Citation: Shemen, M. (2018). The Aftermath of Hitler’s Fury: a qualitative exploration of the lived experience of motherhood for female holocaust survivors. (Unpublished Doctoral thesis, City, University of London)

The Aftermath of Hitler's Fury:
A Qualitative Exploration of the Lived Experience of Motherhood for Female Holocaust Survivors

By

Miranda Shemen

Submitted in fulfilment of the requirements for the degree of:
Professional Doctorate of Counselling Psychology (DPsych)
City University London
Department of Psychology

August 2018

Table of Content

List of Tables and Figures

Section B: Doctoral Research

Section C: Paper for Publication

Acknowledgements

I feel tremendous gratitude to each of my participants for generously sharing their experience of motherhood with me. I thank you for honouring me with the opportunity to give voice to your powerfully inspiring stories and can only hope that my findings did each of your journey's justice.

Thanks are especially due to my research supervisor, Dr. Julianna Challenor, who patiently guided me throughout this endeavour. You have been a tremendous mentor for me and have been a pillar of support throughout this process. I am deeply grateful for your encouragement, enthusiasm and commitment to this research and I thank you, from the bottom of my heart, for your passionate and generous mentorship.

A special thanks is due to my friend, colleague and course mate, Sheena Kumar. You have provided me with unconditional support, acceptance and encouragement throughout this Professional Doctorate and you will undoubtedly be the friend with whom I shall run to the finish line.

To my beloved husband, Jesse, I thank you for being my rock and my source of strength in each and every area of my life. I could not have got to where I am without you and feel lucky to have been blessed with your support along the way.

Thanks are additionally due to my wonderful parents in-law, Sherri and Larry. I thank you for your love, care and unwavering support throughout my seven years of study. Even from afar, you have reinforced your belief in me and have been by my side every step of the way. I love you both tremendously.

Finally, to my parents, Danielle and Brian, I am eternally indebted to you both. There are no words to express my gratitude to you for giving me the opportunity of a lifetime. You have supported me in every endeavour I have set out to achieve and have continuously offered me strength, insight and love along the way. I thank you for believing in me to no end and for always encouraging me to reach for the stars. I love you both deeply and hope I have made you proud.

City University Declaration

I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

Section A: Preface

In this section I will offer a brief introduction to each section of my portfolio, the central theme of which is the transgenerational impact of trauma. Trauma, in all its forms, is not fixed; it evolves and expands over time, until the impact of trauma is determined as much by what comes after as by the traumatic event itself. This understanding gives reason for why trauma not only impacts the individual who experiences it, but also their family, spouse and children. Research shows that traumatic experiences negatively impact familial internal and external relationships. Indeed, the relational and familial consequences of trauma have the potential to be its most long-lasting impact (Coutler, 2013). This portfolio acknowledges the systemic effect of trauma and highlights how professionals working within the field might address it. It also acknowledges various common themes, which might surface, when working with different types of trauma. Feelings of loss, avoidance, pride and shame are some but few of these themes and are undoubtedly issues which link this portfolio and those discussed within it, together.

Section B of my portfolio presents an original piece of qualitative research that aimed to explore the lived experience of motherhood for female Holocaust survivors. A review of the literature confirms that the traumatic experience of Holocaust survivors is not an under-researched topic. However, while this literature offers insight into a general ‘survivor syndrome’, it fails to adequately consider the implications of Holocaust trauma from a gendered perspective or from the perspective of survivors themselves. This research aimed to fill this gap in the literature by asking the following question: How do female survivors of the Holocaust make sense of their experience of motherhood? This question, posed to survivors themselves, rather than to their children underpinned my research, which aimed to refine current understanding of the ways female victims of the Holocaust were impacted by their experiences.

Eight female Holocaust survivors were interviewed for this research, using a semi-structured interview schedule. Each participant was aged between eighty-six and ninety-five and had between two and five children. The data was analysed using an Interpretive Phenomenological Analysis (IPA) framework (Smith, Flowers, & Larkin, 2009). This aimed to gain a deeper insight into how the women made sense of their experience of motherhood following their Holocaust trauma.

The analysis elicited three superordinate themes and eight subthemes. The first superordinate theme, ‘Negotiating The Role of Motherhood’, is linked to three subordinate themes: 1) The Roles and Responsibilities of a Mother; 2) Origins of Mothering Values; 3) The Experience of Change Throughout Motherhood. Here, participants try to make sense of their mothering experience by negotiating the origins and evolution of the values shaping their roles and responsibilities. The second superordinate theme, “Navigating The Experience of Distance and Closeness”, discusses how participants understand their experience of motherhood in relation to significant relationships. It constitutes two subthemes: 1) Connection and Disconnection; 2) Gratitude and Appreciation. The third superordinate theme, ‘Negotiating Internal Conflicts’, highlights how participants make sense of inner conflicts. It comprises three subordinate themes: 1) Hope and Hopelessness; 2) Fear and Stability; 3) Pride and Shame. Overall, there were many shared experiences between the eight mothers I interviewed, many of which relate back to theories and research within the existing Holocaust literature. That said, since this is an under-researched area of interest, many aspects of my findings offer novel and unique insights into Holocaust survivors’ experience of motherhood.

The challenges and limitations of this study have been considered throughout; I have taken care to reflect on these and how they have been addressed. I have identified various ideas for future research that might add to the existing literature and have offered valuable insights into a field that is still under-researched. Ultimately, I hope the findings of this study will inform the practice of clinicians working with trauma survivors and their families, highlighting the importance of supporting genocide survivors and their families in the aftermath of their trauma, the value of systemic therapy when working with this client group, and the importance of remaining sensitive to any on-going stigma around survivors and their children. In this way, the findings of this study can contribute to the field of Counselling Psychology in a profound and insightful way.

Section D of my portfolio includes a combined process-report and client study, which outlines my work with a partially deaf client, whom I treated in my third year of training. He was suffering from Alcohol Use Disorder and had experienced severe physical and emotional abuse throughout his childhood. I used a systemic therapy model as a theoretical framework for intervention with this client; this was a helpful way to address his goal of considering his difficulties within the context of his family relationships and social interactions.

I chose to present this client study in my portfolio as the work had a powerful effect on my professional development. It not only taught me the importance of tailoring my therapeutic style to my client's needs, it also taught me the importance of viewing my client's difficulties within the context of feedback loops and emphasised that an individual's presenting problems are often influenced by family relationships and interactions. My client's traumatic history and his following difficulties, reminded me of the impact of trauma and how it can manifest in many ways across various relationships. While I have not experienced any seriously traumatic events in my life thus far, this was an important learning experience for me given my hope of working as a Counselling Psychologist with individuals and their families, who have experienced trauma. I have acquired instrumental learning from my work with this client and hope this report will assist other practitioners who are working with similar individuals.

Undertaking this Professional Doctorate in Counselling Psychology and the creation of this research portfolio has been a wonderful but lengthy journey. Whilst it has been marked by many positive moments, it has certainly presented its challenges. I feel that I have gained a tremendous amount, both professionally and personally from this professional doctorate and I am eternally grateful for the opportunities that it has created for me.

As I have outlined in my Methodology and Discussion Chapters, my initial interest in the broader topic of Holocaust-related intergenerational trauma stems from personal involvement. My maternal grandmother and great-grandfather were both impacted by Holocaust trauma and while neither qualifies as a Holocaust survivor (according to the definition taken in this thesis), their Dutch heritage meant that many of their relatives were killed during the war. Witnessing from a young age my grandmother's interpersonal challenges and blatant prejudice against Germany and non-Jews resulted in my questioning the nature and features of intergenerational trauma and its potential impact on the emotional, social and psychological development of an individual. I recall finding it difficult to understand why my grandmother blamed her behaviour and dysfunctional interpersonal relationships on her family's Holocaust trauma. Cognitively, I understood the concept of 'survivor syndrome' and 'second-generation survivor syndrome', but couldn't grasp it on an emotional level. I therefore wanted to understand from the perspective of survivors themselves what their parenting experiences were like, hoping to learn how, if at all, the experience of the Holocaust might impact on one's parenting journey.

This portfolio's overarching theme of intergenerational trauma is one I feel honoured to have explored. I hope my work will contribute to the field of Counselling Psychology by shedding light on the importance of supporting genocide survivors and their families in the aftermath of their trauma, by drawing attention to the concept of stigma towards victims of trauma and by highlighting important intervention guidelines for counselling psychologist working with this client group. I feel that all aspects of this portfolio highlight the transgenerational impact of trauma, emphasising that in all its forms, trauma is not fixed; it develops over time and impacts the individual and their family. I hope that each section offers important insight into the systemic and intergenerational impact of trauma and adds considerably to professionals, in particular, Counselling Psychologists, working in this field.

References

Coutler, S. (2013). Systemic psychotherapy as an intervention for post-traumatic stress responses: an introduction, theoretical rationale and overview of developments in an emerging field of interest. *Journal of Family Therapy*. *35 (*pp. 381-406).

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method, and research. London: Sage.

Section B: Doctoral Research

The Aftermath of Hitler's Fury: A Qualitative Exploration of the Lived Experience of Motherhood for Female Holocaust Survivors

Supervised by Dr. Julianna Challenor

Abstract

The traumatic experience of Holocaust survivors is not an under-researched topic. However, whilst the literature offers insight into a general 'survivor syndrome', it fails to adequately consider the implications of Holocaust trauma from a gendered perspective. Whilst researchers have considered the experience of the Holocaust for female survivors, they only touch on its impact on their interpersonal relationships with their children, without offering insight into the nature and extent of this impact. Furthermore, the literature approaches the subject from the perspective of survivors' children, rather than survivors themselves. This piece of qualitative research aims to fill this gap in the literature by asking the following question: How do female survivors of the Holocaust make sense of their experience of motherhood? Eight female Holocaust survivors were interviewed for this study, each in the course of a semi-structured interview, lasting between ninety and one hundred and eighty minutes. Interviews were transcribed verbatim and were analysed using Interpretive Phenomenological Analysis (IPA). Three Superordinate themes emerged from the study, highlighting how participants made sense of their experience of motherhood following their Holocaust trauma. The first superordinate theme, 'Making sense of the self in relation to the other', is linked to three subordinate themes: 1) The Roles and Responsibilities of a Mother; 2) Origins of Mothering Values; 3) The Experience of Change Throughout Motherhood. The second superordinate theme, 'Navigating the Experience of Distance and Closeness' constitutes two subthemes: 1) Connection and Disconnection; 2) Gratitude and Taking for Granted. The third superordinate theme, 'Negotiating Internal Conflicts', comprises three subordinate themes: 1) Hope and Hopelessness; 2) Fear and Stability; 3) Pride and Shame. These themes are discussed within the study and links are made to the relevant existing literature. The challenges of conducting this research are discussed, along with the strengths and limitations of this study and the implications it has for the field and practice of Counselling Psychology. Finally, ideas for further research are presented.

Key Words: Holocaust, motherhood, intergenerational trauma, IPA

Chapter One: Introduction

‘Much that happened to men and women during the Holocaust was devastatingly alike. But much that happened was devastatingly different . . . testimony and scholarship that reflect those differences deserve attention and respect.’ (Rittner & Roth, 1993, p.3).

1.1 Chapter Overview

This chapter will begin with a critical review of the literature on the experience and impact of the Holocaust for Jewish survivors. Although thousands of studies since the 1960s have investigated the psychological and psychopathological effects of Holocaust trauma on survivors and their children, there is a significant gap in Holocaust research: few studies have considered how the Holocaust has affected female survivors’ experience of motherhood after the war. While many female survivors have been found to struggle with interpersonal relationships, particularly with their children, these findings are largely based on studies conducted by observing or interviewing children of survivors rather than survivors themselves. There remains a need to consider the perspective of female survivors: how do they make sense of their experience of motherhood following their survival of the Holocaust? To justify the rationale behind this research, it will be necessary to consider a broader debate. This debate will lay the foundations of the gender-specific nature of this research and will highlight the importance of considering separately male and female experiences and the effects of those experiences.

The Holocaust occurred over half a century ago and many challenge its relevance as a subject of study today. Quite apart from the lessons that can be learnt and applied to survivors of more recent genocides is the fact that Holocaust survivors and their descendants continue to be impacted by their experiences. This topic is therefore relevant to Counselling Psychology for several reasons. First, it highlights generic struggles associated with historical trauma, in particular, that between meaning and numbing. It demonstrates that historical trauma is not a fixed quantity; it evolves and expands over time, until the impact of trauma is determined as much by what comes after as by the traumatic event itself. This understanding is essential if psychological professionals, as well as family and friends of survivors, are to gain a deeper understanding of the psychosocial attitudes and behaviours of survivors. Second, it highlights the importance of considering the impact of the

Holocaust from a gendered perspective. Given that the Holocaust is often thought of as an event whose impact is uniform across all its victims, this is a relatively under-researched area of interest that would benefit from further study. Finally, this study highlights how the legacy of traumatic experience can inform us about the relationship between our inner lives and the events and experiences that have defined them. The benefit of this realisation is that it will enhance our empathetic understanding not only of female Holocaust survivors but also of women who have undergone similar trauma.

1.2 The Holocaust: A Unique Trauma

The twenty-first century world continues to be plagued by traumatic events, both natural and man-made. In the year following the 9/11 attacks, out of 57 million global dead, 172,000 people died in war and 569,000 of violent crime. In contrast, a shocking 873,000 committed suicide (Harari, 2014). "Trauma", a word rooted in the Greek for "wound" (Webb, 2004), occurs when an individual lacks a safe and trusting environment in which to retreat and process his or her emotions or experiences. By definition, a traumatic event is one that is experienced as exceptionally threatening (American Psychiatric Association, 2000), and therefore conducive to feelings of helplessness (Van der Kolk, 1987). A mass trauma is one "that occurs as a result of a frightening, potentially life-threatening event that is experienced by a large number of people simultaneously" (Webb, 2004, p. 4).

Few would disagree that the Holocaust, whose etymology derives from a Greek word meaning 'to sacrifice by fire', constituted a traumatic experience for its victims and survivors. Jews were only one targeted group; victims of Nazi atrocities between 1933 and 1945 also included gypsies, homosexuals, communists, trade unionists, people with mental and/or physical disabilities, and petty criminals. Although precise numbers remain unknown, in the 30 principal Nazi concentration camps, an estimated 7,125,000 out of 7,820,000 inmates, most of them Jewish, died between 1939 and 1945 (Kogon, 1971).

The term 'Holocaust' has been used since the late 1940s to characterise the Final Solution, a systematic, bureaucratic, state-sponsored operation by the Third Reich and its collaborators to exterminate European Jewry (De Vries et al., 2005). The 'Final Solution' called for the complete eradication of European Jews on purely racial grounds based in part on theories of Social Darwinism and in part on a misreading of Nietzsche's concept of the 'Übermensch'. The Endlösung' (Final Sollution), formalized at the 1942 Wannsee Conference, ranks among the most barbaric genocides in human history. Jews were torn from their homes and transported to concentration camps, labour camps and death camps, where they were robbed, starved, beaten or tortured, and witnessed their loved ones brutalised and murdered. Many more died outside the camps. Some lived in hiding under false identities, in constant danger of discovery; some spent months in primitive and inhuman conditions, or fighting alongside the partisans (Ben-Zur & Zimmerman, 2005; Yehuda et al., 1997). Others fled Europe with the aid of forged documents. European Jewry was decimated and even the survivors were physically and psychologically shattered (Eitinger & Major, 1993; Mazor et al., 1990). Thus, notwithstanding Primo Levi's poignant suggestion that the true witnesses of the Holocaust were those who perished, the experiences of survivors are among the most traumatic memories in recorded history.

Green, Wilson and Lindy's (1985) Working Model for the Processing of a Traumatic Event and Wilson's (1989) Person-Environment Interaction of Traumatic Stress Reactions offer tools through which the severity of a trauma and its potential impact on an individual can be evaluated.

According to their work, certain characteristics of the Holocaust made it a particularly harrowing event. First, it is characterised as a 'strain trauma' (Solnit and Kris, 1967), a form of trauma, which places an individual under strain for an extended period of time. This type of trauma is markedly different from a 'shock trauma', characterised by an unexpected, momentary threat to life, such as a natural disaster or terrorist attack, which though horrific, ends quite quickly. Bistritz (1988) maintains that even the most distressing experiences of shock trauma can be handled if they are predictable and time limited; in contrast, the unexpectedness and indefiniteness of the Holocaust made it particularly damaging to the psyche of survivors.

Second, the incomprehensibility of a traumatic event like the Holocaust aggravates the severity of its impact (Makhasvili et al., 2005). Jewish Holocaust survivors had been subject to persecution solely because of their nationality or ethnicity - because of the belief that their 'oriental' race rendered them dangerously alien in 'Aryan' Europe; Hitler's discourse of 'contamination' encapsulates this idea. What made the Holocaust even more traumatic was the fact that it was not the programme of a criminal or terrorist organization, but a state-planned agenda for the extermination of an entire ethnic group. Instead of being able to turn to the state for protection, the Jews found themselves victims of that very state – the German state which was widely viewed by Jews and non-Jews alike as the pinnacle of western civilization: the land of Kant, Goethe and Beethoven.

A third factor, which made the Holocaust particularly traumatic and perhaps even more incomprehensible in retrospect, was the passivity of many victims and survivors (Sigal and Adler, 1976). With notable exceptions, such as the participants in the Warsaw Ghetto Uprising (1943), victims offered almost no resistance to their oppressors. Playing an active role in a traumatic event has, however, been found to minimise its impact. Parslow (2005), for example, found fewer post-traumatic stress symptoms in survivors of the Canberra bushfires who were warned about the need to evacuate and acted to protect their homes than those survivors who were forced to leave, with minimal notice, without having the opportunity to protect their homes. Holocaust victims were almost entirely helpless against the military might of the German state, making their ordeal particularly traumatic.

A fourth factor was the lack of societal support for survivors after the war ended. Indeed, the treatment of survivors by their immediate families and friends, and by society as a whole, has been identified as a key factor in their ability to adjust to their trauma (Bower, 1994; de Silva, 1999; Gill, 1994; Green, 1993; Kestenberg & Kestenberg, 1990a, 1990b; McCann & Pearlman, 1990). Symonds (1980, p. 37) argues that a "second injury", almost as damaging as the trauma itself, occurs when a trauma survivor meets with unsupportive or blaming reactions. Many Holocaust survivors experienced this "second injury" in the immediate post-war years; reaction to their stories was largely dismissive, as people engaged in a form of collective denial; it is no accident that the great wartime literature texts, Primo Levi's *If This is a Man* and Georgio Bassani's *The Garden of the Finzi-Continis* were not published in English until 1959 and 1965 respectively. Furthermore, while survivors were provided with a degree of material assistance upon their liberation, an organised attempt to provide psychological support was lacking (Friedman, 1948), although Anglo-Jewish organizations made great efforts to bring cultural and religious support to displaced persons (DPs) and other survivors. Survivors had little or nothing to return home to and the destruction of their communities must have left many pained and isolated (Rappaport, 1968), quite apart from the horror of the post-war murder of Polish Jews who had returned to their home towns in what was now a Communist nation. Continuing anti-Semitism in Europe and, to a lesser extent, in Britain, added to the survivors' trauma, since social support and networks are key factors in determining long-term recovery for survivors (de Silva, 1999; Green, 1993). Therefore, although all genocides are by definition crimes against humanity, the traumatic nature of the Holocaust seems unique, given its source in the heart of 'civilized' Germany, institutionalized structure, industrialized character, the passivity of its victims, and their inability to rationalise its causes.

1.3 Trauma Theory

The psychiatric and social implications of traumatic events differ markedly (Steel et al., 1991) as individuals create their own unique way of adjusting and coping to events according to their temperament and cultural support factors (Webb, 2004). Nonetheless, research on the Holocaust and other genocides, such as the Armenian genocide (Kalayjian & Shahinian, 1998), Cambodian genocide (Field & Chhim, 2008), Guatamalan genocide (Gasparre et al., 2010) and Rwanda genocide (Kanyangara et al., 2007) point to shared negative outcomes amongst victim groups in the aftermath of such traumas. Studies show that symptoms of posttraumatic stress disorder (PTSD), the natural psycho-biological reaction to traumatic events that persist beyond peri-traumatic circumstances, common amongst genocide survivors, include revenge (e.g. Field & Chhim, 2008) and (less frequently) positive phenomena such as resilience, meaning-making, coping, and posttraumatic growth, such as altruism (Gasparre, Bosco, & Bellelli, 2010; Suedfeld, 2000; Vollhardt, 2009). The following Counselling Psychology models of trauma can be used to help conceptualise these outcomes. I have chosen to include each of these models of trauma not only because each of their respective modalities are fundamental pillars of both the training and practice of Counselling Psychology (Handbook of Counselling Psychology, 2010). In highlighting these four distinct yet equally valued models of trauma, I stress the necessary importance of thinking and working pluralistically with this client group. I felt this was especially important as Pluralism (and its principles of empathy and respect for first person accounts, research-based practice, empowerment rather than control of the client and anti-discriminatory practice) falls in line with the core principles of Counselling Psychology (McLeod & Copper, 2011) and has been shown to be a helpful way of conceptualising, formulating and treating traumatised clients (Danieli, 1988; Hafner, 1968; Shanan, 1989; Valent, 1995).

1.31 The Psychodynamic Approach to Psychological Trauma

Psychodynamic models of trauma build on traditional psychoanalytic theories (Breuer & Freud, 1895; Janet, 1889; Freud, 1920; van de Hart et al. 1989), which emphasise unconscious conflict and meaning. Various multi-stranded psychodynamic approaches to trauma have since evolved, which explore elements of intrapersonal, developmental, and relational processes. A common thread running through these models is the idea that conflicts are more toxic and less available for integration when they remain unconscious. Psychodynamic models of trauma typically focus on techniques that increase patients' awareness of the content and process of unconscious thoughts and feelings associated with a traumatic event (Horowitz, 1973). They emphasise resolving the unconscious conflicts provoked by the trauma and seek to re-engage normal mechanisms of adaptation by addressing what is unconscious, and in tolerable doses, making it conscious (Kudler et al., 2000). They therefore aim to address the maladaptive defence mechanisms thought to fuel the symptoms of PTSD by helping patients come to terms with the idiosyncratic meaning of the traumatic event (Weiss, 2006), within the context of their personality, attitudes and early experiences (Levy & Lemma, 2004). Psychodynamic models of trauma also aim to help patients master their internal experiences through more effective coping (Krupnick, 2002; Kudler, Krupnick, Blank, Herman, & Horowitz, 2009). The models delve into the construed meanings of the traumatic event, which are explored by a range of methods including sifting and sorting through an individual's triangle of conflict (Frederickson, 1999), namely, the wishes, fears, and defences that have been stirred up by the traumatic event (Kudler et al., 2000). The models are also concerned with an individual's response to the traumatic event and the behaviours they consequently developed. They aim to help individuals develop insights into the factors that activate traumatic re-experiencing.

Psychodynamic models of trauma propose that individuals can better understand the impact of their trauma through psychological support, which offers them insight into the assimilation of their trauma into their present life (Schottenbauer, Glass, Arnkoff, & Gray, 2008). Therapies addressing trauma use various strategies to develop this awareness, such as exploratory insight-oriented, supportive, or directive activity. They may also include working with transference, but with the therapist using a technique less strict than that used in psychoanalysis. Retelling the traumatic event to a calm, empathetic, compassionate, and non-judgmental therapist gives individuals the space to develop greater self-esteem, more effective thinking strategies, and an increased ability to manage intense emotions successfully (Marmar, Weiss, & Pynoos, 1995).

1.32 The Cognitive-Behavioural Approach to Psychological Trauma

Cognitive-behavioural approaches to trauma combine the ideas of cognitive and behavioural psychotherapeutic approaches. Behavioural approaches to trauma, based on learning theory, encourage individuals to distance difficult thoughts and situations from habitual reactions to them. They emphasise the impact of thinking patterns on personal difficulties and suggest that these give individuals a distorted version of reality, making them anxious, depressed, or angry (Beck, 1995). When combined, cognitive-behavioural approaches offer powerful tools to individuals seeking symptom alleviation and normal functioning through working on cognitions to change emotions, thoughts, and behaviours (Meichenbaum, 1977, 1997).

Since traumatic experiences are understood to impede the emotional process by conflicting with pre-existing cognitive schemas (Jaycox, Zoellner, & Foa, 2002), cognitive-behavioural approaches have been found useful for conceptualising trauma. They highlight the distressing impact of cognitive dissonance, which occurs when thoughts, memories, and images of trauma cannot be reconciled with current meaning structures. This cognitive system, driven by a completion tendency - a psychological need “to match new information with inner models based on older information, and the revision of both until they agree” (Horowitz, 1986, p. 92) - is linked to the fluctuation between symptoms of hyperarousal and inhibition commonly seen in trauma survivors (van der Kolk, 1996). Throughout the acute phase of any trauma, in attempting to comprehend and integrate the traumatic experience, the trauma survivor tends to replay the event that has been stored in active memory. Each replay, however, distresses the traumatized individual, who may inhibit thought processes to modulate the active processing of traumatic information. This observable inhibition makes it seem that the traumatized individual has disengaged from processing the traumatic memory. Thus, as a result of excessive inhibition some trauma survivors display withdrawn and avoidant behaviours. When an individual is unable to inhibit traumatic thoughts, the intrusive symptoms are expressed in hyperarousal symptoms, explaining why some survivors experience flashbacks during waking states and nightmares during sleep states (van der

Kolk, 1996). Accordingly, this model sees trauma survivors as oscillating between denial and numbness, or intrusion and hyperarousal (Lindy, 1996; van der Kolk, McFarlane, & van der Hart, 1996). Once clients can reappraise the event and revise their previously held cognitive schemas, the completion tendency is served. Therefore, when working with traumatised clients, the cognitive-behavioural therapist's central focus is on the client's internal cognitive mechanisms and how the client processes information.

1.33 The Humanist and Existential Approach To Psychological Trauma

The humanistic-existential approach to psychological trauma, characterised by a process-experiential model of traumatic processing, focuses on the transformative therapeutic agents that help individuals move from victim to survivor and then thriver in the face of trauma. It aims to understand the extent to which the client's perceived world has been transformed or impacted by the trauma (Elliot et al., 1998). The approach highlights how a traumatic event (be it a sexual assault or a catastrophic human disaster) splits a person's life into three phenomenological 'moments' – before, during and after the traumatic event (Wertz, 1985).

A humanistic approach to trauma views a traumatic event as a disruption so serious that it threatens a person's existence, shaking the foundation of their present and past identities. The approach aims to connect individuals to their basic helplessness and mortality, confronting them with the reality of death and difficulty. The humanistic approach to trauma encourages individuals to move beyond prior levels of functioning to transcendence (Calhoun and Tedeschi, 1998; Carver, 1998; Decker, 1993; Egendorf, 1982; James, 1902/1961; Parappully, Rosenbaum, van den Daele, and Nzewi, 2002; Updegraff and Taylor, 2000).

According to Decker (1993, p. 41): "Trauma has demanded that we question our ordinary perspectives, search for a more expanded self-concept, and restructure our value hierarchy". This "better-off-afterward experience" (Carver, 1998, p. 247) is called "thriving" or "rebirth" and has been summed up elegantly by Shabad and Dietrich (1989, p.467) in their Holocaust work:

> **"Out of the ashes, at times literal ashes of loss and death . . . a phoenix-like process of internal restructuring may be set in motion which can have a**

> **liberating, regenerative effect upon the survivor.**"

Humanistic models of trauma view loss of innocence as one of its most pernicious effects, particularly after experiences such as the Holocaust, when basic faith in humanity is shattered. Moving beyond innocence and despair to a new way of knowing, dubbed a "second naiveté" by Ricoeur (1967, p.351), is a profound psychological and spiritual challenge. Psychologists working with this group have shown evidence of vicarious traumatization, imbibing the cynicism and hopelessness of the victims they treat (Pearlman and Saakvitne, 1995), or sometimes demonstrating a deep existential sense of shame at what they see (Danieli, 1994).

While humanistic psychology acknowledges life's limitations, it also focuses on the potential for change. Indeed, humanistic psychologists have studied those transformative factors that help victims of natural and man-made disasters become survivors and finally thrivers (Cannon, 2002). It highlights the human capacity to transcend the immediate boundaries of time and to see one's experience teleologically, in the light of the distant past and the future (May, 1958). Some humanistic psychologists emphasize the capacity for free will in this process of survival and change (Allport, 1937; Frankl, 1959; Wertz, 1994). Victor Frankl, for example, the humanistic psychiatrist who was confined in four concentration camps during the Holocaust, outlines this notion in his theory of meaning, stating that survival is linked to free will:

> **“The experiences of camp life show that man does have a choice of action. There were enough examples, often of a heroic nature, which proved that apathy could be overcome, irritability suppressed. Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress.” (Frankl, 2006, p.74)**

Frankl found his own way to make meaning from his trauma and developed logotherapy, an approach based on the fact that "in some way, suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice" (Frankl, 1959, pp. 113). His approach to trauma asks individuals to look towards their future circumstances in order to seek meaning and self-transcendence by devoting one’s life to serving others and to improving oneself in order to fulfil one’s potential. Implicit in Frankl’s meaning-seeking model is the assumption that the person is embedded in a larger context of relationships to other human beings, to the world and to some higher power; personal responsibility includes civic responsibility. Self-transcendence eclipses ego-concerns and self-interest in the service of others. It is intrinsically compassionate and acknowledges that other people matter in their own right, because of their intrinsic value. Frankl emphasises that loving ones neighbour is its own reward, as is kindness to strangers. Trauma can only be addressed through engagement in deeds of compassion and kindness, which, according to Frankl, is simply an expression of personal meaning fundamentally different from using others as instruments of one's own advancement and happiness (Frankl, 1984).

1.34 The Systemic Approach to Psychological Trauma

A systemic approach to psychological trauma acknowledges that traumatic experiences negatively impact familial internal and external relationships. While some family systems may be devastated for a considerable time after a trauma, others adapt well within a few months, enabling them to resume high levels of functioning (Coutler, 2013). Nonetheless, the relational and familial consequences of a trauma have the potential to be its most long-lasting impacts.

Figley (1987, 1989), conceptualizes four ways in which trauma can impact the family: 1) Direct effect of changes in primary victims; 2) Effects experienced simultaneously by the whole family; 3) Vicarious effects, which occur when trauma is experienced by an individual while separated from the family, for example a soldier at war; 4) Intra-familial agency, such as domestic or child abuse. The literature points to lists of relational symptoms derived mainly from clinical observation, which include blaming the victim for systemic change, becoming less able to integrate new information, creating dysfunctional rules that become the norm in relationships, shattering emotional bonds, closing down discussion of the trauma, rigid rule setting, and reduced flexibility (Peterson et al., 1990; Williams, 1996).

In each of these circumstances individual family members will have differing needs and speeds of recovery depending on actual and perceived level of exposure, temperament and personal history. According to Saltzman et al. (2009, p. 241) the dis-synchronicity of family members' recovery from trauma or loss may result in heightened levels of stress and conflict within the family, leading members to become emotionally distant from one another (Figley, 1987). Families may avoid interacting or discussing the trauma, leaving them handicapped in terms of recovery, as the healing processes enabled in close family relationships by supportive interaction become blocked.

Catherall (1998) claims that dyadic family subsystems, the whole family system and its relationship to the wider community are all affected by trauma. An extensive body of evidence supports the link between a family's sociocultural context and the development of potential psychopathologies, including anti-social behaviour, substance abuse and depression (Hudson and Rapee, 2005). The chronic effect on families of living in an area characterized by continual violence, for example, should be taken into account when assessing the overall impact of trauma. The theoretical ease of including the social and political context is one of the strengths of the systemic approach to therapy (Mendenhall and Berge, 2010; Shamai, 1999; Woodcock, 2001). It not only acknowledges that traumas are best addressed through a relational and family approach to treatment values but also appreciates that psychological and emotional healing can take place in close relationships through systemic trust, safety, support and honesty (Sheehan, 1994).

1.4 The Definition of a Holocaust Survivor

The traumatic experiences of Holocaust survivors vary remarkably, ranging from persecution to ghettoisation and concentration camp internment. Researchers have debated which of these experiences classifies as conferring the status of 'Holocaust survivor'. Some argue that the term should be reserved solely for those who were interned in a concentration camp between 1939 and 1945 (Lev-Wiesel & Amir, 2000). Others argue that the term also includes those who escaped internment by living in hiding or those who survived under the protective umbrella of Partisan and Resistance groups (Felson, 1998, Hodgkins & Douglass, 1984). Felson (1998) expanded the definition to include anyone who was domiciled in any region of Europe under Nazi occupation during the war, with some suggesting that anyone who lived through the war, in Europe or the USSR should be termed a survivor. Some Kindertransport children define themselves as Holocaust survivors, even though they were already living in England before the outbreak of war. Aware that the definition of a 'Holocaust survivor' remains fluid (Aharony, 2015), this research uses a broad definition of the term, consistent with the work of Hannah Yablonka and Yehuda Bauer (Aharony, 2015). Specifically, participants must have endured at least one of the following Holocaust-related experiences:

- Incarceration in forced-labour camps, concentration camps or extermination camps
- Confinement in hiding, living under a false identity
- Restriction in a Jewish ghetto
- Forced displacement from ones home and consequential refugee status

1.5 The Impact of the Holocaust on Survivors

Much has been done to further understanding of the experience and impact of the Holocaust on survivors. Since the late 1950s and early 1960s, the psychiatric and social implications have been studied from general psychodynamic and sociological perspectives; research has explored the effects of Holocaust-related trauma on survivors, regardless of gender.

About ten years after the liberation of the concentration camps (Epstein, 1979), psychiatrists and psychologists first began to treat survivors through mandatory medical and psychiatric examinations, as part of a project to help qualify survivors for reparations from West Germany. A symptomatology of 'dysfunctionality' was found among many survivors, characterised by a number of common non-adaptive characteristics (Epstein, 1979). By the 1980s, hundreds of studies had uncovered various psychopathological effects, which had left survivors unable to mourn or to acknowledge their own suffering. Survivors, regardless of gender, often struggled to find meaning in their lives. Studies have also shown how many survivors reacted to trauma through a psychosomatic process of reducing it to a state of psychological anaesthesia, a form of willed repression. Survivors tended to conceal their distress rather than deal with it in a more healthy fashion. Psychologists have linked this numbing to a variety of harmful psychological symptoms, which have become known collectively as concentration camp syndrome (Brom et al., 2002), KZ syndrome (Klein et al., 1963) or 'survivor syndrome' (Niederland, 1981, 1988). These syndromes are characterised by a pervasive depressive mood and morose behaviour and a tendency to withdraw, general apathy, alternating with occasional short-lived angry outbursts, feelings of helplessness and insecurity, lack of initiative and interest and the prevalence of self-deprecatory attitudes and expressions (Niederland, 1968).

Other common features include anxiety and agitation resulting in insomnia and nightmares, motor unrest, inner tension, tremulousness, fear of renewed persecution, often culminating in paranoid ideation and reactions (Niederland, 1968). Niederland summarises the three main features of 'survivor syndrome' as reactive depression, anxiety syndrome and survival guilt.

While some highlight that the establishment of 'survivor syndrome' as a recognised diagnosis aided many Jewish survivors in their efforts to seek compensation from the German government after the war (Karpf, 2008), others argue that clinicians became too ready to apply the diagnosis to any patients who also happened to be Holocaust survivors (Berger, 1988). The psychopathology of survivors was not necessarily or invariably rooted in their experiences during the Holocaust – it is easy to forget that some were already suffering conditions such as clinical depression *before* the war. Nonetheless, depression, anxiety and paranoia are symptoms frequently seen in Holocaust survivors. McCann and Pearlman's (1990) seminal work on trauma argues that these symptoms are common reactions to many forms of trauma.

1.51 Depression

Depression is one of the most common symptoms displayed by Holocaust survivors (Axelrod et al., 1980; Berger, 1988; Kellerman, 2001; Klein et al., 1963; Dasber, 2001; Brom et al., 2002; Krystal, 1995). Porter (1981) argues that the severity of this depression is linked to the individual's degree of survivor guilt, which relates to their loss of loved ones during the Holocaust. Solkoff (1981) and Steinberg (1989) see survivors' depression as a consequence of unresolved mourning for these relatives.

1.52 Anxiety

Studies addressing Niederland's claim that anxiety is a characteristic of 'survivor syndrome' have found it, along with depression, one of the most lasting imprints of the Holocaust on a survivor's psyche (Kellerman, 2001a; Krell, 1997b, Krystal, 1995, Rosenbloom, 1998; Berger, 1988, Brom et al., 2002). Porter (1981) found survivor anxiety often associated with fear of renewed persecution; Maller (1964) argued that this specific anxiety often evolved into a more generalised anxiety about contact with the outside world, leaving some survivors cripplingly agoraphobic. Niederland (1981) describes how a knock on the door or a ring of the phone can arouse, for many survivors, memories of the Gestapo arriving to forcibly remove them and their families from their home or from the ghetto. He found the same response triggered by contact with any uniformed personnel, such as the police (Niederland, 1981).

Research into the psychological and physiological effects on survivors of being forcibly starved reports symptoms of Generalised Anxiety Disorder, a form of anxiety characterised by persistent, excessive and unrealistic worry about everyday things (Anxiety and Depression Association of America, 2016), particularly in relation to food and eating. Survivors report excessive or disproportionate unease when: 1) food is not readily available to them; 2) throwing food away; 3) storing food; 4) standing in line for food; 5) craving certain foods (Sinder et al., 2004). Other clinical observations (Keys, 1946; Keys et al., 1950; Zdzislaw, 1989) show that specific thoughts and behaviour with regard to food are still present among survivors of Nazi concentration camps (Favaro et al., 2000). These findings are supported by other studies which show that after the war, survivors remain particularly careful to carry food with them at all times, to the extent that some survivors sleep with a piece of bread on the bedside table (Favaro et al., 2000).

1.53 Post-traumatic Stress Disorder

Survivors' anxiety symptoms closely resemble those of post-traumatic stress disorder (PTSD) (Barel et al., 2010), another type of anxiety condition that can develop after traumatic events such as combat, crime, accident or natural disaster (American Psychological Association, 2016). Several clinical studies comparing the psychological functioning of Holocaust survivors to that of non-Holocaust survivors have shown that the former demonstrate substantially more post-traumatic stress symptoms (nervousness, irritability, memory impairment, dysphonic mood, emotional instability, sleep impairment, anxiety, loss of initiative, and somatic complaints) than their non-Holocaust survivor counterparts (Chodoff, 1963; Helweg-Larsen et al., 1952). They are less well adjusted (Barel et al., 2010) than individuals who have not experienced the Holocaust, especially in terms of PTSD symptoms, levels of emotional distress, feelings of worthlessness and experiences of anxiety, irrational fear and uncontrollable anger (Carmil and Carel, 1986).

Quintessential PTSD symptoms have been recognised amongst survivors, in particular, intrusion and avoidance (Lev-Wiesel & Amir, 2003; Yehuda et al., 1994; Lavie & Kaminer, 1996). Some survivors are plagued by intrusive dreams and flashbacks about the Holocaust, leaving them desperate to avoid contact with anything that might trigger such intrusions (McFarlane & Yehuda, 1996; Yehuda et al., 1994).

1.54 Difficult Interpersonal Relationship

Another area of functioning mentioned in the literature is survivors' ability to form healthy interpersonal relationships. Krystal (1968) expanded Niederland's definition of the survivor syndrome in light of his studies, which, in addition to the aforementioned psychiatric implications of the Holocaust, also identified a number of negative social implications. Many survivors adopted a passive aggressive personality, the permanent inhibition in ability for sexual initiative and potency, severe inhibition of intellectual functioning, memory and anything outside work and home routine (Krystal, 1968). Some survivors have also been found to maintain an inherent dialectical incompatibility between certain spheres of their life. While on the surface some exhibit normal emotional, social and occupational functioning, at a deeper level, their inner worlds appear to contain sensitive self-perceptions, worldviews and emotional complications (Shmotkin et al., 2003).

Many survivors struggle to develop trust and intimacy in their personal relationships. This is arguably due to Holocaust trauma, which impaired some survivors' ability to form secure attachments (Berger, 1988; Brom et al., 2002; Kellerman, 1999a, 2001a; Klein et al., 1963). Even given that there is a danger that all survivors' interpersonal difficulties are simplistically attributed solely to Holocaust trauma, some suggest that insecurity in human relations was the most significant product of Holocaust trauma for some survivors (de Wind, 1968.1995). Cohen et al. (2002) and Freyberg (1980) saw this as the inevitable consequence of brutal separation from parents, spouses, children and families. Davidson (1980a) suggested that many survivors struggled to develop trusting interpersonal relationships because they feared the pain of further loss and suffering from future failed or lost relationships. This is a common reaction amongst trauma victims of all ages (Macksoud et al., 1993), hence McCann and Pearlman's (1990) finding that damaged trust schemas frequently surface among people who have been victimised.

Other studies report more optimistic findings regarding the psychological well-being and interpersonal functioning of survivors (Barel et al., 2010). Some found that survivors demonstrate tremendous resilience when dealing with new adversity (Shanan & Shahar, 1983; Cassel & Sudfeld, 2006). Robinson et al. (1994) investigated how Holocaust survivors react to new threat and trauma, namely the Gulf War and the SCUD missile attack on Israel, including the threat of chemical or biological attack (which did not materialise). The study found no significant difference between the reactions of Holocaust survivors and the comparison group; some survivors even expressed feelings of immunity and hardiness, which they attributed to their Holocaust experiences. Other studies have shown that Holocaust survivors, more than members of comparison groups, trust in human kindness and justice, and believe that man is born good (Cohen et al., 2001). Van Ijzendoorn et al. (2003) attribute the psychological, emotional and relational resilience of survivors to loving pre-war family attachments, which acted as protective barriers against later trauma. The great and often contradictory diversity of psychological effects of trauma on Holocaust survivors suggests that further study of the phenomenon and the variables is warranted (Barel et al., 2010). Viewing the Holocaust as an isolated cause, rather than one among many interconnected factors influencing psychopathological states, is probably unwise.

1.6 Holocaust Survivors and Their Spouses

Given the impact of the Holocaust on survivors, it is unsurprising that this impact has been found to embrace the marital relationships of survivors and their spouses. For many of those who had lost most of their family, the formation of new families through parenthood after the war represented a critical point in their personal and social recovery. Post-war marital relationships brought them the support and human warmth they craved following years of suffering and isolation. Some looked to their spouses for love and support throughout their parenting journeys, demonstrating a sense of interdependence and reliance within the marriage. This was particularly common in marriages between survivors, who were able to offer each other the mutual support and understanding born of a common experience of the Holocaust. That said, the reverse – deep alienation - has also been found in such couples. Equally immersed in their separate anguish, the partners were often unable to support each other. Some of these couples, who married quickly after the war, out of a pressing distress and urgent need to reconstruct family units, established relationships lacking deep connection or interpersonal compatibility (Danieli, 1988).

Unsurprisingly, such marriages proved unstable and unfulfilling, satisfying only a functional, non-emotional need for survivors as they embarked on parenthood. Equally problematically, Amir and Lev-Wiesel (2001) found that some survivors, married to partners who had not themselves experienced the Holocaust, were particularly inclined to expose their painful memories, but struggled with the lack of emotional support from their spouses. Given these contradictory findings, the only currently viable conclusion is that it is almost impossible to generalize about the experience of Holocaust survivors.

1.7 Holocaust Survivors And Their Offspring

Studies report similarly mixed findings regarding the ability of survivors to form healthy relationships with their children (Barel et al., 2010). Some survivors regarded their post-war families as the centre of their lives (Nadler & Ben-Shushan, 1989) and managed to fulfil their family roles successfully (Sagi-Schwartz et al., 2003; Van IJzendoorn et al., 2003). Many such survivors compartmentalise their trauma-associated anxieties and memories to prevent them from leaking into important realms of their occupational and familial lives (Sigal & Weinfeld, 1989). Barel et al. (2010) found that some survivors used defence mechanisms to isolate the effects of the Holocaust from crucial aspects of their functioning, allowing them to develop good interpersonal relationships and functioning. Palgi and Shmotkin (2007) found that survivors who displayed limited positive and negative emotional expression functioned better than those with low positive and high negative emotions. Survivors who remained emotionally flat when discussing their Holocaust memories but became emotionally high when discussing other periods of their lives, reported greater levels of happiness than those who exhibited the reverse pattern of emotional attitudes (Cohen & Shmotkin, 2007). Such studies confirm that some survivors are better able than others to contain the impact of their traumatic Holocaust experience and prevent it from seeping into their post-war lives (Shmotkin et al., 2006; Shrira & Shmotkin, 2008).

Sagi-Schwartz et al. (2003) propose three reasons why many survivors successfully isolated their Holocaust trauma from their family lives. First, they suggest, the trauma occasioned by the Holocaust was not precipitated by significant attachment figures but rather, by an impersonal external force acting against an entire nation (Sagi-Schwartz et al., 2003). Second, many Holocaust survivors had internalized positive attachment styles before the war, which helped them cope during the trauma and adjust to life afterward. Finally, many Holocaust survivors in Israel are part of a community with a collective memory of the Holocaust. This shared history has allowed them to offer empathy and mutual support, and to process their memories in a healthy, more balanced way. Hence survivors living in Israel generally report greater psychological well-being than those living elsewhere (Barel et al., 2010; Kahana et al., 2005).

Some survivors are able to compartmentalise their trauma, ensuring that it does not disrupt their day-to-day functioning. However, studies have also found other survivors less capable of forming new and healthy interpersonal relationships, specifically with their children. Studies of the intergenerational transmission of trauma show that many survivors' children report distant and dysfunctional relationships with their survivor parents; their personal and family lives were marked by some form of Holocaust trauma (Prince, 1985). One child-survivor attributed this distance to their parent's Holocaust distress and described how their entire relationship had been characterised and darkened by Holocaust trauma (Prince, 1985).

Some survivors appear torn between an intense desire to nurture their offspring as normally as possible and the drag of their traumatic past. Studies have found that some survivor parents had, at times, trouble responding to their baby's distress during infancy, because of their preoccupation with their own unresolved distress. Such cases are characterized by ambivalent parent-child attachment (Baron et al., 1998). Wiseman & Barber (2008) suggest that many parents lacked emotional availability, inevitably leaving their offspring with a sense of loneliness. Survivors have been found to be preoccupied with their own early attachment experiences, causing them to fluctuate between distance and excessive closeness, or between minimizing the offspring's problems and overgeneralizing these problems into a danger hovering over the entire family. Baron et al. (1998) found that this left little space for a balanced acceptance of the offspring's feelings. Thus while many children of survivors naturally strive to create their own independent personalities, independence has been found to be experienced by both generations as desertion or betrayal (Brom et al., 2001).

Many children of survivors have also reported that their parents suffered severe social anxiety, particularly in relation to separating from their children. Rakoff (1967) found that such parents suffered anxiety about losing their children and were consequently overly protective of their whereabouts. These findings coincide with the belief of Robert M. Prince (1985) that two outstanding features of Holocaust families are: 1) survivor-parents' aversion to separation from their children; 2) the insistence of many survivor-parents that their children never leave them. The findings also confirm that having lost so many relatives, survivor-parents generally experience greater difficulty than other parents with the very real hardship of separation (Soloman, 1998).

Survivors have also been found to struggle with separating emotionally from their children, as perceiving them as "wonder children" attests to their own continuity and personal victory over trauma both during and after the war (Shmotkin et al., 2011, p13). This difficulty with emotional separation has been understood as a confounding factor in their ability to reach closure in relation to their own, incomplete mourning (Brom, Kfir, & Dasberg, 2001; Gampel, 1992). It has been found to be especially potent when the offspring function as 'memorial candles' for their parents, perpetuating their connection with the world of mourning and trauma (Wardi, 1992), a tendency no doubt exacerbated by the Jewish custom of naming children after dead relatives. Although these findings are largely based on studies of second-generation survivors, they remind us that trauma is not confined to the original victim, but may be transmitted intergenerationally.

Children of survivors also report that their parents struggled with their identities; some survivors presented to their children as omnipotent, with superhuman powers of survival; others displayed a sense of helplessness and victimhood, needing the protection of their offspring. For others again, despite wanting their children to be happy and joyful, survival required the bottling-up of emotion. Such survivors have passed on a crushing sense of obligation to the dead, blighting the happiness of their children (Wiseman & Barber, 2008). These varied approaches have been found to influence the formation of family scripts among survivors and their families. Again, these findings are largely based on studies of second-generation survivors so given that they do not reflect the perspective of the survivors themselves, they must be read with caution.

Many survivors were eager to convey their experiences to the next generation, yet for various reasons struggled to do so. Some feared upsetting their children, while others pointed to the social climate of reluctance, in the first decades after 1945, to engage in discussion of the Holocaust. The euphoria surrounding the establishment of the State of Israel in 1948, an achievement marked by Jewish heroism and triumph after the devastation of the war, directly contradicted the narrative of martyrdom personified by the survivors and their stories (Solomon, 1995). This reinforced the aforementioned emotional conflict experienced by many survivors, leaving them torn between the extremes of two identities: superhuman omnipotence on the one hand and victimisation and vulnerability on the other. Studies suggest that the reluctance of survivors to share their Holocaust-related experiences with their children left the latter hesitant to ask their parents about their past, even as adults. This led to an on-going and pervasive 'double wall of silence', in which some parents struggled to avoid discussing their traumatic experiences, while simultaneously, their children tended to avoid hearing or asking about it. Baron (1995) described this double wall of silence as a mutual attempt at protection, both parents and children hoping that burying the subject in silence would reduce its painful impact.

The aforementioned tension between vulnerability and resilience in some survivors has been found in the second generation, creating challenges in their relationship with their parents throughout their transition from old age (ages 65–84) to very old age (ages 85 and above). Commonly, the greater the burden of caring for a sick old parent the greater the tension in the relationship (Lowenstein & Gilbar, 2000). Issues such as interdependence, institutionalisation, separation, and loneliness, apart from reviving Holocaust-related memories, have been found to test the relationships between survivors and their children. Under these circumstances, both generations seek appropriate closure to the lingering issues stemming from their parents' Holocaust background, including the legacy of survival, attitudes toward death and the dead, shame and guilt about their roles as victims and survivors, and compassion in conditions of agony. Perhaps this explains why so many children of survivors have been found to care devotedly for their parents; not only do they experience an ongoing need to compensate for their parents' past losses (Kellermann, 2009), the closure which accompanied the advanced age of the survivors may have triggered additional closeness to their children.

1.8 Critiques Of The Research

While the studies consulted to inform this thesis offer important insight into the complex nature and multi-faceted impact of the Holocaust, the findings of all Holocaust studies must be read with caution for several reasons.

1.81 Inherent Bias Of Sampling Methods

First, the issue of sampling recruitment methods in all Holocaust research needs to be considered. Solkoff (1981, 1992b), who conducted various reviews of Holocaust literature, found that studies of survivors and their children rarely described or justified their sampling methods. While some researchers seek volunteers via appeals to the general public, many may have contacted potential subjects via membership lists of organisations and support groups, making the findings of such studies biased. Using membership lists of Jewish organisations or support groups means that only Jewish people, who strongly identify with their Jewish heritage and who are willing to identify as Jews, are likely to be sampled for the studies (Levav, 1998). Baron, Reznikoff and Glenwick (1993) suggest that this sampling method is likely to sway the results of a study from the outset as participants are members of a less affected sub-group of the population since the support they receive from co-members is likely to decrease their trauma symptomology. This is a non sequitur. People seek support because they need it; the corollary of this argument is that those who don't seek support are worse affected. Others argue that support groups are magnets for less well-adjusted survivors, so those included in the sample are likely to exhibit more negative symptomology, thereby biasing the sample in the other direction. Again, this criticism is only valid if membership or non-membership of a Jewish organization is used as an inclusion criterion, but it is by no means clear why this should be so. It is just one of numerous variables. Like Solkoff (1981, 1992a), I found that a sizeable proportion of studies referred to in this thesis failed to give sufficient detail of their sampling methods. Lacking this information, I experienced great difficulty in identifying potential bias or evaluating the validity of the findings of these studies.

1.82 Inconclusive Findings

The issue of mixed and largely inconclusive findings within the literature also needs to be addressed. While some studies demonstrate the negative impact of the Holocaust on survivors, not all the survivors in any one study exhibited psychopathological symptoms. Szymusik (1964) for example, who examined a group of Holocaust camp survivors, found that only 60% of his sample displayed psychological problems; 40% did not. Several researchers have similarly found a percentage of survivors citing no psychological distress, including 25 % of the sample of Helweg-Larsen et al. (1949, cited in Nathan et al., 1964), 39% of Chaitin's (2002) sample and 26% of Carmil and Carle's (1986) sample. These mixed findings confirm that while some survivors undoubtedly display psychopathological symptomology, a significant number do not and have adapted better. This points to the danger of confusing causation with correlation; it does not necessarily follow that a survivor's later psychopathology is the direct result of Holocaust trauma. Indeed, it is easy to attribute Primo Levi's suicide in 1987 to his experience in Auschwitz, and it may well have played a part – but Levi was already suffering from clinical depression before he entered the camp.

Further evidence of this diversity is apparent in the inconsistencies between findings from clinical and non-clinical studies, which began to appear in the 1970s Clinical studies generally reflect a bleaker picture of psychological well-being among survivors than non-clinical studies. However, clinical studies should arguably not be considered representative of the survivor population as a whole since they reflect only the symptomology of a particularly severely affected subset of survivors. Antonovsky et al. (1971) point out that clinical samples are inevitably predisposed to evidence a higher degree of psychopathology because by definition patients are less well adapted and tend to have adjusted poorly after the war. Some go so far as to argue that findings of clinical studies are not even representative of the clinical sub-population of survivors, let alone the survivor population as a whole (Dasberg, 1987; Whiteman, 1993, Yehuda et al., 1998). This is because many survivors, who perhaps did suffer psychiatric symptoms to a degree warranting intervention may not have sought psychiatric help, making the findings further unrepresentative. These disputes might be capable of resolution if a commonly agreed set of inclusion and exclusion criteria were to be established.

It has been suggested that clinical studies reflect a bleaker picture of psychological well-being among survivors because they were undertaken earlier than community research, closer in time to the end of the war. The discrepancy between the findings may merely reflect the alleviation of symptoms over time. Whiteman (1993) suggests that many early clinical studies are taken out of context because they were based on research conducted when survivors were at their lowest ebb. This has led to a false 'syndromisation' of survivors (Steinberg, 1989), which has been wrongly generalised to the entire survivor community. Readers should therefore be cautious in considering the findings of studies and be particularly aware of the danger of over-generalisation.

1.83 Homogenous Findings That Lack Demographic Consideration

Perhaps one of the greatest criticisms of Holocaust research is the lack of attention to demographic differences within the survivor population. While most research with this population concentrates on differences between survivors and control groups, studies fail to distinguish between the impact of the Holocaust on different demographic survivor groups (Fogelman & Savran, 1979). Solkoff (1992b) points to the importance of issues such as age, gender, religious background, nature of Holocaust experience and country of pre and post-war residence when considering the impact of the Holocaust. Some studies note the importance of identifying group differences but fail to do so themselves (for example, Blank, 1996), resulting in the vast majority of studies offering a homogenized understanding of the impact of Holocaust trauma rather than information distinguishing the specific impact on different demographic groups. This issue is further complicated by the lack of consensus in Holocaust research about the definition of a 'Holocaust survivor' (Karpf, 2008). Survivors endured many different types of trauma, ranging from persecution to ghettoisation and concentration camp internment, and researchers continue to debate, which of these experiences warrant categorisation as 'Holocaust survival'. Further, some who escaped Europe, such as the Kindertransport children, also have a claim to be regarded as Holocaust survivors – despite spending the war in England, these children were uprooted from their homes and their families were murdered, both causes of post-war trauma directly caused by the Holocaust. Discrepancies in the definition of the target population group have direct implications for the comparability of study results and readers must therefore consider the inclusion criteria of any study when evaluating the generalisability of its findings. Karpf points to the complexity of this task, emphasising how difficult it is to maintain the distinctiveness of different Holocaust experiences, without ranking them in order of importance or grading levels of suffering (Karpf, 2008).

1.9 A Brief History of Motherhood

Motherhood, defined by Rich (1996), as the potential relationship of any woman to her powers of reproduction and to children, has forever been interlocked with society's attitudes towards women (Oakley, 1986). Until the mid-twentieth century, women, through the voices of tradition and of Freudian sophistication, were encouraged to glorify their own femininity through seeking fulfillment as wives and as mothers. Western women aspired to live their lives in the image of the perfect American suburban housewife, kissing their husbands goodbye in front of the picture window, depositing their station wagons full of children at school, smiling as they ran the new electric waxer over the spotless kitchen floor and secretly pitying other fellow mothers who dreamed of having a career (Friedan, 1963). The two major twentieth-century Western ideologies of motherhood, which closely reflected and embodied the implications of this sentiment, were Intensive Mothering and New Momism. New Momism insisted that no woman is truly complete or fulfilled unless she has kids, remains their primary caretaker and devotes her entire physical, psychological, emotional, and intellectual being to them (Dally, 1982). Intensive mothering was a gendered model of mothering, which advised mothers to not only expend a tremendous amount of time, energy and money on raising her children but to also hold them in her mind at all times (Hays, 1996). Indeed, according to this discourse, the best mothers always happily put their children's needs ahead of their own, did not mind suppressing their own needs and desires, never tired or lost their patience with their children and experienced untroubled love toward their children at all times (Rich, 1996).

It wasn't until after the Holocaust, in the early 1960's, that the tenets of traditional ideas of motherhood were challenged. Indeed, feminist philosophers and scholars highlighted an underlying unhappiness and lacking sense of fulfillment in many mothers (Rich, 1996). In rejecting the image of the ever-present, self-sacrificial, and all-providing mother solely responsible for the well being of her children (Dally, 1982), feminists began to pave the way for modern mothers to achieve essential rights of freedom and equality with men, while finding ways to reconcile them with motherhood. Whilst mothers of the second-half of the twentieth century successfully acquired a number of choices that women in the mid twentieth-century lacked, among which, was the option to fully participate in the workforce and give priority to their personal and professional ambitions, they continued to battle with an ongoing personal and societal tension, closely linked to traditional mothering ideologies. On the one hand, society seemed to advocate individualism, freedom and the pursuit of personal gain and fulfillment for men and women but on the other hand, it still expected women to be perfect mothers who demonstrated complete selflessness and unconditional devotion to their children. It is important to note that whilst attitudes and ideologies around motherhood changed, it is possible that female survivors of the Holocaust, who became mothers after the war, were less dramatically influenced by these evolving ideologies, as perhaps were other, non-survivor mothers. After all, in the immediate post-war years, it is likely that they were inherently fixated on rebuilding the life and family that they had lost during the war as opposed to establishing female equality in society and the workplace.

1.10 The Female Experience of the Holocaust

Despite the great number of studies exploring the implications of Holocaust trauma, little attention has been directed towards understanding the distinct psychological and social impact on different groups of Jewish survivors, in particular, women.

While the Holocaust was a comprehensive project of genocide (Felstiner , 1994), recent scholarship (Ofer &Weitzman, 1998; Ringelheim and Katz , 1983; Rittner & Roth, 1993) has argued that male and female experience of the Holocaust differed radically and therefore merits separate scholarly attention. Until the 1980s, Holocaust studies largely overlooked women's voices. Instead, scholars tended to treat the work of distinguished male survivors such as Primo Levi and Eli Wiesel as comprehensive records of 'the' Holocaust experience. Some of the most renowned Holocaust academics, including Lawrence Langer, Gisela Bock and Cynthia Ozick, argued against the need to consider the female experience as a discrete phenomenon, claiming that every victim was subject to a common experience of dehumanising physical and mental torture. One might go further and claim that every individual's Holocaust experience was unique – there was not 'a' Holocaust but six million, rendering any attempt to generalize Holocaust 'experience' a category error. Privileging gender in the context of the Holocaust is thus not only unnecessary, but also risks trivialising the despair and trauma suffered by *all* Jews. In 'Gendered Suffering? Women in Holocaust Testimonies', Langer argues that gendered behaviour plays a severely diminished role in Holocaust research for three reasons (Ofer &Weitzman, 1998). First, while he agrees that slight differences of detail marked female experiences, a gendered analysis is redundant as the ultimate sense of loss unites former victims in a violated world beyond gender (Ofer &Weitzman, 1998). Second, he suggests that a gendered study of the Holocaust would distract from the fact that the Nazis targeted the Jewish nation, not individual Jewish men, women or children. Finally, he proposes that the Holocaust was a universal apocalypse – a gendered study would be a category error because it risks a meaningless comparative analysis of the trauma experienced by male and female victims (Ofer &Weitzman, 1998). Langer's concerns stem from a fear shared with Ozick and other Holocaust scholars: a gendered analysis of the Holocaust is not only unproductive, it is ‘morally wrong’ as it risks stratifying the genocide, thereby diminishing its magnitude (Ofer &Weitzman, 1998).

Although these perspectives reflect the traditional approach to Holocaust research, more recent scholars have addressed the absence of female voices in Holocaust literature, arguing that women's experiences and reaction to those experiences inevitably differed from those of men. Scholars like Joan Ringelheim, Myrna Goldberg, Dalia Ofer, Lenore J. Weitzman and Joy Miller emphasise the importance of the female Holocaust experience not solely because women comprised approximately half the Jewish victims but also because their experiences and vulnerabilities differed from those of Jewish men in important ways (Ringelheim & Katz , 1983). Despite many similarities, the male and female road to annihilation was marked by events that specifically affected men as men and women as women; each gender lived its own journey (Felstiner , 1994). Unlike men, Jewish women carried the burdens of sexual victimisation, pregnancy, abortion, childbirth, killing of new-born babies in the camps to save the mothers, care of children, and many decisions about separation from children (Ofer &Weitzman, 1998). These unique experiences merit separate scholarly attention. In ‘Women and the Holocaust: A Reconsideration of Research’, Ringelheim stresses that although gender was not fully definitive, Jewish women were indeed in ‘double jeopardy’ because of both gender and race (Rittner & Roth, 1993). The Nazis saw Jewish women as particularly threatening because they were the child-bearers of the next generation of European Jewry. They were therefore central to the Nazi programme of ethnic cleansing and were killed as Jewish women, not simply as Jews (Rittner & Roth, 1993), just as Jewish children were killed as future propagators of the racially contaminating threat to Aryan purity. Women were victims of ‘sexist racism’, persecuted on grounds not only of race, but also of breeding capacity (Rittner & Roth, 1993).

Goldberg endorses Ringelheim’s claim for a gendered approach to the Holocaust. She argues, however, that not only did women’s generic experience of the Holocaust differ from that of men; individual women also responded differently to victimisation and developed unique coping skills. Goldberg notes the importance of relationships and homemaking skills, together with preoccupations with hunger, obtaining food and sharing recipes, as coping strategies unique to Jewish women. In ‘Memoirs of Auschwitz Survivors: The Burden of Gender’, Goldberg explains how female bonding was central to the survival of many women, providing them with emotional, psychological and physical support. To gain a complete understanding of the unique vulnerabilities and responses of Jewish women, one must consider the Holocaust from a gendered perspective (Ofer &Weitzman, 1998). Although scholars continue to differ, the perspectives of Ringelheim, Miller, and Goldberg largely reflect the current consensus. They have not only demonstrated the importance of considering the experience of the Holocaust from a gendered perspective, but have also engendered illuminating new studies.

1.11 Impact of the Holocaust on Female Survivors

Despite the great number of studies exploring the female experience of the Holocaust, very little attention has been paid to its psychological, psychiatric, and social impact on female survivors. However, research shows that women are generally more prone than men to develop PTSD and other mental health disorders following exposure to traumatic events (Brave Heart, 1999; Breslau et al., 1991; Freedman et al., 2002; Carmil & Carel, 1986; Collins et al., 2004; Eaton et al., 1982). Although these might be relevant to the psychological and psychopathological impact of Holocaust trauma on female survivors, few studies have investigated the nature and extent of the connection, and study findings remain inconsistent (Collins et al., 2004).

Some suggest that female Holocaust survivors were more scarred than men (Carmil & Carel, 1986). However, there is also evidence, for the opposite hypothesis; because the experience of total helplessness was particularly inconsistent with the male self-image, men were more adversely affected (Danieli, 1982). Other studies find no significant difference (Landau & Litwin, 2000). These mixed findings may be the result of a plethora of uncontrolled variables, suggesting that more rigorous methodological approaches need to be considered; it would be unwise to reduce the impact of so complex an event as the Holocaust to a single causal factor such as gender. The search for a one-size-fits-all response may well be a category error.

Most of what is known about the social impact of the Holocaust on female survivors is based largely on studies of the second generation that have confirmed the struggle of survivors to form healthy relationships, particularly with their children (Rakof, 1967). Little is known about the nature of this struggle: how and to what extent it has impacted these relationships. Children of survivors report that their survivor-mothers suffered enduring anxiety about losing them (Rakoff, 1967). These female survivors are described as consuming their children in the pathological world of the concentration camp experience (Kestenberg, 1972; Trossman, 1968; Dor-Shav, 1978) and have been found to keep their children under almost obsessive watch. However, these conclusions are largely based on reports from second-generation survivors, unsupported and unqualified by the testimony of the female survivors themselves, suggesting that there is much more to be learned about the nature of this dynamic.

1.12 Conclusion

A review of the literature confirms that the traumatic experience of Holocaust survivors is not an under-researched topic. However, while this literature offers insight into a general 'survivor syndrome', it fails to adequately consider the implications of Holocaust trauma from a gendered perspective. Kestenberg (1972), Trossman (1968), Dor-Shav (1978) and Rakoff (1967) consider the experience of the Holocaust for female survivors, but only touch on its impact on their interpersonal relationships with their children, without offering insight into the nature and extent of this impact. Furthermore, the literature approaches the subject from the perspective of survivors' children, rather than survivors themselves. Given that the present research follows Ringelheim and Goldberg in proposing that while the fates of Jewish men and women were equally tragic, 'each gender lived its own journey', and that the female experience needs independent investigation, there remains a pressing need to fill this gap in the literature by asking the following question: How do female survivors of the Holocaust make sense of their experience of motherhood? This question, posed to survivors themselves, rather than to their children, will underpin my research, which will endeavour to refine current understanding of the ways female victims of the Holocaust were impacted by their experiences.

Chapter Two: Methodology

2.1 Chapter Overview

The first half of this chapter offers a rationale for the qualitative nature of this study and justifies its chosen methodology of Interpretive Phenomenological Analysis (IPA). It begins by outlining the philosophical foundations of this approach, following this with an exploration of the epistemological and ontological foundations of the study. This will facilitate a clear explanation why, despite its apparent limitations, IPA is a fitting method of analysis. The second half of this chapter details the research process, highlighting the design, sampling method and recruitment process, together with the methods used to collect and analyse the dataset. It also outlines relevant ethical considerations and reflects on my role as researcher.

2.2 Research Aims & Design

This research aims to investigate the research question: How do female survivors of the Holocaust make sense of their experience of motherhood? It aims to gain an insight into the quality and texture of the experience of motherhood for female Holocaust survivors, on the basis of close phenomenological reading of their accounts. The study aims to offer a deeper understanding of the lived experience of motherhood for female Holocaust survivors and attempts to highlight how the experience of their trauma can inform us about the relationship between their inner lives and the events and experiences that have defined them. A qualitative research design was used to investigate the question of this study, and data was collected from a sample of eight participants using a semi-structured interview schedule. The data was then analysed using an Interpretive Phenomenological Analysis (IPA) framework (Smith, Flowers, & Larkin, 2009).

2.3 A Qualitative Approach

Towards the end of the 19th Century, the discipline of psychology was "reformulated as the science of behaviour" (Willig, 2008, p. 4) and was led by quantitative research following the "scientific method". There was an emphasis on the identification and quantification of cause-effect relationships (Smith, 2008; Willig, 2008) and empirical experiments were used in order to test hypotheses regarding human phenomena. This empirical approach was further fuelled in the late 20th Century, following the emergence of behaviourism and the "cognitive revolution", which took place in the 1970-80s (Biggerstaff, 2012). However, since the 1970s, when leaders in the field began to debate the most effective methods for researching human experience (Gergen, 1973), the use of qualitative methodologies for psychological research has progressively increased.

Qualitative research deals with subjective experience and aims to understand thoughts, feelings, opinions and motivations. It is concerned with how people understand the world and their experiences within it. It aims to make sense of subjective experiences and seeks to understand how people ascribe significance to particular phenomena. It provides rich data about the essence of a specific event, at a specific moment in time, from a specific sample of participants. It is consequently deemed a 'bottom-up' approach, whereby the data paints the picture and the researcher strives to limit imposing any theories, models or preconceived ideas about the phenomena. Qualitative studies acknowledge, to different degrees, the interaction between researcher and participant and seek to understand this interaction and the impact it might have on the dataset. Qualitative research tends to occur within environments whereby "conditions continuously develop and interact with one another to give rise to a process of on-going change" (Willig, 2008, p. 9). Hence, unlike quantitative research, qualitative studies are not concerned with cause and effect or making sweeping statements about specific phenomena.

Handbooks in qualitative methodology in psychology describe a number of major methodological approaches, which vary in both epistemological and ontological stance (Willig, 2008). "Grounded theory", "Phenomenological methods", "Case studies", "Discursive psychology" and "Narrative psychology" are described as significant qualitative approaches, each with varying theories of knowledge. For example, phenomenological methods are described as differing epistemologically from grounded theory, in that the former seek to produce knowledge about the essence of phenomena, whereas the latter seeks to produce knowledge of processes that reside in and emerge from the data.

2.4 Ontological & Epistemological Reflexivity

Patton (1990) refers to the research paradigm as a study's philosophical outlook of the world, which is characterised by its ontology, epistemology and methodology (Guba, 1994). This research paradigm shapes the findings of a qualitative study (Coyle, 2007). Researchers explore their ontological and epistemological perspectives, and the appropriateness of their chosen methodology (Holroyd, 2008).

Ontology is concerned with the nature of reality and the assumptions of individuals about the world around them (Stewart& Blocker, 1996). Ontological positions fall somewhere on the realist-relativist continuum (Willig, 2001). Realist ontology maintains that the world comprises structures and objects in cause-effect relationships. Relativist ontology, by contrast, maintains that the world is not 'law-bound', as suggested by realists (Willig, 2001). Relativists deny the singularity of truth and claim that reality is subjective. They believe that although there is a peripheral world surrounds us, it can be accessed only through indirect perceptions or representations (Willig, 2009). Epistemology, by contrast, deals with the theory and justification of this knowledge (Carter & Little, 2007). The two principles are philosophically connected, offering the theoretical frameworks through which phenomena can be understood (Holroyd, 2008). Together, they aim to explain 1) what knowledge exists; 2) how knowledge can be known; 3) the relationship between the knower and what is known; 4) the characteristics, principles and assumptions guiding the process of knowing (Vasilachis de Gialdino, 2009).

2.41 Ontology

In line with the explorative nature of the research question presented and the qualitative design employed, the ontological position adopted in this study follows the assumptions of relativism and phenomenology. Consistent with this approach, the world is not assumed to follow orderly, predictable, and lawbound relationships, and the possibility of a single, absolute truth or a pure experience (Ponterotto, 2005; Willig, 2008) is denied. The study places emphasis on various and varied experienced realities or interpretations of reality, all of which are accepted as valid (Finlay, 2011; Willig, 2008). Phenomenology encompasses the aforementioned assumptions. It highlights the nature of reality as a product of interpretation, constructed through the dynamic and ever changing interactions between the self and the world (Moustakas, 1994). In relation to the purpose of this study, a phenomenological approach acknowledges the diversity of realities or meanings acquired through the lived experience of motherhood for female Holocaust survivors, yet acknowledges that such interpretations may be experienced as real by the female survivors who are experiencing them (Willig, 2008). The philosophical assumptions of IPA correspond to my own contextualist epistemology (Jaeger & Rosnow, 1988), which will be discussed in the following section.

2.42 Epistemology

Consistent with the philosophical underpinnings of IPA, the contextualist paradigm highlights the intentional and dynamic nature of human behavior, as situated within an ever-changing social, cultural, historical context(s), rather than a social vacuum (Jaeger & Rosnow, 1988). It accepts that the construction of reality and meaning is context-bound and context-dependent; behaviour and context are understood in relation to one another. The contextualist paradigm accepts that variations in contexts inevitably bring variations in meaning (Madill, Jordan and Shirley, 2000). It warns against overlooking the context and roots of a particular phenomenon, as in doing so, only a partial explanation of a complex event can be recognised (Jaeger & Rosnow, 1988). This study recognizes this and accepts that meaning can never be understood as a linear process with cause and effect relations.

In line with IPA, contextualism recognizes the researcher as actively involved in the construction of social knowledge (Jaeger & Rosnow, 1988). Following Wilkinson's (1988) advice for transparency and reflexivity, I recognises that, similar to my participants, my understanding of participants' experiences is moulded by my own experiences that are embedded within the contexts in which I interact. More specifically, my position as someone whose maternal grandmother and great-grandfather were both impacted by Holocaust trauma, is acknowledged as part of the context through which I interpreted participants' accounts. Nonetheless, neither IPA or contextualism views researcher subjectivity as a limitation; understanding, shared humanity, and common cultural consideration are understood to facilitate an important bridge between researcher and participant that ultimately enriches the value of the analysis (Madill et al., 2000).

Like relativist phenomenology, contextualism contests the possibility of an ideal truth derived through the accuracy of our measuring instruments or reliant on the neutrality of our constructs. The rejection of a single truth is not an assumed catastrophe, rather a request to recognise “islands of regularity”, found in a “sea of complexion” (Hoffman & Nead, 1983). Adopting this method to the exploration of meaning echoes the philosophical foundations of Counselling Psychology in phenomenological epistemologies (Loewenthal, 1996; van Deurzen-Smith, 1990a). It also resonates with recurring proposals to clarify and encourage the value of methodological pluralism, which argue that no particular approach can account for the complexity and variety of the human experience (Reicher, 2000; Avramidis & Smith, 1999; Slife & Gantt, 1999).

IPA and contextualism both adopt a critical perspective concerning the formation of social knowledge. They reject a strict division between cognition and action, and focus instead on the meanings that arise through the interrelationship between doing and knowing (Jaeger & Rosnow, 1988; Langdridge, 2007a; Madill et al., 2000; Smith et al., 2009). They also share a similar conceptualisation of language as a tool for understanding, subject to inherent presuppositions and boundaries, which the researcher is invited to critically explore and reflect on when engaging with the material (Langdridge, 2007; Polkinghorne, 2005; Finlay, 2009). Such an approach to language appears consistent with a therapeutic way of understanding the research material, proving highly sensitive to the ways in which meaning can be constructed or imposed through our interactions with each other.

For these reasons this IPA methodology, informed by contextualist epistemology, was considered appropriate to investigate the experiences of motherhood for female Holocaust survivors.

2.43 Epistemological Reflexivity

Epistemological reflexivity refers to the considerations of the appropriateness of the chosen IPA methodology to meet the aims of this study. It requires the researcher to reflect upon the assumptions (about the world and knowledge) that they have made throughout a study and encourages them to reflect on the implications of these assumptions for the research and its findings (Willig, 2001).

In line with my contextualist epistemology (Jaeger & Rosnow, 1988) and the philosophical underpinnings of IPA, no claims about objectivity or representativeness of findings were made. Nonetheless, a consideration of my epistemological approach helped facilitate an understanding that each account represents objectively different experiences, which, should be explored and investigated in relation to one another and their wider social and cultural contexts (Willig, 2008).

Following Finlay (2011), throughout the study, efforts were made to engage in a methodical dialogue with, "a dialectical process of hermeneutic reflexivity" (p.79). This helped highlight the origins and values assigned to the interpretation of mine and my participant's experiences. In this light, I was able to move beyond the prejudice of my previous understandings and challenge my potential investments in particular research outcomes (Finlay, 2011). I recognized the interaction between me and my participant's throughout the study and was conscious of my presuppositions and beliefs regarding the experience of motherhood for female survivors. Efforts were made to ensure that interviews were conducted with caution and questions were asked neutrally, accepting that people may have had different experiences. Whilst I tried to remain open-minded throughout the interview and analysis process, reflective practice and supervision were useful to help identify and bracket my personal biases.

Critical language awareness (Fairclough 1995) forms part of reflexivity. Whilst qualitative researchers tend to contest the extent to which language constructs versions of reality, in line with its epistemological framework, this study acknowledges that language has a constructive dimension; it does not simply mirror reality. This means that the categories and labels used throughout the research process were understood to shape its 'findings'. For example, certain answers are made possible by certain kinds of questions. When I asked a respondent 'how she felt' towards her children for example, I invoked the category 'emotion'. Language was therefore viewed as tool for understanding, which, through supervision and reflective practice, I critically reflected on.

2.5 Theoretical Underpinnings of IPA

IPA is a qualitative approach to research developed by Jonathan A. Smith. It identifies individual experiences and the meanings attributed to them. This bottom-up approach is ingrained in participants' narratives (Lafarge, Mitchell & Fox, 2013), and is based on three principles: phenomenology (Husserl, 1931), hermeneutics (Ricoeur, 1978), and idiography (Thomae, 1999).

2.51 Phenomenology

Phenomenology, developed in the early 1900s by Edmund Husserl and expanded by Martin Heidegger, considers the unique components of experiences that distinguish them from others (Smith et al., 2009). It explores how phenomena are perceived, experienced and articulated and is concerned with the lived experience of individuals and the meanings they assign to their experiences (Smith & Osborn, 2008). Through eidetic reduction, phenomenologists aim to understand the essential components of a phenomenon, which make it unique. Phenomenological studies therefore focus on how individuals make sense of phenomena, rather than describing them according to a predetermined categorical system, conceptual and scientific criteria. According to Smith et al., 2012, pp. 2), this involves the researcher "bracketing" their preconceptions and allowing the phenomena to speak for themselves.

Influential philosophers such as Husserl (1927), Heidegger (1927/1962), Merleau-Ponty (1962), and Sartre (1943/1956), largely shaped the idea of phenomenology. Husserl (1927), a philosopher who founded the school of phenomenology emphasised the importance of looking at human experience in order to consider the essence of it. Heidegger (1927), a student of Husserl, continued to develop his ideas around phenomenology, however, rather than focussing on individual psychological processes, he emphasised the question of existence itself (Smith, Flowers, and Larkin, 2009).

2.52 Hermeneutics

IPA does not merely take a descriptive stance to research; it is heavily influenced by hermeneutics (from the Greek word *'to interpret'* or *'to make clear'*), which is the theory of interpretation (Ricoeur, 1978). According to hermeneutics, one needs to comprehend the mind-set and language of an individual, which are used to mediate one's experiences of the world, in order to translate his or her message (Freeman, 2008). Thus, IPA researchers attempt to understand what it is like to stand in the shoes of subject (although recognising this is never completely possible) and through interpretative activity make meaning comprehendible by translating it. This means that an IPA study is dynamic by nature. It demands the research to take an active role in understanding the phenomena under investigation; it is only through interpretive activity that the research can make sense of the subject's personal world.

While Smith and Shinebourne (2012) hold that the essence of an experience can only be comprehended through reflection and interpretive activity, they suggest it is only possible to stand in the shoes of their subjects and make sense of their experiences if the researcher acknowledges their role in the process (Smith, 2009). They must recognize their role as co- constructors of an experience formed in partnership with the participant (Larkin, Watts & Clifton, 2006). Smith et al. (2009, p.24) emphasise that experiences are never "pre-suppositionless"; they are always presented to us as interpretations, which have been influenced by fore-conception (prior experiences, assumptions and preconceptions of participant and researcher). The phenomenological analysis produced therefore always involves a 'double hermeneutic', whereby "the researcher is trying to make sense of the participant trying to make sense of their personal and social world: (Smith, 2004, pp. 53). IPA researchers recognize this complicated relationship. Personal bias and preconceptions are understood to complicate the researcher's access to the individual's account of experience. This bias must be acknowledged and addressed (Smith et al., 2009). But IPA also accepts that the construction of a judgment-free interpretation is not necessarily possible (Smith et al., 2009).

2.53 Idiography

Most other psychological methods, such as quantitative and psychometric methods of investigation, can be described as being 'nomothetic' and concerned with making claims about a large group of people and creating general assumptions about human behaviour. However, idiography, the third major influence on IPA, is concerned with the particular. IPA's commitment to 'the particular' operates at two levels. First, it is committed to establishing how particular experiences are understood from an individual- and context-specific perspective. Second, its data analysis recognises the particular nuances of an experience (Smith et al., 2009). Unlike other nomothetic methodologies, which are concerned with establishing rules or claims at population level, IPA privileges generalisations from the particular. Appraising “the centrality of certain general themes in the lives of all particular individuals” (Evans, 1993, p.8), facilitates a move away from the particular and towards the general (Eatough & Smith, 2008).

In order to examine the particular, IPA utilizing small selective samples of participants, via a process of moving from a single case to more general phenomena (Smith, Flowers, and Larkin, 2009). It also uses a thorough, systematic approach to data. This not only allows the researcher to capture a rich level of detail but it also facilitates the examination of how a particular experience is made sense of by a particular individual or group of individuals, in a particular context (Smith, Flowers, and Larkin, 2009). IPA is well known for utilising small selective samples of participants, via a process of moving from a single case to more general phenomena (Smith, Flowers, and Larkin, 2009).

2.6 Rationale for the Methodology of IPA

IPA’s underlying principles, and phenomenological (Brocki & Wearden, 2006) and idiographic nature reflect the objectives of this research. IPA’s interest in lived experience also matches the aim of this research. Rather than establishing generalised claims, this study aims to understand the experience of motherhood for a select number of female survivors. Nonetheless, Smith (2004) suggests that this type of idiographic analysis is in fact generalizable.

IPA’s emphasis on investigating experience directly (Shaw, 2001) is particularly fitting to this research, which aims to explore a relatively under-researched aspect of the Holocaust. As mentioned above, most current studies focus on children of survivors rather than survivors themselves. Few are concerned with gender issues.

Finally, IPA’s focus on a ‘double hermeneutic’ reflects my own epistemological beliefs and indeed those of this study. Convinced that direct access to participants’ perspectives is impossible, I acknowledge the need to access their inner world through active interpretation (Willig, 2008). IPA acknowledges the researcher’s role and perspective, allowing for introspection and self-reflection but acknowledging that judgment-free analysis is unobtainable. This allowed me to reflect on my personal contribution to the study and consider how my position as someone whose family have been impacted by Holocaust trauma, may have influenced the findings.

2.7 IPA vs. Other Qualitative Methodologies

Various alternative methodologies were considered for this study's research paradigm. Grounded Theory (Glaser & Strauss, 1967) was considered as a potential methodology due to its focus on the individual as an active interpretive agent in the construction of meaning, as well as for its emphasis and appreciation of ground research and its findings within its relevant contexts and problematised areas. However, despite sharing many features with IPA (Willig, 2008), Grounded Theory was ruled out due to its prioritisation of theory construction and social processes, an approach arguably better suited to sociological research questions. Perhaps Grounded Theory would have been more appropriate if this study aimed to generate a theory about how female survivors of the Holocaust experience motherhood (Willig, 2008). Given that this research seeks an understanding of the quality of affective experience, rather than to construct a theoretical relationship between Holocaust survival and mothering styles, it was felt that Grounded Theory would be a less helpful method of analysis than IPA. IPA also felt more fitting than Grounded Theory since it views the researcher as essential to uncovering meaning and co-constructing knowledge. Since Grounded Theory (Charmaz & Henwood, 2010) assumes an alternate epistemological position that is less compatible with the role of the researcher, it is a less suitable fit for this study.

Discourse analysis, which is concerned with the role of language in the construction of social reality, was also considered as a potential methodology for this research. However, despite its shared assumptions with IPA regarding the function of language to construct rather than represent reality, as well as its shared emphasis on the psychological aspects of narrative (Willig, 2008), it was rejected and deemed a less appropriate methodology than the one chosen. Although both approaches recognise that individuals make sense of the world through their social contexts and critically challenge the surface level meaning of socially constructed narratives (Langdridge, 2007), the two methodologies hold two entirely different focuses. Whilst a Discourse Analysis of this study would be focused on the exploration of how female survivors use language to negotiate their experiences of motherhood, an Interpretive Phenomenological approach focuses on the contextual and linguistic elements of the women's accounts to understand how they make sense of their experience motherhood.

2.8 Research strategy

2.81 Sampling and Participants

In line with IPA, this study utilised purposive sampling to select a homogenous group of participants with a particular expertise in the experience of motherhood after surviving the Holocaust (Reid et al., 2005). In order to give full recognition to each participant's account and in accordance with Turpin et al. (1997), a sample of eight participants was recruited. This sample follows Smith et al. (2009) who suggest that an adequate sample, which meets the needs of a Professional Doctorate research project, consists of four to ten participants.

The primary inclusion criterion for this study was that participants were Jewish mothers who had lived in Europe under Nazi rule or influence between 1933 and 1945. While the definition of a 'Holocaust survivor' remains fluid (Aharony, 2015), this research is consistent with the definition proposed by Hannah Yablonka and Yehuda Bauer (Aharony, 2015). I felt this was the most inclusive, non-judgmental definition. Thus, in line with this definition, participants must have endured at least one of the following Holocaust-related experiences:

- Incarceration in forced labour camps, concentration camps or extermination camps
- Confinement in hiding, living under a false identity
- Restriction in a Jewish ghetto
- Permanent refugee status

For logistical and financial reasons, non-English speaking survivors, currently living or residing outside the United Kingdom, were excluded. Exclusions were also made on an individual basis by psychological and physical presentation; since potential participants were aged between eighty-six and ninety-five; some were excluded due to their physical and psychological frailty. Those suffering chronic physical or mental health issues were excluded on ethical, health and safety grounds.

For reasons further expanded on in the following sections, I also chose not to recruit female survivors who I knew well. This followed the advise of my research supervisor with regards to potential issues of boundaries and role-conflict and similarly followed the preliminary feedback from my pilot study, which demonstrated the difficulty of establishing depth with a participant who is very familiar.

The complete sample of participants comprised eight female survivors living in London and one in Manchester, all with similar demographic profiles. While one goal of the recruitment process was to secure a diverse sample of participants from varying backgrounds, Smith and Osborn (2003) highlight the need to be practical when sampling a participant group. Following their guidelines, pragmatic considerations such as ease of contact and the limited recruitment pool determined the homogeneity of the final sample.

For the purpose of analysis, basic demographics as well as information about the participant's Holocaust experience was obtained (see Table 1. below). All participants in the final sample were allocated a letter in place of their name; coding was applied and analysis conducted and completed. During the write up, letters were replaced with pseudonyms as shown on Table 1. below.

Table 1. Participant details

Rf.	Participant	Age	Type of Holocaust-related Experience	No. Of Children
1	Jane	95	Restriction in ghetto; forced labour and concentration camps	3
2	Betty	86	Permanent refugee status	3
3	Shelly	89	Restriction in ghetto; forced labour and concentration camps	2
4	Rachel	95	Confinement in hiding; living under a false identity; restriction in ghetto; permanent refugee status	2
5	Rose	88	Confinement in hiding; restriction in ghetto; forced labour and concentration camps	2
6	Caron	92	Forced refugee status	5
7	Susan	88	Forced concentration camps	3
8	Sara	89	Restriction in ghetto; forced labour and concentration camps	5

2.82 Pilot

Following Briggs (2000), initial pilot data was gathered to help facilitate meaningful reflections of relevant contextual and epistemological issues, which arose throughout the interviewing process. An informal focus group of three colleagues from my Counselling Psychology training cohort at City University London was arranged and valuable feedback with regards to the phraseology of the initial interview questions was offered. Suggested areas of interest for further exploration were also voiced; these were considered when the final draft of the interview schedule was formed. I proceeded to conduct a pilot interview with a female survivor (well known to myself), who had kindly volunteered to help build my interviewing skills. This prepared me for the formal interviewing process and informed the focus and selection of the interview topics. It helped shape the interview questions to ensure their suitability for the aims of the research study and helped maintain focus throughout the interviews themselves. It also reminded me to be sensitive to the language used when conducting the interviews. The pilot study also demonstrated the practical difficulty of establishing depth when interviewing a familiar person (Roulston, 2010).

2.83 Recruitment

Five participants were recruited through London's Holocaust Survivor Centre, a unique facility offering support services to Holocaust survivors in the UK. Three participants were recruited through a snowballing method (Langdridge, 2007). Participants were initially contacted by telephone or email by the referrer and invited to participate in the study. Those who were interested consented verbally to their details being passed on to me and were aware that I would make contact with them at a later date. The Holocaust Survivor Centre is in regular contact with most Holocaust survivors in the UK, including all those selected for the study, and was reasonably well informed of participants' cognitive abilities and emotional stability. The Centre acted as gatekeeper to the final sample, offering them additional support and care throughout the study.

Once contact had been initiated, each prospective participant was contacted by telephone to check for inclusion criteria eligibility. Potential participants were also advised of the nature of the research; its aims and objectives; what would be expected of each participant; my confidentiality policy; and the study's value to the field of Counselling Psychology. They were reminded that participation was entirely voluntary and that declining to participate would have no negative repercussions. No incentives were offered and participants were informed that the information they supplied could be withdrawn from the study at any time. Participants were given any additional information they required about the study. During the initial telephone conversation, interview arrangements were made; participants were reassured that the interview would take place in a private room at their preferred location. Given the sensitive nature of the study as well as the age of the prospective sample, it was felt that this would enhance confidentiality and privacy, and provide a convenient, safe and trusting environment for participants to freely talk about their experiences.

At the start of the interview, participants were asked to read a 'Participant Information Sheet' (Appendix A) and 'Consent Form' (Appendix B) before consenting to participate. This reminded them of the nature and details of the research and all necessary debrief information. Participants were advised that once the study had been concluded, they would be contacted and given a debrief form, informing them of the results.

Participants were also told they would be given a copy of the publication. Given the length of time required to complete doctoral research, and given participants' advanced age, it was acknowledged that participants might die before the end of the study. In that event, it was important to agree with the participant who would be debriefed instead of them. The Participant Information Sheet gave participants the opportunity to share details of a contact who would receive the debrief information in their place. Participants were told that giving a contact was entirely optional and nobody in the final sample chose to do so.

Although the final sample had all previously discussed and reflected upon their Holocaust experiences in both public and private forums, it was acknowledged that the nature of all Holocaust research is emotionally highly charged. I accounted for the possibility that participants might experience particular discomfort, stress or anxiety from participating in the study. After each interview, I provided each participant with a list of active survivor support groups (Appendix C). Despite some risk of distress, individual experiences of participation aligned with existing research suggesting that self-disclosure enhances psychological adjustment (Pennebaker, 2004). Indeed, following the interviews, all participants expressed that their participation constituted a welcome opportunity to share their story of motherhood as well a chance to consider an aspect of their Holocaust trauma they had otherwise not considered. Given that participants were all elderly, it was recognised that some might have mental health issues, unrelated to their Holocaust trauma, such as dementia, Alzheimer's or depression. To account for this eventuality, participants were also offered a list of generic mental health support services for the elderly at the end of the interview.

2.84 Interview Structure

The IPA framework, together with the preliminary feedback gathered from the pilot study enabled me to elicit rich, detailed, first-person accounts of participants' experiences. Following Smith et al., (2009), semi-structured, in-depth, one- on-one interviews were used to achieve this objective. Interviews lasted between ninety and one hundred and eighty minutes and participants were advised that they could take a break whenever they wished. All participants took at least two ten minute breaks throughout, taking the opportunity to use the bathroom or to prepare another drink. All interviews were conducted in English and were recorded using an audiotape-recording device. Six participants were interviewed once and two twice. The latter wished to discuss aspects of their initial interview and to ask questions about the female experience of the Holocaust, which were not directly related to the study.

Mindful of the contextual issues discussed in previous sections, together with the potential power subtleties of an interview process, efforts were made to encourage an atmosphere of collaboration and power equality with participants. A naively curious stance was embraced (Willig, 2008) and in the spirit of collaboration, participants were asked where they would like to be interviewed. Given participants' ages and to ensure a convenient, comfortable environment, all participants requested that the interviews were conducted in a private room in their homes. Following the interview, before leaving, I spent approximately half an hour with each participant to ensure they felt settled. Four participants served tea and biscuits, explaining that it was important to them that I ate and drank before leaving. Three participants introduced me to family members living at home with them. Before leaving, I gave each participant a debrief information sheet (Appendix D), a list of emotional support services and the opportunity to ask any outstanding questions.

2.85 Interview schedule

Following the guidelines of Smith et al. (2009), for questions suitable for IPA studies, open-ended, non-leading inquiries were used. An interview schedule was used to guide the conversation and prompting was minimal. Questions centered on the survivor's experience of motherhood, how it compared to their previous hopes or expectations, and on their past and present relationship with their children and how they conceptualise and understand that development in relation to their Holocaust trauma. The interview schedule can be found in the table below.

Although information obtained in a study is necessarily prompted by the interview questions (Brocki & Wearden, 2006), the interview schedule aimed to ensure that participant feedback was, as far as possible, participant-led (Biggerstaff & Thompson, 2008). Questions were designed to enable participants to speak freely, openly and reflectively about their experience. As suggested by Smith et al. (2003), the first question involved a "gentle nudge from the interviewer" (pp. 15) in the direction of the interview topic. However, the first and second interviews revealed that the initial question, "Tell me about your Holocaust experience" was too vague to elicit a focused response. The opening question was accordingly redesigned. While the list of interview questions maintained focus, the interview schedule remained flexible (Smith et al, 2003). Questions were iterative rather than linear, enabling the exploration of novel or unanticipated perspectives. Thus the structure of interviews differed markedly.

Efforts were made to follow the course of each participant's narrative and interview items were used as themes to inform the inquiry. The interview was a chance for me to interact with the data, confirming when necessary my understanding of the participants' narratives (Kvale & Brinkmann, 1996; Roulston, 2010). This approached was proposed by Kvale and Brinkmann (1996). They suggest that influential quality criteria for interviewing practices that correspond to the idiosyncratic and contextualist nature of this study.

2.85.1 Table 2. Interview schedule

Interview Schedule

1. How do you feel about coming here today?
2. Tell me about your background?
3. Tell me about your survival story?
4. Tell me about your family?
    - Family of origin
    - Current family
5. What has it been like for you to be a mother?
6. Did you have any ideas about motherhood before you became a mother?
7. Tell me about your experience of being a child?
8. What do you think your children might have wanted from you?
9. How aware are your children of your feelings about all of this?
10. How was your experience spoken about in your home and family life?
11. What has it been like to talk about your experiences with me today?
12. Is there anything you might want to add before we finish?

2.86 Interview Transcript

Interview recordings were transcribed verbatim and compared to the audiotaped interviews to check for accuracy. As recommended by Smith and Osborn (2003), transcripts captured all vocal aspects of the interview, including laughing, crying, broken words and sentences, pauses and speech. This contextualised and gave added meaning to the verbal communication. This was especially true of cries and long pauses, which indicated deep feeling or reflection. Participants' names and any identifying information were removed from the written transcripts. Names were replaced with a letter and any identifying features were redacted. Following the transcription process, each original interview recording was saved on a secure, password-protected computer hard drive and stored in a secure cabinet, to which only the researcher had access.

2.87 IPA Strategy of Analysis

This paper's analysis stage followed the four-stage analytic guidelines of Smith et al. (2009). The process followed the idiographic approach of Smith et al. (1995), which proposes detailed examination of one interview transcript before proceeding to the rest. Therefore, the four stages of analysis were repeated eight times, once for each transcript. The researcher's thinking must remain 'flexible and creative' throughout the analytic process (Smith et al, 2003), therefore a systematic or chronological approach was avoided. This flexibility generated a 'whole' that exceeded the sum of its parts and enabled a meaningful and reflective interpretation of each experience (Smith et al., 2009).

In the initial phase of analysis, I became totally immersed in the data (Smith et al, 2003). This involved repeated close reading of the transcripts and listening to the audio recording of each interview at least 3 times. I progressed to an initial coding phase, making notes in the left-hand margin on emerging concepts, the text, its emotional content and participants' language. Following Smith et al. (2009), initial comments were "descriptive" in that they reflected my understanding of the participant's experience; "linguistic" through their engagement with the meaning and context of participant's words, and "conceptual" in announcing a more abstract and interpretive scope. This followed the tradition of hermeneutics and accounted for that which was missing or being said in different ways through verbal and non-verbal communication. As anticipated, this initial phase of coding produced a large amount of data (please see exemplar provided in Appendix E). Although potentially significant new insights and observations surfaced at this stage, I noticed that some parts of the interview were richer than others, warranting more commentary (Smith et al., 2003). This stage proved an invaluable opportunity to recall the interview atmosphere, setting, and the thoughts and emotions evoked in both my participants and myself at the time.

There followed a phase of focused coding, in which initial codes were reanalysed until thematic clusters appeared. Initial notes were transformed into brief phrases, which seized the essential quality of the data. These were noted on the right-hand margin and treated as a preliminary, chronological list of emergent themes. I used labels to identify themes, excluding nothing at this point. Smith (2003) distinguishes this stage as a slightly higher level of abstraction, which, while grounded in the research, invokes more psychological terminology and interpretation. Whilst this part of the analytic process was more abstract and interpretative, efforts were made to incorporate the participant's words throughout the analysis in order to ensure that interpretations and emerging themes were grounded in the data (Smith et al., 2009). Emergent themes were then recorded chronologically onto an excel spreadsheet (see Appendix F). Once this process had been repeated for each transcript, I began to reflect on potential meaningful clusters.

In the third stage of analysis, emerging themes were compared across individual accounts and grouped according to conceptual similarities and differences. At this point, the analysis was transferred onto paper. In order to cluster together the emergent themes for each participant and to identify connections between them, I used a large piece of A3 paper, (a different color for each survivor) for participant's emerging themes; each theme was defined in a different colour (See Appendix G). This pictographic representation enabled me to systematically reflect on the data, thereby making meaningful patters between the emergent themes (Smith et al., 2009). The data was transferred back and forth between my excel spreadsheet and highlighted papers in the process of forming subtheme categories across all participants. As Smith et al. (2009) anticipates, some themes were dropped at this point as being either less fitting to the structure of the analysis or having a weak evidential base. A final list of three superordinate themes and eight subthemes, which most accurately epitomised participants' accounts, emerged (See Figure 1 in the following Chapter). Throughout this process, I regularly reverted to the original transcripts to ensure that superordinate themes and subthemes accurately mirrored participant experience.

This list of themes was used in the fourth stage, the formation of a 'summary table'. Smith encourages the researcher to ensure the specificity of themes and subthemes to the phenomena under investigation, and to retain the voice of participants' personal experience, at this point. Therefore, I reconsidered the dropping of some themes and attempted to further justify retaining those that remained. The resulting summary table demonstrated all the major theme-clusters, together with supporting quotations, page numbers and line numbers from the transcripts; my analytic comments were also included (see exemplar provided in Appendix H).

Once each transcript had been analysed, similarities and differences in emergent themes and subthemes were considered. This produced a master list of superordinate themes and subthemes that most accurately captured participants' experience of motherhood. A final filtering system was employed for abandoned themes lacking sufficient representation or apparently less relevant to the research question (Smith et al., 2003). Following Yardley's and Smith's (2009) proposed criteria for good quality IPA research (see Quality and Validity), decisions to abandon themes were also made to reflect potential interests of the reader and to correspond to issues overlooked in the current literature. These decisions may also have been influenced by my subjective interests (Larkin et al., 2006). The final list of common themes merged into three superordinate and eight subordinate themes.

In order to meaningfully reflect on my application of IPA, efforts were made to facilitate a paper trail of each phase of analysis. Tracking the analysis in this way also helped ensure issues of quality and validity (see below). This, together with the effort I made to check the quality and validity of my work through regular meetings with my supervisor, and by presenting my work at different stages of progress to my colleagues and peers helped reflect on the practical application of my epistemological position to the IPA methodology.

2.9 Ethical Considerations

Ethical approval was obtained from City University's Department of Psychology (Appendix N). Several ethical considerations were addressed, most importantly, the possibility that participants might experience distress.

Although the Holocaust is widely discussed in the Jewish community, Holocaust research is emotionally charged and so some discomfort or psychological distress could have resulted from this study. After each interview, therefore, efforts were made to give each participant a list of Holocaust-survivor support groups, who they could contact for any additional support. Nevertheless, as noted above, participant experiences confirmed existing research showing that self-disclosure enhances psychological adjustment (Pennebaker, 2004).

It was equally possible that emotional issues, unrelated to Holocaust distress, might have been disclosed during the interviews. Given participants' advanced age, they might have discussed issues relating to bereavement, depression, social exclusion or distress with housing facilities, carers or family members. One participant spoke about the recent loss of her son and another, of her husband. She expressed her appreciated for being directed, after the interview, towards various relevant health and support services.

While participants came from different communities, confidentiality and identity disclosure could have been breached, as all but one lived in close proximity. All identifying information was therefore concealed in all written or other communication. The anonymous data was only seen by me and my assessors and was kept in a secure cabinet, to which only I had access. Despite these precautions, given that their numbers are few, participant's stories may be known within their community and their identity identifiable in this report. This was made clear on the Participant Information Sheet and participants were given the opportunity to withdraw from the research if they wished.

All interviews were carried out in a private room at each participant's home; this was a location chosen by them. While it was unlikely that any harm might arise, and in fact did not, these circumstances posed some risk to me. I therefore ensured that more than one other person was aware of the time and location of interviews.

Finally, I ensured that my conduct was not excessively intrusive on participant time or personal information. Contact was restricted to the scheduled interview time and interviews were not extended without good reason. Nevertheless, two interviews were extended at participants' request. Efforts were also made to ensure that participant's felt comfortable to take a break at any point throughout the interview process.

2.10 Personal Reflexivity

Following the ontological and epistemological position of this study, I accept that various truths as well as many different ways to approach a phenomenon exist. Nevertheless, I have reflected on the impact I may have had on the findings of this study. This section offers a critical reflections of the ways in which my personal experiences, values and presuppositions about the topic under consideration, may have influenced the research process and its findings. Furthermore, I have reflected on the impact that this study has had on my personal and professional journey.

My initial interest in the broader topic of Holocaust-related intergenerational trauma stems from my personal exposure to it. My maternal grandmother and great-grandfather were both impacted by Holocaust trauma and whilst neither qualifies as Holocaust survivors (according to the above definition), their Jewish-Dutch heritage, meant that many of their family relatives were killed during the war. Whilst my great-grandfather passed away before I was born, I have always been struck by my late grandmother's regular inference to her father's "survivors-guilt" and have been interested in how deeply troubled she was by it. Knowing how distressed she was by the loss of her relatives combined with the great impact this loss had on her and my great-grandfather has left a deep and long-lasting impact on me. Witnessing, from a young age, my grandmother's interpersonal challenges and blatant prejudice against Germany and non-Jewish people, resulted in my questioning the tenets of intergenerational trauma and curious of its potential and consequential impact on the emotional, social and psychological development of an individual.

Furthermore, having previously explored, from the perspective of the second-generation, the impact of Holocaust trauma, on survivors and their children, I approached this piece of research with some understanding of the complex nature of intergenerational-trauma. My involvement with the survivor-children from that piece of research left a profound impact on me and motivated me to further explore the subject of intergenerational trauma from the perspective of the survivors themselves. Whilst I hoped to shed light onto how differently individuals make sense of their traumatic experiences and how varied the potential implications of these experiences are on our personal development, it is possible that the findings from my previous piece of research and my personal exposure to the impact of intergenerational Holocaust trauma, may have led me develop various preconceptions and expectations about low levels of interpersonal functioning surfacing within my participants. Whilst I was careful to remain conscious of these preconceptions throughout my research and bracket them throughout the analysis process, it is possible that they may have impacted the findings. As mentioned at the start of this chapter, throughout this research, I felt particularly conscious of my respect and admiration for each woman I interviewed. On reflection, perhaps my desire to demonstrate how special each woman was inhibited me from engaging as freely with the data as I could have. It is possible that I held a subconscious desire to disprove my preconceptions of poor interpersonal functioning amongst female survivors and draw special attention to the finer aspects of participants' mothering journeys.

Reflecting on my position as someone whose family has been impacted by intergeneration Holocaust- trauma, and my position as someone who has previously explored the impact of

Holocaust trauma (from the perspective of the second generation) I became aware of my initial hesitation to more creatively and freely interact with my participants and data. I recognised how anxious I, as an interviewer who assumed prominent familiarity with my participants, was about the possibility of leading my participants through my questions. I also noticed how apprehensive I felt to interpret the data as deeply and as intensely as I would have liked. I recall being conscious of misinterpretation thereby potentially upsetting or offending those who participated in the study. That being said, I feel that the diversity of my participants' narratives somewhat surprised me as they appeared to contradict my initial assumptions. Staying attuned to my epistemological position allowed me to question my expectations about my participants' experiences and facilitated my deep and thorough engagement with their actual words. This meant I could acknowledge the uniqueness of their testimonies. As I advanced with the interviews and process of analysis, I stayed committed to a course of reflexive introspection. This facilitated my ability to remain sensitive and open to the impact of my participants' stories on me as well as to recognise the ways in which, I may have impacted them (Finlay, 2011; Willig, 2008).

It is also possible that my unique positioning facilitated the analysis. Smith, Flowers and Larkin (2009) suggest that IPA researchers require some understanding of participants' cultural positions in order to understand their experiential claims. While they stress that researchers need not necessarily be 'cultural insiders', my position, as someone whose family have been impacted by Holocaust trauma, allowed me to better understand my participants' terms of reference and appreciate the lived experience they reported. Nevertheless, IPA acknowledges and accepts this double hermeneutic as an important aspect of understanding the essence of lived experience and I sought to ensure that my interpretations were methodologically sound.

In order to satisfy the premise of my relativist-contextualist epistemological position, I took the following actions in order to help differentiate my personal assumptions from my the findings of this study: I repeatedly reviewed my interview material and analytic process in meetings with my supervisor and I kept a reflective diary which helped me further reflect on my personal biases (see exemplar provided in Appendix I). I was also careful to explore relevant themes in my personal therapy and used my pilot interview to further expose and challenge assumptions about the experience I consciously or unconsciously aimed to investigate.

I was also challenged by the need to position my results within the constraints of an IPA study.

Hence I attempted to conceptualise the relationship between themes, taking care to avoid creating a model of participants' experience, since this would have led me outside the methodological framework, towards a more Grounded Theory approach. While I felt confined by IPA's boundaries, following Smith et al. (2008) prevented me from creating a model of the women's stories. I did, however, feel overwhelmed by the magnitude and gravity of my data, compared to the size of this study. I struggled to determine where to stop and how deep to go with my interpretation. Wanting to transcend mere description, I revisited my data several times in order to engage in a methodologically sound interpretation.

Reflecting on the accounts of my participants meant that I was better able to explore my personal experiences and exposure to the impact of intergenerational Holocaust trauma. It also meant that I could accept the things I felt were missing or contradictory to my personal experience of it. More precisely, as I came to the end of writing up this study, I noticed my inherent need to preserve some sort of particular fantasy of supremacy for the survivors and indeed for anyone who was, directly or indirectly, impacted by Holocaust trauma. Efforts were made to question my underlying representation of how those impacted by Holocaust trauma "should be" and what "good" or "bad" experiences of motherhood for survivors of the Holocaust "should be like". Through thoroughly engaging with the data, I was better able to notice the inconsistencies between and within mine and my participant's personal experiences and exposure to intergenerational Holocaust-trauma and learned to progressively detach myself from my former attachments to coherent outcomes, both as a researcher and as someone whose family has been impacted by intergenerational trauma.

Overall, I found the analysis process particularly emotional. Participants shared with me their raw, upsetting experiences and I experienced some discomfort and distress when analyzing the data. Whilst I have read, watched and researched a great deal of Holocaust testimony, the experience of talking directly to the survivors themselves were particularly moving. I felt touched by their honesty and hopeful that my interest in their story and experience of motherhood would in some way demonstrate the level of respect and admiration I felt they deserved. Weekly personal therapy, along with supervision meetings and a reflective diary, helped me make sense of these emotions, facilitating peaceful reflection and conceptualisation throughout the analysis process.

2.11 Evaluating the research

To ensure the validity and quality of this study, Yardley's (2011) guidelines, outlining common criteria for qualitative research, were followed. The explanation by Smith et al. (2009) of how these can be applied to IPA research gave them further validity. The guidelines outline four principles: 1) To remain sensitive to the study's context when analysing and interpreting data; 2) To demonstrate commitment and rigour when engaging with the topic and dataset; 3) To be coherent and transparent when linking the data to particular arguments; 4) To be sufficiently impactful in the wider context. These guidelines were considered through each phase of the research.

2.11.1 Sensitivity to Context

Sensitivity to context was demonstrated from the start by considering the relevant literature, the socio-cultural milieu of the study and the material obtained from participants. The literature formed the rationale for this research and shaped the research question. Attention to the socio-cultural environment influenced my choice of IPA as the methodology. The need to recruit a sample of participants sharing the experience of Holocaust survival and motherhood forced me to engage closely with the idiographic and particulars of each prospective participant. I established and maintained a rapport with the gatekeeper for the research to gain access to my cohort. Socio-cultural context was maintained in interviews by my seeking information about participants' broader demographics.

Sensitivity to context characterized the entire interview process. I showed appreciation for the interactional nature of data collection by displaying empathy with participants and their experience (Shinebourne, 2011). I drew on my therapeutic skills to demonstrate empathy and create a safe, trusting environment in which participants could discuss their experiences (Smith et al., 2009). I recognised interactional difficulties and negotiated the intricate power play between research expert and experiential expert, thereby retaining context sensitivity. For example, when analysing the data, I offered only interpretations that were wholly substantiated by verbatim transcripts.

2.11.2 Commitment and Rigour

Commitment and rigour relate to engagement with the research topic and to methodological proficiency (Yardley, 2008). I demonstrated commitment by fully engaging with each participant, and familiarised myself with the relevant IPA literature in order to develop methodological proficiency. Rigorous diligence in data collection and analysis processes is vital (Yardley, 2008). I sought this through full immersion in the data and through a non- linear approach to analysis, ensuring that it transcended mere narrative and description. Training and supervision facilitated a thorough and methodical IPA analysis.

2.11.3 Coherence and Transparency

Transparency refers to the clarity with which stages of the research were described in the write-up (Yardley, 2000). Transparency was enhanced by explaining the participant selection process, the construction and conduct of the interview schedule, and the steps of the analysis stage in the final write up. Efforts were also made to establish a high level of coherence. Following Madill et al. (2000), I aimed to ensure that the study's arguments were consistent and representative of the original data. Yardley (2000) describes coherence as the degree of fit between the research conducted and the theoretical assumptions of the approach being implemented. I attempted to conduct the study in a manner consistent with the underlying principles of IPA.

2.11.4 Impact and Importance of Study

According to Yardley (2000), the value of research is defined by the extent to which it reveals something interesting, important and useful about the topic under investigation; it is insufficient to merely develop a sensitive, thorough and plausible analysis, if the ideas proposed in the study have little bearing on the actions or beliefs of others. This research fulfills these criteria and its importance to professionals working in the field of mental health as well as to members of the wider community has been illustrated throughout. It is hoped that an improved understanding of the psychological impact of the Holocaust will promote greater awareness amongst clinicians and members of the wider community of the challenges and difficulties faced by Holocaust survivors and other trauma victims. Finally, it is also hoped that the study will be a springboard for further research into new, innovative ways of supporting survivors of the Holocaust and other genocides.

2.12 Conclusion

Overall, the first part of this chapter aimed to present a rationale for the qualitative nature of this study and to justify its chosen methodology of Interpretive Phenomenological Analysis (IPA). It began by outlining the philosophical foundations of this approach, followed by an exploration of the epistemological and ontological foundations of the study. It facilitated a clear explanation of why, despite its apparent limitations, IPA is a fitting method of analysis for this research. The second half of this chapter attempted to detail the research process, highlighting the design, sampling method and recruitment process, together with the methods used to collect and analyse the dataset. It also outlined relevant ethical considerations and reflected on my role as researcher.

Chapter Three: Findings

3.1 Chapter Overview

This chapter outlines the findings from an Interpretive Phenomenological Analysis (IPA) (Smith et al. 2009) of eight participant interview transcripts (See Appendix J for example transcript). The analysis process, which was discussed in the Methodology chapter, facilitated the emergence of three superordinate themes and eight subthemes, which demonstrate how participants made sense of their experience of motherhood, given their experience of surviving the Holocaust. These superordinate themes and subthemes, and their frequency of emergence across the participants are represented in the table below (Table 3).

While each participant interpreted their experience differently, analysis of the data revealed common processes. Given the quantity of data collected, the themes do not capture every aspect of participants' experience. While IPA demands that data is categorised and labelled, the groupings do not necessarily correspond to concrete categories of participant experience, due to considerable overlap between and within themes. This is unsurprising, given the epistemological and ontological position of this research, which confirms the intricate interconnectedness of subjective human experience.

Given that the table below represents the interpretation of a single researcher, it is understood that various factors including subjective experience is likely to have affected the findings. Nevertheless, IPA acknowledges and accepts this double hermeneutic as an important aspect of understanding the essence of lived experience. It is therefore critical that the researcher's interpretation of the participants' interpretations is rooted in a methodologically sound approach.

3.2 Overview of Themes

The analysis elicited three superordinate themes and eight subthemes, whose frequency across the participants is represented in Table 3 below.

The first superordinate theme, ‘Negotiating the Role of Motherhood’, is linked to three subordinate themes: 1) The Roles and Responsibilities of a Mother; 2) Origins of Mothering Values; 3) The Experience of Change Throughout Motherhood. Here, participants try to make sense of their mothering experience by negotiating the origins and evolution of the values shaping their roles and responsibilities. The second superordinate theme, “Navigating the Experience of Distance and Closeness”, discusses how participants understand their experience of motherhood in relation to significant relationships. It constitutes two subthemes: 1) Connection and Disconnection; 2) Gratitude and Taking for Granted. The third superordinate theme, ‘Negotiating Internal Conflicts’, highlights how participants make sense of inner conflicts. It comprises three subordinate themes: 1) Hope and Hopelessness; 2) Fear and Stability; 3) Pride and Shame.

Table 3: Overview and Frequency of Themes

Superordinate Theme	**Sub- Theme**	**Participants**
Negotiating the Role of Motherhood	1. The Roles and Responsibilities of a Mother 2. Origins of Mothering Values 3. Experience of Change Throughout Motherhood	1. 12345678 2. 12345678 3. 12345678
Navigating the Experience of Distance and Closeness	1. Connection and Disconnection 2. Gratitude and Taking for Granted	1. 12345678 2. 1234568
Conflicting Emotions	1. Hope and Hopelessness 2. Fear and Stability 3. Pride and Shame	1. 12345678 2. 12345678 3. 12345678

3.3 Superordinate Theme One: Negotiating The Role Of Motherhood

This superordinate theme highlights how participants understand their maternal roles and responsibilities. The first subtheme addresses roles, responsibilities and values; the second addresses the origins of mothering values and the third considers how participants have experienced their roles and responsibilities change over time.

3.31 The Roles and Responsibilities Of a Mother

Most participants reported a sense of maternal responsibility. Some pinpointed internally imposed constraints to their parenting, conceptualising what they 'should' and 'shouldn't' do. Jane thought motherhood **"lovely"** but **"difficult"** and challenging. She felt responsible to give her children equal love and attention and felt compelled to **"make peace all around"** and **"fulfil everyone's wishes" (Jane, 759-760).** She also felt it her duty to protect her children from anti-Semitism, by teaching them about her Holocaust trauma:

> **"I eventually shared my story with my children for the benefit of youth today and tomorrow. It's important for them to know what really happened to the Jewish people and not to keep it all to myself." (Jane, 164-167)**

Similarly, Sara reflected on returning to Auschwitz with twenty-seven family members, where she told her story **"in the right place at the right time, in the right surroundings" (Sara, 958 – 959)**. She too felt this was part of her parental responsibility, but expurgated her narrative:

> **"I don't talk horrors . . . I don't want to tell a story and they overhear it and they can't . . . I don't even want them to know that can happen." (Sara, 1657-1678)**

Acknowledging her children's desire to hear her full story, she also felt passionately that it would be too painful for them, doubtless wishing to protect them from the psychiatric distress suffered by other children of survivors:

> **"I never want them to suffer like today they call it the second-generation, if they murder somebody they say it's because they're the second generation." (Sara, 887-889)**

Jane also spoke about her duty to teach her children moral values. She described learning from her past and how teaching her children acceptance and tolerance rather than hate and discrimination was an important part of her mothering. She described some of the guidelines she used throughout this process and placed herself at the centre of their education. Her language of equality and respect evidenced her eagerness to be a good role model:

> **"I taught them to always tolerate each other . . . I always respect everybody . . . whoever comes into my house I offer them a cup of coffee cup of tea and I don't make any distinctions." (Jane, 431-447)**

I was struck by how passionately Jane spoke about teaching her children tolerance and goodness and wondered how it linked to her Holocaust trauma. I was left with the sense that after being subjected to the complete antithesis of these qualities, it felt especially important to Jane to ensure that her children never replicate them. I was left with the sense that through modelling respect and inclusivity to her children, Jane felt as though she was furthering the distinction between her and her Nazi oppressors.

Susan too spoke about setting her children **"a good human example" (Susan, 53)**. She valued her role as a teacher, whose priority it was to offer her children a well-rounded education, which would not only protect them against discrimination but also enhance their career prospects. Susan appreciated the influence of other systems on her children's development, but remained convinced that the onus for securing her children's personal and professional development was on her and her husband:

> **"Your children can achieve only what you are . . . your children copy you in every little thing." (Susan, 54)**
>
> **"Everything starts at home and then comes education outside and friends, but the starting point is the home." (Susan, 198)**

Referencing this point twice throughout her interview suggested that this was a responsibility Susan took particularly seriously. Her intensity suggested that she understood this role in context of her own loss and demonstrated her desperate desire to protect her children from having to rebuild their lives as she had to rebuild hers.

Similarly, Betty emphasised the importance of **"giving everybody love" (Betty, 1309)**, suggesting this was an unconditional, everlasting responsibility:

> **"Motherhood is something where it doesn't matter whether your children are six or sixty . . . to have children, you know, it's something that is for your life" (Betty, 1720-1726)**

This categorical tone testifies that Betty's commitment to her children was fundamental to her experience of motherhood. She recalled prioritising and supporting her children in their times of need, ahead of her own mourning process, when her daughter-in-law died and when her children's father died. Betty made a point of distinguishing between her feelings for her children and the feelings she assumed they felt for her. While she believed it was her responsibility to support them unconditionally, she did not believe the responsibility was reciprocal. Despite labelling this as natural, her facial expression suggested that she might have felt hurt by it.

> **"I would think if anything were to happen to me . . . you know, they get on with their life. " (Betty, 1726)**

Rachel, who lost her son at the age of 52, also alluded to her unending responsibility to her children and felt that offering them unconditional friendship was central to her experience of motherhood. Reflecting smilingly on how her children may have understood her role, she opined that:

> **"They're very happy . . . and know that mum is the greatest friend to them." (Rachel, 685)**

Rachel also spoke about the importance of boundaries and how she felt responsible not to impose herself onto her children, speaking for over fifteen minutes about respecting their time and space, independence and individuality, particularly in their adult years. Reflecting on the difficult relationships some of her friends have with their own children, she emphasised her determination not to become a similar burden. Nevertheless, she acknowledged the difficulty of respecting these boundaries.

> **"We should learn not to say "why can't you do this for me, why can't you stay longer, why can't I go with you too?" . . . You shouldn't impose yourself on your children because it doesn't make sense . . . You need to respect them and what they are doing" (Rachel, 491 - 508)**

Rachel's dwelling for so long on the point told me it was something about which she felt particularly passionate. I was struck by how important appearing robust and independent seemed for Rachel. I wondered whether her need not to burden her children linked to her Holocaust experience; after all, in Auschwitz, being anything less than resilient or unnoticeable, would have likely placed her life in immediate danger.

Responsibility also surfaced in the women's accounts in relation to naming their children after relatives killed in the war. All the women spoke about the importance of renewal and felt that naming their children after their relatives was not only respectful but also instrumental to the preservation of their memory. Jane's triumphant tone and language expressed how she felt grateful for and honoured by the opportunity to name her children after her father and siblings who were shot in Auschwitz, which she understood as a chance to preserve their memory:

> **"It was an honour for me to name in their memory because I feel they've been lost in the camps and their lives should be re-announced. I'm very grateful for that." (Jane, 555-557)**

Sara reported a similar sense of responsibility to name her children after her murdered relatives. However, rather than attributing responsibility for this duty to her Holocaust experience, she described it as a well-known Jewish tradition. While she acknowledged the gesture as a way of preserving the memory of her family, she insisted that it did not impact that way she viewed or interacted with her children; she had not made them into living memorials of her relatives.

> **“I don’t think of them more like them or any differently because they’re called after my parents, all Jewish children are called after ancestors . . . but it has kept those I lost somewhat alive.” (Sara, 1167 - 1171)**

While some felt a responsibility to remember lost relatives, Shelly felt responsible to make up for lost time and experiences, describing her desperation to give her children everything she once had, and her responsibility to give them a better childhood than her own. This had been almost impossibly difficult and she tearfully recalled struggling after her liberation from Auschwitz. With no money, family, home or possessions, she could not provide for her children as she would have liked. Her tearful, apologetic tone left me wondering, whether along with pain, she felt shame too:

> **“I had a wonderful childhood . . . my children didn’t have anything like it . . . I didn’t have lots of money to spend on them. I wanted to give them what I didn’t have. Well, what I lost.” (Shelly, 1187 - 1200).**

I was struck by the intense sense of responsibility (in its various forms), which seemed to surface in all the women’s accounts of experiences. I was left curious of the possible link it had to their Holocaust traumas and wondered whether their underlying sense of responsibility towards their children was the result of them having been torn apart from their own families at such an early age. Having been forced to become responsible for themselves prematurely, an aspect of their Holocaust experience each participant referenced as particularly traumatic and painful, perhaps each mother felt conscious to ensure, through their own doing, this would not to be the fait of their own children.

3.32 The Origins of Mothering Values

Most participants also spoke about their origins. Some appeared to hold replicative scripts from their own childhood and while most described a resemblance between their own parenting choices and those of their parents, no mention of conscious or unconscious decisions to parent their children differently featured in the data.

Susan seemed to link her parenting values to those of her parents. She described trying to emulate their values of honesty, kindliness and goodness, and their high regard for education. She highlighted a specific connection with her mother, interpreting it within the context of a wider parenting rule, that only women with fine mothering role models can become good mothers themselves. She felt her mother and grandmother had set such examples for her, and that both she and her daughter had succeeded in internalizing their values and behaviours:

> **"My mother gave me a good example and I am sure she got it from her mother . . . they say that my daughters are good mothers because they saw that I was a good mother." (Susan, 82-86)**

Whilst I was able to understand Susan's suggestion that only women with fine mothering role models can become good mothers themselves, I recall finding it somewhat problematic, given my close relationships to various women, who despite being raised by abusive parents, developed into wonderfully considerate and loving mothers themselves. I wondered whether Susan's matter-of-fact tone, reflected a defensiveness of her own mother's parenting; it seemed important to her that I fully understand the extent of the love and care she received from her mother as a child.

Rachel also linked her upbringing to the decisions she made as a mother. She identified both similarities and differences between her parenting style (and her husband's) and that of her parents, noting that the moral and ethical principles and values were the same, despite the less religious lifestyle of her own family. She identified a link between her choices and those of her parents in context of an unspoken parenting law: all children, unless taught differently, hope to emulate their parents' mode of parenting:

> **"I think it's automatic isn't it . . . if you were brought up one way you will follow in a way unless you're taught it's wrong." (Rachel, 173-176)**

Like Rachel, Betty affectionately alluded to an unspoken parenting law connecting mothers and children, speaking of her mother's kindliness and compassion, and recalling that her childhood home was always open to those in need. Describing her mother as a **"wonderful mother"** who gave **"so much love" (Betty, 1848)**, Betty recalled trying to replicate her mother's values in her own parenting journey. Although she emphasised that this was entirely involuntary, I wondered whether it was also a deliberate response to her evident desperation to make her parents proud. This feeling was confirmed later in the interview when Betty reflected on the reasons guiding her parenting decisions:

> **"I parented in the way that I think my parents would have liked and been proud of . . . to see that my children go to good religious schools and you know um have Shabbat and have visitors, guests and everything."(Betty 1605-1609)**

I felt struck by Betty's focus on religious observance and wondered why her understanding of good parenting seemed to be inextricably linked to observant parenting. This became clearer towards the end of the interview when Betty mentioned how important the Jewish religion and all of its practices were to her parents; she desperately missed them and wanted to make them proud by replicating their level of religious observance.

Sara also linked her values to her childhood. Recalling her liberation from Auschwitz, she described the endless search for lost family members and her longing to stay connected to her murdered parents and siblings. She related this memory to her parenting values and to her yearning to perpetuate her own childhood through her children:

> **"I wanted to bring them up just like I was bought up and I strived for that." (Sara, 889)**

The religious, ethical and social choices Sara made as a mother, closely resembled the values she grew up with; her smile left me with the impression that these were a source of comfort and pride. Replicating her parents' lifestyle and parenting choices testified to how eagerness to please them had shaped her mothering experience:

> **"We live in a surrounding the same as my parents . . . the children go to the same types of schools which teach the same types of things . . . it means so much to me. I go back to my past." (Sara, 1152)**

Shelly was the only participant who reported no resemblance between her parenting values and her parents'. She emphasised how the socio-economic gap between them left her and her mother parenting in entirely different ways. While Shelly had to work full-time when raising her children, her mother did not, since her father was the "**chief accountant in the largest textile firm in Europe" (Shelly, 110)**. She seemed to see this socio-economic discrepancy as the reason why she was a less physically and emotionally present mother than her mother had been. She also seemed to understand their differing values in context of her Holocaust experience. Recalling how her childhood was cut short by incarceration and separation from her family, she noted that she had few memories to bring to her own mothering journey. Therefore, while she felt love was at the core of both of their parenting models, she suggested that they had "**nothing**" more in common. Despite trying to maintain a brave face, her repetitive and increasing loud language, combined with her tearfulness, showed that this issue was particularly painful for her:

> **"There was nothing . . . there was nothing left, there was nothing left . . . My children didn't have anything like it, nothing like it. I didn't have the chance to, you know, to give them a childhood like I had." (Shelly, 1171 - 1191)**

I recall feeling struck by Shelly's emotionality and the level of importance she seemed to place on the socio-economic gap between her and her parents. I was curious why she felt (despite being able to offer her children a comparatively safe environment in which to grow up) that her financial struggle, in addition to her lost memories, was the most prominent reason why she was unable to offer her children as good a childhood as her own. Her repetitive language and strong tone left me with the impression that despite surviving the war and going on to be a parent, part of her trauma, involved being robbed of the standard of living to which she was accustomed.

Overall, while each mother conceptualised the origins of their values differently, most understood them as having come from their parents. Although the analysis highlighted the women's different mothering journeys, it also pointed to their shared desire to stay connected to their childhood families and to relive aspects of their aborted childhoods.

3.33 The Experience of Change Throughout Motherhood

Most participants recounted changes in their roles and responsibilities throughout their experience of motherhood. They spoke about their emotions and reflected on changes in their relationships with their children. Some were better able to cope with change than others.

Sara, whose third daughter, husband and five children moved in with her thirty years ago, recognised new sadness and frustration surfacing throughout her mothering journey as with age, she became unable to independently run her home as she once could. She reflected on her different responsibilities as an older mother and grandmother, and seemed unhappy that the responsibility to cook, shop and maintain her home was no longer hers. As an older woman, she felt less needed and relied upon; her children, who once trusted her for counsel and advice, now relied more on each other. This seemed to have left Sara feeling low and demotivated, both as an individual and as a parent. This left me with the impression that it was important for Sara to feel needed and wanted by her children. Nevertheless, while appearing frustrated by her changing responsibilities, describing herself as tired and unable to manage the same level of responsibility, she gave me the impression that she had accepted them:

> **"Yeah so everything was on my head, you know, I just can't do it and I feel so bad and frustrated about that . . . it's frustrating, very frustrating. I would love to carry on." (Sara, 1218-1222)**

Caron also described relying more heavily on her children, as she grew older, but unlike Sara, did not seem frustrated by the changing dynamic. She reflected on memories of her children's upbringing, emphasising her responsibility to feed, clothe and entertain them, but also reflected on how their roles had reversed in her later life: her children now took care of her every need and she was proud of their love and devotion. She interpreted their willingness to care and make arrangements for her as a reflection of her good parenting, and her smile seemed to suggest gratification as well as pride:

> **"Those children are now twenty-four seven . . . So I think it paid off that I spent so much time with them and I did, I was there for them, I didn't go to work or anything like that while they were small. I was there for them and with them 24/7." (Caron, 252 - 269)**

Reflecting on certain changes, Caron also emphasised aspects of her mothering that had remained constant, such as her role within the family business. She appeared confident that her children continue to value her counsel and advice as much as they always had, a sign that along with pride, she also felt respected. I was struck by how important, being recognised as central to the business, appeared to feel for Caron. I wondered whether she felt defensive of her role outside of the home and got the impression that being valued as more than *just* a homemaker was important to her.

> **"I know everything that's going on and they still come now and tell me everything that's going on and ask my opinion on things and they value my opinion." (Caron, 405-407)**

Susan also mentioned the concept of change, not in relation to her roles and responsibilities, but in relation to how the Holocaust was spoken about in her family. Her initial instinct to keep silent about her Holocaust experience (a boundary she made sense of within the context of a societal stigma), gave way to openness as her children grew older. She described the pain of this transition but emphasised how liberating and important it was, both for her and her children. Sara, who also seemed to understand this change as central to her parenting journey, shared this feeling, understanding it in the context of her children's maturity and readiness to cope with the details of her story. Her openness as an adult confirms how desperate she had been to protect her young children from developing psychological difficulties:

> **"My experiences were not spoken about until about twelve or fifteen years ago . . . I tried to bring them up by never talking about Auschwitz . . . As they got older I could talk about it." (Sara, 894 - 898)**

Rachel recounted changes in the degree and nature of worry she and her daughter had experienced. While she once worried about her children's behaviour, since losing her son and developing a closer relationship with her daughter, she now worries about the intense level of their interdependence. She expressed concern about how her daughter would cope after she passes away, emphasising that she had never previously thought about this. Rachel's repetition of the phrase "I am old" shows how this concern became relevant only in her later life.

> **“I am old, I’ve lost a son. I am old, I worry will she be all right. When they were younger, I didn’t carry the same worry, there wasn’t any need.” (Rachel, 424 - 441)**

The idea of change also surfaced in Shelly’s interview as she described an evolving relationship between herself and her children. Speaking of the difficult relationship she had once shared with her daughter, she explained how her overly protective parenting and tendency to force-feed her had created a wedge between them since her daughter was a child. However, despite this difficulty bonding with her daughter, a closer and more loving relationship had developed between them in recent years. She seemed to understand this relational shift within the context of her evolving self and emphasised, that unlike the immediate years following the Holocaust, when her trauma was still very raw, as an older parent, she felt better able to share and receive love from her children.

> **“My daughter would never say ‘I love you’. Now she does but growing up she never did.” (Shelly, 1269)**

Her smile and softened tone demonstrated how important this change was for her and suggested that she had been striving towards this for many years.

Each of the mothers had their own understanding of change along their parenting journey. Most felt their maternal roles and responsibilities had changed, particularly in their later life. While some reported finding this difficult, others felt it was a natural development. This finding highlights the evolving stages of motherhood and the differing needs and expectations of a mother at each stage. Whilst change in maternal roles is perhaps a fairly universal experience, I felt that aspects of my participants’ experience of change were somewhat unique to them, as survivors of the Holocaust. I wondered whether change surfaced within their mothering journey due to the increasing amount of time that had passed since their Holocaust trauma. Perhaps, as time grew further away from their trauma, they were able to grow closer to their children and talk more openly with them about their experience.

3.4 Superordinate Theme Two: Navigating the Experience of Distance and Closeness

This superordinate theme explores how participants, as mothers, understand their current and historic relationships with their children, spouses, religion and God. The first subtheme addresses feelings of connection and disconnection; the second considers feelings of gratitude and appreciation as well as the experience of taking aspects of motherhood for granted.

3.41 Connection and Disconnection

All participants had experienced motherhood in terms of connection and disconnection. Some described sporadic feelings of disconnectedness from their children, spouses and religion, but most spoke of a special connection with them.

Betty celebrates the birthdays, weddings and anniversaries of her children and grandchildren, and spoke joyfully of the close, loving bond she shares with them:

> **"I really enjoyed my children and loved them very much . . . We are very close." (Betty, 956)**

This connectedness was reiterated in her proud declaration that she had **"three children", "thirteen grandchildren",** and almost **"thirty great-grandchildren" (Betty, 488 – 489).** Her smile, and her insistence on showing me multiple family pictures, demonstrated the depth of this connectedness.

Betty also described her closeness to her husband. Describing their common dream of parenthood and shared love for their children, she understood her mothering journey as a joint enterprise. She described her husband's invaluable support when she miscarried their first child, and praised his **"amazing"** prioritization of her and their children:

> **"My husband was wonderful . . . for him the children were everything." (Betty, 1420)**

Jane too spoke with pride and adoration about feeling close to her husband, and of their shared dream of parenthood. His devotion to his family had been fundamental to their parenting journey. Jane's diction demonstrated her respect for him as a unique individual and exceptional life partner:

> **"He was a remarkable man, my husband . . . absolutely a diamond . . . of course he shared my desire for children." (Jane, 334-337)**

Jane also recounted current and historic distance from her children. Their relationship was **"friendly"** and she relied on them for important tasks, including collecting her meat from the butcher every Thursday, but they led independent lives. She described feeling particularly disconnected from them as babies; although she made their clothes, she had been too **"busy"** to offer additional attention. Her pragmatic tone emphasised the continuing distance between them. By contrast, her husband had been a devoted, **"lovely father"**. Her proud words were unaligned with her non-verbal communication, leaving me wondering whether she felt some envy:

"My relationship with my children is friendly . . . They live their own life . . . They've got their own friends; I've got my own friends." (Jane, 469-471)

Like Jane, Rose reported distance and closeness with her children. Their relationship was **"warm"** and **"loving",** but she also described striving to respect their personal space by remaining **"self-sufficient"**. Unlike the other participants, Rose felt uncomfortable about asking her children for additional support, especially in her old age, cautious of becoming overbearing, she tried not to infringe on their life too much, rarely asking them for help:

> **"I don't think it's right to be in one another's pockets and lives all the time . . . it's almost incestuous . . . We all have our inner sort of privacy and private lives that we want to keep separate from our children . . . I'm sure that they want to keep it separate from us too . . . You could say that we sort of treat one another with respect…You know?" (Rose, 761-769)**

Rose apparently felt this was the common experience of all mothers. However, by asking whether I agreed, she demonstrated a vulnerability that made me wonder whether she was entirely satisfied with her distant relationship with her children. I was left with the impression that Rose held certain fears about her self-image and self-perception; she seemed to experience a tension between presenting herself as independent and resilient on the one hand but vulnerable and yearning for closeness on the other. I sensed this tension may have been linked to her Holocaust experience, where a robust and determined exterior was likely essential to her survival.

Caron also spoke of her tremendous love of her children, emphasising the connectedness and warmth of their home. Love and connection were the essence of her mothering journey. She had been equally close to her **"fantastic"** late husband and remembered with a beaming smile their **"wonderful"** marriage **(Caron, 514-515)**:

> **"Whatever we did, we did together . . . we did everything together. People would always see us walk hand in hand . . . I travelled the world with my husband . . . I had everything that I would have never in my wildest dreams believed was possible." (Caron, 516 – 521)**

I noticed a sense of fulfilment as she reflected on her wartime memories; her great losses had been offset by their shared parenting journey. The physical chemistry and companionship had persisted into old age.

However, Caron also recounted experiencing distance when her children and husband had evinced apparently little interest in her Holocaust survival story. She didn't bother speaking about her experience to her children because her husband's story (he was an Auschwitz survivor) was more traumatic **(Caron, 661)**:

> **"He had to experience so much more than I did." (Caron, 660 - 665)**

Caron was pleased by her children's indifference, mentioning three times that she didn't find it hurtful. However, her solemn tone, forced smile and inconsistent eye contact suggested otherwise.

> **"It didn't bother me at all, I was quite happy not to have to talk about it" (Caron, 668 -676)**

Two other women reported feelings of distance and detachment when reflecting on how their Holocaust experiences were spoken and thought about in their homes. Betty reported feeling lonely because her Holocaust experience was not spoken about within the family. She wondered whether her story lacked interest because she had not been imprisoned in a concentration camp. Unlike Caron, Betty admitted finding her children's lack of interest painful. Despite their closeness, her body language and desperate tone suggested an inner, desolate isolation:

> **"Before I married I really was most of the time alone in hospital. I never had any visitors . . . no friends, no child, no cousin, nobody came to visit me . . .Even to this day sometimes I think why aren't they interested." (Betty, 824-829)**

Sara's experience was similar, not because of her children's indifference, but because her husband couldn't cope with her traumatic story. This was both flattering and painful; Sara's pained tone and averted gaze betrayed a distress that suggested it had created a wedge between them.

> **"My husband . . . knew I was in Auschwitz but he wasn't going to listen to my whole story . . . he just couldn't cope with it." (Sara, 1288 - 1292)**

The vagueness of Sara's language was striking. He was **" honest"** and **"hardworking" (Sara, 836),** but Sara had married him, not out of love, but in desperation to move on from her Holocaust trauma and because she thought her parents would have wanted her to marry **"exactly the same type of fellow" (Sara, 839)**. Although she claimed her feelings towards him were not **"cold" (Sara, 832),** her unenthusiastic tone and solemn facial expressions left me unconvinced. I sensed respect but also a lack of fulfilment.

However, Sara described a contrasting closeness to her children, who had looked after her through some of the hardest times in her life. She reported an intense closeness to, and mutual dependence on, her middle child, Jenna, who together with her children and husband, moved in with her some years after marriage. She understood her previous health issues and widowhood as having created a special closeness to Jenna and her grandchildren:

> **"It feels as though the grandchildren who live with me are my children – definitely." (Sara, 1250 - 1251)**

This bond was palpable throughout the interview, which was interrupted six times by one of them entering the room, either to check on her well-being or to ask for her assistance. Each interruption evoked a flush and smile, which might have been due to feelings of flattery or embarrassment. I was struck by how important Sara's connection to her children and grandchildren seemed to be for her and wondered whether the closeness they shared, in some way, made up for her own (pre-war) family's absence.

Rachel, who lost her 54-year-old son some years ago, also recounted current and historic feelings of maternal closeness. Weeping with happiness, she described motherhood as a **"loved"** and **"enjoyed"** journey. Describing the pain of losing her first-born child, she also reflected on how proud he would have been of everything she had achieved since his passing. Their relationship had been **"really lovely"** and **"very caring"**. She even recalled, with a lump in her throat, how he would express his concern for her by regularly asking, **"How are you mamma?"** Rachel also smilingly described a special bond of interdependence with her daughter, with whom she is in telephone contact many times each day. However, I also sensed that she felt conscious of the interdependency:

> **"I am now and then frightened that we've got . . . such a close relationship . . . I worry that she will miss me too much . . . can you imagine a feeling like this when someone feels to you very, very much and I feel that that's what she feels."**
> **(Rachel, 424 – 428)**

Rachel seemed satisfied with the relationship dynamic, but her shaking head and wide eyes gave the simultaneous impression that she may have felt overwhelmed by its weight and responsibility. She left me with the impression that she experienced a tension between resilience and fragility; whilst on the one hand her Holocaust trauma had inadvertently equipped her with the tools to deal with separating from a loved one, the thought of having her own child experience this painful lesson through her own death seemed somewhat unbearable.

Five participants reported experiences of distance and closeness within the context of their Jewish religion and heritage. Sara spoke of her connection to Judaism, repeatedly emphasizing the observant lifestyle of her pre- and post-war families. The Jewish practices in which she had been brought up had shaped the way she and her husband raised their children. Smiling excitedly, she described her connection to the Sabbath and its links to her childhood:

> **"I love Shabbat. It's an important part of my family . . . it reminds me of my past." (Sara, 1043 - 1045)**

Rose's Judaism was a matter of connection to the Jewish people, rather than to specific religious practices:

> **"Judaism is not about um praying three times a day and going to shul regularly…To me it is about community and about Jewish people as a people…The Jewish people are important to me as a people and I want them to survive." (Rose, 1002 - 1009)**

Reflecting on Jewish continuity, Rose highlighted the significance of Jewish practice within her own family, seeing observance as a duty or need to defy Hitler. Her firm, eloquent expression implied that connection to Judaism and its practices represented Jewish survival rather than mere observance:

> **"Carrying through Judaism to my family is important to me because it's a sign of defiance – they didn't want us to do it, they wanted to annihilate us but I want to go on." (Rose 1089 - 1091)**

Rose described Israel as **"home"** to the Jewish people and as central to her mothering journey. She not only highlighted how she lived there in the years immediately after the war but also mentioned a number of times how proud she was to visit her children and grandchildren who reside there. Acknowledging Israel's many problems, she asserted that her and her children's connection to the land was rooted not only in religious ideology, but in the historical survival of European Jewry:

> **"It is the land that we can always go to if and when things go bad for us in Europe." (Rose, 1007 – 1008)**

Rose's Zionism was evidently conditioned by scepticism regarding the future of European Jewry. She was comforted by the thought that Israel would offer a safe haven for her children, grandchildren and great-grandchildren when – as seemed to her inevitable – they were driven out by anti-Semitic persecution.

Betty and Caron also saw love of Israel as an important part of their mothering journey. Caron reflected fondly and smilingly on **"wonderful holidays"** in **"wonderful hotels"** in Israel with her children **(Caron, 223 – 227).**

Betty spoke similarly of taking her children **"very often"** to celebrate Jewish holidays in Jerusalem. Even in old age, she regularly visits her son and grandchildren who now live there. Betty's insistence on showing me her photographs of her son's home in Israel confirmed how proud she felt at his emigrating there. She linked this pride to her Jewish heritage; for Betty, Zionism was intrinsic to the Jewish religion and a testament to her survival:

> **"My husband's family goes back right practically back to Moses and everything, you know, all the rabbis and everything." (Betty, 1143-1144)**

Each mother understood her experience of motherhood through the lens of distance and closeness, with detachment from children, spouse and religion often counteracted by a special connection between them. I was struck by the surfacing of this tension and considered whether it felt especially prominent to the women given their early experiences of being torn apart, so aggressively, from their families, friends, homes and religion.

3.42 Gratitude and Taking for Granted

All participants spoke about gratitude and appreciation. Gratitude was expressed in terms of physical, emotional and financial achievement, and was directed towards themselves, their G-d, parents and husbands. One woman recounted feeling that she hadn't sufficiently appreciated her children when she was raising them.

Jane expressed gratitude to God for her ability to conceive and give birth to her children and expressed thanks for her role as a grandparent and great-grandparent:

> **"I'm very proud and I'm thankful to God that I'm able to have children and grandchildren and great-grandchildren after what I went through." (Jane, 136-138)**

Jane's pride in overcoming the physical and emotional challenges of childbirth was expressed in her repetition of the words **"grateful"** and **"thankful"**, and reference to motherhood as **"a miracle"**. She saw it as a privilege, making a striking connection between her feelings of pride and humility; she acknowledged her role in the process of childbearing but also, God's contribution to it.

This interconnected pride and humility surfaced across other accounts. Sara described how gratifying conception and pregnancy felt, following her Holocaust trauma:

> **"Eventually I became pregnant and thank God I did. Although I didn't think it would happen . . . when it did it was quite spectacular." (Sara, 768 - 770)**

Sara's gratitude was lifelong. She expressed gratitude towards **"the Polish women"** who helped Sara run her home for over ten years and continued to teach her to deal with the many challenges of older motherhood **(Sara, 227 – 228)**:

> **"I'm really grateful for all this help . . . it means that I can continue doing many of the things I used to do and that they can rely on me in the way they always have." (Sara, 229 – 230)**

Despite this gratitude, Sara commented twice in under a minute that she would have preferred to manage alone. This, together with her dissatisfied facial expression, pointed to a tension within her: her gratitude for the support she had received was inflected with irritation and frustration.

Betty’s gratitude was wide-ranging. She repeated the phrase “thank God” twenty-six times, and expressed, five times within the same sentence, her appreciation for giving birth to three healthy children, after multiple miscarriages:

> **“I'm grateful, just grateful, grateful for all . . . grateful that I had children. I didn't take it for granted, you know” (Betty, 1752 - 1753)**

However, although Betty’s sincere tone expressed genuine gratitude to G-d for saving her from the Nazis, her solemnity, together with the fact that she questioned the morality of her survival, left me wondering whether her appreciation was clouded by feelings of survivor guilt:

> **“I just always think why them and not me. I can't help it . . . I have to be grateful and thankful to God for why he saved me.” (Betty, 1558 -1560)**

Betty also expressed gratitude to her husband, describing the centrality of his devotion to their marriage and children to her experience of motherhood:

> **“My husband was wonderful, you know . . . for him, the children were everything.” (Betty, 1419-1421)**

She felt particularly indebted to her mother for encouraging her to date and marry her husband. Emphasising five times how **“wonderful”** her mother was, Betty demonstrated both appreciation and tremendous love and respect for her. Betty frequently shared her gratitude with her children, suggesting that it was important to her that her children understood the significant part her mother had played in her mothering journey:

> **“I told this to my children, I have to thank my mother every day because she was just something so special.” (Betty, 387 - 389)**

Rachel also felt gratitude but seemed unsure where to direct it. She didn’t seem overtly hostile to the idea of God, but her words **“luck”** and **“lucky”** in the same sentence, together with the fact that she was the only participant who didn’t mention God at all, suggested that God had played little or no part in her mothering journey:

> **"It's a great joy, a great . . . I don't know the word for it, a great joy, a great luck to have children and if you're lucky enough by some coincidence to bring them up logically and good, that's fantastic" (Rachel, 756 - 759)**

Rachel's reference to 'logic' suggests that her view of life is scientific rather than religious, while her references to luck and coincidence imply that she sees life as a matter of random chance rather than divine destiny.

Rose was the only survivor who felt that she hadn't sufficiently appreciated her children when raising them, though she expressed growing appreciation for them throughout her mothering journey. Openly acknowledging this, her irregular eye-contact and sombre tone, suggested sorrow and regret:

> **"I probably didn't appreciate motherhood enough . . . I appreciate it more now in retrospect." (Rose, 578 – 579)**

Overall, all participants made sense of their experience of motherhood through the lens of gratitude and appreciation, despite one woman's feeling that she hadn't sufficiently appreciated her children when raising them. Some expressed appreciation towards themselves and their God for their physical, emotional and financial successes; others were grateful to their partners and parents for the love and support they had received throughout their mothering journey. I was left wondering what function this gratitude may have served for the women and considered whether it reflected a desperate attempt to make sense of how their great losses had been met by such joy and success.

3.5 Superordinate Theme Three: Conflicting Emotions

This superordinate theme highlights how participants understand current and historic conflicting emotions. The first subtheme addresses feelings of hope and hopelessness; the second addresses fear and stability and the third considers feelings of pride and shame. These feelings are considered in context of the women, their children, and their spouses, and touch on personal, financial, academic, religious and cultural domains. Some participants experienced only some of these emotions; others found that they surfaced simultaneously, leaving them internally conflicted.

3.51 Hope and Hopelessness

All eight survivors made sense of their experience of motherhood through the binaries of hope and hopelessness. Participants generally reported feeling hopeless throughout conception and pregnancy, becoming more hopeful once their children were born. They described their personal and professional dreams for their children, and their hopes for a shared relationship.

Sara was one of six participants who experienced conception and pregnancy as hopeless. Alluding to her physical and sexual abuse in Auschwitz, she commented that she had never deemed conception possible:

> **"I didn't aspire (to having children) because I never thought I would get pregnant or anything. They did all sorts of things to me . . . I never got a period the whole time in the camps so there was no question of children." (Sara, 764-766)**

Sara seemed eager to justify her despair, implying that it was linked to her experience of sexual abuse. Her hopelessness about conceiving was not because she didn't want children, but because she believed it was physically impossible for her.

Sara also found pregnancy fearful. She was continuously concerned about the prospect of miscarrying, and had found pregnancy distressing:

> **"I got pregnant but I didn't think I can carry it, oh, there was no trust you know, I was scared, very scared . . . because what they did to us, even though I got pregnant I thought that I will lose it, because it can't be, it was too good . . . there was no trust in me that something good will happen at any time." (Sara, 844 - 854)**

Sara related her pessimism about carrying a baby to term to the desolate feeling that after her Holocaust experience, nothing good could ever again happen to her. Her memory of the Holocaust and the atrocities she had witnessed, the family she lost, and the abuse she suffered, had left her hopeless and pessimistic.

Betty had also found pregnancy worrisome and doubted her ability to conceive after miscarrying her first child. She had been desperately troubled by the thought of not having children. She emphasised the impact of this hopelessness on her life:

> **"Until I had my son, I can't tell you, I was so nervous, I was so hopeless, so frightened and, you know, I can't tell you why, but I was so hopeless because I was desperate, so desperate for a child" (Betty, 1754-1757)**

Betty's emotive language demonstrated the depth of her despair and highlighted an internal conflict between desperation for a child and despair at her ability to conceive. It seemed important to Betty that I understood the extent of this tension; repeating the words "hopeless" and "desperate" twice in one sentence highlighted her sense of urgency. Her desperation seemed beyond the power of language or logic – "I can't tell you why" – yet in the same sentence she proceeded to explain the exact reason for this desperation. It was as if she was still unable to process her passionate longings.

Four other women also experienced a tension between their desire to give birth and their view of this as impossible. Jane recalled suffering various physical and mental illnesses after her liberation and explained how this had left her utterly hopeless, dreaming only of survival, freedom and food:

> **"I um never had dreams, I only took it as it came . . . my dream was to be free, fresh air and have some bread." (Jane, 228)**

In other parts of the interview Jane acknowledged the importance of having children; here, however she described it as an impossibility – she had lost the capacity even to dream. After losing so much and being left with so little, Jane hoped for nothing more than the basic necessities.

Caron also described how hopeless she felt about embarking on motherhood. She recalled picturing some type of future, but it remained inchoate, lacking form or substance. Her repetitive language highlighted her stuckness and hopelessness:

> **"I had no idea what my home would look like. I had no idea at all . . . I literally lived from day to day. I had no expectations, I had no plans, I had no . . . I had a future, yes of course, but not a future that I could picture." (Caron 508 - 511)**

I was struck by each woman's emphasis of her hopelessness throughout conception and pregnancy. It seemed especially important to them that I understood the depth of their despair in the years following their liberation; the bleakness of their experience robbed them of the capacity even to dream of motherhood or indeed of anything more than mere survival. I detected an underlying (and indeed understandable) sense of defensiveness regarding the extent of their desolation and wondered whether in emphasising it, they were communicating their underlying desire for it to be heard and recognised by me.

While most women reported hopelessness throughout their experience of conception and pregnancy, after giving birth, several of them desperately wanted to develop nurturing, loving relationships with their children. Susan spoke of her current and historic desire to remain close and connected to her children. Her mothering journey had taken great effort, and she felt that her continued friendly, loving and warm relationship with her children was a return on this investment:

> **"You put everything into your children so at least you hope that you will have a good relationship with them." (Susan, 289-290)**

Jane also spoke of her desire to remain close to her children but also of how little she expected from them; she wanted only respect and love in exchange for her unconditional devotion. It seemed important to Jane that I viewed her as a low-maintenance mother, who imposed few external pressures onto her children. This was reiterated elsewhere in her interview when she highlighted how little she asked of her children and how she rarely sought help from them. It struck me that together with Jane's hopefulness for a kind and loving relationship with her children came a sense of ambivalence about anything more than a surface-level connection. I sensed reluctance in Jane, to ask for anything more than this basic level of connection and wondered whether she might have perceived such a request as a sign of weakness or vulnerability. This tension between vulnerability and resilience surfaced elsewhere in her interview, when she emphasised, despite her suffering, her strong desire never to be known as a victim.

> **"I don't expect nothing. Respect. From my children I only . . . I expect a bit of love and that's it." (Jane, 743 - 744)**

All participants had hoped their children would develop into morally upstanding individuals. Betty had been desperate for her children to be "good", "kind" and "honest", while Susan hoped hers would become ambassadors of peace and care. Jane spoke of her wish to raise tolerant children directly after recalling her experience of intolerance and persecution. She seemed desperately hopeful that they would develop into the antithesis of the Nazis:

> **"I hope they try to build a bridge between the nations and aim for peace. That's most important in the world, peace above all and also to respect each other . . . am I right? I taught them to always tolerate each other." (Jane, 429-432)**

Sara also hoped her children would develop emotional security. Referring indirectly to what is commonly known as 'second-generation survivor syndrome', Sara described her continuing hope that her children would not inherit psychopathological tendencies that would overwhelm and blight their day-to-day decision-making:

> **"When the baby was born, the only thing I kept on saying, 'I never want them to suffer like (those) today (who) they call the second generation. If they murder somebody they say it's because they're the second generation - I didn't want that." (Sara, 886 - 889)**

Sara recalled hoping for the emotional wellbeing of her children from the birth of her first child. She understood her hopefulness in the context of psychopathological patterns that have been found in the offspring of Holocaust survivors, including depression, guilt, aggression, problems in interpersonal relationships, separation-individuation conflicts, and identity issues. While the literature has debated the extent to which the psychological burden of the Holocaust descends to the next generation, Sara seemed concerned by its potential impact on her children. Her robust language suggested that this hope had been at the forefront of her mind throughout her parenting journey and had largely informed many of her important parenting choices.

Other women recounted feeling hopeful throughout motherhood about the personal and professional lives of their children. Betty was one of two participants who recalled anticipating her children's graduation from university; she hoped their qualification would facilitate a long and successful career. To Betty, education was **"above all"** and her insistence on showing me photographs of her children graduating emphasised how important their academic success was to her.

Susan also recounted feeling hopeful for her children's academic success. She saw education as not only a stepping-stone to a successful career, but a fundamental tool for survival:

> **"We really tried to provide them with education, maximum education, because we worked out something they can't take from us . . . one thing they cannot take is what you know. We worked out that education is one of the most important things to have." (Susan, 17 - 23)**

Susan's recollection how a good education contributed to her survival in the camps explained her hopefulness. She appeared sceptical of the security of European Jewry and left me with the impression that arming her children with the tools to fight anti-Semitism was important.

Seven women had hoped that their children would marry Jewish spouses and continue to practice important Jewish traditions:

> **"Our aim is to not let them marry out . . . today more people are marrying out than who died in Auschwitz. It's modern day of killing out the Jew and I don't want that." (Sara, 978 - 984)**

Sara's account shows her feeling that marrying out is synonymous with spiritual death, a form of martyrdom as threating to Jewish survival as Nazi Germany. Her language ("killing") shows the strength of her feeling, as does her alignment of intermarriage with death in Auschwitz.

One participant expressed utter distress at her daughter's marriage to a non-Jew spouse; she reflected on the pain and sadness it caused her. She appeared not only disappointed but also offended:

> **"I would have loved my daughter with a Jewish husband . . . but it didn't work out like that . . . [Judaism] can't survive if the next generation isn't going to promote it and accept it and go on with it . . . I look at other people and I see their family life, their children, their grandchildren, great-grandchildren and everybody I know is living a Jewish life. I would have wanted this for her." (Rose, 969 – 979)**

Rose understood her daughter's decision to marry a non-Jew as a form of sabotage of Jewish continuity, suggesting that such intermarriage jeopardized the security of European Jewry. She felt disappointed by her daughter and I wondered whether her daughter's decision left her feeling betrayed and abandoned in what she may have seen as a shared responsibility for Jewish continuity. Her comment about other people's grandchildren may have betrayed a feeling that her half-Jewish grandchildren were somehow not her ideal grandchildren. I recall feeling uncomfortable with this notion that somehow, the Jewishness of Rose's grandchildren outweighed their humanity. I found the apparent contingency to her feelings for her daughter problematic and felt conscious of how painful this reality may have been for her daughter.

Each participant understood their experience of motherhood through the lens of hope and hopelessness. While most recounted feeling hopeless throughout conception and pregnancy, they also described fulfilment and hope once their children had been born. Participants recounted feelings of optimism in relation to their personal and professional dreams for their children. They also expressed feeling hopeful throughout motherhood for a close and healthy relationship with their children.

3.52 Fear and Stability

Fear and stability, current and historic, were recurring themes. Some understood motherhood as a grounding process, whereby feelings of loss and pain from the Holocaust were countered by feelings of stability and security. Others understood motherhood as an experience of anxiety for the well-being of their children and the security of European Jewry. Concerns about self-image and self-perception were also addressed.

Two women experienced motherhood as a grounding and stabilising experience. Betty felt that motherhood settled her and gave her a sense of meaning, purpose and pride. Motherhood had similarly forced Shelly out of a state of complete despair. She recalled the physical and emotional turmoil following her liberation and described how her life only became manageable after the birth of her first child. Motherhood had been a transitional period towards inner peace; the love she felt for her children made some of the pain she carried from the war more tolerable. Although this had evidently been a challenging time of transition, she appreciated it as liberating and stabilising. Shelly's lexis – "**difficult** . . . **had to**" - suggested that while she had been able to work through this difficult period, she had found it incredibly challenging and unnatural:

> **"I didn't really settle down here till I had my children, when I had to pull myself together because up till then I was very ill . . . I had a nervous breakdown to start off with . . . I had to pull myself together and it was very, very difficult but um eventually, you know, you . . . you settle down, you get used to anything." (Shelly, 8 - 24)**

Despite coping better after the birth of her first child, Shelly found that motherhood brought with it new anxieties. Her unremitting concern for her children's safety and security tended to manifest in **"very protective"** parenting. She recalled feeling **"panicked"** whenever her children arrived home late from school and recounted a similar, more recent sense of anxiety regarding the well-being of her now adult children; she still insisted on her children and grandchildren calling her at the start and end of every journey. Shelly also spoke of her fixation with starvation and her abnormal worries about the adequacy of her children's food and clothing:

> **"Whenever they went out somewhere, I would give them something good to eat on the journey . . . When they went out, I was always frightened that they might be hungry or they might be thirsty or, you know, yeah. Still till today I worry, I**

> **worry till today . . . you can't imagine what it was . . . we used to go day after day after day sometimes without food." (Shelly, 1064 - 1092)**

She appeared to understand this obsession as the product of her Holocaust trauma and made the connection between her experience of starvation in Auschwitz and her concern for her children's nourishment. She recalled forcing them to carry food in their pockets at all times and described how she passed on **"a nervous tummy"** to her daughter, who **"couldn't eat"** as a child. She recalled being in hospital with her daughter **"all the time"** begging the doctors to force-feed her. For Shelly, past and present were conflated in this traumatized parenting. Similarly, Sara repeatedly referenced the excruciating pain of starvation in Auschwitz, as if this explained and justified her behaviour. While she spoke about her anxieties calmly, her minimal eye-contact and subdued tone suggested latent feelings of guilt or shame.

Jane too, spoke about her continued concern for the well-being of her children. She worried about history repeating itself:

> **"I feel you can be a good Jew but you don't have to show the Star of David because you're drawing the . . . hatred of the non-Jew . . . I've seen what's happened to those people so I always was very scared." (Jane 123 - 127)**

Jane's experience of persecution had left her with a residual suspicion of non-Jews *en masse*. Any outward manifestation of religious identity seemed to her an incitement to anti-Semitic attack, provoking her anxiety and distress. Visible signs of Jewish identity must therefore, she felt, be carefully concealed. Jane's categorical use of the word "**always**" demonstrated her fear and cynicism of all non-Jews and I was struck by the interconnectedness between her anxiety and her prejudice.

Susan suggested that while most mothers want to protect their children, Holocaust survivors feel that need more intensely as they have already lost so much:

> **"I know every mother protects her baby because a baby needs protection, no question about that but we a bit overdid it . . . It is difficult to explain what we went through . . . we had no life and then when you thought if I have this child I**

> **don’t want that they should go again through what we went through so I will protect them . . . I am not sure if what we have done with them is the best thing.” (Susan 160 - 191)**

Susan understood that her anxieties had manifested in protective and sometimes over-protective parenting. She spoke of this as an obsession arising out of her Holocaust trauma and described fixating on over securing her children from any harm whatsoever. Her over-protectiveness was not only a natural maternal instinct, but the reflexive reaction to her wartime suffering and loss. While it seemed important for Susan to justify her protective parenting, I sensed from the remorse in her voice that she realized that her over-protectiveness had been unhelpful and perhaps even damaging to her children.

Sara also spoke of worrying about her children’s safety and like Susan, also located responsibility for her concern in her Holocaust experience. She felt that her concern for her children was higher than that of the average mother and suggested that her experience of motherhood was one of incessant, unrelenting fear for their wellbeing:

> **“I don’t want the kids to know but I’m frightened all the time.” (Sara, 879)**

Although Sara spoke freely about her worries, her subdued tone and averted gaze suggested she felt uncomfortable doing so. Historically, Sara had experienced fear as a flaw, rendering her vulnerable to abuse, which might explain her discomfort in discussing it with me and her desperation to shield it from her children. Sara worried that she would **“burst out crying” (Sara, 940)** if she spoke too much about her painful emotions. She didn’t want to be seen as weak or vulnerable, but this robust determination may have left her isolated in her own anxiety. I recall feeling a great deal of empathy towards Sara at this point in her interview; I felt tempted to reassure her that I, at least, would not judge her as weak or vulnerable for crying or talking openly about her pain and suffering.

Rose, who emigrated to Israel immediately after the war, also described worrying about being pitied by her children, just as she was pitied by society in the immediate post-war years. She recalled how, in those early days, Israelis looked on Holocaust survivors as weak and pathetic.

However, despite these distressing memories of stigmatisation and labelling, Rose's resilience throughout the interview suggested a determination to overcompensate for being unfairly judged:

> **"I never wanted to show myself as a figure of pity because I've suffered . . . I could have turned to my children at any time and said "well, you know, I've suffered so much, how dare you complain about this" . . . now they value survivors . . . and they're appreciated and they want to know more but it hasn't always been like that. At one time . . . they were reviled." (Rose 534 – 550)**

All the women understood motherhood as an experience of current and historic fear or stability. Some experienced motherhood as a grounding and healing process after their wartime trauma; for others, motherhood had been characterised by fear and worry that manifested in multiple ways. Only one woman made sense of her experience through the double lens of fear and stability; for the most part these emotions were discrete emotional experiences.

3.53 Pride and Shame

All participants understood motherhood through the lens of pride and shame. Some spoke about their pride in conceiving, and of childbirth as a symbol of defiance and victory against the Nazis. Others were proud of their dedicated parenting, and of their children's accomplishments. Several, however, reported feeling guilty and ashamed about some of their parenting choices.

Five women spoke proudly of giving birth to the next generation of European Jewry. After enduring huge physical and emotional strain during the war, Jane was proud of her contribution to Jewish continuity, noting the exact number of her children, grandchildren and great grandchildren:

> **"I've got three children, two daughters and a son and I've got eight grandchildren, seven boys and one girl and I've got thirteen great grandchildren and they're all very happy . . . they're gorgeous all of them." (Jane 13-15)**

Jane smilingly recounted her tremendous pride in each of her descendants, and how her contribution to the world Jewish population reaffirmed Hitler's defeat. She evidently conceptualized motherhood as a challenge and victory, in both personal and socio-historic terms.

While Sara felt proud of her contribution to the global community, Susan was proud of her contribution to the specifically Jewish community. Acknowledging Hitler's ambition to **"finish the Jewish people",** she explained her decision to have children as a form of revenge, and a thwarting of Hitler's plot to exterminate European Jewry. Like Jane's, Susan's sense-making of motherhood was strongly socio-historical as well as personal:

> **"We had to carry on and have children because when we wouldn't have children then they really achieved." (Susan, 311-312)**

Susan also suggested that there was a shared responsibility amongst female survivors to have children in order to rebuild the Jewish nation, and appeared critical of those who actively chose not to:

> **"You had a few who said 'I don't want, I cannot do it, I am afraid that my child should not go through what I went through . . . '. This is so sad because they may regret it. You have also . . . a few like me who said 'no, I will show them, we (will) carry on . . . we will have children, children, children and carry on'" (Susan, 254 - 258)**

Susan's empathetic tone suggested she understood those survivors who chose not to have children but she also found their decision sad and regrettable. Overall, she felt proud of her decision to rebuild a family and disappointed with those who didn't. Jane expressed similar disapproval, disparaging those who chose not to have children as **"selfish souls"**, unwilling **"to give their love"** because they wanted to **"keep it to themselves" (Jane, 357)**. I recall feeling struck by Jane's language and felt conscious of her harsh tone and terminology. Whilst conceptually, I was able to understand how proud she was of her decision to become a mother, I found her judgement of those who didn't somewhat problematic. My thoughts turned to those who were unable to have children due their physical, emotional or psychological irreparable scarring; I felt great empathy towards this sect of survivors and found it problematic to label them anything derogatory.

Several women expressed pride in their parenting. Caron spoke proudly of creating with her husband a **"dynasty"** of **"about 150"** descendants. Unlike the other women, she described her parenting style vividly and explicitly. Her repeated phrase, **"I was there for them"**, highlighted her commitment to her children throughout their childhood. She emphasised how much she had invested into the parenting process; her language suggested she felt proud of her investment and proud of how her children have developed as a result of it. Grinning, she boasted four times of how she had excelled at her mothering role:

> **"I think it paid off that I spent so much time with them ... I was there for them and I think it paid off for me for the rest of my life. My children are everything to me now and they're my life, yes, they're my pride and joy." (Caron, 266-279)**

Caron was confident that others would testify to her wonderful parenting. Her Rabbi had written her **"the most beautiful letter" (Caron, 525)** when her husband died, recognizing the wonderful job they had made of raising their children. She emphasised that this letter had been sent on behalf of the community, which acknowledged the **"model family" (Caron, 527)** she and her husband had created. Acknowledgment from those around her seemed important to Caron: **"I need to know that I have done right by my children" (Caron, 791)**. I recall being tempted to reassure her that she sounded indeed like a wonderfully dedicated mother.

Shelly also boasted of being **"a very good mum",** always putting her children first, and ensuring that they never **"went without".** Despite her mental ill health, she gave them **"whatever"** she could. However, this pride in her investment and successful parenting, which was acknowledged by **"everyone"** around her, was tempered by feelings of shame and regret in relation to other aspects of her parenting.

> **"They had a hard life ... I was very tied down ... they missed out on a lot because I didn't have so much time for them, I always regret that." (Shelly, 1245 - 1248)**

Shelly seemed ashamed and remorseful that her work prevented her from spending time with her children, to whom she could offer so little. She seemed to understand her absence as a failure that left her son **“more attached”** to her than her daughter **(Shelly, 1268)**. Shelly reiterated the phrase **“as soon as we could”** when describing how long it took her and her husband to provide her children with additional luxuries **(Shelly, 1260).** Her soft tone and repetitive language left me with the impression that she felt remorseful and disappointed at how long this had taken.

Rose, who describes herself as **“one of those people that always has regrets” (Rose, 889)**, also seemed remorseful about aspects of her parenting. She felt guiltily that she could have been a **“better”**, more loving and affectionate mother:

> **“I didn’t show that . . . I’m absolutely so delighted to have them and that they’re so precious and that . . . I’d do anything for them . . . I didn’t actually say it in so many words . . . I’m not a very demonstrative person.” (Rose, 826- 836)**

Rose regretted her lack of emotional expression towards her children but although aware of the benefit of showing affection, she was simply not **“that kind of a mother” (Rose, 837)**. She felt this was a matter of personal temperament unrelated to her Holocaust experiences:

> **“The Holocaust was there but I don’t think it impacted the way I brought up my children” (Rose, 1167-1168)**

I noticed a tension in Rose, who welcomed the opportunity to consider potential reasons for her unaffectionate parenting. Reluctant to connect it to the Holocaust, she appeared nevertheless desperate to locate responsibility for it somewhere. This tension was unique; the other women were more comfortable linking their parenting to their Holocaust experience. Throughout the interview, it seemed important to Rose that I acknowledge her Holocaust trauma but not let it impact my judgement of who she was or how she had parented. I felt her desperation not to be seen as ‘damaged’ or ‘scarred’ in any way and to be recognised as a mother (like any other) as opposed to a mother who has survived the Holocaust.

Betty’s pride in becoming a mother after the war was inflected with survivor guilt. She displayed some critical features of survivor syndrome:

> **“I feel guilty . . . I do think about them a lot, I can’t help it. I think about everyone who has, you know, passed away . . . I don’t stop thinking about my family who didn’t live to have children.” (Betty 1508-1512)**

Betty’s guilt was manifested in her three separate references to her lost family. Her guilt seemed touched with sadness and loneliness and she spoke of struggling with the weight of the emotion.

All the women appeared to understand motherhood as an experience of pride and shame. Some expressed guilt and shame about their parenting styles; others were proud of their dedicated mothering. Most felt proud of their mothering journeys and understood motherhood as a symbol of defiance and victory against the Nazis.

3.6 Conclusion

Overall this chapter outlined the findings from an Interpretive Phenomenological Analysis (IPA) (Smith et al. 2009) of all eight participants who were interviewed for this study. It outlined the three superordinate themes and eight subthemes, which emerged from the analysis, demonstrating how participants made sense of their experience of motherhood. The chapter begun by addressing the first superordinate theme, ‘Making Sense of the Self in Relation to the Other’, which is linked to three subordinate themes: 1) The Roles and Responsibilities of a Mother; 2) Origins of Mothering Values; 3) The Experience of Change Throughout Motherhood. It outlined how participants made sense of their maternal roles and responsibilities, the origins of these values and finally how participants felt these had changed over time. The chapter continued to explore the second superordinate theme, ‘Navigating the Experience of Distance and Closeness’, which discussed how participants understand their experience of motherhood in relation to significant relationships. It constituted two subthemes: 1) Connection and Disconnection and 2) Gratitude and Taking for Granted. Finally, the third superordinate theme, ‘Negotiating Internal Conflicts’ was discussed; participants made sense of various inner conflicts, such as feelings of hope and hopelessness, fear and stability and pride and shame. Overall, while each participant interpreted their experience differently, the chapter demonstrated how analysis of the data revealed common processes amongst them.

Chapter Four: Discussion

4.1 Chapter Overview

This final chapter offers an overview of the main themes that emerged from the study, relating them to the current literature. While participants' experiences seemed to corroborate important aspects of this literature, the present study also elicited new and original findings. This is largely because unlike earlier Holocaust research, which explores the implications of Holocaust trauma from more generalized and second-generation perspectives, this study explored the implications of Holocaust trauma from the gendered perspective of survivors themselves. This under-researched field of inquiry yielded a more nuanced understanding of the implications of the Holocaust for survivors. The second part of this chapter addresses the relevance and implications of the study's findings to the field of Counselling Psychology, foregrounding its transferability and quality. The strengths and limitations of the study are then noted, followed by suggestions for further research. The methodological and procedural challenges of conducting this study are next addressed and efforts to address each of these are systematically considered. The chapter concludes with an account of my personal reflexivity in relation to carrying out this study.

4.2 Integration of Findings With Current Literature

Before integrating my findings with the current literature, I feel it is important to offer a contextualising paragraph, which I hope will explain why this chapter closely examines some of the problems experienced by participants throughout their mothering journeys. As mentioned in Chapter One, this piece of research was an emotionally charged endeavour for me, both as a Counselling Psychologist researcher and as a Jewish female, whose family has been impacted by Holocaust trauma. Throughout this research, I felt particularly conscious of my respect and admiration for each woman I interviewed. Whilst I desperately wanted to demonstrate how differently each woman made sense of their experience of motherhood, it is possible that my desire to demonstrate their unique magnificence somewhat compromised my ability to draw close enough attention, in my findings, to some of the problems or negative aspects of their mothering journeys. Although my findings do not look past the negative aspects of participant experiences, it is possible that some of these issues were not reflected on freely enough. For example, in my findings I report how some survivors struggled to bond with their children, after giving birth in the years immediately following the war, but I do no offer further reflection or detail about their difficulty responding to their baby's distress because of their own preoccupation with their own trauma. In the following sections I take the opportunity to address this inhibition through a closer consideration of some of the difficult aspects of participants' mothering experiences that were perhaps mentioned but not explored freely enough in my findings.

4.21 Negotiating the Role of Motherhood

All the participants explored what their mothering role meant to them. They discussed the scope and origins of their responsibilities and values and discussed how their mothering roles changed over time. Emergent themes included protection, individuality, education, valuing, respecting and tolerating others, and naming after the dead. Many reported making an effort to balance multiple and often conflicting roles throughout their mothering journey, and trying to strike a balance between protecting and guiding their children while simultaneously trying to ensure that they established independence and a high level of education. They also wanted to ensure that each of their children felt equally adored by their parents and that they felt safe from anti-Semitism. All participants seemed to hold ideas about what they should and shouldn't do as parents and all discussed their commitment to providing bespoke support and guidance to their children.

While each participant's understanding of her mothering role seemed unique, there were similarities between their parenting approaches. Baumrind (1991) identifies four different styles of parenting: permissive parenting, authoritarian parenting, authoritative parenting, and neglectful parenting. All the mothers seemed to aspire towards an authoritative parenting style throughout their mothering journey, an approach linked to the most favourable outcomes, in which children tend to develop into socially responsible, competent, self-assured, adaptive, creative, curious, independent, assertive, academically successful, friendly, cooperative, and generally happy individuals. Following this style of parenting, most participants reported their efforts to show love and acceptance towards their children but spoke also about using reasonable guidelines to exert firm control over their children's behaviour. Jane, Rose and Rachel for example, described how they loved and cared for their children but also imposed boundaries within their relationship. They described their efforts to respect the time, space, independence and individuality of their children and emphasised how firm but fair guidelines helped them develop an open and close bond. Many participants had also been careful not to use harsh forms of punishment or to restrict their children's autonomy; only one reported using physical force to reprimand her child but emphasised that this had happened on only one occasion and was an act for which she now felt shame and guilt.

Others struggled with considerable difficulty to maintain an authoritative parenting style. Shelly described her over-anxious and overly protective parenting, fixation with starvation and abnormal worries about the adequacy of her children's food and clothing, emphasising that while she loved and cared for her children unreservedly, imposing firm boundaries and promoting their independence and individuality had been too difficult. Although Shelly seemed to understand her obsessive parenting as the product of Holocaust trauma, connecting her experience of starvation in Auschwitz to her concern for her children's nourishment, she nevertheless seemed disappointed by her perceived failure to maintain the parenting style to which she had aspired.

Like Shelly, several participants doubted the efficacy of some of their parenting behaviours, demonstrating their awareness of the fact that they were not 'perfect' mothers. I sensed throughout the interviews an underlying need to present as good, loving mothers, but by acknowledging aspects of their parenting which might have been difficult for their children, some participants left me with the impression that they had aspired to be "good-enough" as opposed to perfect mothers. Susan described her protective, sometimes over-protective, parenting and her fixation on over-securing her children from any harm whatsoever. Although she described her worries as an obsession born of Holocaust trauma, she emphasised that her heart had always been in the right place.

Winnicott's (1953) notion of the 'good-enough mother' involves the initial acclimatisation of the mother to her infant's needs in order to establish their mutual sense of omnipotence. According to this approach, the mother gradually becomes less adapted, in small steps, as the infant grows, and the infant learns to become more independent through learning about loss, in a stage Winnicott terms relative dependence, before reaching independence. Winnicott suggested that the role of the mother is first to create an illusion for the infant, through which they experience early comfort, and then to proceed to create disillusion which aims to gently initiate the infant into the social world. The “good-enough mother” resonates with the concept of the authoritative style of parenting described by Lezin, Rolleri, Bean, and Taylor (2004), and appears to be what the mothers in this study strove towards when raising their children.

The idea of being a good enough parent during the early years of parenting has also been discussed by Gutman, Brown, and Akerman (2009), who suggest that there are two different levels of good-enough parenting: the level that produces the most well-adjusted and competent children promotes high levels of maturity, expectation, supervision, disciplinary efforts, sensitivity to and support for a child’s needs, whereas good-enough parenting that only produces moderate levels of expectation, discipline, and responsiveness only raises good-enough children. Given this diversity of opinion regarding what it means to be a good or good-enough parent and the impact of parenting styles on children’s outcomes and wellbeing, it appears that striking the correct balance is somewhat difficult, the more so because children are not temperamentally identical; what may suit one child might be less effective for another. This tension resonated throughout this research, particularly for Rachel and Susan, who regretfully questioned the helpfulness of aspects of their parenting style and felt unsure how satisfied their children had been with their upbringing.

According to Benson & Haith (2009), an individual’s parenting style is as an open-ended process, built on and influenced by one’s values, culture, socio-economic status and marital status, as well as life experience. Shelly seemed to blame her difficulty in implementing her chosen parenting style on her post-war socio-economic status; she seemed to feel that she was a less physically and emotionally present mother whose struggle to maintain firm boundaries was due to her socio-economic struggles. Others, by contrast, highlighted the interconnectedness between their mothering styles and that of their late parents. Byng-Hall (1986, 1995) noted the presence of family scripts; in a replicative script, past experiences are likely to be repeated, while in a corrective script, past experiences are more likely to be modified. In speaking about their mothering values, most participants appeared to retain replicative scripts from their own childhood; many described a resemblance between their own parenting choices and those of their parents. Most reflected on aspects of their own upbringing and the attributes of their own mothers, which they tried to replicate when raising their own children. Byng-Hall explains that this can be a conscious or unconscious process; many of the mothers in this study appeared to consciously and actively behave with their own children as their mothers had with them.

Crittenden, Dallos, Landini, and Kozlowska (2014) further discuss corrective and replicative scripts, outlining the idea of “pendulum parenting” as an extreme version of parental corrective scripts, whereby parents attempt to rectify undesirable or negative aspects of their own childhood by swinging to the opposite extreme. However, the data of the present study yielded no such evidence of conscious or unconscious decisions to parent participants’ children in a manner diametrically different from their own upbringing. That said, some participants considered how aspects of their parenting differed from that of their parents while others remained the same. Speaking about her parenting values, Rachel identified both similarities and differences between her parenting style (and her husband’s) and that of her parents, thereby displaying both a corrective and a replicative script. In noting that her moral and ethical principles and values were the same as those of her parents, despite her own family’s less religious lifestyle, she points to specific values of her parents that she had consciously chosen to adopt and to reject. Byng-Hall (1995) describes this as a common parenting experience but emphasises that when both types of scripts are present there is often a tension between them. It was unclear, however, whether any such tension existed between Rachel’s scripts; on the contrary, it would seem that she found this complexity liberating, as it allowed her to “follow” in her mother’s footsteps in her own unique way.

Discussion of how the women encountered change in their mothering journeys also surfaced in the data. This was spoken about in relation to their mothering roles and responsibilities, how the Holocaust was spoken about in their families, the degree and nature of worry they experienced as well as the degree of closeness between them and their children. As mentioned in Chapter One, the meaning of motherhood has forever been interlocked with society’s attitudes towards women (Oakley, 1986). Since these attitudes have substantially evolved since the mid twentieth-century (see Chapter One for more detail), when participants in this study first embarked on their mothering journeys, it seems important to consider the changing experiences of participants, through the lens of history and the evolving norms of the time. Since participants became parents at a time, when post-war, motherhood was idealised, it is likely that they were encouraged to exercise their own femininity through putting their own needs aside and pursuing roles as wives and as mothers. Whilst participants in this study reported that their desperation to rebuild their families and memorialise their lost relatives naturally led them in this direction, perhaps it was more easily embarked upon given society’s traditional maternal discourse. Perhaps though, as time moved on from the Holocaust, as maternal discourse changed in society and as Western women became more independent, the interests of the women and their children became less or more at odds with each other. This is likely to have changed both the dynamics and interaction between the women and their children over time, bringing them closer together in some ways but further apart in others.

4.22 Navigating the Experience of Distance and Closeness

All participants experienced motherhood in terms of distance and closeness. Some suggest that insecurity in human relations was the most significant product of Holocaust trauma for survivors (de Wind, 1968, 1995), but the present findings offer a more optimistic picture of high-level interpersonal functioning in survivors and a strong ability to form and maintain healthy relationships with their children (Barel et al., 2010). Several described sporadic feelings of distance from their children, spouses and religion but most spoke of an overarching sense of connectedness. Indeed, regarding their post-war families as the centre of their lives (Nadler & Ben-Shushan, 1989), most participants reported fulfilling their family roles successfully (Sagi-Schwartz et al., 2003; Van Ijzendoorn et al., 2003).

Mother-child connectedness took different forms. Some described the closeness with their children in terms of how much time they spent together. Betty spoke with love and adoration about sharing every birthday, wedding and anniversary with her children, while Sara described her intense closeness to and mutual dependence on her middle child, Jenna, who together with her children and husband, moved in with her some years after marriage. This bond was palpable throughout the interview, which was interrupted six times by one of them entering the room, either to check on her well-being or to ask for her assistance. Each interruption evoked a flush and smile from Sara; I was struck by the extent of their closeness and especially by the fact that Sara felt as though the grandchildren who lived with her were like her own children. I was reminded of Prince (1985), who found that two outstanding features of Holocaust families are: 1) survivor-parents' aversion to separation from their children; 2) the insistence of many survivor-parents that their children never leave them.

An attachment-theory perspective on transgenerational vulnerabilities associated with severe trauma might explain these features of some Holocaust families, paying particular attention to the possible impact of transgenerational trauma upon a survivors child's own parenting capacity. A key construct underpinning this perspective is that of mentalization or reflective function (Fonagy et al., 1995), a generic human capacity to understand behaviour by postulating thoughts, feelings, desires and beliefs. Winnicott (1967, p. 33) warned that when children fail to find their current state mirrored by their primary caregiver, they are likely to internalize the caregiver's actual state as part of their own self-structure. This is certainly true for some participants in this study, who reflected on times when they had trouble responding to their baby's distress during infancy due to preoccupation with their own unresolved distress. As Wiseman & Barber (2008) suggest, their lack of emotional availability left their offspring lonely and with an ambivalent parent-child attachment (Baron et al., 1998). Incorporating into his or her nascent self-structure a representation of the other (Fonagy & Target, 1995), which for many children of survivors involved a frightened or frightening caregiver, some children of survivors consequently internalized their mother's feelings of rage, hatred, or fear, and their image of the infant as frightening or unmanageable. This perhaps explains the anxious-ambivalent attachment behaviours (Ainsworth, 1978) displayed by Sara and her daughter, Jenna who still lives with her.

Participants attributed the strong attachment they shared with their children to different factors. Following Van IJzendoorn et al. (2003), some linked it to their loving, pre-war family attachments, which they claimed acted as a protective barrier against later trauma. Weeping with happiness, Rachel recounted current and historic feelings of maternal closeness towards her children, describing them as inextricably linked to the "lovely" home in which she had been raised. Susan made a similar link, describing the close relationship she had shared with her own mother, and identifying it as the driving force behind the close relationship she has with her children.

Others attributed their closeness to their ability to compartmentalise their trauma-associated anxieties and memories (Sigal & Weinfeld, 1989). While participants found it nearly impossible to describe the depth of their traumatic experience, many, like Shelly, were forced to pull themselves together, looking forward to the future with hope and determination in order to prevent their trauma from leaking into important realms of their occupational and familial lives. Barel et al. (2010) explain the ability of some survivors to do this by referencing unconscious or conscious defence mechanisms, which helped isolate the effects of the Holocaust from crucial aspects of their functioning. This felt very present within this study as participants described how throughout their mothering journeys they “had to” put their traumatic memories to one side, look to the future and hope to rebuild that which had been lost in the war.

Some participants also reported moments of distance from their children throughout their mothering journey. Some explained this was perhaps due to their preoccupation with work, whilst others suggested it linked to their inherently non-expressive, more introverted disposition. A number of participants also reported moments of distance from their children and seemed to attribute it to the way their Holocaust experience was spoken about in their home. Although some describe readily sharing their Holocaust experience with their children, claiming that in doing so they established a deeper rapport, others pointed to a stark sense of silence around their story, leaving me with the impression that since their children were unable to relate to such a significant part of their personal story, they felt in some way isolated and detached from them. The findings of this study, relating to the readiness or ability of survivors to convey their experiences to their children, resemble those recounted in the literature. Indeed, following Solomon (1995) many participants blamed their silence on fear of traumatising their children, or for some, on the social climate of reluctance, in the first decades after 1945, to engage in discussion of the Holocaust. Perhaps, following Baron (1995), their children’s silence left the latter hesitant even as adults to ask their parents about their past, leading to a cumulative and pervasive “double wall of silence”, with some parents struggling to avoid discussing their traumatic experiences, while simultaneously, their children tended to avoid hearing or asking about it. However, although Baron (1995) described this double wall of silence as a form of mutual protection, with both parents and children hoping that burying the subject in silence would diminish its painful impact, some participants disagreed. Shelly blamed the silence between her and her family on her children and spouse’s lack of interest in her survival story. She pointed to an unspoken hierarchy of survivor experiences: because she hadn’t spent time in any of the camps, her story was of lesser interest. As mentioned in the Introduction, Karpf (2008) points to the complexity of maintaining the distinctiveness of different Holocaust experiences, without ranking them in order of importance or grading levels of suffering. This was certainly a tension that surfaced in Shelly’s account; she did not speak about her experience with her family because her husband’s story (he was an Auschwitz survivor) was more traumatic.

Within their marriage, some participants also endured silence around their Holocaust story, adding to their experience of distance throughout motherhood. Several of the findings of this study complement those of Lev-Weisel and Amir (2000), who found that some survivors, married to partners who had not themselves experienced the Holocaust, were particularly eager to share their painful memories, but struggled with the lack of emotional support from their spouses. Many of these partners developed a sense of helplessness in the face of the survivor spouse's overwhelming pain, preventing them from offering the care and support so obviously craved by the survivor. This was certainly true for a number of women in this study; Sara stated that while her husband knew she had been in Auschwitz, he didn't listen to her whole story because he "just couldn't cope with it". This seemed painful for Sara, who left me with the impression that it had created a wedge between them, but I also detected in her flat tone and solemn facial expression an underlying sense of loneliness anyway inherent within her marriage. She described her husband as **" honest"** and **"hardworking" (Sara, 836),** but also alluded to the fact that her marriage had proved unstable and unfulfilling, satisfying only a functional, non-emotional need as she embarked on parenthood. This left me convinced that she had married, not out of love, but in desperation to move on from her Holocaust trauma. This interpretation is supported by Danieli (1988), who described marriages lacking deep connection or interpersonal compatibility as fairly common in the aftermath of the Holocaust; many individuals married not necessarily out of love but out of pressing distress and an urgent need to reconstruct family units.

This though, was not the case for other participants, to whom marriage brought the support and human warmth they craved following years of suffering and isolation. Caron and Betty looked to their spouses for love and support throughout their parenting journeys and supporting the literature, described how their reciprocal marital love and compassion had facilitated their healthy, working marriages. Danieli (1988) described such marriages as particularly common between two survivors who were able to offer each other the mutual support and understanding born of a common experience of the Holocaust.

Frankl (2006) comments on the importance of love and relationships for the maintenance of meaning and happiness in a life that feels destitute and despairing. Frankl's Logotherapy describes three ways in which a person might establish meaning within their life: creative, attitudinal and experiential (Frankl, 1984; Wong, 2014). The creative category involves the creation of work or the "doing of a deed" (Frankl, 1984, p. 115), bringing achievement or a sense of accomplishment. The second category refers to the attitude one adopts when faced with unavoidable suffering. Essentially, Frankl believed that when confronted with difficult events or situations beyond control, humans may find a way of developing meaning out of these situations; when we cannot change a situation, we can "change ourselves" (p. 118) by forming a new perception or understanding of the situation or of ourselves. The final category, described as experiential by Wong (2014), involves experiencing something that brings a sense of meaning, such as beauty, truth, culture, or goodness. This category also involves experiencing or encountering another human being who brings a sense of meaning, through love, which in this sense does not have a romantic or sexual connotation ('eros', or selfish love) but rather highlights the importance of understanding the true essence of another individual as an invaluable source of meaning ('storge', or empathic love). Frankl claims that it is only when someone experiences this type of love for another person that they can truly experience self-transcendence, a point at which ego-concerns and self-interest are put aside in order to serve someone else ('agape', or unselfish love). This point of self-transcendence was frequently alluded to by many participants – in reference to either their children or spouses. It is the sense of authentic closeness and love established within these relationships, which, according to Frankl, probably contributes to an overall sense of personal wellbeing and good interpersonal functioning, particularly after a traumatic event like the Holocaust.

Since the 1960s the maternal experience of distance and closeness towards one's children has been widely discussed in the literature as an experience common to many mothers, not simply Holocaust survivor mothers. According to Rozsika Parker (1995) (a prominent feminist scholar who challenged the idea of motherhood as unproblematically selfless, unconditionally loving and a source of continuous joy), whilst most mothers likely love their children and experience them as a significant source of joy, this is not continuous; the selflessness and unconditionality of motherhood can be problematic. She explains that contradictory impulses and emotions, such as love, hate, distance and closeness, often coexist in a mother's feelings towards her child; whilst motherhood is a potential locus for women's creativity, it is also a complex site of women's oppression. This experience is best understood as 'maternal ambivalence', an aspect of motherhood, which is both necessary and healthy (Parker, 1995).

It is important to clearly understand and justify the reasons for ambivalence in the mother-child relationship in order to more constructively understand the phenomenon (Freidan, 1963). Indeed, there are various social, cultural and historical factors, which contribute to the experience of maternal ambivalence, with traditional Western discourse regarding 'the perfect mother' being one of the most prominent (Rudick, 1989). Whilst many women might experience maternal ambivalence when they appear in their own eyes to be falling short of society's version of the ideal mother (a version of motherhood which is impossible to achieve and often leaves mothers feeling inadequate, deficient, guilty (Horwitz, 2004), others might experience it when their own needs, interests and desires are replaced by the unceasing demands of their children. It is possible though, that neither of the above reasons fully explain the conflicting emotions of distance and closeness felt by participants in this study. Perhaps, for female survivors of the Holocaust, the experience of maternal ambivalence was particularly prominent; it might have surfaced when their desire to love and cherish the children they had desperately yearned for came into conflict with their harrowing Holocaust memories and preoccupation with their own trauma (Baron et al., 1998).

4.23 Conflicting Emotions

All participants understood motherhood in terms of current and historic conflicting emotions of hope and hopelessness, fear and stability, pride and shame. These feelings were considered in the context of the women, their children, and their spouses, and touch on personal, financial, academic, religious and cultural domains. Some participants experienced only some of these emotions; other found that they surfaced simultaneously only to leave them internally conflicted.

All eight survivors experienced motherhood through the binaries of hope and hopelessness. In line with Shanan and Shahar (1983) and Cassel and Sudfeld (2006), many recounted tremendous resilience throughout their mothering journey, describing feelings of optimism regarding their relationship with their children and their children's personal and professional development. Following Cohen et al. (2001), they also reiterated their trust in human kindness and justice and their hopefulness in the goodness of mankind; many emphasised their commitment to teach love and tolerance and to let go of any hatred they still held towards their Nazi persecutors.

That said, despite this overarching sense of resilience and optimism, following Rappaport (1968) and Davidson (1980a) all participants recalled a predominant sense of hopelessness in the years following their liberation. According to the hopelessness theory (Abramson, Metalsky, & Alloy, 1989), this is fairly common following a negative event and is the result of several factors, including: 1) identifying the event as important; 2) attributing the cause of the event to stable and global factors; 3) believing that the event will have negative consequences for one's life 4) believing that the event suggests something negative about oneself. Participants evidenced two of these factors. Following Rappaport (1968), they all recounted how soon after their liberation they became aware that they had very little, if anything, to return home to. The destruction of their communities left them pained and isolated and their devastation blighted their basic sense of security, identity and hope, making the Holocaust not just a horrific experience for survivors but a significant turning point in their lives (Davidson, 1980a). All participants also believed that the Holocaust carried many negative consequences for their lives, and recalled having damaged expectations about themselves, their future and their world. These symptoms, which are key features of hopelessness, have been linked to several psychological difficulties and have been found to overlap with symptoms of PTSD (Joseph, 1999, Joseph, Yule & Williams, 1993). It is therefore unsurprising that while feelings of hopelessness were not necessarily long lasting, they were felt quite intensely in the immediate post-war years, when the women were likely to have been suffering most severely from the effects of PTSD.

Fear and stability were also recurring themes that surfaced from the findings. According to Shmotkin et al. (2006) and Shrira & Shmotkin (2008) some survivors were better able than others to contain the impact of their traumatic Holocaust experience and prevent it from seeping into their post-war lives. This observation is largely compatible with the findings of this study and explains why some participants experienced more Holocaust-related anxieties after the war than others. Two reflected on motherhood as a grounding and stabilising journey which forced them out of despair and into a state of inner peace, but another five felt that motherhood had brought new fears and anxieties. Following Rakoff (1967), several participants suffered anxiety about losing their children and were consequently always overly protective. These women are often described in the literature as engulfing their children in the pathological world of the concentration camp experience (Kestenberg, 1972; Trossman, 1968; Dor-Shav, 1978) and have been found to keep their children under almost obsessive watch. Some participants in the present study spoke about closely monitoring what, and how much, their children ate; others were obsessively preoccupied with their children's whereabouts, their friends, who they married and how openly they displayed their Jewish identities. These findings therefore correspond to the reports of many children of survivors, who mention how survivor-mothers' enduring anxiety about losing them often led to them being over-protected children (Rakoff, 1967).

One perspective on parenting style posits that the two principle parenting dimensions are care (i.e., nurture) and protectiveness (Parker et al., 1997, 1979). Overprotective parenting however, has been found to interfere with a child's ability to develop a sense of autonomy or competence (see Gilbert & Silvera, 1996 and Ryan & Deci, 2000, for related perspectives). More specifically, over-helping or overprotection – what is commonly termed today 'helicopter parenting' - may undermine children's ability to take full credit for their accomplishments, which may result in lower self-esteem (see also Parker et al., 1997). According to Baumrind (1991) children's personality traits, attitudes and mental health are influenced by the parenting style they experience. This might explain why many children of survivors developed their own psychiatric distress that resembles that of their parents'. This distress, labelled by Kellerman (1999a) as the 'children-of-survivor syndrome', is characterised by an anxiety disorder related to various neurotic conflicts and especially to identity problems, or to a personality disorder, because of impaired social and occupational functioning (Kellerman, 1999).

The term has also been linked to various other manifestations of trauma such as a compulsive preoccupation with death and suffering, a relentless need to protect and please the surviving generation, and an obsessive desire to preserve the memory of the Holocaust (Berger, 2001; Hass, 1990; Baranowsky et al., 1998; Yehuda et al., 1998). Non-clinical samples generally report no significant difference between second-generation survivors and comparison groups on various aspects of personality, family atmosphere and mental health (Keinan, Mikulincer, & Rybnicki, 1988; Leon, Butcher, Kleinman, Goldberg, & Almago, 1981; Riek & Etinger, 1983; Riek, 1994; Sigal & Weinfeld, 1989, Weiss, O'Connell, & Siiter, 1986; Zlotogorski, 1983), but psychoanalytic clinical studies suggest a common symptomatology among second-generation survivors (Rustin and Lipsig, 1972; Sigal, 1971). Such studies have revealed several psychopathological patterns in the offspring of Holocaust survivors, including depression, guilt, aggression, problems in interpersonal relationships, separation-individuation conflicts and identity issues (Fryberg, 1980; Gampel, 1982, 1992; Kestenberg, 1982; Kogon, 1995; Pines, 1992; Wardi, 1992). It was also found that participants who had two parent Holocaust survivors were more likely to inherit these symptoms of psychopathology (Rubenstein, Cutter, & Templer, 1989).

Fears about self-image and self-perception were also addressed and participants seemed to experience a tension between vulnerability and resilience. Several spoke about their desire never to be known as a victim; some, like Sara, spoke about it openly but did so uncomfortably, in a subdued tone and with an averted gaze. They described how they did not want others to pity them or treat them any differently because of their Holocaust experience. Indeed, I was left with a sense that these women did not want to be seen as weak or vulnerable, but robust and determined individuals. According to Soloman (1995), this might stem from the climate of social reluctance, in the immediate post-war decades, to engage in discussion of the Holocaust. The fact that public opinion seemed to privilege an ethos of heroism and national independence in the newfound State of Israel over the exilic image of Jewish victimisation left many survivors feeing unable to express their Holocaust-related traumas (Solomon, 1995). This left many torn between displaying superhuman omnipotence on the one hand and a sense of victimisation and vulnerability on the other. Children of survivors have also reported this, claiming that their parents struggled with their identities; on the one hand many survivors presented to their children as omnipotent with superhuman powers of survival, whilst on the other hand displaying a sense of helplessness and victimhood, and needing their offspring to protect them. These mixed messages have been found to influence the formation among survivors and their families of family scripts that - despite survivors' desire for their children to be happy - insist that survival requires the suppression of emotion (Wiseman & Barber, 2008).

The tension between resilience and vulnerability amongst Holocaust survivors has additionally been cited in the literature as a dialectic quality that can become especially prominent throughout the aging process. Indeed, survivors, like the women in this study, who have successfully rehabilitated their lives, established families, developed careers and reached old age, have been found to experience this tension increasingly as they get older (Shmotkin et al., 2011). Whilst on the one hand, many survivors developed resilience, strength and pride in their survival and post-war recuperation, aging-related phenomena that are reminiscent of Holocaust experiences, such as the loss of occupational and social status, sickness, frailty, dependence on others, and the loss of close friends and relatives may trigger feelings of unbearable vulnerability (Danieli, 1981). These have been found to become especially prominent when survivors attempt to further process and integrate past memories into their life stories before death. As survivors are once again forced to confront their traumatic memories while facing the harsh decline of old age, the tension between their resilience and vulnerability grows even more present. Therefor given the socio-historic context and older age of participants in this study, it is somewhat unsurprising that this tension surfaced prominently throughout.

Pride, shame and guilt also emerged from the findings as important themes in the women's mothering experiences. Pride was reported in two domains: 1) pride in having conceived and carried children; participants viewed childbearing as a symbol of defiance and victory against the Nazis; 2) pride in their parenting and their children's accomplishments. Shame and guilt were also reported in two domains: 1) guilt for some of their parenting choices; 2) guilt for having lived to become a mother unlike so many murdered family members.

The feeling of guilt, which can be defined as an awareness of having done wrong accompanied by feelings of regret or shame is a common sentiment among all parents, not just those who have survived a trauma like the Holocaust. Following Marcus (2010) this emotion, experienced by participants in relation to aspects of their parenting, is often felt by parents as a pervasive sense of wrongdoing, or for some, like many participants in this study, as episodic. According to Levinas (Hutchens, 2004), parental guilt, in its genuine form, is different from neurotic guilt, which results from internal experiences not adequately accountable for in terms of violating an individual's consciously held moral principles. Genuine guilt is the awareness that one has, in a crucial way, let down one's child, if not radically abandoned or betrayed them. The understanding is such that the parent has failed to adequately respond with empathy and care to their child's call, ignoring or rejecting their child's plea to be responsible and give help. According to the literature, every healthy, loving parent is inevitably bound to experience this emotion, as they are all aware of guilt for all the good they did not do for their child. Given the wide applicability of this finding to all parents it is less surprising that this form of guilt surfaced as an underlying theme among my participants.

Importantly though, parental guilt is distinguishable from the phenomenon of 'survivor guilt', a term used to describe the feelings of those who emerged from a disaster which mortally engulfs others (Hass, 1996). Unlike parental guilt, survivor guilt is limited to parents who have also previously experienced some form of trauma. Niederland (1968) points to 'guilt' as one the main feature of 'Holocaust Survivor Syndrome' and survivor guilt has been found to be an integral aspect of the memoirs of many Holocaust survivors (Harel et al., 1984). Several participants in this study recounted feelings of shame about aspects of their parenting, but the phenomenon of 'survivor guilt' did not surface within the interviews as widely as the literature might have suggested it would. Indeed, Betty was the only survivor whose mothering journey was inflected with survivor guilt; she described her preoccupation with those who didn't live to have children. In fact, while survivor guilt has been found to motivate survivors to bear witness and to remember those who were murdered through naming their children after the deceased or through educating the next generation about the Holocaust, my participants attributed their motivation for this, not to guilt but to their desire to honour their families and to ensure that such a tragedy never occurs again. On reflection, perhaps a clearer link between these decisions and the women's survivor guilt might have been formed had the interviews taken place in the immediate post-war years. After all, it can be extremely difficult to maintain profound guilt feelings over decades, particularly when one is motivated or forced to move on in life (Hass, 1996). That being said, according to Jaffe (1970), the evocation of 'survivor-guilt' generally surfaced amongst Holocaust survivors after liberation, when the victims began to re-adapt to normal life and rather than lose importance with the passage of time, tended to persist throughout survivors' lifespan. It is therefore possible that the experience of 'survivor-guilt' did not surfacing as predominantly in my findings as I might have expected, not because it was not felt amongst participants, but perhaps because they struggled to articulate it. Given that the experience of 'survivor-guilt' is a particularly raw emotion, which not only touches on the very roots of human existence but that is also inextricably linked to feelings of shame, immorality, disgust, dehumanisation and humiliation (Jaffe, 1970), perhaps it is unsurprising that other aspects of motherhood, such as gratitude and connection, were more freely reflected upon by the women in the study.

4.3 Relevance & Implications for Counselling Psychology

This research is relevant to the field of Counselling Psychology for the reasons listed below:

4.31 The Importance of Supporting Genocide Survivors and Their Families in the Aftermath of Their Trauma

This research highlights the importance of supporting genocide survivors and their families in the aftermath of their trauma. The findings of this research make clear that the impact of the Holocaust was not confined to its primary victims, but to their spouses, children and grandchildren. In line with Mataskis (2007), participants' trauma had major psychiatric and social ramifications, often most acutely experienced by close family members. It is important that survivor groups and their families are offered a systemic network of support from professionals throughout their recovery. While this does not necessarily mean survivors and their families must share the same treatment plan and be treated within the same support service, practitioners should be mindful that survivors and their families are offered their own support, or at least referred on to the most appropriate pathway.

Systemic therapy, which was noted in the Introduction as a primary pillar to the field of Counselling Psychology, might be the most useful form of therapy to provide this type of support. Rooted in cybernetics, Systemic Therapy was developed in social work during the 1940s. It is based on Gregory Bateson's work (1972), which provided 'the intellectual foundation' for systemic thinking. His study of human patterns of communication suggested individuals should be viewed from an interpersonal rather than intrapsychic perspective. He proposed that properties of systems and communication problems should be considered when working with presenting issues. Since Bateson, various models of systemic therapy have developed, including Munichin's (1974) Structural and Strategic Family Therapy, Milan Family Therapy (Palazzoli et al., 1978), Post-Milan Family Therapy, Narrative Therapy and Solution-Focused Therapy.

While these strands of systemic thinking employ varied concepts and focuses, they share a common understanding: a family or close group of individuals should be understood as a 'self-regulating system'. Systemic thinking therefore sees presenting problems as mediated by family relationships and interactions (Bor et al., 1996). The approach aims to identify a problem's meaning and function within the context of these interactions and attempts to generate alternative perspectives from which difficulties can be viewed. By helping clients identify different perspectives, systemic thinking encourages individuals to reframe presenting problems and generate new behaviours.

Adopting a systemic approach may help liberate survivors from the "oppressive and pathologising frameworks that had predominated" (Dallos & Draper, 2000, p.23). Simultaneous treatment of survivors and their families, involving one practitioner treating both parent and their families separately, could be beneficial because it can treat a wide range of issues within the family system (Chazan, 2003). However, despite its efficacy, research into children's experience of family therapy highlights that they are not necessarily treated fairly and are often excluded from discussions with professionals (O'Reilly, 2006). Children are often labelled as 'the problem' within the family system, causing them to withhold their difficult emotions and views when invited to discuss them with the therapist. Therapists working with this population group must therefore remain sensitive to the experiences of children and their parents, remaining sensitive to the unequal and often unfair treatment that children and their parents received from their therapists.

4.32 The Importance of Clinical Awareness of the Concept of Stigma

The perception of stigma surfaced as an important theme in this research; some mothers had experienced this particularly in the immediate post-war years, when survivors were either pitied or labelled weak and pathetic. Laden with guilt and responsibility, survivors also expressed concern about stigma directed towards the second generation, who have been frequently described as carrying a psychopathological syndrome of their own. Participants seemed to carry a great deal of responsibility to overcome societal stigmatisation and labelling of survivors and their children and expressed a continued hope for their children not to display any psychopathological symptoms of 'second-generation survivor syndrome'. Practitioners working with Holocaust survivors and their children should remain mindful of the perception of stigma as well as the guilt and self-blame survivors attach to it.

Sensitivity and care when working with this victim group may help survivors feel less stigmatised or judged by the professionals with whom they are working. This remains especially important today given the historical tendency of professionals within the field to generalise about and pathologize survivors and their children (Karpf, 2008). Holocaust survivors have been found to sense, whether consciously or unconsciously, a reluctance on the part of many therapists to attend directly to the traumatic content of their stories (Davidson, 1983). Some suggest that 'therapists have inherited a vocabulary and terminology not adequate to describe or treat either generation' (Krell, 1989). Practitioners working with this victim group should therefore remain open and sensitive to the difficult content and memories of survivors and their children, so as not to further stigmatise them or discourage them from revealing their difficulties. Karpf (2008), a second-generation survivor and prominent Holocaust scholar, described her 'lucky' experience of being treated by such a practitioner and agreed that showing survivors and their children sensitivity and respect are among the most healing things that can be offered to this target group.

4.33 Intervention Guidelines for Pluralism

Professionals working within any provision of care that centres on the family could benefit from the guidance of phenomenological research to direct their interventions (Daly, 2005). The benefits of systemic therapy for this client group are mentioned above; Counselling Psychologists working with mothers who have survived the Holocaust or other genocides might also be encouraged to work pluralistically with this client group. Indeed, various types of therapy and specific therapeutic techniques are likely to help traumatised clients work through difficult emotions, such as guilt, which have been frequently reported amongst Holocaust survivors (Danieli, 1988; Hafner, 1968; Shanan, 1989; Valent, 1995). Gilbert's (2009) Compassion-Focussed Therapy, an effective treatment option for trauma victims (Lee, 2012), might help mothers develop and experience inner warmth, safety and soothing, through learning to be compassionate toward themselves. Client-centred therapy, based on the core conditions of congruence, unconditional positive regard and empathy (Rogers, 1951), might also be an effective treatment option for survivor mothers and their children. These approaches could facilitate feelings of acceptance, approval and love within this client group, allowing them to communicate and work through their emotions without feeling judged. Mindfulness-based therapies, such as Mindfulness-Based Cognitive Therapy (Piet and Hougaard, 2011) and Acceptance and Commitment Therapy (Hayes, 2004) might also encourage survivor mothers to reflect on their feelings without self-judgement, helping them to accept their current reality and the strengths and difficulties in their familial relationships. Importantly, whilst there are no NICE guidelines on pluralism, their inherently pluralistic acceptance of various therapeutic approaches, should motivate and encourage Counselling Psychologists to draw on various therapeutic techniques and methods in their practice. After all, as mentioned in the Introduction, the tenets of Pluralism fall in line with the fundamental principles of Counselling Psychology due to its valuing of empathy and respect for first person accounts, research-based practice, empowerment rather than control of the client and anti-discriminatory practice (McLeod & Cooper, 2011).

4.4 Validity, Quality, Reliability and Generalisability

The validity, quality, reliability and generalisability of a study are often addressed in qualitative research, but are not easily quantified, measured or evaluated (Finlay, 2006).

Validity, defined by Willig (2013, p.24) as "the extent to which our research describes, measures or explains what it aims to describe, measure or explain", was addressed in the Methodology Chapter, together with the quality of the research, using Yardley's (2000) guidelines. Efforts were made to ensure Yardley's four guidelines were adhered to in order to ensure that this research was valid and rich in quality.

Reliability, defined by Willig (2013) as the extent to which the same conclusions would be drawn from a set of data or a specific measurement on different occasions, is of lesser concern to the IPA researcher, who aims to explore a unique lived experience. This is true of my research, which did not aim to formulate a global theory of the experience of motherhood for Holocaust survivors or to deny the possibility of a wider range of experience, mediated by a wider number of factors, than that encompassed by my study. Rather, I aimed to make a contribution to the field of Counselling Psychology by providing an account of the experience of motherhood for a sample of survivors. Following Madill et al. (2000), this is justified by the epistemological standpoint of my study, which holds that experience is not fixed, but constructed through self-interpretation. The role of the researcher has accordingly been acknowledged in this study, and as researcher, I remained conscious of how my own preconceived ideas may have shaped my interpretation of the data and the emergent themes. Throughout the analysis and write up, I strove to remain mindful of my own preconceived ideas, bracketing them off as far as possible. Use of my reflective diary, my own personal therapy, and feedback from my research supervisor have aided me in this process and enhanced the quality of this research.

The generalisability of qualitative research is more questionable. My research did not attempt to make sweeping generalisations about the data collected from my small sample, or to present my findings as universal truth, as would be the aim of a quantitative method. Nevertheless, the findings offer an account of the experience under investigation which could be applied to other mothers who have been in a similar situation and who share similar characteristics to my participants. This might include other female survivors of the Holocaust or mothers who have survived other genocides. Haug (1987, p.44) suggests that "if a given experience is possible, it is also subject to universalization", and while the findings and meanings of this research may be non-representative in a statistical, quantitative sense, they are transferable to other situations, contexts, or people in a qualitative sense (Finlay, 2006).

That said, there are important limitations to this research which need addressing not only because they offer insight and ideas for further studies but also because they impact the study's transferability. These are outlined in the strengths, limitations and ideas for further research section below.

4.5 Strengths, Limitations and Ideas for Further Research

4.51 Meeting The Aims Of The Study

The IPA methodology adopted for this study and the phenomenological and contextual epistemology adopted have contributed to a rich and vivid representation of Holocaust survivors' subjective experience of motherhood. Since this is an under-researched aspect of Holocaust literature, the present study offers a novel point of reference regarding the experience of motherhood for female survivors. The study's aims have been met as the findings offer insight into the quality and texture of this experience. The findings also offer a deeper understanding of participants' post-Holocaust psychosocial attitudes and behaviours, highlighting how historical trauma is not fixed; it expands and evolves over time, until the impact of trauma is determined as much by what comes after.

My position, as someone whose family has been impacted by Holocaust trauma, may have facilitated the meeting of these aims. As mentioned in the Methodology Chapter above, Smith et al. (2009) suggest that IPA researchers require some awareness of participants' cultural positions in order to understand their experiential claims. I felt that while I was not necessarily a cultural insider, my family history allowed me to better understand my participants' terms of reference and appreciate the lived experience they reported. I also feel that my background perhaps encouraged my participants to share information with me that perhaps they may not have shared with a researcher less personally connected to the Holocaust. Given the trust they accorded me, the detailed dataset facilitated the aims of this study, allowing me to contribute a rich, novel piece of research to the field of Counselling Psychology.

4.52 Inherent Bias Of Sampling Methods

While three participants were recruited through a snowballing method (Langdridge, 2007), five were recruited through London's Holocaust Survivor Centre, a unique facility offering support services to British Holocaust survivors. Using Jewish organisations or support groups means that only Jews who strongly identify with their Jewish heritage and self-identify as Jews were likely to be sampled for the study (Levav, 1998). Baron, Reznikoff and Glenwick (1993) suggest that this limitation might sway the results of the study from the outset as most participants comprised a less traumatised sub-group of the survivor population due to the support they had been receiving from their Jewish support network, which likely impacted their trauma symptomology. Others argue, perhaps more convincingly that support groups are magnets for less well-adjusted survivors, so my sample would likely exhibit more negative symptomology, biasing the sample in the other direction. This raises one of the key problems of this type of research: there are so many variables that any kind of generalization about a single phenomenon such as Holocaust survivors' experience of motherhood is bound to be fraught with caveats. It is often forgotten, for example, that there is more to an identity and a biography than simply the experience of the Holocaust; many people were already suffering psychiatric conditions such as clinical depression before the war. Since my findings were largely mixed, demonstrating aspects of positive and negative symptomology, it is difficult to determine a particular bias within the findings in either direction. Nonetheless, future studies might address this limitation by adopting a more diverse recruitment method. This would help account for biases in either direction. Conversely, it might also increase the number of variables, rendering any findings even less reliable than my own.

4.53 Homogenous Sample

While one goal of the recruitment process was to secure a diverse sample of participants from varying backgrounds, the complete sample comprised eight female survivors living in London and one in Manchester, all with similar demographic profiles. Although my sampling followed the guidance of Smith and Osborn (2003), who highlight the need to be practical when sampling a participant group, financial and pragmatic considerations such as ease of contact and the limited recruitment pool determined a homogenous final sample. This excluded a large number of non-English speaking and/or non-UK-resident survivors in countries such as the USA, Germany or Israel. This is a limitation of the study; Solkoff (1992b) points to the importance of dependent variables such as age, gender, religious background, nature of Holocaust experience and country of pre and post-war residence when considering the impact of the Holocaust. Future studies might address this difficulty by seeking a larger or more diverse sample, or by exploring the experience of motherhood for non-UK-resident survivors. This would make an interesting comparison study to my research and could shed light onto the similarities and differences between the experiences of motherhood for Holocaust survivors with demographic differences.

4.54 Methodological Issues of Memory

My participants reflected on their current experience of motherhood, drawing on past experience to make sense of different aspects of their mothering journey. This may have raised some methodological issues regarding memory, since at times participants were in fact making sense of the memory of an experience as opposed to the experience itself. This may have affected the data, as participants were trying to make sense of certain aspects of their mothering journey with the benefit of hindsight; perhaps they would have made sense of these aspects differently had they been more current. However, whilst Heineman (1998) outlined possible implications of remembering and forgetting, and the importance placed by psychoanalytic theory on memory and the verbal reconstructions of memories and past events, following Willig (2008), my research acknowledged that participants' perception was the most important reality under investigation, rendering the psychoanalytic approach less relevant. Arguably, distorted memory is less problematic in an IPA study as the *raison d'etre* of such research is not to capture the 'truth' but to capture a participant's direct experience in the here and now. Perhaps though, future research into the experience of motherhood for genocide survivors might conduct interviews earlier in the mothering journey, possibly an interesting comparison to my research that could shed light onto the role of a remembered experience versus a current experience. That being said, motherhood is a journey that once embarked upon cannot be frozen in time. Indeed, in the words of one of my participants: **"Motherhood is something where it doesn't matter whether your children are six or sixty . . . to have children, you know, it's something that is for your life" (Betty, 1720-1726).** On reflection therefore, it is difficult to fully capture the experience of motherhood without reflecting on memories from the mothering journey. Indeed, only animals are devoid of a sense of past or future.

4.55 A Potential Comparative Study

This research set out to explore female Holocaust survivors' experience of motherhood; further research might explore the experience of fatherhood for male Holocaust survivors. Holocaust research has until recently been dominated by the male voice, and a prominent gap remains within the field regarding the experience of parenthood in general. Like the experience of mothers, exploring the experience of fatherhood from the perspective of fathers themselves would be a novel contribution to Holocaust research. Such findings would also offer an interesting point of comparison to those of this study, which is based on the premise that a gendered exploration of the impact of Holocaust trauma is necessary, given the different wartime experiences of men and women. Thus, future studies could address this gap in the literature by asking the question: What was the experience of fatherhood like for male Holocaust survivors? Such research must of course bear in mind that even most of the youngest Holocaust survivors are now at least in their late eighties.

4.6 Challenges

When conducting this research, I encountered a number of challenges, both methodological and procedural. Here, I attempt to outline these challenges and explain how I have overcome and addressed them.

4.61 Methodological Challenges

I. Like other qualitative research approaches, IPA has various conceptual and practical limitations (WIllig, 2008; Smith et al., 2009). Although IPA values the researcher's perspective, it has been criticised for failing to theorise about reflexivity (Willig, 2001). The concern is that IPA offers inadequate guidance on how to incorporate reflexivity into the research process and fails to specify how the researcher's preconceptions influence the analysis (Willig, 2001). Smith and Osborn (2008) argue, however, that IPA is a flexible approach rather than a one-size-fits-all method.

II. According to IPA, meaning-making is inextricable from one's language and culture. It suggests that interpretation is shaped, limited, or enabled by language. This strength of IPA enabled me to explore the role of language in participants' understanding of their experience. I was able to appreciate that each individual's use of language offers a unique window into their soul, marking the difference between what the structural linguist Ferdinand de Saussure termed 'la langue' (the formal system of grammar and vocabulary of a language) and 'la parole' (the unique ways in which each individual uses the language). Whilst I embraced how language is never uniform; speech varies between individuals, even though they share the same grammar and vocabulary (Willig, 2008), I was equally challenged by Saussure proposition that words themselves have no meaning and are merely signifiers, which may differ markedly between individuals sharing a common language. While I tried to address this in my analysis by representing the individual voice of each participant, using their own words to interpret their experience, I felt challenged by the knowledge that the subjective nature of language rendered their accounts open to multiple interpretations. Unfortunately though, perhaps this is unavoidable as language does not describe what the world is really like; it constructs the world in the image shaped by the user of language.

III. Furthermore, since IPA research relies on verbal accounts of experience, some accuse it of naively assuming that language is able to capture the essence of an experience. Primo Levi's survival memoir, for example, suggests that language lacks the words to describe some offences. In the case of the Holocaust, he argues that language would have to exceed its representational power in order to generate the reality it seeks to acknowledge (Levi, 1979). Interview transcripts could thus tell us more about how an experience is verbalized than about the experience itself (Willig, 2001). This is the view of social constructionists, who argue that language constructs rather than reflects reality. IPA recognises the action-orientated aspect of language and acknowledges that pure experience cannot be understood in its raw state, but denies that individuals are merely discursive agents (Eatough & Smith, 2006).

IV. IPA's requirement of a 'rich' dataset is also problematic. Participants' ability to communicate the rich texture of their experience is sometimes questionable (Willig, 2001). Phenomenological research has been criticised for only being suitable for the most eloquent individuals (Willig, 2008), particularly when exploring sensitive issues such as the Holocaust. In this sense, it has been criticised for being elitist; only those with the right level of fluency are able to describe their experiences sufficiently. However, Smith & Osborn (2008) acknowledge this difficulty but argue that the researcher, whose skill and attentiveness, can overcome it and facilitate the collection of a rich and exhaustive dataset from participants.

V. Finally, IPA has been criticised for using the term 'cognition' in reference to the subjective quality of experience (Willig, 2008). According to Smith (1996), IPA is preoccupied with cognition because it is concerned with how individuals make sense of phenomena. Some question the compatibility of the term 'cognition' with IPA's metaphysical and affective focus on pre-cognitive aspects of experience (Langdridge, 2007; Willig, 2008). However, Eatough and Smith (2008) defend the use of the term; they suggest that cognition is a fundamental aspect of experience and shapes the way we process it.

4.62 Procedural Challenges

I. Recruitment

The recruitment process for this study was fairly quick, though I was initially challenged by the question of where to recruit my participants. Given my family history, and having undertaken previous Holocaust research, I have personal relationships with many second-generation Holocaust survivors, whose parents met my selection criteria. I decided to draw on these connections for recruitment purposes and planned to contact London synagogues, whose members include a number of well-known survivors, to complete my sample. However, following an important conversation with my supervisor, I decided not to recruit participants whom I knew well or whose children I knew well. I was advised about potential issues of boundaries and role-conflict and found in fact that the preliminary feedback from my pilot study demonstrated the difficulty of establishing depth with a participant who is very familiar. Recruiting through London's Holocaust Survivor Centre, a unique facility offering support services to British Holocaust survivors, provided a helpful alternative to my initial recruitment strategy. The Centre acted as gatekeeper, offering participants additional support and care throughout the study. Centre staff were in regular contact with most of my participants and were reasonably well informed of their cognitive abilities and emotional stability and therefore their appropriateness for taking part in this research.

II. Age-related Challenges Throughout Interview Process

The advanced age of participants challenged me throughout the recruitment and interview processes in various ways. First, given the length of time required to complete doctoral research, I was obliged to acknowledge that participants might die before the end of the study. My Participant Information Sheet gave participants the opportunity to share details, if they wished, of a contact who would receive the debrief information in their place, but I found posing this potential eventuality particularly challenging and uncomfortable. Conscious that they could potentially constitute an additional source of stress for the elderly survivor, I felt uneasy about triggering thoughts of their own approaching death. I also feared arousing guilt-associated struggles that might involve feelings of loyalty or fidelity to their lost families (Stephens et al., 1990). However, following Stephens et al. (1990), all my participants appeared unfazed by this topic of conversation. All declined to offer an alternate contact, but most mentioned that they had frequently thought of their own death, a reflection, they explained, that was made easier by their Holocaust experience, which had helped prepare them to respond to future losses and their own mortality (Stephens et al., 1990).

The second age-related challenge I encountered throughout the interview process relates to the location and length of the interviews. Given participants' ages, I strove to ensure interviews were conducted in a convenient and comfortable environment for all participants. Since all participants requested that the interviews were conducted in a private room in their homes, my travel expenses were high (I travelled to Manchester for one interview) and travel time was lengthy. Interviews were made even longer by the additional half an hour I spent with each participant to ensure that they felt settled following our interview. Two participants asked me to meet with them for a second time, as they wished to discuss aspects of their initial interview and to discuss my research more generally. I was honored and humbled by this opportunity, but finding time for these visits was especially challenging as interviews were conducted throughout a particularly busy month of the academic calendar.

The third age-related challenge I encountered relates to the language and clarity of communication I encountered within each interview. My participants demonstrated difficulty with both receptive (e.g. hearing, keeping track of what had been said, and asking for repetition) and expressive (e.g. talking too much, losing their thread of thought, and difficulty identifying words) communication skills. This is a common problem among older adults; it not only needs acknowledgement (Ryan et al., 1994) but was made especially difficult given participants' strong Eastern European accents. I attempted to modify my speech, speaking more slowly and loudly, using simpler sentence structures, and limiting the topic of conversation in the interview. While under-accommodation of older-adult needs can jeopardize intergenerational interaction (Nussabaum, 2000), I felt conscious that my over-accommodation could be offensive, taken by my participants as patronizing. I was keen to avoid giving this impression as I didn't want to appear to be questioning their competence. However, following Nussabaum et al. (2000), accommodating my communication in a respectful, sensitive way facilitated good communication with my participants.

4.65 Participants Wanted to Note Their Holocaust Stories

My initial interview schedule presented a further challenge in the first two interviews. The first question in an interview should involve a gentle nudge from the interviewer in the direction of the interview topic (Smith et al., 2003). However, the first two interviews revealed that the initial question, "Tell me about your Holocaust experience" was too vague to elicit a focused response. It seemed to invite both participants to outline their entire Holocaust survival story, which in both cases lasted over an hour. Although I was anxious not to disparage participants' survival stories by interrupting their testimony, when I gently tried to bring them back to their experience of motherhood, I was unsuccessful; the participants continued with their survival story. Their testimony was fascinating, but the details of their survival stories were not directly related to the topic of my research, so I was forced to redesign my opening question.

4.7 Personal Reflexivity

As mentioned in the Methodology Chapter, my initial interest in the broader topic of Holocaust-related intergenerational trauma stems from personal involvement. My maternal grandmother and great-grandfather were both impacted by Holocaust trauma and while neither qualifies as a Holocaust survivor (according to the above definition), their Dutch heritage meant that many of their relatives were killed during the war. Witnessing from a young age my grandmother's interpersonal challenges and blatant prejudice against Germany and non-Jews resulted in my questioning the nature and features of intergenerational trauma and its potential impact on the emotional, social and psychological development of an individual.

Throughout my early adult years, I experienced a sense of frustration towards my grandmother because of many of her parenting choices, which I felt negatively impacted my family. I recall finding it difficult to understand why she linked her behaviour and dysfunctional interpersonal relationships to her family's Holocaust trauma. Cognitively, I understood the concept of 'survivor syndrome' and 'second-generation survivor syndrome', but couldn't grasp it on an emotional level. I therefore wanted to understand from the perspective of survivors themselves what their parenting experiences were like, hoping to learn how, if at all, the experience of the Holocaust might impact on one's parenting journey. This endeavour led me to experience a number of difficult emotions; specifically towards my grandmother and the way she conducted her interpersonal relationships. Whilst I hoped this research would ease my feelings of frustration towards her and perhaps allow me to better understand her parenting choices and interpersonal functioning, initially, it served quite the opposite function. Learning about the resilience, determination for closeness and undying love and devotion each of my participants had towards their children and families, a subsequent sense of disappointment surfaced towards my grandmother, who despite not being formally classified as a Holocaust survivor, struggled to demonstrate the same level of interpersonal functioning as most of them. Reflecting on this disappointment with my mother, grandmother and in personal therapy, allowed me to work through my disappointment until feelings of empathy and sensitivity surfaced within me. Processing and discussing my disappointment in this way reminded me that the impact of trauma is not prescriptive but touches people differently each time it is experienced. This understanding allowed me to better come to terms with my grandmother's behaviour and in some way offer me the piece of mind I had been searching for.

This research was an especially important learning process for me, given my hope of becoming a mother in the future. While I have not experienced any seriously traumatic events in my life thus far, it is important to gain a better understanding of the impact of trauma and how it can manifest in many ways across various relationships before embarking on parenthood. In researching the experience of mothers who have survived the Holocaust, I hope to better understand the impact of my own family's Holocaust trauma and gain insight into the mothering role I hope to embark on some day.

In addition to my family's history of Holocaust trauma, it is possible that having previously explored the impact of Holocaust trauma, from the perspective of the second generation, on survivors and their children, I approached this research with preconceived ideas about survivors' experience of motherhood. I hoped to shed light on how differently individuals make sense of their mothering experiences and how varied the potential implications of these experiences are on personal development. Nevertheless, I remained conscious of my understanding of the 'Holocaust Survivor Syndrome' and its psychopathological characteristics. I recall being particularly aware of the difficulty, as presented in the literature, of survivors to establish good interpersonal relationships with their children. While this seemed to be the case for one participant, it did not emerge as a salient subtheme. On reflection, I wonder whether I had unconsciously wanted to disprove this notion as a courtesy to my participants. However, as outlined in the Methodology Chapter, I strove hard to remain aware of my own biases and preconceptions, using them as a source of insight into how they might have impacted my interpretation of the data.

A further reflection is that I was challenged by the multiple and sometimes conflicting hats I was wearing throughout this research. I was aware of the importance of stepping out of the role of therapist and into that of researcher, but found this a very challenging process. Given my ability to form safe, trusting and collaborative relationships with clients, expressing empathy, curiosity and compassion along the way, I felt that my therapeutic skills might add value to the interview process and allow participants to feel at ease when sharing their personal experience. That said, my client-centred skills were at times unhelpful and inhibited me from being more directive with questions and from phrasing my questions in a way that might more appropriately address my research question. This would have better ensured a clear division between the client/therapist relationship and the participant/researcher relationship. Nonetheless, while maintaining this division was somewhat challenging, my Counselling Psychology skills enhanced my relationship with participants, particularly when they were opening up about painful Holocaust memories or about difficult aspects of their mothering journeys.

The literature indicates that struggling to balance the roles of researcher and clinician is fairly common. Dickson-Swift et al. (2006) highlighted how commonly qualitative researchers struggle to manage this boundary, mirroring my own experience in this study. Rizq (2008) highlights common characteristics of the effective counsellor and researcher, pointing to the skills of empathy, rapport-building, and active listening. She points to the protected space of a counselling and research environment, during which someone discloses personal and difficult experiences to someone whose role is to actively listen. While balancing the roles of researcher and therapist was somewhat difficult, I avoided inadvertently compromising the quality of either role by remaining conscious of my feelings and role throughout.

Regular meetings with my personal therapist offered me important support throughout this research process. These meetings not only helped me reflect on my own beliefs, preconceptions, biases and their origins, but also offered me a safe and trusting environment in which to reflect on my feelings about the difficult content of my participants' experiences. Personal therapy also invited me to think more critically about the importance of this research and why I felt so closely connected to it. This facilitated a more thoughtful understanding of my exposure to Holocaust trauma and allowed me to better bracket off my personal biases. The process of personal therapy was made further useful through my keeping of a personal diary, which allowed me to express and reflect on my feelings and struggles between therapy sessions.

I also gained a great deal of support from my research supervisor, who not only offered me invaluable support throughout this research by offering a safe and trusting environment in which to reflect on the research process but who also offered a supporting and encouraging hand when I received notice that two of my participants had died. This particularly difficult moment in my research journey profoundly impacted me. It not only generated feelings of sadness and grief but also highlighted feelings of humility and appreciation. I felt honoured to have had the opportunity to give voice to two powerfully inspiring women's experiences of motherhood, a hitherto unexpressed aspect of their survival. I gained support and courage from my research supervisor, who was able to relate to these emotions but also offer me words of encouragement. Her support reminded me that while the importance of research supervision may vary according to professional doctoral programs, regular guidance and support from an experienced researcher is a necessary privilege when conducting research of this kind. High quality, structured mentorship, especially at my stage in training, is something for which I am deeply grateful. It offered me an important pillar and support throughout my development and remains a trusty guide on my journey to becoming a competent researcher in the field of Counselling Psychology.

4.8 Conclusion and Summary

The present study has explored the experience of motherhood for Holocaust survivors on the basis of close phenomenological reading of their accounts. Representing the voices of eight survivor-mothers, it has offered an insight into the quality and texture of different mothering experiences, highlighting how the impact of the Holocaust is not stable; it expands and evolves over time and impacts not just the individual, but the entire family.

The most striking aspects of the meaning-making processes in this study, which ultimately offered a deeper understanding of survivors' psychosocial attitudes and behaviours, involved the women's attempt to negotiate their mothering roles and responsibilities as well as their origins and how they have changed over time. It also involved how they navigated feelings of distance and closeness to their children and how they experienced conflicting and sometimes simultaneous emotions such as hope and hopelessness, fear and stability, and pride and shame.

There were many shared experiences between the eight mothers I interviewed, many of which relate back to theories and research within the existing Holocaust literature. That said, since this is an under-researched area of interest, many aspects of my findings offer novel and unique insights into Holocaust survivors' experience of motherhood.

The challenges and limitations of this study have been considered throughout; I have taken care to reflect on these and how they have been addressed. I have identified various ideas for future research that might add to the existing literature, and offered valuable insights into a field that is still under-researched. Ultimately, I hope the findings of this study will inform the practice of clinicians working with trauma survivors and their families, highlighting the importance of supporting genocide survivors and their families in the aftermath of their trauma, the value of systemic therapy when working with this client group, and the importance of remaining sensitive to any on-going stigma around survivors and their children. In this way, the findings of this study can contribute to the field of Counselling Psychology in a profound and insightful way.

References

Abramson, Y., Lyn & Metalsky, Gerald & Alloy, L. (1989). Hopelessness Depression: A Theory-Based Subtype of Depression. *Psychological Review, 96,*(2), 358-372

Aharony, M. (2015). Hannah Arendt and the Limits of Total Domination. Routledge. New York.

Ainsworth M.D., Blehar, M., Waters, E., Wall, S. (1978). Patterns of Attachement: A Psychological Study of the Strange Situation. Hillsdale NJ: Lawrence Erlbaum Associates.

Allport, G. (1937). *Personality: A psychological interpretation*. New York: Henry Holt.

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, D.C.

American Psychiatric Association (2016). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. pp. 271–280.

Amir, M., & Lev-Wiesel, R. (2001). Does everyone have a name? Psychological distress and quality of life among child Holocaust survivors with lost identity. *Journal of Traumatic Stress, 14*(4), 859-869

Antonovsky, A., Maoz, B., Dowty, N., & Wijsenbeer, H. (1971). Twenty-five years later: A limited study of the sequence of the concentration camp experience. *Social Psychiatry, 6(4),* 186-193

Axelrod, S., Scnipper, O. L., & Rau, J. H. (1980). Hospitalized offspring of Holocaust survivors. *Bulletin of the Menniger Clinic, 44*(1), 1 – 4

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

Baranowsky, A.B., Young, M., Johnson-Douglas, S., Williams-Keeler, L., & McCarrey, M. (1998) PTSD Transmission: A review of secondary traumatization in Holocaust survivor families. Canadian Psychology, 39(4), 247-256.

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Baron, D. (1995). Fear and hope: Three generations of the Holocaust. Cambridge, MA: Harvard University Press.

Baron, D., Elan, J., Kleber, R. J., Krell, R., Moore, Y., Sagi, A., Soriano, E., Suedfeld, P. vander Velden, P. G., van IJzendoorn, M. H. (1998). Multigenerational perspectives on coping with the Holocaust experience: An attachment perspective for understanding the developmental sequelae of trauma across generations.

Baron, L., Reznikoff, M., & Glenwick, D. S. (1993). Narcissism, interpersonal adjustment, and coping in children of Holocaust survivors. *Journal of Psychology, 127*(3), 257-269

Bateson, G. (1972). *Steps to An Ecology of Mind*. London: Ballantine Books.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. Journal of Early Adolescence, 11, 56–95.

Beck, J. S. (1995). Cognitive therapy: Basics and beyond. New York: Guilford

Ben-Zur, H., & Zimmerman, M. (2005). Aging Holocaust survivors' well-being and adjustment: Associations with ambivalence over emotional expression. Psychology and Aging, 20, 710 –713. doi:10.1037/ 0882-7974.20.4.710

Benson, J. B. & Haith, M. (2009). Social and emotional development in infancy and early childhood. USA: Academic Press.

Berger, A., Berger, N. (2001). Second Generation Voices: Reflections by Children of Holocaust Survivors and Perpetrators. Syracuse University Press, New York.

Berger, L. (1988). The long-term psychological consequences of the Holocaust on the survivors and their offspring. In r. L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 175-222). New York: Columbia University Press.

Biggerstaff, D. L. & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. Qualitative Research in Psychology, 5: 214-224.

Birenbaum, H. (1971). Hope is the last to die. New York: Twayne

Bistritz, J.F. (1988). Transgenerational pathology in families of Holocaust survivors. In R. L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 129 – 144). New York: Columbia University Press.

Blank, L. W. (1996). The relationship between the Holocaust and object relation in adult children of Holocaust survivors. *Dissertation Abstracts International, 56*(11), 6378B (UMI No. 9608300).

Bor, R., Legg, C. & Scher, I. (1996) The Systems Paradigm. In R. Woolfe & W. Dryden (eds)

Bower, H. (1994). The concentration camp syndrome. Australian and New Zealand Journal of Psychiatry, 28(3), 391-397

Brave Heart, M. Y. (1999). Gender differences in the historical trauma response among the Lakota. Journal of Health and Social Policy, 10, 1–21.

Breslau, N., Davis, G. C., Andreski, P., & Peterson, E. (1991). Traumatic events and post-traumatic disorder in an urban population of young adults. Archives of General Psychiatry, 48, 216 –222.

Breuer J, Freud S. Studies of hysteria, Reprinted (1955) in the Standard Edition of the Complete Psychological Works of Sigmund Freud. Strachey J, translator and editor. Vol. 2. London: Hogarth Press; 1895. pp. 1–335.

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. Psychology and Health, 21(1), 87-108.

Brom, D., Durst, N., & Aghassy, G. (2002). The phenomenology of posttraumatic distress in older adult Holocaust survivros. *Journal of Clinical Geropsychology, 8*(3), 189-201

Brom, D., Kfir, R., & Dasberg, H. (2001). A controlled double-blind study on children of Holocaust survivors. *Israel Journal of Psychiatry and Related Siences, 38*(1), 47-57

Bunge, M. (1993). Realism and antirealism in social science. Theory and Decision, 35(3), 207-235.

Byng-Hall, J. (1986). Family scripts: A concept which can bridge child psychotherapy and family therapy thinking. Journal of Child Psychotherapy, 12(1), 3-13.

Byng-Hall, J. (1995). Rewriting family scripts: Improvisation and systems change. New York: The Guildford Press.

Calhoun, L. G., and Tedeschi, R. G. (1998). Beyond recovery from trauma: Implications of clinical practice and research. *Journal of Social Issues, 54*: 357-71

Canon, J. (2002). *Personal experience of the 1989 Loma Prieta earthquake*. Doctoral dissertation, Saybrook Graduate School, San Francisco, California.

Carmil, D., & Carel, R. S. (1986). Emotional distress and satisfaction in life among Holocaust survivors: A community study of survivors and controls. Psychological Medicine, 16, 141–149.

Carter, S.M., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. Qualitative Health Research, 17, 1316-1328.

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. Journal of Social Issues, 54: 245-66

Cassel, L., & Suedfeld, P. (2006). Salutogenesis and autobiographical disclosure among Holocaust survivors. Journal of Positive Psychology, 1, 212–225.
Catherall, D. R. (1998) Treating traumatised familes. In C. R. Figley (ed.) Burnout in Families: the Systemic Costs of Caring (15–28). New York: CRC Press.

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

Chazan, S. E. (2003). Simultaneous treatment of parent and child (2nd Ed.). London: Jessica Kingsley Publishers.

Chodoff, P. (1963). Late effects of the concentration camp syndrome. Archives of General Psychiatry, 8, 323–333

Cohen, E., Dekel, R., & Solomon, Z. (2002). Long-term adjustment and the role of attachment among Holocaust child survivors. *Personality and Individual Differences, 33*(2), 299-310.

Cohen, K., & Shmotkin, D. (2007). Emotional ratings of anchor periods in life and their relation to subjective well-being among Holocaust survivors. Personality and Individual Differences, 43, 495–506.

Cohen, M., Brom, D., & Dasberg, H. (2001). Child survivors of the Holocaust: Symptoms and coping after fifty years. Israel Journal of Psychiatry and Related Sciences, 38, 3–12.

Collins, C., Burazeri, G., Gofin, J., & Kark, J. D. (2004). Health status and mortality in Holocaust survivors living in Jerusalem 40 –50 years later. Journal of Traumatic Stress, 17, 103– 411.

Cooper, M., McLeod, J. (2011). Pluralistic Counselling and Psychotherapy. Sage, London.

Coutler, S. (2013). Systemic psychotherapy as an intervention for post-traumatic stress responses: an introduction, theoretical rationale and overview of developments in an emerging field of interest. *Journal of Family Therapy. 35 (*pp. 381-406).

Coyle, A (2007). Introduction to qualitative psychological research. In E.Lyons & A. Coyle (Eds.) Analysing Qualitative Data in Psychology, London: Sage Publications.

Crittenden, P., Dallos, R., Landini, A., & Kozlowska, K. (2014). Attachment and family therapy. Berkshire UK: Open University press.

Dallos, R. and Draper, R. (2000). *An Introduction to Family Therapy: Systemic Theory and Practice*. Buckingham: Open University Press.

Dally, Ann. (1982). *Inventing Motherhood: The Consequences of and Ideal.* London: Burnett Books Ltd.

Daly, P. (2005). Mothers living with suicidal adolescents: a phenomenological study of their experience. Journal of Psychosocial Nursing &Mental Health Services, 43(3), 22-28.

Danieli, Y. (1982). Families of survivors and the Nazi Holocaust: Some short- and long-term effects. In C. D. Spielberger, I. G. Sarason, & N. Milgram (Eds.), Stress and anxiety (Vol. 8, pp. 405– 423). Washington, DC: Hemisphere.

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

Danieli, Y. (1981). On the achievement of integration in aging survivors of the Nazi Holocaust. Journal of Geriatric Psychiatry, 14, 191–210.

Danieli, Y. (1994). Countertransference, trauma, and training. In J.P. Wilson and J. D. Lindy (Eds.), *Countertransference in the treatment of PTSD,* pp 368-88. New York: Guilford.

Dasberg, H. (1987). Psychological distress of Holocaust survivors and offspring in Israel, forty years later: A review. *Israel Journal of Psychiatry and Related Sciences, 24*(4), 243-356

Dasberg, H. (2001). Adult child survivor syndrome on deprived childhoods of aging Holocuast survivors. *Israel Journal of Psychiatry and Related Sciences, 38*(1), 13-26

Davidson, S. (1980a). The clinical effects of massive psychic trauma in families of Holocaust survivors. *Journal of Marital and Family Therapy, 6*(1), 11-21.

Davidson, S. (1983). Psychosocial Aspects of Holocaust Trauma in the Life-Cycle of Survivor-Refugees and their Families. In Baker, R. (Ed.), *The Psychosocial Problems of Refugees*, The British Refugee Council, 1983. P. 23

de Silva, P. (1999). Cultural aspects of post-traumatic stress disotder. In W. Yule (Ed.), *Post-Traumatic Stress Disorders: Concepts and Therapy* (pp. 116-138). Chichester: John Wiley & Sons.

de Vries, B., Suedfeld, P., Krell, R., Blando, J.A., Southard, O. (2005). The Holocaust as a context for telling life stories. *International Journal of Aging Development*. San Francisco State University, Gerontology Programs, CA, USA.

de Wind, E. (1968). The confrontation with death. International Journal of Psychoanalysis, 49, 302-305.

de Wind, E. (1995). Encounter with Death. (A. Wood, Trans.). In H. Groen-Prakken, A. Laden & A. Stufkens (Eds.), *The Dutch Annual of Psychoanalysis: Traumatisation and War* (Vol. 2, pp. 25-39). Liss: Swets and Zeitlinger (Original work published 1968).

Decker, L.R., (1993). The role of trauma in spiritual development. *Journal of Humanistic Psychology, 33* (4): 33-46

Dickson-Swift, V., James, E., Kippen, S., and Liamputtong, P. (2006) Blurring boundaries in qualitative health research on sensitive topics. Qualitative Health Research, 16, 853–871.

Dor-Shav, N. (1978). On the long range effects of concentration camp internment: twenty-five years later. Journal of Consulting and Clinical Psychology, 46:1-11.

Dwork, D. (1991). Children with a star: Jewish youth in Nazi Europe. New Haven: Yale University Press.

Eaton, W. W., Sigal, J. J., & Weinfeld, M. (1982). Impairment in Holocaust survivors after 33 years: Data from an unbiased community sample. American Journal of Psychiatry, 139, 773–777

Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig and W. Stainton-Rogers (Eds.), The sage handbook of qualitative research in psychology. (pp. 179-194). London: Sage.

Egendorf, A. (1982). The postwar healing of Vietnamese veterans: Recent research. *Hospital and Community Psychiatry, 33* 901-08

Eitinger, L., & Major, E. F. (1993). Stress of the Holocaust. In L. Goldberger & S. Breznitz (Eds.), Handbook of stress: Theoretical and clinical aspects (2nd ed., pp. 617– 640). New York, NY: Free Press.

Elliott R, Davis KL and Slatick E (1998) Processexperiential therapy for post-traumatic stress difficulties. In Greenberg LS, Watson JC and Lietaer G (Eds) Handbook of Experiential Psychotherapy. New York: Guilford Press

Epstein, H. (1979). Children of the Holocaust. G.P. Putnam and Sons.

Favaro A, Rodella F, Santonastaso P. (2000) Binge eating and eating attitudes among Nazi concentration camp survivors. Psychol Med.;30: 463-466

Felson, I. (1998). Transgenerational transmission of effects of the Holocaust: The north American research perspective. In Y. Danieli (Ed.), *International Handbook of Multigenertional Legacies of Trauma* (pp. 43068). New York: Plenum Press.

Felstiner, M. (1994). To Paint Her Life: Charlotte Salomon in the Nazi Era. New York, NY: HarperCollins. Print. p. 206-207

Field, N. P., & Chhim, S. (2008). Desire for revenge and attitudes towards the khmer Rouge tribunal among Cambodians. *Journal of Loss and Trauma. 13* 352-372.

Figley, C. R. (1989) Helping Traumatized Families. San Francisco, CA: Josey-Bass.

Figley, C.R. (1987) Post-traumatic family therapy. In Frank Ochberg (ed.) PostTraumatic Therapy and Victims of Violence (83–110). New York: Brunner and Mazel.

Finlay, L. (2006). The body's disclosure in phenomenological research. Qualitative Research in Psychology, 3, 1, 19-30.

Fogelman, E., & Savran, B. (1979). Therapeutic groups for children of Holocaust Survivors. *International Journal of Group Psychotherapy, 29*(2), 211-235

Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995). Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development.

Frankl, V. (1959). *Man's search for meaning*. New York: Praeger.

Frankl, V. (2006). Man's Search for Meaning. Beacon Press. Boston, MA.

Frankl, V. E. (1984). *Man's search for meaning. An introduction to logotherapy*, 3rd revised and enlarged edition, New York: Simon & Schuster.

Frederickson, J. (1999). Psychodynamic Psychotherapy. Philadelphia: Brunner/Mazel.

Freedman, S., Gluck, N., Tuval-Mashiach, R., Brandes, D., Peri, T., & Shalev, A. (2002). Gender differences in responses to traumatic events: A prospective study. Journal of Traumatic Stress, 15, 407– 413.

Freeman, M. (2008). Hermeneutics. In L. M. Given, The SAGE Encyclopedia of Qualitative Research Methods (pp. 385-388). Los Angeles, London, New Delhi, Singapore: Sage Publications

Friedan, Betty. (1963). *The Feminine Mystique.* New York, New York: Penguin Group.

Freud S. Beyond the pleasure principle, Reprinted 1953–1974 in the Standard Edition of the Complete Psychological Works of Sigmund Freud. Strachey J, translator and editor. Vol. 18. London: Hogarth Press; 1920.

Freyberg, J.T. (1980). Difficulties in separation-individuation as experienced by offspring of Nazi Holocaust survivors, *American Journal of Orthopsychiatry, 50*(1), 87-95.

Friedman, P. (1948). The road back for the DPs: Healing the psychological scars of Nazism. *Commentary*, 6*, 502-510.*

Gampel, Y. (1982). A daughter of silence. In M. S. Bergman & M. E. Jocovy (Eds), *Generations of the Holocaust*. New York: Basic.

Gampel, Y. (1992). Thoughts about the Transmission of conscious and unconscious knowledge to the generation born after the *Shoah*. Special issue on Holocaust trauma: Transgenerational transmission to the second generation. *Journl of Social Work & Policy in Israel, 5-6, 43-59.*

Gasparre, A., Bosco, S., & Bellelli, G. (2010). Cognitive and social consequences of participation in social rites: Collective coping, social support, and post-traumatic growth in the victim of Guatemala genocide. *Revista de Psicologia Social, 25,* 35-46.

Gilbert, D.T., and Silvera, D.H. (1996). **Overhelping.** Journal of Personality and Social Psychology, 70.pp. 678-690

Gilbert, P. (2009). The compassionate mind: A new approach to the challenges of life. London, UK: Constable & Robinson

Gill, A. (1994). *The Journey back from Hell: Conversations with Concentration Camp Survivors.* London: Harper Collins.

Glaser, B. G., & Strauss, A. (1967). Discovery of grounded theory: Strategies for qualitative research. California, US: Sociology Press.

Goldberg, R. Muir & J. Kerr (Eds.) Attachment theory: Social, developmental and clinical perspectives (pp. 233-278). Hillsdale, N.J.: The Analytic Press.

Green, B. L. (1993). Identifying survivors at risk: Trauma and stressors across events. In J.P. Wilson & B. Raphael (Eds), *International Handbook of Traumatic Stress Syndrome*. New York: Plenum Press.

Green, B. L., Wilson, J.P., & Lindy, J.D. (1985). Conceptualising post-traumatic stress disorder. A psychosocial framework. In C.R. Figley (Ed.). *Trauma and its Wake: The Study and Treatment of Post-traumatic Stress Disorder* (Vol. 1, pp. 53-69). New York: Brunner/Mazel

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 105-117). Thousand Oaks, CA: Sage.

Gutman, L. M., Brown, J., & Akerman, R. (2009). Nurturing parenting capability: The early years. Centre for Research on the Wider Benefits of Learning. Institute of Education: University of London.

Hafner, H. (1968). Psychological disturbances following prolonged persecution. *Social Psychiatry, 3*(3), 79-88

Harari, Y.N. (2014). Sapiens: A Brief History of Humankind. Harvil Secker First. UK. Print.

Harel, Z., Kahana, B., Kahana, E. (1984). The effects of the Holocaust: Psychiatric, Behavioral and Survivor Perspectives. 11 J. Soc & Soc. Welfare 915.

Harper, D. (2012). Choosing a qualitative research method. In D. Harper and A. R. Thompson (Eds.), Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners. (pp. 83-98). West Sussex:Wiley-Blackwell.

Hass, A. (1990). *In the Shadow of the Holocaust: The Second Generation*. Ithaca: Cornell University Press.

Hass, A. (1995). *The Aftermath: Living with the Holocaust*. Cambridge: Cambridge.

Hass, A. (1996). *The Aftermath: Living with the Holocaust*. New York: Cambridge University Press.

Haug, F. (1987). Female Sexualisation. London: Verso.

Hayes, S. C. (2004). Acceptance and Commitment Therapy and the new behavior therapies: Mindfulness, acceptance and relationship. In S. C. Hayes, V. M. Follette, & M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive behavioral tradition* (pp. 1-29). New York: Guilford.

Hays, Sharon. (1996). *The Cultural Contractions of Motherhood*. New Haven: Yale University Press.

Heidegger, M. (1927). Sein und Zeit. Halle: Max Niemeyer (Translated as Being and Time by John Macquarrie & Edward Robinson. New York: Harper and Row, 1962).

Heineman, T. V. (1998). The Abused Child: Psychodynamic understanding and treatment. New York: The Guildford Press.

Helweg-Larsen, P., Hoffmeyer, H., Kieler, F., Hess-Thaysen, E., HessThaysen, P., Thygesen, P., & Hertel Wulff, M. H. (1952). Famine disease in German concentration camps. Acta Psychiatrica et Neurologica Scandinavica, 28 (Suppl. 83), 1– 460.

Hodgkins, B. J., & Douglass, R.L. (1984). Research issues surrounding Holocaust survivors: Adaptability and aging. *Journal of Sociology and Social Welfare, 11*(4), 894-914

Hogman, F. (1985). Role of Memories in Lives of World War II Orphans. *Journal of the American Academy of Child Psychiatry,* 24: 390-6.

Holroyd, A. (2008) Interpretive hermeneutics and modifying the modern idea of method. Canadian Journal of Nursing Research, 40(4), 130-145.

Horowitz, J. M. (1973). Phase oriented treatment of stress response syndromes. American Journal of Psychotherapy, 27(4), 506–515.

Horowitz, M. J. (1986). Stress-response syndromes (2nd ed.). New York: Jason Aronson

Horwitz, Erika, (2004). Resistance as a site of empowerment: The journey away from maternal sacrifice. In *Mother outlaws: Theories and practices of empowered mothering,* ed. Andrea O'Reilly. Toronto: Women's Press.

Hudson, J. L. and Rapee, R. M. (eds) (2005) Psychopathology and the Family. Oxford: Elsevier

Husserl, E. (1931). Ideas: General introduction to pure phenomenology. (Translated by W. R. Boyce Gibson in 1969). London: George Allen & Unwin Ltd.

Hutchens, B. C. (2004). Levinas: A Guide For the Perplexed. New York: Continuum.

Jaffe, R. (1970). The Sense of Guilt within Holocaust Survivors. *Jewish Social Studies* Vol. 32. pp. 307-314

James, W. (1901/1961). *Varieties of religious experience*. New York: Collier Books. Princeton, NJ: Princeton University Press.

Janet P. Les actes inconscients et la mémoire pendant le somnambulisme. Revue Philosophique. 1889;25:238–279.

Jaycox, L. H., Zoellner, L., & Foa, E. B. (2002). Cognitive behavior therapy for PTSD and rape survivors. Psychotherapy and Practice, 58(8), 891–906.

Kahana, B., Harel, Z., & Kahana, E. (2005). Holocaust survivors and immigrants: Late life adaptations. New York: Springer. K

Kalayjian, A., & Shahinian, S.P. (1998). Recollections of aged Armenian survivors of the Ottoman Turkish Genocide: Resilience through endurance, coping and life accomplishments. *Psychoanalytic Review*, *85*, 489-516

Kanyangara, P., Rime, B., Philippot, P., & Yzerbyt, V. (2007). Collective rituals, emotional climate, and intergroup perception: Participation in "Gacaca" tribunals and assimilation of the Rwandan genocide. *Journal of Social Issues, 63* 387-403

Karpf, A. (2008). The war After: Living With the Holocaust. London: Faber and Faber Ltd.

Keinan, G., Mikulincer, M., & Rybnicki, A. (1988). Perception of self and parents by second-generation Holocaust survivros. *Behavioural Medicine*, 14, 6-12.

Kellerman, N.P.F. (2001a). The Long-term psychological effects and treatment of Holocaust trauma. *Journal of Loss and Trauma, 6*(3), 197-218

Kellermann, N. P. F. (2009). Holocaust trauma: Psychological effects and treatment. New York: iUniverse.

Kellermann, N.P.F. (1999a) Bibliography: Children of Holocaust survivors. AMCHA, the National Israeli Centre for Psychosocial Support of Holocaust Survivors and the Second Generation, Jerusalem.

Kestenberg, J. (1972). Psychoanalytic contributions to the problems of children of survivors from Nazi persecution. Israel Annals of Psychiatry and Related Disciplines, 10, 4:16-23.

Kestenberg, J. S. (1982). Survivors-parents and their children. In M. S. Bergmann & M. E. Jucovy (Eds), *Generations of the Holocaust* (pp. 83-102). New York: Basic Books.

Kestenberg, J. S., & Kestenberg, M. (1990a). The background of the study. In M. S. Bergmann & M.E. Jucovy (Eds), *Generations of the Holocaust* (pp.33-45). New York: Columbia University Press.

Kestenberg, J. S., & Kestenberg, M. (1990b). The experience of survivor-parents. In M.S. Jucovy (Eds), *Generations of the Holocaust* (pp.46-61). New York: Columbia University Press.

Keys A, Brozˇek J, Henschel A, Michelsen O, Taylor HL. (1950). The Biology of Human Starvation, Volumes I and II. Minneapolis, Minn: University of Minnesota Press; 8.

Keys A. (1946). Human starvation and its consequences. J Am Diet Assoc. 22:582-587.

Klein, H., Beersheba, I., Zellermayer, J., & Shanan, J. (1963). Former concentration camp inmates on psychiatric ward: Observations. *Archives of General Psychiatry, 8*(4), 334-342.

Kluft, R. P. (1997). The argument for the reality of delayed memory recall. In P. S. Appelbaum, L. A. Uyehara, & M. R. Elin (Eds.), Trauma and memory: Clinical and legal aspects (pp. 25-57). Oxford/New York: Oxford University Press.

Kogon, I. (1995). *The cry of the mute children: The psychoanalytic perspective of the second generation of the Holocaust*. New York: Free Association Books.

Kogon, E. (1971). *The Theory and Practice of Hell*. H. Norden (Trans.) New York: Berkeley.

Krell & M. I. Sherman (Eds.) *Medical and Psychological Effects of Concentration Camps on Holocaust Survivors. Genocide: A Critical Bibliographic Review* (Vol. 4, pp.23-31). New Brunswick: Transaction Publishers.

Krell, R. (1989). Alternative therapeutic approaches to holocaust survivors. In P. Marcus & A. Rosenberg (Eds.), Healing their wounds: psycho-therapy with holocaust survivors and their families (pp. 215–226). New York, NY: Praeger.

Krell, R. (1997b). Survivors and their families: Psychiatric consequences of the Holocaust. In R.

Krupnick, J. (2002). Brief psychodynamic treatment of PTSD. Journal of Clinical Psychology, 58, 919–932. DOI:10.1002/ jclp.10067

Krysal, H. (1995). Trauma and aging: A thirty-year-follow-up. In C. Caruth (Ed.), *Trauma: Explorations in Memory* (pp. 76-99). Baltimore: The Johns Hopkins University Press.

Krystal, H. (1968). *Massive Psychic Trauma*. New York: International University Press, (Ed.) 23:924–936

Krystal, H. (1995). Trauma and aging: A thirty-year follow-up. In C. Carcuth (Ed.), Trauma: Explorations in Memory (pp. 76-99). Baltimore: The Johns Hopkins University Press.

Kudler, H., Krupnick, L. J., Blank, S. A., Herman, L. J., & Horowitz, J. M. (2009). Psychodynamic therapy for adults. In Foa, B. E., Keane, M. T., Friedman, M. T., & Cohen, A. J. (Ed.), Effective treatments for PTSD. New-York London: The Guilford Press.

Lafarge C, Mitchell K, Fox P. 2013. Women's experiences of coping with pregnancy termination for fetal abnormality. Qualitative Health Research 23:924–936.

Landau, R., & Litwin, H. (2000). The effects of extreme early stress in very old age. *Journal of Traumatic Stress, 13*(3), 473-487.

Langdridge, D. (2007). Phenomenological Psychology. Harlow: Pearson Education.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. Qualitative Research in Psychology, 3(2), 102-120.

Lavie, P., & Laminer, H. (1996). Sleep, dreaming and copig styles in Holocaust survivors In D. Barret (Ed.), *Trauma and Dreams* (pp. 114-124). Cambridge: Harvard University Press.

Lee, D. A. (2012). Recovering from Trauma using Compassion Focused Therapy. London: Constable Robinson.

Leon, G. R., Butcher, J. Kleinman, M., Goldberg, A., & Almago, M. (1981) Survivors of the Holocaust and their children: Current Status and adjustment. *Journal of Personality and Social Psychology,* 41 (3), 503-515.

Lev- Wiesel, R., & Amir, M. (2000). Posttraumatic stress disorder symptoms, psychological distress, personal researches, and quality of life in four groups of Holocaust child survivors. *Family Process, 39*(4), 445-459

Lev-Wiesel, R., & Amir, M. (2003). Posttraumatic growth among Holocaust child survivors. Journal of Loss and Trauma, 8(4), 229-237.

Levav, I. (1998). Individuals under conditions of maximum adversity: The Holocaust. New York: Oxford University Press.

Levav, I. (1998). Individuals under conditions of maximum adversity. The Holocaust. In B.P. Dohrenwend (Ed.), *Adversity, Stress and Psychopathology* (pp. 13-33.). New York: Oxford University Press.

Levi, P (1986). Moments of reprieve. NewYork: Summit Books.

Levi, P. (1979). If This is a Man. Great Britain. Penguin Books.

Levy S, Lemma A. (2004). The Perversion of Loss: Psychoanalytic Perspectives on Trauma. London: Whurr.

Lezin, N., Rolleri, L.A., Bean, S., & Taylor, J. (2004). Parent-child connectedness: Implications for research, interventions, and positive impacts on adolescent health. ETR Associates ©.

Lindy, J. D. (1996). Psychoanalytic psychotherapy of posttraumatic stress disorder: The nature of the relationship. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), Traumatic stress: The effects of overwhelming experience on mind, body and society (pp. 525–536). New York: Guilford Press.

Lowenstein, A., & Gilbar, O. (2000). The perception of caregiving burden on the part of elderly cancer patients, spouses and adult children. Families, Systems and Health, 18, 337–346.

Macksoud, M.S., Dyregrov, A., & Raundalen, M. (1993). Traumatic war experiences and the effects on children. In J.P. Wilson & B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes (pp. 625-633)*. New York: Plenum Press.

Madill, A., Jordan A., & Shirley C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. British Journal of Psychology, 91(1),1-20.

Makhashvili, N., Beberashvili, Z., Tsiskarishvili, L., Kiladze, N., & Zazashvili, N. (2005). *Complex traumatization and some societal factors as possible barriers for recovering*. Paper presented at the 9th European Conference on Traumatic Stress, Stockholm.

Maller, O. (1964). The Late psychopathology of former concentration camp-inmates: An integralistic approach. *Psychiatria et Neurologia, 148*, (140-177).

Matsakis, A. (2007) Back from the Front: Combat Trauma , Love , and the Family , Baltimore, MD, Sidran Institute Press.

May, R., Angel, E., and Ellenberger, H. (1958). *Existence*. New York: Simon & Schuster.

Mazor, A., Gampel, Y., Enright, R. D., & Orenstein, R. (1990). Holocaust survivors: Coping with post-traumatic memories in childhood and 40 years later. Journal of Traumatic Stress, 3, 1–14.

McCann, I. L., & Pearlman, L.A. (1990). *Psychological Trauma and the Adult Survivor: Theory, Therapy and Transformation*. New York: Brunner/Mazel.

McFarlane, A.C., & Yehuda, R. (1996). Resilience, vulnerability and the course of Posttraumatic Reactions. In B.A. van der Kolk, A.C. McFarlane & L. Weisaeth (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, an Society* (pp. 155-181.). New York: Guilford Press.

McLeod, J. (2001). Qualitative Research in Counselling and Psychotherapy. London: Sage.

Meichenbaum, D. (1977). Dr. Ellis, please stand up. Counseling Psychologist, 7(1), 43–44.

Meichenbaum, D. (1997). Treating post-traumatic disorder. Chichester, England: Wiley.

Mendenhall, T. J. and Berge, J. M. (2010) Family therapists in trauma-response teams: bringing systems thinking into interdisciplinary fieldwork. Journal of Family Therapy, 32: 43–57.

Merleau-Ponty, M. (1945). Phénoménologie de la perception. Paris: Gallimard. (Translated as "Phenomenology of perception" by Donald A. Landes. New York: Routledge, 2012).

Minuchin, S. and Fishman, H.C. (1981). *Family Therapy Techniques*. Cambridge. MA: Harvard University Press.

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

Nathan, T. S., Eitinger, L., & Winnik, H. Z. (1964). A psychiatric study of survivors of the Nazi Holocaust: A study in hospitalized patients. *The Israel Annals of Psychiatry and Related Disciplines, 2*(1), 47-80.

Niederland, W. G. (1968). Clinical observations on the Survivor Syndrome: Symposium on psychic traumatization through social catastrophe. International Journal of psychoanalysis, 49, 313-315

Niederland, W.G. (1981). The survivor syndrome: Further observations and dimensions. *Journal of the American Psychoanalytic, 29*(2), 413-425.

Niederland, W.G. (1988). The clinical aftereffects of the Holocaust in survivors and their offspring. In R.L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp.

Nussbaum, J. F., Pecchioni, L. L., Robinson, J. D., Thompson, T.L. (2000). Communicating and Aging. Second Edition. Lawrence Erlbaum Associates, Inc. Routledge.

Oakley, A. (1986). Feminism, motherhood and medicine – who cares? In Mitchell and Oakley (1986)

O'Reilly, M. (2006). Should children be seen and not heard? An examination of how children's interruptions are treated in family therapy. Discourse Studies, 8(4), 549– 566.

Ofer, D. & Weitzman, L. (1998) Women in the Holocaust. "*Gendered Suffering? Women in Holocaust Testimonies.*" Ed. New Haven, CT: Yale UP. P.351

Ofer, D. & Weitzman, L. (1998). Women in the Holocaust. "*Memoirs of Auschwitz Survivors: The Burden of Gender.*" Ed. New Haven, CT: Yale UP. P. 351

Ofer, D. & Weitzman, L. (1998). Women in the Holocaust. *"The split Between Gender and the Holocaust."* Ed. New Haven, CT: Yale UP.

Palazzoli, M.S., Boscolo, L., Cecchin, G. and Prata, G. (1978). *Paradox and counter-paradox: A new model in the therapy of the family in schizophrenic transaction.* Northvale, NJ: Aronson.

Palgi, Y., & Shmotkin, D. (2007). The association between experiences during World War II, affect typologies of subjective well-being, adjustment during old age, and mortality. Gerontology, 34, 35–62 (in Hebrew).

Parappully, J., Rosenbaum, R., van de Daele, L., and Nzewi, E. (2002). Thriving after trauma: the experience of parents of murdered children. Journal of Humanistic Psychology (Sage Publication), 42(1):33-71

Parker G, Gladstone G, Wilhelm K, Mitchell P, Hadzi-Pavlovic D, Austin MP. Dysfunctional parenting : over-representation in non-melancholic depression and capacity of such specificity to refine sub-typing depression measures. Psychiatry Research. 1997; 73:57–71

Parker G, Tupling H, Brown LB. A parental bonding instrument. British Journal of Medical Psychology. 1979; 52:1–10.

Parker, G., Roussos, D., Hadzi-Pavlovic, P., Mitchell, P., Wilhelm, K., Austin, M. P. (1997). The Development of a Refined Measure of Dysfunctional Parenting and Assessment of its Relevance in Patients With Affective Disorders. *Psychological Medicine,* 27, pp. 1193-1203

Parker, Rozsika. (1995). *Torn in Two: The Experience of Maternal Ambivalence.* London: Virago Press.

Parslow, R. (2005). *The impact of pre-trauma personality attributes on recall of traumatic events and resulting PTSD symptoms.* Paper presented at the 9th European Conference on Traumatic Stress, Stockholm.

Patton, M. (1990). Qualitative evaluation and research methods. Newbury Park: Sage.

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

Pennebaker, J.W. (2004). Writing to heal: A guided journal for recovering from trauma and emotional upheaval. Oakland, CA: New Harbinger Press.

Peterson, K. C., Prout, M. F. and Schwarz, R. A. (1990) Post-Traumatic Stress Disorder: A Clinicians Guide. New York: Plenum Press.

Piet, J. and Hougaard, E. (2011) The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and metaanalysis. Clinical Psychology Review 31(6): 1032–1040

Pines, D. (1992) The impact of the Holocaust on the second generation. Special issues on Holocaust trauma: Transgenerational transmission to the second generation. *Journal of Social Work & Policy in Israel,* 5-6, 85-105.

Porter, J. N. (1981). Is there a survivor's syndrome? Psychological and socio-political implications, *Journal of Psychology and Judaism, 6*(1), 33-52

Prince, R.M. (1985) Second generation effects of historical trauma. Psychoanalytic Review, 72(1), 9-29.

Rakoff, V. (1967). Children and families of concentration camp survivors." Canada's Mental Health, 14:24-26.

Rappaport, E. A. (1968). Beyond traumatic neurosis: A psychoanalytic study of late reactions to the concentration camp trauma. *International Journal of Psych-Analysis, 49(4),* 719-731.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. The Psychologist, 18(1), 20-23.

Rich, Adrienne. (1996). *Of Women Born: Motherhood as Experience and Institution.* New York: Norton.

Ricoeur, P. (1967). *The symbolism of evil* (E. Buchanan, Trans.) pp. 351-52. Boston: Beacon Books.

Ricoeur, P. (1978). The Task of Hermeneutics. In M. Murray (Ed.), Heidegger and modern philosophy: Critical essays (pp. 141–160). New Haven, CT: Yale University Press.

Rieck, M. (1994). The psychological state of Holocaust survivors' offspring: An epidemiological and psychodiagnostic study. *International Journal of Behavioral Development, 17, 649-667.*

Rieck, M., & Etinger, L. (1983). Controlled psychodiagnostic studies of survivors of the Holocaust and their children. *Israel Journal of Psychiatry,* 20, 312-324.

Ringelheim, J., Katz, E. (1983). *Proceedings of the Conference on Women Surviving the Holocaust* (New York: Institute for Research in History.

Rittner, C. &. Roth, J. (1993) Different Voices: Women and the Holocaust. "*Women and the Holocaust: A Reconsideration of Research.*" New York: Paragon House. P. 374. Print.

Rittner, R. & Roth, J. *Different Voices: Women and the Holocaust*. (1993). *Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization, and the State*. Ed. New York: Paragon House.

Rizq, R. (2008). The research couple: A psychoanalytic perspective on dilemmas in the qualitative research interview. European Journal of Psychotherapy and Counselling, 10(1), 39-53.

Robinson, S., Hemmendinger, J., Netanel, R., Rapaport, M., Zilberman, L., & Gal, A. (1994). Retraumatization of Holocaust survivors during the Gulf war and SCUD missile attacks on Israel. British Journal of Medical Psychology, 67, 353–362.

Rogers, C. R. (1951). Client-centered therapy: Its current practice, implications, and theory. Boston: Houghton Mifflin.

Rosenbloom, M. (1988). Lessons of the Holocaust for Mental Health Practice. In R.L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 145-160). New York: Columbia University Press.

Rubenstein, I., Cutter, F., & Templer, D. I. (1989-1900). Multigenerational occurrence of survivor syndrome symptoms in families of Holocaust survivors. *Omega: Journal of Death and Dying,* 20(3), 239-44

Ruddick, Sara. (1989). *Maternal Thinking: Toward a Politics of Peace*. New York: Ballantine Books.

Rustin, S., F. Lipsig. (1972). Psychotherapy with the adolescent children of concentration camp survivors. *Journal of Contemporary Psychotherapy, (4) 87-94*.

Ryan, E. B., Kwong, See, S., Meneer, W.B., Trovato, D. (1994). Age-based perceptions of language performance among younger and older adults. *Communication Research, 19* 311-331.

Ryan, M.R, Deci, E.L. (2000). **Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being.** American Psychologist, 55 pp. 68-78

Sagi-Schwartz, A., Van IJzendoorn, M.H., Grossmann, K.E., Joels, T., Grossmann, K., Scharf, M., et al. (2003). Attachment and traumatic stress in female Holocaust child survivors and their daughters. *American Journal of Psychiatry, 160*(6), 1086-1092

Saltzman, W. R., Babayan, T., Lester, P., Beardslee, W. R. and Pynoos, R. S. (2009) Family-based treatment for child traumatic stress. In D. Brom, R. PatHorenczyk, and J. Ford (eds) Treating Traumatised Children: Risk, Resilience and Recovery (240–254). New York: Routledge.

Sartre, J. (1943). L'Etreet le neant. Paris: Gallimard. (Translated as Being and Nothingness by H.E. Barnes, London: Routledge, 2003).

Schottenbauer, M. A., Glass, R. G., Arnkoff, D. B., & Gray, S. H. (2008). Contributions of psychodynamic approaches to treatment of PTSD and trauma: A review of the empirical treatment and psychology literature. Psychiatry Research, 71(1), 13–34

Shabad, P.C., and Dietrich, D. R. (1989). Reflections on loss, mourning and the unconscious process of regression. In D. R. Dietrich and P.C. Shabad (EDs.). *The problem of loss and mourning: Psychoanalytic perspectives,* pp. 463-70. New York: International University Press.

Shamai, M. (1999) Beyond neutrality – a politically oriented systemic intervention. Journal of Family Therapy 21: 119–237.

Shanan, J. (1989). Surviving the survivors: Late personality development of Jewish Holocaust survivors. *International Journal of Mental Health, 17*(4), 42-71

Shanan, J., & Shahar, O. (1983). Cognitive and personality functioning of Jewish Holocaust survivors during the midlife transition (46 – 65) in Israel. Archiv fur Psychologie, 135, 275–294.

Shaw, R. L. (2001). Why use interpretative phenomenological analysis in health psychology? Health Psychology Update, 10(4), 48-52.

Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). Existential Analysis, 22(1), 16-31.

Shmotkin, D., Berkovich, M., & Cohen, K. (2006). Combining happiness and suffering in a retrospective view of anchor periods in life: A differential approach to subjective well-being. Social Indicator Research, 77, 139–169. S

Shmotkin, D., Blumstein, T., & Modan, B. (2003). Tracing long-term effects of early trauma: A broad-scope view of Holocaust survivors in late life. *Journal of Consulting and Clinical Psychology, 7*(2), 223-234

Shmotkin, D., Shrira, Amit., Goldberg, Shira C., Palgi, Yuval. (2011). Resilience and Vulnerability Among Aging Holocaust Survivors and Their Families: An Intergenerational Overview, Journal of Intergenerational Relationships, 9:1, 7-21

Shrira, A., & Shmotkin, D. (2008). Can past keep life pleasant even for old-old trauma survivors? Aging and Mental Health, 12, 807–819.

Sigal, J. (1971). Second-generation effects of massive trauma. In H. Krystal & W. Niederland (Eds.), *Psychic Traumatization*. (pp.55-65). Boston: Little Brown.

Sigal, J. J., & Adler, L. (1976). Effects of paternal exposure to prolonged stress on the mental health of the spouse and children: Families of Canadian army survivors of Japanese World War II camps. *The Canadian Psychiatric Association Journal,* 21(3), 169-172.

Sigal, J. J., & Weinfeld, M. (1989). *Trauma and Rebirth: Intergenerational Effects of the Holocaust*. New York: Praeger.

Sindler, A.J. Wellman, N.S., Stier, O.B. (2004). Holocaust survivors report long-term effects on attitudes towards food. J Nutr Educ Behav; 36 (4): 189-196.

Smith, J. A. (1995b). Semi-structured interviewing and qualitative analysis. In J. Smith, R. Harre, and L. V. Langenhove (Eds.), Rethinking methods in psychology. (pp. 9-26). London: Sage

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. Psychology and Health, 11(2), 261-271.

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

Smith, J. A. & Shinebourne, P. (2012). Interpretative Phenomenological Analysis.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (pp. 51-80). London: Sage

Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (pp. 53-80). London: Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method, and research. London: Sage.

Solkoff, N. (1981). Children of survivors of the Nazi Holocaust: A critical review of the literature. *American Journal of Orthopsychiatry, 62(3), 342-358*

Solkoff, N. (1992a). Children of survivors of the Nazi Holocaust: A critical review of the literature. *American Journal of Orthopsychiatry, 62*(3), 342-358

Solkoff, N. (1992b). The Holocaust Survivors and their children. In M. Basoglu (Ed.), *Torture and its consequences: Current treatment approaches* (pp. 136-148). Cambridge: Cambridge University Press.

Solnit, A.J., & Kris, M. (1967). Trauma and infantile neurosis: A longitudinal perspective. In S.S. Furst (Ed.), *Psychic Trauma* (pp. 176-220). New York: Basic Books.

Solomon, Z. (1995). From denial to recognition: Attitudes toward Holocaust survivors from World War II to the present. Journal of Traumatic Stress, 8, 215–228.

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

Steel, Z., Silove, D., Bird, K., McGorry, P., Mohan, P. (1999). Pathways from War Trauma to Posttraumatic Symptoms Among Tamil Asylum Seekers, Refugees and Immigrants. Journal of Traumatic Stress . 12(3) pp 421-435.

Steinberg, A. (1989). Holocaust survivors and their children: A review of the clinical literature. In P. Marcus & A. Rosenberg (Eds.), *Healing their Wounds: Psychotherapy with Holocaust Survivors and their Families* (pp. 23-48). New York: Praeger.

Stephens, M.A.P., Crowther, J. H., Hobfoll, S. E., Tennenbaum, D. L. (1990). Stress and Coping in Later-Life Families. Hemisphere Publishing Corporation: New York.

Stewart, D., & Blocker, H. (1996) Fundamentals of Philosophy. Prentice Hall. 4th Edition.

Suedfeld, P. (2000). Reverberations of the Holocaust fifty years later: Psychology's contributions to understanding persecution and genocide. *Canadian Psychology, 41,* 1-9

Symonds, M. (1980). The "Second injury" to victims. In L. Kivens (Ed.), *Evaluation and Change: Services for Survivors* (pp. 36-38). Minneapolis, MN: Minneapolis Medical Research Foundation.

Szymusik A. (1964). Progressive asthenia in former prisoners of the Auschwitz concentration camp. Przegląd Lekarski Oświęcim. ;1:23–29.

Thomas, H. (1999). The nomothetic-idiographic issue: Some roots and recent trends. International Journal of Group Tensions, 28(1), 187–215.

Trossman, B. (1968). Adolescent Children of Concentration Camp Survivors. *Journal of the Canadian Psychiatry Association,* 13, 121-123.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J., & Walsh, S. (1997). Standards for research projects and thesis involving qualitative methods: suggested guidelines for trainees and courses. Clinical Psychology Forum, 108, 3-7.

Updegraff, J. A., and Taylor, S.E. (2000). From vulnerability to growth: Positive and negative effects of stressful life events. In J.H. Harvey and R.D. Miller (Eds.), *Loss and trauma: General and close relationship perspectives,* pp. 3 – 28. Philadelphia: Brunner-Routledge.

Valent, P. (1995). Documented childhood trauma (Holocaust): Its sequelae and application to other traumas. *Psychiatry, Psychology and Law, 21*(1), 81-89

Van der Hart, O., Brown, P., van der Kolk, B.A,. (1989). Pierre Janet's treatment of posttraumatic stress. Journal of Traumatic Stress. 2:379–395.

Van der Hart, O., Brown, P., & Graafland, M. (1999). Trauma-induced dissociative amnesia in World War I combat soldiers. Australian and New Zealand Journal of Psychiatry, 33, 31-36

Van der Kolk, B. A. (1987). Psychological Trauma. American Psychiatric Press, Inc.

Van der Kolk, B. A. (1996). Trauma and memory. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), Traumatic stress: The effects of overwhelming experience on mind, body and society (pp. 279–302). New York: Guilford Press.

Van der Kolk, B., McFarlane, A., & van der Hart, O. (1996). A general approach to treatment of posttraumatic stress disorder. New York: Guilford Press.

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

Van Ravesteijn, L. (1976). Gelaagdheid van herinneringen [Layering of memories]. Tijdschrift voor Psychotherapie, 5, 195-205.

Vasilachis de Gialdino, Irene (2009). Ontologial and Epistemological Foundations of Qualitative

Research. *Qualitative Social Research, 10(2).*

Volhardt, J.R. (2009). Altruism born of suffering and prosaical behaviour following adverse life events: A review and conceptualisation. *Social Justice Research, 22*, 53-97

Wardi, D. (1992). Memorial candles: Children of the Holocaust. London: Routledge

Webb, N. B. (2004). Mass Trauma and Violence: Helping Families and Children Cope. The Guilford Press.

Weiss, D. S. (2006). Psychodynamic group treatment. In J. Rose, H. I. Spitz, L. Schein, G. Burlingame & P. R. Muskin (Eds.), Psychological effects of catastrophic disasters: Group approaches to treatment (pp. 787–839). New-York: The Hawthorne Press, Inc.

Weiss, E., O'Connell, A. N., and Siiter, R. (1986). Comparison of second-generation Holocaust survivors, immigrants, and nonimmigrants on measures of mental health. Journal of Personality and Social Psychology, 50(4), 828-831

Wertz F. (Ed.). (1994) *The humanistic movement: Rediscovering the person in psychology*. Fort Worth, TX: Gardner Press.

Wertz F. J. (1985) Methods and findings in the study of a complex life event: Being criminally victimized. Pittsburgh: Duquesne University Press.

Whiteman, D. B. (1993). Holocaust survivors and escapees: Their strengths. *Psychotherapy, 30*(3), 443-451

Williams M. B. (1996) Trauma and the family. In M. Harway (ed.) Treating the Changing Family: Handling Normative and Unusual Events (144–162). New York: John Wiley & Sons

Willig, C. (2001). Introducing qualitative research in psychology: adventures in theory and method. Maidenhead: Open University Press.

Willig, C. (2008). Discourse Analysis. In J. A. Smith (Ed.), Qualitative Psychology:A practical guide to research methods. London: SAGE Publications Ltd.

Willig, C. (2008). Introducing qualitative research in psychology: Adventures in theory and method. Buckingham: Open University Press.

Willig, C. (2013). Introducing Qualitative Research in Psychology (3rd Ed.) Maidenhead: Open University Press.

Wilson, J.P. (1989). A person-environment approach to traumatic stress reactions. In J.P. Wilson (Ed.). *Trauma, Transformation and Healing: An integrative Approach to Theory, Research and Post-Traumatic Therapy* (pp. 3-20). Philadelphia, PA, US: Brunner/Mazel.

Winnicott, D. (1953). Transitional objects and transitional phenomena. International Journal of Psychoanalysis, 34, 89-97.

Winnicott, D. W. (1967). Mirror-role of the mother and family in child development. In P. Lomas (Ed.), The predicament of the family: A psycho-analytical symposium (pp. 26-33). London: Hogarth Press.

Wiseman, H., & Barber, J.P. (2008). Echoes of the trauma: Relational themes and emotions in children of Holocaust survivors. New York: Cambridge University Press.

Woolfe, R., Strawbridge, S., Douglas, B., Dryden, W. (2010). The Handbook of Counselling Psychology. Third Edition.

Wong, P. T. P. (2014). Viktor Frankl's meaning-seeking model and positive psychology. In A. Batthyany, & R. Russo-Netzer (Eds.), Meaning in existential and positive psychology (pp. 149-184). New York, NY: Springer.

Woodcock, J. (2001) Threads from the labyrinth: therapy with survivors of war and political oppression. Journal of Family Therapy, 23: 136–154.

Yardley, L. (2000). Dilemmas in qualitative research. Psychology and Health, 15(2), 215 -228.

Yardley, L. (2008). Demonstrating validity in qualitative research. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (2nd Ed.). (pp. 235-251). London: Sage.

Yehuda, R., Kahana, B., Southwick, S. M., & Giller Jr, E.L. (1994). Depressive features in Holocaust survivors with post-traumatic stress disorder. *Journal of Traumatic Stress, 7*(4) 699-704

Yehuda, R., Schmeidler, J. Elkin, A., Housmand, E. , Siever, L., Binder-Brynes, K et al. (1988). 'Phenomenology and psychobiology of the intergenerational response to trauma'. In Y. Danieli (ed). *International Hnadbook of Multi generational Legacies of Trauma*. New York: Plenum Press.

Yehuda, R., Schmeidler, J., Siever, L. J., Binder-Brynes, K., & Elkin, A. (1997). Individual differences in posttraumatic stress disorder symptom profile in Holocaust survivors in concentration camps or in hiding. Journal of Traumatic Stress, 10, 453– 463. doi:10.1023/A: 1024845422065

Yehuda, R., Schmeidler, J., Wainberg, M., Binder-Brynes, K., & Duvdevani, T. (1998). Vulnerability to posttraumatic stress disorder in adult offspring of Holocaust survivors. *American Journal of Psychiatry, 155*(9), 1163-1171.

Zdzislaw R. (1989). Between life and death: experiences of concentration camp mussulmen during the Holocaust. Genet Soc Gen Psychol Monogr.116 (1):5-19.

Zlotogorski, Z. (1983). Offspring of concentration camp survivors: The relationship of perception of family cohesion and adaptability to levels of ego functioning. *Comprehensive Psychiatry,* 2 (4), 345-354.

Appendices

Appendix A – Participant Information Sheet

CITY UNIVERSITY
LONDON

Participant Information Sheet

An exploratory study of the lived experience of motherhood for female Holocaust survivors

I would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it wouldn't involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information.

What is the purpose of this study?
This research is being conducted by a post-graduate student as part of a Professional Doctorate degree course at City University London. The study will take place over the course of three years and will explore, from the perspective of 8 female survivors, how the Holocaust has affected the lived experience of motherhood for women who survived the war.

Why have I been invited?
All participants selected to take part in this study have been screened to help ensure that they meet the specific inclusion criteria for this study. As a participant, you meet the criteria for inclusion for this study, which is all of the following conditions:

- You are a Jewish female and lived in Europe under Nazi rule or influence between 1933 and 1945
- You are English-speaking
- You have experienced one of the following:
    - Incarceration in forced labour camps, concentration camps or extermination camps
    - Confinement in hiding, living under false identification
    - Restriction in a Jewish ghetto
    - Permanence as a refugee, escaping Nazi rule

Do I have to take part?
Participation in this research project is entirely voluntary, and you can choose not to participate in part or the entire project. You can withdraw from the study up until the point where the researcher begins writing it up. You can do this without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any point before the researcher begins writing it up.

What will happen if I take part?

If you choose to participate in the study, you will be asked to take part in a semi-structured interview that will last between 1.5 and 2 hours. If the participant is experiencing any health related difficulty or ordinary fatigue, it is also possible that the interview will broken in to two separate meetings. The researcher herself will conduct all interviews. All interviews will take place in a private room at the preferred location of the participant for example, their home address, a local community centre or synagogue. This setting will enhance confidentiality and privacy, and provide a convenient, safe and trusting environment for participants to freely talk about their experiences. Interviews will be transcribed verbatim; the transcripts will be compared to the audiotaped interviews multiple times to check for accuracy before being analysed. The researcher's conduct will not be excessively intrusive on participant time, space or personal information. As such, contact with participants will be restricted to the scheduled time of the interview. The interviewer will avoid extending interviews unnecessarily or without good reason.

What do I have to do?

Prior to interviews, all participants will be asked to read and sign a participant consent form, which will remind them of the nature of the study and of the study's approach to confidentiality. The consent form will also recap their ability to withdraw from the study at any time and will permit them to hold back from answering questions that they may wish to avoid. During the interview participants will be asked a number of open-ended questions and will be given few prompts throughout the conversation. The questions will invite them to speak freely and openly about their Holocaust experience and how it has impacted on their lived experience of motherhood.

What are the possible disadvantages and risks of taking part?

Given the sensitive nature of the subject, there is a possibility that participants might experience distress. Although the Holocaust is widely discussed and reflected upon in the Jewish community, the nature of all Holocaust research is likely to make it emotionally highly charged. Some particular discomfort, psychological stress or anxiety could potentially result from this study. To account for any such eventuality, after each interview, the researcher will direct the participant to currently available survivor support groups. Amongst other support services, participants will be given the contact details and information for Jewish Care, the largest health and social care organisation currently serving British Jewry, who run a Holocaust Survivor Centre (HSC) that offers a support programme of social, cultural and therapeutic events to all Jewish survivors.

What are the possible benefits of taking part?

- Given that self-disclosure of thoughts and feelings has been shown to enhance psychological adjustment (Pennebaker, 2004), it is likely that those who choose to participate in the study will find that that their participation will constitute a welcomed opportunity to share their story and offer insight into the complicated nature of historical trauma.
- Participating in this study will help demonstrates that the experiences reported by male and female survivors differ markedly and should be separately and sensitively considered by psychological professionals.
- Participating in the study will help highlight common struggles associated with historical trauma, in particular, that between meaning and numbing. It will help demonstrate that historical trauma is not fixed; it expands and evolves over time, until the impact of trauma is determined as much by what comes after. This understanding is essential if psychological professionals, as well as family and friends of survivors are to gain a deeper and more profound understanding of the psychosocial attitudes and behaviours of those who survived.
- Participating in this study will help highlight how the legacy of a traumatic experience can inform us about the relationship between our inner lives and the events and experiences that have defined them. The benefit of this realisation is that it will enhance our empathetic understanding towards female survivors of the Holocaust, as well as to those women who have undergone other traumas

What will happen when the research study stops?
In the unlikely even that this research study will be prematurely terminated, all data will be destroyed and will not be used for any other study,

What will happen to the results of the research?
All participants will be contacted after the study. They will be given a debrief form informing them of the results of the analysis. Participants will also be given a copy of the publication. Given the length of time it takes to complete doctoral research, it is possible that participants die between the interview and the end of the study. On the occasion that such an eventuality occurs, participants are asked to give, if they so wish, the contact details of an individual who will receive the debrief information in place of the participant. Participants can choose not to give any contact if they so wish.

Name of contact:

Telephone of contact:

What is the confidentiality policy?
To safeguard privacy and anonymity, all identifying information about participants will be concealed in all written or other communication relating to the study. In written excerpts, participants' names will be changed and any identifying features, which might expose the identity of individuals, will be redacted. The anonymous data will only be seen by the researcher and by her assessors. These safeguarding policies have been put in place to help ensure that participants will not be identifiable from any written report of the research, or any publications arising from it. All audio recordings will be stored in a secure cabinet, which only the researcher will have access to. Although the above precautions will be put in place, it is possible that participants will be known within their community; their numbers are few, and their stories may be identifiable. As a result, participants should be aware that it is possible that their identity may not be completely anonymous to all who read the final project.

What will happen if I don't want to carry on with the study?
As a participant, you are free to withdraw from the study, without explanation or penalty, at any time. If you withdraw from the study after September 2016, the data that you have already offered the research may continue to be used for analysis. Participants will therefore be given several months during which they may be able to request data withdrawal, however, after September 2016, data withdrawal will not be possible.

What if there is a problem?
If you have any problems, concerns or questions about this study, you should ask to speak to the researcher. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *[insert project title here]*

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: Anna.Ramberg.1@city.ac.uk

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed this study?

This study has been approved by City University London *[insert which committee here]* Research Ethics Committee, [*insert ethics approval code here*].

If you need to contact the researcher after participating, please send an email to Miranda.Shemen@city.ac.uk or call her on 07780660199. You may also be in touch with the project supervisor, Julianna Challenor, via email at: Julianna.Challenor@city.ac.uk

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

Appendix B – Consent Form

CITY UNIVERSITY
LONDON

Consent Form

An exploratory study of the lived experience of motherhood for female Holocaust survivors

Ethics approval code: PSYETH
Please tick box

	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • Being interviewed by the researcher • Allowing the interview to be videotaped/audiotaped • Completing questionnaires asking me about my experience of the Holocaust and how it has impacted my experience of motherhood.	
	This information will be held and processed for the following purpose: *To answer the research questions:* **How has the Holocaust affected the lived experience of being a mother for female survivors.** I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I am also aware that although various precautions have been put in place, I am aware of the possible eventuality that my identity may be recognisable to those who know my story.	
	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw from the study up until the point where the researcher begins writing it up. This can be done without being penalized or disadvantaged in any way.	
	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
	I agree to take part in the above study.	

Name of Participant ____________ Signature ____________ Date ____________

Name of Researcher ____________ Signature ____________ Date ____________

Appendix C - List of Support Groups

Sources of support

Jewish Care's Holocaust Survivor Centre (HSC)
Telephone: 0208-202-9844
Website: https://www.jewishcare.org/
Address of Head Office: Corner Church Road & Parson Street, NW4 1QA London, UK

Shalvata
Telephone: 02082039033
Website: www.jewishcare.org
Address: Parson Street, London, NW4 1QA

The Association of Jewish Refugees
Telephone: 02083853070
Website: http://www.ajr.org.uk
Address: Jubilee House, Merrion Avenue, Stanmore, Middlesex HA7 4RL

Raphael Jewish Counselling Service
Telephone: 0800 234 6236
PO Box: PO Box 172, Stanmore, HA7 3WB
Email: info@raphaeljewishcounselling.org

Jamie Counselling Service for the Jewish Community
Telephone: 020 8458 2223
Website: http://www.jamiuk.org/
Address: Gould Way, Edgware, Middx HA8 9GL
Email: info@jamiuk.org

Samaritans UK
Helpline Telephone: 116 123
Central Office telephone: +44 (0)20 8394 8300
Central Office email: admin@samaritans.org
Central Office postal address: The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF

Age UK
Telephone: 0800 169 2081
Website: http://www.ageuk.org.uk/

DementiaUK
Telephone: 0800 888 6678
Website: https://www.dementiauk.org

Alzheimer's Society
Telephone: 020 7423 3500
Central Office Address: Devon House, 58 St Katharine's Way, London E1W 1LB
Website: https://www.alzheimers.org.uk
Email: enquiries@alzheimers.org.uk

Relate UK
Telephone: 03001001234
Website: http://www.relate.org.uk/relationship-help/help-older-people

Mind UK
Central Office: 15-19 Broadway, Stratford, London E15 4BQ
Telephone: 020 8519 2122, F: 020 8522 1725
email address: contact@mind.org.uk

Hertfordshire Partnership University NHS Foundation Trust (HPFT)
Helpline Telephone: 0300 777 0707
Mainline Telephone: (01707) 253900
Central Office Address: The Colonnades, Beaconsfield Road, Hatfield, Hertfordshire, AL10 8YE

Adult Social Care
Address: North London Business Park, Oakleigh Rd S, London N11 1NP
Phone:020 8359 5000
Website: https://www.barnet.gov.uk/citizen-home

Cruse
Helpline Telephone: 0808 808 1677
Email: helpline@cruse.org.uk
Website: http://www.cruse.org.uk/
Central Office Address: *Cruse Bereavement Care, PO Box 800*, *Richmond*, *Surrey*, *TW9 1RG*

Depression Alliance
Tel: 0845 123 23 20
email: information@depressionalliance.org
Website: http://www.depressionalliance.org/
Central Office address: Depression Alliance, 9 Woburn Walk, London, WC1H 0JE

Depression UK
Email: info@depressionuk.org
National Address: C/O Self Help Nottingham, Ormiston House, 32-36 Pelham Street, Nottingham, NG1 2EG

Saneline
Telephone: 08457 67 80 00
Website: http://www.sane.org.uk/

If none of the sources of support listed above are suitable for you, please be encouraged to contact your personal GP who will be able to offer further, more specialised guidance on what support might be useful for you.

Appendix D – Debrief Form

Debrief Information Sheet

Title of Study: An exploratory study of the lived experience of motherhood for female Holocaust sur vivors

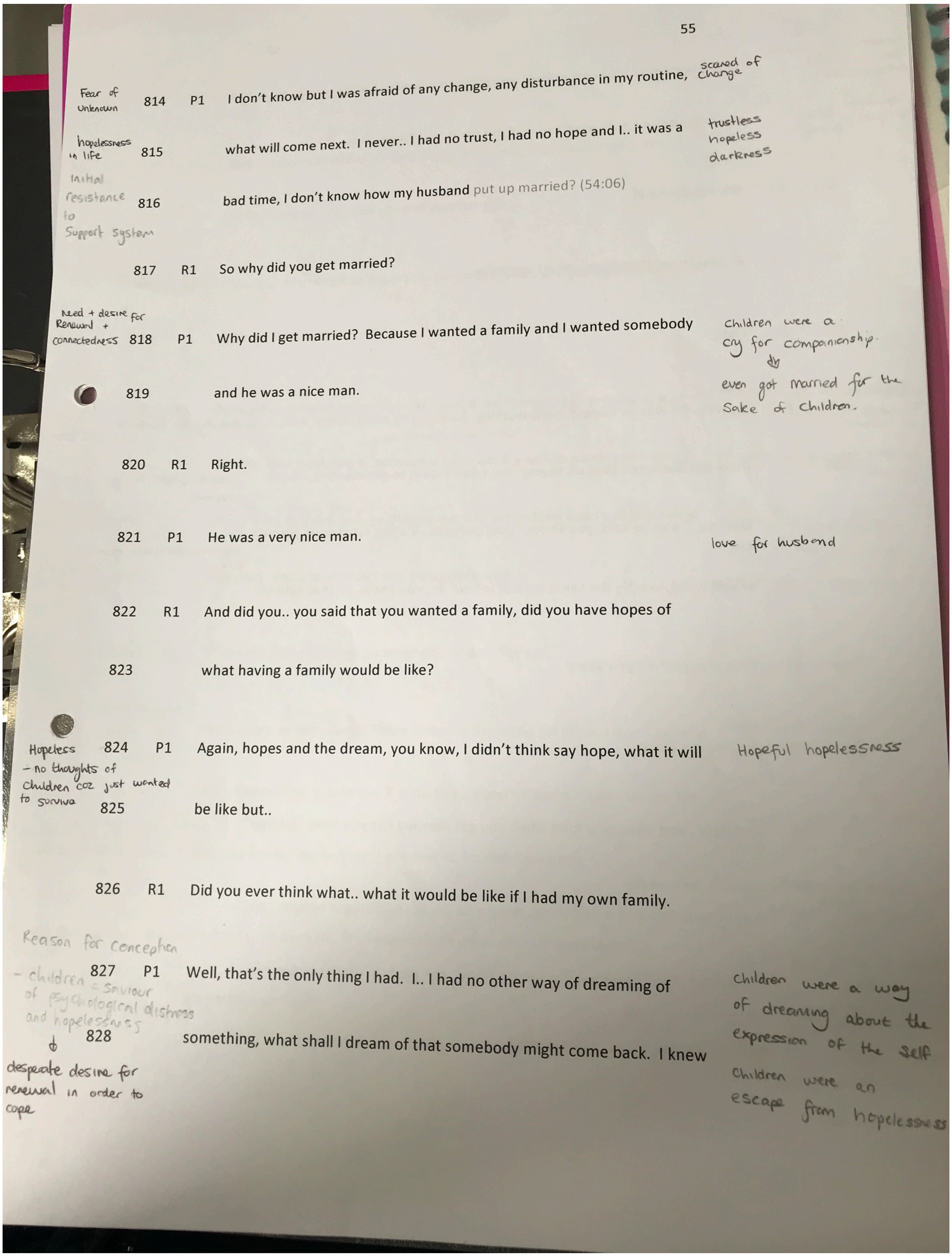
Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

This research will explore the lived experience of motherhood for female Holocaust survivors. Although thousands of studies since the 1960s have investigated the psychological and psychopathological effects of Holocaust trauma on survivors and their children, little attention has been directed towards understanding the distinct psychological and social impact on different groups of Jewish survivors, in particular, women. The work of Kestenberg (1972), Trossman (1968), Dor-Shav (1978) and Rakoff (1967) consider the experience of the Holocaust for female survivors, but only touch on the impact that it has had on their interpersonal relationships with their offspring, without offering sufficient insight into the nature and extent of the impact. Furthermore, it approaches the subject from the perspective of the children of survivors, rather than survivors themselves. There therefore remains a pressing need to fill this gap in the literature by asking the following question: How has being a female Holocaust survivor impacted the lived experience of being a mother? This question, being posed to survivors themselves, as opposed to just their offspring, will underpin my research and will endeavour to refine current understanding of the ways female victims of the Holocaust were distinctly impacted by their experiences.

This research will endeavour to highlight that the experiences reported by male and female survivors differ markedly and should therefore be separately and sensitively considered by psychological professionals. Secondly, it hopes to highlight common struggles associated with historical trauma, in particular, that between meaning and numbing. It will demonstrate that historical trauma is not fixed; it expands and evolves over time, until the impact of trauma is determined as much by what comes after. This understanding is essential if psychological professionals, as well as family and friends of survivors are to gain a deeper and more profound understanding of the psychosocial attitudes and behaviours of those who survived. Finally, this study will highlight how the legacy of a traumatic experience can inform us about the relationship between our inner lives and the events and experiences that have defined them. The benefit of this realisation is that it will enhance our empathetic understanding towards female survivors of the Holocaust, as well as to those women who have undergone other traumas.

Given the sensitive nature of the subject, there is a possibility that the research might raise some concerns for participants. To account for this eventuality, the names and contact details of a number of Holocaust survivor support groups have been listed below. These groups offer considerable support to survivors experiencing distress; they welcome your contact and will be happy to offer their support. Contact details of other support services are also offered; this might help participants get support for other related difficulties. I hope you found the study interesting. If you have any other questions please do not hesitate to contact me via email at: Miranda.Shemen@city.ac.uk. You may also be in touch with the project supervisor, Julianna Challenor, via email at: Julianna.Challenor@city.ac.uk

Appendix E – Example of Initial Phase of Coding



55

Fear of Unknown

P1 I don't know but I was afraid of any change, any disturbance in my routine, what will come next. I never.. I had no trust, I had no hope and I.. it was a bad time, I don't know how my husband put up married? (54:06)

scared of change

hopelessness in life

trustless
hopeless
darkness

Initial resistance to Support system

R1 So why did you get married?

Need + desire for Renewal + connectedness

P1 Why did I get married? Because I wanted a family and I wanted somebody and he was a nice man.

Children were a cry for companionship.
↓
even got married for the Sake of Children.

R1 Right.

P1 He was a very nice man.

love for husband

R1 And did you.. you said that you wanted a family, did you have hopes of what having a family would be like?

Hopeless – no thoughts of Children coz just wanted to surviva

P1 Again, hopes and the dream, you know, I didn't think say hope, what it will be like but..

Hopeful hopelessness

R1 Did you ever think what.. what it would be like if I had my own family.

Reason for conception – children = saviour of psychological distress and hopelessness
↓
desperate desire for renewal in order to cope

P1 Well, that's the only thing I had. I.. I had no other way of dreaming of something, what shall I dream of that somebody might come back. I knew

Children were a way of dreaming about the expression of the self

Children were an escape from hopelessness

Appendix F – Example of Emergent Themes on Excel Spread Sheet

[redacted]

Appendix G – Example of Comparison Across Emergent Themes

Appendix H – Exemplar Summary Table of Theme Clusters and Supporting Quotations

[redacted]

Appendix I – Example of Reflective Diary

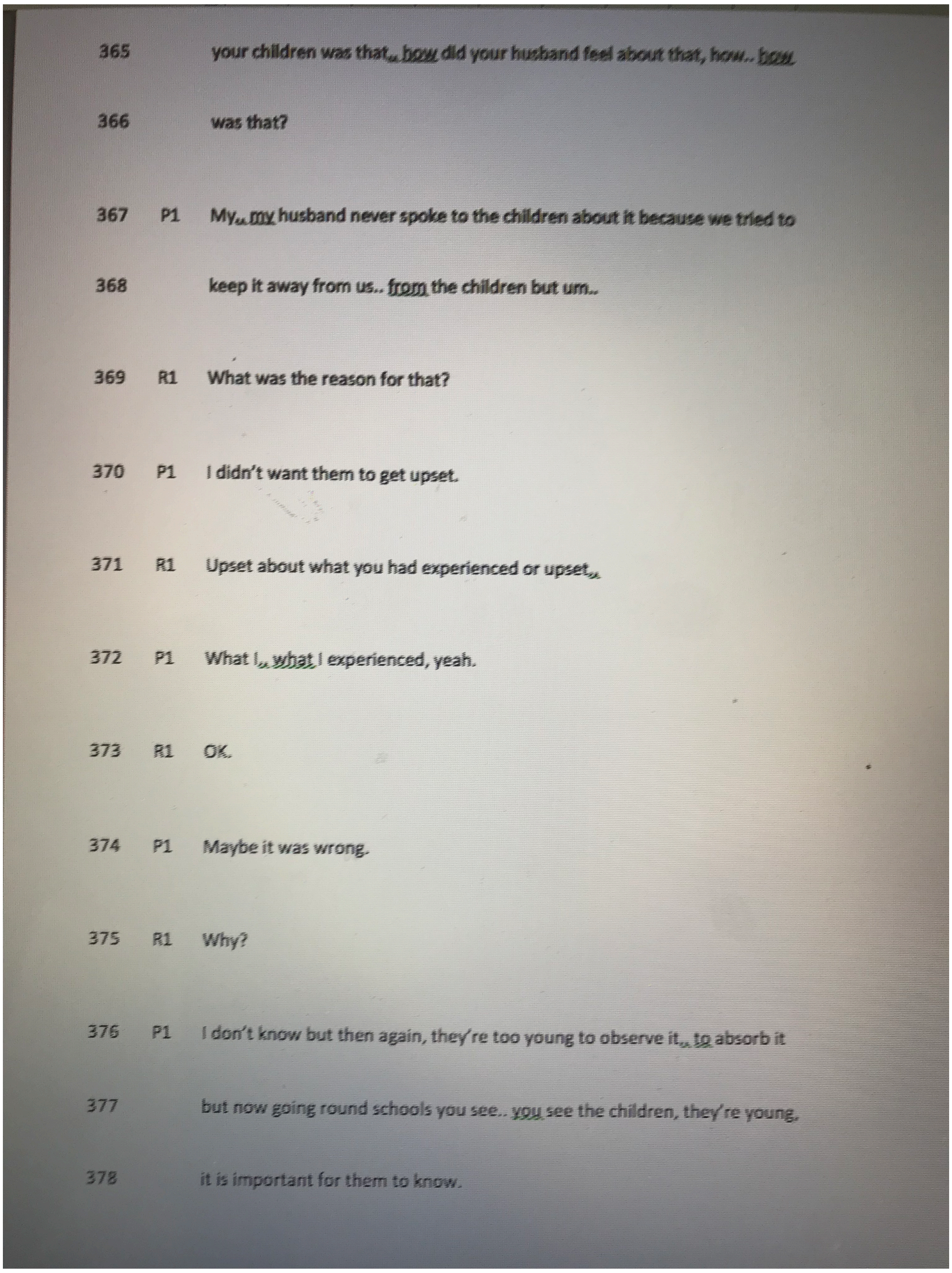
20.09.16

Today I completed my final Holocaust interview and how relieved I am about it too! What a whirlwind of an experience. It has been humbling but highly emotive too. I look forward to transcribing all my interviews and to begin my analysis.

Prominent emotions:

- Humbled
- Appreciative
- Empathetic
- Responsibility to do justice to their stories
- Curious to understand the meaning of their experiences
- Overwhelmed – I have so much to do
- Organised – I know where I am headed and realise what I have to do

Appendix J – Example of Transcript



your children was that.. how did your husband feel about that, how.. how was that?

P1 My.. my husband never spoke to the children about it because we tried to keep it away from us.. from the children but um..

R1 What was the reason for that?

P1 I didn't want them to get upset.

R1 Upset about what you had experienced or upset..

P1 What I.. what I experienced, yeah.

R1 OK.

P1 Maybe it was wrong.

R1 Why?

P1 I don't know but then again, they're too young to observe it.. to absorb it but now going round schools you see.. you see the children, they're young, it is important for them to know.

Appendix K – Interview Schedule

1. How do you feel about coming here today?
2. Can you tell me about your background?
3. Can you tell me about your survival story?
4. Tell me about your family?
a. Family of origin
b. Current family.
5. What has it been like for you to be a mother?
6. Did you have any ideas about motherhood before you became a mother?
7. Tell me about your experience of being a child?
8. What do you think your children might have wanted from you?
9. How aware are your children of your feelings about all of this?
10. How was your experience spoken about in your home and family life?
11. What has it been like to talk about your experiences with me today?
12. Is there anything you might want to add before we finish?

Appendix L – An Alternate Hypothesis

[redacted]

Appendix M – Journal Information and Guidelines for Submission

Information for Authors

INSTRUCTIONS FOR CONTRIBUTORS

Holocaust and Genocide Studies welcomes the submission of manuscripts for editorial consideration. Submission involves the tacit assurance that the material has not been published and will not be simultaneously submitted or published elsewhere. To be accepted for publication, articles must pass peer review by at least two experts in the field. Manuscripts that are narrowly focused or particularly technical may be published as research notes.

SUBMISSION OF PAPERS

Authors should submit their manuscripts as e-mail attachments (MS Word format is preferred) to academicpublications@ushmm.org . If this is not possible, authors may send three copies by post to the Editors, *Holocaust and Genocide Studies* , c/o Academic Publications, Center for Advanced Holocaust Studies, United States Holocaust Memorial Museum, 100 Raoul Wallenberg Place SW, Washington, DC 20024-2126. A separate title page should include the author's name, address, telephone and fax numbers, and e-mail address. Because of space limitations, most accepted articles will not exceed approximately 10,000 words. Manuscripts must be accompanied by an abstract and a brief biography of the author (each approximately 100 words in length). In general, manuscripts should follow the *Chicago Manual of Style* , 15th edition. In addition to English, manuscripts may be submitted in French, German, Hebrew, Polish, Russian, or Spanish. The editors will consider manuscripts in other languages.

It is the responsibility of the author to obtain written permission (including payment of fees) to reprint or reproduce any material (including text, charts, tables, photographs, illustrations, etc.) that is under copyright, and to supply such permissions when submitting the manuscript.

Authors of articles will receive two complimentary copies of the issue in which their work appears and 25 complimentary offprints courtesy of the United States Holocaust Memorial Museum, and will have the opportunity to order additional reprints from the publisher. Book review authors will receive one complimentary copy of the issue in which their work appears.

COPYRIGHT

Once articles are accepted, authors will be invited to complete a copyright license to publish form.

Please note that by submitting an article for publication you confirm that you are the corresponding/submitting author and that HGS and Oxford University Press ("OUP") may retain your email address for the purpose of communicating with you about the article. You agree to notify the editorial office immediately if your details change.

REFERENCE NOTE STYLE

Notes should appear at the end of the article in numbered order and prepared following the style in the examples below. Notes should be embedded and note markers should appear in the text as superscripts.

Journal Articles

1. John K. Roth, "On Seeing the Invisible Dimensions of the Holocaust," *Holocaust and Genocide Studies* 1, no. 1 (1986): 147-53.

Books

2. Raul Hilberg, *The Destruction of the European Jews* , 3rd ed. (New Haven: Yale University Press, 2003), 59.

Chapters in edited volumes

3. David Engel, "The Polish Government-in-Exile and the Ehrlich-Alter Affair," in *Jews in Eastern Poland and the USSR 1939-46* , ed. Norman Davies and Antony Polonsky (New York: St. Martin's Press, 1991), 174.

BOOK REVIEWS

Books submitted for review should be sent to Book Review Editor, *Holocaust and Genocide Studies* , c/o Academic Publications, Center for Advanced Holocaust Studies, United States Holocaust Memorial Museum, 100 Raoul Wallenberg Place SW, Washington, DC 20024-2126. HGS does not accept unsolicited reviews. Persons interested in writing book reviews for the journal should consult the book review editor before writing and request a Reviewer Information Form.

PERMISSIONS FOR ILLUSTRATIONS AND FIGURES

Permission to reproduce copyright material, for print and online publication in perpetuity, must be cleared and if necessary paid for by the author; this includes applications and payments to DACS, ARS, and similar licensing agencies where appropriate. Evidence in writing that such permissions have been secured from the rights-holder must be made available to the editors. It is also the author's responsibility to include acknowledgements as stipulated by the particular institutions. Oxford Journals can offer information and documentation to assist authors in securing print and online permissions: please see the Guidelines for Authors section. Information on permissions contacts for a number of main galleries and museums can also be provided. Should you require copies of this, please contact the editorial office of the journal in question or the Oxford Journals Rights department.

SELF-ARCHIVING POLICY

For information about this journal's policy, please visit our Author Self-Archiving policypage.

Appendix N - Ethical Approval

CITY UNIVERSITY
LONDON

Psychology Research Ethics Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

11th July 2016

Dear Miranda Shemen and Julianna Challenor

Reference: PSYETH (T/L) 15/16 259
Project title: An exploratory study of the lived experience of motherhood for female Holocaust survivors

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval
Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments
You will also need to submit an Amendments Form if you want to make any of the following changes to your research:
(a) Recruit a new category of participants
(b) Change, or add to, the research method employed
(c) Collect additional types of data
(d) Change the researchers involved in the project

Adverse events
You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee (anna.ramberg.1@city.ac.uk), in the event of any of the following:
(a) Adverse events
(b) Breaches of confidentiality
(c) Safeguarding issues relating to children and vulnerable adults
(d) Incidents that affect the personal safety of a participant or researcher
Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

Hayley Glasford
Course Officer
Email: hayley.glasford@city.ac.uk mailto:alice.kingsnorth.1@city.ac.uk

Katy Tapper
Chair
Email: katy.tapper.1@city.ac.uk

Section C: Paper for Publication

The Experience of Distance and Closeness: Two Central Features of The Experience of Motherhood for Female Holocaust Survivors

The Experience of Distance and Closeness: Two Central Features of The Experience of Motherhood for Female Holocaust Survivors

Abstract

Whilst existing Holocaust literature offers insight into a general ‘survivor syndrome’, it fails to adequately consider the implications of Holocaust trauma from a gendered perspective and from the perspective of survivors themselves. This piece of research aims to fill this gap by asking the following question: How do female survivors of the Holocaust make sense of their experience of motherhood? Eight female Holocaust survivors were interviewed for this study, each in the course of a one-hour-long, semi-structured interview. Interviews were analysed using Interpretive Phenomenological Analysis (IPA). Three Superordinate themes emerged from the study: 1) ‘Making Sense of the Self in Relation to the Other’; 2) ‘Navigating the Experience of Distance and Closeness’; 3) ‘Negotiating Internal Conflicts’. However, for reasons discussed in the paper, only Superordinate theme Two will be discussed and linked to the relevant existing literature The strengths and limitations of the study and the implications it has for the field will finally be discussed.

Key Words: Holocaust, motherhood, intergenerational trauma, IPA

Introduction

1.1 The Holocaust: A Unique Trauma

Few would disagree that the Holocaust, whose etymology derives from a Greek word meaning 'to sacrifice by fire', constituted a traumatic experience for its victims and survivors. Although precise numbers remain unknown, in the 30 principal Nazi concentration camps, an estimated 7,125,000 out of 7,820,000 inmates, most of them Jewish, died between 1939 and 1945 (Kogon, 1971).

The term 'Holocaust' has been used since the late 1940's to characterise the Final Solution, a systematic, bureaucratic, state-sponsored operation by the Third Reich and its collaborators to exterminate European Jewry (De Vries et al., 2005). Jews were torn from their homes and transported to concentration camps, labour camps and death camps, where they were robbed, starved, beaten or tortured, and witnessed their loved ones brutalised and murdered. Many more died outside the camps. Some lived in hiding under false identities, in constant danger of discovery; some spent months in primitive and inhuman conditions, or fighting alongside the partisans (Ben-Zur & Zimmerman, 2005; Yehuda et al., 1997). Others fled Europe with the aid of forged documents. European Jewry was decimated and even the survivors were physically and psychologically shattered (Eitinger & Major, 1993; Mazor et al., 1990). Thus, notwithstanding Primo Levi's poignant suggestion that the true witnesses of the Holocaust were those who perished, the experiences of survivors are among the most traumatic memories in recorded history.

1.2 The Definition of a "Holocaust Survivor"

Whilst the definition of a Holocaust survivor remains fluid (Aharony, 2015), this research uses a broad definition of the term, consistent with the work of Hannah Yablonka and Yehuda Bauer (Aharony, 2015). Specifically, participants must have endured at least one of the following Holocaust-related experiences:

- Incarceration in forced-labour camps, concentration camps or extermination camps

- Confinement in hiding, living under a false identity
- Restriction in a Jewish ghetto
- Forced displacement from ones home and consequential refugee status

1.3 The Impact of the Holocaust on Survivors

Since the late 1950's, much has been done to further understand the general psychological and sociological experience and impact of the Holocaust on survivors. By the 1980's, hundreds of studies had uncovered various psychopathological effects, which had left survivors unable to mourn or to acknowledge their own suffering. These have become known collectively as 'survivor syndrome' (Niederland, 1981, 1988), which is a pervasive depressive mood and morose behaviour and a tendency to withdraw, general apathy, alternating with occasional short-lived angry outbursts, feelings of helplessness and insecurity, lack of initiative and interest and the prevalence of self-deprecatory attitudes and expressions (Niederland, 1968).

Other common features include anxiety and agitation resulting in insomnia and nightmares, motor unrest, inner tension, tremulousness, fear of renewed persecution, often culminating in paranoid ideation and reactions (Niederland, 1968).

While some highlight that the establishment of 'survivor syndrome' as a recognised diagnosis aided many Jewish survivors in their efforts to seek compensation from the German government after the war (Karpf, 2008), others argue that clinicians became too ready to apply the diagnosis to any patients who also happened to be Holocaust survivors (Berger, 1988). Nonetheless, depression, anxiety and paranoia are symptoms frequently seen in Holocaust survivors:

i. Depression

Depression is one of the most common symptoms displayed by Holocaust survivors (Axelrod et al., 1980; Berger, 1988; Kellerman, 2001; Klein et al., 1963; Dasber, 2001; Brom et al., 2002; Krystal, 1995). Porter (1981) argues that the severity of this depression is linked to the individual's degree of survivor guilt, which relates to their loss of loved ones during the

Holocaust. Solkoff (1981) and Steinberg (1989) see survivors' depression as a consequence of unresolved mourning for these relatives.

ii. Anxiety

Studies addressing Niederland's claim that anxiety is a characteristic of 'survivor syndrome' have found it, along with depression, one of the most lasting imprints of the Holocaust on a survivor's psyche (Kellerman, 2001a; Krell, 1997b, Krystal, 1995, Rosenbloom, 1998; Berger, 1988, Brom et al., 2002). Porter (1981) found survivor anxiety often associated with fear of renewed persecution; Maller (1964) argued that this specific anxiety often evolved into a more generalised anxiety about contact with the outside world, leaving some survivors cripplingly agoraphobic.

Research into the psychological and physiological effects on survivors of being forcibly starved reports symptoms of Generalised Anxiety Disorder, a form of anxiety characterised by persistent, excessive and unrealistic worry about everyday things (American Psychological Association, 2016), particularly in relation to food and eating. Survivors report excessive or disproportionate unease when: 1) food is not readily available to them; 2) throwing food away; 3) storing food; 4) standing in line for food; 5) craving certain foods (Sindler et al., 2004). Other clinical observations (Keys, 1946; Keys et al., 1950; Zdzislaw, 1989) show that specific problematic thoughts and behaviours with regard to food are still present among survivors of Nazi concentration camps (Favaro et al., 2000).

iii. Post-traumatic Stress Disorder

Survivors' anxiety symptoms closely resemble those of post-traumatic stress disorder (PTSD) (Barel et al., 2010), another type of anxiety condition that can develop after traumatic events such as combat, crime, accident or natural disaster (American Psychological Association, 2016). Compared to non- survivors, Holocaust victims experience substantially more post-traumatic stress symptoms (nervousness, irritability, memory impairment, dysphonic mood, emotional instability, sleep impairment, anxiety, loss of initiative, and somatic complaints) than their non-Holocaust survivor counterparts (Chodoff, 1963; Helweg-Larsen et al., 1952). They are less well adjusted (Barel et al., 2010) than individuals who have not experienced the Holocaust, especially in terms of PTSD symptoms, levels of emotional distress, feelings of worthlessness and experiences of anxiety, irrational fear and uncontrollable anger (Carmil & Carel, 1986).

iv. Difficult interpersonal relationship

Another area of functioning mentioned in the literature is survivors' ability to form healthy interpersonal relationships (Krystal, 1968). Many survivors adopted a passive aggressive personality, the permanent inhibition in ability for sexual initiative and potency, severe inhibition of intellectual functioning, memory and anything outside work and home routine (Krystal, 1968). Many survivors also struggle to develop trust and intimacy in their personal relationships. This is arguably due to Holocaust trauma, which impaired some survivors' ability to form secure attachments (Berger, 1988; Brom et al., 2002; Kellerman, 1999a, 2001a; Klein et al., 1963). Cohen et al. (2002) and Freyberg (1980) saw this as the inevitable consequence of brutal separation from parents, spouses, children and families. Davidson (1980a) by contrast, suggested it was because they feared the pain of further loss and suffering from future failed or lost relationships.

Other studies report more optimistic findings regarding the psychological well-being and interpersonal functioning of survivors (Barel et al., 2010). Some found that survivors demonstrate tremendous resilience when dealing with new adversity (Shanan & Shahar, 1983; Cassel & Sudfeld, 2006). Other studies have shown that Holocaust survivors, more than members of comparison groups, trust in human kindness and justice, and believe that man is born good (Cohen et al., 2001). Van Ijzendoorn et al. (2003) attribute the psychological, emotional and relational resilience of survivors to loving pre-war family attachments, which acted as protective barriers against later trauma. The great and often contradictory diversity of psychological effects of trauma on Holocaust survivors suggests that further study of the phenomenon and the variables is warranted (Barel et al., 2010). Viewing the Holocaust as an isolated cause, rather than one among many interconnected factors influencing psychopathological states, is probably unwise.

1.4 Holocaust Survivors and Their Spouses

Given the impact of the Holocaust on survivors, it is unsurprising that this impact has been found to embrace the marital relationships of survivors and their spouses. For many of those who had lost most of their family, the formation of new families through parenthood after the war represented a critical point in their personal and social recovery. Some looked to their spouses for love and support throughout their parenting journeys, demonstrating a sense of interdependence and reliance within the marriage. That said, the reverse – deep alienation - has also been found amongst survivors. Some of these couples, who married quickly after the war, out of a pressing distress and urgent need to reconstruct family units, established relationships lacking deep connection or interpersonal compatibility (Danieli, 1988). Unsurprisingly, such marriages proved unstable and unfulfilling, satisfying only a functional, non-emotional need for survivors as they embarked on parenthood. Equally problematically, Amir and Lev-Wiesel (2001) found that some survivors, married to partners who had not themselves experienced the Holocaust, were particularly inclined to expose their painful memories, but struggled with the lack of emotional support from their spouses. Given these contradictory findings, the only currently viable conclusion is that it is almost impossible to generalize about the experience of Holocaust survivors.

1.5 Holocaust Survivors and Their Offspring

Studies report similarly mixed findings regarding the ability of survivors to form healthy relationships with their children (Barel et al., 2010). Some survivors regarded their post-war families as the centre of their lives (Nadler & Ben-Shushan, 1989) and managed to fulfil their family roles successfully (Sagi-Schwartz et al., 2003; Van IJzendoorn et al., 2003). Others however, report distant and dysfunctional relationships with their survivor parents; their personal and family lives were marked by some form of Holocaust trauma (Prince, 1985). Some survivors seem to have been torn between an intense desire to nurture their offspring as normally as possible and the drag of their traumatic past. Some had, at times, trouble responding to their baby's distress during infancy, because of their preoccupation with their own unresolved distress. Such cases are characterized by ambivalent parent-child attachment (Baron et al., 1998). Wiseman & Barber (2008) suggest that many parents lacked emotional availability, inevitably leaving their offspring with a sense of loneliness. Survivors have been found to be preoccupied with their own early attachment experiences, causing them to fluctuate between distance and excessive closeness, or between minimizing the offspring's problems and overgeneralizing these problems into a danger hovering over the entire family.

Many children of survivors have also reported that their parents suffered severe social anxiety, particularly in relation to separating from their children (Rakoff, 1967). These findings coincide with the belief of Robert M. Prince (1985) that two outstanding features of Holocaust families are: 1) survivor-parents' aversion to separation from their children; 2) the insistence of many survivor-parents that their children never leave them. The findings also confirm that having lost so many relatives, survivor-parents generally experience greater difficulty than other parents with the very real hardship of separation (Soloman, 1998).

Survivors have also been found to struggle with separating emotionally from their children, as perceiving them as 'wonder children' attests to their own continuity and personal victory over trauma both during and after the war. It has been found to be especially potent when the offspring function as 'memorial candles' for their parents, perpetuating their connection with the world of mourning and trauma (Wardi, 1992), a tendency no doubt exacerbated by the Jewish custom of naming children after dead relatives. Although these findings are largely based on studies of second-generation survivors, they remind us that trauma is not confined to the original victim, but may be transmitted intergenerationally.

Many survivors were eager to convey their experiences to the next generation, yet for various reasons struggled to do so. Some feared upsetting their children, while others pointed to the social climate of reluctance, in the first decades after 1945, to engage in discussion of the Holocaust. Studies suggest that the reluctance of survivors to share their Holocaust-related experiences with their children left the latter hesitant to ask their parents about their past, even as adults. This led to an on-going and pervasive double wall of silence, in which some parents struggled to avoid discussing their traumatic experiences, while simultaneously, their children tended to avoid hearing or asking about it. Baron (1995) described this double wall of silence as a mutual attempt at protection, both parents and children hoping that burying the subject in silence would reduce its painful impact.

1.6 The Female Experience of the Holocaust

Despite the great number of studies exploring the implications of Holocaust trauma, little attention has been directed towards understanding the distinct psychological and social impact on different groups of Jewish survivors, in particular, women.

While the Holocaust was a comprehensive project of genocide (Felstiner , 1994), recent scholarship (Ofer &Weitzman, 1998; Ringelheim and Katz , 1983; Rittner & Roth, 1993) has argued that male and female experience of the Holocaust differed radically and therefore merits separate scholarly attention. Scholars like Joan Ringelheim, Myrna Goldberg, Dalia Ofer, Lenore J. Weitzman and Joy Miller emphasise the importance of the female Holocaust experience not solely because women comprised approximately half the Jewish victims but also because their experiences and vulnerabilities differed from those of Jewish men in important ways (Ringelheim and Katz , 1983). Unlike men, Jewish women carried the burdens of sexual victimisation, pregnancy, abortion, childbirth, killing of new-born babies in the camps to save the mothers, care of children, and many decisions about separation from children (Ofer &Weitzman, 1998). Ringelheim stresses that Jewish women were indeed in "double jeopardy"' because of both gender and race (Rittner & Roth, 1993). The Nazis saw Jewish women as particularly threatening because they were the child-bearers of the next generation of European Jewry. They were therefore central to the Nazi programme of ethnic cleansing. Women were victims of 'sexist racism', persecuted on grounds not only of race, but also of breeding capacity (Rittner & Roth, 1993).

Goldberg endorses Ringelheim's claim for a gendered approach to the Holocaust. She argues, however, that not only did women's generic experience of the Holocaust differ from that of men; individual women also responded differently to victimisation and developed unique coping skills. Goldberg notes the importance of relationships and homemaking skills, together with preoccupations with hunger, obtaining food and sharing recipes, as coping strategies unique to Jewish women. Female bonding was central to the survival of many women, providing them with emotional, psychological and physical support (Goldberg, 1995). To gain a complete understanding of the unique vulnerabilities and responses of Jewish women, one must consider the Holocaust from a gendered perspective (Ofer &Weitzman, 1998). Although scholars continue to differ, the perspectives of Ringelheim, Miller, and Goldberg largely reflect the current consensus, which demonstrates the importance of considering the experience of the Holocaust from a gendered perspective.

1.7 Impact of the Holocaust on Female Survivors

Despite the great number of studies exploring the female experience of the Holocaust, very little attention has been paid to its psychological, psychiatric, and social impact on female survivors. However, research shows that women are generally more prone than men to develop PTSD and other mental health disorders following exposure to traumatic events (Brave Heart, 1999; Breslau et al., 1991; Freedman et al., 2002; Carmil & Carel, 1986; Collins et al., 2004; Eaton et al., 1982). Although these might be relevant to the psychological and psychopathological impact of Holocaust trauma on female survivors, few studies have investigated the nature and extent of the connection, and study findings remain inconsistent (Collins et al., 2004).

Some suggest that female Holocaust survivors were more scarred than men (Carmil & Carel, 1986). However, there is also evidence, for the opposite hypothesis; because the experience of total helplessness was particularly inconsistent with the male self-image, men were more adversely affected (Danieli, 1988). Other studies find no significant difference (Landau & Litwin, 2000).

Most of what is known about the social impact of the Holocaust on female survivors is based largely on studies of the second generation that have confirmed the struggle of survivors to form healthy relationships, particularly with their children (Rakof, 1967). Little is known about the nature of this struggle: how and to what extent it has impacted these relationships. Children of survivors report that their survivor-mothers suffered enduring anxiety about losing them (Rakoff, 1967). These female survivors are described as consuming their children in the pathological world of the concentration camp experience (Kestenberg, 1972; Trossman, 1968; Dor-Shav, 1978) and have been found to keep their children under almost obsessive watch. However, these conclusions are largely based on reports from second-generation survivors, unsupported and unqualified by the testimony of the female survivors themselves, suggesting that there is much more to be learned about the nature of this dynamic.

A review of the literature confirms that whilst existing Holocaust research offers insight into a general ‘survivor syndrome’, it fails to adequately consider the implications of Holocaust trauma from a gendered perspective and from the perspective of survivors themselves. This piece of research aims to fill this gap by asking the following question: How do female survivors of the

Holocaust make sense of their experience of motherhood? This question, posed to survivors themselves, rather than to their children, will underpin my research.

Methods

2.1 A Qualitative Approach

Qualitative research deals with subjective experience and aims to understand thoughts, feelings, opinions and motivations. It is concerned with how people understand the world and their experiences within it. It aims to make sense of subjective experiences and seeks to understand how people ascribe significance to particular phenomena. It provides rich data about the essence of a specific event, at a specific moment in time, from a specific sample of participants. It is consequently deemed a bottom-up approach, whereby the data paints the picture and the researcher strives to limit imposing any theories, models or preconceived ideas about the phenomena. Qualitative studies acknowledge, to different degrees, the interaction between researcher and participant and seek to understand this interaction and the impact it might have on the dataset. Qualitative research tends to occur within environments whereby "conditions continuously develop and interact with one another to give rise to a process of on-going change" (Willig, 2008, p. 9). Hence, unlike quantitative research, qualitative studies are not concerned with cause and effect or making sweeping statements about specific phenomena.

2.2 Interpretive Phenomenological Analysis

IPA is a qualitative approach to research developed by Jonathan A. Smith. It identifies individual experiences and the meanings attributed to them. This bottom-up approach is ingrained in participants' narratives (Lafarge, Mitchell & Fox, 2013), and is based on three principles: phenomenology (Husserl, 1931), hermeneutics (Ricoeur, 1978), and idiography (Thomas, 1999).

2.3 Rationale for IPA

IPA's underlying principles, and phenomenological (Brocki & Wearden, 2006) and idiographic nature reflect the objectives of this research. IPA's interest in lived experience also matches the aim of this research. Rather than establishing generalized claims, this study aims to understand the experience of motherhood for a select number of female survivors. Nonetheless, Smith (2004) suggests that this type of idiographic analysis is in fact generalizable.

IPA's emphasis on investigating experience directly (Shaw, 2001) is particularly fitting to this research, which aims to explore a relatively under-researched aspect of the Holocaust. As mentioned above, most current studies focus on children of survivors rather than survivors themselves. Few are concerned with gender issues.

Finally, IPA's focus on a 'double hermeneutic' reflects my own epistemological beliefs and indeed those of this study. Convinced that direct access to participants' perspectives is impossible, I acknowledge the need to access their inner world through active interpretation (Willig, 2008). IPA acknowledges the researcher's role and perspective, allowing for introspection and self-reflection but acknowledging that judgment-free analysis is unobtainable. This allowed me to reflect on my personal contribution to the study and consider how my position as someone who's family have been impacted by Holocaust trauma, may have influenced the findings.

2.4 Methodology

2.41 Participants

In line with IPA, this study utilises purposive sampling to select a homogenous group of participants with a particular expertise in the experience of motherhood after surviving the Holocaust (Reid et al., 2005). A sample of eight participants was recruited. It comprised seven female survivors living in London and one in Manchester, all with similar demographic profiles. Five participants were recruited through London's Holocaust Survivor Centre, a unique facility offering support services to Holocaust survivors in the UK. Three participants were recruited through a snowballing method (Langdridge, 2007).

The primary inclusion criterion for this study was that participants were Jewish mothers who had lived in Europe under Nazi rule or influence between 1933 and 1945. For logistical and financial reasons, non-English speaking survivors, currently living or residing outside the United Kingdom, were excluded.

Basic demographics as well as information about the participant's Holocaust experience was obtained (see Table 1 below). All participants in the final sample were allocated a letter in place of their name; coding was applied and analysis conducted and completed. During the write up, letters were replaced with pseudonyms as shown on Table 1 below.

Table 1. Participant details

Rf.	Participant	Age	Type of Holocaust-related Experience	No. Of Children
1	Jane	95	Restriction in ghetto; forced labour and concentration camps	3
2	Betty	86	Permanent refugee status	3
3	Shelly	89	Restriction in ghetto; forced labour and concentration camps	2
4	Rachel	95	Confinement in hiding; living under a false identity; restriction in ghetto; permanent refugee status	2
5	Rose	88	Confinement in hiding; restriction in ghetto; forced labour and concentration camps	2
6	Caron	92	Forced refugee status	5
7	Susan	88	Forced concentration camps	3
8	Sara	89	Restriction in ghetto; forced labour and concentration camps	5

2.42 Procedure

At the start of the interview, participants were asked to read a 'Participant Information Sheet' (Appendix A) and 'Consent Form' (Appendix B) before consenting to participate, reminding them of the nature and details of the research and all necessary debrief information. After each interview, participants were given a List of Support Groups (Appendix C). Despite some risk of distress, individual experiences of participation aligned with existing research suggesting that self-disclosure enhances psychological adjustment (Pennebaker, 2004).

Following Smith et al., (2009), qualitative data was obtained through semi-structured interviews, which lasted between ninety and one hundred and eighty minutes. Open-ended, non-leading inquiries were used, thereby providing cues for participants to talk with a minimum amount of interruption or constraint by the interviewer. Written informed consent for the study and the recording was given by participants prior to the interview (see Appendix A and B).

Following Smith et al. (2009), an interview schedule (Appendix D) was used to guide the conversation and prompting was minimal. Discussion focused on:

- The survivor's experience of motherhood,
- How far motherhood met any previous hopes or expectations they held
- Participants' past and present relationship with their children
- Any changes that have surfaced throughout their mothering journey

2.43 Interview Transcription

Interviews recordings were transcribed verbatim and compared to the audiotaped interviews to check for accuracy. As recommended by Smith and Osborn (2003), transcripts captured all vocal aspects of the interview, including laughing, crying, broken words and sentences, pauses and speech. This contextualized and gave added meaning to the verbal communication. Participants' names and any identifying information were removed from the written transcripts. Names were replaced with a letter and any identifying features were redacted.

2.44 IPA Strategy of Analysis

The analysis process used follows the four-stage analytic guidelines of Smith et al. (2009). In the initial phase, the researcher became totally immersed in the data (Smith et al, 2008) and undertook an initial coding phase. There followed a phase of focused coding, in which initial codes were reanalysed until thematic clusters appeared. In the third stage, emerging themes were compared and a final list of superordinate themes and subthemes emerged. This list was used in the fourth stage, the formation of a summary table, displaying all the major theme-clusters, together with supporting quotations, page and line numbers from the transcripts.

The process followed the idiographic approach of Smith et al. (1995b), which proposes a detailed examination of one interview transcript at a time. Therefore, the four stages of analysis were repeated eight times, once for each transcript. The researcher's thinking must remain flexible and creative throughout the analytic process (Smith et al., 2003). The researcher therefore avoided a systematic or chronological approach. This flexibility generated a whole exceeding the sum of its parts, enabling a meaningful, reflective interpretation of each experience (Smith et al., 2009).

2.5 Evaluating the Research

The validity, quality and generalizability of a study are often addressed in qualitative research, but are not easily quantified, measured or evaluated (Finlay, 2006).

To ensure the validity and quality of this study, Yardley's (2008) guidelines, outlining common criteria for qualitative research, were followed. Smith et al. (2009) explains how these can be applied to IPA research gave them further validity. The guidelines outline four principles: 1) To remain sensitive to the study's context when analysing and interpreting data; 2) To demonstrate commitment and rigour when engaging with the topic and dataset; 3) To be coherent and transparent when linking the data to particular arguments; 4) The study is sufficiently impactful in the wider context. These guidelines were considered through each phase of the research.

2.51 Sensitivity to Context

Sensitivity to context was demonstrated from the start by considering the relevant literature, the socio-cultural milieu of the study and the material obtained from participants. The literature formed the rationale for this research and shaped the research question. Attention to the socio-cultural environment influenced my choice of IPA as the methodology. The need to recruit a sample of participants sharing the experience of Holocaust survival and motherhood forced me to engage closely with the idiographic and particulars of each prospective participant. I established and maintained a rapport with the gatekeeper for the research to gain access to my cohort. Socio-cultural context was maintained in interviews by my seeking information about participants' broader demographics.

Sensitivity to context characterised the entire interview process. I showed appreciation for the interactional nature of data collection by displaying empathy with participants and their experience (Shinebourne, 2011). I drew on my therapeutic skills to demonstrate empathy and create a safe, trusting environment in which participants could discuss their experiences (Smith et al., 2009). I recognised interactional difficulties and negotiated the intricate power play between research expert and experiential expert, thereby retaining context sensitivity. For example, when analysing the data, I offered only interpretations that were wholly substantiated by verbatim transcripts.

2.52 Commitment and Rigour

Commitment and rigour relate to engagement with the research topic and to methodological proficiency (Yardley, 2008). I demonstrated commitment by fully engaging with each participant, and familiarised myself with the relevant IPA literature in order to develop methodological proficiency. Rigorous diligence in data collection and analysis processes is vital (Yardley, 2008). I sought this through full immersion in the data and through a non- linear approach to analysis, ensuring that it transcended mere narrative and description. Training and supervision facilitated a thorough and methodical IPA analysis.

2.53 Coherence and Transparency

Transparency refers to the clarity with which stages of the research were described in the write-up (Yardley, 2000). Transparency was enhanced by explaining the participant selection process, the construction and conduct of the interview schedule, and the steps of the analysis stage in the final write up. Efforts were also made to establish a high level of coherence. Following Madill et al. (2000), I aimed to ensure that the study's arguments were consistent and representative of the original data. Yardley (2000) describes coherence as the degree of fit between the research conducted and the theoretical assumptions of the approach being implemented. I attempted to conduct the study in a manner consistent with the underlying principles of IPA.

2.54 Impact and Importance of Study

According to Yardley (2000), the value of research is defined by the extent to which it reveals something interesting, important and useful about the topic under investigation; it is insufficient to merely develop a sensitive, thorough and plausible analysis, if the ideas proposed in the study have little bearing on the actions or beliefs of others. This research fulfills these criteria and its importance to professionals working in the field of mental health as well as to members of the wider community has been illustrated throughout. It is hoped that an improved understanding of the psychological impact of the Holocaust will promote greater awareness amongst clinicians and members of the wider community of the challenges and difficulties faced by Holocaust and other trauma victims. Finally, it is also hoped that the study will be a springboard for further research into new, innovative ways of supporting survivors of the Holocaust and other genocides.

Unlike a qualitative study, this piece of research did not attempt to make generalisations about the data. Nevertheless, the findings offer an account of the experience under investigation, which could be applied, to other mothers who have been in a traumatic situation and who share similar characteristics to my participants. This might include other female survivors of the Holocaust or mothers who have survived other genocides. Haug (1987, p.44) suggests that "if a given experience is possible, it is also subject to universalization", and while the findings and meanings of this research may be non-representative in a statistical, quantitative sense, they are transferable to other situations, contexts, or people in a qualitative sense (Finlay, 2006).

Findings

While a brief overview of the entire analysis chapter is offered, this paper discusses only the findings from the second superordinate theme: 'The Experience of Distance and Closeness'. De Wind (1968, 1995) points to an insecurity in human relations as one of the most significant products of Holocaust trauma for survivors and difficulty with forming healthy interpersonal relationships has been found to be an integral aspect of Holocaust Survivor Syndrome (Krystal, 1968; Niederland, 1968). Whilst some participants described sporadic feelings of distance from their children, spouses and religion, low-level interpersonal functioning did not surface in the findings as widely as the literature might have suggested it would. It felt especially important to report this finding as it not only took me by surprise but it highlighted how more optimistic findings regarding the psychological wellbeing and interpersonal functioning of survivors can be overlooked (Barel et al., 2010).

3.1 Overview of Themes

The analysis elicited three superordinate themes and eight subthemes. The first superordinate theme, 'Negotiating the Role of Motherhood', is linked to three subordinate themes: 1) The Roles and Responsibilities of a Mother; 2) Origins of Mothering Values; 3) The Experience of Change Throughout Motherhood. Here, participants try to make sense of their mothering experience by negotiating the origins and evolution of the values shaping their roles and responsibilities. The second superordinate theme, 'Navigating the Experience of Distance and Closeness', discusses how participants understand their experience of motherhood in relation to significant relationships. It constitutes two subthemes: 1) Connection and Disconnection; 2) Gratitude and Taking for Granted. The third superordinate theme, 'Negotiating Internal Conflicts', highlights how participants make sense of inner conflicts. It comprises three subordinate themes: 1) Hope and Hopelessness; 2) Fear and Stability; 3) Pride and Shame.

3.2 Superordinate Theme Two: Navigating the Experience of Distance and Closeness

This superordinate theme explores how participants, as mothers, understand their current and historic relationships with their children, spouses, religion and God. The first subtheme addresses feelings of connection and disconnection; the second considers feelings of gratitude and appreciation as well as the experience of taking aspects of motherhood for granted.

3.21 Connection and Disconnection

All participants had experienced motherhood in terms of connection and disconnection. Some described sporadic feelings of disconnectedness from their children, spouses and religion, but most spoke of a special connection with them.

Betty celebrates the birthdays, weddings and anniversaries of her children and grandchildren, and spoke joyfully of the close, loving bond she shares with them:

> **"I really enjoyed my children and loved them very much . . . We are very close." (Betty, 956)**

This connectedness was reiterated in her proud declaration that she had **"three children", "thirteen grandchildren",** and almost **"thirty great-grandchildren" (Betty, 488 – 489).** Her smile, and her insistence on showing me multiple family pictures, demonstrated the depth of this connectedness.

Betty also described her closeness to her husband. Describing their common dream of parenthood and shared love for their children, she understood her mothering journey as a joint enterprise. She described her husband's invaluable support when she miscarried their first child, and praised his **"amazing"** prioritization of her and their children:

> **"My husband was wonderful . . . for him the children were everything." (Betty, 1420)**

Jane too spoke with pride and adoration about feeling close to her husband, and of their shared dream of parenthood. His devotion to his family had been fundamental to their parenting journey. Jane's diction demonstrated her respect for him as a unique individual and exceptional life partner:

> **"He was a remarkable man, my husband . . . absolutely a diamond . . . of course he shared my desire for children." (Jane, 334-337)**

Jane also recounted current and historic distance from her children. Their relationship was **"friendly"** and she relied on them for important tasks, including collecting her meat from the butcher every Thursday, but they led independent lives. She described feeling particularly disconnected from them as babies; although she made their clothes, she had been too **"busy"** to offer additional attention. Her pragmatic tone emphasised the continuing distance between them. By contrast, her husband had been a devoted, **"lovely father"**. Her proud words were unaligned with her non-verbal communication, leaving me wondering whether she felt some envy:

"My relationship with my children is friendly . . . They live their own life . . . They've got their own friends; I've got my own friends." (Jane, 469-471)

Like Jane, Rose reported distance and closeness with her children. Their relationship was **"warm"** and **"loving",** but she also described striving to respect their personal space by remaining **"self-sufficient"**. Unlike the other participants, Rose felt uncomfortable about asking her children for additional support, especially in her old age, cautious of becoming overbearing, she tried not to infringe on their life too much, rarely asking them for help:

> **"I don't think it's right to be in one another's pockets and lives all the time . . . it's almost incestuous . . . We all have our inner sort of privacy and private lives that we want to keep separate from our children . . . I'm sure that they want to keep it separate from us too . . . You could say that we sort of treat one another with respect…You know?" (Rose, 761-769)**

Rose apparently felt this was the common experience of all mothers. However, by asking whether I agreed, she demonstrated a vulnerability that made me wonder whether she was entirely satisfied with her distant relationship with her children. I was left with the impression that Rose held certain fears about her self-image and self-perception; she seemed to experience a tension between presenting herself as independent and resilient on the one hand but vulnerable and yearning for closeness on the other. I sensed this tension may have been linked to her Holocaust experience, where a robust and determined exterior was likely essential to her survival.

Caron also spoke of her tremendous love of her children, emphasising the connectedness and warmth of their home. Love and connection were the essence of her mothering journey. She had been equally close to her **"fantastic"** late husband and remembered with a beaming smile their **"wonderful"** marriage **(Caron, 514-515)**:

> **“Whatever we did, we did together . . . we did everything together. People would always see us walk hand in hand . . . I travelled the world with my husband . . . I had everything that I would have never in my wildest dreams believed was possible.” (Caron, 516 – 521)**

I noticed a sense of fulfilment as she reflected on her wartime memories; her great losses had been offset by their shared parenting journey. The physical chemistry and companionship had persisted into old age.

However, Caron also recounted experiencing distance when her children and husband had evinced apparently little interest in her Holocaust survival story. She didn’t bother speaking about her experience to her children because her husband’s story (he was an Auschwitz survivor) was more traumatic **(Caron, 661)**:

> **“He had to experience so much more than I did.” (Caron, 660 - 665)**

Caron was pleased by her children’s indifference, mentioning three times that she didn’t find it hurtful. However, her solemn tone, forced smile and inconsistent eye contact suggested otherwise.

> **“It didn’t bother me at all, I was quite happy not to have to talk about it” (Caron, 668 -676)**

Two other women reported feelings of distance and detachment when reflecting on how their Holocaust experiences were spoken and thought about in their homes. Betty reported feeling lonely because her Holocaust experience was not spoken about within the family. She wondered whether her story lacked interest because she had not been imprisoned in a concentration camp. Unlike Caron, Betty admitted finding her children’s lack of interest painful. Despite their closeness, her body language and desperate tone suggested an inner, desolate isolation:

> **“Before I married I really was most of the time alone in hospital. I never had any visitors . . . no friends, no child, no cousin, nobody came to visit me . . .Even to this day sometimes I think why aren’t they interested.” (Betty, 824-829)**

Sara's experience was similar, not because of her children's indifference, but because her husband couldn't cope with her traumatic story. This was both flattering and painful; Sara's pained tone and averted gaze betrayed a distress that suggested it had created a wedge between them.

> **"My husband . . . knew I was in Auschwitz but he wasn't going to listen to my whole story . . . he just couldn't cope with it." (Sara, 1288 - 1292)**

The vagueness of Sara's language was striking. He was **" honest"** and **"hardworking" (Sara, 836),** but Sara had married him, not out of love, but in desperation to move on from her Holocaust trauma and because she thought her parents would have wanted her to marry **"exactly the same type of fellow" (Sara, 839)**. Although she claimed her feelings towards him were not **"cold" (Sara, 832),** her unenthusiastic tone and solemn facial expressions left me unconvinced. I sensed respect but also a lack of fulfilment.

However, Sara described a contrasting closeness to her children, who had looked after her through some of the hardest times in her life. She reported an intense closeness to, and mutual dependence on, her middle child, Jenna, who together with her children and husband, moved in with her some years after marriage. She understood her previous health issues and widowhood as having created a special closeness to Jenna and her grandchildren:

> **"It feels as though the grandchildren who live with me are my children – definitely." (Sara, 1250 - 1251)**

This bond was palpable throughout the interview, which was interrupted six times by one of them entering the room, either to check on her well-being or to ask for her assistance. Each interruption evoked a flush and smile, which might have been due to feelings of flattery or embarrassment. I was struck by how important Sara's connection to her children and grandchildren seemed to be for her and wondered whether the closeness they shared, in some way, made up for her own (pre-war) family's absence.

Rachel, who lost her 54-year-old son some years ago, also recounted current and historic feelings of maternal closeness. Weeping with happiness, she described motherhood as a **"loved"** and

“enjoyed” journey. Describing the pain of losing her first-born child, she also reflected on how proud he would have been of everything she had achieved since his passing. Their relationship had been **“really lovely”** and **“very caring”**. She even recalled, with a lump in her throat, how he would express his concern for her by regularly asking, **“How are you mamma?”** Rachel also smilingly described a special bond of interdependence with her daughter, with whom she is in telephone contact many times each day. However, I also sensed that she felt conscious of the interdependency:

> **“I am now and then frightened that we’ve got . . . such a close relationship . . . I worry that she will miss me too much . . . can you imagine a feeling like this when someone feels to you very, very much and I feel that that’s what she feels.”**
> **(Rachel, 424 – 428)**

Rachel seemed satisfied with the relationship dynamic, but her shaking head and wide eyes gave the simultaneous impression that she may have felt overwhelmed by its weight and responsibility. She left me with the impression that she experienced a tension between resilience and fragility; whilst on the one hand her Holocaust trauma had inadvertently equipped her with the tools to deal with separating from a loved one, the thought of having her own child experience this painful lesson through her own death seemed somewhat unbearable.

Five participants reported experiences of distance and closeness within the context of their Jewish religion and heritage. Sara spoke of her connection to Judaism, repeatedly emphasizing the observant lifestyle of her pre- and post-war families. The Jewish practices in which she had been brought up had shaped the way she and her husband raised their children. Smiling excitedly, she described her connection to the Sabbath and its links to her childhood:

> **“I love Shabbat. It’s an important part of my family . . . it reminds me of my past.” (Sara, 1043 - 1045)**

Rose’s Judaism was a matter of connection to the Jewish people, rather than to specific religious practices:

> **"Judaism is not about um praying three times a day and going to shul regularly…To me it is about community and about Jewish people as a people…The Jewish people are important to me as a people and I want them to survive." (Rose, 1002 - 1009)**

Reflecting on Jewish continuity, Rose highlighted the significance of Jewish practice within her own family, seeing observance as a duty or need to defy Hitler. Her firm, eloquent expression implied that connection to Judaism and its practices represented Jewish survival rather than mere observance:

> **"Carrying through Judaism to my family is important to me because it's a sign of defiance – they didn't want us to do it, they wanted to annihilate us but I want to go on." (Rose 1089 - 1091)**

Rose described Israel as **"home"** to the Jewish people and as central to her mothering journey. She not only highlighted how she lived there in the years immediately after the war but also mentioned a number of times how proud she was to visit her children and grandchildren who reside there. Acknowledging Israel's many problems, she asserted that her and her children's connection to the land was rooted not only in religious ideology, but in the historical survival of European Jewry:

> **"It is the land that we can always go to if and when things go bad for us in Europe." (Rose, 1007 – 1008)**

Rose's Zionism was evidently conditioned by scepticism regarding the future of European Jewry. She was comforted by the thought that Israel would offer a safe haven for her children, grandchildren and great-grandchildren when – as seemed to her inevitable – they were driven out by anti-Semitic persecution.

Betty and Caron also saw love of Israel as an important part of their mothering journey. Caron reflected fondly and smilingly on **"wonderful holidays"** in **"wonderful hotels"** in Israel with her children **(Caron, 223 – 227).**

Betty spoke similarly of taking her children **"very often"** to celebrate Jewish holidays in Jerusalem. Even in old age, she regularly visits her son and grandchildren who now live there. Betty's insistence on showing me her photographs of her son's home in Israel confirmed how proud she felt at his emigrating there. She linked this pride to her Jewish heritage; for Betty, Zionism was intrinsic to the Jewish religion and a testament to her survival:

> **"My husband's family goes back right practically back to Moses and everything, you know, all the rabbis and everything." (Betty, 1143-1144)**

Each mother understood her experience of motherhood through the lens of distance and closeness, with detachment from children, spouse and religion often counteracted by a special connection between them. I was struck by the surfacing of this tension and considered whether it felt especially prominent to the women given their early experiences of being torn apart, so aggressively, from their families, friends, homes and religion.

3.22 Gratitude and Taking for Granted

All participants spoke about gratitude and appreciation. Gratitude was expressed in terms of physical, emotional and financial achievement, and was directed towards themselves, their G-d, parents and husbands. One woman recounted feeling that she hadn't sufficiently appreciated her children when she was raising them.

Jane expressed gratitude to God for her ability to conceive and give birth to her children and expressed thanks for her role as a grandparent and great-grandparent:

> **"I'm very proud and I'm thankful to God that I'm able to have children and grandchildren and great-grandchildren after what I went through." (Jane, 136-138)**

Jane's pride in overcoming the physical and emotional challenges of childbirth was expressed in her repetition of the words **"grateful"** and **"thankful"**, and reference to motherhood as **"a miracle"**. She saw it as a privilege, making a striking connection between her feelings of pride and humility; she acknowledged her role in the process of childbearing but also, God's contribution to it.

This interconnected pride and humility surfaced across other accounts. Sara described how gratifying conception and pregnancy felt, following her Holocaust trauma:

> **"Eventually I became pregnant and thank God I did. Although I didn't think it would happen . . . when it did it was quite spectacular." (Sara, 768 - 770)**

Sara's gratitude was lifelong. She expressed gratitude towards **"the Polish women"** who helped Sara run her home for over ten years and continued to teach her to deal with the many challenges of older motherhood **(Sara, 227 – 228)**:

> **"I'm really grateful for all this help . . . it means that I can continue doing many of the things I used to do and that they can rely on me in the way they always have." (Sara, 229 – 230)**

Despite this gratitude, Sara commented twice in under a minute that she would have preferred to manage alone. This, together with her dissatisfied facial expression, pointed to a tension within her: her gratitude for the support she had received was inflected with irritation and frustration.

Betty's gratitude was wide-ranging. She repeated the phrase "thank God" twenty-six times, and expressed, five times within the same sentence, her appreciation for giving birth to three healthy children, after multiple miscarriages:

> **"I'm grateful, just grateful, grateful for all . . . grateful that I had children. I didn't take it for granted, you know" (Betty, 1752 - 1753)**

However, although Betty's sincere tone expressed genuine gratitude to G-d for saving her from the Nazis, her solemnity, together with the fact that she questioned the morality of her survival, left me wondering whether her appreciation was clouded by feelings of survivor guilt:

> **“I just always think why them and not me. I can't help it . . . I have to be grateful and thankful to God for why he saved me.” (Betty, 1558 -1560)**

Betty also expressed gratitude to her husband, describing the centrality of his devotion to their marriage and children to her experience of motherhood:

> **“My husband was wonderful, you know . . . for him, the children were everything.” (Betty, 1419-1421)**

She felt particularly indebted to her mother for encouraging her to date and marry her husband. Emphasising five times how **“wonderful”** her mother was, Betty demonstrated both appreciation and tremendous love and respect for her. Betty frequently shared her gratitude with her children, suggesting that it was important to her that her children understood the significant part her mother had played in her mothering journey:

> **“I told this to my children, I have to thank my mother every day because she was just something so special.” (Betty, 387 - 389)**

Rachel also felt gratitude but seemed unsure where to direct it. She didn’t seem overtly hostile to the idea of God, but her words **“luck”** and **“lucky”** in the same sentence, together with the fact that she was the only participant who didn’t mention God at all, suggested that God had played little or no part in her mothering journey:

> **“It’s a great joy, a great . . . I don’t know the word for it, a great joy, a great luck to have children and if you’re lucky enough by some coincidence to bring them up logically and good, that’s fantastic” (Rachel, 756 - 759)**

Rachel’s reference to ‘logic’ suggests that her view of life is scientific rather than religious, while her references to luck and coincidence imply that she sees life as a matter of random chance rather than divine destiny.

Rose was the only survivor who felt that she hadn’t sufficiently appreciated her children when raising them, though she expressed growing appreciation for them throughout her mothering journey. Openly acknowledging this, her irregular eye-contact and sombre tone, suggested sorrow and regret:

> **"I probably didn't appreciate motherhood enough . . . I appreciate it more now in retrospect." (Rose, 578 – 579)**

Overall, all participants made sense of their experience of motherhood through the lens of gratitude and appreciation, despite one woman's feeling that she hadn't sufficiently appreciated her children when raising them. Some expressed appreciation towards themselves and their God for their physical, emotional and financial successes; others were grateful to their partners and parents for the love and support they had received throughout their mothering journey. I was left wondering what function this gratitude may have served for the women and considered whether it reflected a desperate attempt to make sense of how their great losses had been met by such joy and success.

Discussion

4.1 Comparing Findings to the Literature

All participants experienced motherhood in terms of distance and closeness. Some suggest that insecurity in human relations was the most significant product of Holocaust trauma for survivors (de Wind, 1968, 1995), but the present findings offer a more optimistic picture of high-level interpersonal functioning in survivors and a strong ability to form and maintain healthy relationships with their children (Barel et al., 2010). Several described sporadic feelings of distance from their children, spouses and religion but most spoke of an overarching sense of connectedness. Indeed, regarding their post-war families as the centre of their lives (Nadler & Ben-Shushan, 1989), most participants reported fulfilling their family roles successfully (Sagi-Schwartz et al., 2003; Van Ijzendoorn et al., 2003).

Mother-child connectedness took different forms. Some described the closeness with their children in terms of how much time they spent together. Betty spoke with love and adoration about sharing every birthday, wedding and anniversary with her children, while Sara described her intense closeness to and mutual dependence on her middle child, Jenna, who together with her children and husband, moved in with her some years after marriage. This bond was palpable throughout the interview, which was interrupted six times by one of them entering the room, either to check on her well being or to ask for her assistance. Each interruption evoked a flush and smile from Sara; I was struck by the extent of their closeness and especially by the fact that Sara felt as though the grandchildren who lived with her were like her own children. I was reminded of Prince (1985), who found that two outstanding features of Holocaust families are: 1) survivor-parents' aversion to separation from their children; 2) the insistence of many survivor-parents that their children never leave them.

An attachment-theory perspective on transgenerational vulnerabilities associated with severe trauma might explain these features of some Holocaust families, paying particular attention to the possible impact of transgenerational trauma upon a survivors child's own parenting capacity. A key construct underpinning this perspective is that of mentalization or reflective function (Fonagy et al., 1995), a generic human capacity to understand behaviour by postulating thoughts, feelings, desires and beliefs. Winnicott (1967, p. 33) warned that when children fail to find their current state mirrored by their primary caregiver, they are likely to internalize the caregiver's actual state as part of their own self-structure. This is certainly true for some participants in this study, who reflected on times when they had trouble responding to their baby's distress during infancy due to preoccupation with their own unresolved distress. As Wiseman and Barber (2008) suggest, their lack of emotional availability left their offspring lonely and with an ambivalent parent-child attachment (Baron et al., 1998). Incorporating into his or her nascent self-structure a representation of the other (Fonagy & Target, 1995), which for many children of survivors involved a frightened or frightening caregiver, some children of survivors consequently internalized their mother's feelings of rage, hatred, or fear, and their image of the infant as frightening or unmanageable. This perhaps explains the anxious-ambivalent attachment behaviours (Ainsworth, 1978) displayed by Sara and her daughter, Jenna who still lives with her.

This might also explain why many children of survivors developed their own psychiatric distress that resembles that of their parents'. This distress, labelled by Kellerman (1999a) as the 'children-of-survivor syndrome', is characterised by:

‘An anxiety disorder related to various neurotic conflicts and especially to identity problems, or to a personality disorder, because of impaired social and occupational functioning’ (Kellerman, 1999a).

The term has also been linked to various other manifestations of trauma and psychoanalytic clinical studies suggest a common symptomatology among second-generation survivors (Rustin and Lipsig, 1972; Sigal, 1971) of depression, guilt, aggression, problems in interpersonal relationships, separation-individuation conflicts and identity issues (Freyberg, 1980; Gampel, 1982, 1992; Kestenberg, 1982; Kogon, 1995; Pines, 1992; Wardi, 1992).

Participants attributed the strong attachment they shared with their children to different factors. Following Van IJzendoorn et al. (2003), some linked it to their loving, pre-war family attachments, which they claimed acted as a protective barrier against later trauma. Weeping with happiness, Rachel recounted current and historic feelings of maternal closeness towards her children, describing them as inextricably linked to the “lovely” home in which she had been raised. Susan made a similar link, describing the close relationship she had shared with her own mother, and identifying it as the driving force behind the close relationship she has with her children.

Others attributed their closeness to their ability to compartmentalise their trauma-associated anxieties and memories (Sigal & Weinfeld, 1989). While participants found it nearly impossible to describe the depth of their traumatic experience, many, like Shelly, were forced to pull themselves together, looking forward to the future with hope and determination in order to prevent their trauma from leaking into important realms of their occupational and familial lives’. Barel et al. (2010) explain the ability of some survivors to do this by referencing unconscious or conscious defence mechanisms, which helped them isolate the effects of the Holocaust from crucial aspects of their functioning. This felt very present within this study as participants described how throughout their mothering journeys they “had to” put their traumatic memories to one side, look to the future and hope to rebuild that which had been lost in the war.

Those who reported moments of distance from their children attributed it to the way their Holocaust experience was spoken about in their home. Although some describe readily sharing their Holocaust experience with their children, claiming that in doing so they established a deeper rapport, others pointed to a stark sense of silence around their story, leaving me with the impression that since their children were unable to relate to such a significant part of their personal story, they felt in some way isolated and detached from them. The findings of this study, relating to the readiness or ability of survivors to convey their experiences to their children, resemble those recounted in the literature. Indeed, following Solomon (1995) many participants blamed their silence on fear of traumatising their children, or for some, on the social climate of reluctance, in the first decades after 1945, to engage in discussion of the Holocaust. Perhaps, following Baron (1995), their children's silence left the latter hesitant even as adults to ask their parents about their past, leading to a cumulative and pervasive "double wall of silence", with some parents struggling to avoid discussing their traumatic experiences, while simultaneously, their children tended to avoid hearing or asking about it. However, although Baron (1995) described this double wall of silence as a form of mutual protection, with both parents and children hoping that burying the subject in silence would diminish its painful impact, some participants disagreed. Shelly blamed the silence between her and her family on her children and spouse's lack of interest in her survival story. She pointed to an unspoken hierarchy of survivor experiences: because she hadn't spent time in any of the camps, her story was of lesser interest. As mentioned in the Introduction, Karpf (2008) points to the complexity of maintaining the distinctiveness of different Holocaust experiences, without ranking them in order of importance or grading levels of suffering. This was certainly a tension that surfaced in Shelly's account; she did not speak about her experience with her family because her husband's story (he was an Auschwitz survivor) was more traumatic.

Within their marriage, some participants also endured silence around their Holocaust story, adding to their experience of distance throughout motherhood. Several of the findings of this study complement those of Lev-Weisel and Amir (2000), who found that some survivors, married to partners who had not themselves experienced the Holocaust, were particularly eager to share their painful memories, but struggled with the lack of emotional support from their spouses. Many of these partners developed a sense of helplessness in the face of the survivor spouse's overwhelming pain, preventing them from offering the care and support so obviously craved by the survivor. This was certainly true for a number of women in this study; Sara stated that while her husband knew she had been in Auschwitz, he didn't listen to her whole story because he "just couldn't cope with it". This seemed painful for Sara, who left me with the impression that it had created a wedge between them, but I also detected in her flat tone and solemn facial expression an underlying sense of loneliness anyway inherent within her marriage. She described her husband as

“ honest” and **“hardworking” (Sara, 836),** but also alluded to the fact that her marriage had proved unstable and unfulfilling, satisfying only a functional, non-emotional need as she embarked on parenthood. This left me convinced that she had married, not out of love, but in desperation to move on from her Holocaust trauma. This interpretation is supported by Danieli (1988), who described marriages lacking deep connection or interpersonal compatibility as fairly common in the aftermath of the Holocaust; many individuals married not necessarily out of love but out of pressing distress and an urgent need to reconstruct family units.

This though, was not the case for other participants, to whom marriage brought the support and human warmth they craved following years of suffering and isolation. Caron and Betty looked to their spouses for love and support throughout their parenting journeys and supporting the literature, described how their reciprocal marital love and compassion had facilitated their healthy, working marriages. Danieli (1988) described such marriages as particularly common between two survivors who were able to offer each other the mutual support and understanding born of a common experience of the Holocaust.

Frankl (2006) comments on the importance of love and relationships for the maintenance of meaning and happiness in a life that feels destitute and despairing. Frankl’s Logotherapy describes three ways in which a person might establish meaning within their life: creative, attitudinal and experiential (Frankl, 1984; Wong, 2014). The creative category involves the creation of work or the “doing of a deed” (Frankl, 1984, p. 115), bringing achievement or a sense of accomplishment. The second category refers to the attitude one adopts when faced with unavoidable suffering. Essentially, Frankl believed that when confronted with difficult events or situations beyond control, humans may find a way of developing meaning out of these situations; when we cannot change a situation, we can “change ourselves” (p. 118) by forming a new perception or understanding of the situation or of ourselves. The final category, described as experiential by Wong (2014), involves experiencing something that brings a sense of meaning, such as beauty, truth, culture, or goodness. This category also involves experiencing or encountering another human being who brings a sense of meaning, through love, which in this sense does not have a romantic or sexual connotation (‘eros’, or selfish love) but rather highlight the importance of understanding the true essence of another individual as an invaluable source of meaning (‘storge’, or empathic love). Frankl claims that it is only when someone experiences this type of love for another person that they can truly experience self-transcendence, a point at which ego-concerns and self-interest are put aside in order to serve someone else ('agape', or unselfish love). This point of self-transcendence was frequently alluded to by many participants – in reference to either their children or spouses. It is the sense of authentic closeness and love established within these relationships, which, according to Frankl, probably contributes to an overall sense of personal wellbeing and good interpersonal functioning, particularly after a traumatic event like the Holocaust.

4.2 Relevance to the Field

In addition to increasing our understanding of how the experience of distance and closeness was central to the experience of motherhood for female Holocaust survivors, two further points are raised. Do the findings tell us anything new about the systemic impact of trauma, and if so, how can that benefit clinical practice?

The findings of this research make clear that the impact of the Holocaust was not confined to its primary victims, but to their spouses, children and grandchildren. In line with Mataskis (2007), participants' trauma had major psychiatric and social ramifications, often most acutely experienced by close family members. It is important that survivor groups and their families are offered a systemic network of support from professionals throughout their recovery. While this does not necessarily mean survivors and their families must share the same treatment plan and be treated within the same support service, practitioners should be mindful that survivors and their families are offered their own support, or at least referred on to the most appropriate pathway. Systemic therapy might help liberate survivors from the "oppressive and pathologising frameworks that had predominated" (Dallos & Draper, 2000, p.23). Simultaneous treatment of survivors and their families, involving one practitioner treating both parent and their families separately, could be beneficial because it can treat a wide range of issues within the family system (Chazan, 2003).

Clinicians might also be encouraged to consider employing certain types of therapy and specific therapeutic techniques to help their clients work through difficult emotions, such as guilt, which has been frequently reported among them (Danieli, 1988; Hafner, 1968; Shanan, 1989; Valent, 1995). Gilbert's (2009) Compassion-Focussed Therapy, an effective treatment option for trauma victims (Lee, 2012), might help mothers develop and experience inner warmth, safety and soothing, through learning to be compassionate toward themselves. Client-centred therapy, based on the core conditions of congruence, unconditional positive regard and empathy (Rogers, 1951), might also be an effective treatment option for survivor mothers and their children. These approaches could facilitate feelings of acceptance, approval and love within this client group, allowing them to communicate and work through their emotions without feeling judged.

5. Conclusion

The present study has explored, on the basis of close phenomenological reading of their accounts, how the experiences of 'Distance and Closeness' feature as central to the experience of motherhood for eight female Holocaust survivors. In representing the voices of eight survivor-mothers, I have highlighted how the impact of the Holocaust is not stable; it expands and evolves over time and impacts not just the individual but the entire family. I hope the findings will inform the practice of clinicians in the field by highlighting the importance of supporting survivors and their families, systemically, in the aftermath of their trauma.

References

Aharony, M. (2015). Hannah Arendt and the Limits of Total Domination. Routledge. New York.

Ainsworth M.D., Blehar, M., Waters, E., Wall, S. (1978). Patterns of Attachement: A Psychological Study of the Strange Situation. Hillsdale NJ: Lawrence Erlbaum Associates.

American Psychiatric Association (2016). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. pp. 271–280.

Amir, M., & Lev-Wiesel, R. (2001). Does everyone have a name? Psychological distress and quality of life among child Holocaust survivors with lost identity. *Journal of Traumatic Stress, 14*(4), 859-869

Axelrod, S., Scnipper, O. L., & Rau, J. H. (1980). Hospitalized offspring of Holocaust survivors. *Bulletin of the Menniger Clinic, 44*(1), 1 – 4

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., Bakermans-Kranenburg, M. (2010). Survivng the Holocaust: A Meta-Analysis of the Long-Term Sequelae of a Genocide. *American Psychological Association*. Vol. 136, No. 5, 677– 698

Baron, D. (1995). Fear and hope: Three generations of the Holocaust. Cambridge, MA: Harvard University Press.

Baron, D. (1995). Fear and hope: Three generations of the Holocaust. Cambridge, MA: Harvard University Press.

Baron, D. (1995). Fear and hope: Three generations of the Holocaust. Cambridge, MA: Harvard University Press.

Baron, D., Elan, J., Kleber, R. J., Krell, R., Moore, Y., Sagi, A., Soriano, E., Suedfeld, P. vander Velden, P. G., van IJzendoorn, M. H. (1998). Multigenerational perspectives on coping with the Holocaust experience: An attachment perspective for understanding the developmental sequelae of trauma across generations.

Ben-Zur, H., & Zimmerman, M. (2005). Aging Holocaust survivors' well-being and adjustment: Associations with ambivalence over emotional expression. Psychology and Aging, 20, 710 –713. doi:10.1037/ 0882-7974.20.4.710

Berger, L. (1988). The long-term psychological consequences of the Holocaust on the survivors and their offspring. In r. L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 175-222). New York: Columbia University Press.

Berger, L. (1988). The long-term psychological consequences of the Holocaust on the survivors and their offspring. In r. L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 175-222). New York: Columbia University Press.

Berger, L. (1988). The long-term psychological consequences of the Holocaust on the survivors and their offspring. In r. L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 175-222). New York: Columbia University Press.

Brave Heart, M. Y. (1999). Gender differences in the historical trauma response among the Lakota. Journal of Health and Social Policy, 10, 1–21.

Breslau, N., Davis, G. C., Andreski, P., & Peterson, E. (1991). Traumatic events and post-traumatic disorder in an urban population of young adults. Archives of General Psychiatry, 48, 216 –222.

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. Psychology and Health, 21(1), 87-108.

Brom, D., Durst, N., & Aghassy, G. (2002). The phenomenology of posttraumatic distress in older adult Holocaust survivros. *Journal of Clinical Geropsychology, 8*(3), 189-201

Brom, D., Durst, N., & Aghassy, G. (2002). The phenomenology of posttraumatic distress in older adult Holocaust survivros. *Journal of Clinical Geropsychology, 8*(3), 189-201

Brom, D., Durst, N., & Aghassy, G. (2002). The phenomenology of posttraumatic distress in older adult Holocaust survivros. *Journal of Clinical Geropsychology, 8*(3), 189-201

Carmil, D., & Carel, R. S. (1986). Emotional distress and satisfaction in life among Holocaust survivors: A community study of survivors and controls. Psychological Medicine, 16, 141–149.

Cassel, L., & Suedfeld, P. (2006). Salutogenesis and autobiographical disclosure among Holocaust survivors. Journal of Positive Psychology, 1, 212–225.

Catherall, D. R. (1998) Treating traumatised familes. In C. R. Figley (ed.) Burnout in Families: the Systemic Costs of Caring (15–28). New York: CRC Press.

Chazan, S. E. (2003). Simultaneous treatment of parent and child (2nd Ed.). London: Jessica Kingsley Publishers.

Chodoff, P. (1963). Late effects of the concentration camp syndrome. Archives of General Psychiatry, 8, 323–333

Cohen, E., Dekel, R., & Solomon, Z. (2002). Long-term adjustment and the role of attachment among Holocaust child survivors. *Personality and Individual Differences, 33*(2), 299-310.

Cohen, M., Brom, D., & Dasberg, H. (2001). Child survivors of the Holocaust: Symptoms and coping after fifty years. Israel Journal of Psychiatry and Related Sciences, 38, 3–12.

Collins, C., Burazeri, G., Gofin, J., & Kark, J. D. (2004). Health status and mortality in Holocaust survivors living in Jerusalem 40 –50 years later. Journal of Traumatic Stress, 17, 103– 411.

Dallos, R. and Draper, R. (2000). *An Introduction to Family Therapy: Systemic Theory and Practice*. Buckingham: Open University Press.

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

Dasberg, H. (2001). Adult child survivor syndrome on deprived childhoods of aging Holocuast survivors. *Israel Journal of Psychiatry and Related Sciences, 38*(1), 13-26

Davidson, S. (1980a). The clinical effects of massive psychic trauma in families of Holocaust survivors. *Journal of Marital and Family Therapy, 6*(1), 11-21.

de Vries, B., Suedfeld, P., Krell, R., Blando, J.A., Southard, O. (2005). The Holocaust as a context for telling life stories. *International Journal of Aging Development*. San Francisco State University, Gerontology Programs, CA, USA.

de Wind, E. (1968). The confrontation with death. International Journal of Psychoanalysis, 49, 302-305.

de Wind, E. (1995). Encounter with Death. (A. Wood, Trans.). In H. Groen-Prakken, A. Laden & A. Stufkens (Eds.), *The Dutch Annual of Psychoanalysis: Traumatisation and War* (Vol. 2, pp. 25-39). Liss: Swets and Zeitlinger (Original work published 1968).

Dor-Shav, N. (1978). On the long range effects of concentration camp internment: twenty-five years later. Journal of Consulting and Clinical Psychology, 46:1-11.

Eaton, W. W., Sigal, J. J., & Weinfeld, M. (1982). Impairment in Holocaust survivors after 33 years: Data from an unbiased community sample. American Journal of Psychiatry, 139, 773–777

Eitinger, L., & Major, E. F. (1993). Stress of the Holocaust. In L. Goldberger & S. Breznitz (Eds.), Handbook of stress: Theoretical and clinical aspects (2nd ed., pp. 617– 640). New York, NY: Free Press.

Favaro A, Rodella F, Santonastaso P. (2000) Binge eating and eating attitudes among Nazi concentration camp survivors. Psychol Med.;30: 463-466

Felstiner, M. (1994). To Paint Her Life: Charlotte Salomon in the Nazi Era. New York, NY: HarperCollins. Print. p. 206-207

Finlay, L. (2006). The body's disclosure in phenomenological research. Qualitative Research in Psychology, 3, 1, 19-30.

Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995). Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional

Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995). Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development.

Frankl, V. E. (1984). *Man's search for meaning. An introduction to logotherapy*, 3rd revised and enlarged edition, New York: Simon & Schuster.

Freedman, S., Gluck, N., Tuval-Mashiach, R., Brandes, D., Peri, T., & Shalev, A. (2002). Gender differences in responses to traumatic events: A prospective study. Journal of Traumatic Stress, 15, 407– 413.

Freyberg, J.T. (1980). Difficulties in separation-individuation as experienced by offspring of Nazi Holocaust survivors, *American Journal of Orthopsychiatry, 50*(1), 87-95.

Freyberg, J.T. (1980). Difficulties in separation-individuation as experienced by offspring of Nazi Holocaust survivors, *American Journal of Orthopsychiatry, 50*(1), 87-95.

Gampel, Y. (1982). A daughter of silence. In M. S. Bergman & M. E. Jocovy (Eds), *Generations of the Holocaust*. New York: Basic.

Gampel, Y. (1992). Thoughts about the Transmission of conscious and unconscious knowledge to the generation born after the *Shoah*. Special issue on Holocaust trauma: Transgenerational transmission to the second generation. *Journl of Social Work & Policy in Israel, 5-6, 43-59.*

Gilbert, P. (2009). The compassionate mind: A new approach to the challenges of life. London, UK: Constable & Robinson.

Goldberg, R. Kerr, M. J. (1995) (Eds.) Attachment theory: Social, developmental and clinical perspectives (pp. 233-278). Hillsdale, N.J.: The Analytic Press.

Hafner, H. (1968). Psychological disturbances following prolonged persecution. *Social Psychiatry, 3*(3), 79-88

Haug, F. (1987). Female Sexualisation. London: Verso.

Helweg-Larsen, P., Hoffmeyer, H., Kieler, F., Hess-Thaysen, E., HessThaysen, P., Thygesen, P., & Hertel Wulff, M. H. (1952). Famine disease in German concentration camps. Acta Psychiatrica et Neurologica Scandinavica, 28 (Suppl. 83), 1– 460.

Husserl, E. (1931). Ideas: General introduction to pure phenomenology. (Translated by W. R. Boyce Gibson in 1969). London: George Allen & Unwin Ltd.

Karpf, A. (2008). The war After: Living With the Holocaust. London: Faber and Faber Ltd.

Kellerman, N.P.F. (2001). The Long-term psychological effects and treatment of Holocaust trauma. *Journal of Loss and Trauma, 6*(3), 197-218

Kellerman, N.P.F. (2001a). The Long-term psychological effects and treatment of Holocaust trauma. *Journal of Loss and Trauma, 6*(3), 197-218

Kellerman, N.P.F. (2001a). The Long-term psychological effects and treatment of Holocaust trauma. *Journal of Loss and Trauma, 6*(3), 197-218

Kellermann, N.P.F. (1999a) Bibliography: Children of Holocaust survivors. AMCHA, the National Israeli Centre for Psychosocial Support of Holocaust Survivors and the Second Generation, Jerusalem.

Kellermann, N.P.F. (1999a) Bibliography: Children of Holocaust survivors. AMCHA, the National Israeli Centre for Psychosocial Support of Holocaust Survivors and the Second Generation, Jerusalem.

Kestenberg, J. (1972). Psychoanalytic contributions to the problems of children of survivors from Nazi persecution. Israel Annals of Psychiatry and Related Disciplines, 10, 4:16-23.

Kestenberg, J. S. (1982). Survivors-parents and their children. In M. S. Bergmann & M. E. Jucovy (Eds), *Generations of the Holocaust* (pp. 83-102). New York: Basic Books.

Keys A, Brozˇek J, Henschel A, Michelsen O, Taylor HL. (1950). The Biology of Human Starvation, Volumes I and II. Minneapolis, Minn: University of Minnesota Press; 8.

Keys A. (1946). Human starvation and its consequences. J Am Diet Assoc. 22:582-587.

Klein, H., Beersheba, I., Zellermayer, J., & Shanan, J. (1963). Former concentration camp inmates on psychiatric ward: Observations. *Archives of General Psychiatry, 8*(4), 334-342.

Klein, H., Beersheba, I., Zellermayer, J., & Shanan, J. (1963). Former concentration camp inmates on psychiatric ward: Observations. *Archives of General Psychiatry, 8*(4), 334-342.

Kogon, E. (1971). *The Theory and Practice of Hell*. H. Norden (Trans.) New York: Berkeley.

Kogon, I. (1995). *The cry of the mute children: The psychoanalytic perspective of the second generation of the Holocaust*. New York: Free Association Books.

Krell, R. (1997b). Survivors and their families: Psychiatric consequences of the Holocaust. In R.

Krysal, H. (1995). Trauma and aging: A thirty-year-follow-up. In C. Caruth (Ed.), *Trauma: Explorations in Memory* (pp. 76-99). Baltimore: The Johns Hopkins University Press.

Krysal, H. (1995). Trauma and aging: A thirty-year-follow-up. In C. Caruth (Ed.), *Trauma: Explorations in Memory* (pp. 76-99). Baltimore: The Johns Hopkins University Press.

Krystal, H. (1968). *Massive Psychic Trauma*. New York: International University Press, (Ed.) 23:924–936

Krystal, H. (1968). *Massive Psychic Trauma*. New York: International University Press, (Ed.) 23:924–936

Lafarge C, Mitchell K, Fox P. 2013. Women's experiences of coping with pregnancy termination for fetal abnormality. Qualitative Health Research 23:924–936.

Landau, R., & Litwin, H. (2000). The effects of extreme early stress in very old age. *Journal of Traumatic Stress, 13*(3), 473-487.

Langdridge, D. (2007). Phenomenological Psychology. Harlow: Pearson Education.

Lee, D. A. (2012). Recovering from Trauma using Compassion Focused Therapy. London: Constable Robinson.

Lev- Wiesel, R., & Amir, M. (2000). Posttraumatic stress disorder symptoms, psychological distress, personal researches, and quality of life in four groups of Holocaust child survivors. *Family Process, 39*(4), 445-459

Maller, O. (1964). The Late psychopathology of former concentration camp-inmates: An integralistic approach. *Psychiatria et Neurologia, 148*, (140-177).

Matsakis, A. (2007) Back from the Front: Combat Trauma , Love , and the Family , Baltimore, MD, Sidran Institute Press.

Mazor, A., Gampel, Y., Enright, R. D., & Orenstein, R. (1990). Holocaust survivors: Coping with post-traumatic memories in childhood and 40 years later. Journal of Traumatic Stress, 3, 1–14.

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

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

Niederland, W. G. (1968). Clinical observations on the Survivor Syndrome: Symposium on psychic traumatization through social catastrophe. International Journal of psychoanalysis, 49, 313-315

Niederland, W. G. (1968). Clinical observations on the Survivor Syndrome: Symposium on psychic traumatization through social catastrophe. International Journal of psychoanalysis, 49, 313-315

Niederland, W.G. (1981). The survivor syndrome: Further observations and dimensions. *Journal of the American Psychoanalytic, 29*(2), 413-425.

Niederland, W.G. (1988). The clinical aftereffects of the Holocaust in survivors and their offspring. In R.L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath.*

Ofer, D. & Weitzman, L. (1998) Women in the Holocaust. "*Gendered Suffering? Women in Holocaust Testimonies.*" Ed. New Haven, CT: Yale UP. P.351

Pennebaker, J.W. (2004). Writing to heal: A guided journal for recovering from trauma and emotional upheaval. Oakland, CA: New Harbinger Press.

Pines, D. (1992) The impact of the Holocaust on the second generation. Special issues on Holocaust trauma: Transgenerational transmission to the second generation. *Journal of Social Work & Policy in Israel,* 5-6, 85-105.

Porter, J. N. (1981). Is there a survivor’s syndrome? Psychological and socio-political implications, *Journal of Psychology and Judaism, 6*(1), 33-52

Porter, J. N. (1981). Is there a survivor’s syndrome? Psychological and socio-political implications, *Journal of Psychology and Judaism, 6*(1), 33-52

Prince, R.M. (1985) Second generation effects of historical trauma. Psychoanalytic Review, 72(1), 9-29.

Prince, R.M. (1985) Second generation effects of historical trauma. Psychoanalytic Review, 72(1), 9-29.

Prince, R.M. (1985) Second generation effects of historical trauma. Psychoanalytic Review, 72(1), 9-29.

Rakoff, V. (1967). Children and families of concentration camp survivors." Canada's Mental Health, 14:24-26.

Rakoff, V. (1967). Children and families of concentration camp survivors." Canada's Mental Health, 14:24-26.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. The Psychologist, 18(1), 20-23.

Ricoeur, P. (1978). The Task of Hermeneutics. In M. Murray (Ed.), Heidegger and modern philosophy: Critical essays (pp. 141–160). New Haven, CT: Yale University Press.

Ringelheim, J., Katz, E. (1983). *Proceedings of the Conference on Women Surviving the Holocaust* (New York: Institute for Research in History.

Rittner, C. &. Roth, J. (1993) Different Voices: Women and the Holocaust. "*Women and the Holocaust: A Reconsideration of Research*." New York: Paragon House. P. 374. Print.

Rogers, C. R. (1951). Client-centered therapy: Its current practice, implications, and theory. Boston: Houghton Mifflin.

Rosenbloom, M. (1988). Lessons of the Holocaust for Mental Health Practice. In R.L. Braham (Ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 145-160). New York: Columbia University Press.

Rustin, S., F. Lipsig. (1972). Psychotherapy with the adolescent children of concentration camp survivors. *Journal of Contemporary Psychotherapy, (4) 87-94.*

Sagi-Schwartz, A., Van IJzendoorn, M.H., Grossmann, K.E., Joels, T., Grossmann, K., Scharf, M., et al. (2003). Attachment and traumatic stress in female Holocaust child survivors and their daughters. *American Journal of Psychiatry, 160*(6), 1086-1092

Sagi-Schwartz, A., Van IJzendoorn, M.H., Grossmann, K.E., Joels, T., Grossmann, K., Scharf, M., et al. (2003). Attachment and traumatic stress in female Holocaust child survivors and their daughters. *American Journal of Psychiatry, 160*(6), 1086-1092

Shanan, J. (1989). Surviving the survivors: Late personality development of Jewish Holocaust survivors. *International Journal of Mental Health, 17*(4), 42-71

Shanan, J., & Shahar, O. (1983). Cognitive and personality functioning of Jewish Holocaust survivors during the midlife transition (46 – 65) in Israel. Archiv fur Psychologie, 135, 275–294.

Shaw, R. L. (2001). Why use interpretative phenomenological analysis in health psychology? Health Psychology Update, 10(4), 48-52.

Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). Existential Analysis, 22(1), 16-31.

Sigal, J. (1971). Second-generation effects of massive trauma. In H. Krystal & W. Niederland (Eds.), *Psychic Traumatization*. (pp.55-65). Boston: Little Brown.

Sigal, J. J., & Weinfeld, M. (1989). *Trauma and Rebirth: Intergenerational Effects of the Holocaust*. New York: Praeger.

Sindler, A.J. Wellman, N.S., Stier, O.B. (2004). Holocaust survivors report long-term effects on attitudes towards food. J Nutr Educ Behav; 36 (4): 189-196.

Smith, J. A. (1995b). Semi-structured interviewing and qualitative analysis. In J. Smith, R. Harre, and L. V. Langenhove (Eds.), Rethinking methods in psychology. (pp. 9-26). London: Sage

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

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (pp. 51-80). London: Sage

Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (pp. 53-80). London: Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method, and research. London: Sage.

Solkoff, N. (1981). Children of survivors of the Nazi Holocaust: A critical review of the literature. *American Journal of Orthopsychiatry, 62(3), 342-358*

Solomon, Z. (1995). From denial to recognition: Attitudes toward Holocaust survivors from World War II to the present. Journal of Traumatic Stress, 8, 215–228.

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

Steinberg, A. (1989). Holocaust survivors and their children: A review of the clinical literature. In P. Marcus & A. Rosenberg (Eds.), *Healing their Wounds: Psychotherapy with Holocaust Survivors and their Families* (pp. 23-48). New York: Praeger.

Thomas, H. (1999). The nomothetic-idiographic issue: Some roots and recent trends. International Journal of Group Tensions, 28(1), 187–215.

Trossman, B. (1968). Adolescent Children of Concentration Camp Survivors. *Journal of the Canadian Psychiatry Association,* 13, 121-123.

Valent, P. (1995). Documented childhood trauma (Holocaust): Its sequelae and application to other traumas. *Psychiatry, Psychology and Law, 21*(1), 81-89

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

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

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

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

Wardi, D. (1992). Memorial candles: Children of the Holocaust. London: Routledge

Wardi, D. (1992). Memorial candles: Children of the Holocaust. London: Routledge

Willig, C. (2001). Introducing qualitative research in psychology: adventures in theory and method. Maidenhead: Open University Press.

Willig, C. (2008). Introducing qualitative research in psychology (2nd ed.).Maidenhead: McGraw Hill Open University Press.

Winnicott, D. W. (1967). Mirror-role of the mother and family in child development. In P. Lomas (Ed.), The predicament of the family: A psycho-analytical symposium (pp. 26-33). London: Hogarth Press.

Wiseman, H., & Barber, J.P. (2008). Echoes of the trauma: Relational themes and emotions in children of Holocaust survivors. New York: Cambridge University Press.

Wiseman, H., & Barber, J.P. (2008). Echoes of the trauma: Relational themes and emotions in children of Holocaust survivors. New York: Cambridge University Press.

Wong, P. T. P. (2014). Viktor Frankl's meaning-seeking model and positive psychology. In A. Batthyany, & R. Russo-Netzer (Eds.), Meaning in existential and positive psychology (pp. 149-184). New York, NY: Springer.

Yardley, L. (2000). Dilemmas in qualitative research. Psychology and Health, 15(2), 215 -228.

Yardley, L. (2008). Demonstrating validity in qualitative research. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (2nd Ed.). (pp. 235-251). London: Sage.

Yehuda, R., Schmeidler, J., Siever, L. J., Binder-Brynes, K., & Elkin, A. (1997). Individual differences in posttraumatic stress disorder symptom profile in Holocaust survivors in concentration camps or in hiding. Journal of Traumatic Stress, 10, 453– 463. doi:10.1023/A: 1024845422065

Zdzislaw R. (1989). Between life and death: experiences of concentration camp mussulmen during the Holocaust. Genet Soc Gen Psychol Monogr.116 (1):5-19.