Every Picture Tells A Story

The paintings on the front cover of this report are from WAVE’s first art exhibition featuring drawings from children that lost a Mum or a Dad in the ‘Troubles’. The exhibition was held at the Old Museum Art Centre in May 1998, and later formed part of a larger collection of images portraying loss and trauma.

In total around 70 children and young people took part. The exhibition was entitled ‘Every Picture Tells A Story’, and was launched in 2003 at the Ormeau Baths Gallery in Belfast. It has toured around Ireland, both North and South in addition to appearing at venues in England and the United States of America.

Zoe's mother was killed in a bomb when she was two years old

My painting is of my mum. I drew it from memory – in the picture she is wearing a dress and she has brown curly hair, although she has straight hair in this picture because I don't know how to draw curly hair. She has blue eyes and shoes that don’t have any heels on them. That's how I remember mummy's shoes, with no heels, they were just flat. I also drew a sunny background behind her because I like bright colours. I did this to help me remember. I never talked about what I drew.

Emma Jane's father was shot dead when she was three years old

My painting is called 'My Dad’s Toolbox' because he was a plumber. I was young but I remember daddy's toolbox, my brother still has it and that's how I know what it looks like. That was the first thing that came into my mind when I was asked to draw this. I can’t remember him properly because I was only three at the time.

Ciara's daddy was shot dead when she was five years old

My picture is about my daddy picking flowers and just doing stuff in the garden, I drew my daddy because I love him. I remember daddy with dark hair, which was like black and brown. I like drawing but not as much as singing.
Transgenerational Trauma: Dealing with the Past in Northern Ireland

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I would particularly like to thank those individuals who agreed to be interviewed for this study and who shared their life stories about how their childhoods had been severely impacted by their bereavement experience. I found these interviews to be in many ways both emotional and rewarding. Those interviewed have shown great strength to live with their grief and to help others who have been through a similar experience.

Damien McNally
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Executive Summary

Study Background and Objectives

This is a study of transgenerational trauma (how trauma is transmitted across generations) and its implications for dealing with the past in Northern Ireland. It has been undertaken by WAVE, a voluntary organisation working with all of those who have been bereaved, injured or traumatized as a result of the Troubles, regardless of community background. The objectives of the study were to:

- Review the relevant literature on the phenomena of inter and transgenerational trauma.
- Record and archive personal experiences of a small group of individuals, who as children experienced bereavement of a close family member because of the Troubles in Northern Ireland.
- Examine the physical, emotional and psychological effects of trauma and bereavement on families and identify the coping mechanisms used by these individuals and their families.

Findings

1. Responses to Bereavement and Trauma – The Culture of Silence

The issue of the general culture of silence on trauma and grief is an all pervading one which influences how grief and trauma are responded to. This report argues that this culture of silence can only be tackled if grief and trauma are treated as social issues as well as individual and family phenomena. It is the contention of the study that if bereavement, grief and trauma, at a general level, are treated as subjective and private issues to be dealt with by individuals and families alone then this has a significant bearing on how trauma, as a result of the Troubles in Northern Ireland, is responded to.

2. What is Transgenerational Trauma?

There is a lack of consensus on what the concept of transgenerational trauma is trying to deal with. This report argues that all of the issues outlined below (3-7) need to be taken into account in any response to the issue of transgenerational trauma, and trauma more generally, as a result of the Troubles in Northern Ireland. If a definition of transgenerational trauma, as a specifically identifiable and treatable pathology is sought, then, this report argues, it will not be found. There is a need for caution to be exercised in the search for transgenerational trauma as a specific, diagnosable phenomenon, or more specifically, its precise mode of transmission. Is a person from the next generation actually traumatised because of the original event and can this be dealt with separately? Or do we need to be more vigilant about potential longer-term consequences resulting more generally from a traumatic experience and how they are impacted by changing contexts at individual, family, community, economic, societal and political levels? This Report argues the latter.

3. Trauma and the Family

This Report describes how families affected by trauma develop unhealthy methods of communication which can range from silence to intrusive attempts to discuss the traumatic events and imposing their interpretations of those events on other family members including children. Trauma can also be passed on through families because the parent, dealing with the effects of
their trauma, is not able to effectively function in their parental role. Families also experience changes in how they function, changing domestic routines, financial situations and the potential loss of former friendships and social networks. It is the main contention of this Report that a family’s experience of trauma is heavily influenced by the social contexts they are living within such as responses by justice systems, the media, changing political contexts in Northern Ireland and other societal factors. There is a need therefore to focus on the impacts of such surrounding systems as opposed to focusing exclusively on the family system.

4. Trauma, Bereavement and Young People
The experience of a significant bereavement during childhood and adolescence can be long-term in nature and can be impacted by significant events later in life. This Report argues that young people’s grief is not adequately acknowledged by those within their surrounding family and social systems. Where a traumatic bereavement has taken place in the context of a war or conflict, children of those parents affected can become obsessed with the suffering their parents endured, with protecting their parents, or they may be unable to speak about what they are living with due to a wider context of fear, repression and silence. Children and young people may not have been provided with the full details about what happened to a loved one in a traumatic event and because of not knowing what really happened they can then be left replaying their worst imaginings over and over. Those who experience such bereavement during childhood or adolescence can be left feeling marginalised because there is little discussion about the issue. Their grief reactions are not recognised during their childhood/adolescence and can thus re emerge at later points in life. The response of young people to grief and trauma differs from person to person and much depends on the family and social context the young person has lived in.

5. Young People and the Troubles in Northern Ireland
There is a lack of consensus as to how the general population of young people in Northern Ireland have been affected by the Troubles. The main reason for such a lack of consensus has been because the effects of the Troubles have not been evenly spread across Northern Ireland. Previous research into the impacts of the Troubles on young people in Northern Ireland did not adequately take account of the social contexts in which children’s attitudes had been formed. At a more general level, there is a very poor understanding of the long-term effects of political violence. Recent research by Tomlinson (2012) highlights a worrying increase in suicide rates among men in Northern Ireland who were children and young people during the worst stages of the Troubles. This indicates the importance of investigating the impact of the Troubles on young people today with reference to the stories of those who were young during the worst stages of the Troubles. Learning from the mistakes that were made in the past because of the inadequate response to such issues.

6. The Medicalization of Trauma and Bereavement
This Report argues that the culture of silence around bereavement and trauma has contributed to these issues being responded to within a private, individualised and medicalized setting. This is related to disagreements as to what exactly trauma is, i.e. the immediate impact of a stand-alone event which can be responded to within a clinical setting or the continuing and changing nature of the traumatic experience as it interacts with social contexts over a significant period of time. If there is an urge towards treating transgenerational trauma in a private, individualised and medicalized way then there is a need to be aware of the following issues: if transgenerational
trauma isn’t diagnosable then it may not be viewed as something requiring action on; if it is diagnosable but not diagnosed in an individual then this may lead to no help being provided. Tools used to diagnose disorders such as PTSD do not recognise the more widespread suffering caused as a result of the Troubles that is not diagnosable as a recognised psychopathology. There is the danger that if transgenerational trauma became diagnosable then it may be viewed as another illness to be treated in a medical setting alone without reference to relevant social and political contexts.

7. A Psychosocial Approach to Trauma

The psychosocial approach is defined as addressing the well being of individuals in relation to their environment. The inner world (psycho) and the outer world (social) influence each other. This Report explores the psychosocial aspects of trauma in greater detail and argues that such aspects cannot be responded to within a medical/clinical setting alone. This has implications for the longer-term impacts of such trauma if wider social contexts are not adequately responded to. With this in mind there is a need, within the Northern Ireland context, for a greater acknowledgement of the impact of the social aspects and their bearing on the wellbeing of individuals significantly impacted by the Troubles. Those interviewed in this study provide some specific examples such as feeling that the loss of their family members has not been acknowledged because their deaths were overshadowed by higher profile events or where they have many unanswered questions because the murder is unresolved or because of their treatment by the media. A key aspect of this is whether the wider social context is one in which there is a political framework operating which gives voice or not, to the disempowered. This Report also argues that a psychosocial approach is also required in the context of Northern Ireland as a means of reducing the stigma through mass education about the psychological consequences of trauma.

8. Transgenerational Trauma or Longer-term Impacts of Trauma?

This Report argues that there is a need for a wider definition of trauma to be developed which acknowledges its longer-term impact over the life course, including how it is continued across generations unless it is dealt with within all of the relevant settings i.e. individual, family, community, societal and political. This is as opposed to creating a new, stand-alone category of trauma, i.e. transgenerational trauma, and then treating this as another psychological disorder to be treated within a clinical setting. The key issue is to recognise that such traumatic events can have long lasting impacts and will be influenced by the environment the person has had to live in as a child, adolescent and adult and appropriate responses within a clinical and non-clinical setting are required.

9. Conclusions: Dealing with the past

This Report argues that an appropriate balance needs to be struck between putting resources and emphasis into education about the consequences of trauma, injury and bereavement and substantial investment into psychological interventions aimed at treating transgenerational trauma as a specific psychological phenomenon within an individual. This study argues for further research to develop a consensus on a wider definition of trauma and to include transgenerational aspects within such a definition. Such a definition of trauma needs to include all relevant individual and societal contexts, how they interact and impact on the trauma experience over the longer-term. This is with the main aim of tackling the issue of silence around trauma as a result of the Troubles in Northern Ireland. Such silence needs to be tackled in order to:

- Prevent further inappropriate medicalization of trauma and the wider impacts of the Troubles
in Northern Ireland and extend the response to trauma from the clinical setting, where appropriate, to a societal setting.

- Educate society about the longer-term impact of trauma as a result of the Troubles and to support community based models of intervention which can also critique government policy in dealing with the past.
- Tackle the sense of psychological isolation experienced by those directly impacted and help prevent further re-traumatisation that requires treatment within a clinical setting.
- Allow all communities to hear the human impact of the Troubles from all sides and to tackle the culture of silence that surrounds this issue. This should prevent us from not learning from the past, perpetuating trauma, and its negative personal, societal and political impacts.

**Key Recommendations**

1. For a large-scale qualitatively based study which explores the life-course of those who have been bereaved, injured or traumatised during childhood as a result of the Troubles in Northern Ireland. This is with the aim to highlight issues significant to that individual regarding their individual and family contexts but also establish similarities across accounts to assess the impact of the different social contexts each person has been living within. Such a study should include those who are young people now but also those who were young people during the worst periods of the Troubles.

2. There is a need for a meta-analysis of the findings of storytelling initiatives in Northern Ireland to assess how they correspond with the conclusions reached in this report. There is a need to further engage with clinicians on the findings of this report to assess the issues they feel can and cannot be resolved within the clinical setting.

**Transgenerational Trauma, this report argues, occurs because: (See below)**
1. Introduction

Study Background and Objectives

This is a study into the phenomenon of transgenerational trauma and its implications for dealing with the past in Northern Ireland. It has been undertaken by WAVE, a voluntary organisation working with those who have been bereaved, injured or traumatized as a result of the Troubles, regardless of community background.

The phenomenon of the transmission of trauma across generations has become an area of increasing interest particularly within the context of Northern Ireland 16 years since the signing of the Belfast Agreement. This study further explores the phenomenon of transgenerational trauma and its accompanying definitions with the ultimate aim of assessing its utility as a way of describing the longer-term impacts of trauma in Northern Ireland and its ability, as a specific concept, to aid the response to the needs of those affected by a traumatic experience no matter how long ago it took place.

The objectives of the study were to:

- Review the relevant literature on the phenomenon of inter and transgenerational trauma.
- Record and archive personal experiences of a small group of individuals, who as children experienced bereavement of a close family member because of the Troubles in Northern Ireland.
- Examine the physical, emotional and psychological effects of trauma and bereavement on families and identify the coping mechanisms used by these individuals and their families.

The original scope of the study was to explore the experience of inter-generational trauma within the family setting in Northern Ireland. However in the early stages of the literature review it quickly became apparent that the phenomena of inter-generational and transgenerational trauma could only be properly discussed with reference to wider social contexts that each person was living within. The study therefore not only considered how the trauma experience interacted with family functioning but also how it was impacted by changing social contexts.
Participants Interviewed in the Study and Research Approach

In depth, semi structured interviews were conducted with 7 participants from both Catholic and Protestant community backgrounds in Northern Ireland with 3 males and 4 females being interviewed. All of the participants were bereaved of a parent or sibling during childhood or adolescence as a result of the Troubles and were currently or formerly involved with Wave Trauma Centre. A small number of interviews were carried out at this stage in order to allow each interviewee to share their life story in full and to ensure that all relevant topics were covered. This methodology was used in order to ensure that the social contexts each interviewee lived within could be explored as fully as possible. This research was approved by the Board of the WAVE Trauma Centre following a detailed process of Ethical Review. All interview material has been anonymised in order to protect the identity of the interviewees.

Propositions

Figure 1 provides the main structure around which this study is based. This Report proposes that the core issue when considering the concept of transgenerational trauma is that it operates within four layers of resistance, each of which is described.

At Layer 1 there is the culture of silence around bereavement (especially complicated bereavement) and trauma.

At Layer 2 there is the issue of transgenerational trauma itself and its various definitions. The terms include inter, trans and multi-generational trauma which appear to be used interchangeably even though there may be differing, specific areas of interest in mind e.g. such as trauma within families, young people directly affected by bereavement and trauma and the general impact of conflict on new generations of young people. The use of such multiple terms raises an important question, is research on the issue inter-disciplinary in nature in order that it does not become yet another category of research which may operate in isolation from other research on topics such as bereavement and grief?

At Layer 3 is the more focused discussion on the lack of agreement on what exactly
Layer 1

General culture of silence on trauma and grief. Viewed as subjective and individual experience (Chapter 2)

Layer 2

An Overview of Transgenerational Trauma (Chapter 3) Areas of focus for transgenerational research based on current definitions

1. Trauma and the family (Chapter 4)
2. Trauma of children/young people directly impacted (Chapter 5)
   . Effect of conflict on new generations of young people (Chapter 6)

Layer 3

What is Trauma? Spectrum of influence and response mechanisms

No agreed definition of Trauma and can sit anywhere on spectrum between individual and societal levels

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Individual Issue (Chapter 7)

Trauma as a medical/psychological phenomenon, diagnosable and treatable at level of individual. Treated via clinical based responses such as counselling and psychotherapy.

Increasing recognition of psycho-social aspects of trauma and their impacts on trauma experience i.e. family, community, political and wider social contexts

Recognition of how the individual experience of trauma is impacted by changing social and political contexts. Requires meta-analysis and advocacy by clinicians.

Societal Issue (Chapter 8)

Trauma as a social phenomenon, dependent on influence of changing individual, community, social, political contexts etc. Responded to via services such as social support and advocacy

Layer 4

Core Questions for Research on Transgenerational Trauma

• Where does each area of research within Layer 2 reside on the spectrum at Layer 3? Is transgenerational trauma an individual or societal problem or both?

• Does transgenerational trauma work as a stand-alone concept (Chapter 9) and how should the relevant longer-term issues be responded to? (Chapter 10)
trauma is, should it be viewed as a subjective and individual issue, a societal issue or somewhere in between?

At Layer 4, this report argues, how the subject of transgenerational trauma is discussed and researched will depend on where it falls on the spectrum of influence at Layer 3, is it an individual, family, wider societal issue or somewhere in between?

Report Structure

Chapter 2 provides a brief exploration of the pervading culture of silence around issues of bereavement and trauma and argues that it has a significant bearing on how issues of trauma and transgenerational trauma will be dealt with i.e. treated as a subjective and individual experience.

Chapter 3 explores the problem of arriving at an agreed definition of what trauma is and the resulting lack of a clear definition of what transgenerational trauma is. This study argues that the main area of contention can be traced to disagreements about the nature of trauma itself, i.e. the immediate impact of a stand-alone event which can be responded to within a clinical setting or the continuing and changing nature of the traumatic experience as it interacts with social contexts over a significant period of time.

Chapters 4-6 explore the differing subject areas that are referred to when discussing definitions of transgenerational, intergenerational, multigenerational trauma and other potential definitions. This study discusses these areas of work with a view that all of these are relevant to the study of transgenerational trauma and there is a need to assess where they all sit on the spectrum of treating trauma as an individual or societal problem, or somewhere in between. There is a concern expressed in this report that research on these subject areas may not be as inter-disciplinary in nature as would be required when examining the longer-term impact of trauma and bereavement.

Chapter 7 explores the arguments for and against defining trauma as a medicalized phenomenon which is able to be treated at the level of the individual and argues that
a balanced approach between individual and societal approaches needs to be reached in the response to trauma.

Chapter 8 explores the psychosocial aspects of trauma in more detail with reference to the findings of Chapter 7 and the need to define trauma and transgenerational impacts with greater reference to social contexts and their impact on the trauma experience.

Chapter 9 engages in a more detailed discussion on the advantages and disadvantages of viewing transgenerational trauma as a distinct area of research and argues that it should be viewed as an aspect of the longer-term impacts of trauma and not as a stand-alone category of research nor as a condition to be treated in a clinical setting alone.

Chapter 10 provides more general conclusions about how the longer-term impact of the Troubles in Northern Ireland should be responded to within a psychosocial setting and discusses the implications this has for dealing with the past here.
2. Responses to Bereavement and Trauma – The Culture of Silence

With reference to Figure 1 the issue of the general culture of silence on trauma and grief has been placed at Layer 1 as this Report argues that this is an all pervading issue which influences how grief and trauma are responded to in a Western setting. Chapter 4 of this Report highlights the influence of a culture of silence within the family setting on the bereavement/trauma experience where non-communication can perpetuate the ongoing impact of a traumatic event. Chapter 5 explores the issue of young people not being engaged fully in the aftermath of a bereavement or traumatic experience with silence being a key issue. This Report argues that the needs of these young people are not adequately responded to within more ‘normal’ bereavement settings nor in the context of bereavement which is as a result of war/conflict. Chapter 6 explores the context in Northern Ireland more specifically and argues that the longer-term impact of the Troubles on young people today and on those who were impacted during childhood has still not been acknowledged at a societal level. This Report argues therefore, that the culture of silence on such issues can only be tackled if grief and trauma are treated as social as well as individual and family phenomena. The following chapters of this report explore these issues in more depth with the aim of reaching conclusions about how the issue of transgenerational trauma needs to be responded to at the levels of the individual, the family and wider society.

Ribbens-McCarthy (2007) argues that western societies struggle to make sense of death and bereavement resulting in a public absence/private presence of death with grief and bereavement given over to medical expertise. The development of such expert forms of knowledge and guidance possibly reflecting a wider trend for modern societies to avoid confronting the inevitability of human pain and suffering. Similarly adults may seek to protect children (and perhaps themselves) from the knowledge of an adult’s inability to shape and protect life from pain, death and loss. Hanna et al (2012) report a similar phenomenon where survivors of traumatic experiences (as a result of the Troubles in Northern Ireland) appeared to see the world as a very dangerous place because of their experiences and then attempted to shield their children from such “Troubles” related events.

Draper and Hancock (2011) argue that there is an ongoing debate about
Western society’s ability to engage with the concept of death. The authors reflect the argument that death is visible in contemporary society as it appears in songs, in television and in art which suggests that it is no longer taboo. However they contend that death can still be absent from public life and seen as a private and subjective experience. While death is engaged through public rituals such as memorial services and popular culture, there are aspects of society that relegate grief to the private world of the individual, which means that certain emotional needs may be ignored. The authors also argue that, for example, older people are more likely to be removed from sight and so children/young people become separated from their ageing and dying.

With reference to the work of the Group for the Psychoanalytic Study of the Effect of the Holocaust on the Second Generation, Bergman and Jucovy (1982) argue that during the decade after 1945, the compelling need of the survivors was to deny and repress their experiences. However, what happened to be a moderately helpful and adaptive way of dealing with the Holocaust could be achieved only with massive denial and repression of the traumatic period. It is not surprising that, eventually, the intolerable memories of the past returned to haunt the survivor. The second reason for silence, apart from the need to forget, was due to the world’s need to forget.

Danieli (1998) also reports how Holocaust survivors would either withdraw completely into their own families with children being a captive audience to relay their experiences on to or they would not talk about it in the home with the effect that their children wouldn’t understand why the family was traumatised. Danieli also argues that the reaction of society at large (to Holocaust survivors) had a negative impact on their post-trauma adaptation as they encountered a societal reaction consisting of “indifference, avoidance, repression and denial of their experiences”, which intensified feelings of isolation, loneliness and mistrust of society, (1998, p.4). Bar-On, (1995) also refers to the ‘conspiracy of silence’ surrounding the Holocaust which characterised Israeli society over four decades. Bar-On argues that such silence was also accompanied by harsh judgements which blamed survivors, who went, it was said, “like sheep to slaughter” (1995, p.19). Bar-On contends that survivors had their own reasons for maintaining silence though, such as feelings of guilt for surviving, pain of separations and a sense of helplessness in relating all of this to a new, different Israeli identity.
Becker and Weyermann (2006, p.14) also highlight the issue of fear and the culture of silence and argue that chronic fear is a by-product of living in an area of war or conflict. This fear then causes the individual not to want to expose themselves or talk about their anxieties or insecurities. Families and groups are therefore unable to talk about their anxieties which weaken them further. Referring to dealing with the past, Becker and Weyermann (2006, p.28), argue that when the past has become taboo, excluded from open discussion, it cannot then become history and poses a threat to future stability. There is thus a need for public and collective processes of remembering.

A needs assessment report by the Commission for Victims and Survivors for Northern Ireland also concludes that one of the key mechanisms partially contributing to the transmission of trauma in Northern Ireland has been the culture of silence which has been pervasive. The authors argue that this impacts upon parenting style and this culture of silence is then learned by subsequent generations (2012, pp.119-120). Saul and Bava describe the problem of a culture of silence as a collusion between therapists and patients, society and survivors, and among family members to avoid speaking about traumatic events. The authors argue that such silence may disrupt a sense of historical continuity and may increase the disconnection between families and communities (2008, p.5).

At a more general level Exley (2004) contends that society remains distant from death, as we live in a society that values youth, health and fitness. Those who are dying or bereaved act as a reminder of the weaknesses of the modern individual and are to be avoided. Willmott (2000) contends that there is a need to explore how society acts in response to fears about death. ‘Death radically questions the taken for granted business as usual attitude which is usually adopted in everyday life’ (Willmott, 2000, p.651). Death is then ignored by society, the bereaved are left alone to deal with the consequences.

Herman (1992), offering a model of trauma, also argues that at the level of society, some things are too terrible to be spoken about and there is a powerful urge to deny these terrible events by straight denial, by blaming the injured and the maintenance of general social norms that isolate the injured. Herman goes on to argue that it is the conflict between the need to speak out (by the individual) and the need to deny (at level of society) that is central to the experience of trauma.
David and Sarah, who were interviewed for this Report, both lost their fathers when they were children and provided their insights on how the culture of silence framed their bereavement experience.

David discusses examples of this issue of awkwardness around discussing his father’s death:

I suppose with friends, as they would have got older they realised that my dad had died but they didn’t really ask me. Some of them know that he had died but they didn’t ask me why, they didn’t push me on it. We just went about our usual lives at school, it wasn’t really talked about. I remember a teacher asking me about it and I just said that it was something we had to live with, very painful and the teacher didn’t really follow up and ask more about it, there was a lot of discomfort.

Sarah also describes the sense of embarrassment around the issue of her father’s death:

Whenever anybody asks me about my daddy and I tell them that he’s dead I almost feel embarrassed for them, they don’t know what to say and they get all embarrassed. I have to say that it’s alright and reassure them. I feel that whenever you tell someone what happened they’ll automatically think he was involved in a paramilitary group, but my daddy was an innocent man going to work. I almost feel that he is tarred about being involved in something when he wasn’t, I assume that people are thinking that.

Conclusion

The issue of the general culture of silence on trauma and grief is an all pervading one which influences how grief and trauma is responded to. This Report argues that the culture of silence can only be tackled if grief and trauma are treated as social as well as individual and family phenomena. If bereavement, grief and trauma, at a general level, are treated as subjective and private issues to be dealt with by the individual alone then this has a significant bearing on how trauma, as a result of the Troubles in Northern Ireland, is responded to. This Report argues that only when the culture of silence is tackled then can the suffering of those impacted by the Troubles be lessened and the impact of such suffering on future generations can be reduced and better understood.
3. What is Transgenerational Trauma? The Difficulty of Definition

This chapter aims to explore the phenomenon of transgenerational trauma, its definitions and areas of interest. This Report argues that there is a need to clearly delineate the current areas of research that the concept of transgenerational trauma has links to, and for any future work on this issue to be undertaken within a clear inter-disciplinary ethos. Before exploring the specific challenges of transgenerational trauma in the context of Northern Ireland, it is important to make reference to a significant study arising out of the aftermath of the Holocaust that investigated transgenerational trauma.

In introducing the work of the Group for the Psychoanalytic Study (referred to below as the Study) of the Effect of the Holocaust on the Second Generation, Bergmann and Jucovy, (1982) argue that there was already considerable controversy regarding the question of whether there was indeed an effect of the Holocaust on the second generation (i.e. the children of survivors). Whether parent’s reactions to their past traumatisation could exert a specific influence on their children was an open question. Some key questions had to be grappled with including:

1. Could a specific “survivor's child syndrome” be detected? The Study reported that there is a common base, a “survival complex” (not syndrome as the issue is much more multi faceted than this) that is transmitted to children. Most child and adult developmental phases are tinged with issues of survival and the Study found that this may become either a source of strength or pathology.

2. Since each survivor may have reacted differently to traumatisation, there was a need to consider his or her pre-trauma personality and family background as well as the time and conditions of persecution.

3. There was a need to consider the influence of the new country in which the survivor parent/s had settled and the reciprocal influence between parents and children. The Study reported the impression of survivors that they had survived death and destruction to take one’s place in a society that attempts to affirm life. In order to do this, survivors had to undergo profound transformations involving change of culture, change of language and sometimes change of names. This ability to switch quickly from one level of functioning to another had
great survival value and facilitated re-adaptation to everyday life but this asset could also become a liability because it involved becoming detached from whom the person really was, (Oliner, 1982, p.279).

4. **Could individual development and psychopathology of patients be separated from traits and symptoms that were connected to the parent’s Holocaust experience?** Bergmann (1982) indicates that one question that had to be grappled with constantly because it appeared so persistently was: How much of the pathology one sees is to be attributed to the Holocaust experience of the parents and how much to other incidental or personal sources? The Study found that this was a difficult issue to resolve and reported that a therapist confronted with ordinary traumas of life and Holocaust traumas in the same patient, must have the flexibility to move between both, often in rapid succession.

From the Study we can already see the issues that the investigation of transgenerational trauma is trying to grapple with. Can it be viewed as a specific syndrome? Can it be separated from other contexts that the survivor has been living within i.e. individual characteristics, family relationships, adapting to a new post-war setting and how the trauma caused as a response to war is interacting with other normal life events and traumas? With these issues in mind, this Report argues that any definition of transgenerational trauma needs to take these issues and wider contexts into account and become more inclusive of such issues and recognise that longer-term impacts must be taken into account. If a more reductive definition of transgenerational trauma, as a specifically identifiable and treatable pathology is sought, then, this Report argues, it will not be found.

Within the context of Northern Ireland, following the re-establishment of devolution and the bedding in of the devolved administration, a Strategy for Victims and Survivors was published by the Office of the First and Deputy First Minister (OFMDFM) in 2009. This strategy was preceded by the enactment of the Victims and Survivors Order (2006) and the Commission for Victims and Survivors Act (Northern Ireland, 2008) which enacted the establishment of the new Commission for Victims and Survivors for Northern Ireland (CVSNI). The CVSNI, among its other roles, was given a number of powers, of which two are relevant to this report: (1) to commission research and issue guidance on best practice in relation to any matter
concerning the interests of victims and survivors; (2) to undertake a comprehensive needs assessment in order that the Commission can effectively comment upon the effectiveness of services for victims and survivors. More specifically, the Strategy for Victims and Survivors (OFMDFM, 2009) indicated that the recently established Commission for Victims and Survivors may also wish to initiate further research work in relation to specific areas of need such as the impact of the conflict on children and young people. The Commission, once established, set about engaging in a needs assessment process and commissioned further research to explore this impact of the Troubles on Children and young people, among others, in more detail.

The First Interim Needs Assessment Report by the Commission for Victims and Survivors (2010) highlighted the issue that there are limitations and gaps in the research relating to transgenerational issues arising as a result of the Troubles in Northern Ireland and their impact on present and future generations of young people. The report quotes: 'in examining the transgenerational impact of the Conflict on young people we are considering both those individuals who were children or young people during the conflict and a new generation of young people who have grown up in Northern Ireland during the ceasefires' (2010, p.125). The First Interim Needs Assessment also makes reference to a finding from the literature review carried out by CVSNI which stated 'The extent to which the impact of conflict is passed on through families intentionally and unintentionally is an area that requires considerable attention' (2010, p.141).

Therefore, we already see some issues with varying definitions about what the exact area of interest is. Is this about the impact of the Troubles in Northern Ireland on today’s children and young people? Are we talking about the general population of young people or those who were directly affected by a traumatic experience? Are we interested in adults who were children and directly or indirectly affected by the Troubles? There is also the question as to how trauma is passed on within families in Northern Ireland.

Outside of the specific Northern Irish context there is considerable literature on other areas that are relevant to this area of study such as: young people (children and adolescents) and bereavement, Ribbens-McCarthy (2007), Bevan and Thompson (2003), Oldam and Nourse (2006); the general culture of silence on bereavement, Draper and Hancock, (2011), Exley (2004), Herman, (1992); families

This Report argues that currently these are areas of research which don’t engage with each other to the extent required and where research on transgenerational trauma continues, there is a need to ensure that it is inter-disciplinary in nature and takes on board the findings of all of these relevant areas of research.

At a more general level, this Report raises a concern that the literature and research on trauma and the literature and research on bereavement and grief (including complicated grief) appears not to be as inter-disciplinary as it could be. Newman (2002) argues that many studies of bereavement and those of responses to trauma have not considered whether trauma and bereavement have occurred together and that it has only been relatively recently that research has focused on the interaction between bereavement and trauma. More recently, the development of the construct of Child Traumatic Grief (CTG) provides a model which explores the encroaching of trauma symptoms on the grieving process which prevents the child/adolescent from negotiating the typical steps associated with normal bereavement (Mannarino et al, 2011). The authors argue that normal grief reactions are not the same as traumatic grief, where, in the case of traumatic grief, remembering the loved one usually serves as a traumatic reminder with the subsequent development of trauma symptoms.

This Report argues that any subsequent research into the area of transgenerational trauma, within a Northern Ireland context, will need to take all of this into account as valuable lessons can be learned about the longer-term impacts of trauma, bereavement and grief as a result of the Troubles in Northern Ireland. There is a need for consensus about a more flexible, but agreed, definition of what the area of transgenerational trauma is focusing upon.

A report by Hanna et al (2012), for the Commission for Victims and Survivors for Northern Ireland, also refers to the difficulty in defining what is meant by transgenerational trauma but aims to shed some light on how trauma and the impacts of trauma can be transmitted to subsequent generations. The aim of the report by Hanna et al is to “provide evidence about the transgenerational needs of victims of the conflict on which to base plans for appropriate and accessible services....and make recommendations that will inform the new Victims and
Survivors Service of the types and levels of service provision that are required to meet the needs of victims and survivors of the conflict" (2012, p.5). Included in this report was a literature review which sought to describe transgenerational trauma, its mode of existence, how it can be transmitted between generations and what the implications of this are for victims in Northern Ireland.

The literature review found that the terms “transgenerational trauma”, “intergenerational trauma” and “multigenerational trauma” are used interchangeably by researchers in the field. The report concludes that the literature does appear to show that the children of those who experienced traumatic events sometimes experienced high levels of poor psychological functioning. However the report then goes on to stress that this link is not direct or automatic but may depend more on parental reactions to the experience of the trauma (2012, p.6). The report discusses four possible hypotheses that have been offered as to how trauma can be transmitted from one generation to another and reviews the relevant literature offered within each hypothesis: such as the biological perspective of transmission, transmission due to identification (with the parent), transmission due to communication and transmission due to disruption of normal family interactions, (2012, pp.13-17).

It is important to note, however, that it appears that each hypothesis is focused mainly on the family environment without much reference to wider contexts and how this can play a role in trauma transmission. Hanna et al do cite Siassi and Akhter (2006) who argue that the legacy of one generation’s trauma is transmitted due to the inability of the larger group from the first generation to mourn their losses and humiliation (Hanna et al, 2012, p.17). However, it is unclear as to what the exact setting is for such a mourning process to take place, either within the family setting or within a more societal framework? It is important to note that Hanna et al acknowledge that how trauma is passed on within families is mediated by other social and psychological factors and the purpose of this Report is to explore the influence of such factors in more depth.

With reference to the impact of the Holocaust, Kellerman (2001) also developed a model of trauma transmission which included four elements: the Psychodynamic (transmission via unconscious displaced parental emotions); the Sociocultural (parenting and role models and inadequate parenting behaviour); Family Systems (family enmeshment – survivor families as tight units with limited
contact beyond the survivor community), and the Biological (hereditary vulnerability to PTSD with specific mitigating and aggravating circumstances). As with the model outlined by Hanna et al (2012) all of these modes of transmission appear to be focused exclusively on the family environment. However, Kellerman is keen to stress that none of these elements alone can produce the traumatic effect and expresses the need for an integrative view of trauma transmission. Kellerman stresses the need for survivor families to have access to social support outside of the family setting in order to allow offspring to develop relationships outside of the family system and lessen any overpowering influence of the parents.

Weingarten (2004), whose research has not been referred to in the work of Hanna et al, describes four potential mechanisms through which trauma is transmitted which bear some similarities to the models outlined by Kellerman (2001) and Hanna et al (2012). These include biological mechanisms; psychological mechanisms (referring to the experiences of those who have been looked after by traumatized caregivers) and familial mechanisms (such as issue of silence within family settings). Significantly though, Weingarten offers a fourth ‘Societal Mechanism’, which can be due to family rules about what is and isn’t discussed about the past but more generally refers to the silence shared by communities of people overwhelmed by the task of facing what political violence has wrought. Silence can therefore take place at the level of the individual, family and national level, often in an interlinked fashion, (2004, p18).

Becker and Weyermann (2006, p.15) argue that trauma is a psychological process but its development is shaped by socio-political events. The authors elaborate on this interrelation by introducing the concept of sequential traumatisation (Keilson, 1992), cited in Becker & Weyermann, 2006, p.15, which describes the continuing traumatic process according to specific historic periods. With reference to the Holocaust, Keilson asserts that all survivors went through a cumulative process of three traumatizations: their separation from parents before the Holocaust, their experiences during the Holocaust, and their encounter with the external world after the Holocaust. In Keilson’s opinion, it is the third phase that was decisive. The survivors’ reconstructions, each in its own way, reflect the tension between the past and the future and with the passage of time the possibility that each of these individuals had to integrate and live with this tension (1992, cited in Bar-On, 1995, p.339).
Becker and Weyermann also argue that psychosocial trauma should not be misunderstood as the psychological result of a clearly circumscribed or specific event. The authors provide the example of the trauma of an American Vietnam war veteran not just being from what he experienced during the war but also as a result of his isolation after the war (2006, p.14).

At a more general level, Atkinson et al (2010) highlight the debate around what the word ‘trauma’ actually means, whether it refers to an event, a series of events or an environment, to the process of experiencing the event or environment, or to the psychological, emotional and somatic effects of that experience. The authors are critical of the Diagnostic and Statistical Manual of Mental Disorders’ reliance on the extreme/not extreme dichotomy of trauma which assumes homogeneity in how people process events and the perceived severity of the experience across individuals. The authors argue that such an approach fails to take the effects of previous histories or current living conditions into account. Avdibegovic et al (2008) also argue for a view of trauma as a defining and organizing experience that forms a core of an individual's identity rather than a single discrete event and for a focus on what has happened to the person as opposed to what is wrong with the person.

Therefore, there is a need for caution to be exercised in the search for transgenerational trauma as a specific, diagnosable phenomenon, or more specifically, its precise mode of transmission. Is a person from the next generation actually traumatised because of the original event? Alternatively, do we need to be more vigilant about potential longer-term consequences resulting more generally from a traumatic experience and how they are impacted by changing contexts at family, community, economic and political levels and therefore put resources and emphasis into education about the consequences of trauma, injury and bereavement, as opposed to heavy investment into psychological interventions aimed at treating a specific psychological phenomenon within an individual. This Report asks to what extent are both approaches required and how do we find the right balance? This Report seeks to explore the literature about the social aspects of trauma transmission and argue that these need to be taken into consideration in any future discussions about how to respond to the longer-term impacts of trauma.

These debates highlight the issue of a need for greater consensus about what trauma can actually mean and that current research is doing a disservice to those
who have been traumatized if it is to be siloed further into looking at trauma, intergenerational trauma, transgenerational trauma, multi-generational trauma, sequential trauma, psychosocial trauma and other potential definitions unless it is done within a clear inter-disciplinary framework. This Report argues that the focus should be to take a holistic approach to assessing the longer-term impacts of trauma and bereavement and how such impacts interact with social, familial, political and other contexts as opposed to a siloing of responses to the long-term impacts of trauma.

The report by Hanna et al (2012) also points out, that there is a need to consider that negative experiences of the Troubles are broader than the common definitions of the term ‘trauma’, (2012, p.20). There is thus a need to decide whether or not such consequences can be discussed within a more flexible framework of ‘trauma’ or whether trauma needs to remain, solely, a diagnosable disorder as measured by tools such as the Impact of Event Scale for PTSD.

Conclusion

There is a lack of consensus on what the concept of transgenerational trauma is trying to deal with. This Report argues that all of the issues outlined in each chapter of this report need to be taken into account in any response to the issue of transgenerational trauma, and trauma more generally, as a result of the Troubles in Northern Ireland. If a definition of transgenerational trauma, as a specifically identifiable and treatable pathology is sought then, this Report argues, it will not be found. There is a need for caution to be exercised in the search for transgenerational trauma as a specific, diagnosable phenomenon, or more specifically, its precise mode of transmission. Is a person from the next generation actually traumatised because of the original event and can this be dealt with separately? Or do we need to be more vigilant about potential longer-term consequences resulting more generally from a traumatic experience and how they are impacted by changing contexts at family, community, economic, societal and political levels? This Report argues the latter.
4. Trauma and the Family

Following on from the exploration of the meaning of transgenerational trauma, this chapter is the first of three (please refer to Figure 1 (page 10), Layer 2) which aims to explore the areas of interest that the First Interim Needs Assessment Report by the Commission for Victims and Survivors (2010) refers to of being of importance under the area of ‘Transgenerational’ issues stating, ‘The extent to which the impact of conflict is passed on through families intentionally and unintentionally is an area that requires considerable attention’ (2010, p.141). This chapter therefore explores the issue of trauma being perpetuated within the family setting because of the dynamics of that family and issues such as its verbal and non-verbal modes of communication. This chapter also contains excerpts from interviews with those who took part in this study who lost an immediate family member during their childhood as a result of the Troubles in Northern Ireland.

With reference to the impact of the Holocaust, Bergmann argues that the extraordinary capacity for adaptation among those who survived may be called “emergency morality”. It was upon the new family members, particularly the children, that the traumatic reactions, silenced by the emergency morality, were later revived and projected (1982, pp.292-293). With reference to the aftermath of the Holocaust, Bar-On (1995) argues that the primary wish of most survivors was to achieve normality as quickly as possible but this was simultaneously functional and dysfunctional. It did help them to adjust to normal life but could also become dysfunctional, since survivors thus avoided the necessary psychological mourning process and therefore became committed to the past. Bar-On (1995), reported how it was difficult for parents to protect their children from their own oppressive memories and that “untold stories”, often pass more powerfully from generation to generation than stories that can be recounted (Bar-on, 1995, p.20). Double silence, Bar-On argues, occurs where parents do not tell and children do not ask. Danieli (1998, p5) contends, that some (Holocaust) survivors would withdraw completely into their own families with their children being told about what happened and the Holocaust being a constant presence within the home life while other parents would remain silent about what they experienced because of a fear that their memories and reactions would prevent their children from becoming healthy and normal members of society.
On the issue of the needs of those injured as a result of the Troubles in Northern Ireland, Breen-Smyth (2012) reports that in some cases the injuring attack occurred at or near the home with the family witnessing it. The author argues that the whole family therefore suffers but that their needs are often subsumed in the needs of the injured person, with their own needs not being communicated or addressed.

We can see that the mode of communication about the past within the family appears to have a significant bearing on how the impacts of such trauma can be processed and dissipated to a certain extent but are not because the experiences are not talked about at all or are communicated in unhealthy ways both verbally and non-verbally. As an example, Bergman and Jucovy (1982) argue that it appears that the recounting of parental (Holocaust) experiences depends more on how they are told and in what spirit; on whether the information is used to inform and educate; or whether it is employed as a threat. Other common features referred to by Bergmann & Jucovy (1982, p.20) include the transmission to offspring of a suspicious attitude to an external world perceived as hostile and the almost impossible expectations for children to provide meaning for the empty lives of parents.

Over the longer-term, Bloom (1997) argues that when exploring the context of the family and trauma, intergenerational problems emerge when the emergency measures used by families to protect their survival operate long past the time when they are necessary, such emergency measures become family styles of interacting and rapidly become impermeable to change. Writing on the Northern Ireland context, Burrows and Keenan (2004) argue that it is the responsibility of the current generation to work with the unresolved traumas of the past to ensure a firmer ground of support for the next. The key question here again is whether this refers to the family or wider social contexts. Becker and Weyermann (2006, p.15) argue that family members who are born years after the initial traumatising event can still become traumatized. This happens whether family members speak about the original trauma or not. If they do not then they can remain strangers to their children and if they do, they have to speak about the terror. If the family does speak about the terror then it has to be done in a sensitive way in order to guard against traumatizing children and other family members.

In the interviews for this Report, Steven, whose sister was killed as a result of the Troubles explains how it was important to talk to his own children in a sensitive way about what had happened to him during his childhood in order to help them to
understand where he was coming from:

My daughter stays in mum’s every weekend and mum has a shrine [to Steven’s sister who was killed] and she knows it's her auntie, they know who she is, they know what happened to her and that’s as far as it goes. I've had to explain it to them because there’s days when they have seen me crying and they’ve seen me upset or they've seen me stoned so I've had to sit them down and explain to them and they understand perfectly even though they’re only kids themselves ... They understand better why I used to be upset all the time and why I used to be depressed because they were probably thinking why is daddy like this? And now that they're a lot older it's gonna make them understand why.

Martin lost his father at a young age as a result of the Troubles and describes how both his family and the police thought that it was ok to discuss the murder openly in front of him because they thought that as a child, he wouldn’t understand what was being said.

I was off school...I can remember the event well, the police spoke openly in front of me and named people who had been involved in the murder. One of them said “Sure let him stay in the room, hasn’t he been through enough, a child will pick nothing up”. I have a vivid memory of every detail and of every name....the names and details stuck with me. It sort of burned into the hard drive of my memory and stayed there.

Martin’s experience of being provided with details about the murder which impacted his family appears to be very different to that of Steven’s children as Steven sought to explain to them what had happened to him when he was a child but not in a graphic way.

A needs assessment report by the Commission for Victims and Survivors in Northern Ireland also discusses the four hypotheses, raised by Hanna et al (2012) in their report for the Commission, to explain that how trauma is passed down the generations may be because of the way it affects normal family interactions. Verbal communication is not used and unhealthy patterns of interaction develop, where the parent is no longer able to function effectively as a parent (2012, p.120). As an example of this, Steven explained how the death of his sister affected his mother:

My mum didn't cope at all, there was too many doctors coming in and out of the house and putting her on these tablets, she didn't know what she was doing herself so basically I was
looking after myself to be honest and she tried to take me over to the Royal Victoria hospital after it happened to see a psychiatrist but I bluffed my way through that and pretended there was nothing wrong as any teenage boy would. Mum couldn’t cope, she didn’t even know what planet she was on because of the tablets she was taking, she was crying every day, she had to get her breakfast made for her, things like that. I felt at the time that my mum didn’t care because of the way she was at the time.

Patricia lost her father, at an early age, as a result of the Troubles and explains how this affected the nature of her interaction with her mother:

But I always remember such a lonely empty feeling in the house. It was just me and mum because my sister was newly married and was living in her own house. So it was just such a lonely feeling, so empty and mum I suppose has had bad health ever since…. Mum would not have been interacting or sitting with me, she didn’t play often with me. Mum was dealing with her own struggles and her own grief. So she would have just have lay and watched TV and maybe fell asleep.

Denise lost her father at an early age and also described how her mother had been impacted following her father’s death:

Mum was really bad after that, she had to go into a clinic, she had a nervous breakdown and things, we were passed around a bit, from aunts to neighbour to neighbour….we stayed with my aunt for months and I really couldn’t understand why she wasn’t well I just thought she was in hospital sick, I didn’t know it was a special ward. I remember going to visit her and I remember her making all these wee crafts. We still didn’t know why she was there; it was like a day hospital that she was in…. and I know she never slept in bed for years, she slept on the settee, but also a few months later, apparently they [the people who murdered Denise’s father] stole my daddy’s keys, and granda had come up and changed the locks on the doors, I didn’t know why then, but apparently she was lying on the sofa and heard the footsteps right up til the front door, someone was trying the key to the front and back doors. And from that time on she never went to bed for a good few years. She was always really nervous. It took her years to come around, even to this day, she still isn’t the same. None of us are.

With reference to the impacts of bereavement during childhood, Sutcliffe et al contend that when exploring the bereavement outcome of children, family function is of crucial importance, this refers to family organisation, cohesion, communication and role differentiation. The authors contend that those children at highest risk of
disturbance following parental bereavement are those from families with a prior history of parental conflict, separations and divorce, (1999, cited in Dowdney, 2000 pp.825-826). Dowdney also argues that, in the case of parental death, this is likely to be succeeded by a series of life events for children such as changing domestic routines, financial difficulties, moving house, resulting in the loss of former friendships and social networks.

Tanya lost her father at a very young age due to the Troubles and speaks about the impact it made in being given support within the family environment:

When we moved it was an extension of my sister’s house, a granny flat but like it’s our own wee house and I could count on one hand the amount of nightmares I have had since we moved there. It has helped me in so many ways you know. I became so much more confident, my self esteem grew but maybe that’s because I got so much extra support from my sister and my brother in law.

Sarah, who lost her father as a result of the Troubles, explains how relationships with her father’s side of the family were affected in the aftermath of his murder:

I wouldn’t be close to any of them [Sarah’s paternal family], whenever that happened my mummy was kind of left on her own, they didn’t bother with her really after that. Mummy had to sort the arrangements out for my Daddy with her brothers, his family didn’t really take much to do with it and my Daddy came from a big family. Whenever I was younger, I wasn’t really included in things with that side of the family and I was often compared to them. I had to make the effort to go to see that side of my family but I never felt that I was part of that family, I felt like an outsider. My Daddy’s Aunts and Uncles were closer to me than the more immediate family on that side. Even today before I came to see you I went over to see one of my daddy’s older relatives who I would visit occasionally, he’s the only relative I’m in contact with. He was telling me all about what my cousins are doing but they’re strangers to me, they’re not anybody that I know. I was thinking, why are you even telling me this, I don’t even know them.

David, who lost his father at an early age due to the Troubles, explained how the family was affected by his father’s death, how he attempts to maintain contact with them and how important this is to him:

Really as a family we don’t really talk about it as much cos it would probably hurt a lot of
us. Dad was the eldest of 18, none of us actually sit down and talk about the whole thing, it would probably be too much for me to deal with and I don’t want to bring up too many memories for them. Especially not at this time of year and Christmas and stuff it’s tough enough. It totally ripped them apart. They always looked up to him and they called him the big fella, it devastated his parents, they don’t really talk about it and if they do talk about it I try and answer anything as best I can for them....We would keep in touch with each other, we would meet up now and then, it’s not like we’re avoiding each other, I always try and keep in touch with them. It’s not like we drifted apart, we always try to keep close, I would try and keep in contact some way or other. It’s important to keep in touch as a family because at the end of the day they’re my father’s brothers and sisters and I like to keep in touch with them.

Writing on the issue of traumatised families, Catherall argues that traumatised families tend to become closed and develop specific idiosyncratic interpretations of their world that may be at considerable variance from the views of surrounding systems. Catherall argues that children growing up in such family settings can acquire the family’s unique view of reality, which can cause dissonance when the child interacts with surrounding systems (1998, p.199).

As an example of this phenomenon, Steven explains how he became over-protective of his own children as a result of what had happened to his sister:

I’m very, very over-protective...I don’t like my eldest going into Belfast because there has been a number of bomb scares in [the town where Steven lives] and on a Saturday afternoon I’ll try and do anything to give her something else to do so that she doesn’t go into town in case something happens to her and it’s the same as my mum I don’t like her going into town and I try and stay out of the town on a Saturday afternoon as much as possible, I freak out too much because it proved to me that anything can happen in one short moment. I know that I sound paranoid but it’s just how I feel.

Patricia also speaks about being over-protective of her children:

Oh me don’t talk, nobody was allowed to touch my kids. When I took them to nursery school, I roared and cried, and when they started primary school I roared and cried!! My son’s friend laughs, because I think I brushed his teeth up until the age of 11 or 12, in case he didn’t do them properly and when he went to the toilet he would shout “finished, mummy come and clean me” and I would. Well his friends all go around laughing about it now. My son - I would be really possessive of him, and then when I was pregnant with my daughter I bought him a bed for his own room, painted it and everything. It ended up when
she was born; she was in the cot in the room and my son in the middle of us. As my daughter got bigger, there were 4 of us in the one bed.

Bergmann (1982, p.265) argues with reference to the aftermath of the Holocaust that it seems that those survivors who were successful in fostering, or at least in permitting, the process of separation-individuation in their children could also prevent, or at least reduce, the transmission of the trauma.

With reference to the Holocaust, Bar-On (1995) provides a useful discussion about how families will react differently to the consequences of such events based upon their make-up. Some families continued as they had done while others changed with changing circumstances, some became closer, others became more independent and potentially isolated from each other. In addition, each family had its own "clock" or timetable of births, weddings, aging and death, all central life events that bind families together, all of which were impacted to differing extents for each family. The Holocaust wiped out the possibility of a full life cycle of multigenerational families, where daughters can learn how to be mothers from their own mothers, where grandchildren hear stories and get a sense of continuity from their grandparents. One would expect people to tell their life stories within their family context, unless that context was disrupted by external life events such as the Holocaust. To all of these, Bar-On argues, we must add personal processes. In any given emergency, people will react in different ways. There are those who see the challenge, who discover strength and insight that they did not know they had. But there are others who perceive the same challenge as a threat and respond with helplessness and despair. The same person may respond differently to different pressures or to the same pressure at different times. Family members can react very differently to each other.

This Report is in no way equating the experiences of the Troubles in Northern Ireland with those of the Holocaust, where entire family units were wiped out, but aims to provide some indication how, to a certain extent, family continuity and relationships are affected by the sudden loss of a family member in such a way which is also impacted by the individual characteristics of each family member.

Previous research by McNally (2005) found that family relationships and the ability to discuss bereavements (as a result of the Troubles) within families appeared to be a significant factor in the longer-term bereavement outcome. Certain issues
emerged such as not feeling included in the aftermath of a parent’s murder and being discouraged from showing one’s emotions at a parent’s funeral because it wasn’t socially acceptable. The lack of communication within the family context also appears to have a significant impact on how those bereaved coped in the long-term aftermath of their bereavement experience. The research, however, also highlighted the importance of taking other social contexts beyond the family, such as the responses by media and justice systems and changing political contexts of post-ceasefire Northern Ireland, into account when exploring the longer-term impact of bereavement as a result of the Troubles in Northern Ireland.

The study by Hanna et al (2012), for the Commission for Victims and Survivors for Northern Ireland), on the issue of transgenerational trauma, states the need to reflect on wider social and psychological factors involved when assessing the nature of transgenerational trauma. The authors are keen to stress that there is no automatic transmission of trauma across the generations but that the trauma experienced by parents can have a negative experience on their children but that this is probably mediated by a number of other social and psychological factors (2012, p.20). There is thus a need to engage in a wider psychosocial study as to how trauma can be passed on in the longer-term which is beyond the confines of the family environment alone.

Conclusion
This Report describes how families affected by trauma develop unhealthy methods of communication which can range from silence to intrusive attempts to discuss the events and imposing their interpretations of those events on other family members including children. Trauma can also be passed on through families because the parent, dealing with the effects of their trauma, is not able to effectively function in their role as a parent. Families also experience changes in how they function, changing domestic routines, financial situations and the potential loss of former friendships and social networks. It is the main contention of this Report that a family’s experience of trauma is as much dependent on the social contexts they are living within such as responses by justice systems, the media, changing political contexts in Northern Ireland and others. There is a need therefore to focus on the impacts of surrounding systems as opposed to focusing exclusively on the family system in any study of transgenerational trauma.
5. Grief, Trauma and Young People

This is the second of the three chapters (please refer to Figure 1 (page 10), Layer 2) which explores the areas of interest that the First Interim Needs Assessment Report by the Commission for Victims and Survivors (2010) refers to of being of importance stating, ‘in examining the transgenerational impact of the Conflict on young people we are considering both those individuals who were children or young people during the conflict and a new generation of young people who have grown up in Northern Ireland during the ceasefires’ (2010, p.125). It is recognised that this can be referring to those young people who were directly impacted via bereavement or traumatisation as a result of the Troubles and also those who weren’t as directly affected but who lived in areas where the impacts of the Troubles were concentrated. This chapter, by exploring bereavement and trauma literature in general and from other conflict contexts, explores the potential difficulties faced by those who were more directly impacted by the Troubles while Chapter 6 aims to provide a brief exploration of the wider impact of the Troubles for young people in Northern Ireland in general.

This chapter explores the issues of trauma and grief during childhood and explores the parallels between literature on grief during childhood generally (which may or may not have been traumatic), literature on trauma during childhood, and some of the literature which aims to explore both grief and trauma in general but also that which was as the result of conflict in other contexts, in areas such as Argentina, Chile, South Africa and those living with the aftermath of the Holocaust. This chapter explores how these contexts further complicate the bereavement experience for young people, who, as the literature in this chapter indicates, are already disenfranchised within more ‘normalised’ bereavement settings. This chapter argues that there are clear lessons to be learned from such literature and the need for such lessons to be shared in an inter-disciplinary fashion in the exploration of transgenerational trauma within the Northern Ireland context. This chapter also contains excerpts from the interviews with those who lost an immediate family member during their childhood as a result of the Troubles in Northern Ireland.
Grief and Young People in General

The following section explores the experience of young people and grief in general. Ribbens-McCarthy (2007) argues that there is very little existing research which has sought to understand young people’s own understandings of bereavement experiences in their lives. Ribbens-McCarthy argues that young people may be positioned in a way which makes it very difficult for their perspectives to be noticed or heard, neither as a child in need of special ‘protection’, nor as an adult who can speak up with varying degrees of confidence and power about their needs. Ribbens-McCarthy also argues that the material affluence of modern societies has been responsible for a historically new association of death with ageing. Such processes have then led academics and the lay public to treat bereavement as a marginal issue in the lives of young people, relevant to only a small, if unfortunate, minority. With reference to the paucity of material and research on the impact of the Holocaust on children, Bergman and Jucový (1982) argue that this was partially caused by western culture’s attitude towards children, more protective of them and hesitant to reveal to them that adults cannot always protect them, most of us would rather not talk to children about murder and present death to them as a natural occurrence in old age (p.37).

Bevan and Thompson (2003) argue that because western cultural practices shield children from events related to death, they may be excluded from taking part in rituals of mourning, attending funerals etc. In this way their grief may be disenfranchised, their loss not recognised, and therefore their need to grieve and mourn may not be acknowledged or allowed for. Ribbens-McCarthy and Jessop (2005, p.59) also argue that in the case of young people, significant bereavements may also in some circumstances be experienced as a crisis of personal identity and biographical disruption that may carry implications into adulthood.

Ribbens-McCarthy (2007) argues that there is very little academic evidence available that draws on a narrative, biographical or ethnographic research methodology, or that apply sociological or anthropological theoretical perspectives, to consider the bereavement experience of young people. Any available evidence is anecdotal in nature but does highlight some common emerging issues such as a lack of recognition and acknowledgement which may be reflected in retrospective accounts provided by adults who were bereaved of a parent or sibling during
childhood and grief may emerge over time at significant points in later life.

This further indicates that the impacts of bereavement, and its accompanying grief, can still emerge over lengthy periods of time if issues are not responded to in the period immediately following bereavement. Issues can also emerge long after the original event at significant life points, however, whether this should be referred to as the longer-term impacts of bereavement and trauma or referred to as transgenerational trauma is an issue that needs to be resolved.

Ribbens-McCarthy (2007, p.8) also reports that other qualitative evidence from young people points to the ways in which they feel excluded from key family decisions (such as whether or not to attend a funeral), and basic information in relation to the illness or death of a family member is not shared with them. Young people may also feel that particular expectations are imposed upon them within their families whether this involves ‘getting on with life’ or being urged to show more feeling. The author also argues that the difficulties in social relationships, the lack of information, recognition and of opportunities to talk and the continuing relevance of these issues over a long timeframe are thus major themes to arise from the exploration of the ‘voices’ of young people. Furthermore, the powerlessness of young people to express and deal with their bereavement experiences at the time and to have their feelings socially acknowledged, is linked by several writers to difficulties in adjusting to major bereavement (Fleming and Balmer, 1996; Tyson-Rawson, 1996) cited in Ribbens-McCarthy, 2007, p.8.

Dowdney argues that findings in relation to how children are affected by bereavement are conflicting. The variation in outcome among bereaved children suggests the presence of moderating or mediating variables that influence risk following parental death and there is a need for the adoption of a rigorous qualitative methodology, appropriate to the specific question being studied, (Dowdney, 2000, pp.822-827). Therefore, the bereavement needs to be treated not in isolation and other factors and social contexts need to be considered. Rolls (2011) argues that the nature of childhood bereavement and its trajectory is not fully understood with conflicting findings, some reporting increased vulnerability of bereaved children while other research concludes that such outcomes are not inevitable citing the importance of differing contexts. Draper and Hancock also argue that separating out risk factors into a tangible formula for the protection of resilience is somewhat complex, and that it should not be forgotten that research on resilience in children has shown that both
socio-contextual factors and person-centred variables may contribute to buffering against adversity, (2011, p.289).

In agreement, Ribbens-McCarthy and Jessop (2005, p.60) argue that when determining whether bereavement will become a risk factor in a young person’s development hinges on a number of cross-cutting factors. Such factors include the gender of the young person; their social class; the history of the pre-bereavement relationship; whether or not the surviving parent remarries; the nature of the family environment after death; other supports available; aspects of personality; and the significance of other losses experienced. The authors contend that bereavement and multiple losses are much more likely to be experienced by young people who are already disadvantaged but that these people are also less likely to have organised support available to them.

Haine et al (2008) also refer to the transitional events model (Felner, Terre & Rowlinson, 1988) which suggests that children’s adjustment following a major stressful event such as the death of a parent is heavily influenced by the accompanying stressful events following such a death such as separation from other family members; surviving parental distress; financial difficulties; the child’s coping skills; self-esteem and the presence or absence of a positive parent-child relationship. Lin et al (2004), in their study on variables that differentiate resilient children from those with mental health problems, following the death of a primary caregiver, argue that higher levels of caregiver warmth and discipline and lower levels of mental health problems of caregivers were key factors determining the mental health outcomes of the child. Dyregrov (2001) also argues that another factor which complicates the situation for bereaved children is when as adults they commonly react with dissociative adaptations when feeling immobile, helpless and powerless. It is very easy for adults to misunderstand children’s nonreactive behaviours as ‘not being affected’ rather than as a trauma-adaptive or surrender response.

Draper and Hancock, in their secondary analysis of data from the National Child Development study, argue that parental bereavement between the ages of 12-16 has a more formative effect on delinquent behaviour at age 16. The reasons for this remain unclear but the authors argue in favour of childhood and adolescent bereavement being treated as separate areas of enquiry, (2011, p.301). The authors also contend that further research should focus on the characteristics in the pre-
bereavement stage of parental death, to explore additional contributory factors that could compromise a child’s resilience (2011, p.303). Whether describing such experiences as bereavement or trauma there is a clear need to engage in further research on this issue within a contextually sensitive and inter-disciplinary framework.

Grief and Trauma in Young People in Bereavement as a Consequence of War/Conflict/Violence

Up to this point we have been dealing in the main with the impact of bereavement which has been the result of more ‘natural’ causes. This is not to say that such a bereavement may not have been viewed as being traumatic for that young person. However, at this stage, it is important to reflect on the impact for young people who are dealing with bereavement which has involved more traumatic characteristics and to examine the literature on the specific characteristics of the combination of bereavement and trauma.

With reference to the unique consequences of the combination of trauma and bereavement in children and young people, the construct of Childhood Traumatic Grief (CTG) has been developed and is described as “a condition in which children whose loved ones die under traumatic circumstances develop trauma symptoms that impinge on the children’s ability to progress through typical grief processes” (Mannarino & Cohen, 2011, p.24). The authors argue that in dealing with the traumatic event (e.g. act of terrorism, natural disaster, homicide, suicide etc) children and adolescents are also confronted with the sadness, grief and loss associated with no longer having their family member. It is this combination which uniquely characterises CTG. The authors argue that such young people cannot engage in the normal grief reconciliation processes because engaging in such processes involves the remembering of the traumatic circumstances in which the loved one died, with the potential of subsequently developing trauma symptoms. This appears to lead to a vicious cycle where grief processes cannot be engaged and trauma is revisited.

Ayalon (1998) contends that the responses of children to traumatic events differs from child to child and depends on the contexts each child lives within such as family and community support and the type of loss encountered. ‘Healing of trauma cannot be accomplished by the individual alone. It must take place within all of life’s
relevant dimensions such as family, peer group, community, society and culture.’ (Richenberg and Friedman, 1996 cited in Ayalon, 1998, p.224).

Within the context of Argentina, Edelman et al, (1998) highlight the experiences of children who not only were having to deal with their bereavement experience as a result in the death or disappearance of a family member but also had to deal with repression and living with a widespread, state sponsored culture of silence about what had happened. These children, whose parents had disappeared, never to be found again, also had to deal with feelings of ‘abandonment’ by their parents and took this out on their family members, especially if the relatives were of the same generation as their parents. Edelman et al 1998 argue that, in the case where older brothers and sisters were disappeared, the parents then spent less time with the surviving children precisely at the time when they needed their parents more.

With reference to the effect of parental trauma on children within the context of South Africa emerging from Apartheid, Simpson (1998) also describes how parents, who experienced trauma, were absorbed in their own pain, and often acted out their frustration in verbal and physical abuse of their children. Children also had to take on the role of parents at an early age because parents were forced to move to distant towns to find work.

Becker and Diaz (1998), reflecting on the impact of trauma on children arising out of the repressive regime in Chile, argue that grief processes cannot happen because of the traumatic environment the child is still living in. This can be due to their parent, who because of their own traumatic experience, cannot respond to the child’s needs or if there is a wider social context of threat and silence with a general inability at familial and societal levels to be able to talk about what has happened. Becker and Diaz argue that where children have experienced such trauma at an early age it then becomes very difficult for the grief process to happen, for the reasons outlined above but also because they cannot look back, remember and grieve for what they lost because all they have known is fear and the experience of destruction. Instead of finding basic elements of identity in the past they find only what they have lost. The only identity they have is one of discontinuity and rupture (1998, p.442).

Kestenberg (1982) reports on the analyses of children of survivors of the Holocaust and argues that in all cases, the need to discover, to re-enact or to live the
parent’s past was a major issue in the lives of survivor’s children. These children feel they have a mission to live in the past and to change it so that their parent’s humiliation, disgrace and guilt can be converted into victory over the oppressors (p.101). Oliner (1982) argues that the children of Holocaust survivors tend to be preoccupied with the suffering of their parents. To everyone’s pain and surprise, children who were conceived in order to reaffirm life, have shown signs that the past suffering of their parents plays an important part in their own existence, they want to repeat the suffering themselves, in order to feel loved as much as those their parents grieved for and/or not to feel excluded from their parent’s experiences.

Oldam and Nourse (2006) interviewed adults who had been bereaved as children by homicide. Those interviewed reported that they had not been given enough information about the homicide. Not knowing had left them imagining and replaying their worst scenarios over and over and this was more distressing to them than the truth. Participants also talked of family members still trying to protect one another from pain thus making open communication difficult.

As part of the interviews for this report, Sarah, who lost her father at an early age during the Troubles, provides an example of this phenomenon:

I think whenever I was younger I wouldn’t have wanted to talk about it because I wouldn’t have wanted to upset my mummy. I know there was times when my mummy wasn’t sleeping whenever I was younger. She would talk to me now about my daddy and tell me things about him, but I find it difficult to talk about anyone who has died, it makes me feel uncomfortable.

Oldam and Nourse also found evidence of parents trying to shield their children, including keeping any information from them that could be perceived as being too painful resulting in what is termed as ‘the conspiracy of silence’ (2006, p.14). Dyregrov (2001) also contends that, with reference to the issue of bereavement, parents simply don’t want to talk about the event and it is therefore no surprise that children and adolescents often feel that parents don’t understand the impact or long-lasting nature of such an event’s effects on them. Dyregrov also argues that when facts related to the event are never discussed then the integration of the experience will be hampered (2001, pp.27-28). This issue is also dealt with by Danieli, (1985, cited in Edelman et al, 1998) who argues that it is essential for young people to have
detailed information about what had happened to their loved one since the pathological effects of silence and secrecy could become even more important than the situation of loss.

Worden (1996) found widespread tendencies for parentally bereaved children and young people to be worried about the safety of their surviving parent and to be trying to be ‘good’ and helpful – a striking example of how the children and young people themselves may be active moral agents in the situation. In their study on the impact of the repression in Chile, Becker and Diaz argue that children had to learn to grow up very quickly and become protectors of their own parents and went on to believe that it was their task to solve all family problems. They had to dispose of their own need for protection in order to protect those vulnerable around them (1998, p.441).

Those interviewed for this study provided some examples of the phenomena described above by Worden and Becker & Diaz. Patricia explains how she felt the need to support her mother in the longer-term following the death of her father:

You see daddy died in November and I was actually married that following September, so I said “Mummy come and live with me, please”, “No no no” she would say “I couldn’t” and I would say “Mummy please” she said she would rather live on her own. I was terrified leaving her and I would go home and think what am I going to do with mummy, what am I going to do? But eventually she found her own way.

Martin also described how he felt protective about his family following the death of his father:

I felt a big sense of responsibility, when the other boys were going to football after school or trips after school I wanted to go home to make sure everything was alright or that nothing happened. I suppose if you look at my attendance at after schools clubs, it is non-existent. I just needed to get home to take on that role of protector.

Martin discusses how this was compounded by those around him who were already placing expectations on him:

I can remember the Minister the day of the murder told me that I was the man of the house and that had a big impact. I personally, as a young child, thought it was my responsibility
to make sure my mother was ok and that the terrorists did not come back and that we didn’t leave our farm.

Patricia also discussed the concern she had for the safety of her mother:

I remember like, I was 2 so I would have been going to playschool in a couple of months so whenever I did go to playschool apparently I had this fear that these bad men were going to come and take mummy away. And I never wanted to go and I would have been crying and I would have been standing in the doorway actually making myself sick so that I didn’t have to go. That lasted all through primary school until about primary 5. I would just pretend to be sick because I wanted home with mummy. I was afraid that these bad men would take mummy away.

Sarah describes how she was worried about the safety of her mother:

I remember mummy saying that I was really clingy as a child and was afraid that she was going to leave me. She went to see a doctor before going back to work after my Daddy’s death. She explained what way I was behaving and he told her that I was reacting like this because she wasn’t the same Mummy to me anymore and that I was worried about her. So Mummy went back to work again to create a bit of normality but I was still very clingy. Then when I was 11 my mummy started going out with my step-daddy. I remember at the time I didn’t like him, he hadn’t done anything wrong but I thought ‘this is my mummy.’ I thought she was forgetting about my daddy. It was around that time that I started acting up and I was a wee bitch.

Reporting on the findings of a comprehensive study on the needs of those injured as a result of the Troubles in Northern Ireland, Breen-Smyth argues, with reference to the impact on children of those injured, that reported instances of inter-generational impact highlight that the children and grandchildren of those injured may suffer considerable emotional trauma because of what they have witnessed, such as the incident where a parent was injured. Such children may also find themselves within a caring role, (2012, p.186).

Discussion

This chapter explored the potential longer-term impact of child bereavement and trauma into adulthood and some of the reasons behind this. This can be due to a
number of factors such as young people not being fully included in grief processes following a bereavement (such as funerals etc) not being informed about the full details of a family member’s death and their voices not being heard about what their needs are. The issue of detachment from death in modern Western societies and not discussing the impact of bereavement because adults want to protect children from the impacts of death is also significant. Those who then experience such bereavement during childhood or adolescence can be left feeling marginalised because there is little discourse about the issue. This carries a problem however in that young people, because adults feel they have insulated them from such issues are then expected to get on with their lives as if nothing has happened. Alternatively, young people can have adults’ expectations imposed on them about how they should react in response to such bereavements or trauma and be expected to behave accordingly, i.e. show appropriate distress or none at all. Their grief reactions are not allowed for during young age and can thus emerge at later points in life. The response of children to grief and trauma differs from child to child and much depends on the family and social context the child/young person has lived within. Some examples include:

**Individual**

- Gender of young person
- Individual personality traits (child’s coping skills)
- Is the child pre-occupied with the suffering experienced by a parent?
- Is child pre-occupied with safety of surviving parent or sibling?

**Family**

- Social class & financial difficulties
- Was there a good or bad pre-bereavement relationship with person who died?
- Does surviving parent re-marry?
- Nature of family environment following bereavement (e.g. separation from other family members & surviving parental distress, positive parent-child relationship)
- Did young person have to take on the role of a parent?
• Does family communicate about the past?

Context of bereavement

• Was bereavement of a traumatic nature?
• Were full facts about bereavement shared with young person, do they have unanswered questions and replaying of potential worse scenarios with memories of the past?

Wider Social Context

• Are there other supports available to young person outside of home (school, friends, community)
• Did young person have to move home following bereavement?
• Does person live in a country under oppression and/or where there is a culture of silence about death etc as a result of a conflict

This breakdown is similar to that outlined by Dillenburger and Keenan (2005) who developed the DISC analysis of bereavement to explore how the contexts of the death itself, the individuals affected, the social factors and the wider cultural norms and systems (thus the acronym DISC) combine to influence the bereavement experience. When grief is accompanied by trauma, the trauma prevents the grief process from being able to happen, thus grief can re-emerge during any stage in life if the accompanying trauma is not also dealt with. There is a need to take all relevant contexts into account when exploring the area of transgenerational trauma and young people.

Conclusion

The implications of experiencing a significant bereavement during childhood and adolescence can be long-term in nature and can be triggered by later significant life events. Young people’s grief is not adequately acknowledged by those within their surrounding family and social systems. Where a traumatic bereavement has taken
place in the context of a war or conflict, children of those parents affected can become obsessed with the suffering their parent’s endured, with protecting their parents or they are unable speak about what they are living within due to a wider context of fear, repression and silence. Children and young people may also not have been provided with the full details about what happened to a loved one in a traumatic event and because of not knowing what really happened which has then left them replaying their worst scenarios over and over. Those who experience such bereavement during childhood or adolescence can be left feeling marginalised because there is little discourse about the issue. Their grief reactions are not allowed for during young age and can thus emerge at later points in life. The response of young people to grief and trauma differs from child to child and much depends on the family and social context the young person has lived within.
6. Young people and the Troubles in Northern Ireland

This is the third of the three chapters (please refer to Figure 1 (page 10), Layer 2) which aims to explore the areas of interest that the First Interim Needs Assessment Report by the Commission for Victims and Survivors (2010) refers to of being of importance stating, ‘in examining the transgenerational impact of the Conflict on young people we are considering both those individuals who were children or young people during the conflict and a new generation of young people who have grown up in Northern Ireland during the ceasefires’ (2010, p.125). This chapter aims to provide a brief exploration of the wider impact of the Troubles for young people in Northern Ireland in general as opposed to those may have been more directly impacted via bereavement or trauma as a result of a serious incident.

There is lack of consensus on exactly how young people in Northern Ireland have been affected by the Troubles. Research from the early 1970s indicated that young people in Northern Ireland were suffering from a range of negative effects due to the Troubles. (Fields, 1973; Fields, 1977 cited Gallagher, 2004). (Fraser, 1971, 1979: Lyons, 1973, cited Muldoon, 2004). In response to this, Northern Ireland psychologists produced a body of work that seemed to refute these claims. (Cairns, 1987, cited Muldoon, 2004), (Harbinson, 1983, Harbinson, 1989, cited Gallagher, 2004). However, such work may have overstated the normality of life in Northern Ireland. Tomlinson (2012a, p.1) refers to this debate as the ‘narrative of normality’ (that the Troubles did not disrupt the daily lives of the vast majority of people very much) versus the ‘trauma narrative’ (the Troubles affected everything, the whole of society was traumatised and depression and anxiety are widespread). Much of the research between the early 1970s and mid 1980s was undertaken by psychologists using an experimental methodology, as Smyth argues, much of this evidence was quantitative and derived from standardised tests (2004, p.108). These studies did not succeed in eliciting children’s opinions about the effects the Troubles had had on their lives. Such research was also undertaken away from the social contexts in which children’s attitudes had been formed, (Connolly, 2002). This led to a consensus that the Northern Ireland population was coping well under the circumstances, which led to a reduction in the level of research on the issue. (Gallagher, 2004).
The main problem is that the effects of the Troubles were not evenly spread across Northern Ireland. Because the levels of violence have fluctuated over time and between areas, this makes it difficult to generalise from many research findings (Muldoon et al, 2004). Social contexts are clearly relevant to this. Certain areas experienced disproportionately high levels of violent events while others escaped relatively unscathed. For example, areas such as North and West Belfast suffered a disproportionately high number of murders and other Troubles related incidents. Previous research undertaken did not appear to focus on predominantly working class areas where the effects were concentrated. This would have implications about any studies on the effects of the Troubles on young people in Northern Ireland if not sampled carefully in order to take the experiences of people in these areas into account. As a possible response to such concerns, Smyth et al (2004) undertook a qualitative study which aimed to explore the impact of political conflict on children in Northern Ireland who were living in those areas that had been most adversely affected by the Troubles. The authors contend that the study was required because there had been little open ended research conducted at this time on children and young people’s experiences of the Troubles and the effects on them.

The study by Smyth et al (2004), while exploring the most traumatic impacts of the Troubles on young people such as deaths and punishment attacks which attract a lot of attention by the media and relevant statutory bodies, also sought to highlight children and young people’s experiences of more everyday aspects of the Troubles in Northern Ireland. This included being stopped and questioned by the police, being subjected to sectarian abuse on the way to school because of their school uniform marking them out as being from one community or the other, their experiences of dealing with their parents who may have been traumatised as a result of the Troubles and the possible transmission of such trauma onto these children. The study argues that children and young people were impacted by such longer-term consequences of the Troubles more than had previously been thought. These experiences by children and young people together with other phenomena, such as the segregation of children within the school system, are likely, the authors argue, to have a long lasting influence on perpetuating sectarian division and the longer-term impacts of the Troubles in Northern Ireland.

Children’s reactions to conflict are highly variable and may result in externalising behaviours such as violence as opposed to depression for example,
(Reilly et al, 2004) so it may come as no surprise that there is no consensus as to how young people have been affected, (Muldoon, 2004). However, Smyth et al (2004) provide some useful insights about potential factors that influence a young person’s experience and reaction to conflict. The authors argue that where a young person lives has a bearing on the likelihood of being exposed to the impact of the Troubles, i.e. in more deprived areas of Belfast, in Border regions and in areas such as Craigavon (Mid-Northern Ireland). These young people are also more likely to be living in families with parents who have been traumatised as a direct result of the Troubles during their own childhoods thus raising the concern of the potential disproportionate impact of transgenerational trauma within such geographical locations. Young males were also more likely to be targets of violence, impacted by the police stopping and questioning them, being harassed by paramilitaries and more likely to be involved in rioting and other activities. The geographical areas that such young people live in are also those that are more likely to be populated by polarised communities where they were more likely to have less positive contact with the ‘other’ community in Northern Ireland.

Research by McAlister et al (2009) also illustrates that such issues have not reduced for those children and young people living in the most deprived communities who are continuing to experience or witness serious community violence. These are clear issues of concern for the authors in the perpetuation of the longer-term negative impacts of the Troubles in Northern Ireland. Smyth et al (2004) provide some useful guidance in the quest of engaging in research on transgenerational trauma within a clear interdisciplinary ethos where they advise that some method of addressing the issue of the childhoods of previous generations lost as a result of the Troubles in Northern Ireland might stimulate positive debate about what needs to be done for the current and future generations of children (2004, p.106). Therefore any future research on the longer-term (transgenerational) impacts of the Troubles will need not only to focus on young people now living in those areas most impacted by the Troubles but also on those adults who were directly impacted during childhood in order to learn from the mistakes that were made in the past, such as an inadequate response to their needs during childhood and adolescence, and attempt to limit their impacts on future generations. This issue is of such a core concern as research by Tomlinson (2012b) argues that there has been a worrying, upward trend in the number of suicides among men in Northern Ireland today who were children and
young people during the worst stages of the Troubles.

Conclusion

There is a lack of consensus as to how the general population of young people in Northern Ireland have been affected by the Troubles. The main reason for such a lack of consensus has been because the effects of the Troubles have not been evenly spread across Northern Ireland. Previous research into the impacts of the Troubles on young people in Northern Ireland did not adequately take account of the social contexts, such as living in an area where the effects of the Troubles were concentrated, in which children’s attitudes had been formed. At a more general level, there is a very poor understanding of the long-term effects of political violence. Recent research by Tomlinson (2012) also highlights a worrying increase in suicide rates among men in Northern Ireland who were children and young people during the worst stages of the Troubles. This indicates the importance of investigating the impact of the Troubles on young people today with reference to the stories of those who were young during the worst stages of the Troubles and learning from the mistakes that were made in the past in the inadequate response to such issues.
7. The Medicalization of Trauma and Grief

Reflecting on the overarching issue of the culture of silence, this chapter argues that such a culture around issues of trauma and grief has played a significant role in these issues being responded to within a private, individualised and medicalized setting. This chapter aims to explore the implications of such an approach in more detail. This chapter also contains excerpts from interviews with those who lost an immediate family member during their childhood as a result of the Troubles in Northern Ireland.

Trauma as a Medical Phenomenon

Dyregrov provides a definition of medicalization as a tendency towards ‘defining behaviour as a medical problem, or illness, and mandating or licensing the medical profession to provide some type of treatment for it’, (2005, p.7). Dyregrov argues that people’s opposition to the concept of medicalization has meant that those who are in need of help may not receive it and that there are those who could benefit from a psychiatric diagnosis such as complicated grief. Such a diagnosis may benefit the person by allowing their needs to be recognised such as time off work, therapy and compensation.

Danieli (1998) argues that within the field of traumatic stress, intergenerational transmission of trauma is a relatively recent focus. It was first observed by clinicians in 1966 who were concerned about the number of children of survivors of the Nazi Holocaust seeking treatment in clinics in Canada. More recently, Danieli argues, concern has also been expressed about the transmission of pathological intergenerational processes to the third and succeeding generations. Danieli also states that 'Not until 1980 did the evolving descriptions of survivor’s syndrome find their way into the Diagnostic and Statistical Manual of Mental Disorders (1980) as a separate, valid category: posttraumatic stress disorder (PTSD). The recognition of possible intergenerational transmission of victimization related pathology still waits inclusion in future editions' (1998, p.3).

Becker (2001) provides some indication as to why intergenerational transmission of trauma has not been included as a valid category of PTSD by stating
that PTSD works within a rigid definition of time, consequently this may lead to an incorrect diagnosis if symptoms do not occur within a certain time-span. However, practitioners using PTSD as a diagnostic tool may disagree with this contention citing the phenomenon of delayed onset PTSD. More importantly however, Becker argues that PTSD diagnosis focuses on the symptoms without reference to the causes of these symptoms, i.e. not taking into account the surrounding systems in which the person is living (2001, p.3). Becker argues that there is considerable data to confirm that trauma can be transmitted transgenerationally from parents to their children and that PTSD diagnosis does not deal with this phenomenon because PTSD only establishes a linkage between a specific experience (experienced directly by the family member) and certain symptoms that have to be present on a persistent basis for more than one month. However, stressor Criterion A3 for PTSD diagnosis in DSM 5 (2013), states that 'The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental'. It may be open to debate as to whether use of the specific word ‘indirectly’ may allow transgenerational trauma to be viewed as a legitimate category of PTSD assuming that all other diagnostic criteria are met. This issue however, due to the recent nature of this development, will need to be debated elsewhere as these revised categories are considered further.

Becker expresses the concern that while one can say that if symptoms are present then PTSD has occurred, even if such symptoms are not present does not mean to say that trauma hasn’t occurred. Danieli therefore appears to want transgenerational trauma to be recognised as a medical/psychological phenomenon in its own right. Becker (1998, pp.489-490), however, argues that transgenerational trauma doesn’t fit within current medicalized frameworks such as those offered by PTSD, because they are too restrictive. Edelman et al (1998) also argue that researchers have concentrated greatly on PTSD but have overlooked the fact that there are a variety of other posttraumatic syndromes such as complex PTSD (Herman, 1992) and partial PTSD, in patients who persistently suffer from PTSD symptoms without fully meeting the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) at one point in time.

Barnes (1998) welcomes the acceptance of secondary traumatisation in the
DSM-IV (1994) and argues that this has challenged scholars and clinicians to reconceptualise PTSD treatment issues in supporting the notion that we can no longer look at the primary trauma victim as the root of family system dysfunction (1998, p.174). However, Danieli (1998) does not view the treatment of multigenerational legacies of trauma in DSM-IV as 'secondary' as a positive development as this may devalue the importance of the impact of transgenerational trauma and cause it to be treated as an offshoot of trauma as opposed to being of primary importance. With reference to Becker’s contention that PTSD diagnosis focuses on the symptoms without reference to the causes of these symptoms, i.e. not taking into account the surrounding systems which the person is living within then it appears open to question as to the extent to which, as Barnes (1998) contends, clinicians have reconceptualised PTSD treatment, because they seemingly have merely expanded the focus of treatment from the individual to the family. This is obviously linked to the debate about what exactly trauma is, an individual and family issue or a wider societal issue. Current ‘medical’ type models appear to be able to cope with trauma being an individual and family influenced phenomenon which can be treated in such a setting. It appears not to be able to cope with the wider social aspects of trauma. The response of the British Psychological Association (2011, p.16) to DSM 5 and its diagnosis criteria for trauma-and stressor related disorders is telling:

“As stated in our general comments, we are concerned that clients and the general public are negatively affected by the continued and continuous medicalization of their natural and normal responses to their experiences; responses which undoubtedly have distressing consequences which demand helping responses, but which do not reflect illnesses so much as normal individual variation.

We believe that classifying these problems as ‘illnesses’ misses the relational context of problems and the undeniable social causation of many such problems. For psychologists, our well-being and mental health stem from our frameworks of understanding of the world, frameworks which are themselves the product of the experiences and learning through our lives.

Again, we have concerns in the area of trauma-related disorders. Obviously it is right and proper to recognise the effects of traumatic events on people, and to be able to offer appropriate help. In this context however, we fear that those benefits might be made more difficult if, instead of recognising the effects of traumatic events on people, these were considered to be ‘disorders’ or ‘illnesses’. As noted above, there are more appropriate conceptualisations.”

This is an issue that will need to be debated further. This may leave us in somewhat
of a quandary. If transgenerational trauma is not diagnosable then it may not be viewed as something requiring action on. If it is diagnosable but remains undiagnosed in an individual then this may lead to no help being provided. There is always the danger if transgenerational trauma became diagnosable then it may be viewed as another illness to be treated in a medical setting alone if the warnings by Becker and others about the psychosocial aspects of such trauma are not taken into consideration.

The report by the Commission for Victims and Survivors in Northern Ireland (2012) refers to the study by Hanna et al (2012) exploring transgenerational trauma. One of the main components of the study was the appraisal of treatments and services provided in the health service and by victims groups that directly and indirectly address transgenerational trauma. Hanna et al indicated that service providers reported that their work on transgenerational issues contributed to improvements in survivors in terms of symptom reduction and the ability to cope but that the treatment of such trauma was complicated by the existence of co-morbidities including depression, anxiety and drug and alcohol dependence (2012, p.123). The report by the Victims Commission (2012) states as one of its recommendations that in plans, to be established by the new Victims and Survivors Service in Northern Ireland, there should be provision for access to family therapy and family-based practice as part of a wider care pathway. The Commission in its recommendations also call for the development of a trauma-focused coordinated service network based on the model of a Managed Clinical Network to effectively treat transgenerational trauma among individual victims and their families (2012, p.127). While such a recommendation is welcomed, some caution should be exercised about the use of such medicalized language and that such service provision should not be thought of as the sole location of intervention. In short, this Report argues, such an approach should only be one part of a wider psychosocial process. Hanna et al also argue that while there is hard evidence that 12% of the population of Northern Ireland suffer from PTSD (Muldoon et al, 2005), they also argue that this does not recognise the more widespread suffering that is not diagnosable as a recognised psychopathology. The authors also argue more generally that negative psychological experiences as a result of the Troubles are broader than common definitions of the term 'trauma', (2012, p.20).

With reference to Dyregrov et al’s Support and Care Study (Dyregrov, 2005)
(A nationwide study across Norway focusing on parents after the sudden death of an offspring), there is a need for caution to be exercised when using instruments to measure psychological and physical symptoms expressed in response to such bereavements. For example, the study found that 52% of parents suffered from high levels of PTSD (measured by Impact of Event Scale (IES)), 60% scored high levels of psychological and physical symptoms as mapped by the General Health Questionnaire and 74% scored highly for complicated grief reactions (mapped by the Inventory of Complicated Grief (ICG)). There is thus a need to exercise caution in the use of such instruments where those who scored highly on a measure such as ICG may not have their symptoms detected on a measure such as IES, (i.e. 74% as compared to 52%), where service providers may only be using measures of PTSD and not measures of complicated grief. While it is acknowledged that ICG identifies symptoms which are distinct from bereavement related depression, the exclusive use of instruments aimed at measuring PTSD may miss a wider range of symptoms that may benefit from a relevant intervention.

**Trauma as an Increasingly Social Phenomenon**

Becker and Weyermann (2006, p.15) argue that any approach to trauma which reduces it to a mental or physical pathology alone must be avoided, it is not simply an illness but always a social and political process too. The authors argue that the PTSD approach is insufficient as it only diagnoses individuals and disregards cultural and social specifics and that the insensitive introduction of Western medical concepts of trauma (such as PTSD) should be avoided because it obscures the political and social aspects of suffering and may misrepresent political and social problems as individual psychopathology (2006, p.32). However the authors do contend that individualised forms of help need to be provided but that those helping need to be keenly aware of the specific contextual issues impacting on such trauma and that such measures need to be provided on a long-term basis. Becker contends that the treatment of traumatized persons neither begins nor ends in the therapy room but may be the first social space in which the victims might begin to overcome their difficulties (2001, p.8). However, Becker also argues that individual therapy is offered in place of social change in areas where power is not evenly distributed and the illusion of help prevails (2001, p.18). Becker also highlights how crisis regions
have seen an influx of trauma experts teaching locals how to undertake therapy based upon techniques that fit in well with highly individualised Western cultures and its structure of mental health provision. The author argues that individual trauma work can be beneficial but needs to be strongly context specific.

Burrows and Keenan contend that when dealing with trauma there is a need for us to respond at a societal level to our individualising and pathologizing of such trauma and to look at what this tells us about how society responds to such trauma, (2004, p.6). With reference to trauma within indigenous communities, Atkinson et al (2010) argue that trauma related illness is conventionally managed by psychologists, usually through individual or group therapy but that diagnoses such as PTSD are unable to conceptually capture the levels of ongoing stress that indigenous people experience in their everyday lives. This is because, the authors argue, the sources of stress are repeated, multiple and compounded by the inability to identify and overcome a single source of stress, with many of these stressors being inflicted by people well known to the victim.

Templer and Radford argue that there is a danger in considering stress as a result of trauma, as a purely psychological phenomenon. The authors express this contention based upon Summerfield's concern regarding the implications faced by conflict and post-conflict societies when medical models, and psychiatric models in particular, that 'give little acknowledgement to the role of social action and empowerment in promoting mental health' are privileged over other therapeutic interventions (2000, cited in Templer and Radford, 2007). Saul and Bava contend that trauma is viewed within a biomedical and psychological perspective as an individual centred event in which the singular human being is the basic unit of study and analysis. The emphasis in this view is on similarity rather than difference and diversity. The authors also argue that within such frameworks there is an assumption that the consequent “traumatisation” relocates phenomena from the social to the biopsychological domain (2008, p.3).

Barnes (1998, pp.178-180) outlines models used to assist families following trauma and discusses those of Minuchin and Fishman (1981) and Figley’s (1989) Empowerment Model. What is particularly concerning about aspects of both of these models is that trauma is viewed as being treatable, while acknowledging the need to intervene at the level of the individual and the level of family, but the heavy emphasis is that recovery will come within the clinical setting. For example, Minuchin and
Fishman’s (1981) model involves 4 levels of communication/interaction between the therapist and the family. Level 4 involves the therapist presenting interventions as if supported by an institution or consensus larger than the family with the object to utilise ‘societal or universal truths as a means of reframing family and individual realities’. The use of such models without reference to the questioning of what such societal truths are is worrisome. With reference to Figley’s Empowerment Model, this is viewed as being able to resolve the original trauma, once family members have come to accept that the traumatic event has resulted in emotional and behavioural changes that influence the way the family interacts. While some time has elapsed since these models were developed, there is a need to pose the question to what extent such assumptions they contain are being questioned by those dealing with the aftermath of trauma in the context of no agreed definition as to what exactly trauma is. There is a need for a meta-analysis by therapists of trauma issues that individuals and families are presenting with. Therapists need to be asked what they are doing with such findings in order to question the notion of ‘societal norms’.

Edelman et al (1998, p.489) argue that Figley (1995) admits that much of the traumatology literature is dominated by Western orientated conceptions and focused almost exclusively on individual functioning, but the authors argue, Figley only enlarges this viewpoint to include individual families, calling this systemic PTSD. The authors go on to argue that, this is still a Western limitation, which ignores the larger systems of community and nation, within which such traumatic reactions are always contextually embedded.

Referring to the evaluation of the effectiveness of interventions used in the area of child bereavement, Rolls (2011) argues that unlike the US, there is no tradition in the UK of using manualised, standardised protocols of intervention. Rolls argues that UK based interventions are tailored around an individual and culturally appropriate responses to a child’s bereavement needs and their wider family and social context and that service interventions will be adapted to the different needs of different children and adjusted accordingly over time. As services are tailored and altered in response to the differing needs of the child, this makes it difficult to assess and isolate the specific impact of each aspect of intervention (2011, p.12).
Discussion

This Report would agree with Dyregrov’s (2005) contention that there is a need for a mixed methods approach with a balance between formal (professional) assistance and informal support via social networks and these are the findings of Dyregrov et al’s Support and Care Study (2003) where respondents argued that they needed both because each form of help met different needs. However, the potentially problematic language used by Dyregrov such as ‘professional’ and ‘informal’ is worthy of note and further discussion.

Oldam and Nourse argue that what is needed, ideally, are specialist medical, mental health and voluntary service professionals who have had experience in working with people affected by murder, who understand the system and the help available (2006, p.14). Hunt et al, writing on the issue of supporting bereaved people within their own communities in areas such as India and South Africa, argue that the majority of bereaved people would naturally heal from their loss in their own time if others understood and allowed for their reactions (2007, p.29). The authors contend that communities need to be trained and supported to provide support that is culturally sensitive, to those experiencing bereavement in order that those bereaved do not feel pressurized into hiding their feelings and where grief is socially regulated. However, this may be a step too far by not acknowledging that in some cases, more medicalized responses may be required in tandem with such community-based support. It is recognised that this is part of the ongoing debate between psychological and sociological approaches and their differing types of intervention. However, as Tomlinson (2012, p.469) argues, given the complexities of social and individual consequences of militarized conflicts there is a clear case to explore both perspectives in accounting for issues such as suicide and its links to conflict, and in seeking to prevent them.

Those interviewed for this Study provided some of their thoughts on the benefits of the types of services they were provided with:

David first talks about the benefits of social support type of services:

I probably get a lot out of it [WAVE Trauma Centre], if I need counselling etc but at the end
of the day it’s about meeting together with another group of men and you can just get
together and talk or whatever, having a bit of talking together, it gets us out of the house for
a couple of hours and a bit of joking and banter or whatever. Just to keep you from being
distracted otherwise. There would need to be more help to victims, because you can’t see
the impacts in the longer-term. Even for to get people together to do something and have
family days out etc, for them all to get involved in different things like a sports day etc just
to help them out and know what each other are going through. Victims feel forgotten about
because whenever I was that age there was nothing available for me.

David then went on to speak about the benefits of clinical based services:

Whenever I had got the counselling it really helped me, if I hadn’t have got the counselling
then I would have done something stupid, I think people need to be encouraged to get
involved in different things, if I hadn’t have had that then I swear I would have had a mental
break-down or done something stupid, not suicide, but thankfully I got involved in other
activities to keep me occupied and more people need to be encouraged to get out of their
shell or their rut whatever they’re in.

Steven highlights the need for more clinical type of interventions, in the case of his
mother.

I had to try and look after my mum a few years after that cos mum was trying to commit
suicide with the tablets she was getting for her depression and this was happening too
often. But with mum’s partner being there he helped me out with her. The last time she tried
to do it was a good lot of years ago but she took the tablets and was going to take more
and her partner just went in and said well I’m going to bring Steven around and he can see
you doing it and he phoned me and I went round and there she was with all the tablets
around her and I think that’s when she realised what she was doing and we knew then that
she needed to speak to somebody and she ended up going to hospital for a few months to
try and get herself sorted out because we all knew she couldn’t handle it, she wanted to die,
she wanted to join [her daughter who had died]. She thought that she had no reason to live
anymore and we helped her to see differently through my kids, through myself. I know that
was cruel of my mum’s partner to do that to her but it was the best thing because she
wasn’t going to do it in front of me and it stopped her from doing it. Mum took it all pretty
bad to be honest. It was never ending with her, trying to commit suicide until 8 or 9 years
ago.

There are also clearly situations where clinical based interventions would be required
in order to help those experiencing trauma to cope with their symptoms as described
by Patricia:

Ach, I can remember the day after daddy was murdered, I’ll never forget it til the day that I die. I was terrified after daddy was murdered, I was so jumpy, and leapt like an eejit. Any noise and I thought someone was coming to get me. I made my husband-to-be stay in my brother’s bed and me and mummy slept together. We couldn’t sleep, so my mother and me actually went into my room and we got my boyfriend to lie on the mattress on the floor. I was just terrified. Then I jumped out of the bed, screaming ‘get me out of here, get me out of here, I can’t stick this place because it was just driving me mad...I don’t know - it feels like someone is going to come and get me. I said to the doctor one day about this and I said doctor, it’s terrible as I can put my children into their own rooms to sleep and I can’t even sleep because I am so terrified. He said getting psychotherapy would help.

Denise also describes how she was impacted by the death of her father a number of years after it had happened:

I started dreaming about him and started to cry all the time, I imagined him sitting on my bed and talking to him and things. I remember getting up one morning and saying to mummy, I want to know what happened, I want to see the papers, I want to know who done it. If you don’t tell me I will find out from somewhere else. And she told me and maybe it was a bad thing, I turned bulimic, started to starve myself, depression, cutting myself, self harm for a few years. It was trying to take the hurt out of me, the hurt I was feeling, trying to release it.

Tanya also described her own experience and describes some of the negative and positive aspects of going through the more medicalized process:

I had suicidal thoughts and then when I went to see the doctor he diagnosed PTSD. So that was such a difficult time of life. When you think about it, it was around puberty too, so hormones changing, you’re coping with that and then you are diagnosed with PTSD. I have been diagnosed with depression too. Is it any wonder? So there would have been more problems with. I would have been embarrassed as a wee girl being diagnosed with these big things. Not really knowing what they meant at that age. I even remember the doctors saying you have PTSD and I remember saying to mum what does it mean? And she said it’s because of your daddy dying. This is what you get and you are not really old enough yourself to realise that this is what it does to you. But you know at that age, imagine telling your friends...I suppose in a sense maybe if I never had the problems that I did have or if I had never had depression or been diagnosed with PTSD then I wouldn’t have maybe taken an interest in mental health - and wouldn’t have the job I have today.
Conclusion

This Report argues that the culture of silence around bereavement and trauma has played a significant role in these issues being responded to within a private, individualised and medicalized setting. This is related to disagreements as to what exactly trauma is, i.e. the immediate impact of a stand-alone event which can be responded to within a clinical setting or the continuing and changing nature of the traumatic experience as it interacts with social contexts over a significant period of time. If there is an urge towards treating transgenerational trauma in a private, individualised and medicalized way then there is a need to be aware of the following issues: if transgenerational trauma isn’t diagnosable then it may not be viewed as something requiring action on and if it is diagnosable but not diagnosed in an individual then this may lead to no help being provided. Diagnostic tools such as PTSD do not recognise the more widespread suffering caused as a result of the Troubles that is not diagnosable as a recognised psychopathology. There is always the danger if transgenerational trauma became diagnosable then it may be viewed as another illness to be treated in a medical setting alone.
8. A Psychosocial Approach to Trauma

This chapter seeks to explore the psychosocial aspects of trauma in greater detail and argues that social aspects cannot be responded to within a clinical setting alone. This has implications for the longer-term impacts of such trauma if wider social contexts are not adequately responded to. This chapter also contains excerpts from interviews with those who lost an immediate family member during their childhood as a result of the Troubles in Northern Ireland.

Becker and Weyermann (2006, p.12) define the psychosocial approach as addressing the well being of individuals in relation to their environment. The inner world (psycho) and the outer world (social) influence each other. Becker (2001, p.7) argues that when dealing with the issue of how to respond to trauma ‘whereas it will always be important to register the specific symptoms of a patient, our primary approach must focus on the repressive experiences. In general our diagnosis must include the specific social context in which the illness appears’. Becker then goes on to say that ‘psychosocial work should never be an aim in itself. It should be understood as a method that obliges us to deal with individuals and their histories, as well as with their social context’ (2001, p.15). Becker and Weyermann also argue that psychosocial trauma is a response to both social and political destruction that overwhelms an individual and their ability to cope. Their trauma is therefore an interaction between their individual state and the social environment they are living in (2006, p.14).

Saul and Bava (2008) argue that since the early 1990’s there has been a growing critique of the application of western mental health approaches to assisting non-western populations following major natural and man-made disasters. The authors argue that it has become important for many in the trauma field to ask whether western-orientated approaches are best suited even in western contexts. Saul and Bava contend that there are emerging conceptual frameworks that seek to integrate mental health approaches with broader population based frameworks but that the implementation of such approaches face enormous obstacles (2008, p.2).

With reference to the related issue of grief, Thompson and Bevan contend that generally ‘the sociological basis of loss and grief has tended to be neglected’, and that the literature on grief has been dominated by psychological models (2003,
The field of psychology tends to use an undifferentiated approach for each individual that doesn't facilitate the exploration of broader social contexts that influence the bereavement experience. At a more general level, Ribbens-McCarthy (2007, p.7) argues that bereavement occurs within a web of pre-existing and ongoing social contexts which also shape an individuals’ understanding of such life events. Isolation and loneliness are common themes, whether among family or friends, such that a sense of difference and a long-term sense of loneliness may be frequent experiences.

Sarah speaks about her family’s sense of isolation following her father’s death, due in part to her sense that because other, higher profile Troubles related events took place at the same time as her father’s murder, that his murder was then forgotten:

At the time my Daddy was murdered a high profile incident took place in which a number of people were murdered together. I feel that because of this my Daddy was forgotten about and I know my mummy felt like that. The relatives bereaved by these murders were able to group together, they had something in common. My Daddy’s murder was almost an isolated incident and my Mummy was on her own.

Patricia also described the context of the impact of her family’s treatment by the police and listening on the news to other higher profile murder cases which appeared to have a significant impact on her:

Do you see after daddy was killed I was the youngest member of the family and two detectives came into the shop where I worked and asked for my signature and here’s me, what for? They said to get rid of daddy’s clothes. Well I near died, I said to my boss, “What do I do?” He said to ring the solicitor, so I rang the solicitor and I said “What will I do”? And he said “No, no, no don’t sign that in case they need it for forensics or evidence”. So that was ok and me and my sister went to the police station and we were treated like dirt... But what really, really annoys me is that you listen to the news about this and that and they are opening old cases (murder investigations) and I say to myself, Was my daddy just dirt?

This study aims to expand on the work of McNally (2005) which explored the experiences of adults who were children when they were bereaved of a parent as a result of the Troubles in Northern Ireland and how the family context they lived within had a significant bearing on such bereavement. McNally concluded that that wider
social contexts also appeared to have a significant bearing on the longer-term bereavement experience such as adjusting to post-ceasefire Northern Ireland and subsequent research also highlighted the impact on the bereaved of the wider community response, the response of the media and outstanding issues of justice, McNally (2007).

The following extracts from the interviews undertaken as part of this Study provide an example of the grief experience taking place within a specific social/political context in Northern Ireland.

David outlined the importance of accessing information about what happened to his father:

They can’t probably do anything now, under the Good Friday Agreement, there won’t be anyone sentenced. Obviously I would like answers to why my daddy was killed. At the end of the day my father just went out and did a job but I just want to know why he was murdered, what was the sole purpose? But then after that I just want closure and for us to get on with life as best we can because as a family as a whole, it just destroyed the whole family. My dad’s parents and brothers and sisters were completely devastated and they probably want the same things that I do, they don’t want it brought up too much. Then we want to look ahead and not dwell on the past and plan ahead. Hopefully at some stage the HET [the Historical Enquiries Team, set up to investigate unsolved murders in Northern Ireland due to the Troubles] will be up at some stage in the near future. I have waited this long but as whether they have answers I don’t know but I want to let the team see what they come up with.

Sarah also outlined the importance of the issue of acknowledgement for her father:

I do think my daddy has been forgotten about and there’s other high profile cases where the families are going to America and going to the Whitehouse. I think what about my daddy, he was just as important as that person.

Steven also outlined how he thought the accessing of information about his sister’s death helped him:

There was questions that I needed answered so I asked them (The Historical Enquiries Team) questions and I got every answer so that was good enough for me. I wanted the
truth....I did get a report, it was difficult to read because of the detail in it, I learned a lot of things that I didn’t know. It was hard, I did break down, which I was expecting to do but HET were brilliant with me.

Steven was then asked if it had been a helpful process for him.

Yeah, I think I needed that to happen because for years I wasn’t sleeping properly, things like that and getting nightmares, flashbacks of that day. But ever since I have had that report I can sleep better at night. There’s a lot been put to rest.

Patricia also described the issue of unanswered questions about her father’s murder and the importance of accessing information about what happened:

There is one thing I have in my head, the night that I went to see daddy, lying at the side of the road he had this big hole in his head. He was a mile away from the house, and he was found, with a big hole in his head, lying on the road, so when the police came to the house the next day he said that if your daddy had’ve been shot it would just be a little pin hole. I told them that somebody told me a dum dum bullet could have caused that big hole in his head. Well they nearly went through me for a shortcut, there is no such thing. They were the most arrogant people that I have ever come across. But the first news came out that he was shot then at the inquest, they said no, he wasn’t shot - he was hit with an end of a rifle. So how he was shot or why he was shot I don’t know. I would just really love to see the files. That would make me 100% happy.

Martin also described the benefits of engaging with the Historical Enquiries Team to access more information on what had happened to his father:

The HET report has helped a lot, reality says that under the Belfast Agreement there will be no prosecutions, but to know that you were right and to know people may be arrested in the future and people whose names came up in the report.

Tanya also described the importance of the impact of the media:

I know this is WAVE and I know this is about the Troubles and you work in this environment too and there is the same level of understanding whereas with the 20th anniversary [of her father’s murder] and the media slam bang in your face, I don’t want to talk about it to them. They don’t give a shit as they are just looking for a new story to fill their papers, fill their show or the news.
Denise also described the impact of reading details of the murders, which included that of her father, being described in a book:

"...finally the doctor got me talking to this counsellor so I had counselling for a while and it did seem to help, but the book [which described a number of murders as a result of the Troubles, including that of Denise's father] came out and that opened it all up again, I couldn't read it, but I heard other people talk about him and say did you hear what they done.... so this counsellor actually got me to write a letter to the book's author. I wrote the letter and put down everything. How dare you, you never got any families consent...all things like this. But the letter came back, no fixed abode. So that was that.

Pat-Horenczyk et al (2009) challenge the search for individual, isolated risk factors for childhood post-traumatic stress disorder (PTSD) and contend that individuals' responses to trauma are based on complex combinations of risk and protective factors that can be divided up into two separate groups: environmental and contextual factors (the nature of the traumatic event, culture and ethnicity, social support, parental attachment, parental psychopathology), and individual determinants (age, gender, cognitive ability, biological determinants and self-efficacy). Danieli (1998), in developing the TCMI framework (Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative Framework) aimed to try and account for the different contextual dimensions of trauma and the different responses to it with the aim of guarding against developing uni-dimensional explanations for such complex phenomena. Danieli then argues that the “integration of trauma must take place in all of life’s relevant dimensions or systems and cannot be accomplished by the individual alone” (1998, p.7). Danieli sites securing justice as one of the key ingredients in being able to integrate the traumatic experience together with other processes such as commemoration, memorials, empowerment and education.

Saul and Bava (2008) outline the Interagency Standing Committee of the United Nations Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007). These guidelines focus on steps in complex humanitarian emergencies that take into consideration particular social, political and cultural contexts of recipient populations. These include: maximising the participation of local populations in humanitarian response; building on available resources and capacities; integrating support systems and developing a multi-layered set of
complementary supports that meet the needs of diverse groups.

Becker (2001, p1) argues that any attempt to generate a ‘globalised’ presentation and discussion of trauma is to be avoided and can only be understood and addressed with reference to the specific contexts in which it occurs. The importance of wider social contexts is also emphasised by Herman (1992) who argues that the role of the community is vital in trauma recovery where the social context is created by relationships with friends and family but also the wider social context is created by political movements that give voice (or not) to the disempowered.

Hamber (2004) argues that truth, acknowledgement and justice cannot be separated out from the healing process and that psychosocial interventions cannot operate in a vacuum. With reference to societies emerging out of conflict, Gilligan (2006) also argues that healing is not a discrete process that occurs only within a therapeutic setting, rather it is intrinsically linked to issues of social justice which can only be dealt with in the political sphere. With reference to exploring the effects of political violence in the South African context, Dawes (1990) argues that there is no simple relationship between exposure to violence and psychological disturbance. Rutter argues that children are differentially vulnerable to the effects of political violence based upon their social, emotional and cognitive capacities and children with access to appropriate support systems (family and community) are not likely to exhibit serious clinical disturbance. However, Rutter argues, in the absence of support and without some form of ideological belief structure and in the face of overwhelming stress, then clinical disturbance may result, (1985, cited in Dawes, 1990, p.17).

Context is clearly central to the outcome of those who have been subject to the effects of political violence. Hasanovic, reports on the findings of a UNICEF sponsored psychosocial programme in Bosnia-Herzegovina, which explored the risk and moderating factors in children's psychological reactions to war. The study found a substantive association between maternal mental health and children's adjustment following the war. This study also found that prevalence rates of PTSD in children were also found to be associated with co-morbidity with other psychiatric disorders but also socio-political and cultural factors which may vary over time and by nation (2011, p.58). Hasanovic also argues that the psychosocial approach to trauma used in this case aimed to reduce the risk of serious mental disorders but also to reduce
the stigma, through mass education, about the psychological consequences of trauma, (2011, p61). Avdibegovic et al also contend that trauma destroys the social systems of care, protection and meaning that support human life, the recovery process requires a reconstruction of these systems. The authors argue that such new systems need to be characterised, among other things, with an understanding of clients and their symptoms in the context of their life histories, cultures and their society with an emphasis on skill building and acquisition rather than symptom management, (2008, pp.474-475).

Fearon (2004, p.259) sums up the issues well where he states "there is much we still need to learn about the experiences and psychological processes that accompany unresolved loss or trauma. What we can be confident about is that the ways in which they operate, in different populations and circumstances, are unlikely to be simple" (2004, p.259). With reference to culture and the subjective experience of bereavement, Draper and Hancock (2011, pp.286-287) argue that when examining the issue of death, a plurality of religious and social backgrounds must be considered and responded to accordingly. The authors also contend that the issue of social class and its relationship with increased chances of multiple bereavements has not been adequately discussed.

With reference to the development of psychopathology during childhood and adolescence, Rutter (2007) argues that the causes of such pathology can be due to social context as well as psychological influences and individual propensities. Such causes can include genetic influences, interpersonal interactions, family influences, school effects, peer group pressures and community context. Rutter seeks to emphasise that the development of such pathology, which is long-term in nature, is dependent on such interacting factors and that theories that seek to find single causes or responses that don’t take multi-factorial causes into account and respond accordingly should be rejected.

Shonkoff (2010) refers to the issue of toxic stress which is part of the taxonomy of stress experiences developed by the National Scientific Council on the Developing Child (2005). Toxic stress is defined as strong, frequent and/or prolonged activation of the body’s stress response systems that are still developing within a child, disrupting brain architecture resulting in the development of over-active stress management systems. Shonkoff argues that some of the main risk factors causing such toxic stress include extreme poverty, neglect, recurrent
physical/emotional abuse, maternal depression and family violence. Shonkoff is arguing for responses that reflect the impact of social context on the development of biological stress response mechanisms (a Biodevelopmental Framework) and the ability of such impacts to have consequences from childhood and across the life course. Such impacts occur, Shonkoff argues, when such toxic stress is not buffered by stable adult support. This can occur in the context of Northern Ireland during the Troubles when a parent was unable to operate as a parent for the young person due to their own traumatic experiences and the potential interaction of such an experience with other everyday struggles of social deprivation.

The arguments of Rutter and Shonkoff demonstrate the need for responses to trauma to be psychosocial in nature, to look beyond the individual and the family as such trauma responses are inextricably linked to the wider social contexts such people are living within.

**Conclusion**

The psychosocial approach is defined as addressing the well being of individuals in relation to their environment. The inner world (psycho) and the outer world (social) influence each other. This report explores the psychosocial aspects of trauma in greater detail and argues that such aspects cannot be responded to within a medical/clinical setting alone. This has implications for the longer-term impacts of such trauma if wider social contexts are not adequately responded to. With this in mind there is a need, within the Northern Ireland context, for a greater acknowledgement of the impact of the social aspects and their bearing on the wellbeing of individuals significantly impacted by the Troubles. Those interviewed in this study provide some specific examples such as feeling that the loss of their family members has not been acknowledged because their deaths were overshadowed by higher profile events or where they have many unanswered questions because the murder is unresolved or because of their treatment by the media. A key aspect of this is whether the wider social context is one in which there is a political framework operating which gives voice or not to the disempowered. A psychosocial approach is also required in the context of Northern Ireland as a means of reducing the stigma through mass education about the psychological consequences of trauma.
9. Discussion – Transgenerational Trauma or Longer-term Impacts of Trauma?

With reference to Figure 1, Layer 4 (page 10), this chapter seeks to ask to what extent transgenerational trauma works as a stand-alone category of trauma. Is this a phenomenon which should be treated and responded to as a distinct pathology? This chapter argues that if it is accepted that trauma can have long term consequences that can be perpetuated across generations if not responded to in a holistic fashion then there should be no need for another stand-alone category of pathology.

Hanna et al reported that the term “transgenerational trauma” was not specifically used in service literature but there was an acknowledgement that traumatic events associated with the Troubles affect both survivors and families of survivors (2012, p.7). The report identified two main services used which may aid those working with transgenerational trauma both directly and indirectly; therapy and the opportunity to share experiences of the Troubles. The report found that most therapists stated that most of their work focused on trying to prevent transgenerational impacts of the Troubles in an indirect way by working with trauma survivors themselves as opposed to working with their children. However, such therapists indicated a concern as to whether such work had a positive impact on families in the longer-term. Hanna et al recommend that more research on these issues is required to examine the link between the experience of trauma in one generation and its adverse impacts for subsequent generations and to determine whether such adverse impacts are as the result of Troubles-related trauma or as a result of other factors such as social deprivation, parenting style and other factors (2012, p.9). It is important to note at this stage the similar issues that the Group for the Psychoanalytic Study of the Effect of the Holocaust on the Second Generation grappled with, one of these being how much of the pathology one sees is to be attributed to the Holocaust experience of the parents and how much to other incidental or personal sources? (Bergmann and Jucovy, 1982).

With reference to Hanna et al’s (2012) recommendation to engage in further research on how trauma spreads across generations, other researchers have made similar calls for research which explores the longer-term impact of bereavement and
trauma. The need for a qualitative methodology in the study of bereavement due to the Troubles is emphasised by Muldoon et al (2000, cited in McNally, 2007, p31) who contend that there is a poor understanding of the long-term effects of political violence and Armour (2003, cited in McNally, 2007, p31) who contends that such an approach is appropriate for research that seeks to systematically examine unexplored areas such as the lived experience of homicide survivors. Templer and Radford (2007) aimed to capture the experiences of groups and individuals affected by the Troubles and reported that it was the first time, in many cases, that researchers had asked to hear individuals' stories and the first time their unique, individual circumstances had been given any official acknowledgement. The authors then went on to recommend that 'in the future, special time and energy be devoted to developing [research] methodologies that are appropriate to individuals' circumstances and needs. McNally (2011) argues that any future research on those bereaved as a result of the Troubles in Northern Ireland should take a qualitative, person centred approach as a starting point and then go on to highlight any cross-contextual findings together with those other issues more specific to story of the individual.

Hanna et al (2012) also recommend that education on transgenerational trauma be targeted at those in a position to make referrals and those who provide therapy. This appears to be a useful recommendation however there is a need to be careful about the future use of a term such as transgenerational trauma and its possible links to a medicalization of responses to trauma and the sole response being within a clinical setting. It may be more appropriate to speak about the longer-term impacts of trauma as a result of experiences such as bereavement in the context of the Troubles and to engage in further qualitative and contextually sensitive research which highlights why the impacts of such bereavement are more likely to have been longer-term and disruptive for some individuals and families than for others.

Atkinson et al (2010, p.138) discuss the notion of historical trauma which is defined as the subjective experiencing and remembering of events in the mind of an individual, or the life of a community passed from adults to children in cyclic processes as collective emotional and psychological injury. The authors then go on to provide an explanation of how trauma is transmitted across generations and the role of community networks in such transmission. This includes how the effects of
trauma are influenced by a variety of mechanisms including the relationship with caregivers, impacts on parenting and family functioning, impacts on physical health, disconnection and alienation from extended family and community. Such effects are exacerbated by exposure to continuing levels of stress including multiple bereavements and other losses and the process of vicarious traumatization where children witness the effect of the original trauma which the parent or other family member has experienced (Atkinson et al, 2010, p.138). All of this supports the notion that a longer-term view is taken of trauma which is as a result of bereavement, injury and other traumatic experiences in the context of the Troubles in Northern Ireland. There is a need for greater consensus on the definitions of trauma that have been touched upon in this literature review. There is a need for a more holistic assessment of the life-long potential to be impacted by trauma.

With reference to the longer-term impact of the Holocaust, Shmotkin et al (2011) argue that research on Holocaust survivors in old age has reached contradictory conclusions whereby previous research has outlined functional disability or psychological infirmity among survivors, other research indicates their outstanding resilience in domains of daily functioning. In light of such contradictory findings, Schmotkin (2003) suggests depicting the long-term influences of Holocaust trauma on older survivors within a model of general resilience alongside specific vulnerabilities (cited in Schmotkin et al, 2011, p.8). In essence Schmotkin et al argue that Holocaust survivors are able to function well in their everyday lives but they are more likely to exhibit heightened sensitivity to stressful situations in later life. Vulnerabilities and resilience can co-exist within the very same families. The authors also argue that although intergenerational transmission of trauma may at times reach the severity of secondary traumatization, it is not an inevitable consequence of the parents’ traumatic past but, rather, an undesirable outcome of futile attempts to cope with the trauma and its after effects, (Schmotkin et al, 2011, p.10).

Again, writing on the intergenerational transmission of trauma as a result of the Holocaust, Sagi-Schwartz et al (2008) argue that a series of meta-analyses found no evidence for tertiary traumatization in Holocaust survivor families and refer to research by Bar-on et al (1998) which states that the existence of long-term psychological effects of the Holocaust on survivors and their offspring still keeps the scientific and clinical literature divided. The authors then conclude that in the absence of tertiary traumatization, clinicians
should work with their clients and propose that they search for the roots of their problems in areas beyond the experiences of their grandparents in the Holocaust (2008, p.118). Kellerman (2000b, cited in Kellerman, 2001) also undertook a review of the empirical research on the manifestation of psychopathology in the offspring of Holocaust survivors which concluded that most controlled studies failed to find increased rates of such psychopathology in that population as compared to the general population. Thus, Kellerman argues, we are no longer asking if children of Holocaust survivors are more disturbed than others but, in contrast to Sagi-Schwartz, we should be aiming to study their specific characteristics as a specific clinical subgroup who seem to have specific disturbances such as a higher vulnerability to PTSD.

All of this points to the danger of the overuse of terms such as transgenerational trauma and its precise mechanism of transmission in each individual case as a psychological phenomenon. There is a need to acknowledge the longer-term impacts of trauma on individuals and family functioning and how this can continue across generations and the problems caused by living within a culture of silence at all levels and not engaging with the past. With reference to the research by Sagi-Schwartz, there is a need to reflect that those directly affected by a traumatic experience may be able to function and not require a medical or psychological intervention for many years or ever, but who are experiencing genuine suffering as a result of what they are going through but do not want to traumatize other family or community members with this. This suffering can be compounded when they experience significant life events such as subsequent negative experiences with their health, bereavements or come into receipt of information about the death of a loved one.

With reference to the impact of the Holocaust, Oliner (1982) contends that those who have studied the effects of the Holocaust on the survivors have often referred to a period of latency. The traumatic impact has often been delayed so that at first the survivors seem less damaged by what they have undergone than they actually were. Bergman & Jucovy (1982) also document the case of a child of a survivor who sought psychoanalysis... “A highly successful professional man, he was free from symptoms. However, as the analysis proceeded, it became clear that he suffered from a state of hyperalertness and attention to every detail in his environment – a state that is usual in instances of personal danger. He lived in what
we called a “double reality”. In our view, it is not possible for a child to grow up, without becoming scarred, in a world where the Holocaust is the dominant psychic reality”, (1982, p.311).

Bar-On (1995) refers to this as the concept of Living With, which was developed by Lehman et al (1987, cited in Bar-On, p.17). This refers to ‘living with’ the feelings of loss and helplessness in one’s contemporary life and how this helped those exploring the longer-term impact of the Holocaust to understand why survivors were able to function for years without exhibiting any pathology until a time for whatever reasons, the repressed contents suddenly surfaced.

With reference to children and bereavement, Rolls (2011, p.12) argues that children may use a bereavement service intermittently over a long period in response to changing developmental needs or ‘trigger’ events. Rolls contends that longer-term and larger-scale studies are needed to provide data to support the development of a theory of childhood bereavement and its outcomes over time (2011, p.14). With reference to Childhood Traumatic Grief, Mannarino and Cohen (2011, p.25) also refer to such trigger events under the heading of “Trauma Reminders” which are situations, people, places, sight and smells or sounds that remind the child of the traumatic nature of the death of a loved one. This Report argues that there is a need for continued vigilance about the longer-term impacts of trauma and to respond to these in a sensitive and supportive way without the constant requirement for a precise additional psychological illness to be diagnosed and then treated within a clinical setting.

The extracts from the interviews below provide some indication about the ongoing nature of the impact of each interviewee’s bereavement and trauma during their life course. It is the contention of this Report that these experiences and their impacts should be discussed within a wider and contextually sensitive framework of trauma as opposed to creating another distinct category of it:

Sarah explained how her family received death threats and had to move home after her father was murdered:

We used to live in [a street in Belfast] but my mummy got death threats to the house. The Police helped to move her to a street that my mummy’s side of the family lived in, for her own protection. She didn’t tell me much about it, she was just told she shouldn’t come back
to [the place where Sarah’s mother used to work] again, but she did anyway. It benefitted her in the long run as she got moved up the housing list and moved closer to her family so they could keep an eye on her.

Steven explained how the trauma losing his sister had been another example of trauma experienced in his family:

I had 2 other brothers when I was younger. One was stillborn and the other died in a car crash when he was 7. So I’m the only one left out of the four.

Patricia discussed the longer-term impacts of her father’s death:

But after mummy died I took like a wee breakdown and I was in hospital, you know the way they bring you in and talk, talk. They kept telling me that I wasn’t talking about my mum; you are talking about your daddy. Then they asked me did you grieve for your daddy? I said; don’t ask me, I haven’t a clue. You see I am one of these people who would say that was twenty-five years ago, move on, put that away in the cupboard but lately, I don’t know all I can tell you is mummy died and I took an overdose. Mummy was 65 when she died and of course nobody was good enough to look after my children only my mummy. I took an overdose I was in hospital, and they kept saying to me you are not talking about your mummy you’re talking about your daddy. I think I have blanked it out, to be quite honest, I think I definitely have. Its sounds a bit ridiculous after 25 years, like I am one of those people who said ok get over it, get on with it. You see I think because I got married, rearing my children, I never stopped to think I just got on with it. But people say to me wise up its away in the past but now I’m telling these people I am dwelling on the past. I cannot understand why after all this time that I’m thinking about all this and I feel like this. But I think too in all honesty it is listening to the news and hearing about this and that case being opened again and yet they died over 30 years ago. I thought why are we sitting back and doing nothing. I’m not just going to sit back anymore.

Tanya, who lost her father due to the Troubles, also spoke about the struggle to deal with subsequent significant life-events:

In my final year of Uni my grandfather died and that had a very big impact on me because I looked at my grandfather as a father and it was like losing him was like losing daddy all over again. It was a very, very hard time to go through that so it was......I was grief stricken, I was absolutely gutted. And still to this day I would find myself missing him so much, so much but that’s because he was the closest thing I ever had to a father. Granda was always very good to me in so many ways. He was my daddy really since my father was killed and it
was heartbreaking, and even to this day, I might be out in the car with my boyfriend, I would just burst into tears. I just miss him so much. My boyfriend is so understanding and he will just let me cry. That's what you need to get it out of your system you know, but losing granda was just awful.

Denise described the impact on her mother of finding out further details about her father’s murder which came out of the blue:

They [the people who murdered Denise’s father] sent a letter to my mum explaining what had happened, blaming it on someone else saying your poor [husband’s name] and I'll always remember them saying that he was calling out your name and your children's names and for his mother, the things in the letter was terrible, ach mummy was in a terrible state for years.

Denise also provided another example of the longer-term impact of her bereavement experience and how contemporary experiences continued to have a significant impact on her:

The day before yesterday, walking through the town, I walked by one of the main ones who did it to him and mummy said, “There’s that tramp”. It is terrible for her, she worked in a bakery and she has to serve them. Ones were coming in saying oh my wee son is in jail I need to get him this and that, and she had to stand and serve them, just terrible.... I do look them in the eye, it used to be that I would shake with anger and things but now ... it is them that turn away now, I just feel like justice hasn’t been done. They are walking the streets while everyone else is suffering.

Tanya also spoke about the need for a longer-term view to trauma and bereavement:

So I think bereavement is looked at in the short term say there with the CRUSE organisation you get 6 week counselling sessions but it might not hit you until 5 years down the line. I suppose they haven't looked into the long term consequences because people do not know where to begin because it’s harder to determine. I suppose it is harder to decide what is long term bereavement, is it 1 year, 2 years, 10 years what is it. I think the people who have been directly affected by the Troubles, never fully get over it, you learn to cope with it and you learn how to progress with your life and you move with the times but you never fully get over it.

Steven and Martin both provided their thoughts about the concept of transgenerational trauma.
Steven:

It was explained to me and what I got from it was that younger kids nowadays being traumatised by what happened to their parents and grandparents and I pretty much don’t believe that cos my kids aren’t. That’s like me saying that my children are traumatized because of what happened me. They worry about me but that’s it, that’s as far as it goes. They aren’t traumatised by my events at all. What I done with my children, there was a programme on TV a number of months ago about a news reporter, it was a programme about his retirement and the big events that he covered and one of the events was the [event in which Steven’s sister was killed], one of the interviews was my mother, two days after [Steven’s sister] was killed, he interviewed my mother and he actually said it was one of the best interviews he had done in his life but it was also one of the worst, seeing the state she was in and that was 18-19 years ago. So I recorded that and I sat and said to them, do you want to see your granny and I thought the whole experience of watching it might help them to understand better, of what I went through at the time and it did show the [event in which Steven’s sister was killed] and the aftermath of it at the time and maybe it might put their mind at rest about what I went through and why I would have got drunk and things like that and it did. It helped them understand a whole lot more, watching it. My daughter couldn’t believe, it sort of stunned her a bit, after I showed her that she’s become really close to me cos it’s made her understand a bit more.

Martin:

Transgenerational trauma to me exists for some and not for others. There are people who want to make transgenerational trauma an issue for their own reasons. There definitely are some people who were not able to cope and every day they are living with trauma, which they may transfer to their children, and a child even born after the ceasefire is affected by that. It’s not the trauma of the Troubles; it’s the trauma of the parents passing the trauma on. Transgenerational trauma does exist. There are those who want it to exist for their own aims. People out there who are using the loose definition of a victim for their own benefit, but there are very genuine people who need help.

As Haine et al (2008) argue, it is important to reflect that the effects of the amount of time since the death on a child and family functioning are complex. Children’s initial responses to bereavement decline over time but mental health problems can persist and even increase over time and that that time elapsed since death is not uniquely related to outcome. Haine et al argue rather, with reference to the Transitional
Events Model developed by Felmer et al (1988) that negative events following the death and the child’s resources for coping with such events determine long-term functioning. This Report argues that whether we call such effects transgenerational effects or longer-term impacts of trauma is unimportant.

Conclusion

This Report argues that there is a need for a wider definition of trauma to be developed which acknowledges its longer-term impact over the life course, including how it is continued across generations unless it is dealt with within all of the relevant settings i.e. individual, family, community, societal and political. This is as opposed to creating a new, stand-alone category of trauma, i.e. transgenerational trauma and then treating this as another psychological disorder to be treated within a clinical setting. The key issue is to recognise that such traumatic events can have long lasting impacts and will be influenced by the environment the person has had to live in as a child, adolescent and adult and appropriate responses within a clinical and non-clinical setting are required.
10. Conclusions: Dealing with the past

Bloom (1997) argues that honouring and learning from the past is the only way of guaranteeing safety in the present and ensuring that we have a future. Bloom provides an analysis of trauma as fundamentally a social and political issue which requires individual, community and societal solutions. If not dealt with, major traumatic experience is forgotten, the past is repeated, that is, unresolved traumatic experience is re-created in other relationships out of awareness, as trauma is literally psychologically hardwired or imprinted in the mind and body. Putting the past behind us is virtually impossible and many situations may then trigger an emergency response. Bloom makes the case for a systemic approach requiring change at all levels in order to create safety, as part of the total transformation process actually comes from social and institutional reactions towards those traumatised.

As a means of achieving such transformation, Saul & Bava (2008) describe the models of community resilience which aim to equip communities to deal with traumatic incidences in an inclusive and supportive way. Saul and Bava (2008) outline the Linking Human Systems (LINC) Community Resiliency model (Landau-Stanton, 1986, Landau, 1991; Landau & Saul, 2004). Community resiliency in this context means a community’s capacity to withstand major trauma with increased resources, competence and connectedness. The principles of the LINC model include: engaging with the entire system of the community; identifying themes and patterns across generations and community history; maintaining sensitivity to issues of culture; building collaboration across all systems; building on existing resources and encouraging community links to become leaders in their own communities.

Weingarten (2010) also argues that when large numbers of people suffer from frequent exposure to violence then only collective interventions, as opposed to interventions focused on the individual, can restore a sense of safety and empowerment. Weingarten outlines criteria for collective interventions to create communal healing in situations of continuous trauma. Some of the criteria outlined are: that recovery requires attention to the political, cultural and psychosocial domains and that this is best delivered at the community level and that there is community ownership and collective responsibility for the problem. The development of such community resilience work, Weingarten argues, is dependent on
communities being able to develop linkages with formal systems like the police and justice systems and with non-formal systems such as religious groups, local leaders and educators. Weingarten recognises that communities can be divided and that all of this work requires careful management of issues of power and inclusiveness as too often some voices within communities dominate over others. Weingarten emphasises that it is important to learn about what communities are already doing to heal their members and to build on existing strengths and to create safe spaces for debate, deep dialogue and critical reflection. There is a need to reflect about the extent to which such community based approaches can be implemented within a divided society such as Northern Ireland where safe spaces for such debate and discussion are at a premium.

Within the Northern Ireland context, Smyth and Hamilton (2003) argue that longer-term strategic planning is required to meet the needs of those bereaved and injured as a result of the Troubles. Such needs include medical, psychological and financial alongside public initiatives to provide public acknowledgement and education, justice and information about events in the past. Elliott also contends that, because of the unwritten rules of interaction within Northern Ireland that dictate that the years of violence are never discussed, has meant that communities in Northern Ireland have a clear sense of the wrong that has been done to them but little understanding of the victimhood that other communities also feel (2002b, cited in Gallagher, 2004).

The report by the Commission for Victims and Survivors (2009) sets out the needs of victims and survivors. These include individual psychotherapeutic treatments, social support networks and healthcare, practical financial help, and education, training and employment. Alongside are needed advocacy, information, truth recovery and justice, public acknowledgement and recognition, and actions to address key social issues such as isolation, segregation and exclusion (2009, cited in McNally, 2011, p.18). Atkinson et al (2010, p.136) also argue that it is more important to understand that overcoming the effects of trauma related illness requires addressing not only the illness (individual) but also the prevalence of events (at the level of community and wider society) that lead to re-experiencing, and poor mental health.

Weingarten (2004) offers a useful framework within which to view the notion of the transmission of the impacts of trauma across generations which highlights the
importance of tackling this issue at a societal level. This framework is that of shame and equating shame with humiliation. Weingarten argues that feelings of humiliation, which is enacted and experienced by individuals can become built into wider societal structures and when whole groups subsequently feel humiliation and have to swallow their resentment, then the desire for revenge builds (2004, p.19). While such conclusions need to be debated, this serves as a stark reminder of the need for engaging with the past in Northern Ireland, at a societal level, in order to question such notions of humiliation as a result of the Troubles. Unless this is done then research on these issues will continue, the same conclusions will be repeated and no progress will be made and we are all in danger of repeating the mistakes of our past because we have little notion as to how the ‘other’ has been affected.

Weingarten also provides another useful framework through which to look at the issue of the potential impact of trauma being experienced by those who witness it in others. Weingarten offers 4 positions of the witnesses to trauma. Position 1 is where the witness empathizes and can do something to help those traumatised, where the witness can take positive action in relation to what they observe in others. Position 1 is the most positive option and can occur at the level of family, community or wider society, including political levels. Witness position 2 is where the witness doesn’t empathize but has the power over those experiencing the impacts of trauma. Those in position 2 don’t recognise the meaning and significance to the victim of what they are witnessing but are empowered in relation to the situation. Position 3 is where the witness cannot empathize and also is unaware as to how to help those whom experienced the trauma. Position 4 is where the witness can empathize but is powerless to act and represents that position, for example, within families, which can cause the most distress. This would include the case of children who know their parents have suffered trauma but feel powerless to comfort them (2004, pp.8-10). Weingarten’s witnessing schema should be considered as a tool to inform discussion as to where we are at in dealing with the issue of the perpetuation of trauma within the context of Northern Ireland. The following questions needs to be considered with reference to each witness position:

1. Witness position 1 – To what extent are victims’ organisations supporting this position in Northern Ireland i.e. supporting awareness about impact but also empowerment? To what extent is Position 1 being supported fully by those in
positions of power?

2. Witness position 2 – Are those in a position of power in Northern Ireland sitting at this level? How can they be challenged to move to position 1?

3. Witness position 3 – To what extent is wider society in Northern Ireland sitting in this position and how can it be supported to move towards position 1? Does it really want to move?

4. Witness position 4 – Is this the sole domain of the family setting? The same question as those at position 3 can be asked.

Atkinson et al (2010), in discussing the issue of historical trauma and its impacts within indigenous communities, also provide useful insights into the potential relationship between the experience of being victims of childhood trauma and being a perpetrator of higher-level violence in adulthood. Atkinson (2008, cited in Atkinson et al 2010 p. 137) contends that the link between childhood trauma and adult offending is mediated by the presence of unresolved trauma and undiagnosed PTSD. This is an interesting supplementary area for potential research within the context of post-conflict Northern Ireland but is outside the scope of this study.

With reference to the longer-term support for work with those who have been traumatised as a result of the Troubles in Northern Ireland, the work of Avdibegovic et al (2008) provides a stark warning. Avdibegovic et al, with reference to mental healthcare programmes for traumatized people in post-war Bosnia and Herzegovina, argue that different psychological and educational programmes were used without any reference to the given culture, political and social setting and often without an evaluation of the programs and their efficacy. Some of the programmes offered by international NGO’s were provided not only to minimise the risk of serious mental health issues but also to reduce stigmatization and increase public education on the psychological consequences of trauma. Some years after the war, the number of NGO’s decreased and a network of psychosocial aid and a treatment program for traumatized people was not established. Each separate organisation then tried to apply its own programme and it appears that politicians and authorities still rely on the international community to resolve this problem, (2008, pp.477-478).
Sar et al. also argue that “maintaining silence is an essential feature of oppressive power and it is only when silence is overcome that resistance to oppression can be mustered. Removing silence heightens the power of the oppressed and destabilizes the power of oppressors. Yet the desire to ignore and remain silent is a potent force within the human psyche”, (2013, p.125). This Report argues that this is something we need to be constantly mindful of in Northern Ireland.

Those interviewed for this study also provided their own insights into some elements required to deal with the past in Northern Ireland and their concerns about how this is being done:

Steven:

My kids do go to a Catholic school and they do have Catholic friends and I believe in telling your story too, to younger people if they’re interested, if they ask questions about it. I believe that the Troubles are part of Northern Ireland’s history, I believe that stories need to be passed on and stories need to be told. It’s like any part of history like World War 2, World War 1, Iraq, Afghanistan, in years to come people are going to be telling their stories in years to come.

Patricia:

To have met the person that done it and to hear why they did it. Now I have said this umpteen times if the person that murdered daddy ever came to my door, I wouldn’t harm him and I even said to my family that if he was sincerely sorry, I would forgive him -as long as I knew why he did it.

Martin:

A Truth Commission would be a waste and it would be the biggest propaganda tool for terrorists on both sides because the terrorists want to justify what they done. My advice to the people with the money would be let the Historical Enquiries Team carry out their investigations let them give their reports to the families and any family who wants their report to become public, it can put it in a very safe archive where people who are studying things can come and read it. With the Truth Commission you are going to have terrorists on both sides justifying what they done. You are giving them a big soap box to stand on and saying we are legitimate.

Patricia highlights the importance of the impact of silence in Northern Ireland about
the Troubles and its consequences:

You know mum would have been so bitter back then and you know, she still can be now, but she had real anger, and you know that rubbed off on me too. I remember being in primary school and being on school trips with the Catholic primary school and I mind not wanting to talk to those people because they could have killed my daddy. And that had rubbed off, I didn't even know those weans at all like you know, but that was rubbing off. That's who represented the killers - was the Catholic community.

Tanya:

I think that people in government and policy makers, I think that they want to think ach forget about it, if we don't talk about it people will forget about it themselves.

With reference to the Holocaust, Bar-On writing in 1995, contended that it was only over the previous 10-15 years there has been a greater willingness of society to reserve judgement about Holocaust survivors and to listen to them. The need to talk became greater than the need to maintain silence. Survivor's fears about their children being able to live a normal life lessened as their grandchildren grew up and this allowed them to speak as they gained evidence that their children and children’s children were ‘normal’ (Bar-On, 1995, p.20). We need to ask whether this will be allowed to happen in Northern Ireland, 16 years on from the signing of the Agreement and how this culture of silence is impacting on those who bore the brunt of the impact of the Troubles. Bar-On further argues that the Holocaust charged survivors with two basic responsibilities: the first, seen as obligatory, to remember, preserve and transmit this terrible experience from one generation to the next; the second, to overcome what happened and serve as living evidence that the Nazi attempt at annihilation had ultimately failed. These were usually carried out through actions: returning to “normal” life, marrying, having children, actively building a continuation of a pre-war life. Some have spoken, some have remained silent, yet in principle, all agree the need to transmit this message to their children as well as to the children with no direct connection to the Holocaust (1995, p.348).

Bar-On (1995), refers to the tension felt by survivors of the Holocaust between the threatening past and the threatening future. If, during the years immediately after the Holocaust, it was important to move forward at the cost of not remembering, in
the ensuing years new situations have arisen, mainly concerned with raising children that have urged a re-exploration of long repressed feelings for many, bearing children and grandchildren, offered an opportunity to mourn their losses while getting on with their lives, between remembering the past and creating a life in the present. The aim is not to abolish memory but to lessen its control. Positive experiences in societal, professional and familial spheres may reduce fear of the future and in doing so enable an individual to get in touch with threatening memories from the past. However, these processes may also bring about the opposite result: a reality saturated with hardship and loss can aggravate unresolved tensions. This is something we need to constantly mindful of within the context of Northern Ireland over the longer-term.

Bergman & Jucovy (1982) also argued that, following the Holocaust, “within the Jewish community as in the world at large, there are pressures to forget, even deny the Holocaust, and to escape from the burdens of being born a Jew. There are pressures too in the opposite direction: one is enjoined to remember, to commemorate, never to forgive or forget the trauma, to keep it alive and to use dramatic and forceful educational methods to achieve this aim. We must find ways of remembering the Holocaust without transmitting its traumatic potential” (1982, pp.312-314). This is the balance that we need to strike in Northern Ireland, to deal with the legacy of violence here, to remember it but not to use it as a weapon against the ‘other’.

**Transgenerational Trauma, this report argues, occurs because: (Please refer to Figure 2 on page 84)**

1. There have been different definitions of it used both within and outside of the Northern Ireland context. This can lead to a disjointed agenda in terms of research and responses to the issue. There is a need for greater agreement as to what it refers. There is also a lack of agreement as to what exactly is meant by trauma, is it an individual psychological phenomenon or a social phenomenon. This report argues that it is a mixture of both.

2. Families who do not communicate in healthy ways with each other about their grief and/or trauma which perpetuates the impact.
Figure 2: Trauma Cycle

Transgenerational Trauma

- Traumatic incident occurs
- Trauma is perpetuated and is then called Transgenerational Trauma
- Medical response cannot respond to social aspects of trauma.
- Inadequate community and social response to trauma so medical response is used.
- Community, social and political aspects of trauma not responded to. Long-term impact on families and young people
- Families do not communicate about trauma. Long-term consequences
- Young people's responses to trauma not responded to. Long-term consequences.

Not sufficiently defined with disjointed responses
3. The needs of young people who have experienced either grief or trauma or both were not responded to at the time and are still not being responded to effectively. This can have implications into adulthood. This is a general issue within all contexts of bereavement and/or trauma but there are Northern Ireland specific aspects of this phenomenon too which need to be responded to.

4. The social and political aspects of trauma are not responded to effectively due to a culture of silence around these issues. This perpetuates the longer-term impacts of such trauma and its impacts on young people and families.

5. Because the social aspects of trauma are not responded to then it is responded to within a medicalized framework which can’t effectively respond to such political and social contexts such as: the culture of silence, community context, political environment, and issues regarding justice and treatment by the media.

6. Because a medicalized approach cannot deal with all of these issues this results in a vicious cycle where trauma is not responded to effectively, perpetuates, and becomes transgenerational in nature. Transgenerational aspects of trauma are also not responded to effectively and are further perpetuated.

7. This report argues that transgenerational trauma does exist but not as a stand-alone psychological phenomenon which can be treated within a clinical setting alone. Transgenerational aspects of trauma can only be responded to effectively using a holistic, psychosocial approach which takes all relevant contexts into account: individual, family, social and political.

**Conclusions**

This report argues that an appropriate balance needs to be struck between putting resources and emphasis into education about the consequences of trauma, injury and bereavement and heavy investment into psychological interventions aimed at treating transgenerational trauma as a specific psychological phenomenon within an individual. This study argues for further research to develop a consensus on a wider definition of trauma and to include transgenerational aspects within such a definition. Such a definition of trauma
needs to include all relevant individual and societal contexts, how they interact and impact the trauma experience over the longer-term. This is with the main aim of tackling the issue of silence around trauma as a result of the Troubles in Northern Ireland. Such silence needs to be tackled in order to:

- Prevent further inappropriate medicalization of trauma and the wider impacts of the Troubles in Northern Ireland. To extend the response to trauma from the clinical setting, where appropriate, to a societal setting.

- Educate society about the longer-term impact of trauma as a result of the Troubles.

- Tackle the sense of psychological isolation experienced by those directly impacted and help prevent further re-traumatisation that requires treatment within a clinical setting.

- Allow all communities to hear the human impact of the Troubles from all sides and to tackle the culture of silence that surrounds this issue. This should prevent us from not learning from the past, perpetuating trauma, and its negative personal, societal and political impacts.
11. Recommendations

1. For a large-scale, qualitatively based, study which explores the life-course of those who have been bereaved, injured or traumatised during childhood as a result of the Troubles in Northern Ireland. This is with the aim to highlight issues significant to that individual regarding their individual and family contexts but also to highlight cross-contextual similarities across accounts to assess the impact of the different social contexts each person has been living within. Such a study needs to include those who are young people now but also those who were young people during the worst stages of the Troubles. Some of the potential questions to ask are listed at Appendix 1.

2. To engage in the study above with reference to the study on the needs of individuals and their families injured as a result of the Troubles in Northern Ireland and the study on the impact of the Troubles on young people by Marie-Breen Smyth et al (2004) together with other relevant qualitative studies.

3. Such large scale studies as outlined above need to be undertaken and reviewed if there is a continuing culture of dismissing qualitative research on the issue of the impact of the Troubles in Northern Ireland as being anecdotal.

4. Such larger-scale studies are to be undertaken if relevant local and international literature on the need for a psychosocial approach to the past is ignored. This is in order to counter any accusation about the lack of need for such a study as research from across the world is highlighting similar issues but appears to be ignored at a policy level in Northern Ireland.

5. There is a need for a meta-analysis of the findings of storytelling initiatives in Northern Ireland to assess how they correspond with the conclusions reached in this report. There is a need to further engage with clinicians on the findings of this report to assess the issues they feel can and cannot be resolved within the clinical setting alone.

6. Any research undertaken above needs to take place within a clear interdisciplinary culture taking on board the findings of research on general issues of bereavement and grief and specifically complicated grief and how this interacts with the field of research on trauma as a specific issue.
Bibliography


36. Herman, J.L. (1992) Trauma and recovery: from domestic abuse to political terror. Pandora, London.


Appendix 1

Questions to ask in future research study:

1. What happened to you/your family?
2. Did your family experience any other significant bereavements or traumatic experiences?
3. How did your parents speak about the Troubles? Was this done at all?
4. How did your parents cope? Were you able to talk to them? Did they talk to you?
5. Did you ask them about how they were impacted?
6. Did you feel under pressure to meet your parent's expectations? To care for them? Did you have to take on any extra responsibilities in your home?
7. How were your parent's relationships before the event took place?
8. How did your surviving parent cope? Did your parent re-marry?
9. Did you feel you could be free from your parents? Were they too overbearing?
10. Did/does your wider family talk much about what happened? How do you feel about this?
11. Did you lose contact with any family or friends and other social networks?
12. Did you ever feel that the world was against you?
13. Did your family experience financial difficulties?
14. Did you have to move house or school?
15. What do you feel you missed out on because of what you experienced?
16. Were you included in the events following on from the original event? Did you want to be included more?
17. What do you know about what happened to your family member? Do you have many unanswered questions?
18. Was anyone ever brought to justice?
19. How do you feel you were impacted?
20. Did you feel that the impact of the event on you was acknowledged?
21. Were you pressurised to just get on with things?

22. Were you able to express how you felt? Was any pressure put on you to react in a certain way?

23. Do you feel that your family’s experience has been acknowledged by society? How can this be achieved? Is it a concern for you?

24. What is your relationship like now with your parents? Family?

25. Do you have anyone else you can talk to about what happened to you?

26. What was your home life like before? How was it after?

27. Do you feel different to those around you, friends, colleagues etc?

28. Do you ever feel isolated or lonely because of what happened to you?

29. Do you feel optimistic about the future of Northern Ireland? Why?
Transgenerational Trauma and Dealing with the Past in Northern Ireland