

# Therapists' experiences of working with the intergenerational impact of troubles-related trauma

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## Abstract

The social impact of intergenerational trauma within Northern Ireland, particularly regarding the period known as The Troubles, is an area of significant importance to this day. This paper describes a study that aimed to understand the impact of The Troubles through a multi-generational lens and explore the experiences of practitioners, who deliver therapy for intergenerational trauma in Northern Ireland. Five psychotherapists working in Northern Irish conflict-related trauma services were interviewed individually and within a focus group regarding their therapeutic practice and how they facilitate healing in a part of the United Kingdom with significant social and cultural divisions. Grounded theory methods were used to code and analyse therapists' experiences. Findings highlighted the difficulties therapists face in delivering therapies for intergenerational trauma in locations where conflict is still present and ongoing. Participants discussed the impact of cultural differences within the therapeutic relationship. The findings further indicate that counselling and cultural cohesion have significant positive influences on healing from traumas connected to historic and societal oppression.

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**KEYWORDS**

culture, intergenerational trauma, Northern Ireland, psychotherapy, The Troubles

## 1 | INTRODUCTION

I don't know where the moral is, or where this song should end,  
But I wonder how many wars are fought between good friends,  
And those who give the orders are not the ones to die,  
It's Bell and O'Malley, and the likes of you and I.  
There were roses, roses.  
There were roses.  
And the tears of a people ran together. (Sands, 1985)

'Trauma' is arguably one of the most common issues presented to counsellors and therapists in the counselling room (Van der Kolk, 2007). The Diagnostic and Statistical Manual (DSM)-5 criterion defines 'trauma' as direct exposure to, or witnessing, death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. The definition also includes 'learning that a relative or close friend was exposed to a trauma' and 'indirect exposure to aversive details of the trauma' (American Psychiatric Association, 2013). Within the National Health Service and other services, treatment pathways exist for many of the mental health disorders associated with 'trauma' as it is defined and known. However, this definition may pathologise a natural and human response to an event (Frances, 2013), and be restrictive of the support available to hidden types of traumatisation that are not represented by the DSM's definition of trauma. The DSM-5 definition has been subject to controversy and critique, including that of Van der Kolk (2005) who contended that 'many forms of interpersonal trauma [...] do not meet the DSM criterion' (p. 9) for 'trauma' which requires the exposure to a single traumatic event. Mental health services may risk disregarding experiences of trauma that have life-long implications for individuals and communities if they only consider service users' experiences within the context of the DSM's definition of what is 'traumatic'.

This research aims to explore the impact of trauma that is interwoven throughout the cultural context of Northern Ireland across generations and to provide an understanding into the work of counsellors and therapists with trauma that is atypical to the DSM's standard definition. The terms 'therapist' and 'counsellor' are used interchangeably throughout this paper.

## 2 | INTERGENERATIONAL TRAUMA

Intergenerational trauma, also known interchangeably as historical trauma, multigenerational trauma, secondary traumatisation and transgenerational trauma, describes the symptoms of traumatisation experienced by subsequent generations, following the traumatisation of their parents or grandparents (Levine, 2001). Intergenerational trauma is complex and interpersonal. Through observing a parent's intense reaction to a trauma, a child may witness and learn to experience fear, horror or helplessness, or to develop harmful coping strategies in response to an emotional stimulus. Family dynamics and modelling of behaviour are believed to play a key role in the re-traumatisation of subsequent generations (Kelley, 1994). Bombay et al. (2009) noted that intergenerational trauma impacts both the mental health of an individual and relational styles—including parental styles. Rowland-Klein and Dunlop (1998) described the transmission of trauma from parent to child using an object-relations framework. Communication within families about a traumatic event or events plays an instrumental role in the projection and internalisation of

trauma from parent to child. Both over-disclosure and silence have been found to be common patterns of communication in parents suffering from post-traumatic stress disorder (Ancheroff et al., 1998; Danieli, 1998). Links between familial patterns of communication and childhood distress is an area of research that remains to be adequately investigated (Daud et al., 2005). However, the considerable impact of repeated sharing of details of violence or trauma to children at young emotional and cognitive developmental stages, as well as the impact of silence or emotional unavailability of a parent, may be reasonably inferred. Unconscious or non-verbal communication, such as tone of voice, facial expression and bodily gestures, also play a significant role in the passing of emotion or a felt sense from one individual to another (Siegel, 2008, 2010). Stone (2003) described that with each progressing generation; therefore, in adolescence and adulthood, responses to trauma may seem to change.

The relational concept of intergenerational trauma has been critiqued. Biological and epigenetic explanations for the transmission of trauma from parent to child are often drawn upon when the concept of intergenerational trauma is called into question. Yehuda et al. (2000) conducted research with second-generation Holocaust survivors with post-traumatic stress disorder and found them to have lower cortisol levels than control groups. Similar research demonstrated a relationship between high levels of stress and the gene, which codes for serotonin (5-HTTLPR variant) among second-generation survivors of trauma (Caspi et al., 2003; Kaufman et al., 2006). Epigenetic research offers a new perspective of intergenerational trauma; that of a genetic entity being transferred from generation to generation. Although an idea still in its infancy, the emergent research into epigenetic mechanisms in mental health has shown that gene expression in the brain is a significant factor in social psychiatry (Peedicayil, 2017). This perspective questions the validity of intergenerational trauma as a psychological response to a childhood environment or internalisation of parental behaviour. Rather, biological explanations of the transmission of intergenerational trauma seem to add to the evidence base for the concept and further demonstrate the wider scope but also the smaller complexities of the mechanisms of traumatisation. As discussed thus far, intergenerational trauma is largely relational, interpersonal and arguably learnt. With this understanding, how systems of trauma, that may be experienced or contained within a family unit, may also be part of a wider system or culture, will now be discussed.

### 3 | CULTURAL TRAUMA

Culturally, intergenerational trauma has been described as 'collective trauma'. In certain populations, mass traumas have been experienced by many (e.g., colonisation, genocide, warfare), leading to a shared sense of loss, grief or trauma. On a surface level, through sharing of knowledge and storytelling, trauma becomes a part of a culture, community and, arguably, group identity. On a more intrinsic level, theory and research have demonstrated how internalisation of a powerful message or story can replicate its impact or even re-traumatise intergenerationally (Rowland-Klein & Dunlop, 1998; Stone, 2003). Hirsh (2001) coined the term 'post-memory', which refers to the 'reclaiming of memory' of children who have experienced the sharing of details about the shared or collective trauma experienced by their parents, grandparents or community. The stories and details children hear of their own cultural history become so entwined with cultural identity that these powerful narratives become parts of themselves and their own identities. This process could be deemed as synonymous with the child's internalisation of a parent's experiences. In reclaiming the memories of a cultural trauma, the next generation may take on the anger and pain of the historical loss.

### 4 | THE LEGACY OF THE TROUBLES

Historically, the oppression of Ireland has been repeated throughout the centuries from civilisations across Europe, particularly from Britain. Brutal enforcement of power remains within the living memory of many Irish and Northern Irish citizens. Oppression, as a result of British rule, has taken the form of physical coercion, financial

exploitation, political exclusion, religious dogma, removal of ideology and culture (including censorship of music and language). French philosopher Michel Foucault would describe cultural traumas of this kind as a process of discursive practice (Foucault & Gordon, 1980), and power enforcing regimes of truth in a culture that once had its own existing ideologies and religions. Culture is an integral part of individual and group identity (Brave Heart et al., 2011); therefore, internal trauma can form as a result of cultural identity becoming ruptured. This paper focuses on the psychological impact of the period, which has been described as guerrilla warfare, in Northern Ireland known as The Troubles, which began in the 1960s and ended officially in 1998. The period of The Troubles could be described as a loss of power in every sense of culture for the communities who live there; it has been described by Irish historian James Lee (1994) as a historical wounding from which the culture has never truly healed.

Recorded suicides within the 33-year period of The Troubles amounted to 3983 (Tomlinson, 2013). In the 17-year period following The Troubles (1999–2016), the recorded number of suicides totalled at 4474 (Northern Ireland Statistics and Research Agency, 2017). This means that 52.9% of suicides since the start of The Troubles have occurred in its aftermath, within a third of the overall timescale. This gives an indication as to the extent of the suffering in Northern Ireland, and its apparent magnification following peacetime. Geographically, numbers of suicides appear to cluster around working class areas that have been separated by peace walls or bridges due to the levels of violence that were prevalent there (Tomlinson, 2013). Medication prescription rates for mood and anxiety disorders have also found to be twice as high in the most deprived areas than the least deprived areas across Northern Ireland (Mental Health Foundation, 2016). This is consistent with the notion that years after it occurs, symptoms of trauma appear to stay within communities, impacting individuals who may have not been exposed to first-hand trauma.

Variations exist within the terminology and identifying labels of heritage across Northern Irish society. However, for the purpose of this research, Unionists and Loyalists who may identify with a British or protestant background will, henceforth, be referred to as the 'Unionist' community; whilst Nationalists and Republicans who may identify as Irish citizens or as having catholic heritage will be referred to as the 'Nationalist' community. It is appropriate to mention here my (N. Day) own discomfort in the application of these terms. Despite the common usage and acceptance of these terms, the application sits uncomfortably with me due to its replication of a British person enforcing descriptive labels of division within the Northern Irish community. References to my own cultural perspectives and feelings, as well as considerations to how this may impact the outcomes of the study itself, will be made throughout the paper.

## 5 | SIMILARITIES WITH OTHER TRAUMATISED CULTURES AND RESILIENCE

Across the world, cultures have experienced mass trauma, oppression or losses of power. Some examples have already been outlined in terms of anti-Semitism and The Holocaust. Other groups exposed to trauma include, but are not limited to, Indian Americans, Indigenous Australians and survivors of mass genocides, slavery and colonisation. Research has shown that within these cultures similar levels of suffering are experienced, particularly in terms of chronic depression or anxiety (Levine, 1997), cognitive issues, sleep disturbance (Garrett, 1999) and guilt (Feehan, 1996). Whitbeck et al. (2004) explored the impact of historical oppression of Indian Americans, and found lower levels of emotional regulation and life satisfaction throughout the population, which were strongly associated with a shared sense of historical loss. Anger and aggression are strongly associated with historic events of loss (C. Atkinson, 2008), and negative coping strategies such as drug and alcohol dependency have been found to be more prevalent in nations that have experienced oppression (Levine & Kline, 2007).

Silence around a shared or mass trauma has been observed to perpetuate the impact of and prevent healing (Ancheroff et al., 1998), and limits the understanding of second- or third-generation survivors of trauma who may

be impacted psychologically without having an accurate mental representation of the events that occurred to their families (Hoffman, 2004). Cultural silence also extends to the professionals offering support to a community as a result of an historic event (McNally, 2014). It is necessary to distinguish here between an ordinary human difference in perspectives that may inform different regimes of truth, and the sharing of misinformation or deliberate withholding of information with the aim of enforcing a regime of truth or dogma, as discussed by Foucault. The British Government and Stormont have often come under scrutiny for their silence regarding The Troubles, due to the emotional impact that a lack of acknowledgement has for the victims, survivors and their families. It is important to note that despite the potential similarities in impact of governmental and familial silence, the motivations for silence here have a clear distinction—the former being a deliberate strategy and the latter being a response to trauma.

Research into the impact of trauma in other cultures also shows resilience and improved mental health has begun to develop throughout these communities (Moodley & West, 2005). This has been shown to occur in those who reconnect with cultural traditions (Caruth, 1996) and communities, allowing for a process of group cohesion (Dunbar-Hall & Gibson, 2000). Storytelling and song are also associated with healing, resilience and strengthening of damaged identity in groups of Indigenous Australians who were forcibly removed from their families as children (Mackinlay & Barney, 2014). Research has also demonstrated that Lakota peoples who have reconnected with their spiritual and ceremonial traditions have shown increased levels of positive intra-personal and interpersonal processing, including family functioning, 6 months after reconnecting with these aspects of their culture (Coll et al., 2005). The reintroduction of Gaelic speaking and Irish dancing in Irish primary schools over the past decade is hoped to receive similar findings. Seemingly, no research exists which addresses the lack of resiliency that is observed in Northern Ireland, which raises the question of why this might be the case.

## 6 | THERAPEUTIC WORK IN NORTHERN IRELAND

Historical trauma, particularly within Northern Ireland, is part of the client, their family, community and overall frame of reference for making sense of the world. Any organism cannot be understood without first understanding its habitat and wider environmental influences. To miss the frame of reference in a therapeutic capacity is, therefore, missing the client completely. In existing literature for working with frames of reference, counsellors have been criticised for speaking only from their perspective as if it is the only way of being (Dominelli, 1998; Perlman, 2003). Kearney (1996) theorised that a client who is met with a counsellor, who works only from their personal frame of reference, may feel unable to correct or challenge the counsellor, leaving a disconnection between the two perspectives within the relationship, causing it to rupture. As counselling or therapeutic practitioners, we must be aware of how a mass trauma can change the context of an individual, family, community and society and how our own cultural perspective allows us to view other cultures. Supporting individuals and communities exposed to mass historical trauma seems to begin with acknowledging the past, both outside and within the therapy room. As a result of the literature review, and my own (N. Day) personal experiences, the following research aims were developed:

- to gain an understanding of counselling practitioners' experiences of working therapeutically with intergenerational trauma within a cultural context;
- to understand how practitioners' own experiences and cultural biases may impact the work with clients who are traumatised by their cultural, historical and social background;
- to understand how counselling might facilitate healing from psychological trauma that is both interpersonal and societal.

## 7 | PERSONAL CONNECTIONS TO THE STUDY

I (N. Day) was first introduced to the concept of Irish intergenerational trauma as a student whilst living in Dublin a few years ago. My own heritage, nationality and upbringing is entirely English, and as a student in an Irish educational establishment, I soon realised how limiting my own Anglo-centric perception was when trying to understand the perspectives within cultures different to my own. I was the only student, on a course made up almost entirely of Irish students, who had no concept of what intergenerational trauma was, especially within the context of British oppression. To my peers and educators, the topic appeared to be common knowledge, which was a contrast I found to be very striking, as well as shameful. My lack of knowledge of the historical impact of the UK was a direct result of discursive practice within the UK's political and state educational systems, which continue to depict the UK historically as predominantly having an emancipatory role in wars and humanitarian crises. DeLanda (2006) commented that 'historical explanations are inevitably shaped by the ontological commitments of the historians who frame them' (p. 253). While there are elements of truth in every perspective, a holistic view of the impact of the UK on cultures across the world remains to be established.

Now, as a trained counsellor, my experience in Ireland, both the Republic and Northern Ireland, has led me to question whether as practitioners we can truly understand a client without sharing a cultural perspective, particularly if the client and practitioner originate from historically opposed cultures. Miscommunication and therapeutic rupture are known to occur in multicultural counselling relationships where this difference is not addressed or acknowledged (Metge & Kinloch, 1987) or when a counsellor's 'world view is imposed upon a culturally different client' (Sue, 1978, p. 419). Recommendations are made throughout the literature for models of managing and embracing cultural difference in the counselling room (D. R. Atkinson et al., 1987; Sue, 1990); however, the issue of multicultural counselling seems particularly relevant in Northern Ireland, where wounds associated with British and Irish conflict are still raw, and cross-cultural therapeutic relationships are all the more possible. The personal aim of this research is to further my own understanding of the intergenerational impact of conflict in Northern Ireland and to challenge my own British lens through which I have thus far viewed the world. The shame I have felt, and do feel, towards the impact of my own culture upon another is something I have had to be mindful and conscious of throughout every stage of this research project.

## 8 | METHODOLOGY AND METHOD

A grounded theory approach was adopted within this study. The interviews were semistructured, so to not assert power over and potentially weaken the research alliance, and to further foster participants' authenticity and engagement within the shared narrative space (Watts, 2008). A further aim for the interviews was that the participants would experience their involvement as an opportunity for exploration, personal or professional growth and to reconnect with the Irish tradition of storytelling, a cathartic element of Northern Irish culture and group cohesion that is very much in revival (Hackett & Rolston, 2009).

It was acknowledged that my English, British heritage and the power imbalance between researcher and participant, may, in this case, mimic the historic imbalance of power between my cultural heritage and the cultures of the participants—including all participants from both Nationalist and Unionist backgrounds. Nationalist participants arguably bring to this dynamic a heritage of centuries' worth of resistance to British influence. Additionally, the power imbalance between my lack of knowledge and participants' superior insight to the subject is also worth considering as a potential counterbalance to the power imbalances outlined above.

## 9 | PARTICIPANTS

Five participants were recruited for the study; all were therapists in practice at organisations offering support to clients impacted by Troubles-related trauma. Each participant was registered with either the British Association for Counselling and Psychotherapy or the British Association for Behavioural and Cognitive Psychotherapies. There were a variety of training orientations within the participant group (psychodynamic,  $n = 1$ ; person-centred,  $n = 3$ ; CBT,  $n = 1$ ). Participants ranged from 30 to 60 years of age ( $M = 40.2$ ,  $SD = 10.9$ ); three participants were female and two were male. Despite a small sample size for the study, the ratio (Unionist,  $n = 3$ ; Nationalist,  $n = 2$ ) is unintentionally representative of Northern Irish society, with fairly equal numbers in population size for each of the main two cultural communities, and with numbers of Unionist being declared as slightly higher in the most recent census (Northern Ireland Statistics and Research Agency, 2011).

Participant sampling was random, as any organisation with counsellors of any age, gender, training or cultural background may have responded to the invitation to partake in the study. Service providers for the Victims & Survivors Service Network in Northern Ireland were contacted due to their provision of counselling and therapies specific to trauma stemming from conflict and The Troubles, including work with trauma that is intergenerational. Two organisations were recruited for the study, one in an inner-city area of Belfast and another in County Fermanagh not far from the Irish border. Both services were located in areas particularly impacted by incidents of conflict. Recruitment emails and posters were sent to both services to advertise the study to counsellors and therapists both in practice and attending regular supervision as an ethical requirement. Two participants were recruited from Belfast and three from County Fermanagh. Participants' backgrounds represented either Unionist or Nationalist communities, with some participants discussing varying levels of identification with their cultural heritage.

## 10 | DATA COLLECTION

Participants were informed of the aims of the study and their rights to withdraw, and each signed consent forms prior to taking part. Ethical approval for the study was obtained from the University of Leeds Ethics Committee (approval number: HREC 18-012).

An aim for the study had been to conduct focus groups at each participating organisation. A focus group design was selected as the research method as this style of interview can encourage spontaneity and authenticity in participants' responses, due to the lack of obligation for each participant to form a response to every question (Zikmund, 1997). Due to distance and availability of researcher and participants, conducting a focus group was only feasible for one organisation with three participants. Individual interviews were held with the remaining two participants. Rather than this being a limitation to the study, the inclusion of varied interview types may offer a depth and richness to the research that including only a focus group, or only individual interviews, may have failed to provide (Stokes & Bergin, 2006).

The individual and group interviews included four main key questions which were provided to participants ahead of the interviews.

1. Can you tell me about your interpretation of the concept of intergenerational trauma?
2. Can you give me an example of working with intergenerational trauma in your work?
3. Can you say whether you feel that your own cultural background has impacted your work with intergenerational trauma that is specific to Northern Irish history?
4. From your own experience, how does an individual heal from trauma that is intergenerational?

Each of the interviews was recorded on audio devices and transcribed by the researcher.

TABLE 1 Counsellors'/therapists' understanding of intergenerational trauma

Familial	Cultural	Overlap with first-hand trauma
Childhood exposure to parental distress/adverse relational styles	Fear/anxiety conditioned within communities	Client experiencing direct and indirect traumatisation
Family behaviours impacting mental health of client	Political and social divisions Legacies of trauma Cultural silence	Therapist's merging of direct and indirect traumatisation

## 11 | DATA ANALYSIS

The transcripts were read and reread to allow for the identification of meaningful units within the text (McLeod, 2001). A grounded theory approach was adopted within the analysis and open coding was used to extract units of text which appeared significant (Strauss & Corbin, 1998). In total, 138 units were extracted from the transcripts, and were then scrutinised for similarities or differences. The units were checked, coded and put into subgroups based on their preliminary themes; a long, repetitive process that continued until the subgroups could be further grouped into substantive themes. Three main themes emerged from the data: Counsellors'/therapists' understanding of intergenerational trauma (see Table 1); Counsellors'/therapists' experiences of working with intergenerational trauma (see Table 2); and perceptions of how healing from intergenerational trauma in Northern Ireland can occur (see Table 3).

Due to time restraints and availability, the data were not cocoded by a secondary researcher, but was validated by the project supervisor. Verbatim extracts of the interviews have been presented to capture and demonstrate the authenticity and meaning of the participants' words, and to allow the reader to interpret and formulate their own responses to the data (McLeod, 2001). The opportunity to arrive at various conclusions based on the data is demonstrative of the flexibility within a grounded theory approach.

## 12 | COUNSELLORS'/THERAPISTS' UNDERSTANDING OF INTERGENERATIONAL TRAUMA

Exploring participants' understanding of the term 'intergenerational trauma' provided an invaluable insight into their experiences of working with the phenomena within their practice. Many participants gave examples of clients who had been exposed to the distress of their parents in childhood resulting from trauma connected to The Troubles, as well as their parents' projections of anxiety. One participant described a client's experience of observing her father's symptoms of trauma in her childhood and her interpretations of her father's trauma:

[The client] was witness to her father's coping, in inverted commas, he used to resort to withdrawal, anger, alcohol. She as a young person felt she was to blame in some ways because if she annoyed daddy he got angry. (Participant 3/Unionist)

This same participant went on to describe the impact of trauma on the client's relationship with her father, and suggested that internalising the trauma to which the client was exposed was instrumental in the development of her mental health issues. *'All [the client's] anxiety seems to stem from what she witnessed as a child, symptoms of anxiety, depression, numerous self-harm and suicide attempts. It was all a manifestation of what she saw'*.

Participants' descriptions included perspectives of clients who are parents and how their experience and emotional disengagement was thought to have impacted their children's mental health. These insights offered a holistic view of intergenerational trauma from multigenerational perspectives:



TABLE 2 Counsellors'/therapists' experiences of working with intergenerational trauma

Approaches to practice	Shared cultural perspectives
Trauma-focused practice (Psychoeducation, working with safety)	Therapist's own experience of significant Troubles-related trauma
Emotion-focused work (Acceptance, understanding, reparenting)	Experiential insight
Narrative work (Storytelling, reconnecting with culture)	Therapist's discomfort with client's political energy No impact/distancing self from cultural impact

TABLE 3 Perceptions of how healing from intergenerational trauma in Northern Ireland can occur

Healing through counselling/therapy	Cultural healing	Limitations to healing
Storytelling/narrative	Storytelling and acknowledgement of history	Valid fear
Client feeling heard	Community integration	Hopelessness
Resilience/symptom management	Breaking cultural silence/reducing stigma	Healing versus healed

*My client, he was talking about attending the scene of a bomb and having to help clear the scene and all that involved, just as a normal person with absolutely no preparation for that or no way of processing that, and there is a thing as well of how does a person process that? You know if he had to stop and think "I'm putting body parts in a plastic bag here and then I have to go home and talk to my wife and child." [...] and then all those children of people who were dealing with that, whose parents or caregivers were very closed then you're dealing with a parent who is not able to do a lot of empathising or validating or attuning to the child's needs because they just don't have the capacity to. (Participant 1/Nationalist)*

Another example described a kind of intergenerational trauma that may not have been considered within the theory or literature, demonstrating the broad impact of trauma—emotionally and somatically. *'I had a client who lost a child because of extreme stress. She miscarried because her husband was serving [as an RUC officer] and that was extremely stressful for her' (Participant 4/Unionist).*

Participants discussed cultural silence and the preventative impact this has upon healing within communities. Several examples were given of how fear and anxiety is instilled within communities in Northern Ireland, both explicitly and implicitly. The emotive language used by the participants was suggestive of their understanding of clients' experiences, and provided insight to their own experiences that may become a part of the therapeutic alliance:

*Forty-six people lost their lives in that small rural community through terrorism, and that there in a rural conservative area just ripples tenfold, not just in the family but in the community. It causes lack of trust, it can cause intercommunity tensions, withdrawal, so many ripples. (Participant 2/Unionist)*

As previously discussed, surviving generations of cultural trauma are thought to progressively hold ideals and 'post-memories' of prior generations' pain, possibly without understanding the wider picture. Without context, these issues may be projected onto, and internalised by, generations that were not directly impacted by Troubles-related trauma first-hand:

*There's a lot of remembering and anniversaries and things like that, then young people are kind of seeing just that part, that a terrible thing happened, without the context of it or the nuance of it. (Participant 1/Nationalist)*

There's a lot of hearsay, a lot of romanticising what went before. (Participant 5/Nationalist)

Another participant gave the example of a client who had been exposed to Troubles-related fear and anxiety without understanding the true context of these anxieties until later in adulthood:

[The client's] father was a member of the security forces and [the client] used to witness him checking under the car and be told "I'm just checking that the cat's not there" every morning before work so that they didn't run it over, but really they were checking for devices under the car, he came to realise that his dad was checking for bombs. (Participant 4/Unionist)

The lack of context given by parents in these exchanges is a further example of cultural silence in connection to a shared trauma (Ancheroff et al., 1998). Cultural silence was described by participants as being preventative of healing and emotional recovery from trauma, both first-hand and secondary. All examples were given within the context of male silence; the group most significantly impacted by high suicide rates in Northern Ireland following The Troubles and in the present day (Tomlinson, 2013):

Sometimes the only time you see a man expressing emotion is at the TV screen when the football is on, because that's normal, that's ok to do it like that, but don't talk to me about what happened in a shooting, or another incident. I don't want to talk about my feelings. (Participant 2/Unionist)

However, cultural silence was also discussed as being a protective, survivalist factor at the time of The Troubles, which is a phenomenon potentially overlooked by the literature. This participant commented, '*I suppose when things were going on the emotional impact was quite suspended, people didn't have time to really reflect because if they did they couldn't really have functioned*' (Participant 4/Unionist).

Such widespread instinctual behaviour further highlights the requirement for awareness of the benefits of breaking cultural silences. One participant described a client's experience of breaking the cultural silence of the psychological impact of The Troubles and how this processes provided a sense of healing.

I had a client recently who was an ex-paramilitary in his 60s saying that he was out with a few of his ex-comrades and they all realised after discussing it that they had all been experiencing the same symptoms but they just hadn't been talking to each other about it, say the flashbacks, the depression, and the low mood, and the guilt, things like that, and that was very powerful for him to realise he wasn't just mad or weak. (Participant 1/Nationalist)

Although an example of recovery from first-hand trauma, it is also a demonstration of group cohesion and reconnection with a cultural tradition of storytelling and sharing of experiences (Caruth, 1996; Dunbar-Hall & Gibson, 2000).

### 13 | COUNSELLORS'/THERAPISTS' EXPERIENCES OF WORKING WITH INTERGENERATIONAL TRAUMA

Participants' experiences of working with intergenerational trauma revealed techniques specific to therapeutic practice, particularly phased approaches to trauma, including psycho-education, safety and stabilisation, traditionally used in work with first-hand experience of trauma. Following stabilisation work, participants described work with emotions, acceptance and attachment which they believed to have been ruptured as a result of an emotionally withdrawn parent:

There is a lot of re-parenting that needs to be done in counselling work, especially with getting them to understand their feelings and validating feelings which the parents just didn't have the emotional space to do. (Participant 1/Nationalist)

Other participants expressed the importance for their clients to feel heard in their narratives of their experiences. A story must be heard for it to be told, and this was described to be therapeutic for clients, as well as providing a modelling of acceptance of emotion that may have been missing from childhood (Rowland-Klein & Dunlop, 1998).

Shared cultural perspective between participants and their clients also emerged within this theme. Despite my knowledge of the impact made by The Troubles, I was surprised and saddened to learn that all participants had experienced significant first-hand trauma connected to the conflict, with each participant commenting upon the experiential insight that their cultural background and experiences brought to the therapeutic relationship. However, some participants also expressed the need for reflexivity, self-awareness and supervision as a practitioner due to the risk of overidentification with the clients' stories based on their shared experiences:

I'm also careful to watch myself, to remind myself that this is their experience, it may not necessarily be the same as mine. So empathy, yes, but also that watch over myself that I can't assume anything. (Participant 5/Nationalist)

There were things that happened in our family, people were killed and things like that, so you come into [counselling] with I suppose maybe some, not judgement obviously because if you're doing a good job as a counsellor you're not judging, but some kind of preconceptions about things. (Participant 4/Unionist)

Participants shared varying perspectives of these preconceptions, with some offering an understanding of how the internalisation of Northern Irish conflict may still be very much present for them and others, *'We do carry our own baggage about who has been more hard done by and the different oppressions that have been inflicted on our communities'* (Participant 1/Nationalist). The stances of other participants appeared to show less development of the understanding that trauma could be widespread throughout both communities, and perhaps was more politically charged: *'I think that the Protestant community were more targeted directly. You know due to them being in the security forces and living along the border'* (Participant 3/Unionist).

However, participants shared examples from their own lives and childhoods that demonstrated the development of such beliefs. A participant from a Unionist background described the lengths her family went to during her childhood to avoid targeted attacks on family members by militant groups.

I do remember us being told not to sit in the same seat at night in the living room, we had to move around so that if someone decided to shoot through the window they wouldn't necessarily get [my brother]. (Participant 3/Unionist)

Participants also expressed their discomfort at political energies of clients within the counselling room, particularly in context to bitterness towards opposing communities and the legacy of what went before: *'I myself don't harbour any bitterness, but I have heard intense bitterness in the counselling room and that is very hard for me to deal with'* (Participant 1/Nationalist).

When asked how personal experience might impact the therapeutic relationship, a focus group participant appeared to interpret the personal experience of a therapist as an unprofessional element of intersubjectivity, and distanced himself from the potential impact of his own personal experience.

We try to stay as professional as you can and be as objective as we can [...] Supervision is important, if you do have issues it is important to share those, with the right people at the right time, if you have difficulties or challenges with it, but no we're all professional and we all strive to work as objectively as we can. (Participant 2/Unionist)

## 14 | PERCEPTIONS OF HOW HEALING FROM INTERGENERATIONAL TRAUMA IN NORTHERN IRELAND CAN OCCUR

Three main themes arose from the participants' perspectives of healing: healing through counselling and therapy using storytelling and narrative therapy combined with psychoeducation and symptom management; cultural healing through sharing of stories, group cohesion and community integrative; and breaking cultural taboos of silence around The Troubles. Participants discussed the limitations to healing in Northern Ireland due to legitimate danger and valid fear within communities. The hopelessness of the clients within these situations was apparent and seemed to extend to the participants' perspectives of their practice:

There are actual threats, so we can't tell clients "well, you're paranoid". It's all very well challenging beliefs or exploring negative thinking, but then actually suddenly somebody does want to shoot you, actually if you go into town and you do meet a certain person you are in danger, so that's a really difficult thing to work with. (Participant 1/Nationalist)

When questioned on how a client might heal from intergenerational trauma, participants stressed the importance of defining healing and how it might appear within the therapeutic process:

Healing can mean, for some people, that their quality of life improves, as opposed to being completely free of, and I think that sometimes is for them a measurement of whether [counselling] has been helpful for them. (Participant 5/Nationalist)

The work can range from weeks to months to years, dependent on the client you're dealing with. But to say somebody was completely healed well that would be a wonderful place for them to be, but if they have progressed and they are coping better and managing their symptoms and know how to manage their symptoms that, to them, is obviously progress. (Participant 2/Unionist)

These discussions from practitioners on the front line of support for intergenerational trauma are promising; describing a change for clients that can be achieved through counselling that is specific to their needs. However, the discussion seemed short in terms of clear treatment pathways within each counselling approach and efficacy of approaches.

## 15 | DISCUSSION

This study has highlighted the prevalence of intergenerational work encountered by counsellors in Northern Ireland, as well as the professional and personal challenges they face working in this area. Participants provided insightful demonstrations of the transmission of intergenerational trauma that they have encountered within their counselling work. This study aimed to gain an understanding of counselling practitioners' experiences of work with intergenerational trauma. Their examples portrayed trauma and the internalisation of powerlessness. Participants' experiences demonstrated consistency with theory that indicates that family dynamics are a key component of the

transmission of intergenerational trauma (Stone, 2003), and that parental silence and withdrawal has an equally traumatising effect on the next generation as hyperarousal and transmissions of fear (Ancheroff et al., 1998; Danieli, 1998). Demonstrative of the concept of postmemory (Hirsch, 2001), the participants shared examples of community divisions perpetuated by the legacy of trauma, and how these may have been internalised by clients, as well as their successive generations. Further consistent with Hirsch's (2001) concepts, their examples indicated that legacies of fear and anxiety are projected onto the next generation, regardless of whether the context is clear or correct.

Often, participants seemed to merge clients' experiences of first-hand and intergenerational trauma. When asked for an example of their work, participants would give an example of a client suffering from post-traumatic stress disorder, or similar, as a result of exposure to a significantly traumatic event in Northern Ireland. Prompting was required to keep the focus on secondary traumatisation, though participants discussed the frequency and comorbidity of both first- and second-hand traumatisation in their clients. This overlap of trauma experiences may have implications for future research, as researchers must take steps to ensure that only the impact of intergenerational trauma is being measured without the interference of other types of first hand or single event traumas. However, it is unlikely that the distinction between these kinds of traumatisation could ever be guaranteed, as participants bring with them a lifetime's worth of experiences, and it is likely that trauma is all the more probable in cultures where intergenerational trauma is particularly prevalent (Palosaari et al., 2013). This difficulty in differentiating between the impact of various kinds of traumas raises the question of whether practitioners are truly able to distinguish between trauma that is first-hand or intergenerational, and the potential limitations for viewing a client holistically (Lowe, 2008; Stone, 2003).

Overall, participants expressed an awareness of the potential impact of external cultural divisions on the counselling relationship, and how their own experiences or cultural biases may bring extra factors into their work. Ideals of historic trauma and victimhood were clearly prevalent within some participants, with analysis of the transcripts revealed that statements reflecting such beliefs were more common in the Unionist participants. Although speculative, it seems reasonable to question whether the Unionist participants felt that they identified with a British researcher, and therefore felt more able to share these opinions (Elmir et al., 2011), and whether the focus group setting also encouraged such comments (Stewart & Shamdasani, 1990). It is also possible that within the geographical area, within which this particular group of participants lived and worked (close to the Irish border), people from a particular background were more likely to be targeted. Participants from both cultural backgrounds discussed that they had experienced discomfort at the political energy of their clients, regardless of their own political beliefs and positions.

Totton (2000) indicated that therapy was an opportunity for society's deep tensions to be expressed and worked with. Discomfort for the therapist indicates that these deep tensions exist within the intersubjectivity of the therapeutic relationship and presents an opportunity for therapeutic movement—however, only if the therapist chooses to work with it. If the therapist avoids these feelings of discomfort, it is possible that this would limit the client's ability to work with societal tensions and their impact within the therapeutic space.

The kind of psychotherapeutic work that participants deemed to be healing for intergenerational trauma appeared to be the same as trauma work for victims of first-hand experiences. This speaks volumes of the effects of intergenerational trauma, and indicates that these different kinds of traumatisation foster such similar symptoms that the same treatments are supposedly effective. These accounts are consistent with much of the literature into the epigenetics of emotion (Levine, 2001) and secondary experiences of trauma (Stone, 2003). However, participants also stressed the importance of storytelling, holding and reparenting as integral parts of trauma work in Northern Ireland, and the aspects of practice that they felt to be most highly valued by their clients.

TABLE 4 Recommendations for changes in approach to intergenerational trauma in Northern Ireland

Societal	Systemic
Acknowledgement of the past within communities	Acknowledgement of the past at government level
Sharing of experiences across cultures/ between communities	Registering counselling bodies to require cultural and historical awareness as a criteria for training and/or qualification
Mental health practitioners to self-educate on the complexities of familial and relational trauma	Funding for research into evidence-based practices addressing intergenerational trauma to develop an established treatment pathway
Counsellors and therapists to make space for history and intergenerational ghosts to express themselves in the counselling room	Funding for research to extend this study to further cultures and/or groups who have experienced oppression

## 16 | LIMITATIONS

A small sample size means that a restricted view of the general perceptions in Northern Ireland has been captured within the study; however, the aim of this study was not necessarily to generalise the findings, but to learn from them. From the outset of this study, I was aware of the imbalance of power and attempts were made to level the sense of power differences in the interviews. However, awareness of the power imbalance does not equate its removal and may have impacted the findings. The data itself were not cocoded by a secondary researcher which may impact the validity and interpretation of the themes presented. The validity of my own interpretations can be called into question. I experienced guilt, moments of collusion and discomfort throughout data collection and analysis, and the impact of these experiences should not be overlooked. For instance, some comments by Unionist participants felt particularly jarring to my own beliefs and feelings on Irish history. Examples of responses from participants of each cultural background have been included within the findings for the reader's scrutiny.

## 17 | IMPLICATIONS AND CONCLUSIONS

A historically and culturally informed view of a client enables counsellors and therapists to work with them holistically (Stone, 2003), the importance of which has been demonstrated within the literature (Kearney, 1996). Discomfort or reluctance to work with a particular topic may highlight an area of potential reflection on our own histories, our own truths. With regards to registering counselling bodies, the study findings indicate a need for counselling training course accreditations and greater recognition of and reference to cultural history within ethical frameworks.

Culturally, implications from this research echo those of McNally's (2014). Healing from intergenerational trauma cannot only come from within an individual. In Northern Ireland, societal tensions and divisions prevent healing in those who are suffering—in and outside of therapeutic environments. The necessity of sharing experiences across communities has been demonstrated within the literature, and within the words of therapists who work with intergenerational trauma. Practitioners must inform themselves of the complexities of familial and relational trauma, preventing intergenerational trauma from being treated as a reaction to a stand-alone event. Future research should extend this study to further marginalised and historically oppressed cultures, exploring experiences of both clients and therapists who embark upon unpicking the ghosts of the past and their hold over the present. In terms of evidence-based practice, further research into this area concerning the efficacies of therapeutic approach in providing support for intergenerational trauma may provide a clearer treatment pathway for individuals whose family and cultural backgrounds are intertwined with their experiences of mental health difficulties.

To conclude, our communities, societies and cultures form our perspectives and societal outlooks of which the impacts on counselling practice has been considered. This study appears to be the only piece of research exploring experiences of counselling intergenerational trauma in Northern Irish society. It is the hope that such research can be a starting block for further study, and very deserved developments of therapeutic interventions and support in this area. Becoming aware and conscious of our cultural perspectives allows us to venture into the worlds of our clients. Recommendations for change have been made throughout this piece of research (see Table 4). Until such changes are made, and thereafter, educating ourselves on the impact of our culture on our clients and upon ourselves, is our responsibility.

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