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Walden University

College of Social and Behavioral Sciences

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Elizabeth Rosenberg

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Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2016

Abstract

The Lived Experiences of Middle-Aged Children of Holocaust Survivors: A

Phenomenological Study

by

Elizabeth Rosenberg

MA, City University of New York, 2000

BA, City University of New York, 1990

Dissertation Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

Walden University

May 2016

Abstract

Children of Holocaust survivors are vulnerable to experiencing secondary trauma, which typically manifests in emotional and psychological difficulties. Despite their exposure to a traumatized family environment, many children of Holocaust survivors do not develop emotional problems and adaptive difficulties. Some demonstrate psychological resilience, reflected by their ability to adapt to adversity and problems. The purpose of this study was to gain insight into how well-adjusted, middle aged children of Holocaust survivors developed and maintained resilience. In line with the resiliency theory, which explains how an individual bounces back from negative circumstances, the research questions for this study examined the factors that the participants used to develop and maintain resilience. The sample for this study included 13 middle-aged children of Holocaust survivors who described themselves as well-adjusted. The researcher collected data by conducting in-depth interviews and qualitatively analyzing the data using the modified van Kaam method of phenomenological analysis. Results showed that well-adjusted children of Holocaust survivors managed and maintained resiliency through middle age by incorporating lessons learned from their parents, including the notion that nothing can keep a person down. These findings contributed to the body of knowledge on trauma prevention and may be useful to social service providers and organizations that seek to aid individuals' development of resiliency in the wake of traumatic experiences.

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Dedication

In loving memory of my beloved parents, Yisroel Shanzer and Suri Rosenberg, Holocaust survivors who overcame tragedy and suffering .Their resilience will endure generationally.

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Chapter 1: Introduction to the Study

Children of Holocaust survivors were predominantly raised by one or two parents who endured inhumane conditions in concentration camps erected to systematically annihilate Jews and other undesirables, according to the doctrine of the Nazi party in 1939 Germany (Kellerman, 2001). Following liberation in 1945, many of these survivors, bereft of a nuclear family, chose to marry fellow survivors and emigrate (Kellerman, 2001). While attempting to return to a life of normalcy, they may or may not have been capable of attaching to their infants or in meeting the infants' growing needs due to their own persistent anxieties, fears of renewed persecution, chronic depression, psychosomatic symptoms, concentration and memory difficulties, maladjustment, sleep disturbances, and general difficulty in verbalizing their traumatic experiences (Kellerman, 1999). The present study explored the impact of being raised by such parents. While the literature points to much inherited pathology, there is surprisingly very little said about the children of Holocaust survivors who, in spite of living with the knowledge of what their parents endured, grew up without overt signs of trauma (Harvery, 2007; Weinberg & Cummins, 2013).

Children of Holocaust survivors do not have any identifying physical marks (i.e., a series of identifying numbers tattooed into the arms of concentration camp victims) like their parents. The majority of these children of Holocaust survivors grow into well-adjusted adults who have no history of psychiatric hospitalizations or ever have been prescribed medications for emotional disorders, able to meet everyday challenges, and address and resolve issues and crises appropriately (Harvery, 2007; Weinberg &

Cummins, 2013). However, there are also children of Holocaust survivors who appear to be a second generation of victims of the Holocaust, who exhibit signs of traumatization (Kellerman, 2013; Weinberg & Cummins, 2013). Many are plagued by a greater incidence of physical illnesses (Waldfoegel, 1991), anxiety, depression, and maladaptive behaviors such as conduct disorder, personality problems, inadequate maturity, excessive dependence, and poor coping skills (Sigal & Rakoff, 1971). What they all share is a legacy of being raised by one or two parents who survived the atrocities known as the Holocaust. In some instances, they lived with parents who (a) could not speak of the trauma they endured, or (b) talked too much about their pain and suffering. This environment might have shaped their worldview in many ways and helped establish who they became.

At a minimum, children of Holocaust survivors may have been exposed to mixed messages regarding the world. The survivor parents, like most parents, likely attempted to create a safe, nurturing, and loving environment for their children. In some cases, the extreme and often uncontrollable impulsivity and excessive overprotectiveness they demonstrated could also have led the children, at a young age, to conclude that the world outside of the home was a dangerous place. Braga, Mello, and Fiks (2012) and Gampel (1982) found that survivors who learned to suppress their feelings in order to survive during the war and continued to be silent after the war may have conveyed the message to their children that in order to survive, one needs to keep his or her emotions contained. Paradoxically, a common theme in the oral testimony of nearly 52,000 survivors recorded between 1994-2002 by the Survivors of the Shoah Visual History Foundation (Grossberg,

2015) is that some of the survivor parents attribute their own motivation for survival to the anticipation of the birth of future children who could freely express their emotions as a sign of their healthy thriving.

Similarly, whereas most parents universally encourage their children to become independent, many of these survivor parents enmeshed in their own symptoms of trauma might have interpreted such changes in their growing children as betrayal, leaving the children with guilt and anxiety about growing up. According to Sigal and Rakoff (1971), the children were expected to share in the ritual of the parents' mourning and to serve as a link to the unfinished lives of dead members of the family. They were not only expected to symbolically replace the dead relatives (often being named for them), but also to actually become the idealized, perfect version of them (Sigal & Rakoff, 1971). Any suggestion of a reluctance to share the parents' experiences of suffering and victimization, any hint that they wished to lead their own independent lives, take on characteristics of teenagers in the popular culture, or similar to their friends wear make-up and jeans, or follow their own ambitions, was met with protest and outrage by the parents, as if it were a betrayal or an abandonment (V.Katz, personal communication, May 1, 2011).

Kellerman (2001) suggested that children of Holocaust survivors may have been caught in a double bind throughout their formative years: to grow or not to grow.

In the present study, I investigated the lived experience of the children of Holocaust survivors as they looked back on 50 or more years of their lives. As children of Holocaust survivors, they likely encountered elements of paranoia, hostility, fear, anxiety, and shame in their parents. The recollections and insight of these individuals

who presumably have reached a state of maturity may help to explain how they coped with such troubling emotions and behaviors during their developmental years. The question that needs to be asked is, “What helped some of these children cope with their parents so that they could grow up and find their place in the world?”

In Chapter 1, I present the background of the study, the nature of the study, the research questions for the study, the limitations of the study, as well as the significance of exploring this topic.

Background

Children of Holocaust survivors were born to, and grew up exposed to parents who survived near death, starvation, degradation, terror, and devastation. The way in which these survivors attempted to resume a normal life may have impacted the cognitive, behavioral, and emotional attitudes of the children, many of whom never understood why their parents often appeared anxious, distrustful, sarcastic, brooding, angry, nervous, sad, remote, sickly, fearful, or distant (National Center for Post Traumatic Stress Disorder [PTSD], n.d.). According to Kellerman (2013) in an extensive review of the literature of the past 5 decades, it is explicitly clear that children of Holocaust survivors are at a higher risk of inheriting secondary symptoms of trauma than their counterparts who were not raised by parents who were survivors of the Holocaust.

Despite exposure to this traumatized family environment and predisposition towards emotional and psychological problems (Song, Tol, & Jong, 2014), many children of Holocaust survivors do not develop emotional problems and adaptive difficulties. Individual, interpersonal, and environmental factors can influence how children of

Holocaust survivors react to or experience second-hand trauma (Napoli, 1999; Weinberg & Cummins, 2013). One factor that has been shown to prevent significant emotional and psychological difficulties is resilience, which potentially serves as a protective resource that may have shielded the children of Holocaust survivors from experiencing emotional and psychological difficulties (Shrira, 2015).

Psychological resilience typically manifests itself in terms of positive adaptation within the context of experiencing an adversity or traumatic event (Ambriz, Izal, & Montorio, 2012). The experience of an adversity, and presumably exposure to traumatized parents beginning with in-utero hormonal deficits qualifies as an adversity, is expected to lead to negative emotional and psychological problems (Abriz et al., 2012). Yet, adversity can also be an antecedent to the development of resilience (Neff & Broady, 2011). When people are exposed to moderate levels of adversity, they are also given the opportunity to use their own psychological resources needed to develop resilience (Neff & Broady, 2011).

Some studies have shown that children of Holocaust survivors are susceptible to experiencing emotional difficulties because of the transgenerational transmission of trauma (Fossion et al., 2015). For instance, Song et al. (2014) found that parents who had been exposed to trauma are likely to transmit the negative effects of that experience through emotional distress and parenting style. Fossion et al. (2015) also found that some family types of children of Holocaust survivors are more damaged compared to the general population. Moreover, the children who grew up in damaged families may have hindered development of coping strategies, which increases the occurrence of depressive

and anxiety disorders (Fossion et al., 2015). In general, children of Holocaust survivors are predisposed to experiencing negative effects from their parents' traumatic experiences.

However, some researchers have shown that psychological resilience can negate or alleviate the possible negative effects of traumatic experiences (Fletcher & Sarkar, 2013). Moreover, resilience among Holocaust survivors can be transgenerationally transmitted to their offspring, underscoring the importance of the mental health of Holocaust survivors (Braga et al., 2012). Even though traumatic experiences can be transmitted, patterns involving resiliency can also be transmitted to the children of Holocaust survivors (Braga et al., 2012). In a study conducted by Shrira, Palgi, Ben-Ezra, and Shmotkin (2011), children of Holocaust survivors have shown resilience consistently from childhood as they continued to mature to middle age. One explanation provided by Shrira et al. for the resilience of children of Holocaust survivors is that they absorbed the strength and courage that their parents demonstrated as survivors of trauma. Children are capable of mimicking their parents' successful coping mechanisms in order to deal with secondary trauma. This transgenerational transmission of resilience is consistent with the findings of Braga et al. (2012) that the resilience of parents of Holocaust survivors can be transmitted to their offspring.

In over 500 publications, researchers have fully addressed the link between trauma in Holocaust survivors and its transmission to the children using a variety of measurement instruments (Kellerman, 2008). There is a gap in the research that fully explains how well-adjusted child of Holocaust survivors—those that have no history of

psychiatric hospitalizations or ever have been prescribed medications for emotional disorders—are able to meet everyday challenges and address and resolve issues and crises appropriately. Given that the aging process can be difficult and challenging stage for any middle-age individual (Shmotkin, Shrira, Goldberg, & Palgi, 2011), focusing on the experiences of children of Holocaust survivors during their middle-age years can provide different insights that may not be present during their younger years.

Problem Statement

The literature on the effects of the Holocaust on the children born to survivors first appeared after the term *concentration camp syndrome* was coined (Yehuda et al., 1997). It began with clinical anecdotal observations that children of Holocaust survivors appeared to display an increased incidence of psychological problems. Over the course of 5 decades, a myriad of research incontrovertibly asserts that children of Holocaust survivors were at a higher risk to inherit secondary symptoms of trauma from their survivor parents. According to Shrira et al. (2011), the experiences and adaptive functioning of children of Holocaust survivors as they progress towards middle age are relatively unknown. The problem that this research focused on was to understand the developmental experience of well-adjusted Holocaust survivors from childhood through middle age, including the maintenance of resilience through middle age. Using a phenomenological approach, the present study sought to ascertain what tangible elements allowed some children of survivors to thrive throughout the developmental years.

For many of the children of Holocaust survivors, their own needs were largely ignored, or were secondary to the needs of the traumatized, psychologically and

physically frail, or sickly parents (V. Katz, personal communication, October 11, 2013). Oftentimes, that meant acting as de-facto parents to younger siblings, parenting the parents, or soothing and allaying their anxieties or fears (V. Katz, personal communication, October 11, 2013). In some cases, these children of the survivors also acted as the conduit for their immigrant parents who were not comfortable speaking English, or simply were intimidated by any official in a uniform that reminded them of the Nazi Gestapo police (M. Friedman, personal communication, January 04, 2012).

Purpose of the Study

The purpose of this study was to gain insight into how well-adjusted, middle-aged offspring of Holocaust survivors reflect and remember their developmental years and elucidate on the development of resilience that they maintained through their middle age. To determine well-adjustment, participants should have no psychiatric history or record of psychiatric hospitalizations, or have been prescribed medications for emotional disorders. The participants should be able to self-report as feeling well, able to meet everyday challenges, address and resolve issues and crises appropriately, and believe others see them as well-adjusted individuals.

Research Questions

In this study, I explored the following research questions:

1. How do well-adjusted middle-aged children of Holocaust survivors remember their developmental years?
2. How do these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age?

Theoretical Framework

I used resilience theory as the theoretical framework for the study. Resilience involves the process by which an individual has the ability to bounce back from negative experiences, and how the individual has adapted to the changing demands of stressful experiences (Masten, 2014). According to Masten (2014), resilience is “the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development” (p. 10). In this study, I asked open-ended questions, designed to help the participants explain how they were able to thrive in spite of living with cues in the environment that were often confusing or terrifying. I asked these children of Holocaust survivors to illuminate on how they view the pathology that surrounded them.

Nature of the Study

The population that I studied were children of Holocaust survivors living in the U.S. and Canada. The children of Holocaust survivors likely learned to suppress their complex inner feelings, and appeared outwardly as adapted as their survivor parents (Braga et al., 2012). The participants selected were deemed as well-adjusted, which meant that they were able to self-report to not having any history of psychiatric hospitalizations or ever have been prescribed medications for emotional disorders, able to meet everyday challenges, and able to address and resolve issues and crises appropriately.

In the present qualitative study, using phenomenology as a tool by which to gather and interpret data, information emerged from these in-depth interviews that shed light on understanding the processes that fostered resiliency in some children of survivors. Through the use of open-ended questions, the participants also revealed the factors that

allowed some to separate themselves from the pathology around them. Some of the children revealed at what age they truly understood the significance of being born to Holocaust survivors, and what allowed them to pursue their own goals in spite of what they felt, observed, and felt burdened by. Some of these children of Holocaust survivors were also able to give voice to how the decline and death of their survivor parents impacted their overt exterior resiliency, and perhaps concurrently awakened dormant vulnerabilities.

After all interview data was transcribed, the interview transcripts were exported to Nvivo software for the analysis of data. The data analysis plan was based on the modified van Kaam method of phenomenological analysis (Moustakas, 1994). The method involved the following steps: (a) listing and grouping of experiences, (b) reduction and elimination, (c) clustering of experiences, (d) final identification of the invariant constituents, (e) creation of individual textural descriptions, (f) creation of structural descriptions, (g) creation of textural-structural descriptions, and (h) creation of composite description.

Definitions

Children of Holocaust survivors: Children of Holocaust survivors refer to any persons born to one or both parents who were victims of the Nazi Holocaust.

Holocaust survivors: Holocaust survivors refers to any persons who were former inmates of concentration camps, ghettos and prisons, displaced, persecuted, or discriminated against due to the racial, religious, ethnic, social, and political policies of the German Nazis and their collaborators between 1933-1945 (USHMM, n.d.).

Resilience: Resilience is the ability of an individual to bounce back from negative experiences and adapt to the changing demands of stressful experiences (Richardson, 2002).

Assumptions

I assumed that the use of semistructured interviews would be sufficient in capturing the opinions and experiences of the participants relevant to the research questions of the study. I also assumed that the participants would be honest with their responses in the interview. To encourage honesty, I made every effort to create a safe and open interview environment by assuring the participants that all information shared would not be traced to them because their anonymity was guaranteed. I also shared my belief that the data gathered may provide broader insight applicable to other populations exposed to traumatized parents.

Scope and Delimitations

In this study, I explored the recollections of the children of Holocaust survivors. I detailed their feelings growing up and living with parents who were survivors of the Holocaust. I looked for common themes to help explain how these particular children of Holocaust survivors were able to weather the environment they grew up in. The results of the study may not be transferable outside the study, but the results may be applicable in studies with similar sample characteristics.

Limitations

Typical with the small sample size in qualitative studies, the results cannot be generalized to all children of Holocaust survivors. Because the children of Holocaust

survivors are a unique group in history and their reflections in middle age could not be studied until this juncture, it is difficult to ascertain whether their recollections of their struggles in the developmental years is directly attributable to being children of Holocaust survivors. It is theoretically possible that some of their coping and adapting may be linked to other variables, such as being children of immigrants. Moreover, the accuracy of the participants' recollections of the past cannot be determined with certainty given that the event occurred many years ago.

Significance

Over the past 50 years, researchers have presented compelling arguments for the vulnerability and resiliency of the children of Holocaust survivors. Similarly, researchers have assessed the indirect or secondary effects of the Holocaust on the children, and some have even transmitted the trauma of the survivors to a third generation: the grandchildren of Holocaust survivors (Perlstein & Motta, 2012). The results of the study is significant because schools and social service professionals might choose to include a broad-based trauma prevention curriculum that teaches children, particularly those growing up with traumatized parents, how to adapt and cope, and perhaps more importantly, how to identify and verbalize their trauma-related needs.

Children of Holocaust survivors are well into middle-age. Many are parents and grandparents, and many are retired and traveling (Perlstein & Motta, 2012). They are at a point in their lives where they are more than likely able to separate themselves from their childhood and enumerate what qualities they possessed that allowed them to move forward (Perlstein & Motta, 2012). The results of the study may provide unique insights

about how middle age affects the lives of children of Holocaust survivors who are considered well-adjusted, particularly in terms of the maintenance of resilience.

Summary

In this study, I explored how the children of Holocaust survivors remember and reflect on their childhood as they were raised by struggling traumatized parents. The results of this study may provide insight into which factors contributed to the children's ability to cope with feelings of horror, helplessness, and terror associated with parental trauma. This information may be instrumental in helping to address similar issues affecting children currently living with traumatized parents and suffering from the intergenerational effects of trauma. Children in the United States in military families; displaced refugees resettled or caught in the relocation process; as well as victims of poverty, war, and strife in Rwanda, Nigeria, Cambodia, Armenia, and the former Yugoslavia may be the offspring of survivors of trauma, genocide, and torture similar to children of Holocaust survivors. Many of these children may have parents who are limited in their capacity to emotionally attach to their children. These parents may be individuals who themselves were the victims of torture, poverty, neglect, or sexual, physical, or psychological abuse. These children might meet the criteria for developing secondary trauma symptoms. Similar to other prevention programs, schools and social service agencies might choose to include a broad-based trauma prevention curriculum that teaches children, particularly those growing up with traumatized parents, how to adapt and cope, and perhaps more importantly, how to identify and verbalize their trauma-related needs. In Chapter 2, I will present the literature review.

Chapter 2: Review of Related Literature

Introduction

Past researchers have shown that children of Holocaust survivors are at risk to inherit secondary symptoms of trauma from their survivor parents (Giladi & Bell, 2013). However, past research has also shown that some children of Holocaust survivors have demonstrated resilience that enabled them to be psychologically well-adjusted (Harvery, 2007; Weinberg & Cummins, 2013). The experiences of children of Holocaust survivors can range from traumatization to resilience (Giladi & Bell, 2013; Harvery, 2007). The problem that this study addressed is the seeming lack of research regarding the insight of the experiences of well-adjusted, middle-aged children of Holocaust survivors, those whose ages are between 45 and 68 years old, particularly in terms of how the aging process affects their resilience. The purpose of this study was to gain understanding of the parental struggles these well-adjusted children of Holocaust survivors coped with in their developmental years and at the same time developed resilience all the way through middle age.

In this literature review, I provide an expanded background to the research problem discussed in the earlier chapter. The first section identifies the literature search strategy used to write the literature review. The second section focuses on the theoretical framework of the study, which is the resilience theory. The third section focuses on discussing the general experiences of children of Holocaust survivors, including how trauma can be transgenerationally transmitted. The fourth section focuses on the

resilience of offspring of Holocaust survivors, including how resilience is transgenerationally transmitted. The final section of the literature review focuses on the experiences of middle-aged children of Holocaust survivors, with subsections on their experiences of trauma, resilience, and the aging process. The chapter ends with the summary and conclusions of the literature review.

Literature Search Strategy

To write the literature review, I used the following online databases and search engines: Google Scholar, *Educational Resource Information Center (ERIC)*, *Global Health*, *Ingenta Connect*, *JSTOR: Journal Storage*, *EBSCOhost Online Research Databases*, and *Journal Seek*. The key search terms and combination of search terms that were input to various online databases included the following: *resilience*, *resilience theory*, *offspring of Holocaust survivors*, *children of Holocaust survivors*, *second-hand experience of trauma*, *transgenerational transmission of trauma*, *transgenerational transmission of resilience*, *intergenerational transmission of trauma and resilience*, and *middle-aged children of Holocaust survivors*. All of the key terms yielded studies that were relevant to the problem and research questions.

Most of the literature included was published between 2010 and 2015. However, literature on the experiences of middle-aged children of Holocaust survivors is limited. In order to expand the results, older articles that were pertinent to the topic of middle-aged children of Holocaust survivors were included. Older articles were also used in the theoretical framework of the study in order to reflect the seminal studies on resilience theory.

Theoretical Framework

Resilience theory served as the theoretical framework and foundation for this study. According to Richardson (2002), resilience is “the process of coping with stressors, adversity, change or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors” (p. 308).

Resilience involves how an individual bounces back from negative experiences, and how an individual adapts to the changing demands of stressful experiences. Holocaust survivors, as well as their children and grandchildren, may exhibit this trait.

Disasters have played an important role in the research on resilience (Masten & Narayan, 2012). The emergence of research on resilience can be traced to post-World War II, to address the widespread devastation of the war’s effects on many children (Werner, 2000). As a result, many clinicians were tasked to help children cope with possible psychological difficulties due to the war. Because of the observation that some children were able to cope with the effects of the war without experiencing significant psychological disturbances, many researchers have examined the different factors that contributed to the resilience of such children (Werner, 2000).

Previous studies on resilience did not use the term *resilience*, even though the characteristics and qualities associated with the term was apparent from these past studies. The word resilience only became a concept when Werner (1971) coined the term in a study about the experiences of children who were exposed to negative family environments. Most such children subsequently exhibited negative behaviors such as

chronic unemployment, substance abuse, and teen pregnancy (Werner, 1971). The term resilience was first used by Werner to explain a phenomenon in which some children did not exhibit maladaptive behaviors, despite being exposed to negative family environments. The first empirical study on resilience was conducted by Garmezy (1973), who used epidemiology to describe people who are considered or not considered resilient, why people develop resilience, and the ways or strategies in which people can develop resilience. The two core concepts involved in resilience are adversity and positive adaptation (Fletcher & Sarkar, 2013). Adversity is considered as the main antecedent of resilience, whereas positive adaptation is considered as the main consequence of resilience (Fletcher & Sarkar, 2013). Psychological resilience can manifest in terms of showing positive adaptation within the context of experiencing an adversity or traumatic event (Ambriz et al., 2012). Resilience develops in the face of traumatic events, such as experiencing the Holocaust, as well as other stressful situations, such as growing up with traumatized or otherwise damaged parents.

Adversity involves events or experiences that are considered negative or emotionally challenging for individuals (Neff & Broady, 2011). The general expectation is that negative emotional experiences lead to maladjustment (Neff & Broady, 2011). However, when people are exposed to moderate levels of adversity, as in the case of secondary trauma, their psychological resources are activated making them better equipped to handle future adversities (Neff & Broady, 2011). In order to develop resilience, there is evidence that individuals need to be exposed to some level of adversity

(Fletcher & Sarkar, 2012). This adversity may be primary, as in the case of the Holocaust survivors, or secondary, as in the case of the survivors' children and grandchildren.

Resilience is often equated with positive adaptation or adjustment (Seery, 2011). Positive adaptation emphasizes individual and relational adjustment, which manifests in having healthy relationship with other people or having some level of academic or professional success (Ungar & Liebenberg, 2011). Positive adaptation occurs gradually and develops over time, with many opportunities for changes in an individual's thought processes (Galli & Vealey, 2008).

From the specific context of trauma, psychological resilience can be viewed as a positive protecting mechanism that protects an individual from self-harm and self-injury (Bradfield, 2011). Despite having the vulnerability of developing psychopathology and other emotional difficulties as a result of experiencing trauma, individuals do not develop these symptoms because of psychological resilience (Kidron, 2012). With psychological resilience, individuals who have been traumatized first- or second-hand are typically able to use their coping resources to mitigate the development of maladjustment and psychological difficulties.

Given that this study focused on whether middle-aged offspring of Holocaust survivors are able to maintain their resilience as they grow older, the stability of resilience was examined. Fossion et al. (2013) conducted a study examining the stability of psychological resilience in the presence of multiple traumatic events. In their study, the focus was the mediated moderation model of sensitization. The authors wanted to determine whether primary traumatic experiences as a child and secondary traumatic

experiences damaged the resilience of the children, leading to a higher level of depressive and anxiety disorders (Fossion et al., 2013). The results suggested that resilience is a psychological resource that can be bolstered or diminished depending on the experiences of an individual (Fossion et al., 2013). The level of resilience may diminish if children experience more trauma, but the level of resilience may increase if positive experiences continue to be present such as positive family functioning (Fossion et al., 2013).

The Experience of Children of Holocaust Survivors

Even though most survivors of the Holocaust appeared overtly to be psychologically well-functioning and able to meet the demands of everyday living, their traumatic experiences during the Holocaust could have had an impact on the well-being of their children and even grandchildren (Giladi & Bell, 2012). The experience of children of Holocaust survivors can be characterized as a combination of resilience and vulnerability to dysfunction (Giladi & Bell, 2013; Harvery, 2007; Shmotkin et al., 2011). Some children of Holocaust survivors manage to develop resiliency and positive coping strategies, whereas other children of Holocaust survivors experience emotional and psychological difficulties (Braga et al., 2012; Weinberg & Cummins, 2013). It appears that individual, interpersonal, and environmental factors can determine a person's reaction to trauma (Braga et al., 2012; Napoli, 1999; Weinberg & Cummins, 2013). As environmental, interpersonal, and individual factors are also present in the parent-child or grandparent-child relationship, these factors may also determine a second or third generation's experience of trauma.

This dichotomy in experience among the children of Holocaust survivors is consistent with Harvery's (2007) description of Jewish people during the Holocaust, which is that Jewish people were both victims and warriors at the same time. The implication of the two different possible scenarios that can occur to children of Holocaust survivors is that certain significant contributing individual, interpersonal, and environmental factors can determine the trajectory of the lives of the descendants of Holocaust survivors (Napoli, 1999). The problem is that there is still no clear and definitive understanding with regard to the significant factors that contribute to second-hand traumatization or psychological resilience among the children of Holocaust survivors (Napoli, 1999). It is difficult to quantify the personal factors that lead to resilience after traumatic events; an event that makes one individual resilient may lead another to experience anxiety, depression, and other mental health issues.

Children of Holocaust survivors often grew up in a family environment in which messages about the Holocaust were subliminally communicated (Harvery, 2007). Children of Holocaust survivors were susceptible to experiencing emotional and psychological difficulties because of exposure to a family environment wherein the manifestations of trauma can be part of the family dynamics (Fossion et al., 2015; Weinberg & Cummins, 2013). Moreover, children of Holocaust survivors often faced the emotional dilemma of either repressing or verbally acknowledging their feelings about the Holocaust (Connolly, 2011). This emotional dilemma could have affected their adaptive functioning as they matured.

The prevalence of PTSD among offspring of Holocaust survivors is higher compared to the general population (Napoli, 1999). Moreover, children of Holocaust survivors were found to generally have less positive moods compared to children of non-Holocaust survivors (Weinberg & Cummins, 2013). These emotional and psychological difficulties can persist until adulthood, affecting significant aspects of the functioning of children of Holocaust survivors (Kellerman, 2013). Fossion et al. (2015) found that children of Holocaust survivors are more emotionally or psychologically damaged compared to the children of families in the general population. Moreover, children who grew up in damaged families have hindered development of coping strategies, which increases the occurrence of depressive and anxiety disorders (Fossion et al., 2015). Many children of Holocaust survivors experienced nightmares involving being persecuted, tortured, or annihilated merely by hearing of their parents' experiences (Kellerman, 2013). These nightmares, which are consistent with symptoms of PTSD in reliving a traumatic event, can contribute to the development depression and anxiety (Kellerman, 2013). As children learn through their parents through mimicry and observation, it is easy for second-generation survivors to behave similarly to their traumatized parents.

Different from the experiences of some children of Holocaust survivors with regard to having emotional and psychological difficulties, other children born to Holocaust survivors develop resilience and manage to become psychologically well-adjusted (Kellerman, 2001). Resilience, often measured in research studies using quantitative instruments, can serve as a protective factor that can shield the offspring of Holocaust survivors from experiencing emotional and psychological difficulties (Shrira,

2015). Some children of Holocaust survivors manage to develop resilience and acquire the necessary coping skills to function effectively in various aspects of their lives (Giladi & Bell, 2013). These coping skills may have been developed independently, or as a result of observing one's parents' coping skills.

Transgenerational Transmission of Trauma

According to Kellerman (2013), the processes or mechanisms involved in the transgenerational transmission of trauma remain unclear. The empirical evidence supporting the transgenerational transmission of trauma from Holocaust survivors to their offspring remains a source of contention (Kellerman, 2013). Some researchers have found empirical support for the transmission of trauma transgenerationally, while other researchers have found insufficient empirical evidence for it (Connolly, 2011; Fossion et al., 2015; Weinberg & Cummins, 2013; Yehuda, Schmeidler, Giller Jr, Siever, & Binder-Brynes, 2014).

Even though other unknown factors can influence the second-hand experience of trauma, many studies have shown that children of Holocaust survivors are susceptible to experiencing emotional difficulties and psychopathology as a result of transgenerational transmission of trauma from their parents (Fossion et al., 2015; Lehrner et al., 2014). According to Weinberg and Cummins (2013), the negative effects of the traumatic experience of Holocaust survivors can be transmitted to their children, which can be reflected by less positive moods compared to the moods of the general population. Similarly, Yehuda et al. (2014) found that children of Holocaust survivors also experienced symptoms of PTSD if their parents had experienced symptoms of PTSD,

specifically symptoms pertaining to having intense and intrusive thoughts about the Holocaust.

How survivors of Holocaust experienced the traumatic event can influence the psychological well-being of their offspring (Lehrner et al., 2014; Song et al., 2014; Yehuda et al., 2014). According to Kellerman (2013), the nature of the transmission of trauma can be characterized as environmental, genetic, or a combination of both. There is empirical support for both the environmental and genetic mechanisms involved in the transmission of trauma from Holocaust survivors to their offspring, underscoring the complexity of transgenerational transmission of trauma (Bierer et al., 2014; Lehrner et al., 2014; Song et al., 2013). For example, trauma can be transmitted through family environment, parenting style, and genetics (Bierer et al., 2014; Song et al., 2014).

The transmission of trauma from parents to offspring can be influenced by environmental factors (Kellerman, 2013). For example, parents who have been exposed to trauma are likely to transmit the negative effects of that experience through emotional distress and parenting style (Song et al., 2014). If survivors of the Holocaust are not able to address their emotional issues regarding the Holocaust, they are more likely to pass the same feelings on to their offspring (Harvery, 2007). According to Lehrner et al. (2014) and Yehuda et al. (2014), having a parent who experienced PTSD as a result of being traumatized by the Holocaust experience is a risk factor for their offspring to also develop PTSD if the offspring experience a first-hand trauma. The risk factor for developing PTSD symptoms among children is more significant for maternal PTSD compared to

paternal PTSD, but both are significant risk factors for an offspring to also develop PTSD (Lehrner et al., 2014).

The transgenerational transmission of trauma from the survivors of the Holocaust to their offspring also has biological support, specifically in terms of epigenetic transmission of trauma from mothers to offspring (Bierer et al., 2014; Lehrner et al., 2014). Children of Holocaust survivors are believed to be left with genetic stamps that they received from either their mother or father (Shmotkin et al., 2011). Bierer et al. (2014) found that both maternal survivors of Holocaust and their children have lower levels of cortisol compared to non-Holocaust survivors and their offspring. Lehrner et al. (2014) also found that maternal Holocaust survivors' PTSD is associated with greater levels of glucocorticoid sensitivity in their offspring; these are the chemicals implicated in psychological stress. These represent physical evidence that the effects of second-generation trauma exist.

Extending beyond the children of Holocaust survivors, some researchers have found that the transmission of trauma can extend to their grandchildren (Gilaldi & Bell 2012; Kidron, 2012; Letzter-Pouw, Shrira, Ben-Ezra, & Palgi, 2014). Letzter-Pouw et al. (2014) found that symptoms of trauma were transmitted to both children and grandchildren through the mechanisms of perceived parental burden and operationalized in terms of the evaluation of parents' inner pains regarding the Holocaust. More specifically, children are more likely to exhibit trauma symptoms if there is a perception that the Holocaust remains salient in their parents' observed thoughts, feelings, and behaviors. The same patterns were revealed between children and grandchildren of

Holocaust survivors, with grandchildren more likely to exhibit trauma symptoms if there was a perception among the grandchildren of Holocaust salience.

Giladi and Bell (2012) found the same pattern in their study, with second- and third-generation descendants of survivors of the Holocaust exhibiting higher levels of trauma symptoms, lower differentiation of self, and poor family functioning.

Grandchildren of Holocaust survivors recounted witnessing their parents' unresolved feelings about the Holocaust, which affected their parenting styles (Kidron, 2012). As a result, grandchildren of Holocaust survivors may have been exposed to parenting styles that can be described as disorganized or disoriented (Kidron, 2012). The parenting mistakes of the Holocaust survivors may be amplified in the next generation, with parents who did not have 'normal' parents themselves.

Contrary to the findings of the studies of Fossion et al. (2015) and Weinberg and Cummins (2013), other researchers did not find empirical support for the transgenerational transmission of trauma (Fridman, Bakermans-Kranenburg, Sagi-Schwartz, & Van Ijzendoorn, 2011; Perlstein & Motta, 2013). Frida et al. (2011) did not find support for the transgenerational transmission of trauma among the children of Holocaust survivors. Even though some very aged Holocaust survivors continue to experience emotional difficulties, their adult children appear emotionally stable and psychologically healthy, comparable to children of non-Holocaust survivors (Fridman et al., 2011). Perlstein and Motta (2013) also did not find any empirical support for the direct transgenerational transmission of the trauma of Holocaust survivors to their grandchildren. However, the researchers found empirical support for the possible shared

experience of trauma among the Jewish population regardless of having no actual exposure to the Holocaust. This conclusion was based on the finding that Jewish grandchildren of Holocaust survivors did not significantly differ from Jewish grandchildren of non-Holocaust survivors in terms of their reaction to Holocaust-related words. Perlstein and Motta (2013) concluded that the Holocaust may be regarded as a communal trauma among the Jewish population. In these researchers' views, one does not have to experience trauma first-hand to feel its effects.

Iliceto et al. (2011) also found mixed support about the transgenerational transmission of the trauma among the descendants of Holocaust survivors. Iliceto et al. (2011) conducted a quantitative study involving 124 grandchildren of Holocaust survivors to examine if the trauma of Holocaust survivors could be transmitted to their grandchildren. The results of the study revealed that there was no significant difference in hopelessness, anxiety, and self-perception between the grandchildren of Holocaust survivors and the control group. However, the results also showed that the grandchildren of Holocaust survivors tend to have more negative attitudes toward interpersonal relationships compared to the control group, which was manifested in terms of being "rejecting, hostile, submissive, insecure, unreliable, and competitive" (p. 321). Again, this may be a result of amplification, being the children of parents who themselves did not have typical parents.

Sagi-Schwartz, van Ijzendoorn, and Bakermans-Kranenburg (2008) conducted a meta-analytic study to examine transgenerational transmission of trauma in second- and third-generation descendants of Holocaust survivors. The meta-analysis was conducted to

verify the hypothesis that traumatization might skip a generation, with third generation descendants experiencing symptoms of trauma without their parents experiencing the same trauma. Based on the review of 13 studies, Sagi-Schwartz et al. (2008) found that there was no significant empirical support for both second- and third-generation transmission of trauma.

Even though Yehuda et al. (2014) found some support for the transgenerational transmission of trauma, the researchers clarified that the transmission from parent to child appears to be confined to symptoms of PTSD, but not necessarily with other mental health disorders or difficulties. This is not consistent with other researchers who found support about the vulnerabilities of offspring of Holocaust survivors in developing different psychopathologies such as depression and anxiety (Lehrner et al., 2014). Scharf and Mayseless (2011) also contended that even though children of Holocaust survivors do not exhibit symptoms of PTSD, they still remain susceptible to milder symptoms of trauma and emotional difficulties. The vulnerabilities of children of Holocaust survivors can be characterized as disorganizing experiences such as “focus on survival issues, lack of emotional resources, and coercion to please the parents and satisfy their needs” (p. 1539).

Resilience of Children of Holocaust Survivors

Despite having the vulnerability of developing psychopathology and other emotional difficulties, some children of Holocaust survivors do not develop these symptoms (Kidron, 2012; Sagi-Schwartz et al., 2008). Sagi-Schwartz et al. (2008) noted the remarkable resilience of many second- and third-generation descendants of

profoundly traumatized Holocaust survivors. Regardless of first-hand or second-hand exposure to the Holocaust, many Jewish people are impacted by the communal experience of this event in history (Klar et al., 2013). This traumatic event has affected Jewish individuals in all generations since.

Resilience appears to be one of the factors that prevents children of Holocaust survivors from developing symptoms related to trauma (Kidron, 2012). Some children of Holocaust survivors may have developed resilience from generational transmission of defenses against self-injury and maladaptive interpersonal functioning (Bradfield, 2011). Others may have developed their resilience from the personal and emotional sentiment of not allowing oneself to be victimized again (Klar et al., 2013). Resilience can serve as a factor that protects the first generation of direct descendants from symptoms associated with trauma (Shrira, 2015). Some children of Holocaust survivors were capable of developing resilience and in acquiring the necessary coping skills to function effectively in various stages of their lives (Giladi & Bell, 2013). With the right circumstances and the presence of protective factors such as family environment and parental nurturance, some children of Holocaust survivors can avoid the symptoms of traumatization and develop psychological resilience (Braga et al., 2012). Giladi and Bell (2012) examined the different protective factors that prevent the transgenerational transmission of trauma to second- and third-generation descendants of Holocaust survivors. The results indicated that greater differentiation of self and better family functioning were associated with less symptoms of transgenerationally acquired trauma.

In the study conducted by Fossion et al. (2014), the researchers evaluated 65 individuals to test the sensitization model of resilience and to identify the psychological and socio-demographic factors that might contribute to psychological resilience. Results revealed that the Resilience Scale for Adults score of the participants was negatively associated with the number of postwar traumas, and was positively correlated with having a sense of coherence. As a result, children of Holocaust survivors may be more likely to develop resilience than their parents, especially if they do not experience traumas outside of the secondary experience of their parents' trauma. Furthermore, parents' sense of coherence may also be transmitted to their children.

Transgenerational Transmission of Resilience

As discussed in the previous section, trauma can be transmitted transgenerationally (Fossion et al., 2015; Song et al., 2014; Weinberg & Cummins, 2013). However, there is also supporting evidence that resilience may also be transgenerationally transmitted (Braga et al., 2012; Shmotkin et al., 2011). According to Shmotkin et al. (2011), resilience has been widely observed in survivors of Holocaust and their second and their generation descendants. Giladi and Bell (2012) contended that the absence of psychological distress does not mean that trauma cannot be transgenerationally transmitted. Instead, the lack of psychological distress can signify the transgenerational transmission of resilience, positive coping strategies, and personal growth. Using the same observation and mimicry that lead to children adopting their parents' anxieties and fears, children are also able to adopt their parents' coping strategies and perseverance.

This phenomenon of Holocaust survivors transgenerationally transmitting resilience to their children has also been documented by past researchers (Dekel, Mandl, & Solomon, 2013; Fossion et al., 2015; Giladi & Bell, 2012). Resilience among Holocaust survivors can be transgenerationally transmitted to children, if the parents were able to develop psychological resilience as a way to cope with their experiences during the Holocaust (Braga et al., 2012). The children of Holocaust survivors may have gained the kind of resilience that was shown to them by parents who demonstrated that they were determined at all costs to go on with life. Giladi and Bell (2012) noted that the transgenerational transmission of resilience can manifest in terms of high achievement, propensity toward helping behaviors, and the desire to uphold the legacy of the Holocaust. This is relevant to my own study, in which I demonstrate that the children of survivors use their resilience to avoid the pitfalls of secondary trauma and live meaningful lives.

Fossion et al. (2015) focused on examining transgenerational trauma among families of Holocaust survivors. The sample consisted of 49 children of Holocaust survivors, who completed the Resilience Scale for Adults and the Family Adaptability and Cohesion Scale. The results of the analysis revealed that the children of Holocaust survivors are more psychologically damaged compared to the general population in terms of experiencing depressive and anxiety disorders. Moreover, the children who grew up in families that experienced traumatic events had hindered development of coping strategies, increasing the occurrence of depressive and anxiety disorder. This study was a

quantitative equivalent of my own research, which seeks to qualitatively examine the resilience among this population.

Grandchildren of Holocaust survivors managed to develop resilience and positive coping strategies despite the emotional reminders of the Holocaust through the experiences of their parents and grandparents (Giladi & Bell, 2012; Kidron, 2012). Even though resilience can be transmitted transgenerationally, the descendants of Holocaust survivors remain vulnerable to certain psychological challenges and difficulties (Giladi & Bell, 2012; Shmotkin et al., 2011; Shrira et al., 2011). This vulnerability may be influenced by an individual's family dynamics and eventual first-hand exposure to a traumatic event, which means that first-hand exposure to any incident classified as a trauma can still have the ability to trigger significant psychological difficulties despite having psychological resilience.

The Experiences of Middle-Aged Offspring of Holocaust Survivors

Most studies of the children of Holocaust survivors have focused on children or adult children. From a lifespan perspective, researchers have not widely empirically examined the experiences of middle-aged children of Holocaust survivors (between the ages of 45 and 68). According to Shrira et al. (2011), the experiences and adaptive functioning of children of Holocaust survivors as they progress towards middle age are relatively unknown. In the following subsections, I will discuss the limited research on the experiences of middle-aged children of Holocaust survivors with regard to the transgenerational transmission of trauma, resilience, and aging process.

Trauma. The experience of second-hand trauma can persist across the life span (Kellerman, 2013). Shrira et al. (2011) found mixed support about the transgenerational persistence of trauma among middle-aged children of Holocaust survivors. The researchers found that although middle-aged children of Holocaust survivors showed stable psychological well-being, they exhibited more physical problems compared to middle-aged individuals in the general population. Shrira et al. (2011) explained the mixed results by concluding that during middle age, children of Holocaust survivors possess physical vulnerabilities and psychological resilience. Overall, literature on the relationship between middle age and trauma among children of Holocaust survivors remains limited.

Resilience. There is some empirical support that if a child of a Holocaust survivor managed to develop resilience, that resilience continues to persist until middle age (Fridman et al., 2011; Shrira et al., 2011). Shrira et al. (2011) explored how children of Holocaust survivors function in their middle age. Specifically, the authors hypothesized the transgenerational effects of the Holocaust on the resilience and vulnerability of offspring. Results revealed that children of Holocaust survivors successfully maintained the resilience that they demonstrated at a young age. Consistent with Shrira et al. (2011), Dekel et al. (2013) found that middle-aged children of Holocaust survivors who were combat veterans showed propensity towards growth compared to combat veterans whose parents were not survivors of the Holocaust. The three main implications of the findings were: (a) resilience appears to be transmitted transgenerationally, as evidenced by having personal strength, appreciation for life, and positive interpersonal relationships; (b) the

ability to be resilient remains intact despite experiencing personal trauma from war; and (c) resilience continues to be stable until middle age. Resilience, especially when developed at a young age—as children of Holocaust survivors often do—can act as a protective factor against future traumatic events as well as past traumatic memories.

Aging process. The aging process can be a challenging experience not only for Holocaust survivors but also for the transgenerational dynamics experienced by their children (Shmotkin et al., 2011). Secondhand trauma experienced by children of Holocaust survivors may be exacerbated during middle age as a result of increased challenges of the aging process (Shrira et al., 2011). However, the perceptions of middle-aged children of Holocaust survivors regarding the aging process remain largely unexamined, contributing to a lack of a better understanding of the experiences of this population.

Shrira (2015) examined the experiences of middle-aged children of Holocaust survivors regarding the trauma-related communication of their parents and how this communication was related to their perceptions about the aging process. The sample consisted of 450 middle-aged children of Holocaust survivors whose age ranged from 50-67 years old, who were asked to answer survey questionnaires. The results of the latent profile analysis revealed that the Holocaust-related communication of parents was characterized as either intrusive or informative. Middle-aged children who experienced intrusive parental communication about the Holocaust had less positive perceptions about their aging and experienced more anxiety about aging and death compared to the control group. Conversely, middle-aged children who experienced informative parental

communication about the Holocaust did not exhibit differences from the control group about the aging process. Shrira (2015) concluded that the difference between middle-aged children of Holocaust survivors who received informative and intrusive parental communication suggest that there is higher secondary traumatization among those who received intrusive Holocaust-related communication, which is reflected in their less favorable perceptions about aging. Further research is required on why the effects of resilience may only persist until adulthood, and how resilience can be applied to anxieties relating to the aging process.

Summary and Conclusions

Children of Holocaust survivors are vulnerable to emotional and psychological dysfunction as a result of the transgenerational transmission of trauma. The processes or mechanisms involved in the transgenerational transmission of trauma remain unclear (Kellerman, 2013). However, past researchers have generally indicated that the mechanisms involved in the transgenerational transmission of trauma are environmental, epigenetic, or a combination of both.

Some children of Holocaust survivors do not develop symptoms associated with trauma, but instead, develop resilience and positive coping strategies (Kidron, 2012; Sagi-Schwartz et al., 2008). Resilience can serve as a protective factor that protects children of Holocaust survivors from symptoms associated with trauma (Shrira, 2015). Research has also shown that resilience can be transgenerationally transmitted by the survivors of Holocaust to their children (Braga et al., 2012; Giladi & Bell, 2012; Shmotkin et al., 2011).

The experience of children of Holocaust survivors combines psychological resilience and vulnerability to dysfunction (Giladi & Bell, 2013; Harvery, 2007; Shmotkin, Shrira, Goldberg, & Palgi, 2011). Certain antecedents or factors may determine whether a child of Holocaust survivors would be resilient or psychologically dysfunctional. There is still no clear and definitive understanding of the factors that contribute to second-hand traumatization or psychological resilience among the children of Holocaust survivors (Napoli, 1999).

The gap in the literature was the seeming lack of studies about the experiences of middle-aged children of Holocaust survivors. Specifically, there is a lack of empirical research on how the life span and the aging process affects the stability of resilience among well-adjusted children of Holocaust survivors. This study addressed this gap in the literature by exploring how middle-aged children of Holocaust survivors coped with their traumatized parents during their own developmental years and were able to thrive, in spite of the neurobiological, social, environmental, and psychological cues that frequently kept them bound to the suffering of the parents.

In the next chapter, I will provide the methodological plan for the study. Given the problem and the identified gap in the literature, a phenomenological research study best addressed the lack of understanding regarding the experiences of middle-aged children of Holocaust survivors, particularly in terms of the stability or lack of stability of resilience across the life span. The next chapter will also provide descriptions of the role of the researcher; participant selection process; instrumentation; procedures for

recruitment, participation, data collection, and data analysis plan; and issues of trustworthiness.

Chapter 3: Method

Introduction

The purpose of this study was to gain insight into how middle-aged children of Holocaust survivors reflect back on the challenges of their developmental years, coping with traumatized parents and the development of life-long resilience. This chapter will involve the discussion of the methods. The organization of this chapter will be based on the following sections: (a) research design and rationale; (b) role of the researcher; (c) methodology, which include discussions on participant selection, instrumentation, procedures for recruitment, participation, and data collection, and data analysis plan; (d) issues of trustworthiness; and (e) summary.

Research Design and Rationale

In this study, I explored the following research questions:

1. How do well-adjusted middle-aged children of Holocaust survivors remember their developmental years?
2. How do these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age?

To examine the research questions, I used a qualitative phenomenological research design. Qualitative methods involve the constructivist approach to developing knowledge, which entails exploring the subjective perceptions and opinions of a group of people, using data collection tools to gather rich and detailed information about a phenomenon, and conducting data analysis to develop patterns and themes (Ritchie,

Lewis, Nicholls, & Ormston, 2013). A qualitative research approach is concerned with generating knowledge by focusing on the essence of the raw data.

Phenomenological research involves exploring the lived experience of a group of people who share a similar phenomenon (Moustakas, 1994), which in this study involved the experience of being a child of Holocaust survivors. Phenomenology is not concerned with making broad generalizations and generating objective results. Instead, phenomenological research focuses on exploring the subjective experiences of the participants (Moustakas 1994). The responses of the participants in phenomenological research was considered as truth, even if the information cannot be generalized to people outside the study sample (Moustakas, 1994).

The use of qualitative phenomenological research design was appropriate given the purpose of the study. The selected research approach enabled me to explore the lived experience of children of Holocaust survivors in middle-age through in-depth interviews. Von Eckartsberg (1986) and Moustakas (1994) described phenomenology as the "reflective analyses of life-world experiences" (as cited in Lin, 2013, p. 478). Phenomenology was the most appropriate design as the stories and narratives of the Holocaust survivors were gathered and then analyzed for meaningful themes to emerge. Meaningful themes that helped understand the real-life feelings, perceptions, and experiences of those who have experienced the phenomenon firsthand. Given the quality of the method, other research methods may not be able to provide the same detailed information that can illuminate the experiences of children of Holocaust survivors regarding how they developed resiliency. Using a quantitative method may help me

understand whether there is a statistically-significant effect of secondary trauma, but the qualitative method will provide rich, thick, and meaningful descriptions of the same phenomenon, which may more accurately transmit *how* these individuals developed resilience.

Role of the Researcher

My role as the researcher was primarily to be involved as the interviewer of the participants. In order to elicit rich responses from the participants, I read various books and scholarly articles about the process of effective interviewing. I also focused on developing the skills that helped make the participants comfortable and safe in revealing honest perceptions and opinions about the topic of the current study. Additionally, I also focused on honing skills that enabled me to ask questions that elicited relevant, in-depth, and detailed responses from the participants.

Consistent with the phenomenological method of research, before the data collection stage, I practiced *epoche* in order to set aside personal biases that potentially could affect the research process (Moustakas, 1994). In line with Moustakas's recommendations for *epoche*, I made a conscious effort to set aside my own biases and preconceived notions about the experiences of children of Holocaust survivors. Before the interview, I reflected strenuously on my own status as a child of Holocaust survivors, on my preconceived ideas and biases regarding how the children of Holocaust survivors managed to develop resiliency, and the variables that could explain how some children of Holocaust survivors developed resiliency while others did not. By engaging in these self-

reflections, I believe I was alert and conscious of the possible biases that could compromise the integrity of the study.

Methodology

In this section, I discuss the methodological plan for the study. The first subsection involves the discussion of the logic for the selection of participants. The second subsection pertains to the instrument that I used in the study. The third subsection will involve discussions on recruitment, participation, and data collection. The final subsection will discuss the data analysis plan.

Participant Selection Logic

The population that I studied was children of Holocaust survivors living in the United States and Canada. The participants in this study included 13 children of Holocaust survivors who are considered well-adjusted. This participant group was selected because the children of Holocaust survivors learned to suppress their complex inner feelings and appeared outwardly as adapted as many of their driven survivor parents (Shrira et al., 2011). To determine well-adjustment, participants reported having no current psychiatric history, record of psychiatric hospitalizations, or prescribed medications for emotional disorders. The participants was be able to self-report as feeling well, able to meet everyday challenges, address and resolve issues and crises appropriately, and believe that others see them as well-adjusted individuals. The target sample size of 13 participants was sufficient to reach data saturation, the state in which no new information can be gained even if the number of participants is expended

(O'Reilly & Parker, 2012). More participants would have been added if data saturation was not achieved from the target sample size.

Instrumentation

The researcher is the main instrument in the qualitative research approach, particularly in phenomenological research (Pezalla, Pettigrew, & Miller-Day, 2012). Because the researcher in qualitative studies is often involved in collecting data by asking relevant questions during the interviews, I played a central role in the research. As discussed in the previous section, I developed the skills needed in order to elicit rich and detailed information from the participants. I prepared an interview guide prior to the interview sessions, in order to highlight the important questions that needed to be asked during the interviews. The interview questions can be viewed in Appendix A.

Procedures for Recruitment, Participation, and Data Collection

The participants in this study included 13 children of Holocaust survivors who considered themselves well-adjusted. The recruitment of potential participants was conducted by posting a description of the research project and seeking volunteers through the following platforms: (a) bulletin boards in local synagogues in the New York, New Jersey, California, and Florida area; (b) weekly publications such as *The Jewish Press*, *Der Yid*, *The Forwards*, and *The Jewish Week*; (c) the Internet, and social media such as Facebook and Twitter; (d) websites that are dedicated to children of Holocaust survivors, including but not limited to the following websites:

1. Nextgenerations.org (an organization of OHS and their children, dedicated to future generations);
2. cjhsa.org (Children of Jewish Holocaust Survivors);
3. remember.org (an educational forum that promotes learning and remembering);
4. drevafoelman.com (Dr. Eva Fogelman, who works with children of Holocaust survivors).

For potential participants, the inclusion criteria was: (a) being born to two parents who survived the Holocaust between 1946 and 1960, and (b) being a well-adjusted individual. For this study, being *well-adjusted* pertains to individuals who report having no current psychiatric history or record, have not been hospitalized for any psychiatric reasons, and have not been prescribed psychopharmaceuticals, medications intended for psychological disorders. To determine if an individual was well-adjusted, the potential participants in the study also answered self-reports (see Appendix B) indicating not having any current history of psychiatric hospitalizations or prescribed medications for emotional disorders, able to meet everyday challenges, and address and resolve issues and crises appropriately. The purpose of this self-report was to determine if an individual was eligible to be part of the sample, based on their own assessment of their own level of adjustment.

To the potential participants who satisfied the inclusion criteria and were voluntarily willing to take part in the study, data was collected using semistructured interviews. In the present qualitative phenomenological study, using semistructured

interview as a tool for data collection, information emerged regarding how the children of Holocaust survivors managed to develop resiliency despite being exposed to trauma symptoms of their parents, and the variables that explained how some children of Holocaust survivors developed resiliency while others did not. Through the use of open-ended questions, participants were given the opportunity to express themselves freely with my guidance towards the research questions.

All participants were contacted personally to set up the date and time of the individual face-to-face or telephone interviews. All interview sessions took place in a location that had a room where a private interview session took place or on a telephone where the participant had privacy. During the interviews, the sessions were audio-recorded in preparation for the analysis of data. The interviews lasted from 50 to 90 minutes. After the interviews were completed, I gave all the participants my personal email so that they could contact me in case of questions, concerns, or requests.

Participants were informed that they could decline from participation at any point during the study.

Data Analysis Plan

After all interview data was transcribed, the interview transcripts were exported to Nvivo software for the analysis of data. The Nvivo software is a qualitative tool intended for the storage and organization of large qualitative research data. The software does not have the capability to determine automatic themes without the conscious effort and decision making of the researcher, underscoring the importance of my role as a researcher in the analysis of the qualitative data.

The data analysis plan was based on the modified van Kaam method of phenomenological analysis (Moustakas, 1994). The first step is the listing and the preliminary grouping of experiences that are relevant to the two main research questions. In this stage, the invariant constituents are developed which represent units of meaning (Moustakas, 1994). The second step involves reduction and elimination of all the irrelevant data that were collected from the previous step (Moustakas, 1994). The key factors that determined the elimination of invariant constituents from the initial list were irrelevance to the research questions and inability to assign a meaningful label to an extracted experience.

The third step in the van Kaam method of phenomenological analysis involved the clustering of the list of invariant constituents that were developed in the two previous steps (Moustakas, 1994). These clusters of invariant constituents were related experiences that were instrumental in the determination of the core themes of the data. The fourth step involved the final identification of the invariant constituents and themes, which was determined by comparing the cluster of invariant constituents developed to the raw data to ensure that all data were properly analyzed and labeled (Moustakas, 1994). The fifth step in the van Kaam method of phenomenological analysis involved the creation of individual textural descriptions based on the final invariant constituents and themes that were developed (Moustakas, 1994). The individual textural descriptions included the verbatim responses of each participant relevant to the research questions. The sixth step involved the creation of individual structural descriptions using imaginative variation, which is the reduction of data to their necessary essence (Moustakas, 1994). The seventh

step involved the creation of textural-structural description, combining both the verbatim responses of the participants and the imaginative variation (Moustakas, 1994). The final step involved the creation of composite description to represent the experience of the entire sample in a coherent narrative (Moustakas, 1994).

Issues of Trustworthiness

Credibility in qualitative research studies refers to the believability of the results from the perspective of the participants (Morse, Barrett, Mayan, Olson, & Spiers, 2008). To strengthen the credibility of the study, I set aside personal biases and analyzed the data from the perspective of capturing the true experiences of the participants. To facilitate this process, I utilized member checking by reaching out to the participants in instances where clarifications were needed or in instances where further explanations were needed to better analyze the data. I also sought the professional assistance of a research analyst to perform the data analysis independently. Both sets of results were compared with each other to increase the credibility of the themes that were developed.

The transferability of results refers to the generalizability of the findings outside the study sample (Shenton, 2004). In qualitative studies, the transferability is often dependent on individual researchers (Shenton, 2014). To strengthen the transferability of the results, I provided detailed descriptions of the context and the participants so that other researchers will have sufficient information regarding the study's scope and purpose.

The dependability of this study refers to the replicability of the results in another research (Thomas & Magilvy, 2011). To increase the dependability of this study, a

detailed procedure of the data collection and data analysis was recorded. By providing thick descriptions of the procedure, other researchers are more likely to replicate the results that were developed in this study.

The confirmability of the study refers to the extent to which the results are considered objective (Shenton, 2004). To increase the confirmability of the results, several rounds of analysis were conducted to decrease the likelihood of erroneous analysis pertaining to labeling of experiences into invariant constituents and themes. I also made an audit of the data to ensure that every decision that was made can be accounted for by the raw data from the interview transcripts.

Ethical Procedures

Before the start of the data collection, the approval of the Internal Review Board (IRB) was sought. The IRB approval ensured that the research is consistent with the ethical standards determined by the review board. I only began the data collection after the IRB approval was secured. For reference, the IRB approval number was IRB 10-16-15-0076883.

To protect the rights of the participants and to prevent abuse, informed consent forms were prepared. The informed consent forms were intended to give the participants a background on why the study was conducted. I also disclosed my status as a child of Holocaust survivors and included information pertaining to confidentiality of the data to guarantee the privacy of each participant. All participants signed the informed consent forms in order to be officially included in the final sample of the study. A licensed

psychologist was available for the participants in case professional psychological help was requested.

Participants were not be compelled to be part of the study. It was made clear prior to beginning the interviews that if any participants expressed the desire to withdraw from the study, the procedure was to simply say so or contact me through my email and formally request for withdrawal. Participants were advised that every request for withdrawal would be granted regardless of whether a reason was provided or not. Lastly, it was also explained to participants that if they indeed did withdraw from the study that, all data would be removed from the final study.

Summary

The purpose of this study was to gain insight into how well-adjusted middle-aged children of Holocaust survivors describe how they coped with their traumatized parents during their developmental years. The study also sought to understand how the resilience that these children of Holocaust survivors developed sustained itself over the lifecycle. To examine the research questions, a qualitative phenomenological research design was used. The selected research design was appropriate to the need to explore the subjective experiences of a group of people through semistructured interviews to understand resiliency among the children of Holocaust survivors.

The sample for this study included 13 middle-aged children of Holocaust survivors who were considered well-adjusted. For those participants who satisfied the inclusion criteria and were willing voluntarily to take part in the study, data was collected

using semistructured interviews. After all interview data was transcribed, the interview transcripts were exported to Nvivo software for the analysis of data. The data analysis plan was based on the modified van Kaam method of phenomenological analysis (Moustakas, 1994). The next chapter will present the results of the study.

Chapter 4: Results

Introduction

Chapter 4 presents the data analysis and findings from the interviews with 13 well-adjusted middle-aged children of Holocaust survivors. The purpose of this study was to gain insight into how well-adjusted, middle-aged children of Holocaust survivors mirror and remember their developmental years and illuminate on the development of resilience that they maintained through their middle age. The methodological approach utilized was the modified van Kaam method by Moustakas (1994); this allowed me to develop themes from the lived experiences shared by the participants during the interviews. The method consisted of seven extensive steps with the aim of showing the complete process of how the findings were established. In addition, I employed NVivo10 by QSR to assist in the systematic organization of the codes and determining the thematic relationships of the formed themes. The following research questions below guided the research study:

Research Question 1: How do well-adjusted middle-aged children of Holocaust survivors remember their developmental years?

Research Question 2: How do these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age?

Description of the Study Participants

Participants of the study were 13 well-adjusted, middle-aged children of Holocaust survivors. These participants were interviewed as they had firsthand

experiences of the conditions of their parents upon dealing with their PTSD symptoms, after the Holocaust as well as how they maintained resiliency through the years. The participant demographics are found in Appendix C.

Data Collection and Analysis

I collected data through individual telephone and face-to-face face interviews with the participants at a time that they selected as most convenient for them. All face-to-face interview sessions took place in a private room to give the participants the most comfortable environment as possible, which allowed them to share their stories without any disturbances from the surroundings. Interviews were audio-recorded for the analysis of data; interviews lasted from 50 to 90 minutes. I engaged a professional to transcribe the interviews gathered from the participants, utilizing appropriate protocol to assure confidentiality. Thereafter, data analysis commenced and the seven steps of the modified van Kaam method were strictly followed. Each step is presented in the next section together with the established findings. It should be noted that the grouped experiences or themes that received the highest number of occurrences from the responses of the participants were considered as the major themes of the study while those that followed were the invariant constituents which received relatively less occurrences but were significant enough to be included in the findings section.

Presentation of Data and Findings

First step: Listing and preliminary grouping. The first step of the modified van Kaam method was the “listing and preliminary grouping,” also known as the *horizontalization* process (Moustakas, 1994, p. 120). Listing and preliminary grouping

was performed when I noted down all the perceptions and experiences shared by the middle-aged children of survivors during the face-to-face interviews. The first stage then allowed for the initial experiences to surface.

Second step: Reductions and elimination. The second stage of the modified van Kaam method was the “Reductions and Elimination” procedure (Moustakas, 1994, p. 121). The procedure was conducted by first examining the data which required the two questions of Moustakas (1994):

1. “Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding?” and
2. “Is it possible to abstract and label it? If so, it is a horizon of the experience. Expressions not meeting the above requirements are eliminated. Overlapping, repetitive, and vague expressions are also eliminated or presented in more descriptive terms. The horizons that remain are the invariant constituents of the experience.” (p. 121)

Based on the two questions suggested by Moustakas, I analyzed all 13 interview transcripts of the middle-aged children of Holocaust survivors. I was then able to arrange and sort the data. By doing so, I had to decide which parts of the interviews and experiences should be incorporated to the next stages of the analysis and which ones should be omitted early on. The perceptions and experiences that were retained were then tagged as the invariant constituents or the noteworthy experiences of the middle-aged children of Holocaust survivors.

Third step: Clustering and thematizing of the invariant constituents. The third stage of the analysis began when I grouped and clustered the invariant constituents of the study according to the thematic labels of the grouped experiences to the two research questions of the study. The clustered and marked invariant constituents were then tagged as the “core themes” of the current research study (Moustakas, 1994, p. 121). The core themes were collapsed with the help of NVivo10 by QSR for a more organized tabulation of the coding, the findings were then considered as the major and invariant constituents of the study. It should be noted that I only presented the themes and invariant constituents that received two or more occurrences, while those that received less can be found in their respective tables.

Research Question 1: How do well-adjusted middle-aged children of Holocaust survivors remember their developmental years? The first major theme established was based on the first research question which was how well-adjusted middle-aged children of Holocaust survivors remember their developmental years. Using the van Kaam analysis (Moustakas, 1994), the first major theme was discovered. I found that participants reflected back and concluded that as children they had great respect for their parents and followed their rules at all times, which represented the first theme. There were 13 other significant experiences shared with regard to their memories during their developmental years but the major theme was the most vital of all as analyzed. Table 1 contains the breakdown of the major theme and invariant constituents for the first research question.

Table 1

Breakdown of the Major Theme and Invariant Constituent for Research Question 1

Major Theme 1 and Invariant Constituents	Number of Occurrences
High respect for parents, following of rules	7
Parent/s refused to share about the Holocaust	4
Sadness surrounded their home	3
Lack of childhood memories, mother was seriously depressed	3
Had traumatic dreams about the holocaust, parents failed to recognize the effect	2
Household had a normal structure	1
Parents were very well loved by others	1
Peaceful home, parents had a good marriage	1
Protector of Father, who was a survivor	1
Parents were always angry	1
Parents were emotionless	1
Parents had a terrible marriage	1
Parents set a good example on how to be resilient	1
Parents worked hard to make a living as a way of coping	1
Great respect for parents, following of rules	1

Major Theme 1: Great respect for parents, following of rules. From the analysis, the first major theme developed was the experience that seven participants indicated having a high respect for parents by following their rules. The first major theme is considered as one of the two most significant findings of the study. Saul explained that he and his brothers grew up strictly following the rules and commands of their parents since they had great respect for them:

When I was a young kid, I knew that my father was a Holocaust survivor. The difference that all the children had when dealing with Holocaust survivors was that we respected them and we couldn't disagree with them... I didn't fight with my parents like the younger age had, like today's generation. Because my father went through the Holocaust. If he said we have to go to bed, we have to go to bed. We have to listen to him. There's no... I don't know. That's just the way it was. It was just the way we grew up.

The den where we were allowed in, if you want, that was for reading and maybe bridge and quiet games. Okay. The kitchen, if we were playing board games like Monopoly was in the kitchen. If we wanted to run around, there's the basement, go to outside. We didn't run around. There was no... I'm sure my mother said, no ball playing on the first floor. She said it once in her life. She didn't have to tell us every single day.

Harriet echoed how she and her siblings always respected the opinions and rules of their parents:

There was always... we knew not to upset my parents. My father was a sort of happy looking man. We were happy children. We just knew that there was something in our lives that was not normal. My father and I have an ideal relationship. None of us would have disrespect my father. It's not like children nowadays that tell their parents to shut up or whatever.

Esther shared that although her parents did not have strict rules, it was important for her to follow and give respect to the words of her parents:

My mother would explain things. The kids don't mind following rules if they make sense. They don't like having rules that are arbitrary or capricious. My mother would explain why we were supposed to do what we were supposed to do. She was very patient with that. I'm very lucky that I had her. She died the day before my 17th birthday so I didn't have her very long but I had her longer than my sister did. My sister was only 11.

I asked. Well a lot of children survivors, if their parents get upset we stop asking because we don't want to re-traumatize them. His mom would cry, you'd ask her and she'd cry. I didn't back down, I just let her cry a little bit and then I stayed with my questions.

Janice described herself as a compliant child: “She just wasn't aware of this. None of this mattered to her. My sister was a very unhappy child who my mother made even unhappier. I was the compliant child and my sister was the rebellious child.” Malka still honoured the values and condition of her parents even though they had issues and were not able to fulfil their duties as parents: “A hundred percent. That's very well said. Right, it was protective. Right. We were honouring [the silence of parents.]”

Invariant constituent 1: Parents refused to share about the Holocaust. The first invariant constituent that followed the major theme was the experience that their parents refused to share about the Holocaust. This was shared by four of the 13 participants of the study. Saul shared that he could recall how his father avoided talking about the Holocaust and did not share any major stories with his family: “If we started talking about the Holocaust, he changed the subject. There was no talking to him about what his

experiences. He didn't tell us any of his major stories." Harriet also added how her parents did not talk about their experiences when they were young:

My father talked not when we were very young. My father talked as we got older if my mother wasn't there. My mother did not talk about being a Holocaust survivor. She always had a haunted look on her face and at the young age I would say sometime... I will come home from school or whatever and I say, "Mummy, look what happened," and she'd say, I say, "Mummy, why aren't you happy?" She said, "It's very hard to be happy because I know that if I get too happy it can all be taken away from me."

Lastly, Esther echoed how her mother did not open and talk much about her experiences and memories of the Holocaust:

I want to go back to something though, because you had asked me what was the first time, I have to go back because my mom didn't really talk about the war that much. She'd talk about her life before the war, but one day that had to change, because my mother had her physical wound. I will tell you the story behind it and then it will make sense.

Invariant constituent 2: Sadness surrounded their home. The second invariant constituent that followed the first major theme was the experience that sadness

surrounded their home. This was shared by three of the 13 participants of the study.

Harriet emphasized that although they seemed normal, there was always sadness within their house: "There was always sadness in the house."

Invariant constituent 3: Lack of childhood memories, mother was seriously depressed. The third invariant constituent that followed the major theme was the experience of the lack of childhood memories as the mothers of the participants were seriously depressed. This was shared by again by three of the 13 participants of the study. Sam had vivid memories of the serious depression of his mother. He explained that this led him to believe that he had no childhood at all:

My mother was home but all my memories are basically my grandparents. [Mother was depressed]. We came to America when I was, yeah, I was 7 years old, and we came first. My mother wanted to go to Israel. She was never really happy in America. Her whole family was in Israel. I never really had a childhood. My mother really almost ... There was days she couldn't get out of bed.

Invariant constituent 4: Had traumatic dreams about the Holocaust, parents failed to recognize the effect. The fourth invariant constituent that followed was the experience of having traumatic dreams about the Holocaust but their parents failed to notice or recognize the effect on them. This was shared by two of the 13 participants of the study. Malka had a unique experience of being haunted by the stories she learned and heard about the Holocaust:

My mother, I would say, ninety-nine percent up until today they're both alive, everything is about her. Even I remember as I was getting older, you know the Holocaust has claimed a bigger and bigger part of my life. There were times I was obsessed with it. I have post traumatic ... Just last night I had a horrible nightmare. I'm basically in it. I feel like I'm in it. If I once told my mother, that's the song she

sings. "What you went through in the war had an effect on me." She was like, "What are you talking about? It has nothing to do with you."

I remember everything related to the Holocaust so clearly. I really feel I was in it. Sometimes I even feel like I wish I was to get over with it. When I was very little I cried. A bunch of survivors were sitting in the kitchen and there was one man that was talking about his experiences. From my young age it seemed like there was a lot of blood involved. He was bleeding and he was fixing them and bleeding, and housing them and saving them. I tried to talk to my mother afterwards because it was so... "Nothing to do with you, go away."

Research Question 2: How do these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age? The second major theme established was based on the second research question which was how well-adjusted children of Holocaust survivors manage to maintain resilience through middle age. The researcher using the van Kaam method of analysis established that the children, learning from their parents, had formed a belief that absolutely nothing can keep a person down. There were eight other significant experiences shared with regard to how they have managed their resiliency through middle age but the major theme was the most noteworthy of all the experiences shared in the second thematic label. Table 4 contains the breakdown of the major theme and invariant constituents for the second research question.

Table 4

Breakdown of Themes for Research Question 2

Themes	Number of Occurrences
Learning from parents, nothing can keep person down	7
Depending on no one else but himself	5
Ability to control emotions	3
Ability to adapt and accept change	2
Inability to adapt and accept change	2
Belief that God is present and guiding them	1
More cautious in life	1
Not resilient enough, parents did not help in coping	1
Optimistic in all aspects of life	1

Major Theme 2: Learning from parents, nothing can keep a person down. The second major theme that emerged was the experience of maintaining resiliency by learning from their parents that nothing can keep a person down. This was shared by seven of the 13 participants of the study. Saul explained that he has learned that if his parents could survive the Holocaust, then there is no tragedy that he cannot recover from:

I don't know. I definitely learnt a lesson that nothing could keep me down and that there's no tragedy that you can't recover from.

Yes. I think so. I think I was taught that nothing could keep me down. I think that if my parents could survive the Holocaust and make the house that they made, and everybody thinks that we're the greatest in the world, why shouldn't I, who didn't go through the Holocaust, have any of these issues? I have no problem with

thinking that the future is bright. We do know that there's people who have mental issues and people that had depression and anxiety.

Janice shared that her father's experiences inspired and motivated her to keep going forward amidst the problems that she is facing:

I think it clicked for me very, very young, but not in a conscious thought.

Somewhere deep in my psyche, somewhere I absorbed the fact that I only existed because of my father's resilience.

Yeah, that I could never had been here were it not for his ability to survive, and that my father could bounce back and create a new family and through these blue collar jobs to support a new family because he was able to continue. Even after all of the loss and the pain in his life. I think I sat back and absorbed that as a child and went, "Woah. I need to do that too. That's the way I'm going to be able to make it in this world. You have to be able to do that." I think I had some of these fearful fantasies as a child that probably many children of survivors have that, "What if they come for us again?"

Furthermore, Sam shared two stories wherein both his parents instilled in him the value of pursuing life despite his fears:

That's another story, but anyway I ran home because he was bleeding all over the place. My mother said, "You had to go upstairs and talk to this mother and apologize."... "You can't be afraid." No, she wouldn't go with me. She says, "This is something you have to do." No, it's that, "You can't be afraid." You have to ask yourself, "What's the worst that can happen."

Absolutely, probably overly-optimistic. I think what I got from my father more than anything else was that there isn't anything I can't really do if I put my mind to it and I decide that I want to do it and it's important to me. Certainly watching him as a role model did an awful lot but more importantly, some of the things that my mother ingrained in me that, "You could do it and just don't be afraid because once you give into your fear you're never going to ... Once you start running you're never going to stop."

Invariant constituent 1: Depending on no one else but himself. The first invariant constituent that followed the second major theme was the experience of maintaining resilience by depending on no one else but themselves. This was shared by five of the 13 participants of the study. Saul also learned from his father to never depend on anyone but himself alone so that nobody would take advantage of him:

Because my father always said, don't trust your brothers, don't trust anybody. You have to be for yourself, you have to make sure that nobody takes advantage of you. Then also when my parents are growing up, put me in a nursing home, I don't want to be a burden to anybody. It was always being self sufficient, worry about yourself. Don't come on to others for any issues. He's pretty clear that I'm equal and that there is nothing ... nobody should take advantage of you, etc.

Harriet then explained that she has always been an independent person ever since she was young which helped her become the resilient person she is today:

I was just always very independent person. Even as a little girl my mother could never pick up my cloths. I would say to my mother, my mother would say,

"Harriet, how about wearing this to school?" "No mummy, I'm going to go to the closet." I used to pick out a pair of blue... I would mismatch things and I would come to the school and kids would say, "Oh, look at Harriet is with." They used to get excited. "Let see what Harriet is wearing today." I was always like that.

Esther, wanted to make her parents proud by working hard to represent their family, without needing and asking for anyone's help:

Well I'm the one that's carrying on the legacy, my siblings are not. That's something that I chose to do I think. I went into psychology many years ago because I remember looking at my mom and thinking what a terrific person she is at the time. Is was the correct verb form. Why would anybody want to hurt her. She's such a kind person. Then I started getting interest in psychology, what would make a person do these things?

Finally, Malka, also developed a stronger self-resiliency after going through many losses in life. She added that she had to build her own reputation and self-esteem without asking for anyone's help:

I don't think, and especially after my second divorce, I mean I was in therapy most of my life and I had suicide attempts. I didn't know why I'm supposed to live. Where I stand now is not, for some maybe, maybe because I had to learn to survive at a very early age. There was nobody to teach me what you're supposed to do. Even when I look back and I used to complain about friends and this and that. When I look back I say those answers and whatever the reaction was so terrible, but because I had to protect myself from the Nazis when I was six years

old, I think that's why I survived my whole life. Otherwise, I mean, I'm an extremely successful person. Besides that I'm a physical therapist, I'm an excellent one. People love me. I have a lot of talent. I didn't get knocked down. Even though I didn't have parents who gave me anything to gain strength from to live.

Invariant constituent 2: Ability to control emotions. The second invariant constituent that followed was the experience of maintaining resiliency by having the ability to control emotions. This was shared by three of the 13 participants of the study. Esther gave an example on resilience where she was able to control her emotions over a simple injection to which her doctor commented why she was not reacting at all:

Just to give you an example to talk about resilience, I recently had to have an injection into my thumb because I had trigger finger and I have a very high tolerance for pain. That doesn't necessarily mean that I think clearly or well when I'm in pain, but I have a high toler ... I mean I don't cry and ... This doctor was giving me an injection into the joint and it's not fun. He expected me to say or do something. I was just silent and let him finish. He looked at me and goes are you breathing? I said yeah, as long as I don't have to look it's okay. I sure as hell didn't want to see that needle going into my joint. I didn't say anything to him but I was thinking to myself, my parents survived do you think I'm going to cry over this?

Janice echoed how she is able to compartmentalize whenever she wants to:

“Exactly, exactly. He stunned me with that comment because I'd never heard that about myself before, but the more I thought about it, I thought, "He's right. I can compartmentalize when I feel I need to in order to.”

Invariant constituent 3: Ability to adapt and accept change. The third invariant constituent that followed was the experience of maintaining resiliency by having the ability to adapt and accept change. This was shared by three of the 13 participants of the study. Michael stated that one of his traits that helped him be resilient is his ability to adapt and accept the changes in life:

That's something that's been with me for at least 20 years. The only constant in life is change. Part of that is informed by my professional choices. My first profession, was for lack of a better phrase, computer programmer, sometimes software engineer. I wanted to use a fancier term. One of the things I very quickly realized in that career is that you have to constantly be learning new things again, and again, and again, and that's where the only constant in life is change. That's one of the places that it really hit me is in that professional capacity because the minute I'd learn something new and I was getting really good at it, that's the minute I needed to learn something else new and start getting good at it.

Invariant constituent 4: Inability to adapt and accept change. The fourth invariant constituent that followed was the opposite of the third invariant constituent or the experience of not being able to maintain resiliency as they have the inability to adapt and accept change. This was shared by three of the 13 participants of the study. Michael stated that one of his traits that helped him be resilient is his ability to adapt and accept the changes in life:

That's something that's been with me for at least 20 years. The only constant in life is change. Part of that is informed by my professional choices. My first

profession, was for lack of a better phrase, computer programmer, sometimes software engineer. I wanted to use a fancier term. One of the things I very quickly realized in that career is that you have to constantly be learning new things again, and again, and again, and that's where the only constant in life is change. That's one of the places that it really hit me is in that professional capacity because the minute I'd learn something new and I was getting really good at it, that's the minute I needed to learn something else new and start getting good at it.

Fourth step: Final identification of the invariant constituents and themes.

The fourth stage of the modified van Kaam method of analysis was the final identification and substantiation of the established major themes and invariant constituents of the study. To ensure the final themes and invariant constituents, the following questions were posited:

1. "Are they expressed explicitly in the complete transcription?"
2. Are they compatible if not explicitly expressed?"
3. If they are not explicit or compatible, they are not relevant to the participant's experience and should be deleted." (Moustakas, 1994, p. 121)

Fifth step: Individual textural descriptions. The fifth stage of the analysis was performed using the relevant invariant constituents and the major themes discovered during the earlier stages of the analysis. The validated major themes and invariant constituents were then used to generate the individual textural descriptions of the experiences of each middle-aged child of Holocaust survivors. This stage also used the verbatim examples from the third step of the van Kaam method (Moustakas, 1994).

Summarized textural description for Saul. Saul believed that it was evident during his younger years that his father did not want to discuss and never opened up about his experiences during the Holocaust. He stated, “If we started talking about the Holocaust, he changed the subject. There was no talking to him about what his experiences. He didn’t tell us any of his major stories.” Saul also believed that another childhood memory was their strict accordance to the house rules, paying great respect to their parents. He stated, “When I was a young kid, I knew that my father was a Holocaust survivor. The difference that all the children had when dealing with Holocaust survivors was that we respected them and we couldn’t disagree with.” Saul also believed that his childhood was normal and had no signs of any PTSD stress from his parents. He stated, “It didn’t come out to us. Like you said, my father ... the presentation to the rest world was they’re perfectly normal. There was no post-traumatic stress. There was nothing like that. My house is a very normal house.” Saul also believed that all the kids in their neighborhood loved his parents. He stated, “I’m sure it was but I didn’t notice. I thought my mother was the greatest mother in the world when I was growing up. Guess what, all the kids ... every kid that was friendly with me, loved my house, love my parents.”

Saul believed that from his parents’ experiences, he has learned that no tragedy can keep him down. He stated, “I don’t know. I definitely learnt a lesson that nothing could keep me down and that there’s no tragedy that you can’t recover from.” Saul also believed that being independent and never depending on anyone but himself, were two of the most important traits that he learned which also helped him manage resilience through middle age. He stated, “Because my father always said, don’t trust your brothers,

don't trust anybody. You have to be for yourself, you have to make sure that nobody takes advantage of you."

Summarized textural description for Harriet. Harriet believed that her parents' refusal to talk about their experiences was a result of the negative memories of the Holocaust. She stated, "My father talked not when we were very young. My father talked as we got older if my mother wasn't there. My mother did not talk about being a Holocaust survivor. She always had a haunted look on her face and at the young age I would say sometime." Harriet also believed that respect for parents was vital. She stated, "There was always... we knew not to upset my parents. My father was a sort of happy looking man. We were happy children. None of us would have disrespected my father. It's not like children nowadays that tell their parents to shut up or whatever." Harriet also believed that there was always sadness inside their home. She stated, "There was always sadness in the house."

Harriet believed that being an independent person has also made her more resilient in life. She stated, "I was just always a very independent person. Even as a little girl my mother could never pick up my clothes. I would say to my mother, my mother would say, "Harriet, how about wearing this to school?" "No mummy, I'm going to go to the closet." Harriet also believed that God is always present in her life, leading her to the right path. She stated, "I think that I stayed religious and I've been on the other side but I've always come back because I've always felt that there is a reason that everything happens and I think that God saved my parents because I was meant to do something in my life to help further the Jewish cause." Harriet also believed that she has turned to be

resilient by having a cautious and guarded look in life. She stated, "No, I think my mother was resilient. She just looked at life... I got from her that you take life the way it's coming and never get too excited about good things is going on in your life."

Summarized textural description for Esther. Esther believed that her mother had a difficult time in opening up about her past memories and experiences. She stated, "I have to go back because my mom didn't really talk about the war that much. She'd talk about her life before the war, but one day that had to change, because my mother had her physical wound." Esther also believed that it was her duty to always give respect to the words and teachings of her parents. She stated, "My mother would explain things. The kids don't mind following rules if they make sense. They don't like having rules that are arbitrary or capricious. My mother would explain why we were supposed to do what we were supposed to do. She was very patient with that. I'm very lucky that I had her."

Esther believed that her independent decision and goal of representing her family had a huge impact in her life today. She stated, "Well I'm the one that's carrying on the legacy, my siblings are not. That's something that I chose to do I think. I went into psychology many years ago because I remember looking at my mom and thinking what a terrific person she is at the time. Is was the correct verb form." Esther also believed that controlling her emotions was another result, and example of resilience she developed. She stated, "I recently had to have an injection into my thumb because I had trigger finger and I have a very high tolerance for pain. This doctor was giving me an injection into the joint and it's not fun. He expected me to say or do something. I was just silent

and let him finish. I didn't say anything to him but I was thinking to myself, my parents survived do you think I'm going to cry over this?"

Summarized textural description for Janice. Janice believed that she was a “compliant child” to her parents. She stated, “She just wasn't aware of this. None of this mattered to her. My sister was a very unhappy child who my mother made even unhappier. I was the compliant child and my sister was the rebellious child.” Janice also believed that she was her father’s defendant. She stated, “I was much more sensitive to my father and realized at a very young age something very traumatic had happened to him. I somehow made this pact with myself that I would be his little protector. Often that meant protecting him from my mother.”

Janice believed that her father’s experiences strengthened her resilience in life. She stated, "I think it clicked for me very, very young, but not in a conscious thought. Somewhere deep in my psyche, somewhere I absorbed the fact that I only existed because of my father's resilience."

Summarized textural description for Malka. Malka still believed in honoring her parents, understanding the traumatic experiences they previously had to go through. She stated “A hundred percent. That's very well said. Right, it was protective. Right. We were honoring [the silence of parents.]” Malka also believed that her parents were not able to fully cope with the effects of the Holocaust, they were also always very angry. She stated, "I saw them as weak people. I didn't gain any strength from them, or anything that passed on to me in terms of how to deal with the world. It took me many, many years to find out, to figure out that they were all dysfunctional ideas." Malka also believed that she had her

own Holocaust traumas and was even being haunted in her dreams. She stated, "Even I remember as I was getting older, you know the Holocaust has claimed a bigger and bigger part of my life. There were times I was obsessed with it. I have post traumatic... Just last night I had a horrible nightmare. I'm basically in it. I feel like I'm in it. If I once told my mother, that's the song she sings. 'What you went through in the war had an effect on me.' She was like, 'What are you talking about? It has nothing to do with you.'" Malka also believed that seeing her father emotionless and almost without feelings made a great impact in her childhood. She stated, "He looked like his face was emotionless. Like they took somebody off of the, nowhere, like a person who had no soul." Malka also believed that her parents were never able to cope with their experiences and memories which resulted to them having a terrible marriage. She stated, "It's not they, it's her. It's two different people. There's no connection between the two of them. They had a terrible marriage. There's two different people. There's no they."

Malka believed that she had to be strong and independent in order to fix her life; and survive through her personal struggles and experiences. She stated, "People love me. I have a lot of talent. I didn't get knocked down. Even though I didn't have parents who gave me anything to gain strength from to live." Malka also believed that her lack of resiliency was a result of her parents' lack of care for her. She stated, "I didn't. I was a wreck. I got married and divorced twice, I have trouble with my children."

Summarized textural description for Sam. Sam believed that he had no childhood memories, as all he could remember was the serious depression of his mother. He stated, "My mother was home but all my memories are basically my grandparents.

[Mother was depressed]... I never really had a childhood. My mother really almost... There were days she couldn't get out of bed.”

Sam believed that his parents taught him to persevere despite fear and other apprehensions. He stated, "You can't be afraid." You have to ask yourself, ‘What's the worst that can happen,’ you know?"

Summarized textural description for Mindy. Mindy believed that her parents repressed their thoughts and feelings as survivors. She stated, "Again, we didn't talk much about it because she repressed a lot. On her you could tell, seriously, that she was a Holocaust survivor. She used to call herself, ‘I'm a survivor.’” Mindy also believed that her childhood was affected by her mother’s depression. She stated, "My mother, I remember her getting down on her hands and knees and just banging on the floor and yelling, ‘Why didn't Hitler take me? Why didn't Hitler take me?’”

Mindy believed that another resilient trait is her ability to move on from the bad issues and problems she is faced with. She stated, “I'm a person that... I don't shut off. It's more my type like you say, I move on. Everybody, whenever they talk to me about their problems or their issues or they go through their past and how their childhood.”

Summarized textural description for Helen. Helen believed that parents should not be bothered and should be respected as they have experienced enough sadness and torture in life from the Holocaust. She stated, “... And don't bother the parents because they have suffered enough. Don't give them any sorrows.” Helen also believed that her parents, especially her mother, set a good example of how to be resilient in going through hard times in life. She stated, "My father was very quiet. My mother referred to any kind

of suffering as, 'I needed this I had to...' that was a ... I was able to have it good from here." Helen also believed that that her parents were also too busy with their business because as immigrants, they wanted to work hard and live a good life. She stated, "I mean that is the way I saw it. The pampered and the ones who were, 'I don't have time for you.' My parents were in a grocery store business. They didn't have time for us... The work was their salvation. It was a means to help them cope."

Helen believed that being optimistic helped her survive her problems in life. She stated, "Just knowing I have the power to do it, because they ... When I was growing up ... First of all, we had to negotiate my parents' life. I mean any kind of bureaucratic... Yeah. Just having Yom Kippur not so far behind us and I was projecting a lot of things, and look, there is a lot of good stuff in my life and I would like it to continue. All I need is health."

Summarized textural description for HirshLeib. HirshLeib believed that the memories of the Holocaust shared by his parents left a great mark in his childhood and even made him depressed for a time. He stated, "My father, from what I can recall when I was a little child, constantly had issues. Emotional issues. He would wake up in the middle of the night screaming. He'd break out in cold sweats."

HirshLeib believed that nothing could break him, stating, "My soul and my mind are as strong as I am today. Nothing could break me." HirshLeib also believed that he could only depend on himself to survive and get better from depression. He stated, "A bout of depression, lasted almost 2 months. Then I said to myself, 'I'm not going though this anymore.' I went ahead, I opened up the Yellow Pages, looked under *psychiatrist*. On

my own. Found a doctor in Queens and started going to sessions. It wasn't what they have today." HirshLeib also believed his ability to control his emotions made him the strong man that he is today; "It created my depression. It created all my suffering that I suffered throughout my life. Even my adult life. Now, if I'm anxious, I hide it very well. I learned how to control my temper as a young man."

Summarized textural description for Michael. Michael believed that there was always something unusual in their home. He stated, "That was what we lived, and it was obviously from many angles, even clear to us that it was unusual, and it was not, I'll tell you, it was not always the happiest. There were a lot of points of stress and things like that."

Michael also believed that he could survive through anything in life, that amidst problems and issues, one can prevail and succeed. He stated, "Resilience to me, is the ability to adapt, and to some extent resist, and then to some extent adapt to changing circumstances, and despite perhaps disadvantages, or things thrown your way, to be able to prevail, and succeed, and maybe excel." Michael also believed that the ability to adapt and accept change allowed him to be resilient in life; "That's something that's been with me for at least 20 years. The only constant in life is change. Part of that is informed by my professional choices. My first profession, was for."

Summarized textural description for Bonnie. Bonnie believed that her childhood was also affected by the inability of her mother to express herself and be a caring mother to her. She stated, "My mother was difficult, she was probably depressed."

Bonnie believed that she is not as resilient given that she believes she is not able to adapt and accept the different changes in life. She stated, "I mean, the thought of widowhood does not appeal to me. We have a very close relationship, we've been married a long time, and we've been together even longer. Grew up together pretty much. I don't know how I could cope with that. The thought of that, I don't think I'm coping with."

Summarized textural description for Tammy. Tammy believed that her parents taught her how to appreciate the things that she had in life, without any complaints. She stated: "It was always the need to finish, and appreciate, and not complain about what was in front of us. You know what it was? I think our lives centered around food so much. It was always the need to finish, and appreciate, and not complain about what was in front of us. 'How do you dare not appreciate it because what we went through, we would have been thrilled to have a fraction of what you're eating?'"

Tammy believed that her parents gave her the strength to be resilient. She stated, "My past misery gives me the strength now to be resilient." Tammy also believed that she had to have the courage to stand up and accept the events in her life that she could not change. She stated, "I did have this bad marriage and then I said to myself, 'What have I done? This is not what I want. This is not how I want to live,' and somehow I was working. I was making money. I met Jack. We were just working together, but I started confiding in him and all of a sudden, he helped me get the courage to get out of my miserable situation."

Summarized textural description for Judith. Judith believed that her parents never got to cope with their past issues thus; their home was always surrounded with emptiness, unlike the other normal homes at that time. She stated, “Yeah, a hundred percent, at age 2 I knew there was no one home. There was it was like they were just so caught up in their own, their own trauma.”

Judith believed that there are new challenges that come up wherein she is caught off-guard and admitted that she is unprepared most of the time. However, she still had strong faith in God. She stated, "For me, I don't know for you, for me, new challenges happen about every 4 hours. from the time I open my eyes in the morning to the time I close them at night, I get on average about seven major challenges going on.”

Sixth step: Individual structural descriptions. The sixth step of the individual structural description was based on the Individual Structural Descriptions and the Imaginative Variation (Moustakas, 1994).

Structural description for Saul. Saul believed that it was evident during his younger years that his father did not want to discuss and never opened up about his experience during the Holocaust. Saul also believed that another childhood memory was their strict accordance to the house rules, paying great respect to their parents. Saul also believed that his childhood was a normal one and had no signs of any PTSD stress from his parents. Finally, Saul also believed that all the kids in their neighborhood loved his parents.

Saul believed that from his parents' experiences, he has learned that no tragedy can keep him down. Saul also believed that being independent and never depending on

anyone but himself were two of the most important traits that he learned and also helped him manage resilience through middle age.

Structural description for Harriet. Harriet believed that her parents' refusal to talk about their experiences was a result of the negative memories of the Holocaust. Harriet also believed that respect for parents was vital in growing up. Harriet also believed that there was always sadness in their home.

Harriet believed that being an independent person has also made her more resilient in life. Harriet also believed that God is always present in her life, leading and guiding her to the right path. Harriet also believed that she has turned to resilience by having a cautious and guarded look in life.

Structural description for Esther. Esther believed that her mother had a difficult time in opening up about her past memories and experiences. Esther also believed that it was her duty to always give respect to the words of her parents.

Esther believed that her independent decision and goal of representing her family had a huge impact in her life today. Esther also believed that controlling her emotions was another result and example of resilience she developed over the years.

Structural description for Janice. Janice believed that she was a "compliant child" to her parents. Janice also believed that she was her father's protector and defendant. Janice believed that her father's experiences strengthened her resilience in life.

Structural description for Malka. Malka still believed in honoring her parents by understanding the traumatic experiences they previously had to go through. Malka also believed that her parents were not able to fully cope with the effects of the Holocaust thus

they were also always very angry. Malka also believed that she had her own Holocaust traumas and was even being haunted in her dreams when she was young. Malka also believed that seeing her father emotionless and almost without feelings made a great impact in her childhood. Lastly, Malka also believed that her parents were never able to cope with their experiences and memories which resulted in them having a terrible marriage.

Malka believed that she had to be strong and independent in order to fix her life and survive through her personal struggles and experiences. Malka also believed that her initial earlier lack of resiliency was a result of her parents' lack of care for her.

Structural description for Sam. Sam believed that he had no childhood memories as all he could remember was the serious depression of his mother. Sam believed that his parents taught him to persevere despite his fears and other apprehensions.

Structural description for Mindy. Mindy believed that her parents repressed their thoughts and feelings as survivors. Mindy also believed that her childhood was affected by her mother's depression. Mindy believed that another resilient trait is her ability to move on from the bad issues and problems she is faced with.

Structural description for Helen. Helen believed that parents should not be bothered and respected as they have experienced enough sadness and torture in life. Helen also believed that her parents, especially her mother, had set a good example of how to be resilient in going through hard times in life. Helen believed that being optimistic helped her survive her problems in life.

Structural description for HirshLeib. HirshLeib believed that the memories of the Holocaust shared by his parents left a great mark in his childhood and even made him depressed for a time. HirshLeib believed that nothing could break him. HirshLeib also believed that he could only depend on himself to survive and get better from the depression he was battling. Lastly, HirshLeib also believed his ability to control his emotions made him the strong man that he is today.

Structural description for Michael. Michael believed that there was always something unusual in their home. Michael also believed that he could survive through anything in life, that amidst problems and issues, one can prevail and succeed. Michael also believed that the ability to adapt and accept change allowed him to be resilient in life.

Structural description for Bonnie. Bonnie believed that her childhood was also affected by the inability of her mother to express herself and be a caring mother to her. Bonnie believed that she is not as resilient she would like to be, given that she is unable to adapt and accept the changes in life.

Structural description for Tammy. Tammy believed that her parents taught her how to appreciate the things that she had in life, without any complaints. Tammy believed that her parents gave her the strength to be resilient. Tammy also believed that she had to have the courage to stand up and accept the events in her life that she could not change.

Structural description for Judith. Judith believed that her parents never got to cope with their past issues thus; their home was always surrounded with emptiness,

unlike the other normal homes that she observed when visiting friends. Judith believed that there are new challenges that she is faced with each day and that she is unprepared and caught off-guard most of the time.

Seventh step: Textural-structural description. The seventh and last step of the modified van Kaam method was the integration of both the invariant constituents and themes where both the “meanings and essences” of the participant experiences were assembled (Moustakas, 1994, p. 121). In here, the two main lived experiences centered on (a) how well-adjusted middle-aged children of Holocaust survivors remember their developmental years; and (b) how these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age.

From the first lived experience of how well-adjusted middle-aged children of Holocaust survivors remember their developmental years, their main experience was having a high respect for parents by following their rules. Another significant experience was their memory that their parent/s refused to share stories about the Holocaust. Other negative experiences related to the Holocaust were that sadness surrounded their home, the lack of childhood memories as mother was seriously depressed, and to the point of having traumatic dreams about the Holocaust as their parents failed to recognize the effect.

For the second lived experience of how these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age, the most valuable wisdom they gained was learning from their parents that nothing can keep a man down. In relation to having the courage to push through all their issues and obstacles in life, participants

also learned to depend on no one else but themselves alone. From their parents' experiences, they were able to form the ability to control emotions as well as the ability to adapt and accept change. However, minority of the participants admitted to being unsuccessful in practicing resiliency as they stated that they have the inability to adapt and accept change.

The lived experiences on how well-adjusted middle-aged children of Holocaust survivors remember their developmental years. The well-adjusted middle aged children of Holocaust survivors mainly believed that their developmental years were composed of them giving great respect to their parents by strictly following their rules. When asked how, Saul shared that he knew when to be quiet and always listened to his father attentively; he stated, "When I was a young kid, I knew that my father was a Holocaust survivor. The difference that all the children had when dealing with Holocaust survivors was that we respected them and we couldn't disagree with ... I didn't fight with my parents like the younger age had, like today's generation. Because my father went through the Holocaust. If he said we have to go to bed, we have to go to bed. We have to listen to him. There's no... I don't know. That's just the way it was. It was just the way we grew up." Harriet added that respect was indeed was vital in growing up; she stated, "There was always... we knew not to upset my parents. None of us would have disrespected my father. It's not like children nowadays that tell their parents to 'shut up' or whatever." Esther had always believed that parents should not ever be given a difficult time given their past experiences, stating, "Well a lot of children survivors, if their parents get upset we stop asking because we don't want to re-traumatize them. His mom

would cry, you'd ask her and she'd cry. I didn't back down, I just let her cry a little bit and then I stayed with my questions.” Meanwhile, Janice was a “compliant child” to her parents; she stated, “She just wasn't aware of this. None of this mattered to her. My sister was a very unhappy child who my mother made even unhappier. I was the compliant child and my sister was the rebellious child.” Malka also honoured her parents; “A hundred percent. That's very well said. Right, it was protective. Right. We were honouring [the silence of parents.]” Helen added, “... And don't bother the parents because they have suffered enough. Don't give them any sorrows.” Tammy always had the belief of respecting what they are provided with and what she was told by her parents; “It was always the need to finish, and appreciate, and not complain about what was in front of us. ‘How do you dare not appreciate it because what we went through, we would have been thrilled to have a fraction of what you're eating?’”

The lived experiences on how these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age. The well-adjusted children of Holocaust survivors were able to manage and maintain resilience through middle age chiefly by learning from parents that nothing can keep a person down. When asked why, Saul stated that from his parents’ experiences, he has realized that no tragedy can ever keep him down. He stated, “I don’t know. I definitely learnt a lesson that nothing could keep me down and that there’s no tragedy that you can’t recover from.” Janice then shared that her father’s experiences motivated her to fight despite her problems in life, stating, “Yeah, that I could never had been here were it not for his ability to survive, and that my father could bounce back and create a new family and

through these blue collar jobs to support a new family because he was able to continue. Even after all of the loss and the pain in his life. I think I sat back and absorbed that as a child and went on.” Sam also learned the same value, stating, “You could do it and just don't be afraid because once you give into your fear you're never going to get past it.. Once you start running you're never going to stop.” Mindy then believed that another resilient trait is her capability to move on past her problems; “I go, ‘Enough of this crap. That was your past. You had an issue. You weren't happy about this and this. Today is today. Move on to tomorrow.’” HirshLeib added that nothing could break or affect his perspective and views in life; he stated, “My soul and my mind are as strong as I am today. Nothing could break me.” Michael echoed that he could survive through anything in life; “Resilience to me, is the ability to adapt, and to some extent resist, and then to some extent adapt to changing circumstances, and despite perhaps disadvantages, or things thrown your way, to be able to prevail, and succeed, and maybe excel.” Finally, Tammy believed that her parents were her inspirations to be the resilient person she is today; she stated, “My past misery gives me the strength now to be resilient.”

Composite textural structural description. Using the findings and analyses from the last three stages of the modified van Kaam method, a composite description was then created. The composite descriptions contain the “meanings and essences of the experience, representing the group as a whole” (Moustakas, 1994, p. 121).

The lived experiences on how well-adjusted middle-aged children of Holocaust survivors remember their developmental years. Participants in the study mainly believed that their childhood years meant great respect for parents and following

their rules. A number of participants also experienced having parent/s who refused to share about the Holocaust, they also indicated that sadness surrounded their home. Participants also indicated that they suffer from a lack of childhood memories as their mothers were seriously depressed. Two participants admitted that they had traumatic dreams about the Holocaust, but their parents failed to acknowledge or recognize the effect of their suffering on their children. In contrast, one participant shared that his household had a normal structure; he added that his parents were very well loved by others and that he had a peaceful home as his parents had a good marriage. One participant felt that she was the protector of her father, who was a survivor married to a non-survivor. Similar to the earlier findings, there were parents who were always angry, emotionless, and had a terrible marriage. Consequently, there were parents who set a good example on how to be resilient and there were also parents who worked extremely hard to make a living as a way of coping.

The lived experiences on how these well-adjusted children of Holocaust survivors manage to maintain resilience through middle age. Participants mainly experienced and believed that they were resilient from learning from their parents that nothing can keep a person down. The majority of the participants remained resilient by depending on no one else but themselves. Some participants were able to maintain resiliency by having the ability to control emotions and the ability to adapt and accept change. Meanwhile, there were some participants who admitted that they were not resilient enough as they are unable to adapt and accept change. One participant attributed her resiliency to God, another one was by being more cautious in life. In addition, one

admitted that she was not resilient enough and that her parents did not help in coping.

Lastly, one pointed out that his resiliency stemmed from being optimistic in all aspects of life.

Summary

In Chapter 4, I presented the detailed process and findings through the modified van Kaam method of Moustakas. Using this approach, two major themes emerged as well as several other invariant constituents. Chapter 5 will include the discussion of the findings further in relation to the literature in Chapter 2, the limitations, recommendations, implications, and conclusions of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Holocaust survivors underwent brutal conditions during the Nazi genocide of Jews in the 20th century. As the war ended in 1945 and these survivors attempted to normalize their lives, they may have had difficulty in doing so as a result of complex emotions, depression, anxiety, fear, and memories of both physical and psychological torture (Kellerman, 1999). Some of the children born to these Holocaust survivors exhibited signs of trauma and appeared to be a second generation of victims of the Holocaust (Kellerman, 2013; Weinberg & Cummins, 2013). Children of Holocaust survivors were affected by the way their parents coped with normal life as the former could not understand all of the struggles that the latter faced (National Center for PTSD, n.d.). In fact, a study by Kellerman (2013) revealed that children of Holocaust survivors were poised to have a higher risk of developing secondary symptoms of trauma compared to those who were raised by normal parents. As the experiences of Holocaust survivors' children with regard to how well they progress to middle age were relatively unknown, the purpose of this study was to gain comprehension into how well-adjusted, middle-aged children of Holocaust survivors reflect on their developmental years and understand their own ability to maintain resilience through adulthood. The scope of the study was limited to Jewish children of Holocaust survivors living in the U.S. and Canada. This qualitative study utilized phenomenology to gather and interpret data. Interview transcripts were

then analyzed using the modified van Kaam method of phenomenological analysis (Moustakas, 1994).

Interpretation of the Findings

The findings of this research were consistent with past studies regarding the resiliency of Holocaust survivors and their second and third generation descendants. In particular, the well-adjusted children of Holocaust survivors were able to manage and maintain resilience through middle age as they learned from their parents that nothing can keep a person down. As past researchers had discovered, resilience among Holocaust survivors can be transgenerationally transmitted to their children given that parents develop psychological resilience as a way in which they managed their experiences and emotions both during and after the Holocaust (Braga et al., 2012). Concurrently, the transgenerational transmission of trauma from survivors of the Holocaust to their children had been supported by this study as well. Some of the children perceived that their mothers were emotionally unable to bond with them as a function of the mother's own mental health, anxiety, and depression, which may be attributed to lower cortisol levels and higher levels of glucocorticoid sensitivity that translate to greater psychological stress (Bierer et al., 2014; Lehrner et al., 2014). In addition, there were fathers more than mothers who also lost their own wives and children in addition to parents and siblings, and as a result, some of these children felt that they could never truly get close to their fathers who appeared distant and remote. All of these serious atypical interpersonal issues that confronted these children of Holocaust survivors in vulnerable developmental years

led to developing a mechanism by which they could adapt and control their emotions; thus, the value of resiliency emerged in their childhood.

Resilience had been widely observed in Holocaust survivors and was transmitted to their children through the parents' lack of psychological distress (Giladi & Bell, 2012). This study illustrated that children of Holocaust survivors were able to maintain resiliency primarily by learning from their parents. All participants were born and raised by European parents whose parenting style was consistent with rules, order, and structure. Some of the participants during the interview referred to their home life but did not question why their parents behaved in such ways. Strict parental behavior may also be attributed to a coping mechanism adopted by the parents. Furthermore, in line with past literature, a number of survivor parents had a need to restore order in their lives in which they were in charge; and tragically, their children became the symbolic prisoners who took orders (Kellerman, 1999). Amidst growing up in homes where rules and regulation were much exemplified, children of Holocaust survivors were inspired and motivated to deal with their own issues similar to the way their parents did. The children observed resiliency in their parents amidst the challenges and adjustments that the latter had to face, and modeled their behavior accordingly. Resiliency had been cultivated deep into the mindset of children of Holocaust survivors. The reason that this group of children of Holocaust parents presented and considered themselves as well-adjusted and seemingly had enough resilience to contemplate old age without fear was due to modelling. Although some parents struggled with symptoms of PTSD such as depression, impulsivity, uncontrollable rage, flashbacks, anxiety, fear, avoidance, and

hypersensitivity, the resilience and struggle to survive that children observed had a greater impact on what these children took away as the right way to live. Even if some parents worked obsessively to avoid thinking or feeling or being in the moment, had been absent literally from school functions,, and slept after working 16 hours instead of throwing a ball with their sons, most of the children took these behaviors as a strong work ethic that they chose to integrate into their own lives. Holocaust parents, whether they meant to or not, were able to instill in their children the value of pursuing life goals. Children of Holocaust survivors thought that if their parents were able to endure suffering and return to a normal life, they could surely do the same as well. Research indicated that if a child of Holocaust survivor develops resilience in his early age, most likely it would continue to persist until middle age (Fridman et al., 2011; Shrira et al., 2011). In marriage, for example, several participants in the study replicated their parents' experience. Michael married twice, just like his parents. Malka described her marriage as "terrible," which was similar to how her parents defined their union. HirshLeib, on the other hand, having seen great respect between his parents, set up the same kind of marriage for himself.

Another reason that the participants developed resiliency was they were in awe of and scared of the vulnerability, trauma, suffering, pain, sadness, and Herculean strength of their parents. These children understood without ever being told that they were required to become a source of happiness and pride for the parents, to make up for what they lost. Children of Holocaust survivors respected their parents' way of raising them and may have understood that this carefully constructed home environment was designed

primarily to heal the parents and not necessarily dedicated to raising children in. This sometimes hostile, remote, and frightening environment most likely activated psychological resilience in children, which assisted them greatly in their adaptation and coping skills. Children of Holocaust parents became resilient because all of their needs had not been met during their developmental years. In line with Neff and Broady (2011), adversity can be an antecedent to the development of resilience. In this case, the exposure of children to limited resources translated to them being subjected to moderate levels of adversity, which, as Neff and Broady (2011) had explored, also gives them the opportunity to tap into their own psychological strength in order to form resiliency. In fact, a number of participants in the study learned to depend on no one else but themselves. Holocaust parents like Saul's father nurtured this kind of thinking to assure that his children would never be vulnerable or taken advantage of. Moreover, some children of Holocaust survivors turned out to be independent and sought out building their own reputation by working hard and not asking for anyone's help.

Despite being resilient, a number of participants in the study elaborated on having serious interpersonal challenges which they were struggling with, and at the same time, which all the more illustrated their resiliency and identification with survivor parents who were also simultaneously resilient and vulnerable. In the case of Harriet, she showed resiliency when confronted with cancer. Furthermore, she reported that she was able to adapt with relative ease to her hearing disability. However, she was never able to marry nor have her own children. For Bonnie, maintaining her social standing in a very judgmental community following the devastation of her eldest daughter marrying outside

of the Jewish faith was something she didn't hesitate to do. On the other hand, she was not quite sure and expressed doubt about her ability to age gracefully. Similarly, Malka was divorced twice and estranged from two of her four children and lives a very solitary existence by choice. Yet, she also characterizes herself as a fantastic healing occupational therapist. Michael is currently working on reestablishing a closer connection to his estranged child from his first marriage, similar to his mother's estrangement from her first child from her first marriage.

In Janice's life story, she postponed marriage and instead became a strong advocate for children of Holocaust survivors, instrumental in starting a group in her town. She ultimately married when she was well past having children of her own, to a divorced man with children. She also relocated across the country to please her husband, leaving her elderly father in a nursing home. Tammy, Malka, Helen, HirshLeib, and Mindy all expressed resentment at their siblings for being "troublemakers" and not following the rules like they did while growing up. As a result, they were largely estranged from their siblings for most of their lives, and reported that in the recent past, they along with their siblings worked hard to repair the rift and reestablish a meaningful connection. Finally, Esther, as well as Sam, have unmarried children who are in their 40s. In Jewish culture, unmarried children are seen as a tragedy and as a symbol of parental failure and poor luck, and yet both expressed enormous admiration and pride in the accomplishments of these children. I would infer that these grandchildren of Holocaust survivors did not see marriage as a safety net, or felt compelled to be married the way their parents or grandparents did. All these cases exemplified well-adjusted but still vulnerable behavior.

Although the participants as a group were well-adjusted like their survivor parents, there appeared to be a duality in nature where they were proficient in some areas of living but could not cope with other aspects. Interestingly, one of the children interviewed for this study holds a PhD degree and carefully makes decisions, as a result of her life experience as a child of survivors. For her, that meant never taking a chance on marriage; instead, she lives a very introspective life on her own terms, devoted to her aging survivor aunt and family, satisfied with her cautious choices.

It was remarkable to note that none of the participants in the study had mentioned that their parents attributed survival to observance of faith, or that it helped them throughout the Holocaust in its aftermath. In times of challenges and difficulties, people of faith typically turn to God for solace and strength. Some of the participants noted that they heard stories of courageous Jews who died reciting their allegiance to God. In that Judaism as a faith allows for a continuum of observance, it was interesting to delineate these differences in that the participants in this study were representative of these different perspectives. Reformists largely have no allegiance to tradition and often intermarry. Conservative Jews have a very liberal viewpoint; they frequently Anglicize their names, are very local in their support for Israel, and are observant only of some rituals. Orthodox and modern Orthodox Jews maintain a very strict level of observance, yet still interact with people, attain educational goals, choose their own spouses, and think for themselves. Chasidics live in isolation where the group mentality is absolute in their own practically self-sustained communities, and are interested in little else but fervent religion. Despite some children of Holocaust survivors expressing a strong sense

of faith, none of their parents credited their ability to adjust after the war to God. A minority of participants, who are modern Orthodox Jews, attributed their resiliency to God; conversely, the sole Chasidic participant in the study did not speak of God at all during the interview.

Almost all participants expressed confidence in their ability to navigate through old-age due to the resilience that they developed as a child. The children of Holocaust parents involved in the study did not experience or speak of any severe trauma that might have indelibly damaged their resilience. As Fossion et al. (2013) discovered, resilience is a psychological resource that can be bolstered or diminished depending on the experiences of an individual; fortunately, no such damaging trauma was encountered by any of the participants in this study. In line with Shrira (2015), middle-aged individuals who came across intrusive parental communication about the Holocaust had less positive perceptions about their aging and had developed more anxiety about aging and death as compared to those who did not receive such kind of engagement. Moreover, a major number of the participants shared that their parents refused to talk about the Holocaust, which may have contributed to the former's optimism about old age. At this point in time, the exact source of this confidence coming from the children of Holocaust parents cannot be determined; but it was mostly likely a function of optimism. Only time would tell if this confidence is manufactured, or if *pseudo-resiliency*—that is, resiliency activated for psychological survival—can be truly sustained over the lifecycle.

Lastly, I found that well-adjusted middle-aged children of Holocaust survivors remembered their developmental years well. As children, the participants of the study had

great respect for their parents by strictly following their rules. They did not challenge or argue with their parents, like their own children did with them. Even though some of their parents did not mention or discuss the Holocaust with their children, the participants in the study simply knew that their parents were survivors; hence, it was instilled early on in the children's lives that it was their responsibility and obligation to wholly support their parents and suppress their own wants and needs, struggles, and insecurities. The participants in the study honored the silence of their parents; they strongly believed that their parents had already suffered enough. They did not express any pain or disappointment of their own, knew when to be quiet, and listened to their parents attentively. Although most participants mentioned that they had experienced a normal childhood, some indicated that they lacked warm childhood memories since their mothers were seriously depressed and unavailable. Some also pointed out that sadness almost always surrounded their homes, which in some cases resulted in children having traumatizing nightmares about the Holocaust. This occurrence was reflective of parents talking too much or too little, failing to acknowledge or likely recognize the implications or side effects of their suffering on their children.

Limitations of the Study

Given that there were only 13 participants in the study, the results cannot be generalized to all children of Holocaust survivors. In addition, challenges had been faced during the interview session since the evidences that this study required were from events that occurred several decades ago; hence, the accuracy of the participants' memory of the past cannot be absolute. Most importantly, it was challenging to determine whether the

participants' recollection of their hardships and struggles during their developmental years can be directly attributed to being children of Holocaust survivors. There is no doubt that the systematic Nazi extermination plan to annihilate every Jew on earth made the survivors a unique group in history. It is also a fact, that the horrific experiences that these individuals endured and witnessed as dehumanized starving, beaten, abused prisoners or slaves surely shaped them. However, it would appear from this study that those experiences were not all that the survivors transmitted to their children throughout their lifetime. It is theoretically possible that the children of Holocaust survivors were able to cope and adapt due to myriad of factors, such as their own determination, the normalcy and support of the external environment in which they grew up in, school, friends, and influential teachers for example. However, I found no such method which can distinguish among these factors.

Recommendations

In order to justly determine the life experiences of children of Holocaust survivors, one recommendation that I would like to make is to consider not only well-adjusted individuals, but also those who have experienced trauma, depression, anxiety, etc. In the current study, only well-adjusted individuals were selected to participate, in which they did not have any current history of psychiatric hospitalization or were previously treated by a doctor with medication to treat emotional disorders. It may be possible that although some individuals initially experienced despair in their childhood or adolescent years, they may have made a full transition out of this state. It is entirely probable that these individuals developed resiliency as a result. It would be interesting to

know the journey that these people took in order to attain the resiliency that they achieved in their life, as this may give us a whole new different perspective on how resiliency is developed and retained throughout a person's lifetime. Moreover, old-age resiliency may as well be explored. In fact, the participants unanimously agreed to participate in a follow-up study in the next 5 and 10 years. It would be interesting to observe whether the optimism and resiliency they feel today has indeed sustained itself.

Implications of the Study

With this study, it was ascertained that many children of Holocaust parents adjusted well until middle age, and that they were even optimistic that they would grow into a ripe old age. The results of the research provided unique insights on how vulnerability, and more significantly, resiliency developed in victims of secondary trauma. These individuals were able to cultivate resiliency amid hardships at home and the environment where they grew up in, providing empowerment. Empowerment subsequently breeds self-determination. In addition, the conscious awareness of the individual's past and current situation may prompt some to revisit and reflect on their life's achievements as well as their failures. As the interview caused most to reexamine the past, the participants were given the opportunity to reflect on their own choices that served them well, and to perhaps attempt to work on those recollections which still cause pain.

From a social change perspective, the present study may help the field of social services. The results may contribute to the knowledge gained on trauma prevention and survival. Given that I found that parents play a pivotal role in developing a child's

resiliency, schools and service professionals may choose to incorporate a broad-based trauma prevention curriculum that teaches children avenues for adaptation and coping, particularly to those who grew up with traumatized parents. Likewise, a coping program designed specifically for traumatized parents can be created. More often than not, an adult's needs are overlooked or taken for granted since they overtly appear to be functioning; however, with the growing awareness of unexpressed needs, specifically the needs of traumatized parents, an effective plan for recovery can be tailor-made for them. Both parents and their children need to be taught how to identify and verbalize their trauma-related needs, so that appropriate help may be extended to them.

The findings of this research also implied that organizations and work places need to be more adaptive to individuals, especially to those who have directly or indirectly experienced trauma. Regardless of whether trauma symptoms are visible or not, trauma can have a long-lasting effect on a person and reappear at any time in a person's life (Kellerman, 2013). While many children may have developed a coping mechanism such as resiliency to address the trauma symptoms they inherited or observed, there are those who were not as fortunate to have adapted to an environment that transmitted trauma symptoms who will need assistance as they get older. A work environment that acknowledges how elements of productivity may be impacted by the ability or inability of such individuals to cope with work situations such as work stress, work orders, critical bosses, authoritative supervisors, or absolute deadlines may well choose to incorporate a program that specifically addresses those needs. Organizations may opt to conduct

seminars and lectures to raise awareness to others on how to best help alleviate the suffering manifested from traumatic experiences.

Finally, the findings of this study further confirms the resilience theory, whereby individuals bounce back from negative experiences and develop fortification to adapt to the demands of a stressful setting. Psychological resilience was refined in children of Holocaust survivors as a result of adversity, which, in this specific case, was the lack of resources or appropriate communication from parents. Since the participants in this study experienced secondary trauma and described what appears to be exposure to moderate levels of adversity, the psychological reserves that were triggered in them likely provided them an effective means to handle future adversities. As some of the children of Holocaust survivors included in this study have shown, they were able to adapt by forming satisfying healthy relationships or marriages, and by attaining academic or professional success. They were not in any way less successful or less happy than their counterparts who were not raised by parents who were Holocaust survivors.

Conclusion

More than a few children of Holocaust survivors were both resilient and vulnerable. They were resilient in some aspects of life, but vulnerable in other areas. The children mainly learned the value of resilience from their Holocaust survivor-parents as the former were constantly told and shown how “nothing can keep [them] down.” In this particular study, a majority of the participants developed resilience by becoming independent and relying on themselves rather than on others, while some others maintained resiliency by developing the discipline needed to regulate their emotions, to

adapt to change, and to accept that difficulties and challenges are a natural part of a person's life. Trauma enabled these children of Holocaust parents to develop resilience and positive coping strategies. Resilience was primarily considered a protective factor that allowed these children of Holocaust survivors to thrive in spite of the biological, environmental, social, and psychological elements present in their lives that could have kept them bound to a life of suffering.

References

- Ambriz, M. G. J., Izal, M., & Montorio, I. (2012). Psychological and social factors that promote positive adaptation to stress and adversity in the adult life cycle. *Journal of Happiness Studies, 13*(5), 833-848. doi:10.1007/s10902-01109294-2
- Bierer, L. M., Bader, H. N., Daskalakis, N. P., Lehrner, A. L., Makotkine, I., Seckl, J. R., & Yehuda, R. (2014). Elevation of 11 β -hydroxysteroid dehydrogenase type 2 activity in Holocaust survivor offspring: Evidence for an intergenerational effect of maternal trauma exposure. *Psychoneuroendocrinology, 48*, 1-10. doi:10.1016/j.psyneuen.2014.06.001
- Bradfield, B. (2011). The dissociation of lived experience: A relational psychoanalytic analysis of the intergenerational transmission of trauma. *International Journal of Psychoanalytic Self Psychology, 6*(4), 531-550. doi:10.1080/15551024.2011.606953
- Braga, L. L., Mello, M. F., & Fiks, J. P. (2012). Transgenerational transmission of trauma and resilience: A qualitative study with Brazilian offspring of Holocaust survivors. *BMC Psychiatry, 12*(1), 134. doi:10.1186/1471-244X-12-134
- Connolly, A. (2011). Healing the wounds of our fathers: Intergenerational trauma, memory, symbolization and narrative. *Journal of Analytical Psychology, 56*, 607-626. doi:10.1111/j.1468-5922.2011.01936.x

- Dekel, S., Mandl, C., & Solomon, Z. (2013). Is the Holocaust implicated in posttraumatic growth in second-generation Holocaust survivors? A prospective study. *Journal of Traumatic Stress, 26*(4), 530-533. doi:10.1002/jts.21836
- Fletcher, D., & Sarkar, M. (2012). A grounded theory of psychological resilience in Olympic champions. *Psychology of Sport and Exercise, 13*(5), 669-678. doi:10.1016/j.psychsport.2012.04.007
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist, 18*(1), 12-23. <http://dx.doi.org/10.1027/1016-9040/a000124>
- Fossion, P., Leys, C., Kempnaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2013). Depression, anxiety and loss of resilience after multiple traumas: an illustration of a mediated moderation model of sensitization in a group of children who survived the Nazi Holocaust. *Journal of Affective Disorders, 151*(3), 973-979. doi:10.1016/j.jad.2013.08.018
- Fossion, P., Leys, C., Kempnaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2014). Psychological and socio-demographic data contributing to the resilience of Holocaust survivors. *The Journal of Psychology: Interdisciplinary and Applied, 148*(6), 641-657. doi:10.1080/00223980.2013.819793
- Fossion, P., Leys, C., Kempnaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2015). Transgenerational transmission of trauma in families of Holocaust survivors: The consequences of extreme family functioning on resilience, sense of coherence,

anxiety and depression. *Journal of Affective Disorders*, 171(15), 48–53.

doi:10.1016/j.jad.2014.08.054

Fridman, A., Bakermans-Kranenburg, M. J., Sagi-Schwartz, A., & Van IJzendoorn, M.

H. (2011). Coping in old age with extreme childhood trauma: Aging Holocaust survivors and their offspring facing new challenges. *Aging & Mental Health*,

15(2), 232-242. doi:10.1080/13607863.2010.505232

Galli, N., & Vealey, R. S. (2008). Bouncing back from adversity: Athletes' experiences

of resilience. *The Sport Psychologist*, 22(3), 316-335. Retrieved from

<http://www.humankinetics.com/acucustom/sitename/Documents/DocumentItem/16186.pdf>

Gampel, Y. (1982). A daughter of silence. In M. Bergmann & M. Jucovy (Eds.),

Generations (pp. 120-136). New York, NY: Basic Books.

Garnezy, N. (1973). Competence and adaptation in adult schizophrenic patients and

children at risk. In Dean, S. R. (Ed.), *Schizophrenia: The First Ten Dean Award Lectures* (pp. 163-184). New York, NY: MSS Information Corp.

Giladi, L., & Bell, T. S. (2013). Protective factors for intergenerational transmission of

trauma among second and third generation Holocaust survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(4), 384.

<http://dx.doi.org/10.1037/a0028455>

Grossberg, J. (2015). *We do not want our past to be our children's future*. Retrieved from

<https://news.usc.edu/74494/we-do-not-want-our-past-to-be-our-childrens-future/>

- Harvery, D. (2007). Intergenerational transmission of trauma from Holocaust survivors to their children. *If Not Now E-Journal*, 17(07), 1-12. Retrieved from <http://thetrustingheart.com/wp-content/uploads/2011/03/Transmission-from-Holocaust-Survivors-to-their-Children-Diane-Harvey.pdf>
- Iliceto, P., Candilera, G., Funaro, D., Pompili, M., Kaplan, K. J., & Markus-Kaplan, M. (2011). Hopelessness, temperament, anger and interpersonal relationships in Holocaust (Shoah) survivors' grandchildren. *Journal of Religion and Health*, 50(2), 321-329. doi:10.1007/s10943-009-9301-7
- Kellerman, N. (1999). Diagnosis of Holocaust survivors and their children. *Israel Journal of Psychiatry & Related Sciences*, 36(1), 56-65. Retrieved from <http://peterfelix.tripod.com/home/Dia.pdf>
- Kellerman, N. (2001). Transmission of Holocaust trauma: An integrative view. *Psychiatry: Interpersonal and Biological Processes*, 64, 256-267. <http://dx.doi.org/10.1521/psyc.64.3.256.18464>
- Kellerman, N. (2008). Transmitted Holocaust trauma: Curse or legacy? The aggravating and mitigating factors of Holocaust transmission. *Israel Journal of Psychiatry & Related Science*, 45(4), 263–271. Retrieved from <http://search.proquest.com/openview/7dc774903e430064f4cc0ab0a1f1d3c2/1?pq-origsite=gscholar&cbl=47717>
- Kellermann, N. P. (2013). Epigenetic transmission of holocaust trauma: Can nightmares be inherited? *Israeli Journal of Psychiatry Relational Science*, 50(1), 1-9. Retrieved from http://peterfelix.tripod.com/home/Epigenetic_TTT2.pdf

- Kidron, C. A. (2012). Alterity and the particular limits of universalism: Comparing Jewish-Israeli Holocaust and Canadian-Cambodian genocide legacies. *Current Anthropology*, 53(6), 732-754. doi:10.1086/668449
- Klar, Y., Schori-Eyal, N., & Klar, Y. (2013). The “Never Again” state of Israel: The emergence of the Holocaust as a core feature of Israeli identity and its four incongruent voices. *Journal of Social Issues*, 69(1), 125-143.
- Lehrner, A., Bierer, L. M., Passarelli, V., Pratchett, L. C., Flory, J. D., Bader, H. N., ... & Yehuda, R. (2014). Maternal PTSD associates with greater glucocorticoid sensitivity in offspring of Holocaust survivors. *Psychoneuroendocrinology*, 40, 213-220. doi:10.1111/josi.12007
- Letzter-Pouw, S. E., Shrira, A., Ben-Ezra, M., & Palgi, Y. (2014). Trauma transmission through perceived parental burden among Holocaust survivors’ offspring and grandchildren. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(4), 420-429. <http://dx.doi.org/10.1037/a0033741>
- Lin, C. S. (2013). Revealing the “essence” of things: Using phenomenology in LIS research. *Qualitative and quantitative methods in libraries (QQML)*, 4, pp. 469-478.
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6-20. doi:10.1111/cdev.12205
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war and terrorism: Pathways of risk and resilience. *Annual Review of Psychology*, 63, 227–257. doi:10.1146/annurev-psych-120710-100356

- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2008). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods, 1*(2), 13-22. Retrieved from https://www.ualberta.ca/~iiqm/backissues/1_2Final/pdf/morseetal.pdf
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Napoli, J. C. (1999). Posttraumatic stress disorder in the adult offspring of Holocaust survivors. *American Journal of Psychiatry, 156*, 1838-1839. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10553762>
- National Center for Posttraumatic Stress Disorder. (n.d.) Psychosocial treatment of disaster related mental health problems: A fact sheet for providers. Retrieved from http://www.ncptsd.va.gov/ncmain/ncdocs/handouts/Psychosocial_Treatment.pdf
- Neff, L. A., & Broady, E. F. (2011). Stress resilience in early marriage: Can practice make perfect? *Journal of Personality and Social Psychology, 101*, 1050–1067. doi:10.1037/a0023809.
- O'Reilly, M., & Parker, N. (2012). 'Unsatisfactory Saturation': A critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research*. doi:10.1177/1468794112446106.
- Perlstein, P., & Motta, R. (2012). An investigation of potential Holocaust-related secondary trauma in the third generation. *Traumatology, 19*(2), 95–106. Retrieved from <https://www.apa.org/pubs/journals/features/trm-1534765612449659.pdf>

- Pezalla, A. E., Pettigrew, J., & Miller-Day, M. (2012). Researching the researcher-as-instrument: An exercise in interviewer self-reflexivity. *Qualitative Research, 12*(2), 165-185. doi:10.1177/1468794111422107
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*, 307–321. doi:10.1002/jclp.10020
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2013). *Qualitative research practice: A guide for social science students and researchers*. Thousand Oaks, CA: Sage.
- Sagi-Schwartz, A., van Ijzendoorn, M., & Bakermans-Kranenburg, M. (2008). Does intergenerational transmission of trauma skip a generation? No meta-analytic evidence for tertiary traumatization with third generation of Holocaust survivors. *Attachment & Human Development, 10*(2), 104-121. doi:10.1080/14616730802113661
- Scharf, M., & Mayseless, O. (2011). Disorganizing experiences in second and third-generation Holocaust survivors. *Qualitative Health Research, 21*(11), 1539-1553. doi:10.1177/1049732310393747
- Shmotkin, D., Shrira, A., Goldberg, S. C., & Palgi, Y. (2011). Resilience and vulnerability among aging Holocaust survivors and their families: An intergenerational overview. *Journal of Intergenerational Relationships, 9*(1), 7-21. doi:10.1080/15350770.2011.544202

- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75. Retrieved from <http://www.crec.co.uk/docs/Trustworthypaper.pdf>
- Shrira, A. (2015). Perceptions of aging among middle-aged offspring of traumatized parents: The effects of parental Holocaust-related communication and secondary traumatization. *Aging & Mental Health*, (ahead-of-print), 1-9.
doi:10.1080/13607863.2015.1013921
- Shrira, A., Palgi, Y., Ben-Ezra, M., & Shmotkin, D. (2011). Transgenerational effects of trauma in midlife: Evidence for resilience and vulnerability in offspring of Holocaust survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(4), 394-402. doi: 10.1037/a0020608
- Sigal, J. J., & Rakoff, V. (1971). Concentration Camp Survival: A pilot study of effects on the second generation. *Canadian Psychiatric Association Journal*, 16, 393-97.
Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/5151636>
- Song, S. J., Tol, W., & Jong, J. (2014). Indero: Intergenerational trauma and resilience between Burundian former child soldiers and their children. *Family Process*, 53(2), 239-251. doi:10.1111/famp.12071
- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, 16(2), 151-155.
doi:10.1111/j.1744-6155.2011.00283.x

- Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the Child and Youth Resilience Measure. *Journal of Mixed Methods Research, 5*, 126–149. doi: 10.1177/1558689811400607
- United States Holocaust Memorial Museum. (n.d.). *Holocaust encyclopedia*. Retrieved from <https://www.ushmm.org/learn/holocaust-encyclopedia>
- Von Eckartsberg, R. (1986). *Life-world experience: Existential-phenomenological research approaches in psychology*. Washington, D.C.: Center for Advanced Research in Phenomenology & University Press of America.
- Waldfogel, S. (1991). *Physical illness in children of Holocaust survivors*. Bethesda, MD: Pike National Center for Biotechnology Information. U.S. National Library of Medicine.
- Weinberg, M. K., & Cummins, R. A. (2013). Intergenerational effects of the Holocaust: Subjective well-being in the offspring of survivors. *Journal of Intergenerational Relationships, 11*(2), 148-161. doi:10.1080/15350770.2013.782745
- Werner, E. E. (1971). *The children of Kauai: A longitudinal study from the prenatal period to age ten*. Honolulu: University of Hawaii Press.
- Werner, E. E. (2000). *Through the eyes of innocents: Children witness World War II*. Boulder, CO: Westview Press.
- Yehuda, R. et al. (1997). Phenomenology and psychobiology of the intergenerational response to trauma. Originally published in: Danieli, Y. *Intergenerational handbook of multigeneration legacies of trauma* (pp. 639-655). New York, NY: Plenum.

Yehuda, R., Schmeidler, J., Giller Jr, E. L., Siever, L. J., & Binder-Brynes, K. (2014).

Relationship between posttraumatic stress disorder characteristics of Holocaust survivors and their adult offspring. *American Journal of Psychiatry*, *155*, 841-843.

Retrieved from <http://ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.155.6.841>

Appendix A: Interview Questions

For the first research questions, I used the following interview questions:

1. What is your experience as a child of Holocaust survivors?
2. How do you define resilience?
3. How has resiliency played a role in your emotional functioning in relation to being a child of Holocaust survivors?
4. Given your family background, how did you develop resiliency?
5. In what ways or what important factors contributed to your development of resiliency?

For the second research question, I used the following interview questions:

1. How has middle age affected your resilience and emotional functioning in relation to being a child of Holocaust survivors?
2. What relevant experiences do you think were important that contributed to the maintenance of resilience all through middle age?

Appendix B: Self-Report to Determine Inclusion in the Sample

1. Do have any history of psychiatric hospitalizations?
2. Have you ever have been prescribed medications for emotional disorders?
3. Do you think you are able to meet everyday challenges relatively well?
4. Are you able address and resolve issues and crises relatively well?

Appendix C: Participant Demographic Information

Participant Name	Age	Place of Birth and Order	Marital Status	Belief System	Married fellow Cohs	Attributes resiliency to...	Education
Saul	50	Youngest NYC	Married with children	Orthodox	No	Parents	CPA
Harriet	64	Oldest NYC	Single, never married	Orthodox	N/A	New home God	PHD
Esther	64	Oldest NYC	Married with children (who are not married)	Traditional	No	Mother	College Professor
Janice	62	Oldest	Married to divorced man with children, none of her own	Traditional	No	Father	Advocate
Malka	61	Oldest NYC	Divorced 2x, estranged from her children	Hasidic	N/A	Self	Occupation Therapist
Sam	67	Oldest Romania	Married with 2 children (also not married)	Modern Orthodox	No	Father & self and	PHD, Chemistry
Mindy	64	Oldest Canada	Divorced, 3 children remarried much older man	Modern Orthodox	No	Self	Computer analyst
Helen	62	Middle MD	Married with children	Modern Orthodox	No		Masters Degree Psychology
HirshLeib	66	Middle NYC	Married with 5 children	Hasidic	Yes	Spouse	Real estate developer
Michael	52	Youngest Germany	Divorced/children Remarried	Reform	No	Self	Lawyer
Bonnie	66	Oldest Germany	Married with children	Traditional	No	Spouse	Housewife
Tammy	66	Oldest MD.	Married with children	Conservative	No	Spouse	Housewife
Judith	59	Middle NYC	Married with children	Modern Orthodox	No	God	Author