

Experiences of Intergenerational Trauma among Second and Third Generation  
British Bangladeshis in relation to the Bangladesh Liberation War (1971) and  
Immigration to Britain

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**Thesis declaration form**

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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## Overview

Previous research has revealed the significant impacts of intergenerational trauma on individuals and communities, in response to cultural traumas such as war and genocide. So far, studies have revealed that intergenerational trauma increases the likelihood of depression and anxiety in subsequent generations, and that parenting styles, parent-offspring relations and intergenerational messages are some mechanisms of trauma transmission. Less is known about these impacts and transmission mechanisms among South Asian populations, including British Bangladeshis.

Part 1 is a systematic review of five studies, exploring the experience of intergenerational trauma among South Asian groups, namely Afghan and Tamil communities, in response to cultural trauma. The findings suggest that silencing of trauma stories and parenting styles were mechanisms of trauma transmission. The impacts of intergenerational trauma on offspring included a sense of ambiguous loss, inherited silence, distrust, guilt, and overachievement. Additionally, offspring were inspired to adopt a stance of resilience, along with individual and collective healing practices.

Part 2 is a qualitative study exploring the experience of intergenerational trauma among second- and third-generation British Bangladeshis in relation to their parents' or grandparents' experience of the Bangladesh Liberation War (1971) and immigration to Britain. Fourteen participants were interviewed, and their responses were analysed. The findings revealed five domains of intergenerational cultural trauma: remembering and retelling versus silencing of trauma stories, resilience, resistance, reconnection, and repair.

Part 3 is a critical appraisal of the research process, reflecting on the challenges associated with being a clinician-researcher and the use of sensitive language when discussing the influence of systems of power in relation to marginalised groups.

## **Impact statement**

Despite the growing literature in this field, to date there has not been a systematic review exploring intergenerational trauma among South Asian populations. The findings of Part 1 therefore add to the evidence base and identify areas for mental health clinicians and services to consider. For example, among second-generation Afghan participants, feelings of distrust stemming from historical trauma were identified as a factor that hindered their willingness to seek help from therapy or mental health services. It is essential to consider these issues when discussing how to engage marginalised communities who are commonly framed as “hard to reach”, instead they face systemic barriers that make services hard to access. Service providers may explore the ways that such systems perpetuate distrust and violence, to begin the process of building trust with these communities. The systematic review resulted in studies focusing on Afghan and Tamil communities, therefore findings cannot be generalised to other South Asian populations. Future research on intergenerational trauma should explore other South Asian communities who have experienced cultural and historical traumas.

Part 2, the empirical paper, is a qualitative exploration of the experiences of intergenerational trauma among second- and third-generation British Bangladeshis. Previous research on this community has mainly focused on post-migration traumas, including immigration stressors, cultural adjustment, discrimination, ethnic identity, and its impact on wellbeing (Toki et al., 2023), whilst overlooking the impact of pre-migration traumas, such as the Bangladesh Liberation War (1971). In therapeutic contexts, it is crucial for clinicians to compassionately consider systemic factors and historical contexts, whilst also acknowledging the nuance and heterogeneity of experiences among British Bangladeshis. The findings reflect processes of

remembering and retelling versus silencing of trauma stories, resilience, resistance, reconnection, and repair (conceptualised as 'the five domains of intergenerational cultural trauma' or 'five domains'). These findings highlight the harmful impacts of intergenerational trauma that can transmit through parenting styles, intergenerational messages, and parent-offspring relationships. More importantly, these five domains highlight the ways in which individuals actively participate in responding to trauma, demonstrating resilience, resistance and attempts to move towards repair. Clinicians should acknowledge that though these communities have been disempowered and marginalised, they can also demonstrate an innate capacity for resilience and repair. Therefore, support for marginalised communities should focus on developing these strengths rather than perpetuating harmful narratives or stereotypes.

Researchers in the field of intergenerational trauma should be mindful of language that problematises communities, ignores harmful systemic factors and perpetuates stereotypes about ethnic groups. This may disempower communities and reinforce feelings of distrust among marginalised communities towards mental health services. Conceptualisations of intergenerational trauma should take an ecological perspective, that explores multiple systems of oppression and considers behaviours as part of a survival response to challenging social contexts. Future research could be in the form of an analogous study exploring the perspectives and experiences of first-generation British Bangladeshis who were directly affected by the Bangladesh Liberation War (1971). Additionally, perspectives from first-generation British Bangladeshis may further clarify the mechanisms of trauma transmission.

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## **Part 1: Literature Review**

Intergenerational Cultural Trauma among South Asian populations: A systematic  
review and Narrative Synthesis

## **Abstract**

**Aim:** This systematic review includes quantitative and qualitative studies exploring the experience of intergenerational trauma among South Asian populations in response to cultural traumas across different geographical locations.

**Method:** The studies in this review were selected through a systematic literature search using PsycINFO, MEDLINE, Web of Science, PILOTS, CINAHL, EMBASE and ProQuest East and South Asian database. The search resulted in identification of five studies that met the inclusion criteria. They were rated for methodological quality using the Mixed Methods Appraisal Tool (MMAT) and analysed using a thematic analysis.

**Results:** The thematic analysis resulted in five themes pertaining to the key experiences of Tamil and Afghan groups, identified across the studies. The themes referred to the function of parents' trauma stories and storytelling, parenting styles, parent-offspring relationships, impacts of intergenerational trauma on offspring, and healing practices.

**Conclusion:** This review offers a detailed overview of the experience of intergenerational trauma among South Asian populations. Several potential clinical recommendations and options for future research are identified.

## Introduction

Intergenerational trauma (IGT) refers to the ways in which trauma experienced in one generation affects the health and wellbeing of future generations (Dekel & Goldblatt, 2008). It is also described as the passing down of unresolved psychological trauma from one generation to the next (Wolynn, 2017). There are various mechanisms of transmission such as the role of epigenetics (Yehuda & Lehrner, 2018), parenting styles (Narayan et al., 2021), attachment styles and relaying family narratives (Lev-Wiesel, 2007). IGT has been found in communities who have experienced traumas collectively such as war, displacement, or genocide. This is known as cultural trauma, which occurs when members of a community feel they have been subjected to a horrific event that leaves indelible marks upon their group consciousness, forever marking their memories and changing their future identity in irrevocable ways (Alexander et al., 2004).

In the South Asian context, IGT has been linked to the Sri Lankan Civil War (1983 – 2009), the Partition of India and Pakistan (1947), the Bangladesh Liberation War (1971), the expulsion of South Asians from East Africa (1972), three Anglo-Afghan wars (1839-1842; 1878-1880; 1919), Soviet-Afghan war (1979-1989), Afghan Civil War (1992 – 1996), Taliban rule (1996 – 2001) and United States invasion of Afghanistan (2001). These events occur against the backdrop of Britain's colonial legacy in South Asia over hundreds of years, including the Bengal Famine and exportation of slaves to other territories. However, little attention has been given to the impacts of IGT and its transmission mechanisms among South Asians who experienced cultural trauma.

Early research on IGT found that the descendants of Holocaust survivors are more likely to have PTSD, depression, and anxiety, even though they did not

experience the traumas of the Holocaust first-hand (Baranowsky et al., 1998). Mechanisms of trauma transmission were found to occur through parenting styles that demonstrated overprotectiveness, overinvolvement, and overvaluation of their children, all of which hindered autonomy, emotional development, and cognitive-affective maturity (Danieli, 1985). Other studies reported the blurring of boundaries between survivor parents and their offspring, which was linked to lack of individuation (Davidson, 1980; Rowland-Klein & Dunlop, 1998), and parentification, which occurs when children take on adult responsibilities and neglect their own needs (Danieli, 1985; Davidson, 1980). Though it has been criticised that research on parenting styles is often viewed through the western lens of what constitutes appropriate parenting (Mesman et al., 2018).

Recent literature on IGT in other communities has found similar patterns and suggests that parental trauma exposure may disrupt familial interaction that can lead to parent-offspring attachment problems, physical and psychological abuse, separation-individuation issues, blurred boundaries, parentification, role-reversal and over-identification with parental trauma (Flanagan, 2020; Sangalang & Vang, 2017; Wasilewska, 2012). Among refugees in Australia, harsh parenting styles were found to be related to PTSD from parental trauma history, which resulted in higher levels of hyperactivity and emotional and conduct problems in children (Bryant et al., 2018). Additionally, for Southeast Asian refugee women, distant and detached parenting styles were linked to a higher risk for depressive symptoms in children (Sangalang & Vang, 2017). Therefore, parenting styles that may have been compromised due to cultural trauma were identified as a mechanism of trauma transmission to subsequent generations.

The communication style between parent survivors and offspring is considered to be another mechanism of IGT transmission (Flanagan, 2020). Among torture survivors of Japanese American descent who had been incarcerated during World War II, “a conspiracy of silence” was identified as an intrafamilial communication pattern, whereby parents chose not to disclose their trauma stories due to shame, denial, avoidance, and a desire to protect offspring from any distressing details (Nagata, 1990). This silence was maintained by offspring and other family members with the intent of not triggering or upsetting the traumatised parent. Other studies outlined the use of humour, fragmented discussions, secrets, and silence, when Holocaust survivors attempted to communicate their trauma stories (Kidron, 2009). For Cambodian refugee families, silence from family survivors was found to impact self-esteem, sense of belonging within a community, and a continued pattern of avoidance among descendants (Lin & Suyemoto, 2016).

IGT was also found to be transmitted through family narratives. In a study exploring IGT across three generations of Holocaust survivors, loss was found to be a key family sentiment that was passed down to subsequent generations (Lev-Wiesel, 2007). The loss of family members, property, roots, social status, and respect among trauma survivors was associated with a loss of self-esteem among third-generation descendants. The study also revealed the passing down of generational messages or life lessons drawn from the Holocaust, such as the value of life and family, meanwhile some messages revolved around distrust of non-family members.

In addition to the transmission of trauma, resilience was found to be transmitted from trauma survivors to descendants. Resilience has been defined as a universal human ability to effectively deal with traumatic experiences (Brooks, 1994).

This shift in the conceptualisation of trauma has redirected attention from individual weaknesses to individual strengths, competencies, and capabilities. It was found that perceptions of supportive families and school networks among offspring enhanced resilience and wellbeing. Among Middle Eastern refugees, some offspring of traumatised parents demonstrated forms of resilience comparable to offspring with non-traumatised parents, as indicated by level of closeness to family and peers (Daud et al., 2008).

In summary, previous research suggests that there are several intergenerational impacts of cultural trauma on the descendants of trauma survivors. These include low autonomy, hindered emotional development, parentification, avoidance, silence, PTSD, anxiety, depression and in some cases greater resilience. Research has also proposed various mechanisms of this trauma transmission, including parenting styles (e.g., diminished parental emotional availability), compromised intra-family communication styles (e.g., silence or avoidance), and family narratives or messages (e.g., the value of family) (Sangalang & Vang, 2017).

Nevertheless, the research so far appears to pay less attention to the impacts of IGT and its transmission mechanisms among South Asian groups who have experienced cultural trauma. To date, there appears to be no systematic review on the impacts of IGT among South Asian populations who have historically experienced cultural traumas such as migration, displacement, genocide, and war. To fill this gap in the literature, a systematic review was conducted to identify the impacts of intergenerational trauma and proposed transmission mechanisms among South Asian groups who had experienced widescale cultural traumas.

This review aimed to synthesise quantitative and qualitative literature exploring intergenerational trauma among South Asian populations in response to



cultural traumas. The review aimed to answer the research question ‘What are the impacts and experiences of intergenerational cultural trauma among South Asian populations across different geographical contexts?’ and to critically evaluate the quality of research in this topic area.

### **Methods**

This review was registered on PROSPERO (CRD42022344845), and followed the PRISMA guidelines, an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses (Sarkis-Onofre et al., 2021).

### **Epistemology and researcher background**

This review employed a thematic analysis (Thomas & Harden, 2008) with a critical realist perspective (Willig, 2002). According to critical realism, the 'real world' exists but remains beyond direct observation, and our understanding of it is influenced by our beliefs, experiences, and viewpoints. This epistemological stance aligned with the research question and researcher’s assumption that the extracted data represented an objective view of reality, as experienced through the diverse lenses of the participants.

The author was employed as a trainee clinical psychologist at the time of writing and was keenly aware of the challenges faced by communities from ethnic minority backgrounds (Memon et al., 2016). As such, she was concerned about the scarcity of literature on IGT among ethnic minority groups and the lack of awareness on how IGT may exacerbate barriers to accessing professional mental health support. The author is a British Bangladeshi woman who acknowledges the historical misuse of psychological research and practice that can disadvantage marginalised

communities. To prevent perpetuating such patterns, she was mindful of the use of language that does not further problematise communities.

### **Search strategy**

The PICO framework was used to develop the search terms. MeSH terms and synonyms were used to inform the search terms associated with the following concepts: 1) intergenerational trauma, 2) descendants, 3) cultural trauma, and 4) South Asian groups (see appendix A for full details of search terms). The search terms of each concept were linked with the Boolean operator 'OR' and all four concepts were combined with the Boolean operator 'AND'. Search terms were applied across sources based on advanced search options for each database.

An initial soft search was conducted in November 2022 using the selected databases and search terms. The soft search revealed that all relevant studies were published in English. The search was then updated on 15<sup>th</sup> December 2022 to include studies published from inception to that date. Seven databases were systematically searched: PsycINFO, MEDLINE, Web of Science, PILOTS, CINAHL, EMBASE and ProQuest East & South Asian database. Grey literature from these databases were included. Google Scholar, OpenGray, and EThOS were searched to identify any additional published studies in the grey literature. The reference lists of all relevant articles were searched for additional studies that met the inclusion criteria. Backwards and forwards citation checks were performed for all included studies. Research studies identified in the search were exported to EndNote 20 and then to Microsoft Excel for data extraction. Twenty percent of the included and excluded full text studies were screened by an independent reviewer. Any conflicts

were resolved in consultation with the independent reviewer and research supervisor, and the insights gained were used in rating the remaining studies.

## **Eligibility criteria**

### **a) Inclusion**

Qualitative, quantitative, and mixed-method studies were included. Qualitative studies were intended to capture any impacts or experiences of IGT. Quantitative studies were appropriate to address likelihood of mental health conditions or any associations of parent-offspring mental health scores, among those who had experienced intergenerational cultural trauma. Intergenerational cultural trauma refers to a collective traumatic experience that impacts an initial generation within a community and subsequently impacts future generations, even in the absence of direct exposure to the original trauma (Alexander et al., 2004; Dekel & Goldblatt, 2008).

Participants included in the studies were required to be 16 years or older and of South Asian descent – from any of the eight South Asian countries listed in Table 1, regardless of geographical location, gender, or religion. No restrictions were put on whether participants were identified as experiencing any mental illness so that perspectives from diagnosed and undiagnosed individuals were included.

### **b) Exclusion**

Studies that explored cultural trauma in first-generation trauma survivors were excluded so that IGT could be captured.

**Table 1. Inclusion and Exclusion Criteria**

Inclusion	Exclusion
<ul style="list-style-type: none"> <li>- South Asian countries of origin: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka</li> <li>- Descendants of cultural trauma survivors, such as children, grandchildren, second- or third-generation diaspora</li> <li>- Immigrants and non-immigrants in different geographical locations</li> <li>- Primary data</li> </ul>	<ul style="list-style-type: none"> <li>- Age: below 16 years</li> <li>- Participants who are war veterans or descendants of war veterans</li> <li>- Environmental traumas e.g., natural disasters such as tsunamis</li> </ul>

**Data extraction**

Only data related to the experience of intergenerational trauma and migration were extracted from the target South Asian populations. Thus, information about other cultural groups, first-generation experience, or cultural identity were not extracted, unless it related to intergenerational trauma in some way. The following data were extracted from included studies: author, year of publication, country, study design, sample size, demographic characteristics (age, gender, and nationality), outcomes, and key findings. Studies were not included if demographic information, particularly regarding ethnicity and generation status of participants, was either missing or insufficiently clear.

## **Quality Assessment**

The Mixed Methods Appraisal Tool (MMAT) was used to quality assess the articles as it has been previously validated for use on mixed methods systematic reviews (Pace et al., 2012). The MMAT included criteria to evaluate the most relevant aspects of the study design (e.g., for qualitative papers, “was the qualitative data collection method adequate to address the research question?”) with possible responses of “yes”, “no”, and “can’t tell”. A second reviewer, independent to the research, rated 20% of the included studies for quality using MMAT. Afterwards, the researcher and independent reviewer discussed any discrepancies to come to a joint decision about the quality of studies. Studies were not excluded based on overall quality assessment scores. Instead, an inclusive approach was adopted to understand the methodological quality of existing research and provide a thorough overview of intergenerational trauma among South Asian populations.

## **Data synthesis**

A meta-synthesis thematic analysis was adopted to synthesise the qualitative data. Thematic analysis was chosen over interpretive meta-synthesis based on guidance by the Cochrane group on qualitative meta-syntheses (Noyes & Lewin, 2011). A narrative synthesis was conducted separately on the quantitative data due to it being incongruent with qualitative data. The process involved summarising the key findings, identifying patterns, similarities, and differences, and developing a coherent narrative of the findings (Popay et al., 2006). All text in the results section of included articles were treated as data for the current meta-synthesis. The concepts presented in studies were examined for their relevance to the review’s research

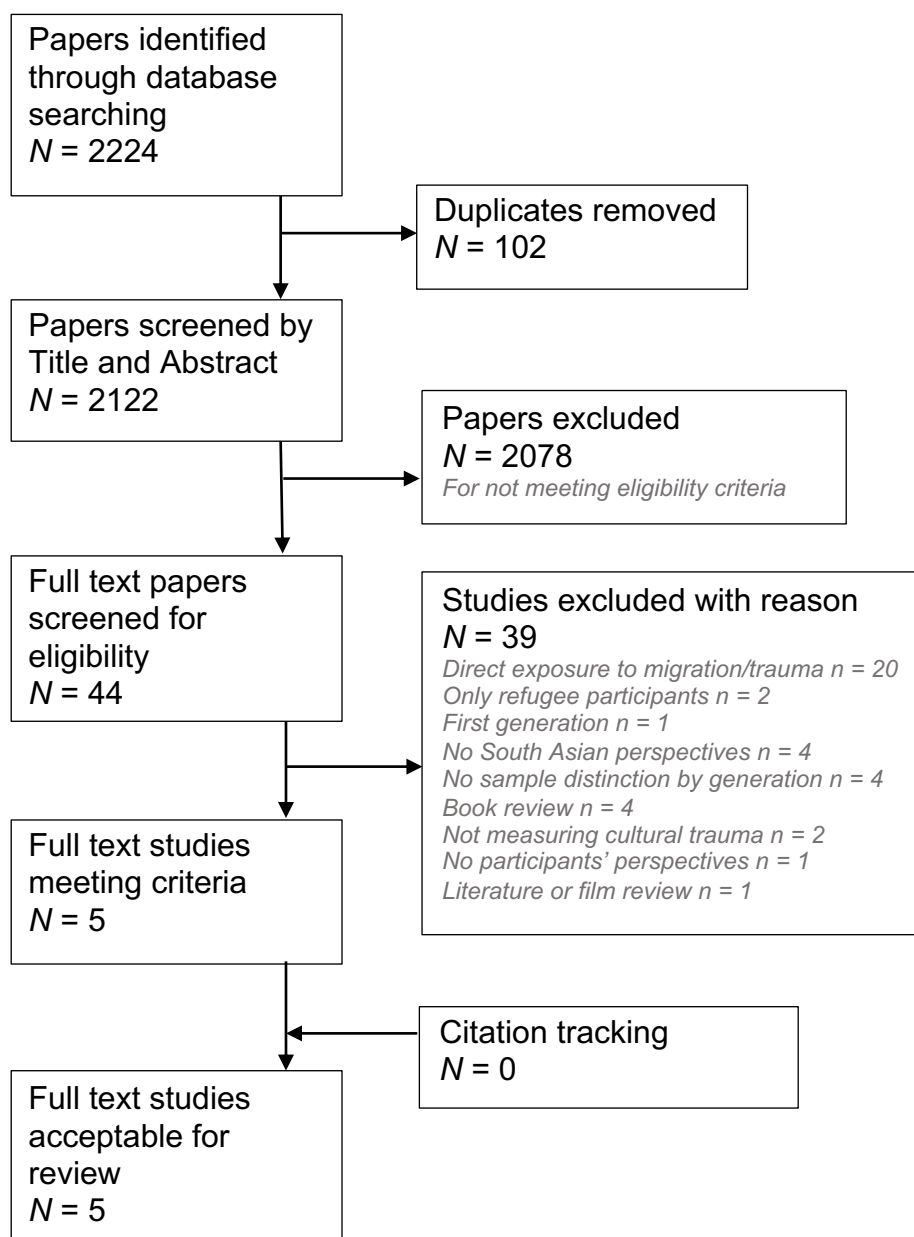
question. The integration of qualitative and quantitative data was then explored in the discussion section.

The aim of this review was to summarise the information on intergenerational trauma rather than developing an interpretative explanatory theory, hence thematic analysis was considered appropriate. As recommended by Braun and Clarke (2006), the six phases of thematic analysis for qualitative research were followed: familiarisation with data; initial coding; comparing and contrasting codes to form overarching themes and sub-themes; refinement of the themes; refined labelling of the themes and their inter-relationships; and finally writing up the meta-synthesis which allowed further reflection and fine-tuning. Quantitative data were summarised separately from the qualitative data analysis.

## **Results**

A total of 2224 studies were identified through database searching and 102 duplicate studies were removed. The remaining 2122 studies were screened against the inclusion and exclusion criteria, across the titles and abstracts, and where indicated the full text. Papers that did not meet the criteria were excluded, leaving 44 studies for full text revision. Full text studies that could not be retrieved were accessed upon request from the UCL library services. Five studies were selected to be included in the review. Reasons for exclusion of full-text studies after the screening stage and details of the literature search are reported in Figure 1.

Figure 1. PRISMA diagram for study selection



### Characteristics of included studies

Of the five studies included in this review, four were qualitative and one a mixed-methods study. Two PhD dissertations were retrieved from the initial search and included as grey literature (Niazi, 2019; Rogers, 2021). The characteristics of

each study can be found in Table 2. The studies were conducted in the United Kingdom (UK) (n=2), Canada (n=2), and the USA (n=1). Three studies included Tamil participants and two included Afghan participants. All studies were published between 2018 to 2022. Participants in all studies were second-generation adults from refugee backgrounds, except one study which also included perspectives from first-generation parents in dyad interviews (Rogers, 2021). The sample sizes ranged from six to 48, and participants' age ranged from 18 to 59 years.

Three studies referred to the Tamil experience in response to the Sri Lankan Civil War (1983 – 2009) and seeking asylum in the UK (Bloch, 2018; Ibrahim et al., 2022) and Canada (Jeyasundaram et al., 2020). These studies also acknowledged the cultural traumas of gaining independence from British colonial rule in 1948, which gave rise to anti-Tamil pogromist violence (Sivanandan, 1984). Niazi (2019) referred to the Soviet Union invasion of Afghanistan (1979 – 1989) and Rogers (2021) additionally focused on the resultant Afghan Civil War (1992 – 1996), Taliban rule (1996 - 2001), and the intensive bombing campaign by the USA and Britain (2001).



**Table 2.** *Characteristics of included studies*

Authors & Date	Bloch (2018)	Ibrahim, Rajapillai & Scott (2022)	Jeyasundaram, Cao & Trentham (2020)	Niazi (2019)	Rogers (2021)
Sample Size & Gender (where stated)	16	15 - 25	6 (3 Female)	11 (all Male)	48 (38 Female)
Age range	18 - 36	19 - 25	23 – 33	18 - 35	18 – 59
Study Country	United Kingdom	United Kingdom	Canada	USA	Canada
Generation	Second-generation	Second-generation	Second-generation	Second-generation	First- & Second-generation
Ethnicity	Tamil	Tamil	Tamil	Afghan	Afghan
Study Design	Qualitative; Interviews	Qualitative; Focus Groups	Qualitative Interviews	Qualitative Interviews	Mixed Methods
Aims	Offer insights and reflections on the intersections of the past and present on memory and intergenerational narratives and, make a contribution to the literature by	Examine the consumption of violence as an affective sphere for diasporic younger generations in ingraining coherence and fragmentation as part of the	Explore how intergenerational trauma manifests in the occupational lives of second-generation refugees.	Explore the intergenerational transmission of trauma among second-generation Afghan men whose parents fled Afghanistan during the Soviet Invasion from 1979 to 1989.	Investigate the intergenerational transmission of war trauma among first- and second-generation Afghan refugees.

	advancing the understanding of the complex inter-generational legacy of refugee backgrounds.	Tamil consciousness.			
<b>Key themes</b>	<ul style="list-style-type: none"> <li>- Parents' stories of post-war loss</li> <li>- Parents' silence on war stories as a protective strategy</li> <li>- Perceived parent-offspring disconnect</li> <li>- Sense of ambiguous loss</li> <li>- Offspring guilt and over-achievement</li> <li>- Inherited silence</li> <li>- Offspring curiosity about history and war</li> </ul>	<ul style="list-style-type: none"> <li>- Offspring guilt &amp; over-achievement</li> <li>- Inherited silence</li> <li>- Healing as collective activism</li> <li>- Parents' and offspring identity issues</li> <li>- Offspring curiosity about history and war</li> <li>- Learning about history develops identity</li> </ul>	<ul style="list-style-type: none"> <li>- Messages and meaning making in parents' war stories</li> <li>- Perceived lack of empathy in parent-offspring relations</li> <li>- Offspring guilt</li> <li>- Offspring identity issues</li> <li>- Offspring curiosity about parents' war history</li> <li>- Collective activism e.g., protesting</li> <li>- Community healing approaches</li> <li>- Community support activities</li> <li>- Individual healing approaches e.g., psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>- Parents' stories of post-war loss</li> <li>- Lessons and messages in parents' war stories</li> <li>- Parents' silence on war stories as a protective strategy</li> <li>- Parenting styles: overprotective and strict</li> <li>- Parent-offspring disconnect, distance, invalidation, lack of empathy and understanding</li> <li>- Offspring depression, anxiety and ambiguous loss</li> <li>- Offspring distrust, guilt and overachievement</li> <li>- Offspring feeling indebted to parents</li> </ul>	<ul style="list-style-type: none"> <li>- Parents' stories of post-war loss</li> <li>- Lessons and messages in parents' war stories (e.g., gratitude, morality, hard work and distrust towards others)</li> <li>- Parents' silence on war stories as a protective strategy</li> <li>- Parenting styles: emotionally detached, overprotective or harsh</li> <li>- Parent-offspring emotional disconnection, invalidation, formal, enmeshment, lack of empathy and understanding</li> </ul>

	<ul style="list-style-type: none"> <li>- Learning about history develops identity</li> </ul>			<ul style="list-style-type: none"> <li>- Offspring gratitude</li> <li>- Inherited resilience and hard work</li> <li>- Inherited silence</li> <li>- Offspring collective and individual healing e.g., mental healthcare seeking and religion</li> <li>- Offspring disconnected from culture</li> <li>- Importance of religion in healing and identity</li> </ul>	<ul style="list-style-type: none"> <li>- Offspring depression, anxiety and ambiguous loss</li> <li>- Offspring distrust, guilt and overachievement,</li> <li>- Inherited resilience and hard work</li> <li>- Inherited silence</li> </ul>
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## **Quality Assessment**

Studies included in this review were generally of good methodological quality; Appendix B provides detailed information on the quality of each study. Three studies met all seven criteria for qualitative studies (Bloch, 2018; Jeyasundaram et al., 2020; Niazi, 2019), and one study met six of the seven criteria (Ibrahim et al., 2020).

Overall, the qualitative studies were of good quality given that adequate research approaches and data collection methods were used such as in-depth interviews and focus groups. The main issue was that the authors' interpretation of results was not consistently supported with direct quotes from participants. Furthermore, only two studies addressed the issue of authors' subjectivity in relation to interpretation and reflexivity (Bloch, 2018; Ibrahim et al., 2022).

One study met all seven criteria for mixed method studies (Rogers, 2021). However, use of convenience and snowball sampling made it difficult to ensure that participants were representative of the target population. While this study provided adequate justification for the use of mixed methods design, it did not effectively integrate or explain divergences in the qualitative and quantitative findings.

## **Quantitative findings**

In Roger's (2021) mixed method study it was hypothesised that the closer the scores in trauma exposure and trauma-related symptoms between first- and second-generation Afghan refugee participants, the greater the likelihood that intergenerational transmission of war trauma occurred between generations. Trauma exposure, trauma-related symptoms, and self-perception of functioning (SPOF) scores were obtained from the Harvard Trauma Questionnaire (HTQ; Mollica et al., 1992), symptoms of depression and anxiety were obtained from the Hopkins

Symptom Checklist-25 (HSCL-25; Mollica et al., 1987), and culture-specific idioms of distress were obtained from the Afghan Symptom Checklist (ASCL; Miller et al., 2006).

Independent samples t tests were performed to assess for generational differences. Firstly, there was no significant difference in mean PTSD scores between first-generation ( $M = 1.91$ ) and second-generation ( $M=2.19$ ) participants, as measured by HTQ Part IV,  $t(42) = -1.51$ ,  $p = .139$ . This supports the author's hypothesis that intergenerational war trauma is transmitted from first-generation Afghan refugees to their offspring. Secondly, first-generation participants ( $M=1.57$ ) had significantly less concerns regarding psychosocial functioning compared to second-generation participants ( $M=2.02$ ),  $t(42) = -2.51$ ,  $p = .016$ . This did not support the author's hypothesis, though it was noted that the mean difference in trauma scores was not clinically significant. Thirdly, no significant difference was found in mean anxiety scores between first-generation ( $M=1.70$ ) and second-generation participants ( $M=2.01$ ),  $t(42) = -1.61$ ,  $p = .114$ , supporting the hypothesis that similarity in symptom scores indicated the transmission of anxiety associated with war trauma. Fourthly, second-generation participants ( $M=2.28$ ) were found to have significantly higher levels of depression than first-generation ( $M=1.63$ ),  $t(42) = -3.587$ ,  $p = .001$ , thus not supporting the hypothesis. Finally, second-generation participants ( $M=55.97$ ) reported significantly more culture-specific idioms of distress than the first-generation ( $M=43.08$ ), with an average difference of 12.89 on ASCL scores,  $t(42) = -3.194$ ,  $p = .003$ . The magnitude of this mean difference (95% CI: -21.04, -4.75) was very large ( $d = 1.040$ ) and thus did not support the hypothesis.

Overall, the findings yielded support for the quantitative hypotheses regarding two primary study variables. Specifically, the results from the HTQ Part IV PTSD

symptom subscale and the HSCL-25 anxiety symptom subscale indicated that symptoms associated with intergenerational war trauma were transmitted from first-generation Afghan refugee participants to their offspring. However, concerning all other study measures, the results showed significant mean differences between the generations, with second-generation participants reporting higher on symptom severity.

## **Qualitative findings**

### **Key themes**

The thematic analysis yielded five overarching themes. The first theme, *Parents' trauma stories and storytelling*, comprised three subthemes including stories of post-war loss, protective silence in storytelling, and messages and meaning making. The second theme, *Parenting styles*, comprised two subthemes including unemotional and overprotective parenting styles. The third theme, *Parent-offspring relations*, consisted of the subthemes of formality, and lack of empathy and understanding. The fourth theme, *Impacts on offspring*, comprised six subthemes, including intergenerational trauma, depression, and anxiety; ambiguous loss; distrust; guilt and overachievement; hard work and resilience; and inherited silence and curiosity. The fifth theme, *Healing practices*, refers to collective and individual healing approaches. See Table 3 for occurrence of themes and subthemes by study.

**Table 3. Summary of Themes**

	<b>Bloch (2018)</b>	<b>Ibrahim et al (2022)</b>	<b>Jeyasundaram et al (2020)</b>	<b>Niazi (2019)</b>	<b>Rogers (2021)</b>
<b>Theme 1: Parents' trauma stories and storytelling</b>	◆	◆	◆	◆	◆
1.1. Stories of post-war loss	◆	◆		◆	◆
1.2. Protective silence in storytelling	◆		◆	◆	◆
1.3. Messages & meaning making			◆	◆	◆
<b>Theme 2: Parenting Styles</b>				◆	◆
2.1. Unemotional parenting style					◆
2.2. Overprotective parenting				◆	◆
<b>Theme 3: Parent-Offspring Relation</b>	◆		◆	◆	◆
3.1. Formality	◆			◆	◆
3.3. Lack of empathy & understanding			◆	◆	◆
<b>Theme 4: Impacts on Offspring</b>	◆	◆	◆	◆	◆
4.1. Intergenerational trauma, depression & anxiety				◆	◆
4.2. Ambiguous loss	◆			◆	◆
4.3. Distrust	◆			◆	◆
4.4. Guilt & overachievement	◆	◆	◆	◆	◆
4.5. Hard work & resilience	◆				◆
4.6. Inherited silence & curiosity	◆	◆	◆	◆	◆
<b>Theme 5: Healing Practices</b>		◆	◆	◆	
5.1. Collective healing		◆	◆	◆	
5.2. Individual healing				◆	

## **1. Parents' trauma stories and storytelling**

All five studies referred to participants' awareness of their parents' experiences of war and migration. This theme covers the general content of parents' trauma stories and the specific narratives that were passed down to offspring. The subthemes include post-war loss, protective silence in storytelling, and lessons and meaning making.

### **1.1. Stories of post-war loss**

This subtheme covers participants' perception of loss their parents had experienced from war and migration. In relation to the war, three studies highlighted parents' stories of pre-war stability versus post-war loss and devastation (Bloch, 2018; Niazi, 2019; Rogers, 2021). These stories were contrasted with parents' positive descriptions of normality and peace before the war. For example, participants described that their parents were more likely to "talk about the good stories...and how beautiful" their home country was (Afghan, Male; Niazi, 2019, p. 67). Additionally, participants shared that their parents had lived a normal and pleasant life before the war:

"I have...a visual image of Afghanistan...as very positive, the people are all together as one big close-knit family and there was no...things that...my parents fear here." (Afghan, Male; Niazi, 2019, p. 68).

"A lot of stories about growing up: going to the beach, the weather and the food was amazing..." (Tamil, Female; Bloch, 2018, p. 653)



These positive images and descriptions of life before the war were contrasted with the devastating impacts after the war. Bloch (2018) highlights the juxtaposition of the positive and the negative, which had the effect of emphasising the extent of loss - from memories of safety and peace to devastation and insecurity. For example, participants described their parents as living a normal peaceful life where “everybody was happy”, which was then starkly contrasted with the fear of being abducted or killed when walking to school. This contrasting was described to “capture” the imagination:

“They would always talk to me about their massive garden and how delicious the mangos would taste...That really captures your imagination as a child. Then the stories of war also capture your imagination in a less pleasant way.”  
(Male, Tamil; Bloch, 2018, p. 652)

The sense of loss continued after the war in parents’ experiences of being an immigrant in a host country. These included the loss of status, job, financial stability, social class, and respect. Participants described that their parents had careers and qualifications that were not transferable to host countries, which resulted in parents having to “completely start over” (Male, Afghan; Niazi, 2019, p. 69). Others described their parents’ loss of identity due to displacement and having to balance existing cultural and religious norms with the host country:

“My parents were high class, they had respect and they came here and respect was not given... there is a loss there, and a sadness attached to that loss” (Female, Tamil; Bloch, 2018, p. 655)

“The majority of their distress was after they left Afghanistan and trying to succeed in western countries...they had many difficulties with language and financial hardships (Male, Afghan; Niazi, 2019, p. 70)

## **1.2. Protective silence in storytelling**

In four studies, participants spoke about the silencing they witnessed from their parents around the stories of war and migration (Bloch, 2018; Jeyasundaram et al., 2020; Niazi, 2019; Rogers, 2021). This was demonstrated through parents’ avoidance of sharing stories and gaps or missing details in the stories that were shared. Some implied that parents would not disclose any negative details of stories in a contained way, if at all:

“It’s usually in an argument. It’s never a sit-down conversation. It’s always yelling in an accusatory tone...to exert her pain” (Tamil; Jeyasundaram et al, 2020, p. 418)

“I never even heard from my parents how they would witness public... slaughtering of humans” (Niazi, Afghan; Niazi, 2019, p. 68)

Bloch (2018) found that silence, avoidance and “fragmented stories” were interpreted by participants as a protective strategy, used by parents to avoid burdening them with the awareness of pre-migration trauma. Participants viewed these moments as part of their parents’ efforts to focus on the present and direct

their attention towards the future, rather than dwelling on the past. The following excerpts demonstrate silence as a protection:

“Perhaps they didn’t want to burden me with it” (Male, Tamil; Bloch, 2018, p. 659)

“My dad, personally, hasn’t shared too many stories. I feel like they’ve always tried to guard us” (Male, Afghan; Rogers, 2021, p. 158)

### **1.3. Messages & meaning making**

In three studies, participants perceived the sharing of trauma stories as an intentional or unintentional way for parents to pass down life lessons or messages to the next generation (Jeyasundaram et al., 2020; Niazi, 2019; Rogers, 2021). These messages included parents’ encouragement towards hard work and determination:

“I believe they want to share their hardships as a reminder that hard work and determination can go a long way,” (Male, Afghan; Niazi, 2019, p. 71)

Parents were perceived to utilise stories of hardship for the purpose of educating children about specific life lessons, such as, the importance of gratitude, appreciation, morality, and decision making. In one study, participants received messages around distrust, such as “the world is a dangerous place” or “don’t trust people too easily” and the need to be careful around other Afghan people (Female, Afghan; Rogers, 2021, p. 161).

## **2. Parenting styles**

Two studies referred to Afghan participants' perception of the parenting styles they had experienced during childhood, which were described as either unemotional or overprotective (Niazi, 2019; Rogers, 2021).

### **2.1. Unemotional parenting**

In Roger's (2021) study, second-generation Afghan participants reported that their parents appeared to lack emotion in their parenting style, also characterised by being emotionally suppressive and insensitive. Parents were described as practical in their parenting approach, rather than being emotional. The expression of emotions by offspring such as anger were considered unacceptable by parents and parents were rarely seen crying or grieving, particularly fathers:

"...they're very unemotional. My mom is a bit better than my dad, but I think he sees things very practically. He doesn't really attach his emotions to things. I feel like it is because they had to move their life overnight...detach from emotions and things." (Female, Afghan; Rogers, 2021, p. 163)

"My parents don't appreciate my sensitivity...they think I'm too soft. (Female, Afghan; Rogers, 2021, p. 169)

Parents' expressions of love and support tended to be practical acts of service rather than verbal. Some perceived this as parents' attempt of not "spoiling" children (Female, Afghan; Rogers, 2021, p. 167), though some felt they would have benefitted from more verbal expressions of love and physical touch:

“If they were a little bit more verbal and physical... it would have made us better kids.” (Female, Afghan; Rogers, 2021, p. 175)

“My mom’s [expression of love is] acts of service.... whether it’s packing a lunch or making really good food.” (Female, Afghan; Rogers, 2021, p. 167)

## **2.2. Overprotective parenting**

Two studies identified overprotective parenting styles (Niazi, 2019; Rogers 2021). Examples of overprotectiveness included parents calling their children several times a day by phone and not allowing locks on bedroom doors in adulthood. Participants had made sense of this by contextualising parents’ behaviours in relation to the war they had experienced:

“When you see people go missing, and die, [you want to] hold them really close...to the point that sometimes it can be suffocating, that’s a trauma response” (Female, Afghan; Rogers, 2021, p. 178)

Parenting styles were described as strict and, at times, harsh by offspring. These styles involved having rules to ensure children do not “do anything wrong” or go astray, rather than being a form of punishment (Male, Afghan, Rogers, 2021, p. 154). Some participants described their parents as being “too harsh” as they were prevented from doing activities they enjoyed, such as learning musical instruments (Male, Afghan; Niazi, 2019, p. 175). Some participants viewed their parents’ overprotective tendencies as a means of protecting and preserving culture, for

example English was not allowed to be spoken at home (Rogers, 2021). One participant reflected on the tension that was caused by the overprotection, which led to hiding parts of his true self:

“They didn’t approve of...going to school dances...so I had to be a different person outside than inside...this two people personality kind of thing” (Male, Afghan; Niazi, 2019, p. 84)

### **3. Parent-offspring relation**

Four studies reported on the impacts of IGT on the parent-offspring relationship (Bloch, 2018; Jeyasundaram et al., 2020; Niazi, 2019; Rogers, 2021). Parent-offspring relationship patterns were associated with formality, difficulties in emotional expression, a sense of disconnection from parents and lack of empathy or understanding.

#### **3.1. Formality**

This subtheme represents participants’ views of their relationship with parents as formal, characterised by emotional unavailability and lack of openness. Participants described a sense of emotional disconnection from their parents and a desire for greater connection (Rogers, 2021). Parents were described as refraining from any emotional conversations, verbal forms of appreciation and physical touch. Participants hypothesised that the lack of emotion was due to their parents’ difficult life experiences and language barriers. Additionally, offspring participants shared that as a result they themselves found it difficult to express emotions to their parents, such as anger, which resulted in the suppression of emotions:

“I just felt like it was bottled up ‘cause it couldn't come out” (Female, Afghan; Rogers, 2021, p.181)

Parent-offspring relationships were characterised by respect, admiration, and friendliness, as well as obligation, limited spontaneity, and intimacy (Rogers, 2021). Rogers adds that conversations of a personal or emotionally significant nature with parents were considered challenging or uncomfortable, in contrast to the ease in which participants engaged in intellectual or political discussions:

“I can have deep conversations about what's happening in politics. But I can't ask them personally ‘what's happening in your life?’ I don't know ... it's hard to explain.” (Female, Afghan; Rogers, 2021, p. 183)

Niazi (2019) and Bloch (2018) found that parents and offspring kept things hidden from each other, which contributed to the disconnect. Both Tamil and Afghan participants shared their tendency to hide parts of themselves, causing a division between their internal and external selves, whilst contributing to the formality between parent and offspring. Additionally, Afghan American participants described a conflict between parental cultural expectations and the need to conform to western cultural narratives, which was perceived to compound this difference and disconnection. Niazi (2019) added that the widened gap between parents and offspring, hindered trust and emotional closeness:

“If he [dad] was born and raised here...like Afghan American, he would understand that the ideas in Afghanistan don’t make sense here.” (Male, Afghan; Niazi, 2019, p. 87)

### **3.2. Lack of empathy & understanding**

Three studies reported a lack of empathy, either from offspring towards their parents or parents towards their offspring (Jerasundaram et al., 2020; Niazi, 2019; Rogers, 2021). Two studies (Jeyasundaram et al., 2020; Niazi, 2019) reported that participants lacked empathy and understanding of their parents’ difficult behaviours or emotions, yet they were able to have empathy upon hearing about the hardships their parents had experienced during the war or immigration. The authors highlighted that understanding parents' trauma provided a context for interpreting parental behaviours, revealing how these actions were closely connected to the violence of war and their experiences as refugees (Jeyasundaram et al., 2020):

“I think a lot of my mom’s resentment and anger was because she was a young woman who had to raise children...I wish she could have been vocal about that because then I wouldn’t have despised her as much as I did.”  
(Tamil; Jeyasundaram et al., 2020, p. 418)

“I think hearing stories has encouraged me to be more empathetic...thinking about struggle and hardship” (Tamil; Jeyasundaram et al., 2020, p. 418)

Niazi (2019) found that offspring participants felt their parents lacked empathy, care and understanding towards their own struggles. Some associated their



depression and anxiety to their parents minimising their struggles as second-generation Afghan Americans. Rogers (2021) suggested that parents may evaluate offspring difficulties through the lens of their own traumatic life experiences, thus viewing them as insignificant or unimportant. This minimisation of experiences and invalidation of feelings by parents likely intensified feelings of detachment among offspring participants. Rogers (2021) noted that these emotional challenges were exacerbated by parents' limited emotional availability. In such instances, longing for parental responsiveness, validation, and acceptance often went unfulfilled, further reinforcing the sense of disconnection from parents and the desire for stronger emotional bonds with them:

“Lots of comparisons that created a block in our relationship...I know they went through stuff, but they aren't understanding of what I am going through...they think I am making excuses but I am not. (Male, Afghan; Niazi, 2019, p. 86)

“I feel like because they lived such a different life from us that they view ... our problems as not being as big of an issue...they've obviously survived a war and done so much at such a young age...So, I think that would be one of the negative effects where they can't sympathize.” (Female, Afghan; Rogers, 2021, p. 176)

#### **4. Impacts on offspring**

All five studies reported in some way about the impacts of IGT on offspring participants, including intergenerational trauma, depression and anxiety, ambiguous

loss, distrust, guilt and overachievement, hard work and resilience, and inherited silence and curiosity.

#### **4.1. Intergenerational trauma, depression & anxiety**

Two studies identified participants' explicit reference to intergenerational trauma and its impact on them or the second-generation Afghan community (Niazi, 2019; Rogers, 2021). Behavioural patterns such as boys being "really aggressive" or girls "sticking together" were thought to be linked to unspoken rules, such as being loyal to the Afghan community (Female, Afghan; Rogers, 2021, p. 186). These were viewed as protective mechanisms in response to war and displacement that parents had experienced.

"I know from hearing the story of what happened to my family, that traumatised me" (Female, Afghan; Rogers, 2021, p. 162)

Several participants linked their own experience of depression and anxiety to their parents' refugee experience (Niazi, 2019). Anxiety was perceived to be caused by feelings of self-doubt, inadequacy, and lack of sense of belonging. Second-generation Afghan males shared the unfair disadvantage of needing to compete with others who did not have a "tougher deck stacked against them" (Male, Afghan; Niazi, 2019, p. 91):

"How are you going to compete with someone that was raised here, had the best education, didn't go through all of that" (Male, Afghan; Niazi, 2019, p. 90)

“You don’t realise it...you just struggle with it [depression]” (Male, Afghan; Niazi, 2019, p. 91)

“I thought some of my feelings of anxiety and depression from intergenerational trauma would be gone, but I think I have to live with this forever, understanding... of the emptiness, guilt, and anxiety.” (Male, Afghan; Niazi, 2019, p. 98)

Both Tamil and Afghan participants reported anxiety in the form of fear-based decisions that were driven by guilt or people pleasing tendencies (Jeyasundaram et al., 2020; Rogers, 2021). For some, the anxiety manifested as indecisiveness when making important decisions. Participants expressed experiencing guilt linked to the responsibility of being mindful of their parents' and community's struggles. This often led to feelings of being paralyzed by thoughts like, "what will other people think about my decision?" (Jeyasundaram et al., 2020, p. 417). Other participants shared that they would often put pressure on themselves to ensure that the needs of others were met before their own:

“I have a lot of people-pleasing tendencies and...really bad anxiety...I have to make sure everyone's happy first and then I can be happy” (Female, Afghan; Rogers, 2021, p. 179)

#### **4.2. Ambiguous loss**

Three studies referred to the sense of “ambiguous loss” among Tamil and Afghan participants - a feeling of loss that could not be put into words (Bloch, 2018;

Niazi, 2019; Rogers, 2021). According to Bloch (2018), ambiguous loss can be described as the intense emotional anguish stemming from parents' losses, which becomes ingrained in the second-generation, almost as if it embodies their parents' experiences. Consequently, the effects of displacement and trauma, although rooted in the past, continued to persist in the present, even though they were not explicitly communicated or shared across generations. One participant described an inexplicable "wave of emotion washing over" him without warning at different times: "an exam could trigger it and it's random because it has nothing to do with college" (Male, Afghan; Niazi, 2019, p. 93). Rogers (2021) found that ambiguous loss among second-generation Afghans appeared to be connected to parents' diminished emotional availability and detachment because of the war. In addition, "ambiguous loss" was frequently translated as amorphous guilt, self-doubt, and a lack of trust in others, in oneself and in the processes of life (Niazi, 2019):

"We may not get to the exact trauma that [parents] went through, the exact fear, the exact anxiety. But, you know, telling their stories...it does impact you...you feel it too." (Male, Afghan; Niazi, 2019, p. 92)

Some participants in Niazi's (2019) study, associated this sense of ambiguous loss with a feeling of helplessness around the overwhelming nature of their family's trauma. Participants shared that they would constantly think about what their parents had been through, and it would affect them deeply on an emotional level:

“I’m always thinking about it constantly... just hearing about...what they’ve been through their whole lives, affects me definitely... I have to make sure...that they’re okay” (Male, Afghan; Niazi, 2019, p. 92).

### **4.3. Distrust**

Two studies referred to the distrust experienced by second-generation Afghan participants (Niazi, 2019; Rogers, 2021). Some had linked their own feelings of distrust to their parents’ experience of war, broken relationships in their home country and financial betrayal in the host country:

“Broken relationships back home have caused people here to not have that trust.” (Male, Afghan; Niazi, 2019, p. 94)

“Because my father has been betrayed very heavily...that person turned their back on him...over money. It makes me definitely think twice who I want to have around me.” (Male, Afghan; Niazi, 2019, p. 93)

Distrust towards mental health services was prevalent among second-generation Afghan participants (Niazi, 2019). Some participants shared they would be drawn to medication over talk therapy for help managing the impacts of intergenerational trauma, due to not trusting others with their story. Several participants stated they would only turn to other family members for help, rather than to a mental health clinician. Whereas many participants reported they would not share their family trauma story with anyone at all:

“I don't know if it's because of a professional, or if it's a lack of trust ... a professional won't be able to gauge a certain type of understanding of what a refugee has been through.” (Male, Afghan; Niazi, 2019, p. 95)

Rogers (2021) noted that some participants linked their feelings of distrust directly to the messages of distrust they inherited from their parents. Participants also perceived these messages to originate from parents' experiences of war, such as espionage and being careful not to speak against the government:

“My dad would always say to not trust people too easily. That's something that he'd always teach us” (Afghan; Rogers, 2021, p. 161)

#### **4.4. Guilt and overachievement**

In all five studies, second-generation participants felt guilty about the hardships their parents had experienced. The sense of guilt was intertwined with their need for overachievement in areas related to educational or financial attainment. This was described as a way to compensate for parents' losses and at times manifested as people pleasing tendencies:

“Given my father's downward class trajectory from physician to hospital janitor in his move from Afghanistan to the U.S., I have long felt a pressure to compensate for my family's losses in fleeing Afghanistan...the need to achieve to “honour” my family” (Male, Afghan; Niazi, 2019, p. 107)

“Everything I do I do for my parents, so if they’re satisfied I’m satisfied” (Male, Tamil; Bloch, 2018, p. 656)

“He [father] always...makes you feel guilty for not doing enough. Or even if you do something he feels like it’s because you have way more resources... so we should be able to do anything.” (Male, Afghan; Niazi, 2019, p. 80)

In Niazi’s (2019) study, second-generation Afghan American participants perceived their parents as emphasising the difficulties they had overcome, inadvertently making their children feel ashamed of their lack of accomplishments and pushing them to strive for more. The participants delved into how their drive for achievement, coupled with the guilt of not being good enough, had been shaped by their family’s experiences of grief due to the loss of social status, position, and the challenges of resettlement. There were instances where participants expressed a constant sense of inadequacy, believing that no matter what they achieved or sacrificed, it could never satisfy their parents or themselves. These sentiments not only reflected but also deepened the disconnect between refugee parents and their offspring.

Guilt was also related to having found a more stable place in the West to call ‘home’ in contrast to their parents (Ibrahim et al., 2020). Additionally, guilt was caused by an awareness of the war traumas faced by parents and respective communities, which contributed to fear-based decisions and the feeling of guilt when experiencing joy (Jeyasundaram et al., 2020):

“If it wasn’t for the war...I would have lived in Sri Lanka, and I was grateful that I wasn’t being brought up in Sri Lanka. I realised I’m grateful for a war. I felt like a terrible person...in a way I have benefitted from it.” (Male, Tamil; Ibrahim et al., 2020, p. 1145)

“I feel that when you experience happiness you feel a certain guilt at the back of your mind” (Male, Afghan; Niazi, 2019, p. 89)

#### **4.5. Hard work and resilience**

In contrast to guilt and parental pressure, two studies found that participants were inspired towards hard work and resilience, after witnessing their parents’ efforts (Niazi, 2019; Rogers, 2021). According to Rogers (2021), second-generation Afghan participants displayed a collective sense of resilience. Participants highlighted several examples and sources of resilience, such as attaining higher education, holding stable and successful jobs, maintaining close family bonds, having a strong social support network, engaging in leisure activities, and possessing adaptive coping abilities. Additionally, they attributed their resilience to their first-generation parents, viewing them as a source of inspiration and motivation rather than pressure, fear, or guilt. For example, fathers had encouraged their children to pursue education and demonstrated hard work through working long hours, which participants found inspiring. Participants credited their mothers for being able to learn a new language and pursue successful business ventures, whilst raising a family, which had modelled resilience and was a source of motivation:



“[my father is] very knowledgeable and very smart ... “gifted”. Everything in how I turned out is because of [my mother]. Very caring, very courageous ... she would advocate for us and be my loudest supporter. We are very family-oriented ... ambitious, studious, courageous” (Female, Afghan; Rogers, 2021, p. 187)

#### **4.6. Inherited silence and curiosity**

All five studies referred to the impact of parental silence on offspring. Rogers (2021) described this as a "conspiracy of silence" which was not only upheld by first-generation parents but mutually reinforced by offspring and other family members. Offspring were found to attune to their parents' inclination to keep quiet about certain matters, and when both generations participated in maintaining this silence, it created a "double wall" of silence (Rogers, 2021). Niazi (2019) added that second-generation participants tended to continue this silence beyond the family context, which prevented them from sharing stories about their history or identity to others, such as friends or colleagues:

“She'll talk about it very briefly and then she'll stop. Again, it can be very upsetting for her. So, I don't push.” (Female, Afghan; Rogers, 2021, p. 161)

“Only time I would share, would be if I got asked by non-Afghans where I am from. I don't go into too much detail, just the bare minimum.” (Male, Afghan; Niazi, 2019, p. 94)

A similar experience was found among second-generation Tamil participants (Ibrahim et al., 2022). They described the pervasiveness of silence and avoidance when speaking about the conflict in Sri Lanka:

“We don’t really talk because it is sad” (Tamil; Ibrahim et al., 2022, p. 1144)

“I never really connect with me being Tamil, with the war and that it’s only remembered when someone brings it up” (Tamil; Ibrahim et al., 2022, p. 1144)

Silence also had the impact of evoking curiosity among second-generation participants about their heritage, history, and identity, fuelled also by the desire to fill the gaps in their parents’ stories. In Bloch’s (2018) study, Tamil participants indicated that the silence had led to greater curiosity about their parents’ traumatic experiences:

“They wouldn’t actually talk about their past...I’m quite curious” (Female, Tamil; Bloch, 2018, p. 658).

The yearning to know more about their parents’ experiences, meant that participants also utilised family members, acquaintances, and peer groups as alternative sources of information. Both Tamil and Afghan participants shared that they would learn about the atrocities of war from the internet, watching videos and reading books (Jeyasundaram et al., 2020; Niazi, 2019):

“I found out a lot of things through my friends rather than my parents. I’d go to the temple and people my age would talk about it... So I’d find out more from them than from my parents.” (Male, Tamil; Bloch, 2018, p. 660)

## **5. Healing practices**

In three studies, second-generation Afghan and Tamil participants spoke about their individual and collective healing practices (Ibrahim et al., 2022; Jeyasundaram et al., 2020; Niazi, 2019).

### **5.1. Collective healing**

Second-generation Afghan participants in Niazi’s (2019) study were found to encourage others within the community to seek mental health support. Some shared that this would involve dispelling cultural taboos around professional mental health interventions. Others shared their personal preference for group therapy as a collective approach to healing that would minimise feelings of isolation and improve connectedness between community members:

“...group therapy would be real because then you realise it happens to a lot of people in different cultures...there is tons of wars, it is not just you” (Male, Afghan; Niazi, 2019, p. 97)

Two studies referred to collective healing in the form of collective activism or advocacy, such as through charity or political participation (Ibrahim et al., 2022; Jeyasundaram et al., 2020). Tamil participants shared that they were inspired

towards action, after learning more about the war in Sri Lanka. This involved partaking in protests, charity work and giving back to the community in some way:

“I took part in a lot of charity work back then, with friends... people flew over...to a big protest, like a hundred and ten thousand people” (Tamil; Ibrahim et al., 2022, p. 1146)

Caring for the community was viewed as a form of personal healing (Jeyasundaram et al., 2020). For example, participants' occupations involved communal care and took various forms, such as grassroots organising, diplomacy, and arts-based storytelling:

“My work has been educating young people in the community about what happened and what continues to happen. I think it's a really big part of my healing.” (Tamil; Jeyasundaram et al., 2020, p. 418)

“I think [the podcast] implicitly became therapeutic...The opportunity to get to sit with other people and host conversations, and just build community was very healing.” (Tamil; Jeyasundaram et al., 2020, p. 418)

## **5.2. Individual healing**

In two studies, participants referred to individual healing practices (Niazi, 2019; Jeyasundaram et al., 2020). Some sought professional mental health support to manage the effects of intergenerational trauma, such as, meeting psychiatrists,

taking medication for anxiety, and a strong desire to talk about their trauma in therapy:

“I think it would be helpful...talking about it” (Male, Afghan; Niazi, 2019, p. 97)

“I would strongly advise anybody who's been affected by these issues...to speak to a professional” (Male, Afghan; Niazi, 2019, p. 95)

Several Tamil participants spoke about using individual strategies to heal and manage the effects of IGT, such as psychotherapy (Jeyasundaram et al., 2020). Some participants identified moving out of their parents' home as a form of self-care, enabling them to experience greater freedom and improved relationships with their parents. Others also engaged in therapeutic activities, such as sport, yoga, poetry, and gardening (Jeyasundaram et al., 2020).

Niazi (2019) noted that some participants engaged in philosophical sense-making that centred around accepting the fate of their parents' trauma: “everything happens for a reason, it just takes time and patience to find out what it is” (Male, Afghan; Niazi, 2019). It was noted that the fate-filled refugee journey called upon a deeper sense of trust in the unseen. This “trust” was found to contribute to the overall healing process (Niazi, 2019). Some also referred to religion as a form of healing and coping. Niazi (2019) commented on his own personal connection to Islam as being critical to the healing process from intergenerational trauma:

“Just keep striving. For myself, faith is important. Strength and faith are two things I want my descendants to constantly carry with them because that's instilled within our lineage.” (Male, Afghan; Niazi, 2019, p. 74)

## **Discussion**

The aim of this paper was to systematically review the existing research exploring the impact of intergenerational trauma and its transmission among South Asian populations. The quantitative research revealed that PTSD and anxiety symptoms related to intergenerational war trauma appeared to have transmitted from first- to second-generation Afghans (Rogers, 2021). However, this was not found for other variables of transmission, namely, depression, cultural idioms of distress and concerns around psychosocial functioning. The qualitative findings provided a more in-depth insight into the processes of transmission and corroborated with previous research regarding parenting styles, parent-offspring relations, intra-family communication styles and family narratives or generational messages. Three studies focused on IGT impacts from the Sri Lankan Civil War (Bloch, 2018; Ibrahim et al., 2022; Jeyasundaram et al, 2020). Two studies explored the impacts from the Soviet-Afghan War (Rogers, 2021; Niazi, 2019), and one study additionally explored the impacts of the Afghan Civil War, Taliban rule and invasion of Afghanistan by the United States and Britain (Rogers, 2021).

Silence, avoidance, and gaps in stories were examples of parents' communication styles. Both Afghan and Tamil second-generation participants believed these were strategies used by parents to protect themselves and offspring from the horrors of the war. This confirmed previous research on the “conspiracy of silence” which serves the function of protecting offspring, parents, and other family

members from the horrific details of trauma, among Cambodian refugees, Holocaust, and torture survivors of Japanese American descent (Kidron, 2009; Lin & Suyemoto, 2016; Nagata, 1990). Interestingly new insights from this review revealed that parental silence evoked curiosity among second-generation participants about their heritage and history, leading them to seek answers through alternative sources, such as family members, friends, and online resources.

All five studies included participants' responses to parents telling their trauma stories and the style in which they conveyed those stories. The subtheme of post-war loss elaborates on offspring perceptions of normality before the war (such as safety and peace) juxtaposed with parents' experiences of loss after the war (such as loss of home, status, and job). The positive imagery of their parents' memories starkly contrasted with the horrors and losses associated with war. Authors interpreted this as a strategy utilised by parents to communicate the extent of loss they had experienced and how much the "war had changed everything" (Rogers, 2021). This is in line with previous research indicating the sentiments of loss saturated within parents' stories and being passed down to subsequent generations (Lev-Wiesel, 2007).

A new insight from this review is the idea of ambiguous loss, which was described as a visceral pain for parents' losses that lived on in the second-generation almost as an embodiment of their parents' experiences (Hoffman, 2004). Rogers (2021) noted that this stemmed from parents' diminished emotional availability and detachment, which was experienced by offspring as a missing or uncertain connection in their relationship with parents. Niazi (2019) stated that the ambiguous loss could be translated as amorphous guilt, self-doubt, and a lack of trust in others, in oneself and in the processes of life. This corresponds with previous

research where descendants of trauma survivors are often left with a feeling of inherited loss (Lev-Wiesel, 2007), though this review has highlighted that this feeling can be inexplicable and ambiguous in nature.

Two studies referred to unemotional and overprotective parenting styles, among second-generation Afghan participants. Some were able to relate this to IGT, where post-war loss had prompted parents to preserve culture and protect offspring from further loss. Other participants reflected on the impacts on themselves, such as the tension between cultures or needing to hide parts of their authentic self. This is consistent with previous research which found diminished parental emotional availability and overprotective parenting styles of trauma survivors (Danieli, 1985), which may have led to a lack of individuation (Sangalang & Vang, 2017).

This review contributed new insights on the parent-offspring relationship, such as being formal, and lacking empathy and understanding. This adds to previous research around refugee parents having distant and detached parenting styles that increases the likelihood of depression in offspring (Sangalang & Vang, 2017). Formal relationships were characterised by disconnection, emotional unavailability, and lack of openness from parents. Parents were described as not responding to the sensitivity or emotional needs of offspring, which led to parent-offspring disconnection and perpetuated a lack of openness about emotional issues.

Lack of empathy and understanding was also reported, where participants felt their parents did not understand or empathise with them, and equally offspring expressed their inability to understand or empathise with their parents. Offspring participants hypothesised that this may be due to parents minimising their difficulties which were perceived as incomparable to experiences of war. Additionally, offspring participants expressed their ability to empathise with parents upon hearing about



their experiences of war, which contextualised parents' behaviours as a product of war and displacement. From this, it can be deduced that silence around parents' trauma stories perpetuates the disconnect and formality between parents and offspring.

In all five studies, second-generation participants perceived themselves to have been affected in some way by their parents' trauma experience. Participants referred to intergenerational trauma, depression, and anxiety, which confirms previous research that descendants of trauma survivors are at a higher risk of developing depression and anxiety (Baranowsky et al., 1998). More specifically, this review identified the potential elements that may have elevated depression and anxiety, such as ambiguous loss, distrust, guilt, overachievement, and inherited silence.

In all five studies, participants referred to feeling guilty about the hardships their parents had experienced. They felt indebted to their parents and as a result attempted to overachieve in areas of educational or financial attainment. Fear, shame, and emotional paralysis were common among participants as they presented the need to please their parents. This corroborates with previous research, where offspring were found to neglect their own needs to fulfil their parents' desires or needs (Danieli, 1985; Davidson, 1980). Alternatively, Afghan participants also referred to hard work and resilience which was not associated with feelings of guilt, rather a sense of awe and feeling inspired by their parents' achievements (Niazi, 2019; Rogers, 2021).

Furthermore, this review revealed that parents' trauma stories often contained meaningful messages or lessons, around gratitude, resilience, hard work, morality and even some negative messages around distrust. This is in line with previous

research where descendants inherited generational messages drawn from the Holocaust, such as the value of family and life (Lev-Wiesel, 2007).

This review identified individual and collective healing methods in response to intergenerational trauma for both Afghan and Tamil participants. Individual healing or coping mechanisms included seeking mental healthcare, psychotherapy, philosophical sense-making, and religion. Collective healing methods included caring for others, activism, charity, and political participation. Some shared that community work was beneficial to their personal healing.

Overall, this review confirmed findings from previous research while also adding new insights. Firstly, the findings confirm previous research that silence was used to protect against the negative impacts of listening to trauma stories (Nagata, 1990). Additionally, this review highlighted that the silence often instigated curiosity among the second-generation in relation to their parents' experiences. Secondly, a sense of loss was a recurring finding that confirmed previous literature on IGT (Lev-Wiesel, 2007). This review additionally found that this sense of loss can be inexplicable and ambiguous in nature, from the perspective of both second-generation Afghan and Tamil participants. Thirdly, findings confirmed previous research around unemotional and overprotective parenting styles (Danieli, 1985; Davidson, 1980; Rowland-Klein & Dunlop, 1998). Moreover, this review added that the parent-offspring relations can be formal and lacking in empathy or understanding, which can amplify the disconnect between parents and offspring. Finally, this review confirms previous research around the existence of IGT, anxiety, and depression, whilst adding new insights around the potential components contributing to intergenerational anxiety and depression, such as ambiguous loss, guilt, overachievement, and inherited silence.

## **Strengths and limitations**

This review was the first to assess intergenerational trauma among South Asian populations. The robust systematic search strategy sought to strike a balance between precision and sensitivity. Sensitivity was prioritised to capture relevant literature, as there is a dearth of research in this topic area. The PRISMA guidelines were followed, and independent reviewers participated in the screening stage.

Several limitations need to be considered. Firstly, the included studies only included second-generation descendants of refugee communities, therefore interpretations cannot be generalised to third-generation groups. Furthermore, the findings may not relate to populations whose parents were not displaced and have not experienced the additional trauma of migration. Secondly, only two South Asian groups, namely Afghans and Tamils, were explored in this study, therefore the findings may not apply to other South Asian populations. Lastly, the search was restricted to the English language. However, no appropriate papers in a non-English language were found during the soft search prior to the systematic search and therefore this is unlikely to have been a considerable limitation.

## **Implications and future research**

This review highlights the need for more research on intergenerational trauma among South Asian populations given the cultural traumas that have occurred within the South Asian context including the Sri Lankan Civil War, Partition of India and Pakistan, Bangladesh Liberation War, expulsion of South Asians from East Africa, British, Soviet Union and United States invasion of Afghanistan. Given the magnitude of the impact of IGT on attachments, parenting styles, and overall wellbeing, it would be useful for clinicians to consider this within therapeutic practice, whilst also being

culturally sensitive to the heterogeneity of the “South Asian” population and any other cultural group. Notably, distrust among Afghan participants presented as a reluctance to seek therapy or engage with mental health services. This is useful for clinicians and service providers to consider, when attempting to improve accessibility of services and build trust with marginalised communities.

The studies included in this review explored mechanisms of trauma transmission from parents to offspring, as well as the meanings attributed to the experience of IGT. The literature was consistent in describing parenting styles, family interactions and generational messages as playing significant roles in the way parental trauma is processed within families. Future research should pursue theory-driven empirical investigations that evaluate other potential mechanisms of transmission, such as biological, individual, and social pathways, within the South Asian context. Future research should also consider positive outcomes, such as resilience and post-traumatic growth, which enhance protective factors and acknowledge strengths across generations.

## **Conclusion**

This review suggests a limited knowledge base exists regarding intergenerational trauma in South Asian contexts. To the author’s knowledge, this review is the first to contribute to the wider literature highlighting the transmission mechanisms and impact of IGT within the South Asian context.

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## **Part 2: Empirical Paper**

Experiences of Intergenerational Trauma among Second and Third Generation  
British Bangladeshis in relation to the Bangladesh Liberation War (1971) and  
Immigration to Britain

## **Abstract**

**Aim:** This study aimed to explore experiences of intergenerational trauma among second- and third-generation British Bangladeshis, in relation to the Bangladesh Liberation war (1971) and immigration to Britain.

**Method:** Semi-structured interviews were conducted with 14 participants whose parents or grandparents were alive during the time of the Liberation War (1971) and had immigrated to Britain. The transcripts from these interviews were thematically analysed.

**Results:** Five overarching domains were developed, each encompassing themes. The first domain relates to remembering and retelling stories from the Liberation War, versus the silencing of those stories. The second domain pertains to the resilience demonstrated by parents and 'inherited' by offspring in the form of adjustment, hard work, and emotional and resource preservation. The third domain pertains to resistance to change, in the form of distrust, and resistance to systemic oppression to create change. The fourth domain describes processes of reconnection to parents, Bangladeshi heritage, identity, and community. The fifth domain, repair, encompasses approaches towards individual and collective healing.

**Conclusion:** These domains were conceptualised as 'The Five Domains of Intergenerational Cultural Trauma'. They provide a rich account of the experiences of intergenerational trauma in relation to the Bangladesh Liberation War (1971) and immigration to Britain, highlighting the human capacity towards survival, resilience, and collective repair. The findings provide insights for clinical practice and future research.

## **Introduction**

There is a dearth of psychological research exploring the British Bangladeshi community, though over recent years interest is steadily growing. Research has so far explored the impacts of migration stressors and cultural exclusion, on identity and wellbeing (Toki et al., 2023). However, what has not yet been assessed is the psychological impact of pre-immigration traumas relating to the Bangladesh Liberation War (1971). This qualitative study aimed to explore the potential intergenerational psychological impacts of the Liberation War, in addition to post-immigration experiences within Britain, among second- and third-generation British Bangladeshis.

### **Bangladesh's history**

Bangladesh's history is prefaced by the broader context of British colonisation, Indian-Pakistan partition, and liberation from Pakistan. British colonisation (1757 – 1947) had a devastating impact on the region's socioeconomic, agricultural, and political structures. Colonial policies marginalised the local population, created divisions along ethno-religious lines and made the region susceptible to famine (Riaz, 2016). Following India's independence from British rule in 1947, the region was divided into two states, India and Pakistan, separating Hindus and Muslims respectively. Pakistan constituted West and East Pakistan (current day Bangladesh) despite cultural, linguistic, and geographical differences. The people in East Pakistan experienced discrimination and economic inequality under the domination of West Pakistan, which culminated in widespread killing and violence. Eventually Bangladesh declared its independence from Pakistan in 1971, after a nine-month long war. The Liberation War was an important turning point in

Bangladesh's history and has been described as 'the forgotten genocide' (Ganguly, 2014).

### **British Bangladeshi history**

Bangladeshi immigration to Britain occurred in waves during the 1950s, 1970s and 1980s and was largely influenced by the events of the Liberation War (Khan, 2020). The motivation for migration was to obtain security and economic opportunities, facilitated by encouragement from the British government to meet the labour market demands at the time due to a shortage of labourers (Khan, 2020). However, the British Bangladeshi immigrant experience was laden with many difficulties, including the loss of social networks, language barriers, substandard accommodation, and exploitative working conditions (Khan, 2020). Institutional racism limited their access to employment, education, and healthcare. Xenophobia and racism were prevalent in British society and led to many being subjected to physical and verbal abuse (Alexander et al., 2015).

Despite these challenges, British Bangladeshis developed community resistance, through becoming politically active, forging strong community bonds, and establishing support networks (Alexander et al., 2015). Subsequent generations, born and raised in Britain, contend with a different challenge of navigating multiple identities, whilst enduring the shared experience of racial discrimination (Toki et al., 2023). Research so far on subsequent generations of British Bangladeshis has focused on post-immigration stressors, such as racism, exclusion, and difficulties in cultural adjustment, which contributed to lower perceived wellbeing (Toki et al., 2023). However, what has not yet been researched is the impact of pre-immigration trauma from the Bangladesh Liberation War. It is known that post-immigration

stressors coupled with traumatic events related to war, often have profoundly distressing effects on individuals and communities (Bezo & Maggi, 2015).

### **Intergenerational Trauma**

The term 'trauma' refers to the experience of physically or emotionally harmful events and their effects upon individuals (Huang et al., 2014). Intergenerational trauma (IGT) refers to the transmission of trauma from parent figures to offspring, resulting in subsequent generations experiencing the effects of trauma without exposure to the original traumatic event (Hesse & Main, 2000). IGT impacts on the descendants of trauma survivors have been widely reported in research (Flanagan et al., 2020). For example, it has been found that offspring of traumatised refugee parents living in Sweden exhibited elevated depression, anxiety, and post-traumatic stress disorder (PTSD), compared to controls (Daud et al., 2005). Similarly, offspring of Holocaust survivors experienced greater perceived neglect, parental pain, and burden of responsibility for survivor parents (Kellerman, 2001). Other studies on IGT reported a general fear and distrust of others (Lev-Wiesel, 2007), relational problems with peers (Bryant et al., 2018), antisocial behaviour (Sangalang & Vang, 2017), risky health behaviours (Bezo & Maggi, 2015) and difficulties with employment and education (Maffini & Pham, 2016).

The mechanisms of IGT can be presented using Ecological Systems Theory, which examines the interplay between the individual, microsystem, mesosystem, ecosystem, macrosystem and chronosystem, emphasising the importance of context in human development (Bronfenbrenner, 1979). At the microsystem level, attachment, psychodynamic, family systems and socialisation theories can demonstrate the transmission of intergenerational trauma. Biological transmission,

such as epigenetics, neurochemical and neuroanatomical changes (Ramo-Fernández et al., 2015) are beyond the scope of this paper. At the macrosystem level, sociocultural factors, collective memories, historical, colonial, and cultural trauma are relevant to understanding IGT transmission. It is also important to note that individuals and communities often actively respond to trauma, demonstrating post-traumatic growth and resilience at macrosystem and microsystem levels. The chronosystem recognises that the influence of the various systems can vary and change as time passes, such as through cultural shifts or individual's development by age.

### **Attachment theory**

Attachment theory emphasises the impact of early emotional bonds between caregivers and infants, in developing an individual's sense of security, trust, and ability to form healthy relationships in adulthood (Bowlby, 1969). The quality of parent-offspring interactions has been reported to be a mechanism of IGT transmission (Flanagan et al., 2020). A traumatised caregiver may show a lack of soothing, inconsistent signals, and antagonistic behaviours towards infants, which can lead to insecure attachment styles in children (Amos et al., 2011). Research suggests that these children are at increased risk of developing difficulties in adulthood, such as being vulnerable to experiencing trauma, unhelpful coping strategies and difficulties in developing safe and supportive relationships (Flanagan et al., 2020). One study found that PTSD symptoms in parents were significantly correlated with rejecting parenting, such as emotional neglect and lack of responsiveness to an infant's needs, which in turn was significantly correlated with anxiety and depression in adolescents (Flanagan et al., 2020).

## **Psychodynamic theory**

The psychodynamic model of IGT describes the transmission of unconscious displaced emotions from parents to offspring, that were otherwise repressed or unresolved parental experiences (Freud, 1915). Unresolved conflicts from traumatic events in one generation can have profound impacts on subsequent generations, through projection, introjection, and identification (Kellerman, 2001).

Projection involves attributing unconscious or unwanted feelings onto others, to avoid processing those feelings (Freud, 1915). In the case of IGT, a parent or caregiver may project their unprocessed trauma onto their offspring, unconsciously re-enacting and perpetuating original trauma patterns (Kellerman, 2001). Introjection refers to the process of internalising aspects of the external world, such as emotions and events (Freud, 1915). Offspring of trauma survivors may internalise the unresolved emotions and trauma of their parents, without conscious awareness. Identification occurs when an individual adopts certain beliefs, characteristics, or behaviours of another to form their own identity (Freud, 1921; Kellerman, 2001). In the context of IGT, an individual may unconsciously identify with a traumatised parent or ancestor, absorbing their emotional pain and integrating it into their own psyche, which may lead to a failure in achieving self-object differentiation (Rowland-Klein & Dunlop, 1998).

## **Family systems theory**

Family systems theory describes the role of family dynamics and interactions in the transmission of trauma across generations, such as through roles, boundaries and intrafamily communication patterns.



### **Roles and boundaries**

Family systems often have specific roles and boundaries that govern the dynamics between family members (Minuchin, 1974). Kellerman (2001) proposed that trauma can disrupt these roles and boundaries, resulting in disorganised family interactions. Traumatized parents can become overly protective of their children and children can become overly concerned with their parents' welfare, each attempting to shield each other from distressing experiences (Kellerman, 2001; Klein-Parker, 1988). Traumatized parents may struggle with parenting roles, resulting in inconsistent boundaries, overprotectiveness, overinvolvement and intrusiveness, which can lead to enmeshment and difficulties in children to gain independence (Kellerman, 2001). These powerful dynamics can lead to problems with separation-individuation (Barocas & Barocas 1980), parent-child detachment, parent-child role-reversal (Field et al., 2013), and family conflict (Davidson & Mellor, 2001).

### **Intra-family communication patterns**

Traumatic experiences can disrupt effective communication between family members, leading to challenges in expressing emotions, discussing sensitive topics, or resolving conflicts. Intra-family communication styles, such as silencing and modulated disclosure, have been found to influence trauma transmission as indexed by child attachment and level of adjustment (Flanagan et al., 2020). Silence was identified as the most powerful mechanism for the transmission of trauma on all dimensions (Danieli, 1998). From a family systems perspective, silence can communicate powerful traumatic messages and rules to which family members may feel obligated to adhere to, such as "don't trust others", "only trust your family" or "the world is dangerous" (Wasilewska, 2012).

Communicating trauma stories allows parents to process their loss and allows offspring to make sense of their parents' histories and behaviours (Laub & Auerhahn, 1993). Without any words or emotions to express the trauma and its presentations, offspring described being left with a void and an overwhelming feeling of loss (Laub & Auerhahn, 1993). Among Cambodian refugee families it was found that silence around parental traumas transmitted a continued pattern of avoidance, whilst impacting offspring identity and sense of belonging to the community (Lin et al., 2009). Modulated disclosure, which is a gradual disclosure of trauma stories at appropriate times, was found to have a buffering effect on IGT transmission (Flanagan et al., 2020).

### **Socialisation model**

The socialisation model holds that responses to trauma can be learnt. Kellerman (2001) posited that the social learning theory can describe how individuals can learn behaviours and mechanisms for coping with trauma from their parents, through observation, modelling, imitation, and reinforcement (Bandura & Walters, 1977; Kellerman, 2001). Traumatized parents or family members may model unhelpful coping strategies, such as aggression, anxiety, substance abuse or avoidance, which offspring may adopt through observational learning. Offspring behaviours may then be reinforced through parental attention, approval, cultural norms, or perceived sense of shared identity (Kellerman, 2001).

### **Sociocultural models**

Sociocultural models of IGT consider that transmission is not limited to individuals or families, but an accumulation of societal, cultural, political, and historical influences. Social structures such as political systems, institutional oppression, and socioeconomic conditions, can compound trauma transmission

(Kellermann, 2001). For example, colonial trauma represents a continuous, cumulative, collective, and compounding interaction of colonial policies and practices that separate indigenous people from their land, languages, and cultural practices (Mitchell, 2019). Instances of colonial trauma can occur at a macro-level, such as through recurring war and geographical divisions and at a micro-level through everyday interactions, such as micro-aggressions, which are daily and subtle acts of discrimination and harassment (Barron & Abdallah, 2015). Some impacts of colonial trauma include cultural disconnection, alienation, powerlessness and mistrust, and elements of resistance and healing (Barron & Abdallah, 2015). Similarly, historical trauma, from colonisation, war, and genocide, can create a legacy of emotional pain, cultural disruption and continuing social inequalities among communities (Sotero, 2006). Historical trauma has had far-reaching impacts on African American communities, stemming from centuries of slavery, systemic oppression, and racial discrimination (Wade, 2017). The psychological impacts include undermined self-esteem and identity, internalised racism, higher levels of depression, anxiety, and post-traumatic stress (Wade, 2017).

In addition to the transmission of trauma, sociocultural factors can contextualise how individuals and communities respond to trauma. Cultural factors such as group norms, traditions and narratives can influence how a trauma is interpreted and communicated (Alexander, 2004). These factors can either enhance resilience and healing or perpetuate trauma transmission (Alexander, 2004). Collective memories of trauma are also believed to transmit the effects of trauma through shared stories and cultural practices (Rahman, 2020). They can serve as a reminder of past traumas within cultural groups, thus impacting how communities respond to trauma generationally. Collective memories of the Liberation War (1971)

among second- and third-generation British Bangladeshis were found to intergenerationally transmit emotions and cultural messages (Rahman, 2020). These collective memories represented the juxtaposition of forgetting and remembering the Liberation War (Mookherjee, 2015). Silencing and secrecy around the stories from the Liberation War, such as sexual violence towards women, instilled a curiosity to learn more about the history, for the purpose of updating one's identity (Rahman, 2020). Silencing was also viewed as a way of "forgetting to move on" to endure immigration stressors and prevent the transmission of "emotional baggage" (Rahman, 2020).

### **Resilience and post-traumatic growth**

In addition to IGT, resilience was found to be transmitted intergenerationally. Research on post-traumatic growth (PTG) suggests that trauma does not only lead to negative outcomes but can also be a catalyst for positive psychological change (Tedeschi et al., 1998). A key feature of PTG is that people have an innate capacity for resilience. Therefore, a traumatic experience can prompt individuals to re-evaluate their lives, values, and coping strategies, which can lead to positive psychological changes, such as enhanced relationships, personal strength, spiritual growth, deeper sense of purpose and appreciation for life (Tedeschi et al., 1998).

Intergenerational resilience (IGR) was found in communities who had experienced cultural and historical traumas. In one study, generations of Palestinian families demonstrated resilience to historical trauma and violent social conditions of living under occupation (Atallah, 2017). Resilience was demonstrated as a resistance to occupation, return to cultural roots despite settler colonialism and perseverance through daily adversity and accumulation of trauma. Although PTG

emphasises the potential for positive change after trauma, it does not however overlook the suffering that individuals may experience. Additionally, PTG is suggested to be a non-linear process, and the experience of growth can vary significantly depending on sociocultural contexts.

### **Cultural trauma theory**

Cultural trauma occurs when members of a community feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in irrevocable ways (Alexander, 2004). Cultural trauma can lead to a dramatic loss of collective identity, wellbeing, self-esteem and meaning (Eyerman, 2004), while also activating transformative and reparative capabilities inherent within communities. For example, in response to the Sri Lankan Civil War, PTSD and substance use was prevalent among individuals, meanwhile there was observed resilience, such as entrepreneurship, post-traumatic growth, and female empowerment (Somasundaram & Sivayokan, 2013). On a community and societal level, there was observed helplessness, silence, and distrust, meanwhile there were collective efforts to revive culture and tradition, through rituals, ceremonies, and remembrance.

Cultural trauma theory suggests that trauma can threaten or breakdown cultural norms, heightening feelings of victimisation, survival, and an awareness of death. Equally it emphasises that communities naturally engage in symbolic repair through cultural rituals and remembering histories that seek to restore cultural identity, security and meaning. Individuals and communities are viewed as active agents rather than passive recipients of trauma, continually working towards collective and symbolic repair (Wade, 1997).

Bronfenbrenner's Ecological Systems Theory can be a useful way to combine theories of IGT and IGR as a holistic framework (Bronfenbrenner, 1979). The experiences of British Bangladeshis can be conceptualised as a continued cultural oppression occurring on multiple systemic levels, such as, historical, and colonial trauma, from British colonisation, West Pakistan, and the everyday experience in British society. Similarly, the transmission of trauma and resilience could potentially occur on both macrosystem and microsystem levels. Overall, this theory offers a way to contextualise the experiences of individuals and communities, by using language that locates the problem within the sociocultural context rather than individuals.

Research on marginalised or immigrant communities can often use problematising language, that deflects from systemic issues (Cox & Fritz, 2022). Additionally, such language can reinforce western-centric ideas around wellbeing that undermine or stigmatise other cultural approaches to parenting or attachment (Sosteric & Ratkovic, 2022). This study aimed to move away from such problematising language, focusing on British Bangladeshis as active agents in responding to multiple systemic traumas for the purpose of survival, protection, and resilience. Post-structuralist ideas to research were utilised to achieve this (Gergen, 2016). This involved recognising the influence of language, discourse, and systems of power and oppression, in shaping people's experiences of intergenerational trauma (Foucault, 1980). The study aimed to answer the following research questions:

What are the perspectives and experiences of intergenerational trauma among second- and third-generation British Bangladeshis, in relation to their parents' experience of:

- The Bangladesh Liberation War 1971?
- Immigration to the UK?

## **Methods**

### **Participants**

The participant inclusion criteria were as follows:

- Over 18 years old.
- English speaking i.e., fluent or able to hold majority of their conversation in English.
- Second- or third-generation of British Bangladeshi heritage. Rumbaut's (2004) definitions were used with flexibility to identify immigration generation status:
  - First-generation: Bangladesh-born living in the UK
  - Second-generation: UK-born children of one or more Bangladesh-born parents
  - Third-generation: UK-born children of UK-born parents, of one or more Bangladesh-born grandparents
- One or more of the participants' parents must have had some experience, exposure, awareness, or involvement in the Liberation War 1971.
- One or more of the participants' parents must have moved to the UK during, after or because of the Liberation War 1971.

### **Recruitment**

Snowball sampling technique was used to recruit participants. The researcher approached Bangladeshi community organisations for potential participants by email. Poster adverts describing the study were shared on social media platforms, including

Twitter and Instagram (see appendix C for poster). Any potential participants that were known to the researcher were only asked once to take part to avoid any form of pressurising or pestering.

Those who expressed interest in the study were emailed the participant information sheet and the consent form (see appendix D and appendix E respectively). They were offered an opportunity to speak to the researcher by phone to discuss the study. The researcher checked if participants met the inclusion criteria by email. Eligible participants were then asked to complete and sign the consent form as an online survey on REDCap. A suitable time was then arranged to conduct the online video call interview. Participants were also asked to share details of the study with organisations or individuals who met the inclusion criteria.

### **Sample size**

A provisional sample size was determined from guidance on information power (Malterud et al., 2015). The guidance suggested that a narrow study aim, specificity of target group, established theory, quality of researcher-participant dialogue and single case analysis strategy, increase information power and thus requires a smaller sample size. A smaller sample size was required based on three items. Firstly, the participants held characteristics that are highly specific to the study aim and snowball sampling was used to restrict sample to the target group. Secondly, there is existing theory and research on IGT. Thirdly, there was clear dialogue between researcher and participants, as the researcher has doctorate level research experience and being an insider researcher aided in understanding the cultural nuances. A larger sample size was required due to the study aim being broad and the use of a cross-case analysis strategy. After consideration of all these



items and discussion with the research supervisor, a sample size of 14 to 20 participants was deemed appropriate to reach adequate information power. Data collection ended once the required number of participants had taken part in the study.

### Sample characteristics

A range of demographic information was collected from participants (see Table 1). Fourteen participants took part in the study. They were on average 30 years old (Range 23-35) and nine were female. All participants spoke fluent English, had received university level education and were predominantly second-generation British Bangladeshi.

**Table 1.** *Participant demographics*

<b>Demographic</b>	<b>Description</b>	<b>n</b>
<b>Gender</b>	Female	9
<b>Immigration generation status</b>	Second-generation	11
	Third-generation	3
<b>Education qualification</b>	Undergraduate degree	6
	Postgraduate degree	8
<b>English Fluency</b>	Fluent	14

### Data collection

#### Interview Schedule

A semi-structured interview schedule was developed for this study following a five-phase guidance tool (Kallio et al., 2016). This tool was chosen as it had been previously used in a study exploring the experiences of third-generation British Bangladeshis (Toki et al., 2023). The phases of developing the interview schedule

involved, identifying the prerequisites for the use of semi-structured interviews, utilising previous knowledge on the topic area, devising the preliminary semi-structured interview guide, pilot testing and finalising the semi-structured interview guide. The findings from Rahman (2020) and interview questions from Niazi (2019) informed the development of the interview schedule. The final interview schedule explored four main areas: awareness of parents' trauma stories, family functioning and parenting, current life functioning and mental wellbeing, and perceptions of intergenerational trauma. The questions were kept broad, and prompts were listed to elicit further detail, or a different topic not yet mentioned (see appendix F for the development of the interview schedule and Appendix G for full interview schedule).

### **Interview process**

Interviews were conducted as recorded video calls on the software Zoom, lasting between 60 to 90 minutes. Before the interview, participants were reminded of their right to withdraw from the study at any point during the interview, including withdrawing their data up until two weeks after data collection. Participants were informed that if at any point they were distressed they could take breaks and would be offered emotional support by the researcher as a trainee clinical psychologist. After completing the interview, participants were asked for their name and basic demographic information including, immigration generation status, education level, English fluency, age, and gender. Participants were then debriefed and sent a debrief sheet with information about mental health and community services they could contact if they required additional support (see appendix H). They were also asked not to share any details of the study with any participants they might know who had not yet been interviewed. Participants were asked for their consent to be contacted again e.g., to be sent a summary of the main research findings.

Participants were given £15 either as a voucher or bank transfer, based on their preference.

### **Data analysis**

Recordings were transcribed, anonymised, and stored on OneDrive in line with UCL's data protection guidance. Transcripts were thematically analysed on NVivo software, using the steps outlined by Braun and Clarke (2006). The data analysis utilised an inductive approach to allow for novel insights to be identified, though it is acknowledged that there is the potential influence of existing theories and concepts from previous research. First, the researcher became familiar with the data through transcription and subsequently reviewing each transcript multiple times. Secondly, the researcher completed initial coding of the data, where potentially relevant ideas within the data were labelled; 504 initial codes were identified. Thirdly, all codes were arranged into groups to form overarching broader themes and there were no miscellaneous codes. This iterative process involved the use of mind-maps and tables to compare codes within the themes, leading to the development of a preliminary framework. Fourthly, these themes were reviewed in depth at code and theme levels, producing an updated and refined theme framework that better represented the data. Fifthly, the themes were defined and named, to capture the core essence of the themes and establish their boundaries. At the sixth final stage, the themes were finalised and written up for inclusion in the results section of this paper. An excerpt from a transcript, annotated to illustrate the analysis process, can be found in Appendix I.

## **Validity checks**

Various methods were utilised to examine the validity of the results, as recommended by qualitative research guidelines (Elliott et al., 1999). Prior to conducting the interviews, the researcher engaged in a bracketing interview with a co-researcher. Bracketing interviews serve the purpose of illuminating potential biases or preconceptions held by the researcher, so that their influence can be acknowledged and minimised during the interviews (Tufford & Newman, 2012). Through the bracketing interview, the researcher recognised her inclination to the idea that 'silencing' was the predominant mechanism of IGT transmission. As a result, she was careful in expressing enthusiasm to questions or responses that related to silencing. Additionally, she aimed to be attentive to responses that referred to other modes of transmission.

In the initial coding phase, two interviews were coded and shared with the research supervisor. A preliminary structure for the themes was established after extensive discussions with the supervisor. During these discussions, the coding and themes were scrutinised, identifying any discrepancies, overlaps, or potential biases, until a consensus was reached on the final analysis. The researcher then proceeded to share two interview transcripts and the theme framework with a colleague independent of the research. The colleague re-coded the transcripts, evaluating how well the codes aligned with the existing theme framework. The colleague highlighted any data that might not have been adequately captured by the current themes and subthemes and provided general reflections on the analysis. Subsequently, the colleague and researcher engaged in discussions to address alternative perspectives, working collaboratively to reach a consensus on the analysis.

## **Researcher's perspective**

### **Epistemology**

An epistemological position reflects the researcher's beliefs and assumptions regarding the type of knowledge that can be attained and how it relates to the nature of reality. This research takes a critical realist approach to epistemology, which recognises the existence of an external reality while acknowledging that individuals may interpret and be influenced by this reality in diverse ways (Willig, 2012). This position was chosen as it acknowledges the role of social and historical contexts, in shaping individuals' understanding of reality. These are important factors to consider when conducting research with a community that has been subject to social, historical, and political injustices and marginalisation. Post-structuralist ideas were also incorporated to achieve a more nuanced understanding of the experience of IGT (Gergen, 2016). Post-structuralism challenges the notion of a fixed external reality, and emphasises the role of language, discourse, and systems of power in shaping individuals' experience or understanding of reality.

Critical realistic approach was used in the study design phase, e.g., when developing the interview schedule, which focuses on identifying the underlying mechanisms of IGT. When interpreting the findings, critical realism was used to identify causal mechanisms of IGT, and post-structuralist ideas were drawn to examine the way language, discourse, and power structures can influence the meaning and manifestation of IGT.

The choice of a critical realist stance was motivated by the target audience of the research, namely clinicians and policymakers in the UK, who typically possess a greater familiarity with and appreciation for realist epistemologies. The goal was to produce impactful research that sheds light on significant issues, thereby providing

valuable insights for clinicians working with the British Bangladeshi community who have faced challenges in accessing satisfactory mental health services (Lamb et al., 2002; Prajapati & Liebling, 2021). Post-structuralist ideas were incorporated to further highlight the role of power and language in shaping people's experiences, attributing clinicians and policymakers with the responsibility to address these influences.

### **Positionality**

Positionality describes both an individual's worldview and the stance they take regarding a research task and its social and political context (Holmes, 2020). As a British Bangladeshi, the researcher shared characteristics with the participants, such as being Bengali-speaking and second-generation. The researcher acknowledged her stance of being British Bangladeshi at the beginning of every interview for transparency. Most participants spoke the Sylheti dialect and the researcher was transparent when this differed from those who spoke a different dialect (e.g., Dhakka). Interviews were conducted in English and at times Sylheti Bangla was spoken when some terms could not be translated in English. The researcher encouraged participants to clarify or ask questions if there were any misunderstandings.

Some of the advantages of having "insider status" was having intimate knowledge of how tradition, culture and history can affect the daily experience of British Bangladeshis. Additionally, being a native allowed exclusive access to participants' perspectives due to having cultural and linguistic familiarity (Dwyer & Buckle, 2009). Consequently, the researcher was able to build rapport with participants and potentially develop more authentic responses, which are less subject to westernised, colonising, and objectifying perspectives (Arae, 2010).

However, a potential disadvantage is that insider researchers may not sufficiently detach from the culture to study it without bias (Kusow, 2003). Due to being a second-generation British Bangladeshi, the researcher may impose assumptions from her personal experiences on participants' unique experiences on this research topic. These biases and assumptions were brought into awareness through bracketing, such as keeping reflexive memos and speaking about issues with another researcher.

### **Ethical approval**

The UCL Research Ethics Committee granted ethical approval for this study and the approval letter can be found in Appendix J.

## **Results**

The thematic analysis resulted in identification of five overarching domains, each encompassing themes, and subthemes. The first domain, *Remembering & retelling versus silencing*, pertains to parents' stories of the Liberation War, immigration, storytelling styles and the systemic silencing of those stories. The second domain, *Resilience*, concerned parents' survival strategies in relation to adjustment in Britain, hard work ethic, emotional and resource preservation. The third domain, *Resistance*, described the processes of resistance to change (i.e., potential harm) and resistance to create change, such as through advocacy and activism. The fourth domain, *Reconnection*, explored the experience of reconnecting to parents, family, Bangladeshi culture, identity, and community. The fifth and final domain, *Repair*, included themes of awareness of mental health challenges, intergenerational trauma as survival adaptations, breaking generational trauma,

individual and collective healing approaches. In the following, each domain and its constituent themes and subthemes, are presented and illustrated with quotes from the interviews. Table 2 shows reference to each of the themes among participants. Participant codes represent the gender of participants, F for female and M for male.



**Table 2. Reference to themes by participants**

<b>Domains &amp; Themes</b>	<b>M1</b>	<b>M2</b>	<b>F3</b>	<b>F4</b>	<b>M5</b>	<b>F6</b>	<b>F7</b>	<b>F8</b>	<b>F9</b>	<b>M10</b>	<b>F11</b>	<b>F12</b>	<b>F13</b>	<b>M14</b>
<b>Domain 1: Remembering and retelling vs. silencing</b>														
1.1. Silencing of Liberation War stories	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
1.2. Parents' Liberation War stories and storytelling	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆
1.3. Immigrant experience stories	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
<b>Domain 2: Resilience</b>														
2.1. Adjustment in Britain: culture & community	◆		◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	
2.2. Intergenerational hard work ethic	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆
2.3. Emotional preservation	◆	◆	◆	◆	◆		◆		◆	◆	◆			
2.4. Resource preservation			◆	◆	◆		◆		◆	◆	◆			◆
<b>Domain 3: Resistance</b>														
3.1. Intergenerational distrust: resistance to change	◆		◆		◆	◆	◆	◆	◆	◆		◆		◆
3.2. Intergenerational advocacy: resisting to create change	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆		◆
<b>Domain 4: Reconnection</b>														
4.1. Reconnecting with parents and family			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
4.2. Reconnecting to Bangladesh: land, culture, and history	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
4.3. Reconnecting with identity	◆			◆	◆		◆		◆	◆	◆	◆	◆	
4.4. Reconnecting with community	◆		◆	◆		◆		◆				◆		
<b>Domain 5: Repair</b>														
5.1. Awareness of mental health challenges as survival adaptations	◆	◆	◆	◆	◆	◆	◆			◆	◆	◆	◆	◆
5.2. Intergenerational trauma	◆		◆	◆	◆		◆			◆	◆	◆	◆	◆
5.3. Breaking generational cycles of trauma			◆	◆	◆		◆	◆		◆	◆	◆	◆	◆
5.4. Individual healing				◆	◆			◆		◆		◆	◆	
5.5. Collective healing	◆	◆	◆		◆		◆						◆	◆

## **1. Remembering and retelling vs. silencing**

This domain pertains to participants' awareness of the silencing of Liberation War stories, which is contrasted with their desire to remember and retell those stories for the purpose of validating history and completing the missing parts of their identity. Parents' storytelling styles were described as 'unemotional' which contrasted with the emotive responses of participants. Participants also shared their parents' experiences of being an immigrant in Britain, which demonstrated the accumulation of pre- and post-migration stressors for participants and their parents.

### **1.1. Silencing of Liberation War stories**

#### **1.1.1. Colonial, cultural & institutional silencing**

Intentional silencing of Liberation War stories was a common sentiment and was perceived to be a result of British colonialism, western politics, and western apathy to Bangladeshi people:

“There were a lot of Western parties involved in the orchestration of this...there's been a definite, intentional erasure of this... it feels suspicious”  
(F12)

“The British Empire, and...the blanket silencing...of the impact it had on the survivors...it plays out everywhere...it's structural, media level, it's families, and then it's the younger generation” (F7)

Additionally, the cultural suppression of women's stories in relation to sexual violence, and the associated cultural shame, was mentioned as another reason for the silencing:

"It's shame that keeps us silent...the fact that it was sexual violence...and how women are treated, misogyny and stuff" (F4)

### **1.1.2. The function of silence: parents' perseverance & protection**

Most participants shared that their parents "on their own accord, would never talk about" (F3) the Liberation War, and if in the rare occasion they did, the stories would be ambiguous and lack detail. Parents were viewed as persevering through the everyday demands of being a first-generation immigrant, such as poverty and racism, which inhibited their ability to speak about the Liberation War: "My mum was raising poor kids...putting food on the plate was more important to her than what happened years ago" (M2).

Some felt that capitalism motivated parents to focus on survival and thus silencing parents from sharing personal stories about the war: "I hate capitalism...it's the culture of grind that makes you silence yourself. I don't think it's Bengali culture to be silent" (M1). Additionally, silencing allowed parents to protect themselves and their children from the painful realities of the Liberation War:

"They don't want to re-open past wounds by looking at the past" (M5)

"Protecting us from the details...they don't want us to flinch even a bit" (F8)

### **1.1.3. The impact of silence on parents: social and emotional identity**

Silencing of war stories was perceived to create confusion in parents' social identity. The loss of "ancestral knowledge" was seen as preventing "parents from having an...identity" (F3). Additionally, silencing was linked to emotional suppression, which played out in other ways in parents' lives, such as being emotionally closed off and expressing strength rather than vulnerability. Shame and denial of the Liberation War was identified as a reason to stay silent which had further manifested in parents' emotional capacity and reluctance to be vulnerable:

"Silencing...impacted...suppression of emotion... emotion suppression happens a lot in the Bangladeshi community" (M5)

"Their personal experiences would make them vulnerable...we pretend it hasn't happened and don't talk about it. It links to shame." (F8)

### **1.1.4. The impact of silence on offspring: social and emotional identity**

Silencing had the effect of invalidating the realities of the Liberation War: "it's not talked about anywhere, so as soon as you do, it looks a bit unrealistic or not true" (F7). In contrast, hearing or reading about the Liberation War made it seem "real" to participants: "the academisation of the liberation war...in history books was ...a big moment to find truth." (M1).

As a result of silencing, participants described feeling a sense of disconnect and emptiness from the realities of the Liberation War, which impacted their identity of being Bangladeshi: "people don't understand what's happened... it makes them disconnected...and in a limbo because they're not feeling British or Bangladeshi"

(M14). The disconnect fuelled a curiosity to learn more about Bangladeshi history, through “fitting the jigsaw pieces” (F7) on any gaps in the stories of Liberation War and consequently their Bangladeshi identity: “there's an emptiness...that needs to be filled in” (F7).

## **1.2. Parents' liberation war stories and storytelling**

### **1.2.1. Persecution**

Though silencing was a recurring theme, participants did share that they received “snippets” (M1) of stories that parents and relatives occasionally shared. These fragmented stories reflected “a complete disregard for humanity” (M1) and described events of hideouts, mass killing of intellectuals, and sexual violence towards women:

“Women were hiding in the river ... and being bitten by leeches.” (M1)

“My mom told me a story about how the Pakistani soldiers would chop off the breasts of women and play football with that. Obviously, that's awful.” (F8)

### **1.2.2. Loss**

A deep loss was perceived as the lasting impact on parents, in many areas of their life including the loss of loved ones, witnessing civilian deaths and the loss of their home, job and possessions. There was also a fundamental loss in the sense of safety, security and joy that had existed in Bangladesh before the war. One participant described that “the war changed everything...complete turmoil and it's

never been repaired” (F13). As a result, participants viewed their parents as being “haunted” (F13) by the events of the Liberation War:

“My dad lost people he loved. He was exposed to the worst side of humanity.”  
(F13)

“It's literal rivers of blood, you just see bodies and bodies of Hindus” (M2)

### **1.2.3. Unemotional storytelling**

Parents' storytelling styles of the war stories were perceived as intellectualised, “fact heavy and lacking in emotion” (F11). Some felt their parents often suppressed any negative realities of the war and presented a “heroic” version of events:

“When I was younger they...spoke about war... like the hero fighting evil and winning...I started to do my own research...and learnt...it was really horrific.”  
(F12)

### **1.2.4. Offspring emotional reaction to parents' war stories**

In contrast to parents, participants described a stronger emotional reaction to hearing about the events of the Liberation War. Emotions such as “shock, disgust, sense of fear and definite sympathy” (M1) were common. Some participants felt “hopeless” (F9) and “survivor guilt” (F13). One participant felt they “carried” the emotions of their parents, who were described as “emotionless” in their recollections of the war (F11).

### **1.3. Immigrant experience stories**

This theme captures the climate in Britain for first-generation immigrants who had lived through the Liberation War and later experienced post-immigration stressors, such as a loss of community, instability, and racism. Participants share their own experiences as well.

#### **1.3.1. Loss of community**

Empathy was expressed towards parents' experiences of loss due to immigration, such as, isolation, seclusion, and lack of familial support. Parents were perceived to experience a culture shock of having to survive without vital community support that they were accustomed to. Participants felt that this had negatively impacted their parents:

“[Men] are angry because they're so lonely... I think the loss of a community was not good for them” (M2)

“It takes a whole village of people to bring up a child, and they were expected to do it by themselves in the UK” (F6)

#### **1.3.2. Instability & insecurity**

Instability and insecurity were shared experiences for participants and their parents living in Britain. This involved growing up in poverty, arguments in the home about finances, and overcrowded housing. These experiences reflect the “survival” condition in which participants felt they were expected to endure: “survival is rooted

in that migration history” (M1). Participants shared that the threat of poverty was always “hanging over their head” (F7) and acknowledged the difficulties experienced during childhood:

“I would never have pocket money...you end up feeling like a pigeon, “oh give us a hot wing”...there's a lot of shame” (M2)

Instability was also apparent in the perceived lack of a sense of belonging among parents, who feared they might lose their British citizenship. Several participants felt that this fear was justified, considering the political climate in Britain:

“Mum would say “never get too attached because they can kick you out anytime”...that's been passed down...now you can have the British citizenship removed, so they were not too far off.” (M14)

### **1.3.3. Racism at individual and institutional levels**

Racism was a common experience for parents, in the form of verbal and physical abuse. One participant described that their parents were “traumatised” by a “racist attack” which led to the death of a close friend (F6). Institutional racism was referenced several times and its impact on parents being declined for housing and job promotions. One participant referred to the historical experience of first-generation immigrants of having to “live side by side with their colonial oppressor” (F7).



## **2. Resilience**

This domain pertained to parents' resilience through perseverance and preservation, such as adjusting to Britain, having a hardworking ethic, and preserving emotional and physical resources.

### **2.1. Adjustment in Britain: culture and community**

This theme summarises parents' experiences of cultural adjustment in Britain and rebuilding a community "from scratch" (F8). Participants described their parents' journey as beginning with a set of hopes and dreams to "create a safe home for themselves and their children" (F12). Participants shared that their parents were met with many challenges in adjusting to a "new country, culture...and completely different terrain" (F8). Despite this, parents were described as seeking to create safety by adjusting to an unsafe environment, which participants felt was at times harmful. For example, they expressed regret and disapproval of their parents' assimilating to the harmful aspects of British culture, such as denying racism and seeking proximity to whiteness:

"I can't speak Bangla... [dad] wanted me to be as English as possible...I certainly regret that" (F13)

"My dad... liked white people...being among them and benefitting from their supposed goodness" (M1)

Additionally, participants shared that their parents' desire to build a community depended on the need for acceptance and approval from others. However, this was challenged by the fear of judgement and ostracization that was prevalent in British society for first-generation immigrants. Participants reflected that this presented in generational messages that hyper-focused on reputation rather than living authentically: "Be careful what other people say...don't embarrass the family" (F11).

## **2.2. Intergenerational hard work ethic**

This theme summarises the joint experiences of parents and children in relation to 'working hard' as a form of resilience and survival.

### **2.2.1. Inspired by parents' resilience**

All participants received direct and indirect messages from their parents about the importance of working hard to achieve educational and financial success. This was believed to have originated from parents' experiences of war and immigration:

"It doesn't matter if you are happy, as long as you are the best" (F13)

"My parents' experience of the war and immigration, made them both so resilient, it's like a fire in their belly... it propels them forward...it's given me a lot of mental and emotional strength" (F8)

### **2.2.2. Capitalism perpetuates hardworking ethic**

Some participants shared their critical awareness of contextual factors, such as capitalism, that perpetuated hard work and survival behaviours but had "impacted

on the modern family negatively” (F7). For example, one participant shared that “resilience...justifies capitalism” and ignores the reality that “state benefits” (M1) were crucial to sustaining communities.

### **2.2.3. Racism perpetuates hard work ethic**

Racism was noted as another contextual factor that perpetuated the need to work hard for both parents’ and offspring generations. Several participants shared that their parents would tell them to “work three times as hard...as white counterparts” (F12). Additionally, parents expressed shock and dismay that “racism is an existing problem affecting British society” in current times (F12).

### **2.3. Emotional preservation**

Emotional preservation was identified as another component of resilience. This theme represents parents’ lack of time and capacity to deal with emotional issues as there were more urgent financial needs to tend to, i.e., “social economic conditions rather than willingness to talk” (M2). Parents were described as “emotionally reserved and closed off” (F7) but these emotions would often become “emotional overload and spill out in different ways” (F7).

### **2.4. Resource preservation**

Resource preservation relates to parents’ survival strategies and generational messages around frugality, hoarding, not wasting and appreciating the value of money. Participants felt that they had inherited these messages and implemented them in their daily life. These messages were felt to have developed over time, from

famine, the Liberation War and exacerbated by experiences of being an immigrant in Britain:

“Don't waste food. It's definitely a big one.” (M14)

“My grandma hoarded...around the time of the war... that might be why my mum hoards” (F11)

### **3. Resistance**

This domain summarises experiences of resisting change and resisting to create change. Resistance to change represents a protection from external pressures that may cause harm to individuals within the community. Resistance to create change represents a willingness to challenge systemic inequity.

#### **3.1. Intergenerational distrust: resistance to change**

Participants openly discussed their own feelings of distrust and those of their parents, which served the purpose of protecting themselves from potential harm.

##### **3.1.1. Distrustful protective parenting styles**

Distrustful, controlling, strict, cautious, protective, and anxious were terms used to describe parenting styles. For example, parents would become “stressed” if children were “only ten minutes late” (F9) and would constantly check their whereabouts: “growing up it was “Where are you? Where are you?”” (M2). Parents seemed to manage their own anxieties by implementing structure and discipline for their children to protect them from harm. Thus, parenting styles were perceived as

“quite strict” (F7), though some participants expressed gratitude for having structure in their lives, particularly as it allowed them to live a life “according to Islam” (M10).

Participants felt that distrustful or “strict parenting” was not part of Bengali culture, and instead was viewed as a form of protective resistance to poverty, racism, and a potential trauma response from the Liberation War. For example, participants shared that if there were no “money concerns” parents would have been “less controlling” (M1). Due to racism, parents were often “guarded” (F9) and reluctant to allow their children to play with “strangers” or “outsiders” to “protect from the scary parts of the world” (F12).

Overall participants reflected that their parents had faced many “systemic barriers”, “discrimination” and were “not welcomed as a part of society”, which inhibited their sense of freedom and ability to parent freely (M10). These ongoing systemic inequalities were also seen as historical, stemming from British colonialism: “without colonisation Bangladesh would have been wealthier, our parents would have been happier, healthier, wealthier...they wouldn't have had to travel” (F7).

### **3.1.2. Relational distrust**

Distrustful messaging and parenting created participants’ own sense of distrust towards peers and the wider community. Fathers were described as self-reliant and had encouraged their children to not rely on others for support e.g., “no one will help you, you have to help yourself” (M2). Participants suggested that this “cynicism” and self-sufficiency helped their parents achieve financial security but also had “negative emotional and spiritual consequences” (M2).

The Bangladeshi community was described as “insular” as a form of protection and collective resistance to “outsiders” (F11). This distrust was also felt

towards Pakistani people, particularly in the context of marriage. Participants shared that they experienced trouble with intimacy and forming close friendships, which they felt was inherited from parents' messages around distrust: "being isolationist or self-sufficient, had an impact on me because I couldn't accept that people were my friends" (M2). Overall, the relational distrust perpetuated feelings of isolationism, independence, and issues with intimacy.

### **3.1.3. Distrust in the government**

Distrust was felt towards the government and was born out of both participants' and parents' experiences of being minoritised and marginalised in Britain. Participants reflected on how their parents' fear of citizenship being revoked was justified, when considering the treatment of individuals from ethnic minority or Muslim backgrounds:

"What is being British? Does it have the same level of security as it once did, especially if you come from an immigrant background?" (M5)

### **3.2. Intergenerational advocacy: resisting to create change**

This theme reveals a familial legacy of resistance, advocacy, or activism, due to experiences from the Liberation War and racism in Britain. Parents were described as encouraging values of resistance, justice, morality, and equality, which were further entrenched by Islamic principles e.g., "justice is the main part of Islam" (M10) and "speak up for justice" (M14). Some parents participated in anti-racism mobilisations and grandparents were described as "activists" (F11). Participants shared that witnessing their parents participate in advocacy work and receive direct

messages about its importance, had inspired them to continue the “long-term legacy” (F11).

Additionally, emotions of disappointment and anger upon hearing parents’ experiences of discrimination had further motivated participants towards advocacy work. This anger and determination “to make an impact” was also related to the Liberation War and participants’ need for “reparation and compensation” (F11). Participants shared their intention to pass on their interest and enthusiasm for advocacy to future generations. In doing so, they upheld their Bangladeshi identity, adhered to Islamic values, and continued the generational legacy of resisting oppressive systems:

“Pass on anti-racism because that’s just a thread of my life... I want my children to understand the context...and history behind things” (F11).

#### **4. Reconnection**

This domain encompassed feelings of disconnect in relationships and the steps taken to reconnect with parents, family, and the wider community.

##### **4.1. Reconnecting with parents & family**

This theme represents participants’ awareness of disconnect with their parents, and how they were able to reconnect and rebuild that relationship in adulthood, through empathy and understanding.

##### **4.1.1. Disconnect with parents: parentification, invalidation & secrecy**

Several factors contributed to participants' feelings of disconnection with their parents. Firstly, participants were frustrated at being parentified, which involved parenting their siblings, "being treated like an adult from a young age" (F11), and given adult responsibilities e.g., "growing up and even now, I have to translate everything and apply for [dad's] jobs...I would find it really annoying" (F3). Secondly, some shared that their difficult experiences were often invalidated or minimised by their parents because they had not been through war or migrated to a new country. Parents were also perceived as not appreciating the achievement and effort of continuing with higher education. The perceived lack of understanding or empathy from parents furthered feelings of disconnect or relatability.

Thirdly, a generational gap or "culture shock" was identified, as parents were described as hesitant in talking about past traumas, whereas "the younger generation were more open" (M10). Secrecy and living a "double life" were ways to manage the disconnect and minimise the "shame" of being open with parents (F11). Participants felt that this had amplified the disconnect with their parents.

#### **4.1.2. Disconnect with fathers**

A stronger sense of disconnect was felt towards fathers, as they were described as absent from the home due to overworking to provide for the family. Fathers were seen as suppressing their emotions "for the sake of being responsible" and "not seeing the purpose in talking" (M1), which had furthered feelings of disconnect. Others shared the experience of aggression, abuse, and domestic violence from fathers, which led to participants distancing e.g., one participant shared "I no longer speak to my dad" (F11). Violence from fathers was related to



patriarchy, loss of community and the projection of shame from being “unemployed or underemployed” (F11) in Britain.

#### **4.1.3. Reconnecting with parents: understanding and empathy**

Learning about the Liberation War and the difficulties of migrating to Britain helped participants to reconnect with their parents through understanding and empathy. Specifically, they were able to “excuse” and “make sense” of their parents’ behaviours which were found to be problematic in childhood (F4; F13). There was a noticeable shift in participants’ perspectives of their parents as they transitioned from childhood to adulthood, initially expressing frustration and disappointment towards feelings of respect, gratitude, and admiration for their resilience:

“You hear about these things, and you think actually I should be quite grateful”  
(F9)

#### **4.2. Reconnecting to Bangladesh: land, culture & history**

This theme encompasses both participants’ and parents’ perceived desire to reconnect with Bangladesh. Parents were described as having a deep yearning for their country of birth, and participants desired to reconnect with Bangladesh through its culture and history.

##### **4.2.1. Parents’ reconnection to Bangladesh**

“Mattir taan”, which translates to “longing for the land”, was mentioned several times by participants to describe their parents’ yearning to reconnect with their homeland. Participants shared that their parents compensated for this longing in

several ways, such as, growing vegetables in their garden, “watching videos of the land” (M1), listening to Bengali music, or “singing songs from the Liberation War...to keep that legacy alive” (F13).

Some participants shared that the impact of immigration led to parents wanting to reconnect and “hold on to Bengali culture as much as possible” (F4). Parents were described as reconnecting through their parenting styles, such as, putting “reminders and influences of Bengali culture and religion around the house as a fundamental part of upbringing” (M10). Another mode of reconnecting to culture was through educating others about Bangladeshi history, language, and culture – as a “duty to make sure history is never forgotten” (F12)

#### **4.2.2. Offspring reconnection with Bengali culture**

Parents’ yearning for Bangladesh was mirrored in participants’ shared desire to “reconnect with roots” (F7), learn more about Bangladeshi history and preserve it. Some participants shared that they had a positive view of Bangladesh, as a “stress-free”, peaceful “sanctuary” or “whimsical fantasy” (F3) that contrasted with the stress of living in Britain. Some participants shared that they visited Bangladesh regularly to reconnect with the land, people, and the past: “going to Bangladesh, and reconnecting with my roots and finding out about the past” (F7).

Learning about Bangladeshi history was another method most participants used to reconnect with their “roots” and the “truth” of what happened in the past (M1), that is often masked by the institutional silencing and denial of events: “in school...I always longed to see my own history” (F3). Participants were passionate about promoting Bangladeshi heritage, to enable others from the community to

reconnect with its history and “not repeat the same mistakes” (F7). Creative outlets were used to help transmit and connect to Bangladeshi history and culture:

“I love connecting with other Bengalis... I was writing a poem for a Liberation event, and I loved ... connecting with the history of Bangladesh” (M1)

### **4.3. Reconnecting with identity**

This theme represents participants’ and parents’ shared struggles in configuring their identity, along with the desire to reconnect with what it means to be Bangladeshi. Pride in being Bangladeshi was a shared sentiment. Parents were perceived as being proud of Bangladesh’s development e.g., “look at us now, they called us bottomless basket” (M1) and this admiration was reflected in participants’ responses.

#### **4.3.1. Confusion in social identities**

Parents were perceived to be in “conflict about how British or Bangladeshi they are” (F11). Some described their parents as distancing themselves from the Bangladeshi identity to create distance from the “immigrant” identity (F13) and its negative connotations in British society. Parents were simultaneously described as “clinging” onto culture to “compensate for not being Bangladeshi enough” (F11). Others described their parents as “freezing values” from Bangladesh and not updating them as they naturally would have if they were still in Bangladesh (M1). This was understood as a way for parents to hold onto an unchanging set of values to maintain their Bangladeshi identity. Similarly, participants themselves shared that they experienced confusion in their identity e.g., “I’m still trying to figure out my

identity”. Some of this confusion stemmed from “not knowing about the history”, whilst having to “balance that with being British” (F12).

#### **4.3.2. Configuring social identities**

The distinct identities of being British, Bangladeshi, and Muslim, were described as conflicting, and as a result participants had their unique journeys of configuring and making sense of those identities. Some described a process of “holding onto” and “letting go” of certain aspects of their culture whilst feeling shame for having to do so. This process was guided by a set of core values unique to everyone: “I found a way to make it work for myself, but I know that it doesn't suit a lot of people, so that's where it comes back to my own values” (F7). Some described feeling like an outsider in both British and Bangladeshi communities, whilst others felt they were more than those identities, such as “being a woman or being Muslim” (F9). One participant felt that the British Bangladeshi identity was one of “continual resistance”, for example parents or grandparents having to resist during the Liberation War and then continuing to resist in Britain due to facing discrimination (M1).

#### **4.3.3. Islam – a constant stable identity**

Religion was seen as a constant in most participants' identity and way of life: “Islam has always been there, and I just connected with it” (M1). For participants and their parents, family upbringing was “more Islam oriented” rather than “politically oriented” (F9). One participant shared that “making money” can take over one's identity of being a British immigrant in survival mode and having an “Islamic identity helped to protect against that or give meaning to money” (M1). Most participants

shared that their parents and themselves had made decisions based on Islam, which provided structure, discipline, and a guiding set of values that were uncompromisable.

#### **4.4. Reconnecting with community**

Reconnecting with the community was a common theme. ‘Community’ represented other like-minded people such as those from “ethnic minority backgrounds” due to there being “a certain level of relatability and safety” (F8). Reconnecting with the community was seen as a way to resolve generational feelings of distrust towards others. Islamic principles were applied to repair distrust and inspire feelings of trust e.g., “hope for the best in people” (M1). Participants shared their commitment to caring for others in the community, which was tied to a sense of interdependence and interconnectedness i.e., caring for the community also served the purpose of reciprocally caring for oneself. The desire to reconnect with the community stemmed from participants’ Islamic values, left-wing political stance, cultural values of caring for the community, and parents’ immigrant experience of rebuilding a community.

#### **5. Repair**

The final domain encompasses participants’ awareness of mental health challenges as survival adaptations to extreme conditions. Attempts towards repair and healing were made by participants and their parents, through breaking generational cycles of trauma, and individual and collective healing approaches.

## **5.1. Awareness of mental health challenges as survival adaptations**

### **5.1.1. Depression and low mood**

Thirteen participants shared that they had experienced depression or extreme low mood at some point in their life, and some had shared they had sought therapy. Most participants had related depression or extreme low mood to their own and parents' experiences of poverty and financial difficulty: "they came to this country with nothing, so I grew up basically with nothing... it really angered me...I felt constricted in an overcrowded home" (F3). There was also a feeling of inadequacy that participants had inherited from their parents' experiences of being immigrants, low-status, and facing racism in British society. Others suggested that their upbringing lacked emotional support due to parents, particularly fathers, focusing on financial security rather than emotional connection. This had the effect of: "not having many places to be emotionally vulnerable" (F13) and "checking out when people are overly emotional...it's a reaction to what I've experienced" (F7).

### **5.1.2. Anxiety and extreme stress**

Seven participants shared that they had experienced anxiety or extreme stress at some point in their life. "Second hand anxiety" described one participant's experience of witnessing their parents in distress and feeling distress for not being able to help them (F7). Others associated their feelings of stress to risk-averse and "cautious" parenting styles that originated from the "immigrant experience" (M10). Anxiety was also perceived to be caused by feelings of inadequacy among parents who were "constantly trying to prove themselves and overcompensating" due to their "self-identity being compromised" in British society (F11). To manage anxiety and

stress, participants shared that they had inherited coping strategies from their parents, for example:

“[dad used] cleaning and OCD, to cope with it...I think it’s important to learn good ways to cope with it, because then our kids are going to copy us.” (F6)

“Avoidance is how they coped with everything...that’s why I...just get on with the day to day” (F4)

## **5.2. Intergenerational trauma**

Ten participants felt they had experienced intergenerational trauma and some participants related this to the Liberation War. Reference was made to the “passing down” of some form of emotion: “my dad experienced all that trauma...he’s passed that fear down onto us” (F12). Some found it difficult to put into words the impact of generations of trauma on their parents and themselves. One participant recalled: “it’s difficult to describe... something passed down, even possibly passed from above her...it made her distant and depressed...I can sense it”, due to her mother witnessing the events of the Liberation War and her grandmother experiencing the Bengal famine during World War II. Emotional suppression was identified by several participants as an intergenerational coping mechanism:

“Growing up with emotional suppression...it’s come up for myself as a result of my parents, suffering from that trauma” (M5)

Outlook on life was also perceived to be impacted by IGT, including “identity” “position in society” “thought processes” and “making important decisions” (M5; M14). Additionally, parents’ immigration experience was considered “quite traumatic”, and that it was “inevitable they’d pass on that trauma” particularly as they were not given equitable “access to resources to help deal with that trauma” (F12).

### **5.3. Breaking generational cycles of trauma**

This theme encompasses an intergenerational attempt at breaking cycles of trauma, by parents and offspring, for future generations. Participants expressed gratitude to their parents for starting this process through their hard work and resilience to overcome instability and insecurity. This was perceived to allow the “next generation to have it a little easier” (M14) and created the conditions for self-awareness and reflection: “we were raised in...relative comfort... where we were able to sit back, reflect and be self-aware” (M10).

Part of breaking generational trauma cycles involved improving communication with parents, especially about the importance of mental health. Some advised their parents to overcome fear-driven behaviour or the survival mindset: “we've told them “you don’t need to let your fear dictate how you live your life anymore”” (F12). Participants also shared that they would continue breaking generational cycles of trauma for future generations, through passing down generational messages, such as self-awareness, openness, open communication, less pressure on success, nonviolent parenting styles, being emotional and showing affection to children.



#### **5.4. Individual healing**

Self-care was considered important: “because it affects people around me...and future generations” (F13). Several individual healing methods were mentioned, such as having reflective spaces, creative outlets, “catching up on missed emotional development” (F4) and challenging inherited “negative self-beliefs” (M10). For example, participants developed their own self-beliefs and strategies, such as confronting situations rather than caution or avoidance being the only form of protection, as espoused by their parents; or exploring the past to learn about the future rather than their parents’ approach of “not dwelling on the past, and looking to the future” (M5).

#### **5.5. Collective healing**

Collective healing and individual healing methods were viewed as interlinked and beneficial for everyone. Passion for community work enabled participants to help others with similar experiences. Many participants shared that their occupation, education, and political stance reflected this value of collective repair and helping others, such as supporting refugees, migrants, studying international development and being politically left-wing. Some methods towards community healing included charity work in Bangladesh and volunteering to support local communities: “I do volunteering ...communities are vital for wellbeing” (F3). Others expressed a desire to encourage other Bangladeshis to engage in activities that they are usually underrepresented in and represent them in a better light:

“I run marathons to show other Bengali young people that this is a space for them” (M5)

“I don’t mind being a scapegoat ... and face for Bengali Muslim women” (F7)

## **Discussion**

This study aimed to explore the experiences of IGT among second- and third-generation British Bangladeshis, in relation to their parent’s experience of the Liberation War (1971) and immigration to Britain. The thematic analysis resulted in five domains, pertaining to Remembering & retelling versus silencing, Resilience, Resistance, Reconnection and Repair, which can be represented as the five domains of intergenerational cultural trauma.

### **The five domains of intergenerational cultural trauma**

A unique finding of this study relates to the five domains, including Remembering and retelling versus silencing, Resilience, Resistance, Reconnection and Repair. This can be conceptualised as ‘The Five Domains of Intergenerational Cultural Trauma’. Central to the five domains, is the idea that individuals were moving towards repair, in their collective identities and emotional wellbeing, as suggested by the findings and informed by insights from cultural trauma theory (Alexandar, 2004). Repair is conceptualised as the process of addressing the psychological and emotional impact of traumatic experiences and involves restoring a sense of safety, wellbeing, and resilience, through various healing interventions, support systems and coping strategies (Herman, 1992). This definition aligns with the essence of the five domains, as individuals move towards repair as an overall process and purpose, after experiencing cultural trauma (Alexander, 2004). Repairing represents a culmination of previous domains, for example, resistance and

resilience can be viewed as forms of repairing, which is integral to survival i.e., the search for safety and stability. As suggested by the findings, these domains or experiences are interlinked, non-linear and individuals can exist in all or multiple domains at any given time; in other words, the processes are co-occurring for both parents and offspring, cyclical, fluid, and not mutually exclusive.

The five domains demonstrate that people are active agents in responding to trauma, and the way in which people respond depends on their sociocultural, political, and economic contexts (Wade, 1997). Parents' responses were described in terms of survival and protection. Their experiences of resilience included adjusting to Britain, having a hardworking ethic and emotional preservation. Experiences of resistance included, having distrustful parenting styles to protect offspring from the harmful aspects of society, such as racism, while also preserving Bangladeshi culture and identity. Distrust was therefore viewed as an adaptive mechanism to the systemic pressures at the time. Similar experiences were found for offspring, suggesting that they had inherited a hardworking ethic and feelings of distrust towards people and the government. The findings corroborate with previous research on Tamil communities who had demonstrated distrust towards others (Somasundaram & Sivayokan, 2013), though this study proceeds to helpfully contextualise this distrust as a form of resistance.

Resistance was also a means of creating positive change, as many had shared their desire to help others and the community through advocacy and activism. This interest stemmed from Islamic values of justice and a familial legacy of resistance towards the Liberation war and racism in Britain. Additionally, offspring participants were propelled by emotions of anger and disappointment at how their parents or ancestors had been treated in Britain. This links in with the domain of

repair and the theme of community healing. Examples of collective repair included charity work in Bangladesh and ensuring positive representation of British Bangladeshis. This ties in with previous research on community responses to cultural trauma that moves towards collective repair, seeking to restore cultural identity, security and meaning (Eyerman, 2004).

Additionally, conflict between these domains can occur. For example, as a process of resilience, parents were described as adjusting to British culture and whiteness, meanwhile resisting by holding onto Bangladeshi cultural values to preserve it from outside influences. Another example of conflict is between distrust, as a form of resistance, and the need for reconnection; feelings of distrust towards peers and the wider community conflicted with the desire to reconnect with others. Both these examples represent how conflict can occur, demonstrating that the process of repair can be complex, particularly in challenging social contexts (Alexander, 2004).

A difference was found in the experiences of IGT between offspring and parents. For offspring there was a greater emphasis on 'repair' in terms of their awareness of mental health difficulties and healing approaches. This was also represented in shifts in generational values, for example, moving away from distrust and isolationism, and moving towards reconnecting with others and the community; moving away from shame and the need to uphold reputation and moving towards valuing authenticity. This shift was largely due to the differences in sociocultural factors affecting the different generations. For parents, there was a greater concern for survival, which participants felt had created the productive conditions for subsequent generations to become self-aware and reflective. At the chronosystem level, it is important to consider that attitudes towards mental health can change over

time within the Bangladeshi community, which may have contributed to this progression from survival to self-awareness (Bronfenbrenner, 1979).

### **Trauma accumulation and transmission at multiple systemic levels**

Experiences of IGT occurred on multiple systemic levels and were understood to be historical in nature. Although this study focused on the impact of the Liberation War, other historical traumas prior to this were considered significant by participants and demonstrated the accumulation of traumas for this community. At the macrosystem level, colonial and historical trauma were apparent in the way participants referred to their parents' experiences of British colonisation and famine, which were believed to intergenerationally transmit identity confusion, internalised racism, depression, and messages around frugality. This aligns with previous research on the impact of historical trauma on Palestinian and African American communities (Atallah, 2017; Wade, 2017).

The effects of cultural, colonial, and historical trauma were further exacerbated by experiences within British society, which has historically been unwelcoming to migrant communities (Toki et al., 2023). "Living side by side with their colonial oppressor" as one participant had described, represents the historical and present-day power dynamics that transpire in the everyday experience of British Bangladeshis. Additionally, due to experiences of poverty, cultural adjustment and racism, many first-generation British Bangladeshis lacked the time and emotional resources to address past traumatic experiences. Capitalism was identified as a factor that had exacerbated the effects of survival culture, further preventing people from processing their experiences. This confirms previous research on the continual effects of historical traumas (Sotero, 2006), whilst acknowledging that post-migration

stressors, such as poverty and cultural adjustment, had additionally impacted the wellbeing and ethnic identity of British Bangladeshis (Toki et al., 2023).

At the microsystem level, the findings align with psychodynamic, social learning, and family system theories of IGT (Kellerman, 2001). Psychodynamic models suggest that unresolved emotion and projection can transmit IGT (Kellerman, 2001). Shame was projected onto offspring from parents' loss of status in Britain and received through messages that reinforced avoidance of negative reputational damage and emotional vulnerability. Emotional disconnection also appeared to be transmitted, as parents were often described as being emotionally suppressive and absent. This was reflected in participants' feelings around disconnection towards their own identity and emotions. Additionally, coping mechanisms around emotional suppression, avoidance, self-reliance, and distrust, were believed to be learnt from parents, which aligns with social learning theories of observational learning (Bandura, 1977; Kellerman, 2001). Moreover, family systems theory outlines how parentification and role reversal can lead to trauma transmission (Kellerman, 2001). This was evident in this study and was perceived to create a disconnect between parents and offspring, whilst also generating feelings of frustration and anger.

Finally, responses to trauma were represented in the collective memories of the Liberation War. The memories transmitted generational messages of pride for Bangladesh and had prompted individuals to reconnect with their identity, confirming research on collective memories that carry cultural messages enabling individuals to update their cultural identity (Rahman, 2020). Cultural trauma theory (Alexander, 2004) emphasised how cultural traumas can lead to a dramatic loss in identity and wellbeing, while also activating transformative and reparative capabilities. This was evident in the findings of this study, as participants described a loss in identity and

concurrently were taking steps towards symbolic repair, such as restoring security and identity.

Overall, the transmission of multiple traumas includes British colonisation, famines, Liberation War, and experience of being an immigrant in Britain. From the perspective of second- and third-generation participants, it was difficult to discern which effects of trauma were due to war and immigration separately. However, what is evident from the findings is that there had been an accumulation of trauma and the demands of living in British society made it difficult for first-generation British Bangladeshis to process their experiences or seek professional support, which had then impacted subsequent generations. There was also a shared sense of loss or longing among participants, of what could have been if their parents had been welcomed in British society.

### **The cascading effects of intergenerational silence**

Silencing of the trauma stories introduced an additional mechanism of trauma transmission, particularly as it has been described as the most powerful mechanism for trauma transmission (Danielli, 1998). Previous research reveals that at the family level, silence can communicate powerful messages or rules, such as “don’t trust others” or “the world is dangerous” (Wasilewska, 2012). This appeared to be the case for participants in this study, who referred to similar messages, and additional themes related to shame, denial, and emotion suppression. From a psychodynamic perspective, the emotion suppression was “carried” by offspring, as represented by parents’ unemotional storytelling styles, and contrasted with offspring’s strong emotional reaction to events. It appeared that unresolved emotions from parents

were inherited by offspring, such as anger, which may manifest in other ways, such as being propelled towards action, advocacy, and resistance.

Research highlights that the sharing of stories allows individuals to make sense of their parents' behaviours, and develop a sense of identity, otherwise, silence could lead to a loss in identity (Laub & Auerhahn, 1993). This relates to the feeling of disconnect and emptiness among participants from not knowing about their parents' experiences of the war, whilst also evoking a curiosity to learn more about this history. Additionally, relearning or remembering histories is a part of repairing cultural identity that has been violated, as suggested by cultural trauma theory (Alexandar, 2004).

On a macrosystem level, intentional silencing of the Liberation War was a shared sentiment among participants. Colonial silencing referred to western apathy towards the issues of the global south and erasure of the devastating impacts of British colonisation within the Indian subcontinent, which contributed to the Liberation War. Cultural silencing referred to the shame around issues of sexual violence and protection from the horrors of the war. Institutional silencing referred to the lack of teaching about the Liberation War and other post-colonial events in the Indian subcontinent within educational institutions. Silencing on a macro level had the effect of invalidating experiences of the war, which appeared to invalidate people's emotional realities and identities that are tied to this history, and as a result exacerbating confusion and disconnect.

Other macro level factors, such as poverty and capitalism, may have intensified the function of silencing as a protective mechanism for first-generation British Bangladeshis, who experienced greater demands towards survival, thus reducing their capacity to remember details from the past. Racism within British



society may have further 'silenced' first-generation immigrants from vocalising and validating their experiences of the Liberation War, due to feelings of inadequacy or unworthiness. Additionally, tolerance to these external pressures may have manifested as a form of resilience, enabling communities to cope with the day to day demands of British society.

### **Limitations and implications for future research**

There are several limitations to the present study. Firstly, the experiences of IGT discussed in this study could be attributed to multiple other causes and contributors. Other factors internal to parents and offspring or individual-environment interactions may account for some of what has been reported in the findings. For example, personal traumatic events of parents or offspring may have contributed to the emotional disconnection or feelings of low mood. Therefore, it is helpful to acknowledge that IGT is one framing, and equally there may be other factors contributing to these reported experiences.

Secondly, the sample was largely composed of second-generation, Sylheti-speaking, female, Muslim, and university educated participants. Therefore, caution should be taken to understand that the experiences from this study are reflective of these characteristics and that there may be other perspectives not accounted for, such as those from different religious and linguistic dialect backgrounds. Additionally, references were made to Islam and gender differences that were not explored in detail and would have provided more diverse perspectives. Future research may benefit from exploring this in greater depth.

Thirdly, it was difficult to discern the separate experiences from the Liberation War, immigration, and even prior historical events, such as British colonisation.

Despite this, the study sheds light on some of the impacts of IGT that become reinforced generationally and how systems of oppression continue to impact communities post-migration. It should be highlighted that the purpose of this study was not to identify the separate impacts of Liberation War and immigration, but instead a recognition of the cumulative and collective experience stemming from historical and cultural traumas.

Fourthly, it is noted that parents' experiences were presented from the perspectives of offspring. Therefore, responses may not reflect 'actual' experiences or beliefs of parents. For example, perspectives on 'repair' were limited for parents, which could be enriched if parents were given an opportunity to share their own experiences and offer new insights. Future research could focus on parents' experiences to fill this gap or conduct parent-offspring dyad interviews, allowing for a comparison of both generations' perspectives. This could also highlight more clearly potential trauma transmission mechanisms.

A possible limitation is that the interview schedule contained potentially leading assumptions around silencing, intergenerational trauma, and mental health difficulties. Furthermore, the participant information sheet contained the term "intergenerational trauma", which may have framed the participants to think about their responses in this context. For future research it would be beneficial to consult members of the community to review study materials so that any assumptions can be minimised. This was not achievable for this study due to time constraints, instead a previous study on collective memories from the Bangladesh Liberation War (Rahman, 2020) informed the development of the interview schedule and other study materials. More generally for future research, a community expert group of British Bangladeshi members involved in all stages of the research process, could aid in

ensuring cultural sensitivity of study materials, relevancy of topics within the interview schedule and dissemination of findings.

### **Clinical application**

The findings reveal the multiple impacts of IGT, such as the perceived transmission of depression and anxiety. It is not common practice to consider the potential impacts of IGT on clients' wellbeing or functioning within therapeutic contexts (Lee et al., 2023). Therefore, as these findings suggest, it is helpful for health professionals to acknowledge the influence of previous historical or cultural traumas on parenting styles received by individuals and the varying levels of distrust. Additionally, clinicians should acknowledge that reconnecting to Bangladeshi identity can be an important aspect of therapeutic intervention for those of second- or third-generation descent.

It is useful to consider the multiple systems of oppression that surround the British Bangladeshi experience, whilst acknowledging inherent strengths and capacity for resilience and repair. Though, this should not perpetuate ideas that black and minority ethnic (BME) communities are inherently resilient, which can often lead to neglect and apathy from western mental health institutions (Prajapati & Liebling, 2021). Equally, these minoritised communities should not be viewed as oppressed or helpless, as this can problematise communities and deflect from the oppressive systems that cause harm. Mental health professionals must pay attention to language, such as by using externalising language to acknowledge complex historical and present-day influences (Wade, 1997). These principles should also inform interventions, as is done in narrative therapy approaches which have been effective in validating trauma stories and acknowledging systems of oppression

(White & Epston, 1990). Additionally, narrative therapy has helped individuals from minority backgrounds acknowledge their strengths and resilience, whilst moving away from the dominant problem stories of being “helpless” or “oppressed” (White & Epston, 1990).

In line with previous research, this study has found that distrust in the government and related organisations was prevalent, due to historical abuses such as institutional racism and colonial trauma (Somasundaram & Sivayokan, 2013). The use of pathologising language and western-centric models within mental health institutions can make services inaccessible for marginalised groups (Prajapati & Liebling, 2021). Individuals from BME backgrounds have been previously described as “hard to reach” (Bradby et al., 2007), however mental health professionals should seek to reformulate this by addressing the micro and macro level systemic factors that make services hard to access. At the macro level this may involve addressing institutional racism and socioeconomic barriers within policies. At the micro level this may involve evaluating language use so that it is non-pathologising towards staff and service users.

## **Conclusions**

To the best of the author’s knowledge, this study represents the initial qualitative exploration of the impacts of intergenerational trauma among second- and third-generation British Bangladeshis, in relation to experiences of the Liberation War (1971) and immigration to Britain. Although this study has limitations, it offers an interesting perspective on the impacts and transmission of IGT and IGR. Additionally, it highlights how transmission is influenced by systemic factors, which is crucial for mental health professionals to consider when supporting communities with a history

of cultural trauma. Future research could include parents' direct experiences of the Liberation War and immigration to Britain, to further develop understanding of IGT and IGR within the British Bangladeshi diaspora.

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## **Part 3: Critical Appraisal**

## Critical Appraisal

This thesis focuses on the impacts of intergenerational trauma among second- and third-generation British Bangladeshis, in relation to the Liberation War (1971) and immigration to Britain. This critical appraisal comprises an exploration of what led me to this research topic, my assumptions, the challenges I overcame and my learning process. I begin by discussing the project conceptualisation phase, my motivations, followed by positionality, assumptions, and expectations relevant to this research. Next, I discuss my reflections of using a post-structuralist approach to research which aligned with the community psychology principles of my placement at the time, such as using narrative therapy and a social justice lens. I also reflect on the dilemma of being a researcher and clinician, and my overall learning experience.

### **Project conceptualisation and motivations**

This project originated out of a personal curiosity about cultural norms and practices within the British Bangladeshi community. Previous research identified some of the environmental stressors that shaped parenting approaches among South Asians (Maiter & George, 2003). Despite this, there still exists a stereotype that South Asian or Bangladeshi parents are “authoritarian” or “strict” due to inherent cultural values. I was also fascinated by the resilience demonstrated by the Bangladeshi community in Britain, such as breaking through generational barriers, excelling financially and academically, despite the historical traumas and persistent experiences of discrimination.

Previous research on British Bangladeshi communities in Britain has mostly focused on the effects of ethnic identity and post-migration experiences, such as racism (Toki et al., 2023). Though the potential influence of pre-migration traumas



has received relatively little attention. Furthermore, the internalisation of stereotypes about South Asian communities is a common occurrence. I was amazed to learn from research on IGT, that these behaviours are prevalent in communities that have experienced cultural traumas (Flanagan et al., 2020). These collective responses serve as protective mechanisms for individuals, their culture, and community, shielding them from potential harm and even well-intended attempts to repair the damage caused.

Survival and protection were terms used to describe these collective responses, which I felt represented a compassionate reformulation of such behaviours. There can be a tendency within psychological research to not offer contextual understanding towards marginalised or BME communities (Ida, 2007). Language can be pathologising, problematising and does not take into consideration the broader systems of oppression (Ida, 2007). For example, the use of terms like “hard to reach” to describe marginalised communities that often do not access MH services, internalises the problem of engagement within individuals and communities, and overlooks the systems that prevent such accessibility. This type of dialogue around accessibility has been used to describe British Bangladeshis, who have been reported to access services when symptoms become more severe (Lamb et al., 2002; Prajapati & Liebling, 2021).

As a result, I was determined to understand more about the unique and complex experiences of the British Bangladeshi community, given that the Liberation War was a relatively recent historical event. Furthermore, I was cognizant of how little awareness or conversation there was about the Liberation War among second-generation British Bangladeshi friends and peers. From informal conversations, I realised how rarely our parents had spoken about the war and attempts to learn

more were often met with comments like “what’s the point in looking at the past, you have to move forward”. The silencing effect was ubiquitous, and much like the participants in this study and previous studies, it evoked a curiosity within me to learn more.

### **Locating myself, my expectations & assumptions**

As a British Bangladeshi researcher, interviewing participants who are members of the same community presented some advantages and challenges. The advantages include having insider knowledge status which helped in understanding some of the nuances of people’s experiences. For example, participants did not have to explain certain terms in Bengali language and cultural idioms.

During some interviews, participants expressed feeling at ease when being interviewed by a Bangladeshi researcher. This experience made me realise the significance of having a space free from the influence of the "white gaze", particularly within academic settings where it can often shape the type of knowledge that is considered legitimate (Goitom, 2019). Being a minority in predominantly white spaces can lead to a highly filtered and biased thought process, influenced by hegemonic ideas and norms (Goitom, 2019). Consequently, being interviewed by a researcher from a similar background may have enabled participants to be more open in discussing sensitive topics such as British colonisation and racism in British society, without the fear of being minimised or misunderstood. Moreover, sharing the same background established a sense of familiarity that laid the groundwork for trust to develop. This in turn, facilitated occasional culturally specific humour, fostered a sense of informality, and allowed participants to discuss challenging subjects with ease.

A disadvantage of being an “insider” researcher was my potential susceptibility to generalise my personal experience of being British Bangladeshi to participants. I noticed this challenge came up when speaking with participants who have had a different experience or intersectional identity to mine, such as gender, class, and level of religiosity. It was crucial for me to reflect on these assumptions within bracketing interviews and understand how this may impact the interview process. For example, Islam was an important aspect of my upbringing. It was a means for my parents and myself to create stability, moral and ethical guidance, and connection to a higher purpose. Through interviewing participants, I realised that I had generalised the importance of Islam in the “British Bangladeshi experience”, as for some participants this was not an important aspect of their upbringing, or that they were on a different journey towards faith. Although all participants were Muslim, I recognised how this assumption may have curtailed perspectives of those from other religious groups. Through my own reflexive logs and bracketing interviews, I became aware of this potential bias and was mindful of the possible impacts during and after the interviewing stage.

### **Post-structuralism, community psychology & narrative therapy principles**

During the interview and write up phase of my thesis, I was working at a community psychology placement, that introduced me to narrative therapy and community psychology approaches, which aligned with the post-structuralist epistemological stance of in this research (Gergen, 2016). My experiences during this placement had shaped my thinking for this study and allowed me to rethink language-use within academia and mental health contexts. I became more mindful of the power of language, and how it has the capacity to shape perceptions of

communities, either empowering them or maintaining a sense of disempowerment. This urged me to rethink the way I had presented the results in the systematic review. Throughout the process I reflected on the influence of my positionality when reviewing the studies in the systematic review. For example, my theoretical leanings towards narrative therapy principles and my identity as a second-generation British Bangladeshi enabled me to be more attuned to the use of problematising language within the studies in the systematic review. I noticed that some studies had described parent-offspring relationships as “disrupted” or “dysfunctional” without context (Rogers, 2021), which may problematise or disempower the communities under study. As a result, I made sure to contextualise parenting styles or trauma responses within the discussion. I was also adamant not to replicate such language in the empirical paper.

To achieve this, I attempted to contextualise experiences within systems of oppression and as survival responses to those systems, as demonstrated by the five domains and the use of non-problematizing language such as “resistance” and “resilience”. I was careful in the way I had framed participants’ responses and was mindful of utilising contextual understanding (Kloos et al., 2012). For example, some participants had described parenting styles as “unemotional” and “distrusting”. As a researcher utilising an ecological perspective, I was able to contextualise these experiences within the broader context of survival. Therefore, “unemotional” parenting was contextualised as a form of emotional preservation and resilience in the face of challenging systemic conditions. Additionally, “distrusting” was conceptualised as resistance to change and the potential harm prevalent in British society for people from minoritised backgrounds.

During the interview and coding phase, I realised that I had utilised double listening when coding participants' responses. Double listening is a narrative therapy technique that involves therapists attending to client's unique personal story, life experiences, beliefs, and values; meanwhile the technique involves identifying and critically examining the dominant cultural narratives that may be influencing the client's self-perception and problem-saturated story (White & Epston, 1990). These dominant narratives are often a product of systems of oppression and intergenerational trauma. During interviews, I used double listening to capture the nuance of generational messages that participants had received from their parents and ones they had chosen to pass down to future generations. Double listening was useful in identifying how messages of "distrust" and "the world is dangerous" are a product of systemic violence from war and the experience of living in Britain, rather than values inherent to the culture or community. Prompt questions within the questionnaire such as, "where do you think these messages come from?", encouraged interviewees to reflect on and contextualise these messages within the broader systems of power or oppression.

I noticed I was hesitant to conceptualise participants' experiences of intergenerational trauma as "resilience". On one hand I felt "resilience" was a way to challenge the use of terminology such as "maladaptive" behaviours within academia, when in fact they are adaptive behaviours to people's socio-political contexts (Hasking et al., 2019). On the other hand, I was mindful that terms like "resilience" may glamorise the effects of trauma, when instead it is a by-product of the harsh realities that many communities have had to endure. Additionally, this may further perpetuate ideas that BME communities are inherently resilient, which may prevent them from receiving adequate healthcare, sensitivity, and compassion from

healthcare professionals. For example, it was found that black patients were systematically undertreated for pain relief relative to their white counterparts, due to the pervasive perception that pain tolerance was higher among black communities (Hoffman et al., 2016). I reflected on these sensitivities within research supervision and decided to contextualise these experiences as a form of resilience, whilst making sure to reflect on this tension within the discussion. I hope that this contextualisation helped to normalise responses to trauma as a part of the universal and human experience of survival, as demonstrated by previous research on IGT across different cultural communities.

### **Social justice lens to research**

Throughout the research process I attempted to maintain a social justice stance to research. To achieve this, I was critical of the multiple systems of oppression, whilst centring the critical reflections that participants had boldly shared. This involved critically analysing power dynamics and social structures that contributed to IGT and continuing inequality. This power analysis helped to identify the causes of social issues, including historical factors such as British colonisation, and persisting factors such as institutional racism, which perpetuated internalised fears, such as the messaging around distrust. I highlighted how this can have real-life implications on people's ability to access appropriate healthcare. Therefore, I hope this study emphasises the need to address social inequalities and promote social justice within policies and interventions.

Whilst having social justice at the heart of the research process, I was keenly aware of how this would be perceived in the wider field of clinical psychology. Contextualising participants' experiences in relation to multiple systems of

oppression, shifts accountability from patients to services, researchers, and health professionals. Previous research has demonstrated that mental health professionals, along with the wider field of clinical psychology, may uphold problematic sensitivities and exhibit denial about institutional racism within healthcare (Williams, 2023). Consequently, mental health services may not be adequately prepared to adopt a realistic approach to achieving race equality in mental healthcare provision.

My main aim for this study was to represent the experiences of these marginalised voices and critically reflect on the systems of oppression. Meanwhile, I was cautious that a radical tone would be considered “loud” or disruptive to the sensitivities that are at times upheld within the field of clinical psychology. I also recognised that being a British Bangladeshi and visibly Muslim female researcher, I may be prone to being labelled as radical or disruptive in my approach. Throughout the process, I found myself engaged in an ongoing internal cognitive struggle of trying to balance my commitment to a social justice approach with my perceived sensitivities of the profession. Every part of the research process, particularly the write up, required a careful balance of being challenging and critical, whilst being cautious of the potential risk that comes with being ‘disruptive’. Overall, I tried my best to centre the views of participants, who had openly spoken about the historical traumas that continue to marginalise communities.

On reflection, the use of participatory action research would have strengthened the social justice approach in this research. Participatory action research refers to the active involvement of community members within the research development process (Kloos et al., 2012). This would have also ensured that my own cautiousness about the sensitivities of the profession did not impede on the research aims, design or cause any harm to the participants under study.

## **The researcher versus clinician dilemma**

As a research-scientist-practitioner, clinical psychologists are known to wear multiple “hats”, which is valuable to the field but can present some challenges within a research context (Mallinckrodt et al., 2014). During the interview phase, participants would often share emotive and sensitive information. For many, this was the first time they were able to share their “stories” and disclose mental health difficulties. This was also the closest some participants had come to “clinical” or “therapeutic” contact. As a result, I found myself being drawn into the role of a clinician and feeling the need to offer therapeutic support.

I was confronted with the clinician-researcher dilemma, of wanting to provide a therapeutic space for participants to express their emotions and feel heard. Whilst on the other hand I recognised that interviews were time-limited and that such attempts may take away from crucial insights on the research topic. I felt it was my ethical responsibility to offer validation, empathy, and support where appropriate. Consequently, I found that this aided participants to feel comfortable to share more about their experiences, further enriching the discussions during interviews. In hindsight, I can see the value of offering empathy and validation in a research space – it benefitted participants as they were able to offload some of their emotional burdens and it benefitted the research as participants felt safe to share more on their experiences. In situations where I felt participants would require more emotional support, I adhered to the research protocol, which outlined that I should signpost to appropriate mental health services during the debriefing phase.

Overall, looking back at my experience as an interviewer, I feel I was able to strike an effective balance of collecting relevant information and being an empathetic



listener. Participants left feeling grateful to have had a space to cry, express built-up emotions and tell their stories. I feel honoured that I have been able to hear these stories and offer a space to speak about issues that have been historically and institutionally silenced.

### **The final research product**

When I initially set out to create this research project, I was tentative for several reasons. IGT from cultural trauma is still an emerging field with multiple theories for how it is transmitted. As a result, I anticipated the findings to be complex and difficult to categorise. I expected this research study to confirm previous findings from the systematic review, about the impacts of IGT and transmission mechanisms. This study did confirm previous findings on parenting styles, parent-offspring relations, generational messages and the IGT impacts on offspring. I planned to conceptualise these themes in this way, as had been done in previous thesis research projects on IGT (Niazi, 2019; Rogers, 2021). However, when I started to group the themes, I realised that categorising them in this way, tended to reinforce problematic language. For example, theme titles such as “Parent-Offspring Disrupted Relationships and Dysfunctional Communication Patterns” (Rogers, 2021), could be perceived as problematising and does not acknowledge the protective function of these patterns of behaviour.

Utilising an ecological perspective combined with cultural trauma theory delineated the protective survival functions and the context of multiple systems of oppression. This helped to reframe experiences of IGT from “impacts” to “processes”. “Impacts” of IGT suggests that people are passive recipients of trauma and internalises the harmful effects of trauma within individuals or communities.

However, conceptualising this in terms of processes, such as the five domains, helped to reveal the dynamic nature of how people engage with and respond to trauma (Wade, 1997). Inherent within the five domains is the idea that people are constantly negotiating and moving towards repair, rather than being permanently “disrupted” by the impacts of trauma. The five domains consider the harmful impacts of IGT, though attempts to contextualise this as a product of internal survival mechanisms (as suggested by cultural trauma theory), in response to external factors of systemic oppression (through utilising an ecological perspective).

My journey in developing and conducting this research has transformed my thinking. I have learnt the importance of sensitive language use in ways that can minimise power dynamics between systems and marginalised communities. This links in with a developed awareness of social justice within research, which involved contextualising experiences, empowering communities, reframing, and normalising experiences as a form of survival. To reinforce this social justice approach, what I would have done differently is involve participants from the community in the early development stage as a part of participatory action research. Overall conducting this study has made me appreciate the importance of diverging from conventional and at times unhelpful conceptualisations of IGT within previous research.

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## **Appendix A: Search terms for the systematic review**

<b>Concept 1: Intergenerational</b>	<b>Concept 2: Descendants</b>	<b>Concept 3: Cultural trauma</b>	<b>Concept 4: South Asian</b>
intergeneration* trauma OR inter- generation* trauma OR generation* trauma OR transgeneration* trauma OR trans- generation* trauma OR historic* trauma OR cultur* trauma OR collectiv* trauma OR trauma transmiss* OR multicultur* trauma	diaspora OR grandchildren OR descendants OR children OR generation	refugee OR Migration OR Migrant OR War OR genocide OR Resettlement OR resilience OR genocide	south asia* OR Afghan* OR Bangla* OR Bengal* OR Rohingya* OR Bhutan* OR India* or Hindi* OR Maldiv* OR Nepal* OR Pakistan* OR Kashmir* OR Sri Lanka* OR Tamil*

## **Appendix B: Quality assessment of studies in systematic review**



Quality Assessment of Qualitative Studies

MMAT Criteria	Study			
	Bloch (2018)	Ibrahim, Rajapillai & Scott (2022)	Jeyasundaram, Cao & Trentham (2020)	Niazi (2019)
Are there clear research questions?	Yes	Can't tell	Yes	Yes
Do the collected data allow to address the research questions?	Yes	Yes	Yes	Yes
Is the qualitative approach appropriate to answer the research question?	Yes	Yes	Yes	Yes
Are the qualitative data collection methods adequate to address the research question?	Yes	Yes	Yes	Yes
Are the findings adequately derived from the data?	Yes	Yes	Yes	Yes
Is the interpretation of results sufficiently substantiated by data?	Yes	Yes	Yes	Yes
Is there coherence between qualitative data sources, collection, analysis and interpretation?	Yes	Yes	Yes	Yes
Quality	Totally met	Partially met	Totally met	Totally met

Quality Assessment of Quantitative Studies

<b>MMAT Criteria</b>	<b>Rogers (2021)</b>
<b>Are there clear research questions?</b>	Yes
<b>Do the collected data allow to address the research questions?</b>	Yes
<b>Is there an adequate rationale for using a mixed methods design to address the research question?</b>	Yes
<b>Are the different components of the study effectively integrated to answer the research question?</b>	Yes
<b>Are the outputs of the integration of qualitative and quantitative components adequately interpreted?</b>	Yes
<b>Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?</b>	Yes
<b>Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?</b>	Yes
<b>Quality</b>	Totally Met

## **Appendix C: Poster advert**

# WERE YOUR PARENTS ALIVE DURING THE BANGLADESH WAR (1971)? WE WANT TO HEAR ABOUT YOUR EXPERIENCE!



## About the Study

Explore perspectives of second and third generation British Bangladeshis in relation to the Liberation War (1971) and immigration to the UK. If your parent moved to the UK from Bangladesh, we would like to see whether there are any indirect impacts of the Liberation War or immigration on you as a child of a British Bangladeshi immigrant.



**LIBERATION**



**PARENTS**



**YOU**

### What it involves?

- 1:1 online interview
- Participation is voluntary and you will be able to withdraw at any time

### Are you eligible?

- 18+ years
- English speaking
- 2nd or later generation British Bangladeshi

### Participants will receive:

£15 voucher / cash as a thank you for your time and effort.

## CONTACT US

If you would like to participate or have any questions about the study please contact the researcher: Sayeeda Ali, [zcjtsal@ucl.ac.uk](mailto:zcjtsal@ucl.ac.uk) | UCL Ethics Reg. No. 22443/001  
This research is supervised by Dr Madiha Shaikh, [madiha.shaikh@ucl.ac.uk](mailto:madiha.shaikh@ucl.ac.uk)



## **Appendix D: Participant information sheet**

## **Participant Information Sheet for British Bangladeshi Adult Participants**

**UCL Research Ethics Committee Approval ID Number: 22443/001**

**YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET**

**Title of Study: Understanding Intergenerational Trauma in British Bangladeshis post-Liberation War & Immigration to the UK**

**Department:** Department of Clinical, Educational and Health Psychology

**Name and Contact Details of Researcher:** Sayeeda Ali, [zcjtsal@ucl.ac.uk](mailto:zcjtsal@ucl.ac.uk);

**Name and Contact Details of Principal Researcher:** Dr Madiha Shaikh, [madiha.shaikh@ucl.ac.uk](mailto:madiha.shaikh@ucl.ac.uk)

**UCL Data Protection Officer Details:** Lee Shailer, [data-protection@ucl.ac.uk](mailto:data-protection@ucl.ac.uk)

This study has been approved by the UCL Research Ethics Committee: Project ID number: 22443/001

### **1. Invitation**

We would like to invite you to participate in this research study – participation is completely voluntary. Before you decide whether to take part, please take some time to read this information sheet to fully understand everything before giving consent. We encourage you to ask questions by contacting us via the details provided if you find anything on this sheet unclear or feel unsure about any aspect of the research, or if you would like more information. This is a student study. Data collection will be used for work required as part of the doctorate in clinical psychology

### **2. What is the purpose of the study?**

Stress/trauma experienced by your parents, grandparents or ancestors can pass down generations, without us knowing. In this study we want to explore whether this is the case for the British Bangladeshi community.

The aim of the study is to explore your experience as a second or third-generation British Bangladeshi. Second- or third-generation British Bangladeshis are those who were born in the UK but have Bangladeshi heritage. Your parents or grandparents may have come to the UK whilst living to see or hear about Bangladesh Liberation War (1971). They may have been distressed from witnessing or experiencing the war first-hand. They may have also experienced distress living and adjusting to the UK e.g., experiencing racism, financial stress, and housing issues etc.

In this study we want to see whether your parents' experience of the Liberation War and immigration impacted you indirectly. This would involve asking questions about your own mental wellbeing, upbringing, lifestyle, relationship with family and parents, and your understanding of the Liberation War and immigration. The project is expected to be completed by 2023.

### **3. Why have I been invited to take part?**

We have invited individuals who identify as English speaking second- or third-generation British Bangladeshi. Individuals' parents or grandparents must have had some experience, exposure, awareness or involvement in the Liberation War 1971. We hope to recruit 20 participants who meet these criteria to the study.

#### **4. Do I have to take part?**

It is your choice whether or not you would like to participate. If you do decide to participate, you will be given this information sheet to keep and asked to complete an electronic consent form. If you do agree to take part, you are still free to withdraw from the study at any point, without giving a reason. You also have the right to withdraw your data up to 2 weeks after data collection. You are also reminded that there is no compulsion or pressure to take part particularly if you are known to the researcher. This study is purely voluntary and there are no consequences of non-participation.

#### **5. What will happen to me if I decide to take part?**

You will be contacted by the researcher who will speak with you to check you have understood this information sheet, answer any of your questions, and give you an electronic consent form survey link if you want to take part in the study. After this they will ask you to take part in an interview to ask some questions about your experience of intergenerational trauma. The online interview should take approximately 60 to 90 minutes and will take place on video call. You will be interviewed only once. There are no right or wrong answers to the questions you will be asked.

#### **6. Will I be recorded and how will the recorded media be used?**

Yes, the interview will be recorded. Participants will need to be recorded for the purpose of creating a transcript. The audio and/or video recordings of your interview will be used only for analysis and destroyed immediately after being converted to text. No other use will be made of them, and no one outside the project will be allowed access to the original recordings.

#### **7. What are the possible disadvantages and risks of taking part?**

We do not expect that participation in this study will cause any harm. However, if you find any of the questions upsetting and would like to talk about it, you are welcome to speak with the researcher, take breaks throughout the interview or withdraw completely if you wish. The researcher also has information on local resources and support services you might find helpful.

#### **8. What are the possible benefits of taking part?**

Whilst there are no immediate benefits for participating in the study, we hope that this research will help us to understand intergenerational trauma in British Bangladeshis. Your input will help to develop our understanding of intergenerational trauma – as there appears to be no research on this for Bangladeshi communities. We also hope that it will in the future develop better and more culturally appropriate therapeutic support for British Bangladeshi communities.

Will I be paid for taking part? Yes, you will be offered £15 or £15 in vouchers, as an appreciation for your time completing the interview.

### **9. What if something goes wrong?**

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated by members of staff during your participation in the study, UCL complaints mechanisms are available to you. Please make your complaint in writing to Dr. Madiha Shaikh, who is the Principal Investigator for the research and is based at University College London ([madiha.shaikh@ucl.ac.uk](mailto:madiha.shaikh@ucl.ac.uk)). However if you feel that your complaint has not been handled appropriately by the Principal Investigator, you have the right to forward your complaint to the Chair of the UCL Research Ethics Committee [ethics@ucl.ac.uk](mailto:ethics@ucl.ac.uk).

### **10. Will my taking part in this project be kept confidential?**

Yes, the information you provide will be kept strictly confidential. All your data will be stored on a password protected platform. Only members of the University College London research team will view your answers – this includes the researcher, Sayeeda Ali and the principal investigator, Dr Madiha Shaikh. Any names or identifiable information will be removed from the text transcripts, reports and publications. Once the study has been completed your details will be destroyed and only an anonymised copy of the data will be retained.

### **11. Limits to confidentiality**

Please note that confidentiality will be maintained as far as it is possible, unless during the interview the researcher hears anything which could indicate that there is wrongdoing or there is potential harm. In these instances, the researcher or University may have to inform relevant statutory agencies of this.

### **12. What will happen to the results of the research study?**

The results of this study will be published as part of Doctoral research projects at UCL. The results may also be published in academic journals and presented at conferences. There will be no way of identifying you in any reports or publications that result from this study. Upon completion of the study, a report of the study will be sent to you, should you wish to receive it.

### **13. Local Data Protection Privacy Notice**

In line with new General Data Protection Regulations (GDPR) we need to give you some information about how your data will be used. The data controller for this project will be University College London (UCL). The UCL Data Protection Officer, Ms Lee Shailer, provides oversight of UCL activities involving the processing of personal data. UCL's Data Protection Officer can be contacted at [data-protection@ucl.ac.uk](mailto:data-protection@ucl.ac.uk).

This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found here: [www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice](http://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice)

The categories of personal data used will be as follows: Name, contact phone number, email address and demographic details, including your English fluency level, education level, age, gender, and immigration generation status. These demographic details will be collected to further explore the research question and the additional factors that may play a part.



Your personal data will only be processed for the purposes of the research study. The legal basis for us using your personal data will be Article 6 (1) (e): 'public task' – performance of a task in the public interest. Under data protection law, the information that we will get from you is regarded as special category personal data. The legal basis for us collecting this type of data from you is Article 9 (2) j: 'processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.'

The lawful basis used to process special category personal data will be for scientific and historical research or statistical purposes. Special category personal data is personal data that reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health (the physical or mental), sex life or sexual orientation, genetic or biometric data.

Your personal data will be processed until the research has been completed, which we estimate will be in about 3 years time. Your data will be anonymised, and a study ID code/pseudo name will be used instead of your name. We will endeavour to minimise the processing of personal data wherever possible. You can provide your consent for the use of your personal data in this project by completing the electronic consent form that has been provided to you.

If you are concerned about how your personal data is being processed, or if you would like to know about your rights, please contact UCL at the first instance at [data-protection@ucl.ac.uk](mailto:data-protection@ucl.ac.uk).

#### **14. Who is organising and funding the research?**

The study is being funded by the UCL Doctorate in Clinical Psychology Departmental funding.

#### **15. Who has reviewed this study?**

The study has been reviewed and has been granted a favourable opinion by the UCL Research Ethics Committee.

#### **16. Contact Details for further information**

If you wish to contact the researcher to discuss any of the information further, then please contact Sayeeda Ali, Email: [zcjtsal@ucl.ac.uk](mailto:zcjtsal@ucl.ac.uk).

If you feel that we have not addressed your questions adequately or if you have any concerns about the conduct of the research team, then please contact the research supervisor: Dr. Madiha Shaikh; Email: [madiha.shaikh@ucl.ac.uk](mailto:madiha.shaikh@ucl.ac.uk).

Address: Research Dept of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London, WC1E 7HB

Thank you for reading this information sheet and for considering taking part in this research study.

You may wish to keep a copy of this information sheet and can download the electronic consent form if you wish to take part in the study.

Footer: Doctoral Programme in Clinical Psychology  
University College London Gower Street London WC1E 6BT  
General Enquiries Tel: +44 (0)20 7679 1897  
<http://www.ucl.ac.uk/clinical-psychology>

## **Appendix E: Participant consent form**

## CONSENT FORM FOR BRITISH BANGLADESHI ADULT PARTICIPANTS IN RESEARCH STUDIES

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

**Project Title:** Understanding Intergenerational Trauma in British Bangladeshis post-Liberation War & Immigration to the UK

**Department:** Research Department of Clinical, Educational and Health Psychology

**Researcher Details:** Sayeeda Ali, [zcjtsal@ucl.ac.uk](mailto:zcjtsal@ucl.ac.uk)

**Principal Researcher Details:** Dr Madiha Shaikh, [madiha.shaikh@ucl.ac.uk](mailto:madiha.shaikh@ucl.ac.uk)

**UCL Data Protection Officer Details:** Lee Shailer, [data-protection@ucl.ac.uk](mailto:data-protection@ucl.ac.uk)

**This study has been approved by the UCL Research Ethics Committee: Project ID number: 22443/001**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You can download and be given a copy of this Consent Form to keep and refer to at any time.

**I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.**

		Tick Box
1.	*I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction and would like to take part in the one-to-one interview.	
2.	*I understand that I will be able to withdraw my data up to 2 weeks after the interview	
3.	*I consent to participate in the study. I understand that my personal information (such as name, contact details and demographic information) will be used for the purposes explained to me.  I understand that according to data protection legislation, the legal basis for using personal data will be Article 6 (1)	

	(e) 'public task' - <i>performance of a task in the public interest</i> . In addition, I understand that the legal basis for collecting special category data will be Article 9 (2) (j) - <i>processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes</i> .	
4.	<p><b>Use of the information for this project only</b></p> <p>*I understand that all personal information will remain confidential in accordance with the Data Protection Act 2018, and General Data Protection Regulations (GDPR). I understand that all efforts will be made to ensure I cannot be identified. I understand that confidentiality cannot be guaranteed and that relevant agencies will be informed if there is evidence of wrongdoing or potential harm.</p> <p>I understand that my data gathered in this study will be stored anonymously and securely, and that all my personal details will be destroyed once the study is complete. It will not be possible to identify me in any publications. Once the study is complete, only an anonymised copy of my data will be stored securely at UCL</p>	
5.	*I understand that my information may be subject to review by responsible individuals from the University for monitoring and audit purposes.	
6.	I understand that my participation is voluntary and that I am free to withdraw at any time, without my legal rights being affected. I do not have to give any reason for withdrawing from the research. If I decide to withdraw there will be no negative consequences for me. I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.	
7.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
8.	I understand the direct/indirect benefits of participating.	
9.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	
10.	I understand that besides being compensated £15 for my time in the study, I will not benefit financially from this study or from any possible outcome it may result in in the future.	
11.	I understand that I will be compensated for the portion of time spent in the study (if applicable) or fully compensated if I choose to withdraw.	
12.	I agree that the information I give can be kept anonymously and securely, and my data may be used by	

	others for the purpose of future research. No one will be able to identify me from the shared data.	
13.	I understand that the information I give will be used for scientific publications and reports. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.  I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No	
14.	I consent to my interview being audio/video recorded and understand that the recordings will be stored anonymously using password-protected software and then destroyed immediately after transcription.	
15.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
16.	I am aware of who I should contact if I wish to lodge a complaint.	
17.	Use of information for this project and beyond  I would be happy for my anonymized transcript data to be archived indefinitely at University College London so that other authenticated researchers have access to my anonymized data. I understand that my data will not be identifiable.	

\_\_\_\_\_  
Name of participant                      Date                      Signature

\_\_\_\_\_  
Researcher                      Date                      Signature

Footer: Doctoral Programme in Clinical Psychology  
University College London Gower Street London WC1E 6BT  
**General Enquiries** Tel: +44 (0)20 7679 1897  
<http://www.ucl.ac.uk/clinical-psychology>

## **Appendix F: Devising the interview schedule**

The following five stages were used as a guide to develop the interview schedule.

1. **Identifying the prerequisites for using semi-structured interviews:** This approach to data collection was considered suitable for investigating this phenomenon.
2. **Retrieving and using previous knowledge:** conducting a literature review presented me with existing knowledge in this topic area (Barriball & While, 1994). The interview schedule from Niazi (2019), exploring intergenerational trauma among second-generation Afghan males, provided a preliminary set of questions to be included. Additionally, findings from Rahman (2020) were useful in highlighting the areas of further interest for second- and third-generation British Bangladeshis and their collective memories of the Liberation War. These include silencing, trauma transmission, generational messages around distrust and Bengali heritage and identity.
3. **Formulating the preliminary semi-structured interview guide:** the questions were designed to be short and open-ended, enabling participants to speak freely and for a dialogue to occur between myself and participants (Cridland et al., 2015)
4. **Pilot testing the interview guide:** The pilot stage involved testing the interview schedule with a member from the British Bangladeshi community who identified as being second-generation descent. This stage had a significant impact on modifications to the interview schedule (Barriball & While, 1994). Initially, an internal testing process was conducted, allowing me to assess the initial interview schedule in consultation with my supervisors (Barriball & While, 1994). I considered my own perspective as a British Bangladeshi and the potential for bias and improper leading questions (Barriball & While, 1994). The field testing entailed a simulation of an actual interview scenario (Barriball & While, 1994) and played a significant role in guiding me to consider questions aligned with the aims of my study (Krauss et al., 2009). After field testing, I realised that that interview schedule was too long, which then led to a significant reduction in the number of questions asked. It also revealed that some questions were not directly related to participants' experience of IGT, such as general questions about their relationship with parents rather than how this relationship may have been impacted by IGT. As a result, questions unrelated to the topic of IGT were removed and those related to the aims of the study remained.
5. **Presenting the complete semi-structured interview guide:** By conducting semi-structured interviews, it became feasible to centre the discussion around topics that held significance for the participants, thus enabling the expression of diverse perspectives (Cridland et al., 2015).



**Appendix G: Interview schedule**

## **Section A: Awareness of Parents' Trauma Stories**

### **1. While growing up, did your parents openly speak about their experiences of the Liberation War 1971?**

[If yes]

- a. What do you know about their experience of the Liberation war?
- b. How did you feel listening to those experiences?
- c. Were they distressed by these experiences? If yes, in what way?

[If no]

- a. Why do you think they did not openly speak about their experiences?
- b. Do you think they are distressed by their experiences of the Liberation War, even though they have not spoken about it? E.g. as shown by their behaviours or emotions.

### **2. While growing up, did your parents openly speak about their experiences of being an immigrant in the UK?**

[If yes]

- a. What do you know about their experience of being an immigrant in the UK?
- b. How did you feel listening to those experiences?
- c. Were they distressed by these experiences? If yes, in what way?

[If no]

- a. Why do you think they did not openly speak about their experiences?
- b. Do you think they are distressed by their experience of being an immigrant in the UK, even though they have not spoken about it? E.g. as shown by their behaviours or emotions.

### **3. Do you think there has been a silencing of the stories or traumas of the Bangladesh Liberation war?**

- a. Why do you think there is a silencing or not much awareness about the traumas of the Liberation War?
- b. What impact do you think this has had on our Bangladeshi parents?
- c. What impact do you think this has had on their parenting approach?
- d. What impact do you think this has had on this younger generation of British Bangladeshis?

## **Section B: Family Functioning & Parenting**

### **4. When you were growing up, did you notice your parents have ongoing concerns or worries about events from the Liberation War?**

[If yes]

- a. What were these?
- b. How did they impact you while growing up?
- c. Could you sense any of these concerns or worries from your parents' behaviours or emotions?
- d. How do you think your parents' experience of the Liberation War impacted the way your parents raised you?

[if no]

- a. Why do you think they did not have or show any concerns/worries about the liberation war (considering that they did experience or witness the war)?

**5. When you were growing up, did you notice your parents have ongoing concerns or worries about their experiences as immigrants?**

**[if yes]**

- a. What were these? E.g., racism in the UK, homelessness, financial issues
- b. How did they impact you while growing up?
- c. Could you sense any of these concerns from your parents' behaviours or emotions?
- d. How do you think your parents' experience of immigration impacted your upbringing/the way your parents raised you?

**[if no]**

- a. Why do you think they did not have or show any concerns/worries (considering that they did experience immigration)?

**6. How would you describe your parents' parenting style?**

- a. For example, it could be strict, controlling, anxious, disciplined, lenient, kind or gentle
- b. Do you think their parenting style has been impacted by their experience of the Liberation War and/or immigration? If so, how?
  - i. Has it positively impacted their parenting style? If so, how?
  - ii. Has it negatively impacted their parenting style? If so, how?
- c. How do you imagine their parenting style might have been different if they hadn't experienced the Liberation War and/or immigration?

**7. There are often generational messages/values that are passed down from our parents to us. These may or may not be told to us directly, instead shown to us by our parents' behaviours or actions. For example, generational messages may include "don't trust others" "don't make friends with people outside of the community" "don't waste food" or "have strong work ethics". These messages can be positive or negative. While you were growing up, were there any key messages or values that you got from your parents?**

- a. Prompt: Where do you think these messages/values come from?
- b. Prompt: Do you think these messages/values are related to your parents' experience of the liberation war and/or being an immigrant in the UK?

**8. Considering those messages you got from your parents, can you describe the messages/values that you would like to pass on to your own children?**

- a. Are these messages similar or different to your parents' messages?
- b. Why are they similar / different?

**Section C: Current Life Functioning & Mental Wellbeing**

**9. How do you think having Bangladeshi parents who had lived through the Liberation War and immigration to the UK has influenced your identity as a British Bangladeshi?**

- a. For example, are you proud/not proud? Do you feel more/less Bengali? Do you feel oppressed/more resilient?

**[if no influence]**

- b. Why do you think that is?

**10. Can you think of any areas of your life that have been impacted by your parents' experience of the Liberation War and/or immigration?**

- a. For example, did it impact your education, occupation, relationships, religious practices, social recreational activities, community involvement, feelings about yourself or others, starting your own family.
- b. Do you think it has contributed to your resilience/motivation, such as through parental pressure/encouragement?

**11. In the past have you experienced extreme low mood or depression?**

- a. If yes, do you think your feelings of extreme low mood or depression has been influenced in some way by your parents' experience of Liberation War and/or immigration?
  - i. Why or why not?
  - ii. Can you please provide examples as to how you believe it might be related?

**12. In the past have you experienced extreme stress or anxiety?**

- a. If yes, do you think your feelings of extreme stress or anxiety have been influenced in some way by your parents' experience of the Liberation War and/or immigration?
  - i. Why or why not?
  - ii. Can you please provide examples as to how you believe it might be related?

The next few questions will be about intergenerational trauma.

Trauma: Trauma is a difficult and painful event or experience like war, domestic violence, abuse, loss of a loved one or car accident. Trauma is any event that causes psychological injury or creates strong emotions and can result in anxiety, stress, reliving the event in dreams, avoidance of similar situations and general disruptions in life. Trauma also includes our interpretations of those events.

Intergenerational Trauma: Intergenerational trauma occurs when someone experiences a psychological trauma and then it passes down to the younger generation, even though the younger generation hasn't experienced it directly. For example, it was found that children of Holocaust survivors experienced depression and anxiety, even though the children did not experience the genocide directly. Researchers say that trauma can pass from the parent to the child through parenting or even epigenetics (DNA).

**13. Do you feel that you have experienced intergenerational trauma?**

- a. Can you see a link with your own distress/mental wellbeing to your parents' experience of liberation war and/or being an immigrant in the UK?
- b. [If yes] can you please provide examples as to how you believe it might be related.
- c. [if no] why do you think it is not related?

**Appendix H: Debrief information & signposting to mental health organisations**

## **Participant Debrief & Services You Can Contact**

Thank you very much for giving up your time to take part in our study. We hope that you found it an interesting experience. The information that you have provided will help us to understand whether intergenerational trauma exists within the British Bangladeshi community.

We kindly request that you do not discuss the interview with other participants who are yet to be interviewed. This would include sharing the questions asked or sharing your responses.

Reflecting on your experiences can bring up some difficult thoughts and feelings. If you are feeling in distress because of this interview, you might find it helpful to complete a relaxation or mindfulness exercise available on this website:

<https://www.getselfhelp.co.uk/relax.htm>

You are also very welcome to contact Dr Madiha Shaikh, Clinical Psychologist (Principal Investigator of the study; [madiha.shaikh@ucl.ac.uk](mailto:madiha.shaikh@ucl.ac.uk)), who will be able to discuss this with you confidentially and signpost you to relevant support.

If you feel that you might benefit from some ongoing support, you might find it helpful to contact one of the following services:

- The Samaritans (Phone: 116 123/ Website: <https://www.samaritans.org/how-we-can-help/contact-samaritan/>). Support service for people experiencing distress.
- Improving Access to Psychological Therapies (IAPT; [https://www.nhs.uk/Service-Search/Psychological%20therapies%20\(IAPT\)/LocationSearch/10008](https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008)). Provide evidence based psychological therapies to people with anxiety and depression (generally age 16 and above).
- Contact your GP for local mental health services in your area.
- Nafsiyat Intercultural Therapy Centre: [020 7263 6947](tel:02072636947); <https://www.nafsiyat.org.uk>

If you would like any further information or if you have any questions regarding the study, then please feel free to contact the Researchers: Sayeeda Ali ([zcjtsal@ucl.ac.uk](mailto:zcjtsal@ucl.ac.uk)) or Madiha Shaikh, Clinical Psychologist (Principal Investigator on the study; [madiha.shaikh@ucl.ac.uk](mailto:madiha.shaikh@ucl.ac.uk)).

Many thanks again for giving your time to participate in our research.

## **Appendix I: Illustration of thematic analysis process**

Extract	Initial Notes	Coding	Theme	Domain
<p>I: Thinking about the values or messages that you want to pass on to your children? Are they similar or different to your parents' messages?</p> <p>PP X: Probably the <b>self-awareness of mental health issues</b>, and being in a position where you could somewhat, <b>figure yourself out and make sure to seek therapy when you need help</b>, or when you want to ask questions that everyone can to help find the solution, because of the common theme of suppression.</p> <p><b>I grew up knowing that my parents would hide their emotions, and I done it myself growing up.</b> It's not something I often speak about, and as well as, I presume a lot of British Bangladeshis do. <b>I don't want my kids to be in a position where they have to hold it all in</b>, because I know a lot of people who hold their emotions and they just end up being quite depressed and glum, and they're just waiting for someone to ask them how they are. <b>Just have an open dialogue, and you know. Ask them about having the whole taboo on social stigma attached to it [mental illness]</b></p>	<p>Offspring realising personal mental health challenges</p> <p>Offspring seeking solutions for mental health challenges</p> <p>Learnt from parents to hide emotions</p> <p>Generational message to pass onto next generation to combat emotion suppression</p> <p>Critical of taboo on mental health, helping others to talk about mental health</p>	<p>Becoming self-aware of mental health challenges</p> <p>Self-healing</p> <p>Emotion suppression</p> <p>Message to next generation</p> <p>Raising awareness among others about mental health</p>	<p>Awareness of mental health challenges</p> <p>Individual healing approach</p> <p>Awareness of mental health challenges</p> <p>Breaking generational cycles of trauma</p> <p>Awareness of mental health challenges</p>	<p><b>Repair</b></p>



## **Appendix J: Ethical Approval**



23<sup>rd</sup> March 2022

Dr Madiha Shaikh  
Research Department of Clinical, Educational and Health Psychology  
UCL

Cc: Sayeeda Ali

Dear Dr Shaikh

**Notification of Ethics Approval with Provisos**

**Project ID/Title: 22443/001: Qualitative exploration of intergenerational trauma among second and third generation British Bangladeshis post- Liberation War (1971) and immigration to the UK**

Further to your satisfactory responses to the Committee's comments, I am pleased to confirm in my capacity as Chair of the UCL Research Ethics Committee (REC) that your study has been ethically approved by the UCL REC until **30<sup>th</sup> September 2023.**

Ethical approval is subject to the following conditions:

**Notification of Amendments to the Research**

You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form' <https://www.ucl.ac.uk/research-ethics/responsibilities-after-approval>

**Adverse Event Reporting – Serious and Non-Serious**

It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator ([ethics@ucl.ac.uk](mailto:ethics@ucl.ac.uk)) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol.

The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

**Final Report**

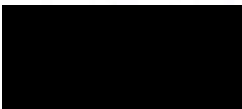
At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research;
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely



**Professor Lynn Ang**  
**Joint Chair, UCL Research Ethics Committee**

## Tables

### Part 1

**Table 1.** *Inclusion and exclusion criteria*

Inclusion	Exclusion
<ul style="list-style-type: none"><li>- South Asian countries of origin: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka.</li><li>- Descendants of cultural trauma survivors, such as children, grandchildren, second- or third-generation diaspora.</li><li>- Immigrants and non-immigrants in different geographical locations.</li><li>- Primary data</li></ul>	<ul style="list-style-type: none"><li>- Age: below 16 years</li><li>- Participants who are war veterans or descendants of war veterans</li><li>- Environmental traumas e.g., natural disasters such as tsunamis</li></ul>

**Table 2.** *Characteristics of included studies*

Authors & Date	Bloch (2018)	Ibrahim, Rajapillai & Scott (2022)	Jeyasundaram, Cao & Trentham (2020)	Niazi (2019)	Rogers (2021)
Sample Size & Gender (where stated)	16	15 - 25	6 (3 Female)	11 (all Male)	48 (38 Female)
Age range	18 - 36	19 - 25	23 – 33	18 - 35	18 – 59
Study Country	United Kingdom	United Kingdom	Canada	USA	Canada
Generation	Second-generation	Second-generation	Second-generation	Second-generation	First- & Second-generation
Ethnicity	Tamil	Tamil	Tamil	Afghan	Afghan
Study Design	Qualitative; Interviews	Qualitative; Focus groups	Qualitative interviews	Qualitative interviews	Mixed Methods
Aims	Offer insights and reflections on the intersections of the past and present on memory and intergenerational narratives and, make a contribution to the literature by	Examine the consumption of violence as an affective sphere for diasporic younger generations in ingrainig coherence and fragmentation as part of the	Explore how intergenerational trauma manifests in the occupational lives of second-generation refugees	Explore the intergenerational transmission of trauma among second-generation Afghan men whose parents fled Afghanistan during the Soviet Invasion from 1979 to 1989	Investigate the intergenerational transmission of war trauma among first- and second-generation Afghan refugees

	advancing the understanding of the complex inter-generational legacy of refugee backgrounds.	Tamil consciousness			
<b>Key themes</b>	<ul style="list-style-type: none"> <li>- Parents' stories of post-war loss;</li> <li>- Parents' silence on war stories as a protective strategy;</li> <li>- Perceived parent-offspring disconnect;</li> <li>- Sense of ambiguous loss;</li> <li>- Offspring guilt and over-achievement;</li> <li>- Inherited silence</li> <li>- Offspring curiosity about history and war</li> </ul>	<ul style="list-style-type: none"> <li>- Offspring guilt &amp; over-achievement;</li> <li>- Inherited silence;</li> <li>- Healing as collective activism</li> <li>- Parents' and offspring identity issues</li> <li>- Offspring curiosity about history and war</li> <li>- Learning about history develops identity</li> </ul>	<ul style="list-style-type: none"> <li>- Messages and meaning-making in parents' war stories</li> <li>- Perceived lack of empathy in parent-offspring relations;</li> <li>- Offspring guilt</li> <li>- Offspring identity issues</li> <li>- Offspring curiosity about parents' war history;</li> <li>- Collective activism e.g., protesting;</li> <li>- Community healing approaches;</li> <li>- Community support activities;</li> <li>- Individual healing approaches e.g., psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>- Parents' stories or post-war loss;</li> <li>- Lessons/messages in parents war stories</li> <li>- Parents' silence on war stories as a protective mechanism;</li> <li>- Parenting styles: overprotective and strict;</li> <li>- Parent-offspring disconnect, distance, invalidation, lack of empathy and understanding;</li> <li>- Offspring depression, anxiety, ambiguous loss</li> <li>- Offspring distrust, guilt, overachievement</li> <li>- Offspring feeling indebted to parents</li> </ul>	<ul style="list-style-type: none"> <li>- Parents' stories of post-war loss</li> <li>- Lessons/messages (gratitude, morality, hard work, distrust) in parents' war stories</li> <li>- Parents' silence on war stories as a protective mechanism;</li> <li>- Parenting styles: emotionally detached, overprotective or harsh;</li> <li>- Parent-offspring emotional disconnection, invalidation, formal, enmeshment, lack of empathy and understanding;</li> <li>- Offspring depression, anxiety, ambiguous loss</li> </ul>

	<ul style="list-style-type: none"> <li>- Learning about history develops identity</li> </ul>			<ul style="list-style-type: none"> <li>- Offspring gratitude</li> <li>- Inherited resilience and hard work</li> <li>- Inherited silence</li> <li>- Offspring collective &amp; individual healing e.g., mental healthcare seeking &amp; religion</li> <li>- Offspring disconnected from culture</li> <li>- Importance of religion and faith in healing and identity</li> </ul>	<ul style="list-style-type: none"> <li>- Offspring distrust, guilt, overachievement,</li> <li>- Inherited resilience and hard work</li> <li>- Inherited silence</li> </ul>
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**Table 3. Summary of themes**

	<b>Bloch (2018)</b>	<b>Ibrahim et al (2022)</b>	<b>Jeyasundaram et al (2020)</b>	<b>Niazi (2019)</b>	<b>Rogers (2021)</b>
<b>Theme 1: Parents' trauma stories and storytelling</b>	◆	◆	◆	◆	◆
1.1. Stories of post-war loss	◆	◆		◆	◆
1.2. Protective silence in storytelling	◆		◆	◆	◆
1.3. Messages & meaning making			◆	◆	◆
<b>Theme 2: Parenting Styles</b>				◆	◆
2.1. Unemotional parenting style					◆
2.2. Overprotective parenting				◆	◆
<b>Theme 3: Parent-Offspring Relation</b>	◆		◆	◆	◆
3.1. Formality	◆			◆	◆
3.3. Lack of empathy & understanding			◆	◆	◆
<b>Theme 4: Impacts on Offspring</b>	◆	◆	◆	◆	◆
4.1. Intergenerational trauma, depression & anxiety				◆	◆
4.2. Ambiguous loss	◆			◆	◆
4.3. Distrust	◆			◆	◆
4.4. Guilt & overachievement	◆	◆	◆	◆	◆
4.5. Hard work & resilience	◆				◆
4.6. Inherited silence & curiosity	◆	◆	◆	◆	◆
<b>Theme 5: Healing Practices</b>		◆	◆	◆	
5.1. Collective healing		◆	◆	◆	
5.2. Individual healing				◆	



## Part 2

Table 1. *Participant demographics*

<b>Demographic</b>	<b>Description</b>	<b>n</b>
<b>Gender</b>	Female	9
<b>Immigration generation status</b>	Second-generation	11
	Third-generation	3
<b>Education qualification</b>	Undergraduate degree	6
	Postgraduate degree	8
<b>English Fluency</b>	Fluent	14

**Table 2. Reference to themes by participants**

<b>Domains &amp; Themes</b>	<b>M1</b>	<b>M2</b>	<b>F3</b>	<b>F4</b>	<b>M5</b>	<b>F6</b>	<b>F7</b>	<b>F8</b>	<b>F9</b>	<b>M10</b>	<b>F11</b>	<b>F12</b>	<b>F13</b>	<b>M14</b>
<b>Domain 1: Remembering and retelling vs. silencing</b>														
1.4. Silencing of Liberation War stories	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
1.5. Parents' Liberation War stories and storytelling	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆
1.6. Immigrant experience stories	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
<b>Domain 2: Resilience</b>														
2.5. Adjustment in Britain: culture & community	◆		◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	
2.6. Intergenerational hard work ethic	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆
2.7. Emotional preservation	◆	◆	◆	◆	◆		◆		◆	◆	◆			
2.8. Resource preservation			◆	◆	◆		◆		◆	◆	◆			◆
<b>Domain 3: Resistance</b>														
3.3. Intergenerational distrust: resistance to change	◆		◆		◆	◆	◆	◆	◆	◆		◆		◆
3.4. Intergenerational advocacy: resisting to create change	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆		◆
<b>Domain 4: Reconnection</b>														
4.5. Reconnecting with parents and family			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
4.6. Reconnecting to Bangladesh: land, culture, and history	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
4.7. Reconnecting with identity	◆			◆	◆		◆		◆	◆	◆	◆	◆	
4.8. Reconnecting with community	◆		◆	◆		◆		◆				◆		
<b>Domain 5: Repair</b>														
5.6. Awareness of mental health challenges as survival adaptations	◆	◆	◆	◆	◆	◆	◆			◆	◆	◆	◆	◆
5.7. Intergenerational trauma	◆		◆	◆	◆		◆			◆	◆	◆	◆	◆
5.8. Breaking generational cycles of trauma			◆	◆	◆		◆	◆		◆	◆	◆	◆	◆
5.9. Individual healing				◆	◆			◆		◆		◆	◆	

5.10. Collective healing	◆	◆	◆		◆		◆							◆	◆
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## Figures

### Part 1

Figure 1. PRISMA diagram for study selection

