartment buildings that Wallenberg had bought or rented for them. On her father's side, Eva's grandparents survived the Holocaust while hiding in an attic in a country estate in Hungary. After the war, the family (including Eva) experienced the Soviet take-over of Hungary and the subsequent 1956 uprising. After these events, Eva's family split; her father and his parents migrated to Southern America and Eva, and her mother and maternal grandparents migrated to Australia. Eva was seven years at the time.

Eva currently lives in Australia, is widowed, and has one son. Eva is an active member in the local Jewish community and involved with several Jewish social and cultural groups, some of which care for the needs of Holocaust survivors and their families, organizing Holocaust commemorative and educational functions.

### *The Relevance of the Holocaust in Eva's Life*

Reflecting on her adult years, Eva linked her family's Holocaust experiences with having a sense of social responsibility that she described as "understanding the vulnerability of people and understanding the dangers of bigotry", adding that "my deep involvement in community and social justice issues is probably a consequent of that [being a child and grandchild of HSs]"

Another area where Eva identified the relevance of her family's traumatic past is in how she currently identifies herself. She stated, "I think first and foremost, I'm Jewish". She added, "Jewishness identifies me in all of what I do". However, she remembered that as young girl, "I was just brought up knowing that I was Jewish and that there had been consequences to it and there may be consequences to it". For example, due to their experiences of persecution during the Holocaust, her grandparents expressed anxiety in being identified as Jewish although they were living in relative safety in Australia. This fear became apparent when, as a university student, she had a German boyfriend. Her mother and maternal grandparents told her, "you must never tell him [that] you're Jewish". Nevertheless, Eva believed that despite the family's Holocaust experiences, she does not recall experiencing fears concerning her ethnicity. On the contrary, Eva emphasised, "having grown up in Australia... I've never known fear of being Jewish". Nonetheless, she continued stating that "I don't wear anything that marks me out as particularly being Jewish".

Furthermore, reflecting on her parents and grandparents' experiences during the Holocaust and its relevance to her approach towards challenges in her life, Eva stated, "I think it's the 'can do' attitude that, you know, my family had during that period that probably gave me the chutzpah to think that yes, I can do this too".

Eva stated that her family's Holocaust experiences contributed to her attachment to Israel". She explains that for her, Israel "is, in a way, a part of that sense of having a

place where you have a right to be who you are and not, not be chastised because you happen to be born to a [Jewish] family”.

### *Familial Communication about the Holocaust*

Verbal Communication: Reflecting on her experiences growing up in a family of HSs, Eva reported having open familial communication about the Holocaust, “these were stories, and that I heard growing up throughout my life. My mother was never scared to talk about it”. Eva emphasized that the communication about the Holocaust past became more frequent as she grew older and as her extended family reunited when her maternal grandparents came to Australia. Reflecting on the open and frequent verbal communication in her family, Eva stated that for her mother (who was a HS) talking about the Holocaust was a “way of dealing with a catharsis”. Eva credits the open family communication about the Holocaust due to being born five years after the war ended, and “this [referring to the experiences of her parents and grandparents] was still quite strong in their minds”.

As the Soviet invasion to Hungary evolved, Eva’s paternal grandparents and their son (her father) migrated to South America, and she did not have direct contact with them. Eva explained that “they didn’t tell me their stories [I] only heard about it from my father much later [in her life]”. Eva stated that this lack of direct communication with her paternal grandparents contributed to her not feeling “an intimate link connected to their stories” in contrast to her strong emotional connection to her maternal grandparents’ Holocaust experiences.

Eva described her attempts to communicate the family’s past to her son (who is a grandchild and a great-grandchild of HSs), saying, “I’ve never hidden it from him... but he never asked me any questions about it. In fact, he seems not particularly interested in the history of his family, particularly my side of the family”. At the conclusion of the interview, Eva added, “I just perceived that he never asked me about anything” and revealed that she was keen for her son to “participate in this [the research project] because I thought it might awaken his thinking a little bit”.

The Presence of the Holocaust at Eva’s Home: Eva lived the first seven years in the same house where her family survived the war. She described this experience as “I was living and breathing their life in every sense of that word”. She explained, “their experience actually took place in the very place that I was living” and says that she felt a “visual connection” to their lived experiences. In her opinion, such proximity influenced where she positioned herself concerning these past experiences explaining that “I often say ‘we’, and of course, I wasn’t there. But I feel very much a part of that experience as if it’s mine also”. She added, “I developed this extension of me into my mother’s [experiences].”

When her grandparents migrated to Australia, they brought the family’s photo albums with them. Eva described an album that had pictures of her parents and their friends (all of whom lived in the same apartment complex under the protection of the Swedish government) “they were teenagers then, and they had a game... they

were dressed up in their father's dinner suits...each had a particular [comic] character" Eva emphasised, "for me, it's amazing that they passed this really, really tense and difficult time because it was tense and difficult through humour". She continued by adding that

... they were waiting every day to be taken to Auschwitz. There are photos of them sitting before the, you know, the call up [to be deported to a concentration or labour camp] so yeah, it's just something that they live with it... for me in a very amazing way ... stories of survival

Eva emphasized that a looking at the photos brought up "visual cues" since she knew and met these people in 'real life'. She added that such prior knowledge created a "seamless engaging of my life with her [mother experiences]."

Another object that Eva mentioned was her mother's wartime diary. Her mother never talked or shared the diary with her, possibly because of Eva's inability to read Hungarian. Later, after her mother passed, a family friend gave Eva's son a copy of the diary on his Bar Mitzvah [a formal celebration when a Jewish boy turns 13, he has all the rights and obligations of a Jewish adult], (Chabad Media centre, 2022). When asked if the diary carried any meaning for her, Eva said it "was just another connection to my mother's life during that period. [which] was quite an extraordinary period in their (family) lives". Eva continued by saying that the diary linked her to her mother's and maternal grandparents' lived experiences "in terms of their personal safety and the difficulties of existing as a Jew in Budapest at that time".

## Discussion

Previous studies explored the intergenerational transmission of trauma between HSs and their children, highlighting the adverse impacts of this collective trauma in the form of PTSD, depression, and anxiety disorders. However, less is known about the intergenerational transmission of trauma between HSs and their grandchildren, with sparse research involving multigenerational families (with at least one grandparent and parent who survived the Holocaust). The current study offers an insight into the relevance and impact of the familial Holocaust past on the present lives of two individuals who are a child and a grandchild of HS. Additionally, the study illustrates how these families communicated about this traumatic past.

Although Ziva and Eva grew up in a multigenerational family of HSs, there are several marked differences in their lived experiences concerning the impact of the past and its relevance in their present life. In Ziva's case, the relevance of her family's traumatic past evolved as she developed from a child with no interest in this past to an adult for whom the Holocaust formed an integral part of her identity, and where she now called herself a Holocaust survivor. Although reporting that the family's traumatic past had minimal relevance in her early life, she seemed to have experienced its impact during those years. This can be understood from the

meaning she assigned to her father, giving her a ring engraved with his murdered sister's initials. Ziva interpreted this act as her father's expectation to carry his late sister's memory and fill in the void left by this loss. Wardi (1992) reported similar experiences of children of HSs where parents designated one child to the role of "memorial candle" (Wardi, 1992, p. 30). According to Wardi (1992), parents would task these children with the role of filling the void left by their losses of family members during the Holocaust. In doing so, Wardi (1992) suggests that survivors hoped to resurrect the severed links between their murdered family members and their pre-war communities. Like Ziva's case, the designated 'memorial candle' was often named after a family member who was murdered during the Holocaust.

In contrast to Ziva, for Eva, the familial Holocaust past has been an integral part of her life since early childhood. For Eva, the relevance of this past was linked to her identifying as Jewish, coupled with an awareness for potential antisemitism. According to Eva, this awareness developed during her early childhood while listening to her maternal grandparents' and parents' Holocaust experiences and observing their expressions of fear and anxiety about being publicly identified as Jews. Similar fears about being persecuted were reported in a systematic qualitative literature review among grandchildren of HSs who grew up in Europe, the U.S.A and Australia (Greenfeld et al., 2021). In some studies, grandchildren described hypervigilant behaviors and concerns for their personal safety. Eva who grew up in Australia since the age of seven, did not report experiencing such fears, but admitted to avoiding being publicly identified as Jewish. For Eva, being Jewish and the accompanying worries about antisemitism and persecution were linked to her affiliation to the state of Israel.

The apparent differences between Ziva's and Eva's perceptions of the relevance and impact of the familial trauma in their lives may be explained in the context of the Holocaust familial trauma and how it was communicated between the family members. In Ziva's family, there was an absence of Holocaust-related communication with her paternal grandparents and minimal verbal communication with her father. Instead, Ziva's mother (not a HS) assumed the role of the communicator, telling Ziva (and her brother) of her husband's and his parent's experiences during the Holocaust. Similarly, a previous study exploring the lived experiences of Australian grandchildren with at least one grandparent survivor found that when the survivors refused to talk about their traumatic experiences, the grandchild reached out to other relatives in the family to fill in the gaps (Greenfeld et al., 2022). In Eva's case, there was frequent and open Holocaust-related communication between her and her maternal grandparents and her mother. These conversations occurred from early childhood throughout her mother and maternal grandparents' lives. Accordingly, Eva associated these experiences with an intimate link to their Holocaust experiences.

Differences in familial Holocaust-related communication were also identified in another communication pattern where objects function as "vital repositories of the past" (Kidron, 2012, p. 4). The objects, such as the family photos in Ziva's and Eva's cases, and the ring given to Ziva by her father, acted as symbolic bridges between the past and present worlds in these families of HSs. Ziva and Eva described

different interactions with these objects and their roles in transmitting the family's traumatic past. In Eva's case, her interactions with the family photos from the time they were sheltering, though representing uncertain and anxious times with the possibility of capture and death, mediated the past trauma by the narrative of hope, survival, and resilience. This experience may be explained by Eva interacting with photos of those who survived. In contrast, for Ziva, her uncle's photo was a constant reminder of his pre-war life and death. The photo also represented the 'unknown' and 'unspoken' off in her family, as there was no direct communication with her paternal HS grandparents.

Likewise, Kidron (2012) described the complexity of person-object interactions in families of HSs. According to Kidron, for some children of HSs, photos of dead relatives were perceived as material representations of their ancestors' pre-war life. In contrast, for others, they acted as a portal to the world of the dead and the related trauma and a link to their present life. The findings of the current study support Kidron's (2012) argument that in the absence of verbal communication between the survivors and their offspring (such as in Ziva's case), objects may act as conduits in the intergenerational transmission of familial traumatic past and thus "breach the wall of silence" (p. 17) in families where verbal communication is absent.

Findings are limited to the two cases and are not intended to be generalized. As semi-structured individual interviews were employed, data include participants' self-reports as they remembered and perceived them. Future studies employing case study methodology may choose to incorporate other resources to enrich the tapestry of the lived experiences of descendants of HSs, such as historical documents, and access to the objects themselves, such as family photos and diaries.

## Implications

Although previous studies emphasised the adverse impacts of collective trauma in the form of PTSD, depression and anxiety disorders, findings from the current study indicate how, in some cases, there was also the transmission of adaptive coping strategies and resilience. Moreover, the case studies illustrate how such transmission occurred through personal object relations and communication through a parent who was not HS. Shamai (2016) emphasized that clinicians may consider adopting the "not knowing position" (p. 98) when supporting survivors of collective trauma and their families. Such a stance encourages clinicians to be open and learn from the impacted population, their needs, and the meanings they assign to their losses. It acknowledges survivors' and their families' abilities for resilience. Clinicians supporting multigenerational families exposed to collective trauma may consider exploring various familial communication patterns about the past trauma, including nonverbal as was illustrated in the present study. Lastly, the findings of the current study highlight how past collective trauma continues to impact subsequent generations. Therefore, it may be helpful for clinicians treating clients presenting with current trauma to explore possible connections to past collective trauma and how these may trigger and complicate the client's recent traumatic experiences.



The cases presented in this study focused on the phenomenon of intergenerational transmission of trauma in multigenerational families of HSs. However, there is scope for future studies to expand the scope of the research on intergenerational transmission of trauma to include descendants of other collective trauma. Such a recommendation is timely when considering the current ongoing geopolitical crises and their potential impacts on various ethnic and religious collectives.

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### Data Availability Statement

The data that support the findings of this study are available from the corresponding author, [DG], upon reasonable request.

### Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.


### Ethical Standards Statement

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## Author Biographies

Daliya Greenfeld is a provisional psychologist and a PhD candidate at Monash University, in the Faculty of Education. Her PhD research focuses on intergenerational trauma in families of Holocaust survivors. The research project aims to identify processes, risk factors and protective factors involved in trauma transmission in this population.

Andrea Reupert is a Professor at Monash University, Clayton, and Programs Director of Psychological Programs at the Krongold Clinic. Her area of expertise is building mental health, wellbeing, and resilience, especially for those impacted by mental illness and adversity.

Nicky Jacobs is an associate professor at Monash University and is a Fellow of the Monash Education Academy. She is an experienced Clinical and Counseling Psychologist with research interests in trauma and bullying demonstrating her passion for building resilience and advancing the mental health and well-being of individuals.

## **Chapter 8. Discussion: Ripples of Past Collective Trauma – the Experiences of Grandchildren of Holocaust Survivors**

This chapter presents the themes identified from the findings generated across the three studies included in the thesis in relation to the overall research questions. After revisiting the overall aims of the research, synthesis of data from the three studies is presented. A discussion of each theme concerning the research questions and in relation to the existing literature is then provided. Finally, the chapter concludes with a review of the strengths, limitations and implications of the research presented in the thesis.

### **8.1 Restatement of Research Aims**

The research presented in the thesis aimed to gain insight into the experiences of grandchildren of Holocaust survivors (GHSs) and to contribute to knowledge in the field of intergenerational transmission of trauma (ITT) involving the descendants of Holocaust survivors (HSs). The research addressed several important gaps that were identified in Chapter 2 through the initial narrative review. Most previous studies involving HSs and children of Holocaust survivors (CHSs) assumed that CHSs who grew up in families where a parent was a HS would be adversely impacted by their parents' traumatic experiences (Wiseman & Barber, 2008). This approach to ITT in families of HSs also continued when researchers expanded their samples to include GHSs. Only a small number of studies explored other outcomes such as resilience and post-traumatic growth (PTG).

Another gap involves previous methods employed in research into ITT associated with the Holocaust. Early research during the 1960s and 1970s primarily consisted of clinical reports by psychologists and psychiatrists who treated CHSs (Barocas & Barocas, 1973; Winnik, 1968). These small and convenient samples were limited to those who presented to therapy. Later studies utilised quantitative data collection and analysis approaches (van IJzendoorn et al., 2003; Yehuda et al., 2001). Quantitatively designed studies aimed to answer theory-guided questions or hypotheses while examining a cause-and-effect

relationship between a pre-determined set of variables (Creswell & Creswell, 2018).

Quantitatively designed studies typically aimed to generalise findings from a small group to a broad population (Creswell & Creswell, 2018). To do so, quantitatively designed studies sought to eliminate individual differences between the participants as much as possible.

However, as discussed in Chapter 1, collective trauma is a complex phenomenon. Although those impacted may share some characteristics such as gender, religion and ethnicity, the experiences of the trauma are idiographic and thus may vary in how they impact individuals. Therefore, compared to quantitatively designed studies, qualitatively designed studies may be more sensitive to recognising and addressing personal experiences to gain an insight into the meaning that descendants of collective trauma assign to them (Wiseman & Barber, 2008).

Addressing these gaps, the research in this thesis aimed to explore the experiences of GHSs. The three studies presented in the thesis sought to investigate:

1. What is the relevance (if any) of the grandparents' Holocaust-related traumatic experiences in the adult grandchild's life?
2. What meaning do the adult GHSs assign to their grandparents' Holocaust-related traumatic experiences (if they do at all)?
3. What are the impacts (if any) of grandparents' Holocaust-related traumatic experiences on adult grandchildren life?

## **8.2 Methodology for Synthesis**

The data synthesis presented in this chapter follows the steps detailed in Chapter 5 on methods and methodology. Specifically, the methodological approach of Phenomenology combined with the method of Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), discussed in Chapter 5, was chosen as it was deemed most suitable to explore the experiences of GHSs. In addition, the implementation of IPA at the stages of data analysis and synthesis helped to situate and interpret the experiences of the GHSs while considering

the interpersonal, social, and cultural contexts within which they occurred.

Within the context of the research questions, the synthesis process began by revisiting the data extraction table employed in Study 1 (the qualitative systematic literature review) and re-reading the quotes extracted from the 18 papers in Study 1. Next, the interview transcripts of the participants in Studies 2 and 3 (16 interview study participants) were re-read to explore shared and unique themes. At this time, a table of themes was created, including quotes from participants in Studies 1, 2 and 3. The themes presented in this chapter also drew upon additional data within the interviews in Studies 2 and 3 not reported previously due to the size limitations involved in submitting the manuscripts for publication. Experiences not shared across the three studies were noted in a separate document. Shared themes and individual experiences are discussed in regard to the research questions and existing literature while adding new insights concerning the phenomenon of ITT in GHSs.

### **8.3 Background**

The first study in the thesis, a qualitative systematic literature review of 18 papers, reported in Chapter 4, provided a systematic review of previous qualitative research on the experiences of GHSs. The review, covering two decades (1998 to 2018) with 18 studies, found that despite differences in sociocultural and geographical settings, GHSs reported similar experiences. The review highlighted how, despite the passage of more than seven decades since the Holocaust, it continued to bear relevance in the lives of the GHSs.

However, of the 18 papers included in the review, only five papers included samples drawn exclusively from GHSs. Of the remaining 13 papers: nine papers included participants from all three generations HSs, CHSs and GHSs (e.g., Chaitin, 2000, 2002, 2003; Litvak-Hirsch & Bar-On, 2006); four drew samples from CHSs and GHSs (e.g., Hogman, 1998; Scharf & Mayseless, 2011); and five drew exclusively from GHSs (e.g., Cohn & Morrison, 2018; Klein, 2007; Litvak-Hirsch & Lazar, 2011). In addition, two studies (Fossion et al., 2003; Quadrio, 2016) used clinical case summaries and so did not directly present GHSs'

voices. Instead, the authors provided their own descriptions and interpretations of participants' experiences. Thus, the review showed that relatively few qualitatively designed studies explicitly explored the experiences of GHSs.

It is important to note that the GHSs are likely to be the last generation to have direct contact with their HS grandparents. Most of the current generation, namely the great-grandchildren, were either born after the passing of their great-grandparents or were too young to have had meaningful conversations with them. However, the great-grandchildren might learn of their great-grandparents' Holocaust experiences through stories recounted by other family members (their parents or grandparents, namely the GHSs and CHSs themselves) or through watching, listening, or reading their great-grandparents' testimonies if provided, or through objects such as photos and grandparents' personal diaries.

Two interview-based studies followed the systematic review. Although the studies differed in the samples and methods employed (Study 2 had a sample of 14 adult GHSs, and Study 3 was a case study of two adult individuals identified as a CHS and GHS), all three studies shared the overall objective of exploring the relevance and impacts of the familial Holocaust-related trauma in the life of the adult GHSs.

The following section describes the themes found in all the three studies and presents common experiences of GHSs across the studies in relation to the research questions. Nevertheless, in line with the phenomenological approach that guided this thesis (Smith et al., 2009), it is important to acknowledge individual differences concerning each GHS's familial Holocaust background, the ways they experience and reflect on this background. This is mostly relevant when considering the experiences reported in Study 2 and 3. In contrast to the review (Study 1) that interpreted and synthesised data from studies performed by other researchers, Studies 2 and 3 were designed and executed by the author of the thesis. The author of the thesis who conducted the interviews, also had the opportunity to observe



participants' behaviours and emotional reactions during 14 interviews (out of total of 16) that were conducted either in person or via video conferencing. The remaining two interviews were conducted over the telephone.

Overall, in relation to the research questions, six themes were identified. The following section begins with the discussion of themes concerning the research questions of the relevance and meaning of the familial Holocaust-related trauma in the present life of the adult GHSs. There were four major themes that were identified. The *GHSs commitment to sustain the family's narrative* and *pathways to gaining knowledge of the familial Holocaust past*, *GHSs commitment and meaning assigned to being Jewish*, and *family as a close-knit unit*. These themes were a response to the research questions on the relevance of the Holocaust in the lives of adult GHSs and potential impacts of the familial Holocaust-related trauma in the present life of the adult GHSs. Finally, there was the theme of *emotional responses concerning the familial Holocaust-related trauma* and *diverse impacts of Holocaust: anxiety, fear, and a perspective on life* pertaining to the question about potential impacts of the Holocaust in the lives of adult GHSs.

Components of the thesis conceptual framework (detailed in Chapter 3), Bronfenbrenner ecological systems approach (1978, 1986) and Frankl's (1992) meaning making approach were also employed in the process of data synthesis and analysis.

#### **8.4 GHSs Commitment to Sustain the Family Narrative**

This thesis aimed to explore whether the Holocaust continued to be relevant in lives of GHSs and ascertain what meaning (if at all) GHSs assigned to their familial background. The following theme describes the GHSs commitment to sustain the family's narrative and relate these stories to future generations. This commitment is discussed in the context of the relevance of the Holocaust in the GHSs lives and the meanings assigned to sharing these stories as part of the family narrative. This theme appeared to be a pervasive theme across all three studies. Figure 8.1 provides sample quotes from Studies 1, 2 and 3 illustrating GHSs

commitment to sustaining their family narrative.

In Study 1, the review, GHSs highlighted the importance of remembering the Holocaust and sharing their knowledge with future generations. GHSs reported a “duty to keep the memory of the Holocaust alive” (Study 1) and to “uphold the legacy” (Study 1) while associating the commitment with the act of remembrance. Some GHSs in Study 2 explained their commitment to sustaining their family legacy so “it [the past] won't be forgotten.” Furthermore, GHSs in Studies 1 and 2 linked this commitment with acknowledging that their generation would be the last generation to know the survivors and have direct contact with them. For example, one GHS (Study 2, 33-year-old, female) said, “for that story (grandmother’s story), her experiences, not to stop just because she’s passed on and, I don’t want it to kind of stop at my generation.”

**Figure 8.1**

*GHSs commitment to sustain their family narrative with representative quotes from Studies 1,2, and 3.*



This theme is not new and was previously identified in qualitative studies involving GHSs. For example, Chaitin (2002), who interviewed 12 Israeli GHSs (aged from 16 to 24 years), highlighted the importance that GHSs assigned to teaching the lessons of the Holocaust to younger generations. According to Chaitin (2002), GHSs talked to future generations about the Holocaust to help the younger generation understand the past, which also helped the GHSs integrate the past into their life. Two qualitative studies that included Australian GHSs (Cohn & Morrison, 2018; Klein, 2007) reported similar findings suggesting that the commitment and importance of sustaining the past while educating future generations continued to be relevant in the lives of GHSs.

Across the three studies in the thesis, this global theme primarily appeared as a commitment to sustaining the family's narrative in the private domain, including immediate, extended family and friends. The Australian GHSs, as reported in Study 2, added another layer to this theme. Specifically, some of the Australian GHSs in Study 2, although

acknowledging their responsibility to remember and transfer their grandparents' Holocaust narrative to their children (the great-grandchildren of HSs), also seemed to struggle with the decision on when and how much to tell their children. For example, one GHS (36-year-old, female) described her Holocaust-related familial communication with her seven-year-old son as "we're very open with him. We talk about how my grandparents were in the war" adding, "I think that's part of the legacy. I think by [talking about it] normalising it." Yet this GHS added, "we don't go into huge detail", indicating that she did not disclose to her son all her knowledge about her grandparents' traumatic experiences (she knew of) while in concentration camps.

Another GHS (36-year-old, female) in Study 2 asked, "at what point do you bring it (the familial Holocaust history) up?" Struggling with similar questions, another GHS (32-year-old, female) in Study 2 said:

I would love to say that my girls would have an understanding of the Holocaust when they're that age around six. At the same time, if they're not a mature six-year-old, that's not going to happen. And I think...I think we're just gonna have to play it by at that time and see.

Although some GHSs in Study 2 were unsure when to tell their children, other GHSs were less hesitant about sharing with their children the familial Holocaust background. These GHSs emphasised the importance and possible psychological benefits of telling their children. One GHS (Study 2, 39-year-old, male) explained, "it's something that's defined my life and my upbringing, I think it's very important to share", and another GHS (Study 2; 36-year-old, male) said, "I have a duty. It will provide meaning and lessons for their life. It had a positive impact on my life, so I am hoping it's the same for them."

The difference in GHSs approaches to sustaining their family narrative might be understood using the construct of making meaning as introduced in Chapter 3 as a thesis

conceptual framework. Frankl (2006) described making meaning as a construct that orients individuals towards their future. Frankl, a trained psychiatrist and a survivor of a Nazi concentration camp, described his and other inmates' experiences in the camp in his work titled *Man's Search for Meaning* (2006). Frankl described how those prisoners who could not visualise their life in the future (if they were to be liberated) had no will to try and sustain their life in the camps. In comparison, Frankl argued that those who adhered to a goal and created meaning for themselves, be it reuniting with a family member, or resuming their life before the Holocaust, had a better chance of surviving. According to Frankl (2006), such future-oriented goals gave meaning to prisoners' daily suffering.

The construct of meaning has been explored in various psychological approaches, including existentialism, where meaning is perceived as an essential requirement of life. However, Yalom (1980) argued that meaning is not given to us, it is created by us. The GHSs' commitment to sustain the family's narrative and transfer these narratives to future generations might be interpreted as an evolving meaning making process that these GHSs found growing up and listening to their HSs grandparents' experiences. Through their HS grandparents' stories, they may have learnt how the HSs found meaning in their suffering, prompting their will to survive and to create a new life after the Holocaust. Although they did not personally experience the Holocaust, the GHSs found their meaning in sustaining their grandparents' legacy and transferring this legacy to future generations as a future-oriented goal. Nonetheless, as can be seen from the findings in Study 2, some GHSs were unsure when and how to apply this commitment to their children. Despite being able to make sense of their HS grandparents' suffering and trauma, some GHSs struggled to find adaptive ways to integrate their experiences and appraise meaning in their role as parents when it came to transferring their family's legacy to their children (the great-grandchildren of the HSs).

Although most of the GHSs in Study 2 were committed to sustaining their family

narrative within their families, for some, this commitment extended to the public domain. GHSs described this commitment as a responsibility and obligation to ensure their ancestors' legacy would not be forgotten. As with their commitment concerning their private life, GHSs acknowledged their unique position to be the last generation to personally know the HSs and the understanding that with HSs passing, there would be no more living witnesses to tell the story. Some expressed a concern that without living witnesses, the Holocaust may be forgotten or even denied. To illustrate, one GHS (32-year-old, female) in Study 2 said, "if factually incorrect information comes up, either on social media or something else, I will definitely make sure that the facts are stated...I think the message needs to get across." For another GHS (Study 2, 27-year-old, female), the choice of profession as a history teacher was perceived as an extension of the commitment to teach and educate. It can also be understood as their path to making meaning of their grandparents' Holocaust-related trauma such as:

...to be able to go into a classroom full of year seven students who don't really understand what the Holocaust is, and not just be able to educate them, but bring to life my grandparents' experience, which is something that I do in my teaching, it gives me a lot of honour that I can carry that legacy.

The GHSs commitment and actions taken to transfer their family's Holocaust narrative to others, be it their families, members of their community and the public can be understood in the context of Bronfenbrenner's (1978, 1986) ecological systems approach discussed in Chapter 3. Bronfenbrenner (1978, 1986) described five nested social environments that interact with each and the individual with the potential to influence an individual's development through their lifespan. In the case of some GHSs, sharing their HS grandparents' Holocaust experiences with work colleagues, and in some cases engaging in educational activities (e.g., school; public talks) may be understood as an interaction between a microsystem (the GHS) and an exosystem (school, workplace and community

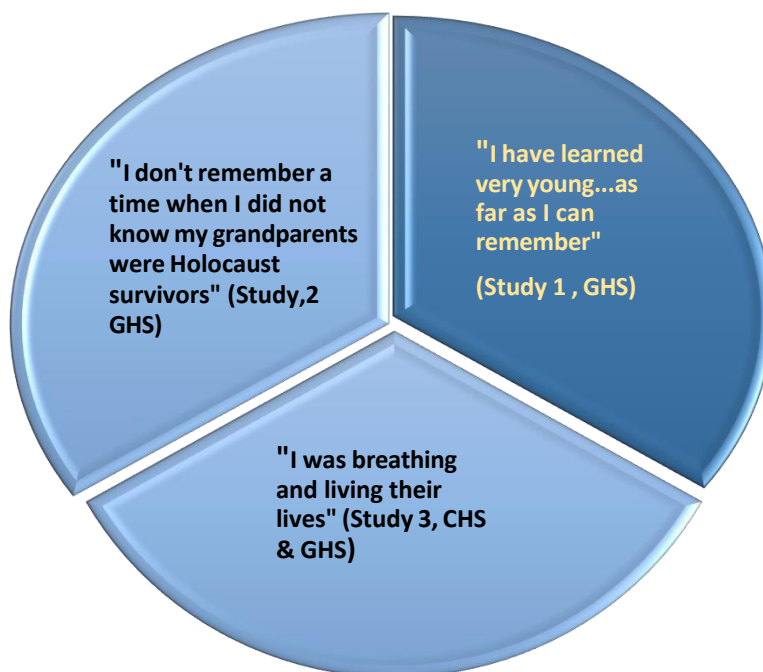
organisation). Such interaction may potentially impact the microsystem itself (GHS) and those who listen and get educated about this past (exosystem of students in school or members of the public attending a public talk).

### 8.5 Pathways to Gaining Knowledge about the Familial Holocaust Past

When GHSs in Studies 2 and 3 were asked when they first found out about their grandparents' Holocaust past, they reported that they "always knew" or could not identify a time when they did know of their grandparents' Holocaust background. This theme is discussed in relation to the research question asking about the relevance of the Holocaust in the GHSs lives. Figure 8.2 provides selected quotes made by GHSs extracted from the three studies in the thesis.

**Figure 8.2**

*Gaining knowledge of their grandparental Holocaust background – selected quotes from Studies 1, 2, and 3.*



For most of the GHSs in Studies 2 and 3, knowledge about the familial Holocaust background dated back to their childhood, when they were less than 12 years of age.

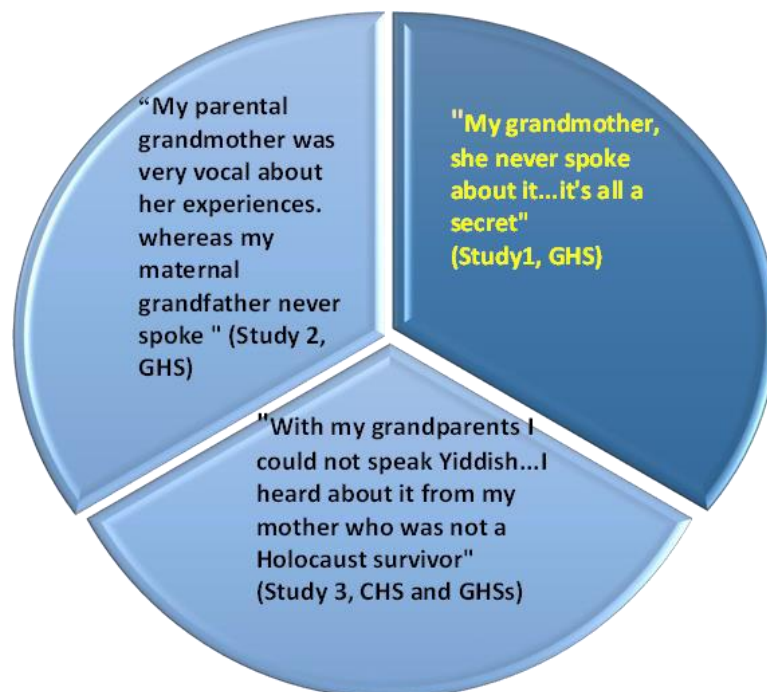
Although, as one GHSs (Study 2, 36-year-old, male) stated, “no formal sit down” took place in the family, for some, this early knowledge was embedded in their daily familial environment, describing this as a “constant presence” and a “shadow that is either easy to see or not easy to see” (Study 2, 30-year-old, male). Likewise, GHSs in Study 1, the review, participants reported experiences of the Holocaust being ever present in their life since their early childhood years. For example, Bender (2004), in her self-case study, recalled how at the age of five or six years, she noticed a number on her grandfather’s arm, prompting her to ask her mother about its meaning. Bender (2004) stated, “I can never remember exactly what she told me, but I remember thinking at my young age that maybe my grandfather needed a hug” (p. 210).

Although GHSs across the three studies described what can be interpreted as an implicit knowledge of their grandparental Holocaust background, some differences were noted between the findings of the studies in how they gained this knowledge. The following section discusses these differences, how they were linked to various familial communication patterns about the Holocaust and helps us understand how the Holocaust became relevant in GHSs lives. Figure 8.3 provides quotes from Studies 1, 2 and 3 on GHSs experiences of familial communication about the Holocaust past.



**Figure 8.3**

*GHSs experiences of family communication about their Holocaust past- selected quotes from Studies 1, 2 and 3.*



GHSs in Study 1 described how their grandparents and sometimes their parents (CHSs) avoided discussing the familial Holocaust past. Of the 18 papers in Study 1 only three (Chaitin, 2002; Kidron, 2012; Rosenthal, 2002) described how GHSs gained knowledge about their family's Holocaust past while noting familial communication pathways about the Holocaust. GHSs in these three studies unanimously reported on an avoidant communication pathway, where the topic of the Holocaust past was not verbally talked about. To illustrate, in an interview-based study with GHSs, Chaitin (2002) reported that in some families, the Holocaust was treated as a taboo subject, where HS grandparents avoided talking about their experiences. Chaitin (2002) found the avoidance of familial verbal communication unexpected, as she believed that with the passage of time from the Holocaust and the changes in Israeli society's attitudes towards the survivors, from weak victims to heroes and survivors, the HSs would find it easier to share their experiences with their grandchildren. Rosenthal's (2002) study with 38 families of HSs also found a communication pattern that

was labelled “family secrets”, where HSs avoided talking about their traumatic experiences with their children (CHSs). Rosenthal (2022) noted that the secrecy and avoidance concerning grandparents’ Holocaust past was “transmitted” (p. 236) from the CHSs to their children (the GHSs). One GHS described the emotional impact of the closed family dialogue as “the emotional issue is an issue all of its own, a mystery” (Rosenthal, 2002, p. 235).

Although avoidance or family secrets was a common communication pathway in Study 1 (the review), the findings of Studies 2 and 3 highlighted various other communication pathways. In Study 2, the majority of participants (11 of the 14 GHSs) described open verbal communication that they had either directly with their HSs grandparents or with another family member who was not a HS. For example, one GHSs (Study 2, 39-year-old, male) said that since his HS grandparents and his father (CHSs) “didn't really speak about it too much unless they had to”, he turned to his uncle (his father’s brother) whom he described as “a lot more approachable” and thus was able to learn more details of the grandparents’ Holocaust experiences.

Another finding in Study 2 was how some GHSs gained their knowledge through extra familial communication about the Holocaust. Some GHSs in Study 2 reported that they were first introduced to the Holocaust in primary school or through participation in communal commemorative services (sometimes attended with their HS grandparent). For some GHSs in Study 2, a school project, known as Roots, where the child traces their family history, served as a catalyst for the grandparents to commence talking to their grandchildren. To illustrate, one GHS (Study 2, 32-year-old, female) said, “my grandparents really started talking about it when my oldest sister started doing the Roots project at school.” Likewise, another GHS (Study 2, 39-year-old, male) stated, “I first became aware, maybe grade one or grade two, and it was mentioned at school” and added.

I didn’t realise my grandparents had gone through it [the Holocaust], but I sort of came

home [from school] and it prompted me to ask a question, which started further discussions with my parents. My grandparents didn't really speak about it too much unless they had to.

For other GHSs a family member's (sometimes a parent or a grandparent) involvement with a local community organisation (e.g., the local Jewish Museum) provided a prompt for their initial introduction to the Holocaust. In the words of one GHS (Study 2, 36-year-old, male),

I'd say probably like eight, nine or ten [years old]. My grandfather was pretty involved in the Jewish Museum. And I think I was involved in a couple of ceremonies where they liked to include grandkids. I think, that's kind of my first sort of touch to the Holocaust... something to do at the museum.

These findings may be understood within the context of the ecological systems approach (Bronfenbrenner, 1978, 1986), discussed in Chapter 2. According to ecological systems approach (Bronfenbrenner, 1978, 1986), external environments such as schools, peer groups and social networks may influence the family's function and the individual's development through their lifespan (Bronfenbrenner, 1986). Applying this concept, the findings of Study 2 showed how some GHSs gained knowledge of their grandparents' Holocaust past through their interactions with others in their microsystem of immediate and extended family. Other GHSs learned of this past through interaction with exosystems, such as local Jewish schools or community organisations such as Jewish and Holocaust museums and educational centres.

Moreover, the findings showed how in some cases, Jewish schools and community organisations became conduits of communication, be it in an indirect manner between the grandchild and their family, by providing an avenue for the GHSs to gain knowledge of their familial Holocaust background that otherwise may have been avoided. For example, one

GHS in Study 2 (39-year-old, male) described the emotional impact that interviewing his HS grandparents for a Holocaust-related school project had on him “I found it really confronting and seeing them struggle to tell me the stories and to recall the stories was quite troubling” and adding, “it still makes me feel sick in the stomach this day.”

Although most GHSs in Study 2 found out about their grandparents’ Holocaust experiences through open verbal communication, others gained this knowledge nonverbally. This communication pathway was prevalent in the third study, where both participants self-identified as a CHS and a GHS. One participant described growing up with a HS father who avoided talking about his Holocaust experiences. The same individual also reported that not being able to speak her grandparents’ language prevented her from communicating with them. Nonetheless she was aware of the Holocaust because of a photo of an uncle who was killed at that time, with the photo being a constant reminder and a link to the family’s Holocaust-related trauma. The other participant in Study 3 described her family photo album that showed her HS parents’ life during the Holocaust. The participant described how, after the family migrated to Australia, this photo album was shared between her HS mother and HS grandparents and facilitated the family’s communication of that past.

Previous studies (Bar-On, 1995; Danieli, 1998) have highlighted different patterns of Holocaust-related familial communication and their role in the transmission of trauma, specifically from the HS parent to their child (Lichtman, 1984; Rowland-Klein & Dunlop, 1998; Wiseman et al., 2002, 2006). Previous studies also described two forms of familial communication, namely (i) where information about the Holocaust past was verbally exchanged and (ii) an absence of familial communication (verbal or nonverbal). Other studies (Lichtman, 1984; Rowland-Klein & Dunlop, 1998) found that frequent familial communication has been associated with adverse impacts on the child’s mental health, with presentations of anxiety, paranoia, psychosomatic complaints, and guilt.

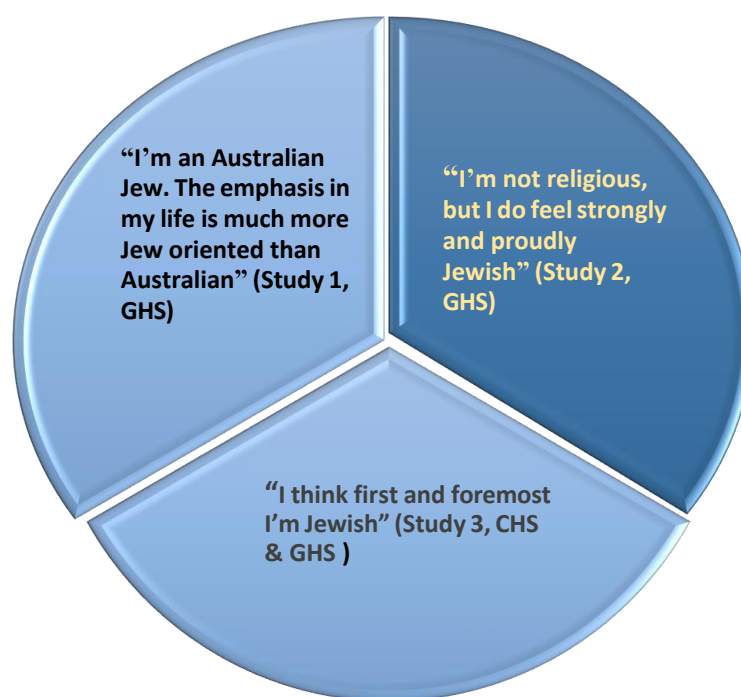
In contrast, other studies (Giladi & Bell, 2013; Wiseman et al., 2002) found that frequent verbal communication was associated with lower levels of psychological distress when compared to families where there was no communication. Only a small number of studies have examined Holocaust-related familial communication pathways concerning GHSs such as Giladi and Bell (2013). Thus, the findings of Study 3 provide an insight into the nonverbal communication pathway that some GHSs experienced when they gained knowledge of their familial Holocaust past. Only a few studies have reported on this communication pathway where the Holocaust past was shared between HSs and their children through objects such as photos, toys and jewelry from their pre-Holocaust life that the HS managed to save (Kidron, 2009, 2012).

#### **8.6 GHSs Commitment and Meanings Assigned to Being Jewish**

GHSs across the three studies described “being Jewish” as pivotal to their identity and associated the meaning and their commitment to “being Jewish” with their grandparents’ Holocaust experiences. This theme is discussed in relation to the research question asking about the meanings that GHSs might assign to their grandparental Holocaust background. Additionally, for some GHSs “being Jewish” had an impact on their lives as an adult so this is explored and discussed here. Figure 8.4 provides examples of GHSs quotes from Studies 1, 2 and 3 on their commitment and meaning assigned to “being Jewish”.

**Figure 8.4**

*The commitment and meaning of being Jewish, examples of quotes from Studies 1, 2, and 3.*



Most GHSs in the three studies associated their commitment to being Jewish with their familial Holocaust background. The findings across the three studies discovered that for most GHSs, the Holocaust remained relevant in their lives as adults as they worked towards formulating their identity. For some GHSs, their commitment to “being Jewish” was associated with positive feelings of pride and gratitude for their grandparents’ survival. For example, one GHS (32-year-old male) in Study 2 stated, “I do feel strongly and proudly Jewish” adding, “when it’s kind of like my family suffered because they were Jewish.” Likewise, another GHS in Study 2 (32-year-old female) reflected on her “strong Jewish identity” explaining, “I think the fact that we [family] went through the Holocaust definitely makes me stay closer to my Judaism in many ways because it makes me feel very grateful that like, we’re still here.”

However, for some GHSs, “being Jewish” was linked with negative implications. One

participant in Study 3, a CHS, and GHS (71-year-old female), described the meaning she assigned to being Jewish as “I was brought up knowing that I was Jewish, and that there had been consequences to it.” This CHS and GHS referred to her grandparents’ and parents’ experiences of uncertainty and fear of being deported to concentration camps while living in safe houses under a foreign government’s protection. The same individual also described how her HS grandparents and HS mother “lived with a lot of anxiety.” Their fears were exacerbated when she had a German boyfriend as a young adult. At that time, her grandparents were in “an absolute panic” and told her, “You must never tell him you’re Jewish.”

Another area where GHSs described what being Jewish meant to them and how it impacted their lives concerned important life choices, such as choosing a marriage partner. According to the Jewish Halacha (a set of laws guiding the everyday life of a Jew), a child is considered Jewish only if their mother is Jewish (Posner, 2023). In other words, for the next generation in a family to be considered Jewish, the birth mother had to be born or have converted to Judaism. Some GHSs in Study 2 reportedly had no hesitation in deciding to marry a Jewish partner but not a non-Jewish partner. These GHSs linked their decision to their grandparents’ traumatic experiences of persecution during the Holocaust because of their religion. For example, one GHS in Study 2 (43-year-old female) explained, “I only wanted a Jewish boy, because, you know, my grandparents, I always thought in my head, they suffered for being Jewish, and I wouldn’t do it [marry a non-Jew] to them.” Likewise, a male GHS (32-year-old male) whose partner was converting to Judaism emphasised: “the desire to not waste a life and to make sure that anyone in my family who did perish in the Holocaust has not done so in vain.” This GHS expanded on this topic:

I do feel my desire to have children who not only identify as being Jewish but are halachically Jewish. It is not due to religious devotion, it is not due to spiritual

connection; it is due to guilt and some sense of man after all what my family has been through, you're just going to almost ignore it with their with descendants.

It appears that for these GHSs, the commitment to being Jewish alongside the decision to marry only a Jewish partner did not present a conflict. These GHSs explained their decision to do so as what may be interpreted as a “moral obligation” to honour their grandparents’ suffering during the Holocaust.

The theme of commitment to “being Jewish” and its impact on the GHS’s choice of partner for marriage has been previously reported. In an interview-based study with seven GHSs, Hogman (1998) highlighted the commitment of GHSs to continue their lives within the Jewish tradition and how they associated it with their grandparents’ suffering through the Holocaust. At the same time, Hogman (1998) noted that some of the GHSs wanted to be free to choose a partner without the need to consider the partner’s faith, but they feared that choosing a non-Jew might inflict emotional pain on their HS grandparents.

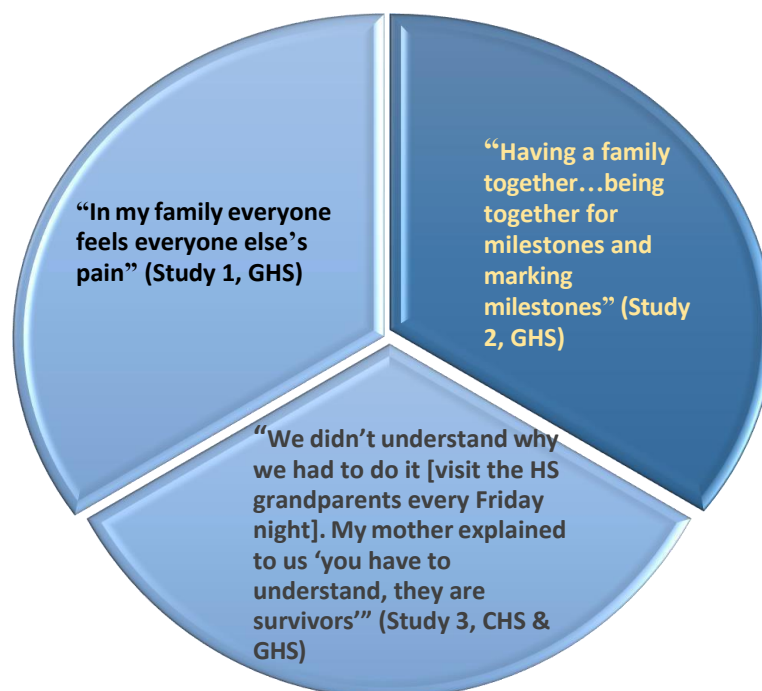
### **8.7 Family as a Close-Knit Unit in the Shadow of the Holocaust**

GHSs across the three studies described close ties within the familial unit. This theme is examined in relation to the research question concerning the meaning that GHSs assigned their familial Holocaust related trauma in their adult lives. This theme is also examined in relation to the impact of the HS grandparents’ traumatic experiences on the GHSs perception of family as a close-knit unit. Figure 8.5 provides sample quotes from Studies 1, 2, and 3.



**Figure 8.5**

Sample quotes from Studies 1, 2, and 3 describing GHSs experiences of their family as a close-knit unit.



The theme around describing the family as a close-knit unit is not new in the literature on ITT in GHSs. However, differences were noted between the findings of previous qualitative studies reviewed in Study 1 and those reported in Study 2. Of the 18 studies reviewed in Study 1, five described strong emotional ties between GHS's family members (Chaitin, 2002; Hogman, 1998; Hirsch & Chaitin, 2010; Lev-Wiesel, 2007; Litvak-Hirsch & Bar-On, 2006). For example, one GHS stated, "In my family, everyone feels everyone else's pain" (Hogman, 1998, p. 555). In a self-case study, Bender (2004) described her family as "extremely close", adding, "we rely on each other for support" (Bender, 2004, p. 211).

Of the 14 GHSs in Study 2, 11 described what having a family meant to them and the role their family played in their lives. For example, one GHS (Study 2, 37-year-old female) noted the importance of "having a family together", specifying "being together for milestones and marking milestones." Another GHS (Study 2, 50-year-old female) stated, "for me, it's, I

think, family is becoming a very big value.” In both cases, the GHSs explained what family meant to them while relating to their grandparents’ trauma and losses during the Holocaust. One GHS (Study 2, 39-year-old male) explained, “I think that you need to realise how precious family is when you start hearing stories [of their losses].”

Moreover, some of the GHSs in Study 2 perceived the existence of their family (immediate and extended) as a symbol for their grandparents’ survival of the Holocaust. The following quote illustrates how, for one GHS (Study 2, 37-year-old, female), the meaning of her family was linked to having heard her HS grandmother say that “she ‘beat Hitler’ by surviving and then after the war flourishing, building a family, ensuring the next generations.” Another GHS (30-year-old male) in Study 2 went as far as linking their existence to their grandparents’ survival and ability to create a new life after the Holocaust saying, “By what my family had experienced so much for me to be here as in to be alive, to be in Australia” then adding, “they worked so hard after the war you know upper middle class to have a secure economic situation.”

Additionally, some GHSs in Study 2 explained that the message of “family comes first” was emphasised by their parents (CHSs) as an important one and it “was very much drummed into us.” Hence, for some GHSs in Study 2, the importance of family was associated with feeling guilty when they did not want to visit their HS grandparents, alongside a sense of obligation to spend time with their grandparents. For example, one GHS (Study 2, 51-year-old female) described behaviour modelled by her mother (CHSs): “She [the mother] felt that she had to take care of them [HSs grandparents] and put them above anybody else because of what they went through. She had to be there for them all the time”, noting how such behaviour impacted the grandchildren, “even if it meant fighting with us about going to visit them...she [her mother] made us feel guilty if we did not go with her.” Likewise, another GHS (43-year-old female) in Study 2 described a “sense of obligation to

one's family", explaining that participating in familial activities was not a choice but rather an obligation they could not avoid.

The findings in Studies 1 and 2 concerning GHSs' perceptions of the family unit are supported by previous findings in the literature on ITT in GHSs. For example, Chaitin (2002), in open-ended interviews with HSs ( $n = 23$ ), CHSs ( $n = 22$ ) and GHSs ( $n = 12$ ), identified a theme she titled "close family ties within the family" (p. 392). This theme was prevalent in 75% of the interviews conducted with the GHSs. According to Chaitin (2002), such high prevalence could represent an important familial value intergenerationally transmitted via the socialisation process within the family of the HS. Similar findings were reported in Lev-Wiesel's (2007) qualitative study on ITT among three generations in one HS family. Members from three generations (a HS, their child and a grandchild) all valued the importance of having the family as a close-knit unit. Extending beyond Chaitin's (2002) interpretation of an intergenerationally transmitted value, Lev-Wiesel (2007) suggested that their findings could be understood as CHSs and GHSs internalising lessons learned from the HS's traumatic experiences. Such lessons were transmitted through familial communication about the Holocaust. For example, alongside the importance of having a close-knit family, CHSs and GHSs reported that trust was limited to immediate family members while extrafamilial entities were treated with suspicion. Likewise, in Study 2, one GHS, put an emphasis on close ties between the family members, whilst also describing their family as "quite cautious" and "quite private". This GHS associated these characteristics with her memory of her HS maternal grandmother's behaviour around uniformed individuals, saying, "If we were walking in the street and postman or a policeman was in the street, she [maternal grandmother] would turn around and we'd walk very quickly in the other direction. Anyone in uniform for my grandmother was dangerous."

These findings from studies 1, 2 and 3 accentuate how the exposure to their HS

grandparents' traumatic experiences, particularly the loss of extended family, may have influenced the meaning that some GHSs assigned to the value of family. As Chaitin (2002) and Lev-Wiesel (2007) have suggested, family as a value may have been intergenerationally transmitted via socialisation in the family of HSs. Additionally, in some cases, the socialisation process may have transmitted behaviour that was oriented towards protecting the close-knit family unit, along with suspicion and mistrust in extra-familial entities.

### **8.8 GHSs Emotional Responses Concerning the Familial Holocaust-Related Trauma**

GHSs described various emotions when they reflected on their grandparents' experiences during and after the Holocaust. This theme is discussed concerning the research question exploring potential impacts of their grandparents' Holocaust-related traumatic experiences in the adult GHSs lives. Figure 8.6 provides examples of quotes from Studies 1, 2, and 3 on the GHSs emotional responses concerning their grandparents Holocaust-related traumatic experiences.

**Figure 8.6**

*GHSs emotional responses to their grandparental Holocaust traumatic experiences. Selected quotes from Studies 1, 2, and 3.*



Pride was one emotion prevalent among the GHSs in Studies 1 and 2 but not in Study 3. In Studies 1 and 2, GHSs provided various explanations for their experiences of pride in their HS grandparents. For some, pride was associated with their grandparent's activities during the Holocaust. For example, one GHS (Study 2, 28-year-old female) felt proud of her grandfather's actions as a partisan (resistance fighter), saying she felt "a lot of pride because when he was at risk, when his family all died, he did not hide away but he fought." Other GHSs associated their pride with their grandparent's narrative of survival that they had heard directly from them or from listening and reading their grandparents' testimonies. For example, one GHS (Study 2, 39-year-old, male) described his emotions after watching his grandfather's video testimony: "I get a sense of pride, like pride that my family has managed to come through it [the Holocaust]", while adding that he also experienced "a sense of real disdain and disgust in regard to how humanity could go down that path." Lastly, for some GHSs, pride was linked to what they saw as their grandparents' resilience, as demonstrated in

their ability to rebuild their lives after the losses they experienced during the Holocaust. For example, one GHS (study 2, 30-year-old male) stated, “I am proud that they did not let the experience define them...I feel proud to be related to and to have the meaningful connection to people of that kind of character.”

Some GHSs described their pride alongside the expression of respect and amazement in their grandparents’ strength and abilities to survive the Holocaust. For example, one GHS (Study 2) described her grandparents’ experiences during the Holocaust and said, “It is pride. I am thinking, wow, my grandparents were there” and added that she felt “a lot of respect for them” and perceived them as “heroes”. Likewise, another GHS (Study 2, 36-year-old, male) linked his pride with a sense of respect towards his HS grandparents’ abilities to overcome the losses they endured during the war, saying, “All of them didn’t have any family remaining post the war”, adding, “a big part of [their] survival was luck but also in the strength of the individual. I have a great deal of respect for my grandparents collectively.”

Although not explicitly speaking of pride, one participant in Study 3 (71-year-old female), a CHS and GHS, reflected on her emotions when she described photos from her family album. The photos were taken during her grandparents and parents stay in a safe house during the Nazi occupation of their country. She believed that her grandparents and parents experienced a constant threat to their lives, saying, “They were waiting every day to be taken to Auschwitz.” Reflecting on her family’s photos from that time, this CHS and GHS spoke of her amazement at her HS parents’ and grandparents’ abilities to keep their spirits up during those stressful and uncertain times. Recalling their stories, she believed that they resorted to humour to deal with the constant uncertainty of their future.

Another emotion GHSs reported in Studies 1 and 2, alongside pride, was sadness. GHSs associated the sense of sadness with their grandparents’ Holocaust-related traumatic experiences. Sadness was mostly reported as an emotional response experienced during the

grandchild's early childhood. For most GHSs in Studies 1 and 2, this was the time when they found out about their grandparents' Holocaust traumatic experiences. Nonetheless, for some, the sense of sadness continued throughout their adult life. Furthermore, some GHSs in Study 2 described their experiences of sadness as embedded in the family's daily life. For example, one GHS (Study 2, 30-year-old male) depicted sadness as a "shadow that is always hang around." For another GHS (Study 2, 39-year-old male), sadness was associated with a constant "underlying sense of loss" that was present even during happy family gatherings.

Previous studies on ITT in GHSs reported on GHSs' various emotional responses concerning their familial Holocaust-related trauma. For example, Hogman (1988) described how GHSs experienced a range of emotions, including sadness, pride, emotional pain, and amazement at their grandparents' survival abilities as they learned of their grandparents' survival stories. Additionally, in her qualitatively designed dissertation on ITT in GHSs, Kahane-Nissenbaum (2011) described diverse emotions experienced by GHSs, including sadness and emotional pain. Likewise, Cohn and Morrison (2018), in their interview-based study of six Australian GHSs, noted one participant's "enormous sense of loss" (p. 203) concerning his grandparental losses of their extended family during the Holocaust. Notably, half the participants in Cohn and Morrison's study (2018) described their negative emotions (such as sadness) that led them to avoid engaging with the topic of the Holocaust.

Conversely, in Studies 2 and 3 in the thesis, despite GHSs reporting of negative emotions of sadness, shock and disgust, none indicated any avoidance or disconnectedness from the topic of the Holocaust. On the contrary, one GHS (Study 2, 37-year-old female) stated, "I always had a sense of quiet horror, but constantly wanted to know more."

The range of conflicting emotions (i.e., sadness alongside pride) reported by GHSs indicates that though they did not directly experience the Holocaust, GHSs tried to work through their family's Holocaust-related trauma, process their affective responses to it

(Chaitin, 2002), and find meaning to their painful, familial past (Kahane-Nissenbaum, 2011). However, negative emotions such as sadness, disgust and emotional pain may demonstrate GHSs' struggle to learn to live alongside this past familial trauma. Through this struggle and search for meaning, some GHSs seemed to acknowledge the pain and losses their family have suffered together with their HS grandparent's strength concerning the past and their abilities to start a new life after the Holocaust (Hogman, 1988).

Feelings such as pride and respect may be interpreted through an Ecological Systems approach (Bronfenbrenner, 1979, 1986) and specifically through the lens of the chronosystem. As detailed in Chapter 3, the chronosystem refers to societal changes as they occur along the domain of time. These changes may be economic, political, and cultural and happen throughout the individual lifetime. Concerning HSs, some societal attitudes towards the survivors have changed during the decades since the Holocaust (Shandler, 2017). During the 1950s and 1960s in the newly established state of Israel (where most HSs chose to resettle), many HSs were stigmatised by native Israelis as weak victims (Bar-On, 1995). In response to such judgments, many HSs internalised these judgments, saw themselves as weak, and thus chose to distance themselves from their traumatic past (Bar-On, 1995; Jucovy, 1985). Accordingly, some HSs refused to talk about their traumatic experiences even with their immediate family members (Bar-On, 1995; Danieli, 1998) in what became known in the literature on ITT in families of HSs as the "conspiracy of silence" (Bar-On, 1995). Bar-On described how in some families of HSs, CHSs followed their parents' silence and avoided asking their parents about their traumatic past to avoid causing them pain, coining the term "double wall of silence" (Bar-On, 1995, p. 20)

However, since the late 1970s, a change in societal values in Israeli society (Bar-On, 1995) and Western culture (Shandler, 2017) have given a seminal place to the Holocaust in mainstream media in books, theatre plays and movies. These societal changes have



acknowledged suffering caused by the Holocaust and emphasised survivors' strength and resilience. Moreover, some Holocaust survivors found it easier to share their past experiences privately with their families and publicly by giving testimonies or writing their memoirs as they reached old age (Bar-On, 1995; Duchin & Wiseman, 2016). Therefore, it may be that these societal changes have influenced individuals, namely GHSs and their perception of their HS grandparents and with that, provided space for positive feelings such as pride and respect.

Guilt was another emotion noted in the data alongside pride. However, guilt was expressed only by one participant in Study 2 (a 30-year-old male), who believed they had a responsibility to live a life that would compensate for their ancestors' losses. This GHS stated, "I will never feel as though I've accomplished anything worthy of their sacrifice and horror that they went through," adding, "I have a responsibility not to waste my life."

Feelings of guilt have been previously reported primarily in studies that involved HSs (Niederland, 1968, 1981) and CHSs (Wiseman et al., 2006). In the case of HSs, survivor guilt was reported as part of an umbrella of symptoms termed "survivor syndrome" (discussed in detail in Chapter 2). According to Niederland (1981), HSs often expressed guilt associated with outliving others, especially close family members who did not survive. Despite being victims and having little control over their fate and that of others, HSs self-questioned their "right to survive" while their loved ones perished (Wiseman, 2006).

Early studies that explored ITT in CHSs (Barocas & Barocas, 1973; Davidson, 1980; Felsen, 1998) also described feelings of guilt, explained as the transmission of some of the characteristics of the "HS survivor syndrome" from the HS parent to their children (Barocas & Barocas, 1973). Others (Lichtman, 1984; Nadler et al., 1985) suggested that CHSs felt guilty when their HS parents placed unrealistic expectations on them to compensate for and replace their losses during the Holocaust. Notably, experiences of guilt were less prevalent in the literature on ITT that involved GHSs. Nonetheless, a handful of studies (Johns et al.,

2022; Scharf & Mayseless, 2011) reported guilt-inducing familial communication between the CHSs and their children (GHSs). For example, a recent study by Johns et al. (2022), who surveyed 82 CHSs and 17 GHSs, reported that guilt-inducing familial communication was associated with high levels of depression and anxiety among the CHSs and GHSs.

### **8.9 Diverse Impacts of Holocaust: Anxiety, Fear, and a Positive Perspective on Life**

One of the research questions guiding the thesis concerns possible impacts of grandparents' traumatic experiences on GHSs' lives. The literature review presented in Chapter 2 showed that most studies examining ITT in GHSs limited their research to explore the adverse impacts of the Holocaust on GHSs (Bachar et al., 1994; Iliceto et al., 2011; Perlstein & Motta, 2012). The research in the thesis aimed to expand this framework and explored whether there are indications of positive impacts in the lives of adult GHSs. Thus, this theme addresses both adverse and positive experiences as they were reported by GHSs while examining those in relation to previous literature on ITT in this population.

Some GHSs reported experiences of fear and anxiety that they associated with their grandparental Holocaust trauma. However, these experiences differed across the three studies. In Study 1, three qualitative studies described GHSs' experiences of fear, and these were mostly associated with an existential fear of annihilation (Cohn & Morrison, 2018; Lazar, Litvak-Hirsch & Chaitin, 2008; Litvak-Hirsch & Lazar, 2011). For example, Cohn and Morrison (2018) found that some GHSs justified their fear of annihilation while referring to the possibility of another Holocaust occurring at some point in their lives. Cohn and Morrison (2018) found that fear of annihilation was coupled with hypervigilant behaviours. To illustrate, one GHS said, "There is this sensitivity or heightened threat alert when anti-Semitism happens, which I think is directly related to the Holocaust" (Cohn & Morrison, 2018, p. 203). Likewise, in Litvak-Hirsch and Lazar's study (2011), one GHS said, "We face this fear of annihilation, so we need to be prepared to face any threat" (p. 392).

Cohn and Morrison (2018) found that for some GHSs, experiences of fear and anxiety

coincided with Holocaust-related nightmares. For example, one GHS described their nightmare, “I can’t tell you if it’s Auschwitz, I just don’t know...it feels like I’m there ... it’s quite like graphic and quite unpleasant” (p. 203). Another GHS described their nightmare, saying, “I’m a concentration camp prisoner, and they [the nightmares] were quite intense” (p. 203). However, Cohn and Morrison (2018) did not provide information on whether these nightmares were limited to the GHS’s early childhood or whether they continued into adulthood. Although in Study 2, some GHSs also reported on experiences of fear that coincided with nightmares, these were limited to the grandchild’s childhood and occurred after they first heard of their grandparents’ traumatic Holocaust-related experiences.

Another area where GHSs described experiencing anxiety was in the context of their mental and emotional wellbeing. It should be noted that GHSs in Studies 2 and 3 were not screened for mental health history, and any relevant information disclosed occurred voluntarily during the interview. Three GHSs in Study 2 reported lifelong experiences of anxiety. For example, one GHS (39-year-old male) described himself as “extremely anxious”, adding, “I have suffered bouts of depression.” Some linked anxiety and low mood to their familial Holocaust background, saying, “It’s probably made me more anxious ... I think as a result of growing up knowing about this story [the grandparents’ Holocaust experiences]” (Study 2, 36-year-old male).

Notwithstanding these experiences of anxiety and fear, some GHSs in Study 2 reported what could be understood as positive experiences. In Study 2, GHSs describe how listening and talking with their grandparents about their Holocaust-related traumatic experiences had positively impacted their life. For example, one GHS (Study 2, 39-year-old male) stated, “I do not look at it as a negative thing. I almost feel; we’ve come out the other end. And that is a positive impact on me.” The same GHS added, “I feel resilient, from my grandmother; I can see how she pushed through and how today she is very resilient. I feel

like that's definitely a part of me.”

Furthermore, for some GHSs, their grandparental Holocaust traumatic experiences became a point of reference in their life. To illustrate, one GHS (Study 2, 37-year-old female) said her grandmother's experiences were “putting things in perspective”. She explained, “You can be worried about something or frightened, but nothing can possibly match what my grandmother went through. It diminishes how I think about my problems or other people's problems. And I think that's not a very good thing.”

Another GHS (Study 2, 32-year-old female) related to her experiences during the COVID-19 lockdown and restrictions that were in place in her state in Australia, saying, “We can sit here and complain, and it's a terrible situation”, adding as she referred to her grandmother's Holocaust experiences, “but how dare we complain?” Lastly, one GHS (Study 2, 50-year-old female) explained how her grandparents' traumatic experiences acted as a reference point and helped her experience “an appreciation of things and a gratitude for things that I might not otherwise have” adding, “I think that's probably a part of it [growing up hearing of her HS grandparents' experiences]. I feel I have a lot to be positive about.”

Another positive impact of the grandparental Holocaust-related traumatic experiences on the lives of the GHSs was adopting values of social justice and advocating for human rights. GHSs across the three studies described how learning of their grandparents' experiences shaped their values “around human rights and genocide and persecution” (GHS, Study 2, 27-year-old female). For example, one GHS (Study 2, 32-year-old female) stated, “It changed my political views; I feel a responsibility to help other minority groups, advocate for other minority groups”. Likewise, in Study 3, one CHS and GHS (71-year-old female) said, “I'm sure, that to some extent [values] were shaped by that [family's Holocaust background]. Just understanding the vulnerability of people and understanding the dangers of bigotry.” Likewise, in their qualitatively designed study, Cohn and Morrison (2018) reported on GHSs

who referred to their familial Holocaust past in relation to current political events, such as the fate of refugees and asylum seekers.

The positive experiences described above may indicate that some GHSs, although having no direct experience of the Holocaust, reported on what is known in trauma literature as Secondary Post-Traumatic Growth (SPTG) (Able et al., 2014). SPTG fits within the construct of Post-Traumatic Growth (PTG) (Lev-Wiesel & Amir, 2003; Tedeschi & Calhoun, 2004). According to Tedeschi and Calhoun (2004), PTG can be understood as a positive psychological change an individual may experience during or after the trauma. These positive changes occur as the individual searches for meaning in their trauma to enable their comprehension of the experience. In addition, positive psychological changes may occur as the individual reconstructs their core beliefs and assumptions about their post-trauma world (Davis et al., 2006). Previous studies (Chan et al., 2016; Lev-Wiesel & Amir, 2003) have shown that PTG was associated with an appreciation for life, improved coping skills in dealing with stress, and spiritual growth.

However, most studies that examined the concept of PTG were limited to those who were directly impacted by trauma, such as survivors of motor vehicle accidents (Joseph et al., 1993) and sexual assault (Frazier et al., 2001), refugees (Chan et al., 2016) and HSs (Lev-Wiesel & Amir, 2003). Less is known about PTG in those exposed to secondary traumatisation (*see* Chapter 1, Section 1.5). Thus, secondary post-traumatic growth (SPTG) may be more suitable for exploring positive psychological changes in individuals who have been exposed to secondary traumatisation. Able et al. (2014) defined secondary post-traumatic growth (SPTG) as the “individual’s capacity to derive meaning from and experience growth through the trauma experienced by another individual” (p. 10). SPTG has been explored in studies including paramedics who worked with trauma survivors (Gurowiec et al., 2022), siblings of individuals diagnosed with mental disorders (Sanders & Szymanski,

2013), partners of Vietnam war veterans (McCormack et al., 2011), and HS (Shasha-Rubinstein et al., 2015).

Some studies have examined the intergenerational transmission of positive trauma outcomes as PTG to CHSs (Dekel et al., 2013) and GHSs (Preiss et al., 2022). Preiss et al. (2022) used the Post Traumatic Growth Inventory (Tedeschi & Calhoun, 1996) in their quantitatively designed study to compare PTG in HSs ( $n = 47$ ), CHSs ( $n = 86$ ) and GHSs ( $n = 83$ ). Preiss et al. (2022) found that only HSs reported a higher level of PTG when compared to a control group with no Holocaust background. However, the scale employed by Preiss et al. (2022) was designed to evaluate PTG in individuals who directly experienced a traumatic event. It thus may not be suitable to assess SPTG, as is the case of CHSs and GHSs who did not directly experience Holocaust trauma.

It should be noted that the three studies included in the thesis were exploratory and the primary focus was on gaining insight into how GHSs make meaning from their grandparents Holocaust-related trauma. In addition, the research in the thesis explored the possible presence of ITT of trauma in GHSs. Thus, the research did not explicitly aim to examine and identify SPTG. Nonetheless, through the application of Interpretative Phenomenological Analysis during data analysis and synthesis, it became apparent that these experiences could be interpreted as indications of SPTG experienced by some of the GHSs in Studies 2 and 3.

## **8.10 Strengths and Limitations**

The limitations and strengths of each study was outlined in the publications in the thesis so these will not be presented here. However, this section analyses the strengths and limitations of the thesis as a whole.

### **8.10.1 Strengths**

The research into ITT that includes GHSs has expanded since the 1980s. However, most studies were guided by strict theoretical approaches such as psychodynamic (Kogan,

2002), sociocultural (Scharf & Mayseless, 2011) and attachment (Sagi-Schwartz, 2003).

Although a theoretical framework provides a blueprint for the researcher as they carry out the research from start to finish (Grant & Osanloo, 2016), it is mainly aimed at testing theoretical assumptions by either supporting or refuting them (Eisenhart, 1991). Thus, strict adherence to specific theories may limit the researcher's vision and flexibility, which may be needed when exploring a multifaceted phenomenon such as ITT in descendants of collective trauma. Only some studies have applied a broad conceptual framework, such as the multi-system approach developed by Danieli (1998) that was later applied to the investigation of ITT in families of HSs (Danieli, Norris & Engdahl, 2016). The multi-system approach (*see* Chapter 3) examines the interactive relationship between several systems—from the biological and intrapsychic through the communal, national, and international—and how they may influence ITT in families of HSs.

Accordingly, the Holocaust is conceptualised as a type of collective trauma with potential mental and wellbeing impacts that have extended beyond the survivors to also impact their extended families and communities (Shamai, 2016). Thus, one of strengths of the thesis is associated with its conceptual framework (*see* Chapter 3) and the application of its components during data synthesis and analysis. For example, the ecological systems approach (Bronfenbrenner, 1979, 1986), specifically the concepts of micro and exosystem, their interaction and influence on an individual's life, were applied during the synthesis of the theme of “familial Holocaust-related communication” (Section 8.6 in this chapter). Study 2 showed how in some cases GHSs first heard of the Holocaust through their interactions with educational institutions (e.g., Jewish schools) and local community organisations (e.g., Holocaust museums). In some cases, the grandchild's engagement in a school project encouraged them to learn about their familial roots. It prompted the grandchild to initiate familial communication about the Holocaust topic that otherwise was avoided by the HSs

(Greenfeld et al., 2023).

Another strength of the thesis is anchored in the practice of reflexivity. Finlay (2002) defined reflexivity as the practice of a “thoughtful, conscious self-awareness” (p. 532). Thus, reflexivity in research involves a continuous evaluation of the researcher’s subjective responses and interaction with the participants and the data. An important aspect of reflexivity relates to the researcher’s positioning concerning their research topic. This is relevant in qualitative research, where the researcher’s positioning may influence the data collection, selection, and interpretation (Bradbury-Jones, 2007; Finlay, 2002). The opening chapter incorporates an author acknowledgement of potential bias that could have compromised the integrity of the research as a child of Holocaust survivors. Likewise, the author’s positioning was stated in the publications of Studies 2 and 3, where the author was involved in recruiting and interviewing participants, data analysis and interpretation. Several steps have been taken throughout the research to minimise potential bias, including frequent consultations with the supervisory team and seeking advice from a psychologist experienced in working with HSs and their families.

The personal experience of being a CHSs may have actually helped to create and maintain rapport during interactions with participants. This positioning can be understood as “partial insider” (Chavez, 2008). Although sharing a familial Holocaust background and knowledge of Judaism, the author was born and socialised in a different country than most participants’ country of birth, having migrated to Australia 15 years ago and was not active in any of the local Jewish communities. Nonetheless, having inside knowledge of CHSs may have been beneficial in dealing with descendants of collective trauma as they are asked to reflect on experiences that may be associated with feelings of sadness and emotional pain. Likewise, a shared ethnic background and familiarity with the Jewish tradition enhances cultural sensitivity in interactions with the participants. Thus, there may be some benefits



associated when researchers have an inside view of the topic. This can include access to the population of interest, rapport building and the ability to generate thick data that contributes to gaining an insight into experiences and the meanings assigned to them by participants (Chavez, 2008). Yet being only a partial insider allowed for some distance from participants' communities and backgrounds. Such distance may have created a level of comfortableness for the participants and allowed them to share their experiences as GHSs in Australia.

### **8.10.2 Limitations**

There were some limitations to the overall research project, which were associated with the research methodology. The samples in Studies 2 and 3 were heterogeneous because there was a representation of GHSs with various numbers of HS grandparents (from 1 to 4) and various trauma exposure of grandparents in ghettos, labour camps, concentration camps and hiding.

The inclusion and exclusion criteria (*see* Chapter 5) guided the selection of participants. Overall, the definition for HS (*see* Chapters 1 and 6) excluded those whose grandparents fled their homelands before the Nazi occupation. Although managing to escape the Holocaust, these individuals may have experienced the death of family members and friends that stayed behind. Nonetheless, their grandchildren did not qualify to participate in the study. A potential avenue for future research might be to include grandchildren whose grandparents escaped before the Nazi occupation to learn how their grandparents' experiences impacted them, if at all. Recruitment via communal Jewish organisations targeted those active in their local Jewish community. Future studies might consider alternative pathways to participant recruitment. This raises another shortcoming that those who chose to participate in the study were motivated to share their experiences. There may be more GHSs who, for various reasons unknown to the author, chose not to participate.

The method of data collection employed in Studies 2 and 3 has another potential

limitation. Participants were asked to retrospectively report on their experiences of growing up with grandparents who were HSs, a possible recall bias. Participants may not have recalled accurately or may have omitted and altered some of their experiences (Smith & Noble, 2014). To address this problem, researchers in future studies could consider expanding their interviews with GHSs to include other family members, such as older siblings or parents (children of the HSs). Including older family members may add to the retrospective memories as their reports will enable researchers to gain additional insights (Maughan & Rutter, 1997).

All participants were provided with a transcript of their interview to review and edit, a practice known in qualitative research as interview transcript review (ITR) (Hagens et al., 2009). ITR has the potential to enrich the data if participants choose to add new material, and it may improve data accuracy. However, ITR has the potential to alter the data. For example, when participants change or erase information considered relevant to the research question (Hagens et al., 2009). In Studies 2 and 3, nine participants reviewed their transcripts. Of these nine participants, only two returned their transcript with major edits and the other seven made changes that reflected style and readability. Of those two participants that made major changes, one chose to delete the personal information they did not want to be included in the study.

### **8.11 Implications**

With almost eight decades since the Holocaust, the world continues to experience human-made collective trauma primarily associated with war, genocide, and ethnic cleansing (Apfelbaum, 2002). According to the United Nations Refugee Agency (UNHCR, n.d.), by the end of 2022 there were 108.4 million forcibly displaced people worldwide, mostly due to political conflicts and human rights violations. For example, the persecution of the Rohingya, an ethnic group who since 2017 have been a Muslim minority in Myanmar, has led to more than a million refugees (UNHCR, 2018). In February 2022, the Russian war in Ukraine has

led to more than eight million Ukrainian refugees in Europe and more than five million internally displaced. Such large-scale traumatic events, while impacting those who survive, also carries the potential to ripple through the survivors' extended families, communities, and even entire nations (Shamai, 2016).

The thesis contributes to the existing knowledge on the intergenerational impacts of collective trauma, which is paramount in supporting those who survive and their families. Although the thesis and the studies included explicitly focused on the GHSs, the findings may bear implications beyond this group.

One clinical implication of the research in the thesis relates to the conceptualisation of collective trauma and its long-term impacts. As shown in the narrative review in Chapter 2, studies on HSs, CHSs and GHSs assumed that exposure to the Holocaust mainly had adverse impacts on the survivors and their descendants. In contrast to previous studies (*see* Chapter 2) that focused on the transmission of trauma between HSs and their offspring, the research in the thesis suggests that the Holocaust as a collective trauma also had positive impacts on the GHSs, as indicated in the transmission of adaptive coping skills and signs of SPTG. Furthermore, the research findings highlighted a heterogeneity concerning this group, linked to diverse family backgrounds, grandparental Holocaust experiences, and GHSs' emotional responses, and meanings they assigned to those experiences. Therefore, clinicians who work with descendants of collective trauma may benefit from approaching the client from a "not knowing" position and accepting the client as the expert concerning their experiences (Anderson & Goolishian, 1992). Employing such a position allows the clinician to work open-mindedly with the client and listen to them and the meanings they may assign to their experiences (Shamai, 2016).

The research presented in the thesis also highlights how past collective trauma may continue to impact the descendants of survivors for years and decades after its occurrence. As

shown in the thesis, some GHSs continued to experience sadness and emotional pain when relating to their grandparental traumatic experiences, and others revealed lifelong experiences of depression and anxiety. More importantly, several GHSs in Study 2 questioned the association between their mental health struggles and their familial Holocaust background. Some who attended psychotherapy revealed that their therapist did not ask about any past experiences concerning collective trauma; therefore, the familial Holocaust background was not explored in therapy. Thus, when applicable during intake sessions, clinicians may want to consider asking about the client's immediate and extended family history, including the possible history of mass or collective trauma.

One tool that may help generate rich family history information that can be used for therapy is a genogram (Puhlman et al., 2023). Genogram, a visual tool that is produced through collaboration between the clinician and the client, creates a "map" of the client's immediate and extended family and can be utilised to facilitate conversations about family history and dynamics (Goodman, 2013; Puhlman, 2023). Genograms may also be used to explore transmissions of trauma and resilience across generations in families of collective trauma survivors. One such tool is the colour-coded timeline trauma genogram (CCTTG) (Jordan, 2004). The CCTTG uses colour coding to identify different traumatic events that different family members may have experienced. The CCTTG is also helpful as it denotes whether family members experienced primary traumatisation (using the letter "P") or exposure through secondary traumatisation (using the letter "S"). Additionally, a vertical timeline is drawn on the left side of the genogram, capturing traumatic events of previous generations up to the present-day experiences of the client. A tool such as the CCTTG may support clinicians in gathering information about past collective trauma, its impact on different generations within the family and whether and how the trauma has been transmitted across the generations (Jordan, 2004).

The research findings in the thesis have shown that for the GHSs who participated in the research, their grandparental Holocaust experiences remained relevant and continued to impact their lives in various ways. Arguably more importantly, considering previous research on ITT in descendants of HSs, the findings of this thesis highlight that alongside the adverse impacts of the Holocaust on GHSs' mental and emotional wellbeing, indications of positive outcomes were also noted. These included feelings of pride and gratitude for their grandparents' survival, alongside positive changes in the GHSs' perspective on their life that may be understood as signs of SPTG. Future qualitative studies might focus on concepts of SPTG and how it is experienced and interpreted by GHSs.

Finally, although most GHSs described their commitment to sustain and transfer their family narrative to future generations, some were unsure when and how to communicate this past to their children (great-grandchildren of HSs). Future studies might explore communication patterns between GHSs and their children to identify if and how such communication occurred. It should be noted that most of the great-grandchildren were born after their HS grandparents' passing or were too young to have meaningful conversations with them.

### **Post face: the Author's Experiences During the Research**

This research aimed to explore and gain insight into the experiences of the grandchildren of Holocaust survivors. My initial interest in the topic arose from my experiences of having been parented by two Holocaust survivors (HS). I have shared a brief insight into these experiences in the preface of the thesis. Questions such as “In what ways has my parents’ Holocaust-related trauma impacted me?” have troubled me since early adolescence. I remember accumulating books about the topic while studying for a bachelor’s degree in psychology in Israel. And then, in my first year in Foundations of Psychology, a “surprise”, on Yom HaShoah (Israel’s Holocaust Remembrance Day), our professor told us of his experiences as a young boy, brought by his parents to a monastery, where he lived, hiding during the Holocaust. The students were shocked; no one ever thought he was a HS. Later I discovered this was “his tradition”, of sharing his experiences every year on Yom HaShoah. For me, the shock was because he was so different from my parents, appearing calm and composed. And so, my quest to understand if and how Holocaust-related trauma may pass through the generations deepened.

As I resumed my psychology studies in Australia and the opportunity came in the PhD program, I had almost no doubt that I wanted to utilise my knowledge and skills as a researcher to contribute to the field I came to know as the “legacies of trauma”. I believe this term is well suited as it points towards a widespread phenomenon that is not just about transmitting trauma but can expand to other areas such as resilience and Secondary Post-Traumatic Growth and encompasses collective trauma other than the Holocaust.

Reflecting on my experiences during the research, I can now identify new insights I have come to acknowledge. First, I believe that as I was collecting the data (interviewing the grandchildren of the Holocaust survivors), I became a witness to their stories. In listening to and documenting their experiences, I experienced a link in this invisible chain between the

“US”: those who share this legacy of being a descendant of HSs. Somehow, perhaps in an unconscious manner, the grandchildren’s experiences felt familiar. I did not expect to experience such a feeling. As I wrote in the preface to the thesis, I did not know much about the experiences of the grandchildren of Holocaust survivors. Not having children of my own, I had no experience of bringing up children in the shadow of the Holocaust.

Furthermore, growing up in Israel, the Holocaust and its memory was an ever-present experience. Since migrating to Australia, I have had minimal involvement with the local Jewish community. Thus, I did not know much about the HSs living in Australia or their descendants. Interestingly, through the experience of the research and specifically the recruitment process, I have learnt about the history and present-day lives of HSs and their families in Australia. It was also the first time I felt connected and belonging to the community. I was touched by how the community embraced the project and wanted to help “make it happen”.

Second, I believe that the research process also acted as a way to make meaning of my familial Holocaust background. This experience occurred as I listened to the experiences and recollections of the participants. I felt that my own lived experiences were validated. This was another new learning through the research, and it came directly from hearing these exact words from two participants. They described how by taking part in the research project and talking about their experiences, they felt that they had been validated.

For my work as a clinician, these experiences highlighted the value of listening, being nonjudgmental and providing validation to my clients. I also learned the importance of asking clients about their familial background and history. Through such questions (usually asked during the intake session), some of my clients revealed their experiences growing up with parents who fled war and migrated to Australia. Others describe other forms of generational trauma. Knowing this background helped me to better understand some of the client’s

presentations, especially concerning interpersonal communication and coping strategies with adverse experiences. While there could be other predisposing factors, the knowledge gained through the research on the potential impact of past collective trauma, helped me support these clients through their journey to improve their mental health.

My previous training, as a student researcher, had been mainly in quantitative methods. The world of qualitative research was known to me to a lesser degree, and until this project, I had not engaged in qualitative research. With the encouragement and guidance of one of my supervisors, I leapt into the unknown world of qualitative research. However, as I reviewed the existing literature on intergeneration transmission of trauma (ITT) in families of HSs and started to understand the complexity of collective trauma, I came to appreciate the potential benefits that qualitative methods could bring to the project. As a worldview, phenomenology aligns with my beliefs about how we perceive and understand our world and relate to our experiences. Likewise, Interpretative Phenomenological Approach (IPA) appealed to me. As a person and a researcher, I believe that to understand a phenomenon such as ITT, it is essential to explore and discuss the individual's experiences and interpretations of their experiences.

Lastly, I would like to share with the reader how at the start of the project, I had doubts about whether the topic of ITT in grandchildren of HSs would apply to the research community. After all, almost eight decades have passed since the Holocaust. However, as I scoped the literature, I was positively surprised to read recent research papers on the impacts of the Holocaust on aging HSs and their children and a few papers on GHSs. Furthermore, geopolitical crises that occurred during my candidature (the withdrawal of American armed forces from Afghanistan in 2020, the Russian invasion of Ukraine in 2022 and recently, the clashes between two armed forces in Sudan) led to a surge in refugees and internally displaced people and the concept of man-made collective trauma was unfolding as I was



writing the thesis. As the war started in Ukraine, I experienced anger, sadness, and feeling of déjà vu around experiencing what my parents experienced. After the anger and sadness came to a resolution, my emotional response was about how could I help. The answer came through writing the research. I hope that the research in the thesis will inspire other researchers to explore and understand the nature of collective trauma and, most importantly, to develop interventions to support survivors' descendants.

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## Appendix A: Ethics Approval Document



# MONASH University

### Monash University Human Research Ethics Committee Approval Certificate

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

Project ID: 23208

**Project Title:** Inter-generational transmission of Trauma, Post Traumatic Growth and Resilience

**Chief Investigator:** Professor Andrea Reupert

Approval Date: 08/04/2021

Expiry Date: 08/04/2026

Terms of approval - failure to comply with the terms below is in breach of your approval and the *Australian Code for the Responsible Conduct of Research*.

The Chief Investigator is responsible for ensuring that permission letters are obtained, if relevant, before any data collection can occur at the specified organisation.

Approval is only valid whilst you hold a position at Monash University.

It is responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.

You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.

The Explanatory Statement must be on Monash letterhead and the Monash University complaints clause must include your project number.

Amendments to approved projects including changes to personnel must not commence without written approval from MUHREC.

Annual Report - continued approval of this project is dependent on the submission of an Annual Report.

Final Report - should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected completion date.

Monitoring - project may be subject to an audit or any other form of monitoring by MUHREC at any time.

Retention and storage of data - The Chief Investigator is responsible for the storage and retention of the original data pertaining to the project for a minimum period of five years.



Kind Regards, Professor Nip Thomson Chair, MUHREC

CC: Mrs Daliya Greenfeld, Assoc Professor Nicky Jacobs, Dr Nicholas Harris

**List of approved documents:**

| <b>Document Type</b>     | <b>File Name</b>                                       | <b>Date</b> | <b>Version</b> |
|--------------------------|--|-------------|----------------|
| Consent Form             | consent form Study Two                                 | 26/01/2021  | II             |
| Supporting Documentation | interview protocol and questions                       | 19/02/2021  | I              |
| Supporting Documentation | Project poster for use in social media and newsletters | 26/02/2021  | II             |
| Supporting Documentation | Cover letter to recruitment partner organisation       | 26/02/2021  | II             |
| Explanatory Statement    | Project ID 23208 explanatory statement                 | 26/02/2021  | II             |
| Questionnaires / Surveys | Survey study one final version                         | 26/02/2021  | II             |
| Questionnaires / Surveys | Survey study one revised III                           | 27/03/2021  | III            |

## Appendix B: Semi Structured Interview Schedule



### STUDY TWO: SEMI-STRUCTURED INTERVIEW PROTOCOL

#### Preamble

Thanks for agreeing to participate in this interview today.

The aim of this interview is to gain an understanding of your experiences growing up in a family where the grandparents were Holocaust Survivor(s). The themes derived from this study serve to contribute to the existing literature on legacy of the Holocaust and its impact on the lives of subsequent generations.

All the data that I collect from you will be treated in a confidential manner, so I'll be removing all information that identifies you from a typed copy of your interview - and you can check that yourself because you'll be receiving a copy of this before I do any analysis on it. So, you can make any changes to it.

I also need to let you know that your participation in this research is entirely your choice and even though you are participating you can withdraw from the project without giving a reason – but only up to when you approve of the typed interview transcript. It is also entirely up to you whether you want to answer all of my questions. So, if there's a question that you'd rather not answer, you can just let me know and we'll move straight on to the next question. Any questions so far?

Even though I understand that you have provided consent to having this interview being taped, I would like to ask you again, whether you are okay with having the interview audio- taped? (If yes, switch on tape recorder)

Verbal consent  YES  no

As such, I'd like to start by asking you a few questions about you before moving onto the interview.

#### Demographic and Background Questionnaire

##### Gender

Woman  Man  Non-binary / gender diverse

My gender identity isn't listed. I identify as:

Prefer not to say

**What year were you born?** \_\_\_\_\_

**What country were you born in?** \_\_\_\_\_

**How many years have you been living in Australia?** \_\_\_\_\_

### **Education**

**What primary school did you attend?**

Private  Public

If private school, was it a Jewish school?

Yes  No

**What secondary school did you attend?**

Private  Public

If private school, was it a Jewish school?

Yes  No

**Were you involved with a youth and or a sports group? Mark all that is relevant.**

Youth group. How many years were you involved? \_\_\_\_\_

Sports group. How many years were you involved? \_\_\_\_\_

No

**What is your highest level of education?**

Primary school  Secondary school  TAFE/Diploma  Undergraduate (tertiary)

Postgraduate (tertiary)

Other (please specify)

---

**How would you describe religious attitudes at the home in which you grew up?**

Ultra strictly Orthodox  Modern Orthodox  Traditional  Conservative/Progressive

Secular/Not religious

**How would you describe your current religious attitudes?**

- Ultra strictly Orthodox  Modern Orthodox  Traditional  Conservative/Progressive  
 Secular/Not religious

**What country do/did your grandparent/s reside?**

|                           | Country | Do not know what country |
|---------------------------|---------|--------------------------|
| Maternal grandmother      |         |                          |
| Maternal grandfather      |         |                          |
| Paternal grandmother      |         |                          |
| Paternal grandfather      |         |                          |
| Step maternal grandfather |         |                          |
| Step maternal grandmother |         |                          |
| Step paternal grandmother |         |                          |
| Step paternal grandfather |         |                          |

**Please mark all of the following grandparents who are/were Holocaust survivors and their experiences during the war– mark all that is relevant.**

|                           | Living with partisans | Ghetto | Concentration camp | Labor camp | Living with Christian families/monastery | Not sure | Not a Holocaust Survivor |
|---------------------------|-----------------------|--------|--------------------|------------|--|----------|--------------------------|
| Maternal grandmother      |                       |        |                    |            |  |          |                          |
| Maternal grandfather      |                       |        |                    |            |  |          |                          |
| Paternal grandmother      |                       |        |                    |            |  |          |                          |
| Paternal grandfather      |                       |        |                    |            |  |          |                          |
| Step maternal grandfather |                       |        |                    |            |  |          |                          |
| Step maternal grandmother |                       |        |                    |            |  |          |                          |
| Step paternal grandfather |                       |        |                    |            |  |          |                          |

|                           |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|
| Step paternal grandmother |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|

**Have you participated in activities commemorating the Holocaust? Indicate all that is applicable.**

- March of the Living                       Visits to Yad Vashem Israel     
 Holocaust museums educational programs    Collecting survivors' testimonies (including your relatives)
- Other- please specific \_\_\_\_\_

***INTERVIEW QUESTIONS***

1. How did you find out about your grandparent(s) experiences during the Holocaust and how old were you when you found out?
2. How did you feel and what were you thinking **when you find out/were told?**
3. How do you feel and what you think **now** about your grandparents being Holocaust survivors?
4. How much do you know now of your grandparent's experiences during the Holocaust?
5. Did you ever wanted to ask your grandparents and or parents questions about their (your grandparents') Holocaust experiences but you could not? If so, can you give an example?
6. Does this personal connection, through your grandparents' experiences, to the Holocaust have any impact on **you**? If so, how?
7. Does this personal connection, through your grandparents' experiences, to the Holocaust, have any impact **on your family of origin?**
8. How would you describe your identity? (Australian, Jewish, Australian Jewish, third generation of HSs)?
9. And in what ways if at all, having HSs grandparents, played a role in defining your current identity?

**Further probing:**

1. Have you ever had problems in any area in your life which you would at least partially attribute to your family's Holocaust background. Please explain what those problems are/were and how they are linked to this background.

2. Do you think you have any particular psychological strengths which you would at least partially attribute to your family's Holocaust background. Please explain what those strengths are and how they are linked to this background.
3. Do you talk about you and your family' story? If so, what do you say? To whom? If not, why not?
4. Do you have additional content that was not covered by the questions that you would like to add about ?
5. Do you have any questions for me (as the researcher/data collector?)

### ***CONCLUSION***

Those are all the questions I have for you.

I will be sending you a transcript of this interview for you to check and delete any information you think might be potentially identifiable or to add anything you might like to add.

Thank you so much for your time. I appreciate it. I need to remind you that if you find this process distressing either now or later there are people to talk to. Just let me know and I can arrange this for you.

**Appendix C: Letter to Recruitment Partner Organisations**  
 **MONASH University**

Date

Subject: Request to advertise for recruitment of participants for PhD research project

Dear

My name is Daliya Greenfeld, and I am conducting a PhD research project with Professor Andrea Reupert and Associate Professor Nicky Jacobs from Monash University and Dr Nicholas Harris from the Australian College of Applied Psychology. This research has been approved by the Monash University Ethics Committee MUHREC number 2308.

This research project aims to expand the current knowledge on whether and, if so, how people adapt to significant events in their grandparents' life. In particular, previous research has shown intergenerational effects of past events' legacy on the resilience and growth of children of Holocaust survivors, natural disaster survivors, and families of war veterans. This research project aims to investigate two distinct samples of people: those who have at least one grandparent who survived the Holocaust and those whose grandparents were not survivors of the Holocaust and assess whether these past experiences impact the grandchildren.

As such, we are looking for Jewish Australians over 18 years old whose grandparents are/were Holocaust survivors and those whose grandparents are/were not Holocaust survivors to enable us to compare responses.

Participation in this project involves completing a survey that is estimated to take 15 to 20 minutes to complete. The survey can be completed from any internet-connected device.

Participants will also be offered the opportunity to take part in the second study in this project that explores the lived experiences of the grandchildren of the survivors via individual interview.

I am asking for your permission to advertise in the NAME OF ORGANISATION newsletter/webpage to recruit interested participants. If you would like further information regarding any aspects of the project, please contact me via

Email: [daliya.greenfeld@monash.edu](mailto:daliya.greenfeld@monash.edu) or mobile:

Kind regards,

Daliya Greenfeld

Provisional Psychologist/ Master of Educational and Developmental Psychology/PhD candidate

## Appendix D: Research Flyers

Faculty of Education, Monash University research project: **The Legacy of the Holocaust**

**How do people adapt to significant events in their grandparents' life?**



Previous research has shown intergenerational effects of the legacy of past events on the resilience and growth of children of Holocaust survivors, natural disaster survivors, and families of war veterans.

You are invited to take part in the study if you are over 18 years, Jewish, currently live in Australia, whether your grandparents were/are Holocaust survivors or not.

The project consists of two studies:

An anonymous survey that is estimated to take 15 to 20 minutes. The survey can be completed from any internet-connected device.

Individual interviews with grandchildren of survivors.

The survey can be completed from any computer or mobile device by clicking on the link Below

[https://monash.az1.qualtrics.com/jfe/form/SV\\_5mscAotVEaqeFwx](https://monash.az1.qualtrics.com/jfe/form/SV_5mscAotVEaqeFwx)

If you have any questions about the study, please contact: DALIYA GREENFELD

[daliya.greenfeld@monash.edu](mailto:daliya.greenfeld@monash.edu) or

**Mobile: (9:00-18:00 weekdays)**

**We would also like to offer you the possibility to take part in the second study in this project which involves exploring:**

**YOUR PAST AND PRESENT LIVED EXPERIENCES AS A GRANDCHILD OF HOLOCAUST SURVIVORS**



The purpose of this research is to expand the current knowledge on the intergenerational effects of the Holocaust on survivors' grandchildren.

Eligible participants would be invited to take part in **an individual interview** that should take between 60 to 90 minutes. Flexibility is offered regarding the time and mode of the interview (face to face, online, over the telephone).

**To be eligible you should be:**

18 years and older

Have one or more grandparent who survived the Holocaust.

Jewish and Living in Australia

Researcher's contact details are:

[daliya.greenfeld@monash.edu](mailto:daliya.greenfeld@monash.edu)

or **Mobile:**

**Are you interested in taking part in the second study?**

**YES. My email address is \_\_\_\_\_**

**(YOUR EMAIL WILL ONLY BE SEEN AND ACCESSED BY THE STUDENT RESEARCHER  
(DALIYA GREENFELD))**

**No, thank you.**



## Appendix E: Explanatory Statement

# MONASH University

### ***EXPLANATORY STATEMENT***

Project ID: 23208

**Study title:** Evaluating Intergenerational Effects of the Legacy of the Holocaust Thank you for your interest in this research project. The text below will provide you with further information about the project so that you can decide if you would like to take part. Please take the time to read this information carefully. This information is for you to keep. Please click “download the explanatory statement file” to save a copy on your device.

If you would like further information regarding any aspect of this project, you are encouraged to contact the researchers via the telephone numbers or email addresses listed below.

**Chief Investigator**

Professor Andera Reupert  
 Department of Education  
 Phone: 03 9902 4587  
 email: [andrea.reupert@monash.edu](mailto:andrea.reupert@monash.edu)

**Student's name** :

Daliya Greenfeld  
 Phone: -----(9:00-18:00  
 weekdays)  
 email: [daliya.greenfeld@monash.edu](mailto:daliya.greenfeld@monash.edu)

My name is Daliya Greenfeld, and I am conducting a research project with my supervisors, Professor Andrea Reupert and Associate Professor Nicky Jacobs from Monash University and Dr Nicholas Harris from the Australian College of Applied Psychology.

What does the research involve?

This research aims to expand the current knowledge on whether and, if so, how people adapt to significant events in their grandparents' life. In particular, previous research has shown intergenerational effects of the legacy of past events on the resilience and growth of children of Holocaust survivors, natural disaster survivors, and families of war veterans. This research project aims to investigate two distinct samples of people: those who have at least one grandparent who survived the Holocaust and those whose grandparents were not survivors of the Holocaust. This research aims to assess whether these past experiences impact you as grandchildren. Your participation involves the completion of a demographic questionnaire and a survey<sup>1</sup>. The completion of both is estimated take between 15 to 20 minutes. The survey can be completed from any internet-

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<sup>1</sup>The comparison group was too small to conduct meaningful comparisons on the chosen variables. As a result, the fourth study was removed from the thesis, and the data collected was not used. All measures to secure the data were followed as outlined in the explanatory statement.

connected device such as a computer, laptop, smartphone, or tablet.

Upon completing the survey, you will be offered the opportunity to express your interest in participating in the second study in this project. If you are interested, you will be directed to a second brief survey that will ask you to provide your email address. The second study explores the lived experiences of grandchildren of Holocaust survivors. Upon expression of your interest, you will be contacted (via email) by the student researcher and invited to take part in an individual interview. The interview is estimated to take between 60 to 90 minutes. It will be conducted at a mutually agreed time, via phone, video-conferencing software (e.g., Zoom) or face to face as per your preference. The interview will be audio-recorded and then converted into a written copy or “transcript”. Any information that might identify you will be removed from the transcript before analysis. You will have the opportunity to review the transcript and change it if you wish. After this time, it will not be possible to remove information from the second study because all identifying information will be removed from the transcript.

Why were you chosen for this research?

You have been invited to participate in this study because (a) you responded to our advertisement, and you are willing to take part in our study and (b) you are over 18 years old and identify as Jewish Australian.

Consenting to participate in the project and withdrawing from the research

Participation in the study is voluntary and you are under no obligation to consent to take part.

However, if you do consent to participate you may withdraw at any stage by choosing to not “submit” your responses. However, once you submitted your responses, as the data is de identified, you will not be able to withdraw.

Possible benefits and risks to participants

Although there is no direct benefit to you, your participation could help us better understand the impact of the Holocaust on yourself and your family and the Australian-Jewish community. Your participation may also enhance your understanding of your grandparents’ past experiences. Your contributions will benefit the literature in taking it one step further towards understanding the perceptions and meaning of these past events to the survivors’ grandchildren.

Apart from the time commitment for the completion of the survey there are no known risks for participating in this study. However, as some questions ask you to reflect on your personal experiences you may experience some level of distress. In any case where you may experience either physical and/or psychological stress during or after participating you can contact the researchers directly and you will be provided with details of counselling services that have been made available for the participants in the study.

Alternatively, you can contact the **following support services:**

**Beyond Blue:** 24 hours, seven-day support service. **Contact number 1300 22 4636 website :**

<https://www.beyondblue.org.au>

**Lifeline:** 24-hour, seven-day support service. **Contact number : 131114 website**

<https://www.lifeline.org.au/>

#### Confidentiality

The information collected from you during the study will be kept strictly confidential. Only the student researcher and supervision team will have access to the information. The data collected will be coded and you will not be identifiable. Any documents published about the study and thesis chapters will use pseudonyms or codes.

#### Storage of data

Any information collected from you while participating in the study, will be stored in accordance with Monash University regulations and kept on University premises. All records will be kept in a locked filing cabinet or in a password protected computer files for the period of 5 years from completion of study. Only the student researcher and three supervisors will have access to the filing cabinet and data within. After 5 years data will be securely disposed.

#### Results

If you would like to be informed of the research findings, please contact the student researcher on 0424 099 978 or email [daliya.greenfeld@monash.edu](mailto:daliya.greenfeld@monash.edu)

#### Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC):

Executive Officer

Monash University Human Research Ethics Committee (MUHREC) Room 111, Chancellery Building D,

26 Sports Walk, Clayton Campus Research Office, Monash University VIC 3800 Tel : +61 3 9905 205  
Email : [muhrec@monash.edu](mailto:muhrec@monash.edu) Fax : +61 3 9905 831

Thank you,

**Professor Andera Reupert**

## Appendix F: Consent Form for the Interviews



# MONASH University

### **CONSENT FORM**

Project ID: 23208

Project title: Lived experiences, Perceptions and Meanings of the Holocaust to the Grandchildren of Survivors

Chief Investigator: Professor Andera Reupert

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

| <b>I consent to the following:</b>   | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| <b>Participation in this study is voluntary and I can withdraw up to the point that I read and approved and returned the interview transcript.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>For the interview to be audio recorded.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Data collected will be de identified to protect my privacy and will be accessible only to the student researcher and the project supervisors.</b> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Participant

Participant Signature

Date