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April M. Christman  
Holocaust Narratives: Exploration  
of the Emotional Impact of  
Disclosure Status among First,  
Second, and Third Generation  
Holocaust Survivors

## **ABSTRACT**

The current study explored the possible relationship between disclosure of Holocaust related narratives and emotional well-being among Holocaust survivors as well as children and grandchildren of Holocaust survivors. This study further considered how methods of disclosure and number of disclosure methods used related to emotional wellbeing and overall benefit or harm of the disclosure experience among first, second, and third generation Holocaust survivors. A sample of 147 Holocaust survivors and descendants completed an online survey consisting of Likert scales to rate the perceived benefit or harm of their disclosure experience and opportunities to offer narrative describing their disclosure experience. Three groups formed based on participant survivor status: first generation (n=29), second generation (n=74), and third generation (n=11). Results showed the vast majority of participants disclosed their Holocaust related narratives; however, disclosure did not relate to overall emotional wellbeing. Approximately 86% rated their disclosure experience at least beneficial; the more methods of disclosure used related to participants' rating disclosure as more beneficial. This study also discovered the both/ and influence of an audience (i.e. telling family/friends, speaking at a community event, etc.) to the disclosed narrative – a receptive audience related to great benefit while a skeptical audience related to great harm. While preliminary in nature, these findings reflect the importance of considering the environment that will hear the trauma narrative before attempting disclosure. This research indicates the need for further exploration of factors predicting the benefits of disclosure.

**HOLOCAUST NARRATIVES:  
EXPLORATION OF THE EMOTIONAL IMPACT OF DISCLOSURE STATUS  
AMONG FIRST, SECOND, AND THIRD GENERATION HOLOCAUST SURVIVORS**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2016

## **ACKNOWLEDGEMENTS**

I wish to thank my parents and sister for their ever-present support, encouragement, and love. Momma, you viewed each small accomplishment as a huge victory that only motivated me to work even harder. I would also like to extend a special thanks to Dr. Benjamin Dobrin, my dear friend and mentor, for encouraging me to pursue my MSW and supplying me with laughter and Taco Bell along the journey. I further wish to express my gratitude to my research advisor, Dr. Gael McCarthy, for guiding me through my research and her patient and kind support. I would like to thank all of the individuals and organizations that supported my research by advertising and sharing my study.

Last and far from least, I want to thank my puppy love, Bella May, for the happiness and love she brings to my life, playful writing breaks, and all of the puppy kisses.

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## **CHAPTER I**

### **Introduction**

Currently, Holocaust survivors share their testimonies through various avenues, such as autobiographies, oral histories, and community appearances. For instance, the United States Holocaust Memorial Museum launched “memory projects” to pursue the collection of Holocaust narratives. Furthermore, a colleague and I partnered with the Baltimore Jewish Council (BJC), Holocaust Remembrance Commission to digitally record the oral histories of nine child survivors of the Holocaust – thirty-five of the seventy-five survivors affiliated with the commission expressed interest to participate in the project. We compiled the nine recorded oral histories into a short film the BJC aired during their 2015 Yom HaShoah Commemoration attended by over one hundred people. The dedication as well as the various ways in which Holocaust survivors share their testimonies illustrates the significance of bearing witness among the survivor community. The words of a Holocaust survivor from Wolyn, Poland quoted by Giberovitch (2014) further captures the significance of bearing witness, “... and their last word was: Remember us, don’t let them forget. And this we keep holy” (p. 97).

Likewise, Kahana, Harel, and Kahana confirm higher levels of psychological well-being among survivors who share their wartime experiences with family members (Giberovitch, 2014). However, few studies exist exploring the emotional impact Holocaust survivors and their descendants experience in response to disclosing Holocaust related narratives. Further exploration into experimental disclosure reveals less significant benefits than Kahana, Harel, and



Kahana suggest (Frattaroli, 2006). Moreover, despite research acknowledging the presence of secondary trauma among descendants – children and grandchildren – of Holocaust survivors, current literature fails to explore the emotional impact this group experiences in response to sharing their testimonies. Therefore, the purpose of the present study is to make a beginning towards filling the gap present in the literature. The following research question guides the current study: What emotional impacts do first, second, and third generation Holocaust survivors experience in response to disclosing Holocaust related narratives?

This study harbors significant relevance to clinical social work practice. Holocaust survivors and now their children are reaching the end of life; therefore, there is an increasing chance that clinicians working in medical settings may work with clients from this unique population. Likewise, the findings of this study prove potentially useful for clinicians engaging with this population. Discussion of the benefits and detriments descendants of Holocaust survivors experience from disclosure of Holocaust related narratives goes virtually unacknowledged. While many organizations and national projects support the premise that disclosing Holocaust narratives is beneficial to Holocaust survivors, limited research exists confirming this claim. Therefore, this study aims to contribute to the limited support of these claims. This study potentially alerts clinicians to consider the impact the Holocaust has on descendants, which may result in better meeting this population's needs. The study has produced findings that support non-clinical options that benefit this population to which clinicians can suggest or refer their clients. Lastly, the study offers evidence to contribute to narrative therapy considerations as well as findings to spur future research.

## CHAPTER II

### Literature Review

Give sorrow words. The grief that does not speak; whispers the o'er-fraught heart, and bids it break.

-William Shakespeare, *Macbeth*, 1623

Clinical, psychiatric, and medical literatures emphasize the presence of pathology among first and second generation Holocaust survivors due to trauma endured during the Holocaust. However, researchers relied on a skewed sample of individuals: for example – survivors seeking psychiatric support or restitution from Germany – to reach these conclusions. Countering assertions emphasizing pathology, Kahana, Harel, and Kahana (1988) cite Matussek's inability to identify Concentration Camp Syndrome among any of the 245 Holocaust survivors participating in his 1975 study. Kahana et al. (1988) further reference S. Davidson, "the presence of traumatization symptoms does not preclude good social and family functioning" among survivor groups (p. 172). They continue to assert Rustin's (1980) caution against neglecting individual circumstances and thus viewing first and second generation Holocaust survivors as one homogenous group (Kahana et al., 1988). Therefore, "It is important to explore not only the pathological consequences and scars caused by the Holocaust but also to ascertain the factors that are likely to reduce these adverse consequences and aid the psychosocial adjustment of survivors" (Kahana et al., 1988, p. 182) as well as that of children and grandchildren of survivors.

Several studies, to be noted in this review of the literature, explore factors that “reduce adverse consequences” to a variety of traumas, including the Holocaust. In a meta-analysis of 146 studies, Frattaroli (2006) finds that experimental disclosure, which Frattaroli defines as “disclosing information, thoughts, and feelings about personal and meaningful topics” (p. 823), offers participants marginally beneficial effects; however, the meta-analysis focuses neither on studies explicitly discussing trauma or Holocaust related experiences. Nevertheless, other studies exist focusing specifically on both survivors of the Holocaust and survivors of other forms of trauma. In a pre-experimental, one group pre-and post-treatment design study exploring narrative therapy as an alternative treatment modality for Post-Traumatic Stress Disorder (PTSD) by Erbes, Stillman, Wieling, Bera, and Leskela (2014) reports comparable acceptability and improvement rates in comparison to other PTSD treatments. Likewise, Dasberg, Bartura, and Amit’s (2001) phenomenological case study of a narrative therapy group of child survivors of the Holocaust reports an observable restorative benefit among participants. Kahana et al. (1988) further find “adequate economic resources, better health and functional status, availability of social support networks, opportunity to disclose and speak about wartime experiences, altruistic tendencies, and finding and attaching meaning to survival” (Giberovitch, 2014, p. 89) positively impact post-war adjustment among Holocaust survivors. However, Follette and Ruzek (2006) cite several studies proposing detrimental consequences to disclosure of traumatic experiences for some individuals.

Beyond presenting the potential benefits of narrative interventions, including both narrative therapy and experimental disclosure, empirical studies also support the presence of intergenerational transmission of trauma, which supports the inclusion of Holocaust descendants in the current study. Both Giladi and Bell’s (2013) study and Sagi-Schwartz, van IJzendoorn,

and Bakermans-Kranenburg's (2008) meta-analyses support the intergenerational transmission of trauma among Holocaust survivors. However, Giladi and Bell (2013) report that low levels of differentiation within survivor families lead to intergenerational transmission of trauma, whereas Sagi-Schwartz et al. (2008) report the inverse. Sagi-Schwartz et al. (2008) found two factors prevented the transmission of trauma intergenerationally among Holocaust survivors: the presence of support within post-war communities and the fact that non-attachment figures inflicted the trauma first generation survivors endured during the Holocaust (Sagi-Schwartz et al., 2008). Collectively, the literature presents a need to explore protective factors, specifically disclosure, among first, second, and third generation Holocaust survivors.

### **Narrative Theory: How Trauma Impacts the Creation of a Narrative**

White and Epston's (1990) conceptualization of social theory's text analogy forms the theoretical foundation of narrative theory. They assert, "In order to make sense of our lives and express ourselves, experience must be "storied" and it is this storying that determines the meaning ascribed to experience" (White & Epston, 1990, p.9). Therefore, people construct narratives, defined as a series of events organized in sequence over time according to a plot or theme that connects the past, present, and future, to develop a coherent account of themselves and the world in efforts to make sense of life. Likewise, Wigren (1994) defines narrative as a psychological storytelling process through which individuals process daily life experiences. According to White and Epston (1990) time stands as a "critical dimension" in which the stories exist and the plots unfold.

The process of developing a narrative first requires the individual to attend to "an experienced sensation" (Wigren, 1994, p. 415). The individual, then, must appraise the internal and external environmental elements of the sensation to determine the elements' relevance to the

experience. After selecting relevant internal and external environmental factors, the individual develops a causal understanding of the event that subsequently leads to the ability to “evoke and account for affect” associated to the event, which ultimately establishes an underlying meaning attributed to the event. Conclusions drawn from narrated experiences, then, “guide future behavior, and contribute to the ongoing formation of a worldview and a personal identity” (Wigren, 1994, pp. 415-416).

Therefore, narratives allow individuals to utilize prior experiences to understand, predict, and respond to future events. Narratives further fulfill a vital role in social exchange. “People relate to each other, validate each other, indeed construct each other, by sharing stories” (Wigren, 1994, p. 416). Narratives serve as the means through which cognition and affect connect, not only intrapersonally, but interpersonally as well. Narratives allow for psychophysiological connections through the provision of a cognitive context to interpret the felt experience (Wigren, 1994).

Nevertheless, Baynham (2003) argues that narrative theory fails to acknowledge the thematic influence of temporal and spatial orientations on narratives. Baynham (2003) analyzes Moroccan migration narratives through Harvey, de Certeau, Giddens, Adam, and Bourdieu’s individual conceptualizations of time and space to illustrate the constitutive nature of space and time in narratives. According to Baynham (2003), de Certeau asserts that “every story is a travel story”; therefore, in the case of migration narratives, the spatial and temporal orientations *are* the story (Baynham, 2003, p. 351). Likewise, Harvey purports, “spatial and temporal practices are never neutral in social affairs. They always express some kind of class or other social content” (p. 350). Additionally, not only do the spatial and temporal orientations within the story influence the meaning of the narrative, the spatial and temporal orientations within which the

story is told influence the meaning ascribed to the narrative in any given telling. Furthermore, spatial influence on narratives includes not only physical spaces, but also religious, socio-economic, social, and relational spaces as well. Ultimately, Baynham (2003) argues, failure to acknowledge the constitutive nature of time and space renders narratives incomplete. Therefore, in consideration of Holocaust narratives, the space and time of the Holocaust proves as important as the space and time in which survivors shared or could not share their experiences.

Due to the meaning making properties of narratives, they harbor the power to influence people's lives and relationships, including familial relationships and roles (White & Epston, 1990). As Wigren (1994) asserts, interpersonal interactions aid the connection of the cognitive and affective experiences within a narrative, which ascribes the narrative's meaning. Developing a self-narrative externalizes the problem and allows people to perceive how the problem influences their lives and relationships. Furthermore, when people engage an external audience with their self-narratives, the audience contributes to the process of meaning-making which further engages people in attribution of meaning in their self-narratives (White & Epston, 1990).

White and Epston (1990) further discuss how narratives acknowledge the unique outcomes present within the dominant story. Unique outcomes "include the whole gamut of events, feelings, intentions, thoughts, actions, etc., that cannot be accommodated by the dominant story" (White & Epston, 1990, p. 15), whereas the dominant story acknowledges only the "basic and common" changes to individuals within a social group (White & Epston, 1990, p. 15). Therefore, employing unique outcomes would provide acknowledgement and validation of the varied Holocaust experiences within and between that of first, second, and third generation survivors. Along with acknowledging unique outcomes, narratives provide people with a sense of a continuous and meaningful life, restore control in personal experiences, and offer personal

agency and capacity to influence their lives and relationships. However, self-narratives never encompass the full experience of life and always operate under the bias of social power and control (White & Epston, 1990).

Thus, narrative therapy relies on the premise that “trauma disrupts the normal narrative processing of everyday experiences by interfering with the psychophysiological coordination, cognitive processes, and social connections,” (Straussner & Calnan, 2014, p. 230). Accordingly, Straussner and Calnan (2014) cite Wigren’s (1994) assertion that the disruption of the narrative building process can generate posttraumatic distress. Wigren (1994) emphasizes that experiencing trauma does not directly cause the development of psychopathology; instead, it is the inability to develop a narrative about the trauma that precipitates the occurrence of psychopathology.

Wigren (1994) continues to delineate trauma’s impact on the construction of a narrative. Wigren quotes Pierre Janet, “memories encoded during moments of trauma are different from ordinary memories” (Wigren, 1994, p. 416). Contrary to non-traumatic memories, traumatic memories are characteristically vivid and often dissociated. Furthermore, the individual lacks the ability to voluntarily recall traumatic memories, which instead surface in response to memory triggers of the traumatic event. Unlike non-traumatic memories, individuals lack the ability to attain cognitive and affective control over a traumatic memory; therefore, the individual experiences an inhibited capacity for affect regulation (Wigren, 1994).

In accordance to White and Epston’s conceptualization of the text analogy, narratives rely on an audience, regardless of whether the audience is the self or others. Therefore, disruption of the availability of an external audience also disrupts the development of a narrative

(Wigren, 1994). Kahana et al. (1988) note the impact of such disruption among Holocaust survivors:

After liberation, survivors were confronted by societal indifference, avoidance, and denial of their experiences. As the conspiracy of silence regarding the Holocaust has lifted, the survivors' ability to disclose and speak about wartime experiences may be seen as an important determinant of mental health. Inability or lack of opportunity to verbalize suffering has been cited as contributing to negative psychological sequelae among survivors. (p. 175)

Likewise, trauma interferes with social connections, which inevitably interferes with the creation of a trauma narrative. For instance, trauma survivors experience a preoccupation with the traumatic event, which serves to alienate them from others whose focus pertains to daily life events. Others may also withdraw from trauma survivors in efforts to avoid the pain of hearing the details of the trauma. As a result, "the reality of the traumatic event is disconfirmed" (Wigren, 1994, p. 217).

Developing a narrative of trauma is further complicated by the difficulty of obtaining a cognitive understanding of the traumatic event. Trauma is an experience beyond the range of ordinary experiences, which means people generally do not have similar experiences to rely on in order to achieve an understanding of the traumatic event. The threatening nature of trauma further complicates the construction of a trauma narrative because it challenges the trauma survivor's assumptions about the self and the world (Wigren, 1994, p. 217). Narrative therapy creates the opportunity for the individual to process and reframe the traumatic event. However, a single narrative treatment approach does not exist; therefore, narrative therapy requires further research for validation (Straussner & Calnan, 2014).



## **Effects of Narratives**

The majority of research on the impact of disclosing narratives does not focus on the effects of sharing Holocaust narratives, but instead on more general types of disclosure. Frattaroli (2006) conducted a meta-analysis of 146 articles exploring the magnitude of treatment effect (effect size) of experimental disclosure, which Frattaroli defines as “disclosing information, thoughts, and feelings about personal and meaningful topics” (p. 823). Frattaroli (2006) found both published and unpublished studies, completed between 1986 – March 2006, which explore experimental disclosure. The majority of the studies sample college students and persons with physical illnesses; however, a select few include participants with post-traumatic stress symptoms and histories of trauma, for a total of 10, 994 participants across all 146 studies included in the meta-analysis.

The meta-analysis includes studies that asked participants to offer oral, written, or typed accounts of a variety of experiences; however, most studies requested participants to focus on “upsetting events” – such as the death of a loved one or a sexual assault. Frattaroli’s findings confirm that experimental disclosure offers beneficial effects for participants with an overall effect size of .075. Specifically, Frattaroli’s (2006) meta-analysis found improvements in psychological health (reduced distress and depression, and positive functioning), physiological health (immune parameters), reported health (specific disease outcomes and illness behaviors), health behaviors (e.g. healthy diet), subjective impact of intervention (positive attitude about intervention and attempts to process/ make sense of event), and general functioning and life outcomes (work related outcomes, social relationships, cognitive functioning, and school outcomes).

Frattaroli (2006) further considers several moderating variables, including -- but not limited to -- setting, participant, and treatment variables. Among setting variables, Frattaroli (2006) found that experimental disclosures offering participants privacy or occurring in participants' homes demonstrate significantly larger psychological health effect sizes. Among participant variables, non-college students demonstrated marginally larger psychological health effect sizes and persons with a trauma history demonstrated marginally larger subjective impact effect sizes. Finally, among treatment variables, studies offering three or more disclosure sessions lasting fifteen or more minutes demonstrated marginally larger overall, psychological health, and subjective impact effect sizes and studies discussing previously undisclosed topics demonstrated a marginally larger psychological health effect size. Moreover, studies without an audience demonstrated marginally larger psychological health effects sizes (Frattaroli, 2006); this finding directly contrasts with White and Epston's (1990) assertion that external audiences further engage participants in attributing meaning to their narratives. While Frattaroli (2006) found larger overall and psychological health effect sizes in studies measuring effects less than one month following the intervention, the spacing of the sessions proved insignificant.

Unlike Frattaroli (2006), Dasberg, Bartura, and Amit's (2001) study focused exclusively on Holocaust survivors. Dasberg et al. (2001) conducted a phenomenological, naturalistic observation of a narrative therapy group that started in 1991 for former child survivors of the Holocaust living in Jerusalem in order to determine the effectiveness of narrative therapy groups. The group of twenty survivors met for one hour twice a month over the course of five and a half years. The group maintained the focus, "tell your story and what happened" (Dasberg, Bartura, & Amit, 2001, p. 28), which aligns with the conceptualization of narratives as storytelling (Wigren, 1994). A participant observer wrote down participants' narratives for a total of 47

sessions over the duration of the group and characterized the narratives into several themes, such as early abandonment and resentment, integrating the past into the present, and trauma. Even though the study did not collect systemic outcome ratings, qualitative data found that participation in the group offered the reported restorative benefits of establishing continuity of experience, integration of the past into the present, relief and normalization, memorialization, and a resurgence of vitality. These findings confirm Frattaroli's (2006) results that at least three disclosure sessions lasting at least fifteen minutes that involve participants with a trauma history are subjectively effective. However, Dasberg et al.'s (2001) findings disconfirm the negative impact of an audience on the benefit of disclosure, which supports White and Epston's (1990) proposition that an external audience further engages participants in attributing meaning to their narratives.

Like Dasberg et al. (2001), Kahana et al. (1988) studied Holocaust survivors; however, Kahana et al. did not focus on the influence of narratives. Instead, in 1988, Kahana et al. conducted three studies exploring Holocaust survivor populations in the United States, Canada, and Israel and identified factors that influenced Holocaust survivors' psychological well-being and post-war adaptation. Kahana et al. found that "the ability of an individual to cope with extreme stress is not only affected by the nature and duration of the stress experiences but also by personality traits, cumulative life experiences, and personal coping mechanisms" (Giberovitch, 2014, p. 89).

In one of the three previously mentioned studies conducted by Kahana et al. (1988), the researchers administered a brief questionnaire to participants of the 1983 Gathering of Holocaust Survivors in Washington, DC. A total of 275 individuals, 52% female, returned questionnaires. Among survey participants, ages ranged from 43 to 85 years with the majority arriving in the

United States between 1946 and 1951. Of note, only 10% of respondents reported they engaged in regular psychotherapy and 40% indicated involvement in survivor groups, which collectively indicates a general versus skewed sample as seen in previous studies exploring solely survivors seeking support services. The questionnaire included measures of sociodemographic and socioeconomic statuses, physical and mental health – using the Affect-Balance Scale, Holocaust experiences, the effect of Holocaust experiences on current well-being and aging, degree of self-disclosure about experiences, and use of mental health services. Regarding the sociodemographic measures, Kahana et al. (1988) found survivors demonstrated higher marriage rates as well as high rates of affiliation with Orthodox and Conservative religious traditions. Even though 52% reported “good” or “excellent” health, participants indicated the Holocaust negatively impacted their physical health and mental health, 89% and 92% respectively, with 61% thinking about their experiences at least several times per week. Participants (45%) further indicated that their Holocaust experiences made coping with aging more or much more difficult. Among predictors of well-being, Kahana et al. (1988) found lower age, higher number of children, religious affiliation, educational attainment, and self-rated good health positively associated with positive affect. Wartime experiences did not link a significant association to well-being, indicating a subjective measure of emotional significance to a traumatic event. The most significant factor positively associated with positive affect among survivors was self-disclosing Holocaust experiences with friends, families, and co-workers followed by having a survivor spouse, which increases the opportunity for extensive disclosure. Additionally, participants with altruistic tendencies demonstrated positive affect. Therefore, results indicate the psychological benefit of social connection and opportunity to disclose Holocaust experiences among first generation survivor populations (Kahana et al., 1988).

Therefore, Kahana et al.'s (1988) confirmation of higher levels of psychological well-being among survivors who shared their wartime experiences with family members, such as spouses and children, as well as the benefit of a survivor spouse lies in accordance with another researcher's finding of a marginally larger subjective impact effect size correlated with the disclosure of trauma narratives (Frattaroli, 2006). Likewise, Giberovitch (2014) reported that Holocaust survivors she worked with achieved "peace of mind" through writing memoirs or developing oral-histories, which allowed them to honor the "commitment they made to bear witness" (p. 94). However, Giberovitch (2014) further cautions that not all survivors share an equal willingness to disclose Holocaust experiences (p. 94). Furthermore, despite Giberovitch's observed benefit of disclosing Holocaust experiences, disclosure does not offer the same effects for every survivor. Giberovitch (2014) cites Litz, Blake, Gerardi, and Keane (1990) suggesting limiting the inclusion of trauma survivors experiencing "psychiatric disorders, poor cognitive functioning, unresolved life crisis, poor physical health, inadequate motivation to disclose, and inability to describe the traumatic events" in experiential disclosure exercises (p. 95).

The benefits of experimental disclosure, more specifically narrative therapy, were further confirmed in a pre-experimental, one group pre- and post-treatment design, relying on both clinician administered and self-administered scales, conducted by Erbes, Stillman, Wieling, Bera, and Leskela (2014). The researchers sought to determine if narrative therapy offers "a useful alternative to existing well-established trauma-focused interventions" (Erbes, et al., 2014, p. 731). Veterans Affairs (VA) referred nineteen potential participants with a diagnosis of PTSD who demonstrated stability on medications for three months and the absence of psychosis, suicidality or violence, or substance abuse; however, only fourteen were enrolled. Of the fourteen enrolled participants, only eleven completed treatment. Ten participants served in

Vietnam and nearly all participants reported combat trauma; however, participants also reported other forms of trauma such as child abuse and assault.

Erbes et al. (2014) utilized four clinicians, who received the same training and biweekly supervision, to lead twelve, one hour narrative therapy sessions with participants over the duration of approximately three months. Sessions were recorded and ten minute segments were coded using the Narrative Therapy Adherence Rating Scale, which is “an observer rating system for evaluating the presence of techniques that are consistent or inconsistent with narrative therapy” (Erbes et al., 2014, p. 732). Erbes et al. (2014) found comparable treatment acceptability rates, measured through examination of retention rates and the client evaluation of service scale, to other treatment approaches to PTSD. Furthermore, participants demonstrated a statistically significant 24.2% reduction in Clinician Administered PTSD Scale (CAPS) symptom severity scores from pre- to post-treatment, which shows marginal, yet comparable symptom improvement. Ultimately, according to both the CAPS and PTSD Checklist – Military Version and the Beck Depression Inventory II scales, three participants no longer met the criteria for PTSD and seven participants experienced clinically significant decreased symptoms. Therefore, like Dasberg et al. (2001), Kahana et al. (1988), and White and Epston (1990), Erbes et al.’s (2014) findings disconfirm Frattaroli’s findings that an audience hinders the beneficial impact of disclosure. Along with Dasberg et al. (2001), Erbes et al.’s (2014) findings also support the finding that three or more sessions lasting at least fifteen minutes offer greater benefit to participants.

Narrative therapy does not require clients to recount traumatic events; however, participants in both Dasberg et al. (2001) and Erbes et al.’s (2014) studies discussed traumatic experiences and demonstrated either observable or measurable psychological improvements.

Although Frattaroli did not focus exclusively on narrative therapy, she also found that discussion of “upsetting events” resulted in larger effect sizes. Therefore, results from the studies of Dasberg et al. (2001); Kahana et al. (1988); Erbes et al. (2014), and Frattaroli (2006) support therapeutic benefit from the disclosure of traumatic events, even if just marginally so.

Furthermore, “when one considers that the act of disclosing has virtually no costs—it is a free, noninvasive, independent activity and is perceived by participants to be helpful—it seems that any effect that is nonzero and in the positive direction is worth noting” (Frattaroli, 2006, p. 851).

Conversely, Follette and Ruzek (2006) acknowledge concerns regarding the detrimental impact of exposure therapy on trauma survivors due to the emotional arousal elicited by such treatments and the inability of some clients to bind the anxiety elicited. Clinicians express reservations about implementing exposure therapy to treat certain populations experiencing post-traumatic stress symptoms due to two potential safety issues: “exposure therapy may exacerbate the very PTSD symptoms it is designed to ameliorate and although PTSD symptoms may be alleviated, other psychological symptoms (drinking, depression, guilt) may worsen” (Follette & Ruzek, 2006, pp. 79-80).

Pitman, Altman, Greenwald, Longpre, Macklin, Poire, et al. (1991) “described six cases of combat veterans whose PTSD symptoms worsened after treatment by imaginal exposure.” However, Pitman et al.’s (1991) study lacked a control condition, which disrupts the ability to establish causality. Without a control condition, researchers cannot determine if veterans would experience “an acute exacerbation of their symptoms during the study period had they not received treatment” (Follette & Ruzek, 2006, p. 80). Furthermore, the full sample demonstrated a decrease in fear, physiological arousal, guilt, sadness, and anger after exposure therapy.

In a subsequent study bringing into question the negative effects of narrative therapies, Tarrier, Pilgrim, Sommerfield, Faragher, Reynolds, Graham, et al. (1999) “conducted a randomized controlled trial” that compared the use of imaginal exposure treatment to cognitive therapy with trauma survivors. The overall results of the study indicate “comparable outcomes on measures of PTSD prevalence and severity, anxiety, and depression” for both imaginal exposure treatment and cognitive therapy. However, thirty-one percent of the imaginal exposure group demonstrated a worsening in symptoms at posttreatment compared to just nine percent of the cognitive therapy group. Researchers defined symptom worsening as a “posttreatment PTSD severity score that was greater than the corresponding pretreatment score by 1 or more points,” which, however, falls “within the measurement error of the instrument” and “may not reflect symptom worsening” (Follette & Ruzek, 2006, p. 80). Furthermore, researchers did not find differences between groups on measures of depression and anxiety, areas of psychopathology, which are correlated with PTSD. Researchers were further not able to reproduce differences between treatment groups during the follow-up assessment. Likewise, Taylor, Thordarson, Maxfield, Fedoroff, Lovell, and Ogrodniczuk (2003) sought to explore the presence of symptom worsening at posttreatment between a group treated with imaginal plus *in vivo* exposure and a group treated with EMDR and a group treated with relaxation training. All three groups demonstrated low rates of symptom worsening. Later, “Gillespie, Duffy, Hackman, and Clark (2002) administered a treatment that combined exposure and Cognitive Restructuring and found no symptom worsening” (Follette & Ruzek, 2006, p. 80). The results of the aforementioned studies suggest that “the rates of symptom worsening are very low and that exposure therapy is not [usually] associated with a greater risk of symptom worsening than other forms of treatment” (Follette & Ruzek, 2006, p. 81).



## **Intergenerational Transmission**

In a meta-analysis of thirteen studies, Sagi-Schwartz et al. (2008) cite past studies that did not find evidence of intergenerational trauma in children of Holocaust survivors or their grandchildren. The researchers attribute the lack of intergenerational psychopathology to the social support survivors received in their respective post-genocide communities, such as the establishment of the State of Israel and the building of memorials. Likewise, individual studies indicating the presence of intergenerational transmission of trauma cite the lack of community supports and presence of parental mental illness as contributing to the transmission of trauma.

In contrast to Sagi-Schwartz's (2008) meta-analysis, Giladi & Bell's (2013) individual study of Holocaust survivors and their families quantitatively found a presence of secondary trauma within the second and third generations of Holocaust survivors. Even though levels of secondary trauma were within normal ranges for most participants, second generation (2G) and third generation (3G) descendants of Holocaust survivors had significantly higher levels of secondary trauma than the control group. So, although 2G and 3G descendants of Holocaust survivors functioned well, they appeared to be affected by family trauma. Likewise, Kahana et al. (1988) cite Solkoff's (1981) assertion of the mutual occurrence of second generation survivors needing psychiatric support and second generation survivors exhibiting satisfactory personal adjustments and healthy familial relations.

Like Giladi & Bell (2013), Song, Tol, and Jong (2004) confirm the transmission of trauma to subsequent generations in the presence of specific risk factors. Their qualitative study, which explores how the effects of trauma among Burundian former child soldiers (FCS) transmitted intergenerationally, adds to a previously conducted mixed methods study that compares 15 FCS and their children to 15 matched civilians. They sampled 25 FCS parents, 15

demographically matched civilians, and children of FCSs. The study employs a multi-phasic methodology to collect data, which includes individual semi-structured interviews with parents, focus group discussions, and observational data of parent-child interactions. Song et al. (2004) found that the presence of severe mental distress such as PTSD or depression, parental dissociation, or parental anxiety precipitate the transmission of trauma to children of FCS (p. 247). Findings further identify the impact of community on the intergenerational transmission of trauma. In addition to parental emotional distress, Song et al. (2004) found the “political and social stigma” (p. 248) children of FCS encountered within the community correlated with the experience of traumatic distress among the children. Therefore, an unsupportive and threatening community environment presents a stressor that increases the risk of intergenerational transmission of trauma.

Sagi-Schwartz et al. (2008) interpret the lack of intergenerational trauma among descendants of Holocaust survivors as due to the fact that attachment figures did not inflict the traumatic experiences they themselves suffered upon their descendants; rather, an almost anonymous, destructive process with bureaucratic characteristics – for example the anti-Semitic laws in eastern Europe that began in 1933 - attacked the first generation survivor community. The Holocaust may not have undermined the basic feelings of trust in survivors’ attachment figures, allowing them to fulfill their own role as trusted parents. Conversely, Song et al.’s (2004) study identifies the child’s sensitivity to parental “emotional flooding” (p. 247), which illustrates how the fluidity of boundaries in families experiencing trauma develops into low levels of differentiation of self. Similarly to Song et al. (2004), Giladi and Bell (2013) found not only a presence of secondary trauma within the second and third generations of Holocaust survivors, but also low levels of differentiation among these generations (Giladi & Bell, 2013).

This study also found a significant relationship between all three variables -- high differentiation of self and high levels of family communication are found to be associated with low levels of secondary trauma. Giladi and Bell (2013) hypothesized the relationship they identify to be due to poor anxiety regulation within the family, thereby postulating a connection between attachment and mental health and supporting White and Epston's (1990) assertion that self-narratives influence familial relations.

### **Strengths and Limitations**

Collectively, these studies represent diverse trauma experiences, including but not limited to the Holocaust and various war traumas. However, several studies lack generalizability for a variety of reasons. Firstly, Kahana et al. (1988), Dasberg et al. (2001), Erbes et al. (2014), and Giladi and Bell (2013) used convenience samples in which only particular ethnic groups were represented; however, Kahana et al. (1988) attained diversity as they recruited from a non-clinically based sample. The composition of the samples also affects generalizability. The Erbes et al. (2014) sample only represents combat veterans with PTSD stabilized with medications. Furthermore, Dasberg et al.'s (2001) study included a solid nucleus of only fifteen participants; the remaining composition of the sample fluctuated throughout the observation of the group. Therefore, generalizability and findings are further questionable due to the somewhat fluctuating sample.

Several studies also present with racial, socio-economic, and gender biases. The disproportionately white sample in both Frattaroli's (2006) meta-analysis and the Erbes et al. (2014) study present a racial bias. Frattaroli's (2006) meta-analysis also included a sample with disproportionately higher levels of education, a result of individual studies sampling college students, which also may present a socio-economic bias. Lastly, Erbes et al. (2014) never

mention the gender of participants, and thus all participants are assumed male, which presents a gender bias.

Methodologies also present certain limitations. In both Frattaroli's (2006) and Sagi-Schwartz et al.'s (2008) meta-analyses, the extreme variance present across the populations studied, the focus of the studies, and the methodology of the studies accompanied with the lack of a randomized control prevents the ability to determine causality. The correlational nature of the Kahana et al. (1988) research cannot prove causality. Likewise, the Erbes et al. (2014) study cannot determine causality due to lack of randomized assignment to a comparison group. Even though the inability to prove causality presents as a limitation to these studies, constructing studies in which human subjects agree to be randomized into experimental and control groups proves exceptionally difficult – perhaps even unethical -- even more so when proving causality would require human subjects to undergo trauma. Additionally, Dasberg et al.'s (2001) study offers weak correlational data because it did not collect pre- and post-group ratings of well-being. Despite these methodological limitations, the studies' scales demonstrate high inter-rater reliability.

As a collective, the findings of these studies suggest that first, second, and third generation Holocaust survivors in general experience a psychological benefit from disclosure; however, a study confirming this specific claim with empirical data does not exist in the literature. The thesis project undertaken in the study reported here is therefore an opportunity to begin to fill a gap in the existing research.

## **CHAPTER III**

### **Methodology**

#### **Research Purpose and Design**

The purpose of this study was to begin to fill the gap present in the literature regarding the emotional impact of disclosing Holocaust testimonies on Holocaust survivors as well as children and grandchildren of Holocaust survivors. This study defines disclosure as sharing Holocaust related experiences or reactions through oral or written means via interpersonal interactions with family, friends, service providers, or acquaintances; published or unpublished journals, memoirs, or documentaries; public presentations; or within individual or group therapeutic settings. The following research question guided this study: what emotional impacts do first, second, and third generation Holocaust survivors experience in response to disclosing Holocaust related narratives? I hypothesized that those participants, both Holocaust survivors and children and grandchildren of Holocaust survivors, who previously disclosed Holocaust related narratives would report higher levels of emotional well-being than groups who did not previously disclose Holocaust related narratives. I further hypothesized that Holocaust survivors would report greater emotional well-being in reaction to disclosure than would children and grandchildren of Holocaust survivors. Finally, I hypothesized that those who used more public methods of disclosure that offer wider audiences, such as writing a memoir or speaking at a community event, would produce a stronger relationship with emotional well-being than would more private methods of disclosure, such as speaking to family or friends.

I utilized a quasi-experimental online mixed-methods questionnaire. A quasi-experimental design included both participants who did and who did not previously disclose their testimonies in efforts to establish a relationship between disclosure status and emotional well-being, which directly answered the research question. Furthermore, a mixed-methods online questionnaire created anonymity to protect participants. A mixed-methods approach allowed me as the researcher to collect quantitative data to access a larger sample, and a quasi-experimental design permitted delineating the presence of a relationship between emotional well-being and disclosure status both within and between subgroups – Holocaust survivors, children of Holocaust survivors, and grandchildren of Holocaust survivors. A mixed methods approach further provided participants with the opportunity to elaborate on their experiences as they desired in the qualitative responses: this created the possibility for participants to offer narrative information in text boxes that I did not consider or include in the survey's quantitative questions and provided the potential foundation for future research. Finally, a short survey offered greater accessibility and time efficiency to participants.

The mixed methods questionnaire relied on both closed and open-ended questions to gather data regarding previous disclosure of Holocaust related narratives, methods of previous disclosures, and emotional well-being, as well as demographic data. I structured the questionnaire as a self-administered survey via SurveyMonkey, where data collection also occurred. I used descriptive statistics to analyze demographic data, inferential statistics to establish relationships among quantitative variables and summarize quantitative data, with thematic analyses the primary method to analyze qualitative data.

## Sample

The participants for this study included English speaking Holocaust survivors, children of Holocaust survivors, and grandchildren of Holocaust survivors, referred to as first, second, and third generation Holocaust survivors respectively, aged 18 years and older. Within the context of this study, I defined Holocaust survivors as the following:

After 1933, you [participant] were:

1. A person who survived in Nazi-occupied Europe during the Holocaust in any of the following ways:
  - a. Were confined to a ghetto, incarcerated in a concentration and/ or a death camp, or forced to provide slave labor in a work camp;
  - b. Hid in such places as an attic, a safe house, underground bunker, a forest, a haystack, a grave, etc.
  - c. Posed as a Christian with a false identity; or
  - d. Fought with the underground Partisan resistance movement.
2. A person who fled to Russia when Germany invaded Poland.
3. A war refugee who fled to a safe haven.
4. German and Austrian Jews who fled to other countries, including children and teenagers whose parents made the decision for them. (Giberovitch, 2014, p. 47)

A Holocaust descendant was defined as the child or grandchild of a Holocaust survivor as defined by the above criteria. Both Holocaust survivors and descendants who disclosed or never disclosed Holocaust related experiences or reactions were included in this study. The desired sample size was fifty or more participants. A total of 192 individuals initiated the survey by answering one or more of the screening questions; however, only 147 participants completed the

survey. The reasons 45 responses were discarded include that the individual did not meet participant criteria, did not offer consent after being screened appropriate for the study, or offered consent and failed to answer any of the survey questions beyond the screening questions. Since data were collected via an online survey that kept participants' identities encrypted, I was unable to reach out to assist with any technical difficulties the respondents who did not complete surveys might have had. Also, the settings for the survey only allowed one response per IP address to prevent multiple responses from one individual, so that technical difficulties resulting in a participant's closing the survey before it was completed could not be corrected: the internet survey site would prevent the individual from submitting another response if the difficulty were later clarified. Nor was I able to reach out to any participant to answer questions regarding the mechanics of the survey, or to clarify any meanings that might not have been evident to the respondent. All these are familiar limitations to any online survey, and of the present study as well. The obvious trade-off was the ability to collect as many as 147 responses.

This study utilized a nonprobability, nonrandom sampling method known as purposive sampling. The recruitment process consisted of a five tiered approach to identify organizations and groups through which I recruited participants. First, I identified individuals and organizations I personally knew worked with or otherwise knew first, second, and/ or third generation holocaust survivors (e.g. Baltimore Jewish Council). Second, I identified individuals I personally knew who potentially knew or knew people who knew first, second, and/ or third generation Holocaust survivors. Third, I identified well-known organizations connected to the Holocaust survivor community (e.g., United States Holocaust Memorial Museum in Washington D.C.). Fourth, I utilized the Google search engine to identify both national and international organizations and groups with access to first, second, and third generation Holocaust survivors



with the following keywords: Holocaust survivor organizations, Agencies/ Organizations serving holocaust survivors, Holocaust survivor associations, Holocaust museum, Jewish family services, and Kindertransport. Fifth, the link to this online survey was included within another online survey, which explores protective factors present in Holocaust survivor families and communities. The researcher exploring protective factors present in Holocaust survivor families and communities, a professional contact of mine, chose to share this survey exploring effects of sharing Holocaust narratives by attaching the link at the end of her online survey (see first recruitment strategy). My colleague received permission to attach my survey link at the end of her survey from Smith College's Human Subject Review Committee (HSRC).

I utilized email to relay all communications to agencies. Initially, I contacted fifty organizations and groups via email explaining my research. I informed agencies expressing interest that I would provide them with recruitment materials upon approval from Smith College's HSRC. Approximately one month after initially contacting the organizations, I emailed approved recruitment materials to organizations and groups interested in advertising the survey. I further emailed the research approval letter from the Smith College HSRC to those organizations and groups that did not indicate or decline interest in recruiting for the survey. Approximately one month after sending recruitment materials, I sent a follow-up email to organizations and groups that did not indicate receipt of materials. Three weeks later, I sent a final email informing all participating agencies of the date when I planned to close the survey.

I utilized the following recruitment strategies: (a) E-mail advertisements (Appendix A) sent to fifty organizations providing services to Holocaust survivors and descendants of Holocaust survivors as well as survivor and descendant groups, seventeen of which spanning across fourteen states (Maryland, Illinois, California, Colorado, Florida, Massachusetts,

Missouri, Nevada, Nebraska, New York, North Carolina, Oregon, Pennsylvania, and Virginia) and Washington D.C. agreed to advertise the study, to be forwarded to their listservs, (b) letters (Appendix A) sent to the aforementioned organizations via email to distribute to their respective communities (c) flyers (Appendix A) sent to the aforementioned organizations via email to post on their premises and distribute to their respective communities, and (d) E-mail advertisements sent to nine personal contacts of mine, seven of which agreed to advertise the study, in order to employ a snowball sampling approach.

Therefore, first, second, and third generation Holocaust survivors stand as the population for this study; however, the listservs of seventeen organizations and groups spanning across fourteen states and Washington D.C. stand as the sampling frame. The E-mail recruitment and flyer consisted of a brief synopsis of the questionnaire and the eligibility criteria and a link to the questionnaire. The participants were directed to an online questionnaire, where the following questions were asked:

1. Are you 18 or older?
2. Are you able to read and write English?
3. Are you considered a Holocaust survivor according to the aforementioned definition?
4. Are you considered a descendant of a Holocaust survivor as defined by the above definition?

If the participants answered “no” to questions 1, 2, or either 3 or 4, then they were redirected to a screen explaining that they were unfortunately ineligible to participate in the study and warmly thanked for their interest in the study. If the participant answered “yes” to either questions 1, 2, 3 or 1, 2, 4 they were directed to an informed consent page.

Certainly, issues regarding the representativeness of the sample exist. The sample only drew from Holocaust survivors and descendants of Holocaust survivors affiliated with the aforementioned organizations, which excludes many people in the population and may lead to a sample containing more persons that previously disclosed their experiences. In fact, Kahana et al. (1988) cautioned against the reliance on samples from clinically driven organizations or survivors' groups as they represent only a subset of the survivor population. However, this study also recruited from museums, which present a non-clinical sampling frame. Finally, utilization of an online survey potentially excluded participants due to technological or economic barriers – creating an overrepresentation of children and grandchildren of Holocaust survivors within the sample. Therefore, the sample only represented Holocaust survivors and descendants of Holocaust survivors affiliated with the aforementioned agencies, living in the aforementioned states, and with access and ability to complete an online survey.

### **Data Collection Methods**

This is a mixed-methods, survey based study. This study asked participants to complete an online questionnaire through SurveyMonkey. The procedure was entirely self-administered and participants were guided through the process via online prompts and directions. After completing the pre-questionnaire screening described above (Appendix B), participants were directed to the informed consent page (Appendix B) if they were considered eligible for participation. The informed consent reviewed the study's purpose, procedures, risks to participation, potential benefits, and confidentiality protections. Survey questions did not ask participants to describe the trauma they endured, however, considering that if and how they disclosed their trauma could pose only minimal to moderate risk of triggering them to think about their trauma, whereas asking for details of the actual trauma sustained could potentially

cause them to feel extremely distressed or uncomfortable. In order to address the event that a participant was triggered while completing the survey, the telephone number and web address for the following three on-call national mental health resources were provided: Mental Health America, SAMHSA National Help Line, and Crisis Call Center. Only if a participant agreed to the informed consent, by clicking on a box that says “I agree” at the bottom of the screen, did they continue on to the questionnaire. The questionnaire (Appendix C) consisted of two parts and likely took no longer than 30 minutes to complete; however, times varied depending on participants’ response to narrative short-answer questions.

The first part of the questionnaire, “Assessment,” collected quantitative and qualitative data regarding prior experiences disclosing Holocaust related narratives, methods of disclosure (e.g., writing a memoir, sharing an oral history, telling a family member/ friend, etc.), most useful methods of disclosure, and emotional well-being, while the following section of the questionnaire collected demographic data from participants. The Assessment section utilized close-ended methods (i.e., yes/ no and Likert scales) and open-ended methods (i.e., short answer). Participants were asked to select the most accurate response on close-ended questions and type their response to open-ended questions. The first question asked whether or not the participant previously disclosed a Holocaust related narrative. Participants who previously disclosed a Holocaust related narrative were directed to complete the remainder of the questionnaire, using SurveyMonkey skip logic – a feature that directs respondents to the next applicable question, thus reducing the chance that participants will answer irrelevant questions. Participants who did not previously disclose a Holocaust related narrative were directed to answer only the fifth question and demographic questions using SurveyMonkey skip logic. The second question asked participants to use a five-point Likert scale, ranging from extremely

harmful to extremely beneficial, to rate whether or not they found the process of disclosing their Holocaust related narrative beneficial. The questionnaire continued to ask participants to use a Likert scale, ranging from extremely harmful to extremely beneficial, to rate the methods of disclosure in which they engaged. Participants were asked to rate the following methods of disclosure and were invited to indicate a method that was not listed: Telling family/ friends, Writing in a journal, Writing a memoir/ autobiography, Sharing an oral history, Speaking at a community event, or Audio/ video recording narrative. The fifth question asked participants to use a five-point Likert scale to rate their emotional well-being, ranging from poor to excellent. The final question in the Assessment section provided participants an opportunity to identify the most effective method of disclosure and why.

The demographic data, collected in the second part of the questionnaire, allowed analysis to determine how participants' varying identities related to disclosure behaviors and emotional impacts of disclosure. The information collected included age, gender, race/ ethnicity, marriage/ relationship status, parental status, and Holocaust survivor status or descendant of Holocaust survivor status. The survey closed with a message thanking the participants upon their successful submission of their responses.

Participants entered the online survey in a location of their choice – their own home, a community center, or a public library setting that offers public access to the internet. Upon completing the questionnaire, participants submitted their responses to SurveyMonkey. SurveyMonkey stored participant responses. Therefore, data collection occurred via SurveyMonkey, through which I as the researcher could access only participants' de-identified responses.

## Data Analysis

Prior to conducting quantitative data analysis, I drafted a code book. The value labels for close-ended questions with yes/ no options were yes = 1 and no = 2; Likert scales ranging from “extremely harmful” to “extremely beneficial” were “extremely harmful” = 1 to “extremely beneficial” = 5, and Likert scales ranging from “poor” to “excellent” were “poor” = 1 to “excellent” = 5. The value labels for demographic data were as follows: gender (female = 1, male = 2, transgender = 3, prefer not to answer = 4); age (18-40 years = 1, 41-60 years = 2, and 61+ years = 3); race/ ethnicity (white = 1, Jewish = 2, white/ Jewish = 3, and Eastern European Jew, which combines eastern European, German, Austrian, Israelite, Ashkenazi, Polish, Hungarian, and Sephardic Jews = 4); marital/ relationship status (single = 1, married = 2, separated/ divorced = 3, widowed = 4, long-term domestic relationship = 5, other committed relationship = 6); parental status (I have children = 1, I do not have children = 2, I have grandchildren = 3, I have great-grandchildren = 4); and survivor status (I am a Holocaust survivor = 1, I am a child of a Holocaust survivor = 2, I am a grandchild of a Holocaust survivor = 3). Age and race/ ethnicity demographics were collapsed into categories that would render statistically significant values.

I accessed participant responses submitted into SurveyMonkey, utilized Excel to download the data and the Statistical Package for the Social Sciences (SPSS) to analyze the data; I also used the assistance of the Smith College School for Social Work (SSW) statistical analyst. Upon importing participant responses into Excel, I deleted incomplete survey responses (e.g., the individual did not meet participant criteria, did not offer consent after being screened appropriate for the study, or offered consent and failed to answer any of the survey questions beyond the screening questions). I used descriptive statistics to analyze demographic data of the remaining

147 responses. This method determined the gender, age, and race composition of the sample; the marital/ relationship and parental status of the sample; and how much of the sample identified as a Holocaust survivor versus a child or grandchild of a Holocaust survivor.

The 147 quantitative responses were analyzed primarily using inferential statistics. To answer the question exploring how helpful participants found disclosing their Holocaust related narratives, frequencies were run for those who disclosed and those who rated the experience as “beneficial.” The research aimed to illuminate relationships present between participants who did not previously disclose Holocaust related narratives and their respective reported emotional well-being as well as the relationship present between participants who did previously disclose Holocaust related narratives and their respective emotional well-being. In order to answer this question, a t-test, which looks at whether the mean response to the 5 point emotional scale was different based on whether or not participants disclosed, was conducted. In order to see frequencies of the two variables, a crosstabulation was run. Analysis of these relationships directly answered the proposed research question: What emotional impacts do first, second, and third generation Holocaust survivors experience in response to disclosing Holocaust related narratives?

One way anova (analysis of variance) tests were run to determine if there was a difference in how helpful disclosure was as well as subjective emotional wellbeing depending on survivor status, parental status, race/ ethnicity, and age. Furthermore, differences between mediums of disclosure (i.e., writing a memoir, sharing an oral history, telling a family member/ friend, etc.) and emotional well-being were explored. Frequencies were run to determine which method of disclosure participants rated as most helpful. Participants indicated they used multiple methods of disclosure and therefore I could not determine the differential impact on emotional

wellbeing of individual disclosure methods. In order to explore if the number of disclosure methods used impacted the perceived benefit of disclosure, a Spearman rho correlation between the number of methods used and the how beneficial participants rated disclosure was completed. A t-test was further done to explore the difference between one method used versus multiple methods used.

The qualitative data were divided into three separate questions requiring open-ended responses (participants explaining why or why they did not find disclosing their Holocaust related narratives beneficial, other methods of disclosure used that were not listed, and explanations of why participants found or did not find specific methods of disclosure beneficial) and analyzed through thematic coding and identifying patterns amongst the responses. Each response was read in detail, multiple times, until an understanding of the categories began to emerge in the text. Categories for coding were created from keywords and phrases found in the text. Categories were then linked and combined when the meanings were similar, and overlapping codes were condensed into upper level or more general codes. Then, specific codes nested within the upper level codes were identified.

Due to the small sample size, which is further limited when conducting analyses on specific survivor status categories, weak statistical significance was expected. Furthermore, the inability to ask participants follow-up and clarifying questions to open-ended questions was anticipated to result in responses that did not specifically answer the question. Despite these expected limitations, it was expected that more methods of disclosure, methods of disclosure that offered the participant an audience, and first-generation survivors were expected to demonstrate a relationship to greater benefit and emotional wellbeing.



## **CHAPTER IV**

### **Findings**

This study explored possible relationships between disclosure of Holocaust related narratives (i.e., sharing Holocaust related experiences or reactions through oral or written means via interpersonal interactions with family, friends, service providers, or acquaintances; published or unpublished journals, memoirs, or documentaries; public presentations; or within individual or group therapeutic settings) and emotional well-being among Holocaust survivors as well as children and grandchildren of Holocaust survivors. The study was guided by the following research question: What emotional impacts, if any, do first, second, and third generation Holocaust survivors experience in response to disclosing Holocaust related narratives? Research questions further explored whether there exist: self-reported benefits of disclosure in general; any perceived benefit of each listed method of disclosure (telling family/ friends, writing in a journal, writing a memoir/ autobiography, sharing an oral history, speaking at a community event, audio/ video recording); and possible relationships between demographic characteristics such as survivor status, marital/ relationship status, parental status, age, and race/ ethnicity and perceived benefits of disclosure and emotional wellbeing.

During the course of analysis, it became apparent that comparisons of the relationships between the perceived benefit of a specific method of disclosure and emotional wellbeing could not be drawn because only 4.76% of participants indicated they used only one method of disclosure compared to 68.71% of participants who indicated they used between two and six

methods of disclosure, while the remaining participants either did not disclose the narrative of their Holocaust experiences, or did not report methods of disclosure used. This finding spurred the following research question: what is the self-reported emotional wellbeing of participants who used only one method of disclosure as compared to participants who used multiple methods of disclosure?

Several hypotheses were identified at the outset of research – H1: participants, both Holocaust survivors and children and grandchildren of holocaust survivors who previously disclosed Holocaust related narratives would report higher levels of emotional wellbeing compared to groups who did not previously disclose Holocaust related narratives; H2: Holocaust survivors would report greater emotional wellbeing in reaction to disclosure than did children and grandchildren of Holocaust survivors; H3: participants who used more public methods of disclosure that offer wider audiences, such as writing a memoir or speaking at a community event, would produce a stronger relationship with greater emotional wellbeing than would more private methods of disclosure, such as speaking to family or friends. In response to the research question discovered in the course of analysis, I hypothesized that participants using more than one method of disclosure would report higher levels of emotional wellbeing (H5).

Overall, the majority of participants, 89% (n=130), indicated that they did disclose their Holocaust related narrative. For those who disclosed, the majority, 86%, rated the experience as either extremely beneficial or somewhat beneficial with no participant rating the experience as extremely harmful. In comparing the emotional wellbeing of those who disclosed their narratives and those who did not in order to establish a relationship between variables, no significant difference was found.

The findings that follow begin with participant demographics, including gender, age, race/ ethnicity, marital/ relationship status, parental status, and survivor status. Next, a review of results from quantitative questions inquiring about disclosure status, self-perceived benefit of disclosure, methods of disclosure, and emotional wellbeing. The chapter concludes with findings from three open-ended questions.

### **Participant Demographic Characteristics**

The data from 147 (out of 192) participants were used for this study. Forty-five responses were discarded because the individual did not meet participant criteria, did not offer consent after being screened appropriate for the study, or offered consent and failed to answer any of the survey questions beyond the screening questions. Not all participants elected to report demographic characteristics; therefore, the total frequencies for each category do not reflect 147 participants. Of the 114 participants who reported their gender, the vast majority self-identified as female, 77 or 67.5%. The remaining 32.5% of the sample self-identified as male, 36 or 31.6%, and transgender, 1 or 0.9%. Of the 113 participants who reported their age, 84% were older than 50 years of age with 27.4% being 51-60 years old, 30.1% being 61-70 years old, and 26.5% being 71+ years old. The remaining 16% were divided among younger age ranges with 1.8% being 18-30 years old, 6.2% being 31- 40 years old, and 8% being 41-50 years old.

The sample of participants was somewhat diverse among race/ ethnicity with ten different identities reported by a total of 108 participants. Six participants, or 5.6%, reported they were Eastern European Jew, while six different Eastern European Jewish identities were identified -- with 1.9% being German Jew, 0.9% being Austrian, 0.9% being Israelite, 3.7% being Askenazi Jew, 2.8% being Polish Jew, and 0.9% being Hungarian Jew. The remaining participants identified as either white (50%), Jewish (19.4%), or white/ Jewish (13.9%).

In regard to marital/ relationship status, to which 114 participants responded, results showed the majority of respondents were married totaling 74.6% followed by 9.6% widowed, 7% single, 4.4% separated/ divorced, 3.5% in a long-term domestic partnership, and 0.9% in another committed relationship. The parental status of participants showed the majority had children, totaling at 84.6% followed by 27.2% also having grandchildren, and 3.4% also having great-grandchildren. One hundred and fourteen participants indicated survivor status with over half (totaling 64.9%) reporting they were a child of a Holocaust survivor followed by 25.4% being Holocaust survivors, and 9.6% being grandchildren of Holocaust survivors. Demographic characteristics are illustrated in Table 1.

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**Table 1:**

*Demographic Characteristics of Participants*

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Gender (n=114)	Female	67.5% (n=77)
	Male	31.6% (36)
	Transgender	0.9%
Age (n=113)	18-30	1.8% (n=2)
	31-40	6.2% (7)
	41-50	8% (9)
	51-60	27.4% (31)
	61-70	30.1% (34)
	70+	26.5% (30)
Race/ Ethnicity (n=108)	White	50% (n=54)
	Jewish	19.4% (21)
	White/ Jewish	13.9% (15)
	Eastern European Jew	5.6% (6)
	German Jew	1.9% (2)
	Polish Jew	2.8% (3)
	Hungarian Jew	0.9% (1)
	Askenazi Jew	3.7% (4)
	Austrian	0.9% (1)
Israelite	0.9% (1)	

**(Table 1 continued)**

Marital/ Relationship Status (n=114)	Single	7% (n=8)
	Married	74.6% (85)
	Separated/ Divorced	4.4% (5)
	Widowed	9.6% (11)
	Long-term Domestic Partnership	3.5% (4)
	Other Committed Relationship	0.9% (1)
	Parental Status	I have children
	I have grandchildren	27.2% (40)
	I have great-grandchildren	3.4% (5)
Survivor Status (n=114)	I am a Holocaust survivor	25.4% (n=29)
	I am a child of a Holocaust survivor	64.9% (74)
	I am a grandchild of a Holocaust survivor	9.6% (11)

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The second section of the survey, as presented in Table 1, inquired about participants' demographic characteristics. The first section of the survey comprised both close-ended and open-ended questions arranged interchangeably throughout the survey. One question asked for a yes/ no response and three involved a Likert scale. For the purposes of data description, close-ended and open-ended responses will be presented separately, even among survey questions that involved both close-ended and open-ended portions.

**Disclosure of Holocaust Related Narratives**

The overwhelming majority of respondents reported they previously disclosed their Holocaust related narrative. Of the 147 participants who reported whether or not they disclosed their Holocaust related narrative, 89% (n=130) indicated they disclosed their narrative and 11% (n=16) indicated they did not disclose their narrative. Proportionally, more first generation survivors disclosed their narratives than did second or third generation survivors. Only 113 of

participants reported their survivor status – 96.6% (n=28) of Holocaust survivors, 86.3% (n=63) of children of Holocaust survivors, and 81.8% (n=9) of grandchildren of Holocaust survivors previously disclosed their Holocaust related narratives (Table 2).

**Table 2 – Disclosure Status X Survivor Status**

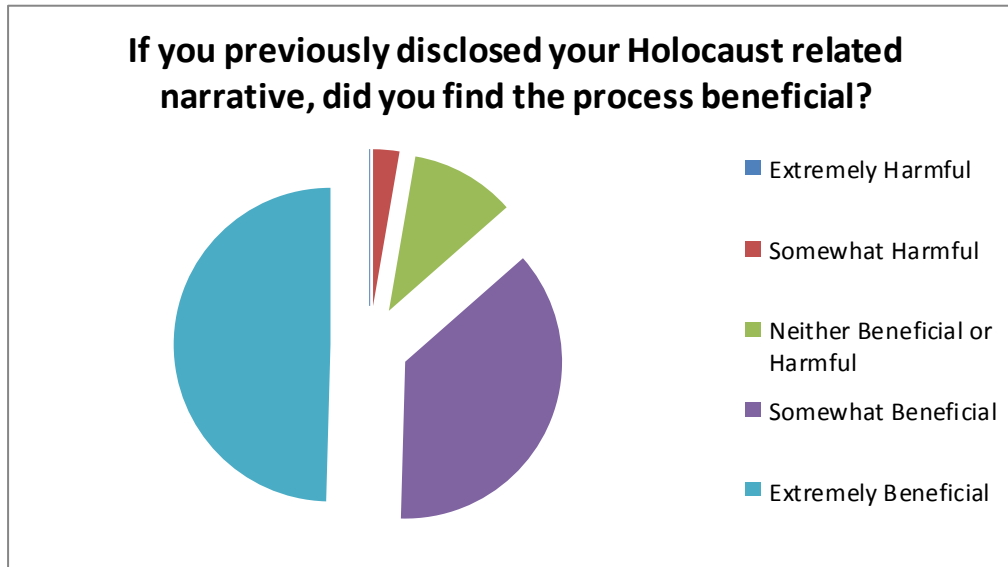
**Have you previously disclosed your Holocaust related narrative? \* Survivor Status: Which of the following best identifies you? Crosstabulation**

		Survivor Status Which of the following best identifies you?			Total	
		I am a Holocaust survivor	I am a child of a Holocaust survivor	I am a grandchild of a Holocaust survivor		
Have you previously disclosed your Holocaust related narrative?	Yes	Count	28	63	9	100
		% within Survivor Status Which of the following best identifies you?	96.6%	86.3%	81.8%	88.5%
	No	Count	1	10	2	13
		% within Survivor Status Which of the following best identifies you?	3.4%	13.7%	18.2%	11.5%

The initial question was followed by ancillary questions, the first of which asked for responses on a Likert scale, “If you previously disclosed your Holocaust narrative, did you find the process beneficial? Please explain why or why not” (Figure 1). For data description purposes, the open-ended responses to this question will be presented in a later section of this chapter (**Reasons Supporting the Benefit or Harm of Disclosure**). Of the 111 respondents who rated the quality of their disclosure experience, no one rated their experience of disclosure as “Extremely Harmful,”; 2.7% (n=3) rated their experience of disclosure as “Somewhat Harmful” 10.8% (n=12) rated their experience of disclosure as “Neither Beneficial or Harmful”; 36.9% (n=41) rated their experience of disclosure as “Somewhat Beneficial,” and 49.5% (n=55) rated their experience of disclosure as “Extremely Beneficial.” Therefore, 86.4% (n=97) of

participants found the experience disclosing their Holocaust related narratives at least somewhat beneficial.

**Figure One – *Benefit of Disclosure Process***



Participants were asked to use the previously described Likert scale, ranging from “Extremely Harmful” to “Extremely Beneficial,” to rate the different methods of disclosure they used - telling family/ friends, writing in a journal, writing a memoir/ autobiography, sharing an oral history, speaking at a community event, audio/ video recording. As respondents were only asked to rate methods they used, each method has a different response rate. Of the 102 respondents who disclosed their Holocaust narrative via telling family/ friends, over 88% considered the experience at least somewhat beneficial; 2% (n=2) rated their experience as “Extremely Harmful,” 9.8% (n=10) rated their experience as “Neither Beneficial or Harmful”; 36.3% (n=37) rated their experience as “Somewhat Beneficial,” and 52% (n=53) rated their experience as “Extremely Beneficial.” Of the 36 respondents who wrote about their Holocaust narratives in a journal, no one thought it was harmful and over 80% thought it was at least beneficial; 19.4% (n=7) rated their experience as “Neither Beneficial or Harmful”; 41.7% (n=15)

rated their experience as “Somewhat Beneficial,” and 39.8% (n=14) rated their experience as “Extremely Beneficial.” Of the 45 respondents that wrote about their Holocaust narrative in a memoir or autobiography, over half considered the experience “Extremely Beneficial”; 13.3% (n=6) rated their experience as “Neither Beneficial or Harmful”; 24.4% (n=11) rated their experience as “Somewhat Beneficial,” and 62.2% (n=28) rated their experience as “Extremely Beneficial.” More participants reported harm from sharing an oral history compared to other methods of disclosure. Of the 84 respondents who shared their Holocaust narratives via an oral history, 1.2% (n=1) rated their experience as “Extremely Harmful,” 1.2% (n=1) rated their experience as “Somewhat Harmful”; 9.5% (n=8) rated their experience as “Neither Beneficial or Harmful”; 29.8% (n=25) rated their experience as “Somewhat Beneficial,” and 58.3% (n=49) rated their experience as “Extremely Beneficial.” Of the 75 respondents who spoke at a community event, one (1.3%) rated the experience as “Extremely Harmful” while over half considered their experience “Extremely Beneficial”; 9.3% (n=7) rated their experience as “Neither Beneficial or Harmful” 26.7% (n=20) rated their experience as “Somewhat Beneficial,” and 62.7% (n=47) rated their experience as “Extremely Beneficial.” Lastly, of the 50 respondents who disclosed via audio or video recording their narrative, 10% (n=5) rated their experience as “Neither Beneficial or Harmful”; 22% (n=11) rated their experience as “Somewhat Beneficial,” and 68% (n=34) rated their experience as “Extremely Beneficial.” See Table 3 below.

The survey asked participants to only rate the quality of the disclosure methods they used, which reveals the most frequently used methods of disclosure. The most popular method of disclosure was telling family/ friends (n=102) followed by sharing an oral history (n=84),



speaking at a community event (n=75), audio/ video recording narrative (n=50), writing a memoir or autobiography (n=45), and writing in a journal (n=36). Since the same participant was able to rate more than one method of disclosure, frequencies of methods used cannot be

**Table 3 – Perceived Benefit/ Harm of Each Disclosure Method**

<b>Telling family/ friends</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	extremely harmful	2	1.4	2.0	2.0
	neither beneficial or harmful	10	6.8	9.8	11.8
	somewhat beneficial	37	25.2	36.3	48.0
	extremely beneficial	53	36.1	52.0	100.0
	Total	102	69.4	100.0	

<b>Writing in a journal</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	neither beneficial or harmful	7	4.8	19.4	19.4
	somewhat beneficial	15	10.2	41.7	61.1
	extremely beneficial	14	9.5	38.9	100.0
	Total	36	24.5	100.0	

<b>Writing a memoir/ autobiography</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	neither beneficial or harmful	6	4.1	13.3	13.3
	somewhat beneficial	11	7.5	24.4	37.8
	extremely beneficial	28	19.0	62.2	100.0
	Total	45	30.6	100.0	

<b>Sharing an oral history</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	extremely harmful	1	.7	1.2	1.2
	somewhat harmful	1	.7	1.2	2.4
	neither beneficial or harmful	8	5.4	9.5	11.9
	somewhat beneficial	25	17.0	29.8	41.7
	extremely beneficial	49	33.3	58.3	100.0
	Total	84	57.1	100.0	

(Table 3 continued)

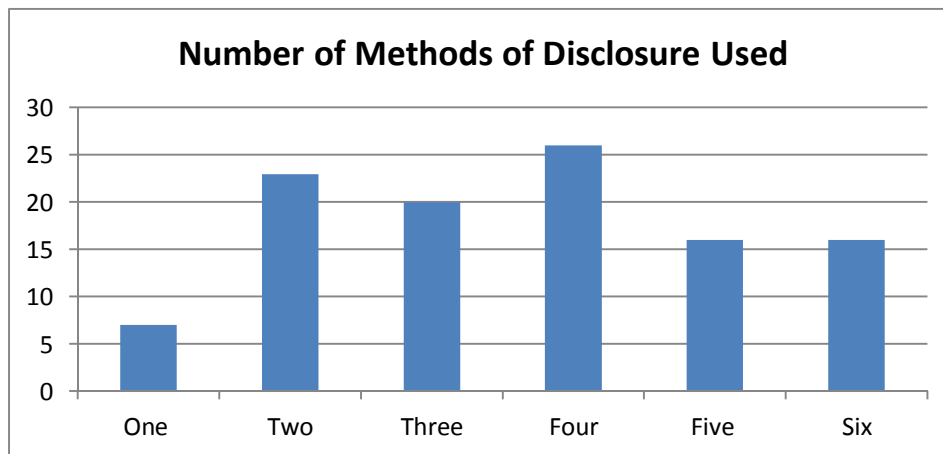
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	extremely harmful	1	.7	1.3	1.3
	neither beneficial or harmful	7	4.8	9.3	10.7
	Table 4 continued: somewhat beneficial	20	13.6	26.7	37.3
	extremely beneficial	47	32.0	62.7	100.0
	Total	75	51.0	100.0	

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	neither beneficial or harmful	5	3.4	10.0	10.0
	somewhat beneficial	11	7.5	22.0	32.0
	extremely beneficial	34	23.1	68.0	100.0
	Total	50	34.0	100.0	

collapsed to determine if participants more frequently relied on methods that offered an audience, such as telling family/ friends, speaking at a community event, sharing an oral history, audio/ video recording narrative, or writing a memoir or autobiography. Only seven participants used one method of disclosure whereas 101 participants used between two and six methods of disclosure – participants more frequently reported using four methods of disclosure followed by two methods of disclosure (**Figure 2**). A Spearman rho correlation between the number of disclosure methods used and how beneficial participants rated the method of disclosure found a significant weak positive correlation ( $\rho=.231$ ,  $p=.017$ , two-tailed) (**Table 4**). This suggests that as number of methods used increases, respondents rated disclosure as more beneficial. T-tests exploring the difference in benefit among those who used one method and those who used multiple methods found no significant differences.

Frequencies of disclosure methods used were determined by survivor status (Holocaust survivor, child of Holocaust survivor, and grandchild of Holocaust survivor) to explore relationships present between survivor status and disclosure method. If a participant rated any given disclosure method, the rating indicated the participant used that particular method of disclosure. A chi square analysis by survivor status found no significant difference between survivor status and use of the following methods of disclosure: telling family/ friends, writing in a journal, and sharing an oral history. Among disclosing participants, 89.7% (n=26) of Holocaust survivors, 81.9% (n=60) of children of Holocaust survivors, and 72.7% (n=8) of grandchildren of Holocaust survivors disclosed by telling family/ friends; 24.1% (n=7), 31.1% (n=23), and 36.4% (n=4) respectively, disclosed by writing in a journal, and 86.2% (n=25), 63.5 (n=47), and 63.6% (n=7), respectively disclosed by sharing an oral history.

**Figure 2 – Number of Disclosure Methods Used**



Three methods of disclosure produced a significant difference after running a chi square analysis by survivor status. There was a significant difference in use of writing a memoir/ autobiography by survivor status (chi square (df=2, N=114)=25.605, p=.000). Among those who wrote a memoir or autobiography, 75.9% of survivors used this method, compared to 24.3% of children and 18.2% of grandchildren. There was a significant difference in use of speaking at a

**Table 4 – Number of Disclosure Methods Used X Benefit**

<b>Correlations</b>				
			num_methods	If you previously disclosed your Holocaust related narrative, did you find the process beneficial?
Spearman's rho	num_methods	Correlation Coefficient	1.000	.231*
		Sig. (2-tailed)		.017
		N	108	106
	If you previously disclosed your Holocaust related narrative, did you find the process beneficial?	Correlation Coefficient	.231*	1.000
		Sig. (2-tailed)	.017	
		N	106	112

\*. Correlation is significant at the 0.05 level (2-tailed).

community event by survivor status (chi square (df=2, N=114)=10.706, p=.005). Among those who spoke at a community event, 86.2% of survivors used this method, compared to 51.4% of children and 63.6% of grandchildren. There was a significant difference in use of audio/ video recording narrative by survivor status (chi square (df=2, N=114)=22.110, p=.000). Among those

**Table 5 – Survivor Status X Disclosure Method Used:**

**Writing a memoir/ autobiography \* Survivor Status: Which of the following best identifies you? Crosstab**

		Survivor Status Which of the following best identifies you?				
			I am a Holocaust survivor	I am a child of a Holocaust survivor	I am a grandchild of a Holocaust survivor	Total
Writing a memoir/ autobiography	not used	Count	7	56	9	72
		% within Survivor Status Which of the following best identifies you?	24.1%	75.7%	81.8%	63.2%
	used	Count	22	18	2	42
		% within Survivor Status Which of the following best identifies you?	75.9%	24.3%	18.2%	36.8%
Total		Count	29	74	11	114
		% within Survivor Status Which of the following best identifies you?	100.0%	100.0%	100.0%	100.0%

(Table 5 continued)

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.605 <sup>a</sup>	2	.000
Likelihood Ratio	25.455	2	.000
Linear-by-Linear Association	20.489	1	.000
N of Valid Cases	114		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.05.

Speaking at a community event \* Survivor Status: Which of the following best identifies you? Crosstab

		Survivor Status Which of the following best identifies you?				
			I am a Holocaust survivor	I am a child of a Holocaust survivor	I am a grandchild of a Holocaust survivor	Total
Speaking at a community event	not used	Count	4	36	4	44
		% within Survivor Status Which of the following best identifies you?	13.8%	48.6%	36.4%	38.6%
	used	Count	25	38	7	70
		% within Survivor Status Which of the following best identifies you?	86.2%	51.4%	63.6%	61.4%
Total		Count	29	74	11	114
		% within Survivor Status Which of the following best identifies you?	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.706 <sup>a</sup>	2	.005
Likelihood Ratio	11.834	2	.003
Linear-by-Linear Association	5.433	1	.020
N of Valid Cases	114		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.25.

(Table 5 Continued)

Audio/ video recording narrative \* Survivor Status: Which of the following best identifies you? Crosstab

		Survivor Status Which of the following best identifies you?				
			I am a Holocaust survivor	I am a child of a Holocaust survivor	I am a grandchild of a Holocaust survivor	Total
Audio/ video recording narrative	not used	Count	6	52	8	66
		% within Survivor Status Which of the following best identifies you?	20.7%	70.3%	72.7%	57.9%
	used	Count	23	22	3	48
		% within Survivor Status Which of the following best identifies you?	79.3%	29.7%	27.3%	42.1%
Total		Count	29	74	11	114
		% within Survivor Status Which of the following best identifies you?	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.110 <sup>a</sup>	2	.000
Likelihood Ratio	22.657	2	.000
Linear-by-Linear Association	16.884	1	.000
N of Valid Cases	114		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.63.

who audio/ video recorded their narrative, 79.3% of survivors used this method, compared to 29.7% of children and 27.3% of grandchildren. See **Table 6**.

A t-test, which looks at whether the mean response to the 5 point emotional scale (poor to excellent) was different based on whether or not participants disclosed, was conducted in order to answer the primary research question, “What emotional impacts do first, second, and third

generation Holocaust survivors experience in response to disclosing Holocaust related narratives?” No significant difference was found between disclosure status and emotional wellbeing. However, looking at the crosstabulations (**Table 6**) one can see disclosure of Holocaust related narratives resulted in both greater percentages of “Good,” 46.5%, and “Excellent,” 38.6%, emotional wellbeing as compared to non-disclosure, 38.5% and 30.8% respectively, as well as “Poor” (3%) and “Fair” (5%) emotional wellbeing compared to 0% among participants who did not disclose.

**Table 6 – Disclosure Status X Emotional Wellbeing**

**Have you previously disclosed your Holocaust related narrative? \* Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.**

		Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.						
		poor	fair	average	good	excellent	Total	
Have you previously disclosed your Holocaust related narrative?	Yes	Count	3	5	7	47	39	101
		% within Have you previously disclosed your Holocaust related narrative?	3.0%	5.0%	6.9%	46.5%	38.6%	100.0%
		% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	100.0%	100.0%	63.6%	90.4%	90.7%	88.6%
	no	Count	0	0	4	5	4	13
		% within Have you previously disclosed your Holocaust related narrative?	0.0%	0.0%	30.8%	38.5%	30.8%	100.0%
		% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	0.0%	0.0%	36.4%	9.6%	9.3%	11.4%

Spearman rho correlations found no significant correlation between number of methods of disclosure and emotional wellbeing (**Table 7**).

**Table 7 – Number of Disclosure Methods Used X Emotional Wellbeing**

<b>Correlations</b>				
		Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.		
		num_methods		
Spearman's rho	num_methods	Correlation Coefficient	1.000	.157
		Sig. (2-tailed)		.116
		N	108	101
Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.		Correlation Coefficient	.157	1.000
		Sig. (2-tailed)	.116	
		N	101	115

The remaining analyses explored the presence of relationships between demographic characteristics and how beneficial respondents rated disclosure to have been, as well as respondents' emotional wellbeing. First, the relationships between demographic characteristics and perceived benefit of disclosure will be presented followed by presentation of the relationships between demographic characteristics and emotional wellbeing.

**Benefit of Disclosure by Demographic Characteristics**

Oneway Anova tests were used to explore significance between how respondents rated the benefit they experienced from sharing their Holocaust narratives and each demographic characteristic. The significance level between the perceived benefit of disclosure and survivor status – first, second, or third generation survivor was .699, which is above the .05 level of significance and, therefore, no significant difference was found between the groups. **Table 8**



illustrates how participants rated the benefit of disclosure based on survivor status. Of the two respondents who rated the process of disclosure as “Somewhat Harmful,” both were children of Holocaust survivors. Half (n=5) of the respondents who rated disclosure as “Neither Beneficial or Harmful” were children of survivors followed by 40% (n=4) Holocaust survivors and 10% (n=1) grandchild of Holocaust survivors. Thirty-five participants considered the experience of disclosure “Somewhat Beneficial” – 28.6% (n=10) of Holocaust survivors, 65.7% (n=23) children of Holocaust survivors, and 5.7% (n=2) grandchildren of Holocaust survivors.

**Table 8 – Benefit of Disclosure X Survivor Status**

**If you previously disclosed your Holocaust related narrative, did you find the process beneficial? \* Survivor Status: Which of the following best identifies you? Crosstabulation**

		Survivor Status Which of the following best identifies you?					
			I am a Holocaust survivor	I am a child of a Holocaust survivor	I am a grandchild of a Holocaust survivor	Total	
If you previously disclosed your Holocaust related narrative, did you find the process beneficial?	somewhat harmful	Count	0	2	0	2	
		% within If you previously disclosed your Holocaust related narrative, did you find the process beneficial?	0.0%	100.0%	0.0%	100.0%	
			% within Survivor Status Which of the following best identifies you?	0.0%	3.2%	0.0%	2.0%
	neither beneficial or harmful	Count	4	5	1	10	
		% within If you previously disclosed your Holocaust related narrative, did you find the process beneficial?	40.0%	50.0%	10.0%	100.0%	
			% within Survivor Status Which of the following best identifies you?	15.4%	7.9%	11.1%	10.2%
somewhat	Count	10	23	2	35		

(Table 8 continued)	beneficial	% within If you previously disclosed your Holocaust related narrative, did you find the process beneficial?	28.6%	65.7%	5.7%	100.0%
		% within Survivor Status Which of the following best identifies you?	38.5%	36.5%	22.2%	35.7%
	extremely beneficial	Count	12	33	6	51
		% within If you previously disclosed your Holocaust related narrative, did you find the process beneficial?	23.5%	64.7%	11.8%	100.0%
		% within Survivor Status Which of the following best identifies you?	46.2%	52.4%	66.7%	52.0%
Total		Count	26	63	9	98
		% within If you previously disclosed your Holocaust related narrative, did you find the process beneficial?	26.5%	64.3%	9.2%	100.0%
		% within Survivor Status Which of the following best identifies you?	100.0%	100.0%	100.0%	100.0%

An oneway anova test was conducted to determine if there was a difference in the mean scores in how respondents rated the benefit they experienced from sharing their Holocaust narratives and their parental status – I have children, I do not have children, I have grandchildren, and I have great-grandchildren. The significance level between the perceived benefit of disclosure and parental status was .117, which is above the .05 level of significance and, therefore, no significant difference was found between the groups. A t-test comparing those with children, grandchildren, and/or great-grandchildren with those without children found no significant difference in how beneficial they rated their experience of disclosure. Oneway anova tests were also conducted to determine if there was a difference in the mean scores in how

respondents rated the benefit they experienced disclosing their Holocaust narratives and age groups as well as race/ ethnicity. No significant differences were found between these groups in which the significance for benefit of disclosure by age was .974 and the significance for benefit of disclosure by race/ ethnicity was .278 as both are above the 0.05 level of significance. Due to the number of participants who did not report their relationship status, the numbers for this relationship were too small to run the appropriate statistical test, even with collapsed categories.

The following section explores the relationships between each demographic characteristic and the overall emotional wellbeing reported by participants.

### **Emotional Wellbeing by Demographic Characteristics**

As with perceived benefit of disclosure, oneway anova tests were used to explore how respondents rated their emotional wellbeing and each demographic characteristic. The significance level between emotional wellbeing and survivor status – first, second, or third generation survivor was .340, which is greater than the .05 level of significance and, therefore, no significant difference was found between the groups. **Table 9** illustrates how participants rated their emotional wellbeing based on survivor status. Of the three participants who rated their emotional wellbeing as “Poor,” all were children of Holocaust survivors. Three second generation and 1 first generation survivor rated their emotional wellbeing as “Fair,” while six second generation and one third generation survivor rated their emotional wellbeing as “Average.” Nearly 97% of Holocaust survivors considered their emotional wellbeing “Good” (53.6%) or “Excellent” (42.9%). Likewise, over 80% of second and third generation survivors rated their emotional wellbeing as “Good” or “Excellent” with 42.9% of second generation and 55.6% of third generation survivors considering their emotional wellbeing “Good,” while 38.1%

of second generation and 33.3% of third generation survivors considered their emotional wellbeing “Excellent.”

**Table 9 – Emotional Wellbeing X Survivor Status**

**Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative. \* Survivor Status: Which of the following best identifies you? Crosstabulation**

		Survivor Status Which of the following best identifies you?				Total
		I am a Holocaust survivor	I am a child of a Holocaust survivor	I am a grandchild of a Holocaust survivor		
Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	poor	Count	0	3	0	3
		% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	0.0%	100.0%	0.0%	100.0%
	fair	% within Survivor Status Which of the following best identifies you?	0.0%	4.8%	0.0%	3.0%
		Count	1	3	0	4
	average	% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	25.0%	75.0%	0.0%	100.0%
		% within Survivor Status Which of the following best identifies you?	3.6%	4.8%	0.0%	4.0%
	Count	0	6	1	7	
	% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	0.0%	85.7%	14.3%	100.0%	

<b>(Table 9 continued)</b>		% within Survivor Status Which of the following best identifies you?	0.0%	9.5%	11.1%	7.0%
good	Count	15	27	5	47	
	% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	31.9%	57.4%	10.6%	100.0%	
excellent	Count	12	24	3	39	
	% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	30.8%	61.5%	7.7%	100.0%	
Total	Count	28	63	9	100	
	% within Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.	28.0%	63.0%	9.0%	100.0%	
	% within Survivor Status Which of the following best identifies you?	100.0%	100.0%	100.0%	100.0%	

An oneway anova test was conducted to determine if there was a difference in the mean in how respondents rated their emotional wellbeing and their parental status – I have children, I do not have children, I have grandchildren, and I have great-grandchildren. The significance level between the perceived benefit of disclosure and parental status was .394, which is greater

than the .05 level of significance and, therefore, no significant difference was found between the groups. A t-test comparing those with children, grandchildren, and/or great-grandchildren with those without children found no significant differences in how beneficial the groups rated their experiences of disclosure. Oneway anova tests were also conducted to determine if there was a difference among the mean scores in how respondents rated their emotional wellbeing and age groups as well as race/ ethnicity and relationship status. No significant differences were found between these groups in which significance for emotional wellbeing by age was .446, significance for emotional wellbeing by race/ ethnicity was .416, and significance for emotional wellbeing by relationship status was .123, as these levels of significance are greater than the 0.05 level of significance.

The remainder of this chapter outlines the thematic analysis of two open-ended questions and responses to the request to indicate additional methods of disclosure not represented in the survey. The proceeding section reports the reasons participants offered for their perception of disclosure as either beneficial or harmful.

### **Reasons Supporting the Benefit or Harm of Disclosure**

Participants were invited to consider the reasons they did or did not find their experience disclosing their Holocaust related narrative beneficial. Slightly over half (56% or n=82) of respondents elaborated on their experience. These responses were arranged into 11 themes. Nested themes within the 11 identified themes arose. Of note, a single comment from one respondent likely revealed multiple themes; thus, a single comment was not limited to representing a single theme.

The most frequently occurring theme, noted in 34% (n=28) of the 82 responses, discussed a positive experience associated with disclosure of the Holocaust related narrative. Several

nested themes were identified within the general report of a “positive experience”: “Pride” (n=5), “Cathartic” (n=4), “Healing” (n=4), “Closure” (n=3), “Fortunate” (n=1), “Liberating” (n=1), “Interest” (n=1), “Comfort” (n=1), “Validating” (n=1), “Relief” (n=1), and “Empowered” (n=1). Participants further mentioned how their positive experiences in disclosing were reciprocated by positive reactions from others.

The second most popular theme, noted in 30% (n=24) of the 82 responses, reveals the obligatory perception participants held about disclosing their narrative. Those who identified a sense of “duty” to disclose spoke of a felt need to educate future generations about the Holocaust, dispel myths about the Holocaust, and honor/ preserve the memories of loved ones who perished as a result of the Holocaust. This participant describes the “duty” to disclose as a legacy of remembrance:

I was born with a legacy, to remember.... By sharing feelings, memories, issues of loss, pain, etc., I am teaching the world about the multi-generational trauma caused by the Nazis which took place over 70 years ago. My parents, siblings, grandparents and all extended family suffered and were murdered by the Nazis. As a child of Holocaust survivors, I see the irreparable damage and pain inflicted on the survivors and carried by their descendants who have witnessed their pain. I feel that I am fulfilling my legacy of remembrance when I help the world remember.

Along with reports of positive experiences sharing and fulfilling a duty by sharing, 10% (n=8) participants recalled the “emotional distress” that resulted from their experience of disclosing their narrative. Four respondents mentioned the emotional “pain” they endured, while others noted “hyperarousal,” “sleep disturbance,” “fear,” disturbing,” and “baggage.” One

participant reflected on the emotional distress that resulted from writing a book about the experiences:

It became important to me to tell the story - that the Holocaust really happened and what it was like. I wrote a book telling the story and have begun speaking to various groups, especially school children. I found writing the book very disturbing - I have difficulty sleeping and had to take long breaks from the endeavor. I keep struggling between conveying the horror and fear and not wanting to get emotional. I also find that I get more graphic speaking to small groups.

Other themes that arose included “education” (16% or n=13) in which participants identified a desire to educate others about the facts or to use education as a tool for prevention; “understanding” (13% or n=11) themselves better, their family better, or the understanding of others; “connection to family” (7% or n=6); “universal or normalizing,” “feeling silenced,” and “neither positive or negative” (5% or n=4); only 2% (n=2) identified a “negative experience.”

Four participants (5%) spoke of the impacts having an audience had on their disclosure experience, mainly noting the interest and understanding of the audience as an influential factor. The following excerpt represents a negative experience that resulted from an audience:

Depending on the person to whom I am disclosing and whether or not they are from a culture that has suffered a holocaust -- American white non-Jews don't seem to have a meaningful reference point, so I end up feeling less seen, less met, less understood than before I disclosed.

Another participant discusses a positive experience because of having an audience:



It's a big part of my identity, so, like sharing anything personal, it's a way of connecting with someone that leads to further reciprocal self-disclosures, and greater closeness in most cases.

The following section outlines the additional methods of disclosure participants employed.

### **Additional Methods of Disclosure**

Participants were provided a listed of six methods of disclosure (telling family/ friends, writing in a journal, writing a memoir/ autobiography, sharing an oral history, speaking at a community event, audio/ video recording) and asked to rate the perceived benefit or harm they endured using that particular disclosure method. Participants were further encouraged to share additional methods of disclosure used that were not reflected in the provided list. Only 17% (n=25) of respondents indicated the use of another form of disclosure; however, four respondents wrote in listed methods of disclosure. For example, one participant reported, “Passing family history on to my children -- it deserves a separate category.”

Seven new methods of disclosure emerged from the comments left by participants. Five, or 3% of the total sample, indicated they disclosed via “non-autobiographical written works” – educational curriculum, writing about survivor parents’ experiences, and fictional pieces about the Holocaust. Another five participants, 3% of the total sample, reported they disclosed through “visual/ performing arts” – music, poetry, and exhibitions. Four respondents, or approximately 3% of the total sample, mentioned they used “teaching” as an avenue of disclosure. Themes of “putting a face to history” emerged among those who used teaching to disclose their narratives. Four different forms of disclosure each had two respondents or just 1% of the total sample report these uses: talking with other survivors, talking with co-workers while in the professional setting,

social media (i.e. Facebook), and support of museums either through volunteering or donating artifacts.

The next section reports the final survey question – reasons participants offered as supporting the benefit or harm they associated with different methods of disclosure.

### **Reasons Supporting the Benefit of Harm Associated with Particular Methods of Disclosure**

Participants were invited to discuss the reasons they did or did not find particular methods of disclosure helpful. Approximately 60% (n=86), reflected on their reactions to different avenues of disclosure. Eight themes emerged from these responses. As before, at times, multiple themes were represented in a single comment.

The most popular theme, noted in 22% (n=19) of the 86 responses, considered how the audience affected the individual's reaction to any given form of disclosure. Slightly under half (n=9) of these comments spoke to the “positive” impact an audience offered. People described the opportunity to speak with an audience as “freeing,” “validating,” and “connecting.” This comment provides an example to the positive impact of an audience, “Again in a group of 2nd generation, discussing your life and its moments with people who understand is like lifting a secret burden.” However, not everyone viewed having an audience as an entirely positive experience. Eight participants, or 42% of those who reflected on the impact of an audience, explained how the receptivity of the audience influenced whether they found benefit in disclosure. One participant expressed the need to disclose to people who shared the experiences to find a benefit. The following comment illustrates the both/and nature of benefit and harm resulting from an audience:

I found it helpful to speak with those friends who are interested, and want to hear our story. However, I found it painful to speak with those who were "tired of hearing it."

Journaling was helpful for me to process the trauma passed down through my family, and to process the fact I would never meet a significant amount of my family members.

Speaking with friends and journaling also helped me to process the pain I could see in my father.

Two different themes emerged in which ten respondents, or 12% of those who answered this question, each spoke to – “helping self/ others through education” and “enhancing understanding of self/ others.” Participants discussed how disclosure helped satisfy a perceived “mission” to educate others about the Holocaust and caused them to feel that they were doing something beneficial for others. One respondent spoke to the benefit they experienced from educating others:

I found it helpful because I feel there is a lot of anti antisemitism around. Many kids have come up to me and said they were told by their parents that all Jews were bad and the Holocaust never happened. Now, they think for themselves and some have shared my mother's story.

Participants further discovered how they gained an enhanced understanding of themselves and of their survivor parents through their disclosure. Some even noted that by disclosing their experiences, other people understood them better. One second generation survivor reflected on how disclosure generated and sustained a dialogue with their survivor parent about Holocaust experiences:

As I tell people about my mother's story of survival, they ask questions. I also ask more questions. How did she do this? Or what happened in this place? As a result of the questions, I ask Mom and she explains more. What she can't answer I have started to research and as a result of that I know SO MUCH MORE. The most beneficial part of

this is that I understand my mother and my grandparents at a much deeper level than I would have if I never started to explore. And, of course, I understand myself better too.

Approximately 10% (n=9) of those who answered this question mentioned the emotional response they experienced from disclosure – “comfort,” “closure,” “pride,” “cathartic,” and “frightening.” One participant stated, “It is the process of confronting the horror and letting go of hatred, plus the lessons to be learned -- that's what is beneficial, at least for me.” Other themes that emerged as reasons respondents did or did not find disclosure helpful included satisfaction from bearing witness (n=14; fulfilling an obligation to share first person accounts of the Holocaust (n=6); the negative impacts of feeling silenced because they did not directly experience the Holocaust (n=3), and the perception of the Holocaust survivor/ descendant identity as a secret (n=2).

### **Summary**

Major findings from 147 surveys completed by first, second, and third generation Holocaust survivors were presented in this chapter. The majority of participants were second generation survivors followed by first, then third generation survivors. Approximately 90% of all respondents disclosed their Holocaust related experience, with first generation survivors proving more likely to disclose compared to second or third generation survivors. Most participants considered their experience of disclosure as either somewhat or extremely beneficial. While disclosure did not appear to impact emotional wellbeing, participants who disclosed more frequently indicated “good” and “excellent” as well as “poor” and “fair” emotional wellbeing; thus, indicating the both/ and consequences of disclosure – sharing painful experiences presents the opportunity for positive impact on emotional wellbeing – but not without the risk of causing emotional harm. Nearly 70% of respondents used two to six different methods of disclosure with

telling family/ friends being the most frequently used method. A weak positive correlation indicated that the more methods of disclosure used related to participants' reporting of greater benefit from disclosure. Furthermore, first generation survivors were more likely to disclose via more public avenues (e.g., writing a memoir/ autobiography, speaking at a community event, or completing an audio/ video recording). Participants further identified seven different forms of disclosure that were not represented in the survey. Participant comments revealed more positive reactions to disclosure than negative; participants also considered the influence of audience on the quality of the disclosure experience.

The following chapter will explore interpretations of these findings as well as consider how these findings contribute to larger bodies of research and the conceptualization of Narrative Theory as presented in Chapter Two. Furthermore, the strengths and limitations of this study will be addressed. Lastly, suggestions for future research will be presented.

## CHAPTER V

### Discussion

Among people who undergo collective trauma, does giving sorrow words keep the hurt heart from breaking or does the expression of trauma in words shatter the mending heart? This study found a much nuanced answer to this question. The act of disclosing, the avenue of disclosure, and the variety of disclosure methods used did not influence the emotional wellbeing of participants; therefore, findings did not support any of the hypotheses of this study. However, Holocaust survivors and their descendants indicated the experience of disclosure was both enormously healing as *well* as re-traumatizing. The more methods of disclosure participants used also related to a more beneficial disclosure experience. Thus, findings suggest a need to focus more specifically on the individual disclosure experiences of collective trauma survivors.

### Key Findings

Generation or “cohort effects” emerged with respect to how many participants in each cohort disclosed their Holocaust narratives. First generation survivors were not only more likely to disclose their Holocaust experiences, they were significantly more likely to use methods of disclosure that offered a wider audience (e.g., writing a memoir, speaking at a community event, and audio/ video recording narrative) as compared to second and third generation survivors. First generation survivors further used other avenues of disclosure at similar rates as did second and third generation survivors. Statistically, this finding could be an indication of the lack of representativeness of first generation survivors in the this study and, as a result, could not be

replicated in future research that includes a larger sample of first generation survivors. However, qualitative data indicated another interpretation of this finding.

One comment from a second generation survivor revealed the disenfranchisement of intergenerational trauma by family members that leads to shame and silence among descendants. This participant shared, “No one in my family seemed to care about my feelings and since I did not go through it myself felt that my feelings were unimportant and in gatherings prevented me from speaking about my experience.” The feelings of this child of a Holocaust survivor were dismissed and the expression of those feelings and related narrative were inhibited because this individual did not live through the atrocities of the Holocaust. However, as findings from Giladi and Bell (2013) indicate, trauma transmits across generations, particularly among Holocaust survivors. Post Traumatic Symptoms may be likely to develop among second generation survivors in response to frequent exposure to the trauma narratives of Holocaust survivors. Additionally, several Holocaust survivors noted their belief that sharing first-person narratives enhances credibility and immediacy of impact of Holocaust narratives, which may further indicate diminished value of descendent testimony due to the lack of direct ownership of the experiences. Therefore, this finding indicates the Holocaust related trauma descendants’ experience is at times disenfranchised by family members and likely among the general population. Perhaps this provides explanation as to why second generation survivors more frequently relied on methods of disclosure with a smaller audience and were the only cohort to consider the experience of disclosure harmful. However, this does not suggest all second and third generation survivors face disenfranchisement and lack encouragement and support from their family to express their feelings related to the Holocaust, as several accounts support opposition to this claim.

Rather than suggesting the family disenfranchises the trauma of descendants, findings offer greater support to the notion that the audience may exercise the greatest influence over the quality of the disclosure experience. As noted in the **FINDINGS** chapter, the receptivity and interest of the audience influenced whether or not the disclosing survivor or descendant considered their experiences of disclosure beneficial or harmful. The cohort effect also wields influence. One participant wrote, “Again in a group of 2nd generation, discussing your life and its moments with people who understand is like lifting a secret burden.” This individual qualified the experience of benefit as a result of sharing within cohort. Thus, a supportive and interested audience that acknowledges the validity of the disclosing survivor or descendants’ experiences facilitates a beneficial disclosure experience.

The physical presence of an audience led to more extreme reported reactions to disclosure within survivors and descendants, while methods of disclosure that either lacked an audience or were indirectly presented to an audience led to less impactful disclosure experiences. Only the methods of disclosure that demanded the physical presence of the survivor and a receiving audience (e.g., telling family and friends, sharing an oral history, and speaking at a community event) generated an extremely harmful response to the experience of disclosure. The solely private avenues of disclosure (e.g., writing in a journal) reflected the highest neutral and lowest beneficial experiences of disclosure. Thus, for the current group of respondents, the ability to witness the reactions of the audience both influences the perception of disclosure as either beneficial or harmful and amplifies the experience of benefit or harm.

Findings of this study suggest that the more numerous methods of disclosure participants used, the more beneficial they considered their disclosure experience. Survivors and descendants were likely more willing to disclose in the future using a different method if they encountered a



positive or beneficial experience – a beneficial experience fostered willingness to disclose again. Further, a positive experience was more likely to develop confidence within the survivor or descendant regarding disclosure, which is also more likely to facilitate a better response from the audience. In this way, positive experiences facilitated future positive experiences. Altogether, these findings suggest the need for a much more nuanced understanding of the effects of disclosure as related to the presence and/or involvement of an audience.

### **As Related to the Literature**

The present study relies on the assumption that Holocaust related trauma can transmit across generations; however, exploration of this phenomenon revealed controversy regarding the validity of this claim. Kahana et. al. (1988) purport that the presence of post traumatic symptoms did not inhibit good social functioning among Holocaust survivors and descendants and suggest the importance of exploring factors to reduce the adverse consequences of trauma. The current study explored the following factors as related to emotional wellbeing in the presence of Holocaust related trauma: disclosure of experiences, method of disclosure including if disclosure occurred before an audience, and frequency of disclosure. The findings of this study support Frattaroli's (2006) finding of marginal benefit to the subjective impact of the intervention of disclosure, but not overall psychological health (labeled emotional wellbeing in the current study). As the present study did not find a significant relationship between disclosure status and emotional wellbeing – good or bad – the study does not support Follette and Ruzek's (2006) caution about the possible detrimental impact of disclosure on overall psychological health.

**Audience effect.** Wigren (1994) suggests that enduring a trauma does not preclude the later development of psychopathology; instead it is the inability to develop narrative about the

trauma that leads to the occurrence of psychopathology. Likewise, Kahana et. al. (1988) report that the lack of an opportunity to verbalize Holocaust experiences leads to negative psychological outcomes. Therefore, Wigren (1994) and Kahana et. al. (1988) might argue an external audience, whether or not that audience provides a positive or negative response, still offers benefit by contributing to the meaning making process of the self-narrative. The present study shows no impact on emotional wellbeing from disclosure of Holocaust trauma narratives; however, this study implies there is more to the experience of disclosure. The experience of disclosing the trauma narrative, particularly related to the receptivity of the audience of the narrative, is a vital factor that Wigren and Kahana et al. fail to acknowledge. The present study found the physical presence of an audience led to more extreme reactions, both positive and negative, to the disclosure experience as compared to methods without a physically present audience that offered less significant reactions from disclosing participants. Furthermore, the receptivity, interest, and support from the audience influenced participants' experience of disclosure as either beneficial or harmful. Therefore, contrary to Wigren (1994) and Kahana et al.'s (1988) findings, the presence of the audience amplifies impact, and the response of the audience influences the experience of disclosure.

Kahana et al. (1988) further found self-disclosure to family, friends, and co-workers (i.e., an audience) is most positively associated with positive affect of the disclosing party -- whereas, the present study found telling family and friends offered both extremely beneficial and extremely harmful responses – a finding much more nuanced than Kahana et. al.'s (1988) findings indicate. Ultimately, the current study suggests that, for this sample at least, the presence of an audience, particularly the receptivity of that audience, was a predictor of the quality of the disclosure experience in question.

**Frequency of disclosure.** The current study found that participants who used more than one method of disclosure considered the experience of disclosure to be more beneficial. This finding corresponds with Erbes et al. (2014) finding that three or more narrative therapy sessions offered greater benefit to participants and Frattaroli's (2006) finding that three or more sessions of experimental disclosure benefited the subjective impact of intervention. This finding further aligns with the concept postulated by White and Epston (1990) that narratives allow individuals to rely on prior experiences to predict future events. Participants with positive disclosure experiences were likely more willing to disclose their experiences in the future due to their ability to anticipate a positive response.

**Intergenerational transmission of trauma.** Giladi and Bell's (2013) study confirmed the presence of higher levels of secondary trauma among children and grandchildren of Holocaust survivors compared to non-survivor descendant groups. Song, Tol, and Jong's (2004) study also confirms the occurrence of intergenerational transmission of trauma. The current study also confirms that the Holocaust trauma narrative is passed from one generation to the next as second and third generation survivors discussed how the narrative is very much part of their self-identities. Sagi-Schwartz et al. (2008) propose that support within post-war communities prevents the transmission of trauma. Collectively, these findings support the findings of the current study – a supportive, receptive disclosure environment is related to a beneficial disclosure experience whereas a non-supportive, harsh disclosure environment is related to a harmful disclosure experience. Therefore, findings suggest the surrounding community, family/ friends, and/ or audience can be a predictor of the perceived benefit of disclosure, which may or may not distinguish the transmission of trauma from the transmission of a family narrative across generations.

## **Implications for Social Work Practice**

The present study confirmed two key points relevant to social work practice – particularly clinical work with families experiencing trauma. Firstly, the trauma narrative is passed from one generation to the next. This study does *not* suggest that subsequent generations will endure post-traumatic symptoms from the trauma of previous generations, just that the narrative of the trauma *at least* becomes incorporated in the self-identity of second and third generation family members. Secondly, this study guides clinicians away from making the assumption that disclosing trauma narratives is either strictly beneficial or harmful. This study suggests a much more nuanced, both/ and perception of the disclosure experience. While one individual might find benefit from disclosing their trauma narratives, another may find no impact or even a harmful impact. One confirmed factor found in this study is the presence of an audience. A receptive, supportive audience is connected to a beneficial disclosure experience while a non-supportive, skeptical audience is connected to a harmful experience. Therefore, in clinical practice, exploration of the potential audience is critical before suggesting disclosure of trauma as an intervention. Furthermore, more private methods of disclosure, while offering less extreme reactions, do provide the opportunity to explore clients' reactions to disclosure without the potential harmful impacts of sharing with others. However, it is important to note this study did not confirm long-term impacts on emotional wellbeing regardless of whether participants considered the disclosure beneficial or harmful.

## **Strengths and Limitations of the Study as Performed**

This section briefly introduces the strengths and limitations present within this study. The section is divided into two subsections, **Study strengths** and **Study limitations**. Within subsections, major themes are identified and discussed further.

**Study strengths.** Strengths of the mixed methods study design enhanced the scope of the findings of a study completed with quantitative elements by a single researcher within an eight month period, facilitated an intentional analysis of data, and helped guarantee the validity of the data (to be clarified below). Strengths of the sample criteria allow data to inform ways to address trauma of current human atrocities and contributes to the understanding of intergenerational transmission of trauma, which I will also discuss in further detail below.

**Study design.** The mixed method approach taken in this study offered invaluable insight into quantitative findings as well as fostered further analysis of these findings. Purely quantitative data deprives people of the humanity of research as numbers lack the words of individual, lived experiences. Providing participants with the opportunity to share a narrative of their experiences disclosing widened the perspective of the findings. In analyzing the data, qualitative responses from participants revealed trends that previously went unnoticed in the quantitative data, which then initiated additional analyses of quantitative data. For example, the shaming that some second generation (2G) survivors reported in their comments caused me to explore which generational cohort more frequently related harmful disclosure experiences. The finding that only 2G reported harmful impacts indicated the possible presence of disenfranchised trauma among such people experiencing intergenerational trauma.

The use of an online survey further offered several benefits, despite the presence of limitations that will be discussed later in this chapter. An internet based survey generated wide accessibility and thus supports a large sample size. A collection of 147 responses, including qualitative data, by a single researcher within the time constraints of the present study would simply be unattainable without an internet-based approach. Greater response rates strengthen generalizability. An internet based survey further offered a degree of convenience to

respondents as they had the freedom to complete the survey in any setting that offered internet access. In addition to the convenience, participants were offered the freedom of devoting as much time to the survey as desired – offering more or less descriptive narrative responses or skipping questions of their choosing.

Online surveys present with the risk of less regulation of data collection as it is not administered by a researcher or research assistant. However, this study included a measure to guard against respondent actions that would dilute data. The survey did not collect identifying information from participants in order to ensure anonymity; however, the survey did assign an IP address and response number to each submitted questionnaire. The settings for the survey only allowed one response per IP address to prevent multiple responses from one individual, and thus enhanced the validity of the collected data.

*Sample.* The study sample intentionally included three generations of Holocaust survivors, which strengthened the implications of the findings. Firstly, Holocaust survivors are a dying population, many of whom remaining are child survivors. To offer perspective, January 27, 2015 marked the 70<sup>th</sup> anniversary of the liberation of Auschwitz – known as one of the deadliest concentration camps during the Holocaust. Therefore, this study has occurred at a time when there is a waning opportunity to learn from this population. The contributions of Holocaust survivors in the present study revealed how the disclosure of trauma inflicted against an entire population impacted these survivors, which may prove relevant to current atrocities against humanity, such as the conflict in Syria that started in March 2011. Secondly, the inclusion of multiple generations revealed cohort effects on disclosure of Holocaust narratives. It further captured trends relevant to the intergenerational transmission of trauma – a phenomenon supported by the existing research literature.

Another strength of this study is that it gives voice to the very nuanced and "both/and" way in which survivors and their descendants have experienced disclosure. This can be a major contribution for those who are considering disclosure for themselves, so that anticipating some of the both positive and negative results for them can be realized. Anticipation is what George Vaillant (1977) – among others – labels a mature level defense mechanism, and one that prepares people emotionally in a most useful way – blunting the negative impacts and helping prepare for the positive ones, as well.

**Study limitations.** Several limitations to the sampling method and data collection existed in this study, which influenced data analysis and likewise data interpretation.

**Sample.** Generalizability of the findings cannot be assumed due to questionability of the representativeness of the sample. The sample only drew from Holocaust survivors and descendants of Holocaust survivors affiliated with the seventeen different organizations across fourteen different states that were represented (Maryland, Illinois, California, Colorado, Florida, Massachusetts, Missouri, Nevada, Nebraska, New York, North Carolina, Oregon, Pennsylvania, and Virginia) and Washington D.C. One can assume that persons affiliated with these organizations are more likely to have discussed their Holocaust related experiences in a way that is considered disclosure for the purposes of this study. Therefore, sampling through these organizations excludes many people in the non-affiliated population and likely facilitated collecting a sample containing more persons who previously disclosed their experiences, which offers some explanation of the study's findings indicating that 89% of the sample previously disclosed their Holocaust related narratives. Kahana et al. (1988) cautioned against the reliance on samples from clinically driven organizations or survivors' groups for similar reasoning – they represent only a subset of the survivor population. Despite reliance on non-clinical sampling

frames (e.g., museums), this does not present a random sample in which participants were just as likely to have disclosed their experiences as not disclosed their experiences.

Furthermore, utilization of an online survey likely excluded some participants due to lack of technological skills for completing such a survey, or economic barriers -- which factors could explain the overrepresentation of children of Holocaust survivors within the sample -- nearly 65%. When segmented into survivor status categories, the sample size for each category is simply too small from which to generalize findings. Eleven individuals cannot represent all grandchildren of survivors nor can twenty-nine individuals represent all Holocaust survivors. The small sample size by survivor status category possibly explains why membership in first, second or third generation survivor groups did not influence the benefit of disclosure or emotional wellbeing. Therefore, the sample only represented Holocaust survivors and descendants of Holocaust survivors affiliated with the aforementioned agencies, living in the aforementioned states, and with access and ability to complete an online survey.

*Study design.* Data collection via an online survey instrument presented limitations that extended beyond impacts on the study's sample. Since data were collected via an online survey, I was unable to assist with any technical difficulties participants encountered, which may have facilitated the inclusion of an older sample and/or more Holocaust survivors. For example, since the settings for the survey only allowed one response per IP address to prevent multiple responses from one individual, technical difficulties that closed the survey before it was completed would have prevented the individual from submitting a response. As I did not administer the survey myself, I was not able to answer any questions regarding the mechanics of the survey, or to clarify any misunderstandings about the meanings of items.



As previously noted, 45 responses were discarded because the individual did not meet participant criteria, did not offer consent after being screened appropriate for the study, or offered consent and failed to answer any of the survey questions beyond the screening questions. An ability to address participant concerns might have reduced the 23% attrition rate. For example, I noticed that several Holocaust survivors completed the screening process, but did not offer consent to participate, which could indicate the length of the informed consent annoyed participants or fatigued their energies, or perhaps questions about the informed consent arose that were not communicated to me as it was too burdensome on the participant, and/ or it may be that the information within the informed consent triggered people. The ability to engage these individuals in a dialogue would have presented the opportunity to identify their reasons for not continuing and/ or addressed their concerns to facilitate the completion of the survey.

The inability to engage participants in a dialogue not only prevented my clarifying meaning or terminology I used for them, but kept me from eliciting clarification of responses from participants that did not directly answer questions. Furthermore, not all surveys submitted were completed – some were missing demographic data and some noted previous disclosure and failed to identify the methods used. However, forced completion of surveys is not ethical, so that it may be even in a one-to-one data collection effort, some omissions would have remained. Further, though the aforementioned limitations are indeed present, such limitations are inevitable in any online survey.

The contents and structure of the survey also presented a limitation. The number of disclosure methods listed was clearly limited as seven different avenues of disclosure were identified from participant comments. However, participants were not able to rate the benefit or harm they experienced from using methods of disclosure that were not listed. Therefore, the

survey should have requested respondents to consider the quality of any additional methods they identified as some that they had used. Furthermore, participants were not able to indicate their preferred method of disclosure. The opportunity to rank methods used would have addressed this limitation.

### **Recommendations for Future Research**

Given the findings of this study, several suggestions for future research emerged. The most important suggestions include: it would be ideal to arrange adequate funding, staffing, and time to support a stronger survey design; to explore time since the traumatic event as a predictor for benefits of disclosure; and to explore how the discovery – or way in which descendants learned of the trauma narrative – impacts the benefits descendants experience from expressing their own feelings about the Holocaust narrative.

Pursuing the goals of this study with the support of more funding would allow data collection via a survey as well as intensive face-to-face interviewing through involvement of additional researchers. Researcher administered surveys and in-person interviews would create the opportunity to clarify questions of participants, which might reduce participant attrition, as well as clarify participant responses without negatively impacting sample size. In fact, a larger research staff with more time to complete research would increase sample size and enhance generalizability of findings.

The present study did not collect data regarding the amount of time between the traumatic event and disclosure of the traumatic event. Gathering information about the time between trauma and disclosure would allow researchers to explore time since the traumatic event as a predictor of benefiting from disclosure. Research about the efficacy of Critical Incident Stress Debriefings (CISD) – usually held 24-72 hours after a disaster or traumatic event –

provides no evidence that such debriefings prevent the development of Post-Traumatic Stress Disorder (PTSD) (Miller, 2012, p.168). In fact, Miller (2012) found “debriefings can retrigger people by evoking intense, if not intrusive, memories of the disaster or earlier traumatic events” and foster an environment of emotional contagion (p.168). Further explorations of CISD found timing of the intervention to contribute to the neutral if not detrimental effect; therefore, inquiring about the time of disclosure and emotional response to each disclosure might provide more insight about time as a possible influential factor. For example, if disclosure soon after a traumatic event is not helpful and may even be harmful, at what point does disclosure begin to be healing?

Finally, the present study does not explore how descendants discovered the family history related to the Holocaust. Questions exploring the frequency and detail of descendants’ exposure to the trauma narratives of their survivor parents would offer insight into the transmission of trauma. Further exploration of the receptivity of family to their reactions would lend insight into predictors of benefiting from disclosure.

## **Conclusion**

This study explored possible relationships between disclosure of Holocaust related narratives and emotional well-being among Holocaust survivors as well as children and grandchildren of Holocaust survivors. This study further explored how methods of disclosure and number of methods used related to emotional wellbeing and overall benefit or harm of the disclosure experience among first, second, and third generation Holocaust survivors. While findings indicate that the vast majority of participants in the current sample disclosed their Holocaust related narratives, for these respondents, disclosure did not impact overall emotional wellbeing. The overwhelming majority of participants in this study considered their experience

of disclosure beneficial. Of note, the more numerous the methods of disclosure participants used, the more likely they were to consider the disclosure experience beneficial. This study also discovered the both/ and influence of an audience to the disclosed narrative –that is, while a receptive audience is related to great benefit, a skeptical audience is related to great harm. This research indicates the need for further exploration of factors predicting the benefits or harms of disclosure, such as time lapse from the traumatic event and disclosure of said event. While preliminary in nature, these findings reflect the importance of considering the environment that will hold the trauma narrative before attempting disclosure.

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## APPENDICES

### Appendix A: Approval Letter and Recruitment Materials



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

October 12, 2015

April Christman

Dear April,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor



## Recruitment Email

Hello,

I am April Christman, a graduate student at Smith College School for Social Work. I am currently working on my master's thesis, which will explore how first, second, and third generation Holocaust survivors believe they were affected by disclosing their Holocaust related experiences. For the purposes of the proposed study, disclosure is considered sharing Holocaust related experiences or reactions through oral or written means through interpersonal interactions with family, friends, service providers, or acquaintances; through published or unpublished journals, memoirs, or documentaries; through public presentations; or within an individual or group therapeutic setting. I am looking for participants who are 18 or older, can read and write in English, and are considered a Holocaust survivor or a child or grandchild of a Holocaust survivor. Participation in the study will consist of completing four short screening questions online followed by a brief online survey. The survey should take no more than thirty minutes to complete. Participants are assured complete anonymity. Participation in the study will require participant's ability to respond to an online, computer survey.

Participation in the current study is entirely voluntary. I will never know who completed the survey. I am required not to appeal to personally known potential participants. If you personally know me, please do not contact me regarding your participation in the study in order to ensure your anonymity. Thank you.

Please click on the below link to complete the survey:

<https://www.surveymonkey.com/r/HolocaustNarratives>

Would you please forward this email to anyone you know who might be interested in completing my survey?

Thank you for your time and help! Your contributions are greatly appreciated!

April Christman, BSW  
Masters of Social Work Candidate  
Smith College School for Social Work

*This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).*

## Recruitment Letter

# Holocaust Narratives:

Exploration of the Emotional Impact of Disclosure Status Among  
First, Second, and Third Generation Holocaust Survivors

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**Attention Holocaust Survivors and Descendants**

Hello,

I am April Christman, a graduate student at Smith College School for Social Work. I am currently working on my master's thesis, which will explore how first, second, and third generation Holocaust survivors believe they were affected by disclosing their Holocaust related experiences. For the purposes of the proposed study, disclosure is considered sharing Holocaust related experiences or reactions through oral or written means through interpersonal interactions with family, friends, service providers, or acquaintances; through published or unpublished journals, memoirs, or documentaries; through public presentations; or within an individual or group therapeutic setting. I am looking for participants who are 18 or older, can read and write in English, and are considered a Holocaust survivor or a child or grandchild of a Holocaust survivor. Participation in the study will consist of completing four short screening questions online followed by a brief online survey. The survey should take no more than thirty minutes to complete. Participants are assured complete anonymity. Participation in the study will require participant's ability to respond to an online, computer survey.

Participation in the current study is entirely voluntary. I will never know who completed the survey. I am required not to appeal to personally known potential participants. If you personally know me, please do not contact me regarding your participation in the study in order to ensure your anonymity. Thank you.

If you are interested in completing the survey, you can access the survey by going online to the below link:

<https://www.surveymonkey.com/r/HolocaustNarratives>

Please share this letter and link with anyone you may know who may be interested in completing the survey.

Thank you for your time and help! Your contributions are greatly appreciated!

April Christman, BSW  
Masters of Social Work Candidate  
Smith College School for Social Work

*This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).*



## Appendix B: Screening Questions and Informed Consent

### Screening Questions

Please use your own judgement to select the most accurate answer.

**1. Are you 18 or older?**

Yes \_\_\_ No \_\_\_

**2. Are you able to read and write English?**

Yes \_\_\_ No \_\_\_

**3. Are you considered a Holocaust survivor according to the following definition:**

**After 1933, you were:**

- A person who survived in Nazi-occupied Europe during the Holocaust in any of the following ways:
  - a. Were confined to a ghetto, incarcerated in a concentration and/ or a death camp, or forced to provide slave labor in a work camp;
  - b. Hid in such places as an attic, a safe house, underground bunker, a forest, a haystack, a grave, etc.
  - c. Posed as a Christian with a false identity; or
  - d. Fought with the underground Partisan resistance movement.
- A person who fled to Russia when Germany invaded Poland.
- A war refugee who fled to a safe haven.
- A German or Austrian Jew who fled to other countries including as a child or teenager whose parents made the decision for you. (Giberovitch, 2014, p. 47)

Yes \_\_\_ No \_\_\_

**4. Are you considered a descendant, child or grandchild, of a Holocaust survivor as defined by the above definition?**

Yes \_\_\_ No \_\_\_

**Informed Consent**

2015-2016



**SMITH COLLEGE**

**Consent to Participate in a Research Study  
Smith College School for Social Work • Northampton, MA**

.....  
**Title of Study:** Holocaust Narratives: Exploration of the Emotional Impact of Disclosure Status  
Among First, Second, and Third Generation Holocaust Survivors

**Investigator(s):** April Christman, Master’s degree candidate in social work, xxx-xxx-xxxx  
.....

**Introduction**

You are being asked to be in a research study exploring the relationship between the emotional well-being of Holocaust survivors and children or grandchildren of Holocaust survivors and whether or not they disclosed Holocaust related narratives. You were selected as a possible participant because you are 18 years old or over, can read and write in English, and identify as either a Holocaust survivor or a child or grandchild of a Holocaust survivor. I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

**Purpose of Study**

The purpose of the study is to explore how first, second, and third generation Holocaust survivors believe they were affected by disclosing their Holocaust related experiences. For the purposes of the proposed study, disclosure is considered sharing Holocaust related experiences or reactions through oral or verbal means through interpersonal interactions with family, friends, service providers, or acquaintances; through published or unpublished journals, memoirs, or documentaries; through public presentations; or within an individual or group therapeutic setting. Currently, Holocaust survivors share their testimonies through various avenues, such as autobiographies, oral histories, and community appearances. However, few studies exist exploring the psychological impact of sharing Holocaust testimonies on the survivor. Despite research acknowledging the presence of secondary trauma among children and grandchildren of Holocaust survivors, currently available research has failed to explore the emotional effects this group experiences in response to sharing their testimonies, whether positive or negative. Therefore, the proposed study seeks to further explore the psychological impact of sharing Holocaust testimonies on first, second, and third generation Holocaust survivors and ultimately fill this gap in research. This study is being conducted as a research requirement for my master’s in social work degree. Ultimately, this research may be published or presented at professional conferences, and possibly retained for secondary analyses in future research.

## **Description of the Study Procedures**

If you agree to be in this study, you will be asked to do the following: complete an online questionnaire. You may refuse to answer any or all of the questions. The questionnaire will first ask you if you previously disclosed your Holocaust related narrative and how you currently rate your subjective psychological well-being. The questionnaire will then ask you to select the ways in which you disclosed your narrative and ask a short-answer question about which ways benefited you most and why, if indeed benefit did occur for you. The questionnaire will end by asking you seven general questions about yourself, so that I may accurately describe the characteristics of my study sample. The survey contains only two short answer questions, so the questionnaire will take about 30 minutes to complete. By agreeing to this informed consent, you are hereby accepting my request for permission to use these data in secondary analyses later, in my own or other researchers' work.

## **Risks/Discomforts of Being in this Study**

The study has the following risks. While the questions do not directly ask you to discuss or narrate trauma histories, the questions do ask you to discuss if and how you disclosed your Holocaust related experiences. Questions further ask you to reflect on your subjective psychological well-being. These questions pose minimal to moderate risk of triggering you to think about your trauma, which may cause you to feel distressed or uncomfortable. If you do in fact experience distress, the following are resources you may wish to consult for support.

**Mental Health America** – An advocacy organization that provides access to behavioral health services for all Americans addressing the full spectrum of mental and substance use conditions.  
Phone (in crisis): 1-800-273-TALK  
Phone: 1-800- 969-6642  
Website: [http://www.nmha.org/go/find\\_therapy](http://www.nmha.org/go/find_therapy)

**SAMHSA National Helpline**- SAMHSA's National Helpline (also known as the Treatment Referral Routing Service) is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental health and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information. Call 1-800-662-HELP (4357) or visit the [online treatment locators](#).

**Crisis Call Center**- Crisis Call Center's 24-hour crisis line often serves as the first point of contact for individuals who are seeking help, support, and information. Crisis can affect anyone at any time. The need for emotional support or referral assistance is something most individuals encounter at some point in their lives. Staff and volunteers are available 24/7/365 to help individuals discover the skills and resources that they uniquely possess that allow them to develop solutions to maximize self-sufficiency.  
Phone: xxx-xxx-xxxx  
Website: <http://www.crisiscallcenter.org/crisisservices.html>

## **Benefits of Being in the Study**

The benefits of participation are as follows:

Participation in the study provides space for you to reflect on your own or your relatives' efforts to integrate your/ their Holocaust related experiences into a meaningful future, which may prompt you to pursue further action. For example, you may wish to create an oral or written account documenting your Holocaust related experiences or organize another way for survivors to share their experiences. Participation in the study can offer a sense of value and importance for contributing to greater knowledge of an important human tragedy. Lastly, participation in the study may offer a sense of empowerment as you may see your participation as contributing to knowledge that will potentially help other survivors and children and grandchildren of survivors in the future. These benefits may in fact have not happened for you as a result of disclosing the story – and this, too, is an important piece of information to know

The benefits to social work/society are as follows:

Holocaust survivors and now their children are reaching the end of life; therefore, there is an increasing chance that clinicians working in medical settings may have clients from this unique population. It is my hope that the findings of this study may prove useful for clinicians engaging this population. Many organizations and national projects support the premise that disclosing Holocaust narratives is beneficial to Holocaust survivors; however, per my review of the literature, limited research exists confirming this claim. Furthermore, according to my appraisal of available research, discussion of the benefits descendants of Holocaust survivors may experience from disclosure of Holocaust related narratives goes virtually unacknowledged. Therefore, this study will first seek to verify that there are such benefits, and may serve to contribute to the limited support of these claims if they are supported for this participant group. The results of this study may cause clinicians to consider how the Holocaust affects children and grandchildren of Holocaust survivors, which may improve how clinicians address their needs. The study potentially may produce findings that support non-clinical options, such as creating a journal or audio/ video recording about their Holocaust related experiences, that benefit this population to which clinicians can suggest or refer their clients. Lastly, the study may offer evidence to contribute to our understanding of narrative therapy's efficacy as well as spur future research.

## **Confidentiality**

This study is anonymous. We will not be collecting or retaining any information about your identity.

## **Payments/gift**

I am unable to offer any financial payment for your participation.

### **Right to Refuse or Withdraw**

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* before you submit your questionnaire responses. To do so, simply exit the survey without submitting, and your responses will be erased. Withdrawing will not affect your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely. Due to your ensured anonymity, I will have no way of knowing who completed the survey nor will I have the ability to identify responses to any particular person. Therefore, once you submit your response to the survey, your information will become part of the thesis, dissertation or final report.

### **Right to Ask Questions and Report Concerns**

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, April Christman at [achristman@smith.edu](mailto:achristman@smith.edu) or by telephone at xxx-xxx-xxxx. If you would like a summary of the study results, one will be emailed to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### **Consent**

By checking “I AGREE” below, you are indicating that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. Please print a copy and save it for your records. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

**I AGREE**     **I DISAGREE**



## Appendix C: Survey

### Part I: Assessment

The following questions will ask you if you previously disclosed your Holocaust related narrative and if so, how. For the purposes of the proposed study, disclosure is considered sharing Holocaust related experiences or reactions through oral or written means through interpersonal interactions with family, friends, service providers, or acquaintances; through published or unpublished journals, memoirs, or documentaries; through public presentations; or within an individual or group therapeutic setting. The questions will also ask you to consider your emotional well-being. Please answer to the best of your ability.

**1. Have you previously disclosed your Holocaust related narrative?**

- Yes
- No

**2. If you previously disclosed your Holocaust related narrative, did you find the process beneficial?**

1	2	3	4	5
Extremely Harmful	Somewhat Harmful	Neither Beneficial or Harmful	Somewhat Beneficial	Extremely Beneficial

**Please explain, why or why not:**

**3. Please use the below scale to rate the ways you previously shared your Holocaust related narrative. Please select N/A if you did not use the listed method of disclosure.**

**-Telling family/ friends**

1	2	3	4	5
Extremely Harmful	Somewhat Harmful	Neither Beneficial or Harmful	Somewhat Beneficial	Extremely Beneficial

**-Writing in a journal**

1	2	3	4	5
Extremely Harmful	Somewhat Harmful	Neither Beneficial or Harmful	Somewhat Beneficial	Extremely Beneficial

**-Writing a memoir/ autobiography**

1	2	3	4	5
Extremely Harmful	Somewhat Harmful	Neither Beneficial or Harmful	Somewhat Beneficial	Extremely Beneficial

**-Sharing an oral history**

1	2	3	4	5
Extremely Harmful	Somewhat Harmful	Neither Beneficial or Harmful	Somewhat Beneficial	Extremely Beneficial

**-Speaking at a community event**

1	2	3	4	5
Extremely Harmful	Somewhat Harmful	Neither Beneficial or Harmful	Somewhat Beneficial	Extremely Beneficial

**-Audio/ video recording narrative**

1	2	3	4	5
Extremely Harmful	Somewhat Harmful	Neither Beneficial or Harmful	Somewhat Beneficial	Extremely Beneficial

**-Other: (Please specify)**

- 4. Please describe why you found or did not find these methods of disclosure to be helpful (Please do not include names of persons, places, or organizations that may reveal your identity).**
- 5. Please indicate on the below scale your emotional well-being in regard to disclosing or not disclosing your Holocaust related narrative.**

1	2	3	4	5
Poor	Fair	Average	Good	Excellent

**Part II: Demographic Questions**

The following questions will ask you about yourself. Please answer to the best of your ability.

- 6. What is your gender?**
  - Female
  - Male
  - Transgender
  - Prefer not to answer
  - Other:
- 7. How old are you?**
  - 18-30 years
  - 31-40 years
  - 41-50 years
  - 51-60 years
  - 61-70 years
  - 71+ years

**8. What would you identify as your race/ethnicity?**

(Comment Box)

**9. Which best describes your marital/ relationship status?**

- Single
- Married
- Separated/ Divorced
- Widowed
- Long-Term Domestic Partnership
- Other Committed Relationship
- Other: [Please Specify]

**10. Which best describes your parental status? Check all that apply.**

- I have children
- I do not have children
- I have grandchildren
- I have great-grandchildren

**11. Which of the following best identifies you?**

- I am a Holocaust survivor
- I am a child of a Holocaust survivor
- I am a grandchild of a Holocaust survivor