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Transgenerational Transmission of Effects of the Holocaust

The North American Research Perspective

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Over the past three decades, since the publication of the first article (Rakoff, Sigal, & Epstein, 1966) suggesting the transmission of effects of the Holocaust traumata to the second generation, several hundred articles and dozens of doctoral dissertations have been written on this topic. Clinical reports suggest special characteristics of children of survivors, and particular problems in the relationships between children and parents in survivor families, supporting the hypothesis of intergenerational transmission of Holocaust trauma. Empirical studies, on the other hand, have rendered a much less consistent view. Many of the early empirical works have been criticized (Solkoff, 1981) for biased samples, lack of control groups, reliance upon anecdotal data, and presumption of psychopathology. Studies conducted during the past 15 years have remedied many of these methodological flaws. Most importantly, the number of controlled studies significantly increased after the 1970s, and the focus shifted onto nonclinical samples drawn from the generational population.

This chapter presents a review of the findings of empirical, controlled studies of North American, nonclinical samples of Holocaust offspring (HOF), including not only published articles but also an extensive list of over 30 unpublished doctoral dissertations. A conceptual framework is proposed, which organizes and unifies the diverse empirical observations regarding cognitive-affective, interpersonal, and defensive styles among HOF, and offers possible explanations for the discrepancies between clinical reports and empirical studies.

REVIEW OF THE EMPIRICAL RESULTS

Sigal (1973) summarized the paradigm of transgenerational transmission, which posits that parents, having experienced similar deprivation, subsequently developed similar distorted practices for human relations. These distorted capacities would be displayed, in the course of

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rearing their children, in the form of specific parent–child relationships, which would then result in specific and defined behavioral and experiential outcomes common to their children. Each of the three elements of this paradigm has been empirically investigated: the identification of the nature and specificity of the survivors' traumatization, the search for specific child-rearing practices associated with particular intrafamilial parent–child relationships in survivor families that could be postulated as the vehicle of intergenerational transmission, and the search for subsequent similarities in behavioral and experiential characteristics of HOF.

An important distinction has been made (Kendler, 1988; Schwartz, Dhorenwend, & Levav, 1994) between two different types of transmission of personality traits and psychiatric disorders. In “direct and specific” transmission, children learn to behave and think in disordered ways similar to those of their parents, resulting in higher rates among the children for the same disorders suffered by the parents. In “non-direct and general” transmission, the problems of the children are due to the parents' disorders, not through modeling and learning, but due to the disorder causing the parent to have difficulties in parenting. The parents' disorder thus causes a global deficit in the children that may underlie many types of psychiatric disorders, not necessarily the same ones with which the parents are affected.

The assessment of the degree of parental traumatization, and its effects among HOF, is presented first. This is followed by a review of empirical studies that explored direct transmission of symptoms of the Survivor Syndrome, and then those that investigated evidence of indirect transmission of effects related to the Holocaust.

Degree of Parental Traumatization

Considerable heterogeneity existed before the war among the survivors in aspects such as socioeconomic status, education, and occupational skills. There was also great heterogeneity in the traumatic experiences themselves and the interactions of specific Holocaust experiences with pre- and postwar conditions are further sources of variability among survivors (Klein, Zellermayer, & Shanan, 1963; Solkoff, 1981). Despite this heterogeneity, certain psychological features have been universally observed to characterize survivors, and have been demonstrated to be relatively independent of pre- and postwar personality characteristics. The clinical entity typical of this population, dubbed the “Survivor Syndrome,” is characterized by the persistence, to varying degrees, of multiple symptoms, among which prevail chronic depressive and anxiety reactions, guilt, unresolved mourning, agitation, insomnia, nightmares, and far-reaching somatization (Eitinger, 1961; Niederland, 1968).

Operational quantification of the severity of the survivors' traumatization has been demonstrated to be extremely complex. Many studies use “categories” to quantify traumatization (the categories typically being concentration camp inmates, labor camp survivors, those who were in the ghetto, those who were in hiding, and those who were in the resistance). However, there is no universal agreement concerning the relative severity of traumatization for these categories. Some studies (Kanter, 1970; Klein *et al.*, 1963) found survivors who had been in hiding to have been most adversely affected. Sigal and Weinfeld (1989) found that the most severe consequences were observed for the concentration camp experience. On the other hand, Alexandrowicz (1973) found no differences between survivors of concentration camps and those who escaped to the U.S.S.R., consistent with the clinical observations of Winik (1968).

These contradictory observations suggest that these categories might not give an accurate measure of individuals' traumatic experience and its subsequent long-lasting effects on the survivors themselves. Perhaps it is not surprising, therefore, that, although there is some

empirical support suggesting that the severity of adverse effects in HOF is indeed related to the degree of parental traumatization, there are inconsistent reports as to the relationship between specific categories of parental Holocaust experiences and effects in the children. Lichtman (1983) found that children of survivors who had been in hiding showed higher scores on paranoia, anxiety, and hypochondriasis than did other HOF, and Sigal and Weinfeld (1989) found that they were overrepresented in their subsample of HOF who sought psychotherapy. However, Magids (1994) found no differences in personality characteristics measured by the Sixteen Personality Factors Questionnaire (16-PF) between 50 children of hidden child survivors and 50 controls. Wanderman (1980) found essentially no differences between 70 children of concentration camp survivors, 29 other HOF, and 32 children of refugees with regard to difficulties in separation-individuation or the polarization in the perceptions of parents. Gross (1988) observed a "trend" (no statistical data were given) among 108 HOF for higher parental traumatization to be related to higher group dependence in sons, whereas low traumatization was related to higher self-sufficiency in daughters. However, no correlations were observed between the severity of traumatization and the children's perceptions of their parents' parenting styles. Similarly, Weiss (1988), using the Cornell Parent Behavior Inventory, observed no differences in perceived parental child-rearing practices between children of concentration camp or labor camp survivors, other HOF, and children of refugees. Likewise, Sigal and Weinfeld (1989) found no differences between children of two concentration camp survivors and controls.

Klein *et al.* (1963) suggested that a more sensitive measure of traumatization would be achieved using specific determinants of oppression, among which they enumerated the destruction of family, slavery and isolation, emotional and social deprivation, chronic frustration, humiliation, insecurity, fear of death, disregard of personality, hunger, sleep deprivation, physical traumatization, and infectious diseases. It has been suggested (Eissler, 1963) that the most extreme traumatizing factor was that of experiencing the murder of one's own children. Several authors have attempted to explore the relationship between effects in HOF and specific determinants. Hammerman (1980) found only little support for a relationship between the number of relatives lost and identity development in HOF. Blumenthal (1981) found no relation between the number of surviving members of the parent's family of origin and effects in the children. Similarly, Schulman (1987) found that the number of relatives lost, number of surviving siblings, and length of internment were not relevant indicators of depression in HOF. In contrast, Goodman (1978) found that the length of internment in a concentration camp was on average twice as long for the parents of HOF who sought therapy as for parents of non-help-seeking HOF.

The age at which traumatization was experienced is considered another potential determinant of the severity of traumatization, following expectations from the literature that those survivors who experienced traumatization during adolescence would be particularly damaged (Danto, 1968; Fink, 1968; Grubrich-Simitis, 1981; Segall, 1974). Contrary to such clinical observations, it was found (Budick, 1985) that the children of survivors who had been adolescents during the war did not show poorer interpersonal adjustment and coping, nor greater narcissism, than other HOF or controls. Baron, Reznikoff, and Glenwick (1993), with 241 HOF and 109 controls, and using the California Psychological Inventory, O'Brien Multiple Narcissism Inventory, and Kobasa Hardiness Scale, concluded that their findings failed to support their prediction that early loss and having been younger during traumatization would be related to a higher degree of pathology and narcissistic injury in the children of such survivors. Similarly, Walisever (1995) found that HOF whose mothers lost their own mothers in the Holocaust did not differ in their attachment style from other HOF. In contrast, despite the

lack of differences when comparing the entire sample of HOF with controls, Gertler (1986) found that HOF whose parents lost a spouse or child in the Holocaust exhibited significantly greater problems in aggression, compliance, dependency, and intimacy.

Another approach to the assessment of parental traumatization uses the children's perceptions thereof. Blumenthal (1981) found evidence for a relation between the children's perceptions of parental traumatization and psychopathology in the children. Lichtman (1983) observed significant correlations between the types of communication most frequently employed by the parents who had undergone the most severe traumatization (as perceived by their children) and all variables measuring personality traits in their children. Guilt-inducing communication, experiential nonverbal communication, and indirect communication were related significantly to characteristics among HOF such as paranoia, hypochondriasis, anxiety, and low ego strength. Schleuderer (1990), using the Millon Clinical Multiaxial Inventory-II (MCMI-II) found statistically significant correlations between the children's rating of their mother's traumatization and their scores on the Histrionic, Narcissistic, and Debasement Scales. However, the ratings of mothers in the midrange of traumatization were most related to effects in the children, a finding that raises questions about the accuracy of assessment of parental traumatization as it is reflected in conscious perceptions of their children.

The assessment of the effects of parental traumatization on the children is further complicated by the fact that the degrees of traumatization of both parents are relevant. Karr (1973) found (using Minnesota Multiphasic Personality Inventory (MMPI), Nettler Alienation Scale, Srole Anomie Scale, and the Brenner Scale of Jewish Identification) more adverse effects among children of two concentration camp or labor camp survivors in comparison to HOF with one survivor parent and to children of refugees. This observation supports the view (Sigal, Silver, Rakoff, & Ellin, 1973) that having one survivor parent and one who is not might mitigate the effects on the children. In contrast, Antman (1986) found no differences between HOF with two survivor parents and controls on self-actualization and self-esteem, whereas HOF with one survivor parent fared less well than these two groups, and Gertler (1986) found no differences in the quality of interpersonal adjustment between 62 HOF with two survivor parents, 36 HOF with one survivor parent, 37 children of Jewish immigrants, and 49 children of American-born parents.

There is considerable indication in the empirical literature that effects of parental traumatization on the children are related to the gender of the traumatized parent (Karr, 1973; Keller, 1988; Lichtman, 1984; Schulman, 1987). Lichtman (1984), using MMPI scales, Welsh's Scale of Anxiety, Baron's Scale of Ego Strength, Mosher Forced Choice Scale of Guilt, and Hogan's Empathy Scale, as well as a Communication Questionnaire developed by the author (Lichtman, 1983), found that the gender of the survivor parent, as well as that of the child, were important factors in determining the effects of Holocaust-related communication. Frequent, willing, and factual maternal communication about the Holocaust was related to higher paranoia, lower ego strength, and lower empathy in HOF. Paternal communication, on the other hand, was related inversely to depression and hypochondriasis among the children. Daughters of mothers who used more guilt-inducing communication scored significantly higher on anxiety, paranoia, and hypochondriasis, and had lower ego strength, whereas, for sons, exposure to maternal guilt-inducing communication was related only to higher educational achievements. Indirect communication by either parent was related significantly to depression, anxiety, paranoia, hypochondriasis, and lower ego strength in daughters, but to *lower* depression scores and higher incomes among sons. It would appear that female HOF were generally more adversely affected than males by their parents' traumatization and reacted with symptoms of withdrawal, fear, somatic complaints, and low self esteem (consistent with Karr, 1973).

Chayes (1987), in one of the few studies that assessed directly both survivors and their children, found that, consistent with clinical formulations that focus on the mother's role vis-à-vis the infant and child, a moderate relationship was observed between the mothers' emotional unavailability and overcontrol, and levels of pathology in HOF, whereas no such relationship was seen for fathers. Also, psychopathology in HOF was inversely related to the mother's level of mourning, indicating that unacknowledged mourning is related to greater pathology in the children. No relationship was observed between HOF's pathology and the father's level of mourning. In contrast, Schleuderer (1990) found that having a survivor father, regardless of his level of traumatization, was related to higher scores on rage-related MCMI-II subscales as well as Histrionic, Narcissistic, and Paranoid Scales. The author concluded that an important route of intergenerational transmission is the father, consistent with clinical observations (Danieli, 1982; Kestenberg, 1982) that the traumatization of the Holocaust contains an added degradation for male survivors, due to their "failure" to protect loved ones.

It has been suggested that the effects of traumatization can be better understood in the context of differential coping and adaptation styles, rather than by focusing on parameters of the traumatic experiences themselves. Danieli (1981, 1982, 1985) delineated four adaptational styles observed in her clinical work with families of survivors, which she termed "Numb," "Victim," "Fighters," and "Those Who Made It." The Numb were described as emotionally depleted by their exposure to trauma, unable to relate warmly to themselves or to others, and isolated from the community, tending to avoid affiliation even with other survivors. Victims were described as depressed, fearful of a recurrence of the traumatic events, and quarrelsome and guilt-inducing with others. Fighters adopt a confrontational, defiant stance in their dealings with the world, show intolerance of any sign of weakness in themselves or others, push themselves and those close to them to achieve, and are determined that no one should ever again experience what happened to them. Those Who Made It are successful socioeconomically and distance themselves from the traumatic events of the past and those with whom they experienced them. Danieli's description of the four adaptational styles encompasses most of the diverse (and sometimes contradictory) features reported as typical of various survivors and their children.

Empirical validation for Danieli's typology has been demonstrated in several studies. Rich (1982) developed a questionnaire and structured interview that differentiated among types of HOF consistent with Danieli's taxonomy. It was further suggested that "types produce types," because each parental type provides environmental opportunities that enhance, among the children, its own predominant typological components. Klein (1987), with a sample of 54 children of concentration camp or labor camp survivors, and using instruments that included the Defense Mechanism Inventory and the Symptom Checklist-90-R (SCL-90-R), suggested that the four family types may be organized along two dimensions. Victim and Those Who Made It were viewed as opposite ends of a continuum ranging from insulated to assimilated, whereas Numb and Fighter were seen to range from passive internalization to active externalization. Using this conceptualization, the defensive styles demonstrated by HOF were consistent with predictions, the Victim exhibiting projection, the Numb exhibiting turning against the self, and Those Who Made It using primarily intellectualization. The prediction that the Fighter would use turning against the object was not confirmed, as Fighters also used intellectualization. Finally, those in the Victim and Numb groups showed a higher level of symptom distress than the other types, taken as indicating that they were less effective in distancing themselves from their parents' trauma. Sigal and Weinfeld (1989) asked their subjects to rate each of their parents using adjectives and statements from Danieli's descriptions of the four types. Principal component analyses yielded the same four factors for fathers and mothers separately. Factor I

was labeled Schizoid Personality, and Factor II, Paranoid Personality, corresponding, respectively, to Danieli's Numb and Victim. Factor III, labeled Depressive/Masochistic Personality, corresponded roughly to Danieli's Victim/Numb, and Factor IV was Type A/Normal Aggressive Personality, corresponding to Danieli's Fighter/Those Who Made It.

In summary, there are inconsistencies in the operationalization of the degree of parental traumatization. The definition of "survivorhood" itself varies quite widely; some studies restrict their sample to concentration camp survivors; others include all those who survived the Holocaust in Nazi-occupied territory; and still others even include all those who survived the war in Europe including the U.S.S.R. (Hammerman, 1980). Some define HOF status as having two survivor parents, others require only one, and not all provide a breakdown of the effects according to the gender of the survivor parent. Studies of HOF based on either categories of parental experiences or specific determinants of parental traumatization rendered inconsistent findings, suggesting that important aspects of the traumatization were not properly assessed. Conceivably, phenomena in the children's generation are different than those in the survivors and are not as directly related to types of determinants of traumatization. For HOF, the transmission and mitigation of effects seem to be also influenced by the parents' style of adaptation to trauma.

Direct Transmission of Survivor Syndrome Symptoms

Initial clinical observations (Barocas & Barocas, 1973; Sigal *et al.*, 1973) suggested the possibility of transmission to HOF of symptoms resembling those of the Survivor Syndrome. Thus, empirical studies looked for evidence in HOF of personality traits such as depression, anxiety, somatization, guilt, and problems in regulation of aggression. Rubinstein, Cutter, and Templer (1990) examined both children and grandchildren of survivors, using the MMPI and Templer's Death Anxiety Scale for the children, and the Louisville Behavior Checklist (completed by parents) and School Behavior Checklist (completed by teachers) for the grandchildren. HOF demonstrated greater psychopathology on the MMPI than did controls. Ratings of the third generation by their parents also indicated more pathology, with higher ratings than controls on fear, neurotic behavior, aggression, social withdrawal, and inhibition, findings supported by their ratings by teachers.

Contrary to these findings, controlled research has not, on the whole, supported expectations for a greater pathology in HOF. Leon, Butcher, Kleinman, Goldberg, and Almagor (1981) are among the few authors that assessed both survivors and their offspring. Participants completed the MMPI and versions of the Current Life Functioning Form (constructed for the purpose of the study). Although survivors scored lower on mental health than controls, no differences were observed between HOF and controls. Sigal and Weinfeld (1989) randomly sampled the general Jewish community using a Jewish name-identification procedure applied to the voter registration list in Montreal. There was an unusually large sample, with 242 HOF subjects, 76 children of other Jewish immigrants, and 209 children of Canadian-born Jewish parents. Their sample is noteworthy also for its relatively high response rate (76% for HOF, 63% for children of immigrants, and 46% for children of native Canadians), in comparison to most other studies, which are typically around 50%. They found no differences between HOF and controls on the total score or the individual scales of the Psychiatric Epidemiological Research Instrument (PERI), and no evidence for higher proportion of deviantly high scorers among HOF. In addition, no differences were found between the groups on questions of whether they had experienced anxiety or depression in the preceding 12 months, or had contemplated suicide during that time or at any time in the past. HOF were less phobic than con-

trols, and no differences were observed regarding dealing with death. The authors concluded that, contrary to most clinical reports, their analyses did not yield much evidence that HOF have greater difficulties than controls with the control of aggression, anxiety, depression, phobias, low self-esteem, or psychosomatic complaints. Sigal and Weinfeld did find an indication of a higher suicide rate among siblings of HOF (although they had fewer siblings than did controls). In light of the lack of other differentiating findings, the psychological context leading to a higher suicide rate among HOF is not clear, suggesting that the questions asked did not assess some relevant aspects of the experiences of HOF.

Although there is almost unanimous agreement that no psychopathology has been observed in HOF, there is considerable evidence for differences between HOF and controls regarding some of the manifestations of the Survivor Syndrome, including depression, anxiety, regulation of aggression, and somatoform complaints. It has been suggested that this characteristic pattern reveals a "Child of Survivor Complex" (Budick, 1985) which, unlike a syndrome, does not imply a pathological level of functioning but rather a psychological profile typical of HOF.

Studies revealed that HOF scored higher than controls on depression (Wanderman, 1980), anxiety (Lichtman, 1984, using the MMPI), and expression of anger, paranoia, and overall pathology as measured by the SCL-90-R (Lowin, 1983). Schwarz (1986) observed that a sample of 70 HOF scored significantly higher in symptomatology in comparison with the SCL-90-R test norms. Karr (1973), using MMPI-derived scales, found that HOF of two survivor parents tended to indicate difficulties in impulse control, a tendency toward depression and anxiety, and feelings of alienation from society. Kleinplatz (1980), with a North American sample of HOF and controls, and a parallel Israeli sample (with 16 subjects in each of the four groups), found no differences on individuation (consistent with Wanderman, 1980), whereas differences in expression of aggression and feelings of depression, alienation, and apathy indicated that controls were functioning better than HOF. Budick (1985), using the Personal Attitudes Inventory and a structured interview, found HOF to be significantly more hostile and less trusting than controls, and male HOF to be more anxious than male controls, whereas no differences were observed regarding depression. HOF also scored significantly higher on hypochondriasis, in contrast to Sigal and Weinfeld (1989), who observed that HOF were not more problematic than controls with respect to psychosomatic complaints.

Differences in other cognitive-affective variables associated with depression have been reported in studies in which HOF did not differ from controls in total depression scores. Blumenthal (1981), using Baron's Ego Strength Scale, found HOF revealed frequent worries and fears, a reluctance to behave aggressively, and denial of aggressive impulses. HOF were also demonstrated to exhibit higher levels than controls of cognitive distortions associated with depression (Finer-Greenberg, 1987). Gertz (1986), with 47 HOF who belonged to an HOF support group, 64 other HOF, and 53 controls, saw evidence among HOF of guilt, fear, alienation, difficulty expressing emotions, Holocaust-related dreams, and a feeling that they are a replacement for a perished relative they never met, consistent with the phenomenon of "transposition" (Danieli, 1981; Kestenberg, 1982). Weiss, O'Connell, and Siiter (1986), using the Brief Mental Health Index, Nettle Alienation Scale, and Srole Anomie Scale, found that HOF scored higher than controls on guilt. Jurkowitz (1996), with 91 survivors, 91 HOF, and 91 grandchildren of survivors, concluded that there was evidence for transmission of depression, shame, and guilt across the three generations. Lovinger (1986), using projective and standardized instruments (including the thematic apperception test (TAT), Rosenzweig Projective Test, Defense Mechanism Inventory, Insolvable Puzzles, Multiple Affective Adjective List, and Moos Family Environment Scale) with 25 children of concentration camp survivors, showed

that HOF projected more hostility than controls, were more likely to internalize aggression, reported feeling more depressed, were less expressive in communicating feelings, and less assertive and self-sufficient in making decisions.

In contrast, some studies failed to find evidence for transmission of salient symptoms of the Survivor Syndrome. Rustin (1971), comparing 77 children of concentration camp survivors and 77 controls using the Moshier Incomplete Sentence Test, Buss–Durkee Hostility–Guilt Inventory, and Brenner Scale of Jewish Identification, observed no transmission of guilt, hostility, or difficulties in the regulation of aggression. Similarly, Schleuderer (1900) found no differences between 100 HOF and 30 controls on MCMI-II scales measuring anxiety, somatoform, and dysthymic traits.

In summary, despite some inconsistencies, there does seem to be an accumulation of reports reflecting statistically significant differences between HOF and controls, albeit within the normative range of psychological functioning, demonstrating a common constellation of personality characteristics in HOF. The typical characteristics include a higher tendency to depressive experiences, mistrustfulness, elevated anxiety, difficulties in expressing emotions (especially hostile ones) accompanied by difficulties in the regulation of aggression, higher feelings of guilt and self-criticism, and a higher incidence of psychosomatic complaints.

Evidence for Effects of Indirect Transmission

Studies investigating transmission of indirect and nonspecific pathology examined the hypothesis that long-term effects of extreme traumatization lead to subsequent impairments in the survivors' capacity for parenting, which then exert cumulative traumatic effects (Khan, 1963) and lead to a variety of problems in the children. In addition to external difficulties following their liberation, many internal experiences of survivor parents, and especially mothers, could conceivably interfere with their capacity for cathexing and empathizing with their newborn babies. These factors could include excessive parental narcissism, massive pent-up impulses of hate and revenge seeking an outlet, as well as conscious and unconscious reservations against the cathexis of new objects, whether as a defense against repeated object loss or because, as a result of unresolved mourning, a great part of libidinal drives are not available (Grubrich-Simitis, 1981). A form of ego-regression in the survivors, referred to as "armoring of the ego," could be experienced by HOF as an inability to win their mother's interest in them, or as being of no value to her.

HOF have also been described as imbued with a variety of parental expectations that differ from the usual for parent–child relationships (Grubrich-Simitis; 1981; Levine, 1982; Rosenman, 1984; Sonnenberg, 1974), their identification with which leads to selective and premature ego development. A few of the "missions" described in clinical reports that HOF are expected to fulfill include serving as a bridge to life, replacing lost idealized love objects, acting out the parents' defensively warded-off hate, proving the failure of the persecutors' intentions to destroy a whole people, and being a solace to their parents. Communications of this kind from the parents are presumed to be organized in the mental life of HOF according to phase-specific drive wishes, ego needs, and anxieties, and to be particularly activated whenever conflicts involve separation–individuation, differentiation, rivalry, and working through of aggressive impulses, thus leading to impediments in separation–individuation and in identity formation in HOF.

The extreme emotional pain suffered by the survivors might also make it impossible for their children to fulfill "loyal obligations" to them (Boszormenyi-Nagy & Spark, 1973), since efforts to ease their pain might prove unsuccessful, and might be perceived by the children as

reflecting their own failure rather than the parents' unresolved mourning and lingering depression. Although some Holocaust survivors might have had difficulty in meeting their children's emotional needs, others, who had lost their own parents in the Holocaust, might have focused all their attention on their children. The ensuing feeling in the children that their parents' total reason for being was for their (the children's) welfare might put great pressure on the children to meet unrealistic expectations. They might become overachievers, or they might just give up the quest to become something they cannot and be discouraged from pursuing academic as well as other achievements in life (Barocas & Barocas, 1979; Kestenberg, 1982).

From the perspective of structural family therapy (Minuchin, 1974), a useful parameter in evaluating family functioning is the clarity of boundaries within the family system. All families can be characterized according to their position on a continuum ranging from diffuse boundaries, typical of "enmeshed" families, to overly rigid boundaries, which typify "disengaged" families. Families of Holocaust survivors have been frequently characterized as enmeshed, due to features such as parental overvaluation of the children, overprotectiveness of the children toward their parents, and unclear boundaries between the spousal subsystem and the children. It was posited that the lack of differentiation discourages autonomous exploration and mastery of problems, thus inhibiting the development of cognitive-affective skills in the children. Overinvested parents might make it difficult for their children to grow emotionally and separate from them, as this would be perceived as disloyal in a family sensitive to loss. Hanover (1981) compared group means of 24 HOF and 20 controls on 18 dimensions of the Children's Report of Parental Behavior. Although no differences were observed between HOF and controls on the degree of autonomy or with regard to acceptance of individuation, HOF perceived both parents as exhibiting significantly greater possessiveness, as well as being more rejecting, intrusive, employing control through guilt, exercising hostile control, and practicing inconsistent discipline and withdrawal of relationship.

Several investigators who examined whether Holocaust families do indeed demonstrate higher degrees of enmeshment did not find evidence to support this notion. Zlotogorski (1983, 1985), using the Satisfaction with Well-Being Questionnaire and Washington University Sentence Completion Tests with 73 children of concentration camp or labor camp survivors and 68 controls, saw no significant differences between HOF and controls in levels of ego functioning in relation to perceptions of family cohesion and adaptability. The results indicated a great deal of variability in Holocaust families, who ranged from enmeshed to disengaged, as did controls, with the average survivor family characterized by structured separateness. Furshpan (1986), with 20 children of concentration camp survivors, 20 children whose parents had been in hiding, and controls, and using the Family Cohesion and Adaptability Scales and Family Structure Profile, did not find survivor families to exhibit greater enmeshment. In fact, children of concentration camp survivors, expected to be the most disturbed, perceived their families as "separated" or optimally functional. An unexpected result was that controls and children of concentration camp survivors scored similarly on perceived enmeshment, whereas the children of parents who had been in hiding scored higher than these groups. No differences were found between the HOF and controls on the level of family cohesion or the degree of satisfaction with it.

Weiss (1988) found no significant differences between survivor and control families in the degree of parental permissiveness. Sigal and Weinfeld (1989) asked their subjects to rate their parents as they saw them while they were growing up and at the current time, and how they would have preferred them to be. Male HOF reported their parents to be currently strict more often than did controls, and they also more often reported wishing their mothers would have been less strict in the past and less involved in their lives at present. Female HOF

reported, more frequently than did controls, that their fathers had been too strict while they were growing up. The authors concluded that the observed differences suggest more difficulties with discipline in survivor families. Whereas the daughters and their fathers seem to have resolved these difficulties better, sons felt that their mothers were still currently too strict, suggesting that some issues related to the sons' autonomy had not yet been resolved. Overall, however, Sigal and Weinfeld concluded there was no support for the hypothesis that survivor families were more enmeshed than controls.

It had been pointed out (Schleuderer, 1990) that there is no evidence that differentially links the concepts of adaptability and cohesion (Olson, Sprenkle, & Russell, 1979) to separation and independence among offspring. Thus, although families of survivors were not generally observed to be more enmeshed, these observations do not preclude the possibility of difficulties in separation-individuation. Indeed, several studies that focused on the separation-individuation process and related variables found substantial evidence for differences between HOF and controls. Wanderman (1980) found that HOF reported significantly more difficulty in broaching with their parents the subject of moving out. Karr (1973) saw that HOF tended to live closer to their parents and demonstrated more unresolved ambivalence in their relationship with their parents. Whereas Schleuderer (1990) observed no differences between HOF and controls in the age at which they left home, and Shiryon (1988) found that leaving the parents' home for college was not reported to have been accompanied by difficulties, greater difficulties were reported by HOF at a later phase in their lives (mid- to late-20s) when conflicts around individuation peak with the need to make romantic, occupational, and other lifestyle choices. Similarly, Gertler (1986) observed that HOF tended to establish their own families later than did controls, supporting Shiryon's view that individuation might be accomplished later in the lives of HOF.

Wieder (1985), comparing 30 HOF with Jewish controls, observed support for the hypothesis that HOF would have the most difficulty with the differentiation process, followed by children of immigrants and then children of American-born parents. Rose and Garske (1987), comparing HOF with second-generation American Jews, non-Jewish children of Americans, and children of parents of non-Jewish Eastern European origin who survived the war as prisoners of war or in hiding, observed that HOF scored significantly lower than controls on feelings of independence and self-sufficiency on the Moos Family Environment Scale. Ofman (1981) saw that female HOF scored lower than all other subjects on autonomy and dominance, and higher on external locus of control and maternal overvaluation, but higher on boundary differentiation. For controls, the results were consistent with the prediction that parental overvaluation impedes differentiation in the children, whereas for HOF, overvaluation was positively and significantly correlated with boundary differentiation. Although the author concluded that this finding suggests a possible strengthening effect of parental Holocaust experiences on boundary differentiation, it would seem more consistent that it reflects in actuality an exaggerated and defensive emphasis on boundaries.

Felsen and Erlich (1990), comparing 32 HOF and 30 controls using the Tennessee Self-Concept Scale, observed less differentiation in the perceived identification of HOF with both parents on both the actual and the ideal, or ego and superego, levels. A higher degree of unresolved ambivalence in the identification of HOF with their parents was expressed in a relative rejection of identification with the mother (especially with her high self-criticism) and idealization of the father, which were not observed among noncontrols.

Karson (1989), using the Parental Relationship Inventory with 38 HOF and 40 controls, found HOF were significantly less well differentiated from their families of origin, perceived their parents as less able to respect boundaries between themselves and their children, and un-

able to focus on their own needs, investing their emotional energy in their children even after they leave home. HOF saw themselves as less able to maintain a sense of separateness from their parents and less autonomous, with concomitant difficulties in making their own decisions and placing their own needs before those of their parents. The mood surrounding the connection with parents was more angry and dysphoric for HOF, consistent with Karr's (1973) observations. The author concluded that the results offer evidence for perceived parental overinvolvement and for ambivalent dependency in HOF. Using the Bell Object Relations and Reality Testing Inventory, HOF demonstrated less developed object relations than controls and scored significantly higher on MCMI-II scales Borderline, Avoidant, Passive–Aggressive, and Self-Defeating Personality. Similarly, Lowin (1983), with 27 survivor families and 27 Jewish comparison families, found both survivors and HOF demonstrated significantly less mature overall levels of psychosocial development than controls and greater difficulties related to identity diffusion. Schleuderer (1990) found that HOF scored significantly higher than controls on MCMI-II scales measuring rage-related dynamics, mistrustfulness, suspiciousness, vigilance, and alertness to the possibility of betrayal. HOF also scored higher on Narcissism, interpreted as reflecting the incorporation of higher parental valuation into HOF's self-perceptions, and on the Histrionic scale, resulting from children's belief that parental love is contingent upon behaving in a certain way.

In summary, empirical studies provide substantial evidence that HOF experience greater difficulties than controls in the area of psychological separation–individuation. Although these difficulties have been unequivocally observed to be within the range of normal functioning and thus do not constitute a psychopathology, they bespeak a unique phenomenological experience with specific emotional and cognitive, as well as defensive and interpersonal, features.

Evidence for Patterns of Family Communication

Several studies examined the patterns of communication in survivor families, since depression in the survivors might be related to difficulties communicating about their wartime experiences, and effects in HOF might likewise hinder their capacity to acknowledge and communicate their own difficulties. Cahn (1987) examined the relationship between maternal communication and the children's symbolizing processes among 40 female HOF and 40 controls whose mothers were born in the United States. The instruments used included the Stroop Color Word Test, 5-minute monologues about a significant personal experience and about the mother's war experiences (or, for controls, a difficult experience in their mother's lives), a structured interview, and rating scales developed for the study to assess maternal communication. Some of the most salient findings showed that, although there were no differences between the groups in referential activity (RA) in the self-monologue, HOF scored significantly higher on RA in the parent monologue as compared to the self-monologue. In contrast, controls scored significantly lower in RA on the parent monologue. It was concluded that their mothers' difficulties were internalized and had a more significant role in the psychological world of HOF than for controls. Also, HOF's knowledge about their mother's experiences before and during the war (but not after) was related to their referential competence on the self-monologue, suggesting that impairments in symbolic activity are transmitted. The literature on symbol formation (see Cahn, 1987, for a review) suggests that the ability to symbolize and communicate one's experiences is an adaptive mechanism, while impairments therein might be related to vulnerability to depression. Lichtman (1983, 1984) found, as discussed earlier, that guilt-inducing, non-verbal and indirect styles of communication were more characteristic of severely traumatized

parents and correlated with higher scores on anxiety, paranoia, depression, and low ego strength in HOF. Lichtman also observed that paternal communication seemed to be a positive influence whereas maternal communication had adverse effects on HOF. Keller (1988), using Family Adaptability and Cohesion Scales-III (FACES-III) and Lichtman's (1983) Communication Questionnaire, also found that paternal communication seemed to operate as a positive force, whereas maternal communication was related to negative effects in HOF's evaluations of the family's cohesion and adaptability, as well as their satisfaction with it. The finding that female HOF with frequent current communication with their parents described their fathers as providing frequent and willing communication about the Holocaust, and their mothers as seldom engaging in such communication, was explained as reflecting the daughters identifying with their mothers and then rejecting them if they are perceived as victims.

Schwarz (1986) administered a questionnaire to 70 HOF to measure the parents' style of communicating Holocaust experiences, the SCL-90-R, the Group Embedded Figure Test, and the Wechsler Adult Intelligence Scale-Revised (WAIS-R). Neither global level of symptomatology nor the level of psychological differentiation of HOF were related to the perceived level of parental communication. Higher levels of maternal Holocaust-related communication were related to higher levels of depression and greater personal hypersensitivity in HOF. The findings support the hypothesis of transmission of effects of the Holocaust with regards to symptomatology, but not in the realm of more neutral cognitive perceptual functioning. Sorscher (1991) found that HOF daughters had a higher awareness of parental nonverbal communication about the Holocaust and more Holocaust-related imagery than did sons. She suggested that the findings reflect different responses of the genders to trauma, whereby women demonstrate a higher vulnerability to trauma and a willingness to report symptoms, whereas men perhaps deny any such features as reflecting weakness.

The findings of Hammerman (1980) suggest that initiation by the child of Holocaust-related discussions, in addition to inclusion of both objective and subjective aspects of prewar as well as war experiences of the parents, is more important to identity development in the HOF than information itself. However, the findings, were seen only for male HOF and are limited by the sample size of only 11 male subjects.

Okner and Flaherty (1989) studied parental communication and psychological distress among 140 American and 54 Israeli HOF using the Buss and Durkee Hostility-Guilt Inventory, a demoralization scale from the PERI, and items from McNair's Profile of Mood Scale, the Center for Education of the Study of Depression Scale, Nettle's Measure of Alienation, and Rottler's Scale for Locus of Control. Israeli HOF reported more communication by their parents, but also a higher level of demoralization (which might be due to a higher level of demoralization in the general Israeli population). For all HOF, parental general communication correlated negatively with anxiety, depression, and demoralization, and positively with guilt. Parents' Holocaust-specific communication led to similar findings for American HOF, but only the negative correlation with demoralization was significant in the Israeli sample. It was concluded that parental communication about the Holocaust seems less important in Israel in determining the children's psychological outcome, reflecting the greater role played by Israeli society in shaping perceptions of the Holocaust, and highlighting possible limitations of generalizing findings interculturally.

In conclusion, empirical studies indicate that hindered intrafamilial communication about the parents' Holocaust experiences is associated with more adverse effects among HOF. The findings also suggest that gender plays an important role in determining the responses of HOF to parental communication, or lack thereof, and also demonstrate differences between Israeli and North American samples.

SOURCES OF INCONSISTENCIES IN THE EMPIRICAL FINDINGS

Some possible sources of inconsistencies among empirical studies of the intergenerational transmission of Holocaust traumata arise due to the many complex methodological problems they face, some aspects of which are outlined below.

“Clinical” and “Nonclinical” Subjects

The distinction between clinical and nonclinical samples has been discussed as an important source of possible bias (Solkoff, 1981, 1992). In some instances, subjects drawn from the general population were classified as “clinical” if they had, at some point in their lives, undergone psychotherapy. This criterion does not seem to be justified. A study (Goodman, 1978) that compared HOF who had been previously in therapy with those who had not found that, as a group, the former were more highly educated, held more advanced occupations, and earned a higher income, and saw very few significant differences between the two groups regarding levels of self-actualization and death anxiety. Also, although Gertler (1986) reported that 57% of his HOF subjects had therapy experience, he found no differences between HOF and controls in interpersonal adjustment. Schwarz (1986) found that HOF with therapy experience showed significantly higher levels of self-reported symptomatology, but were more psychologically differentiated than other HOF, who were relatively field dependent.

Based on their finding that HOF with two parents who had been in the resistance were more highly represented than other HOF among those who had sought therapy, Sigal and Weinfeld (1989) suggested that the past experiences of the parents of HOF who seek therapy are different from those of survivors whose children do not. Other explanations were that those who sought therapy had poorer relationships with their parents (although better than average relationships were seen for all HOF in this study), and also reported poorer relationships between their parents. The authors suggested that the discrepancy in the literature between empirical observations on nonclinical samples and clinical reports could be due to clinicians seeing only a subgroup of HOF who differ from the general HOF population. However, this possibility is diminished somewhat by the fact that a later analysis revealed no significant differences between HOF and controls who both sought therapy (Sigal, personal communication, August 1995).

Reliance on Volunteer Subjects

Most empirical studies recruit volunteer participants, often from various Jewish organizations. It could be hypothesized that volunteers for HOF-related studies are better adjusted than those who feel less secure and more defensive about the subject. On the other hand, one could claim that volunteers might be less well adjusted, and might seek a target population with which to identify in relation to their difficulties. Schleuderer (1990) pointed out that the higher scores obtained by HOF, as compared to controls, on Desirability (reflecting the wish to “look good”) and on Debasement (reflecting the opposite tendency to present their emotional well-being in the worst possible light) suggest that, as a group, HOF have a conflictual attitude about how they perceive their emotional well-being and how they wish to present themselves.

Although some of these problems are encountered in many fields of psychological study, there are unique aspects of the study of the effects of the Holocaust that make it particularly emotionally charged. Subjects might have strong attitudes about their identity as children of Holocaust survivors, and might feel that not acknowledging problematic aspects of their own

experience in relation to their parents' past might in some way belittle their parents' suffering. On the other hand, the recognition of long-lasting effects of the Holocaust, and especially of intergenerational effects, might be perceived as further victimization of the victims by "pathologizing" them or their children, or might be experienced as granting the perpetrators success in damaging that which is most precious to the survivors, their children (see also Danieli, 1984). Furthermore, the assumption of intergenerational transmission might be perceived as assigning guilt and attributing the "victimizer" role to the survivor parents. Such affective and cognitive attitudes might interfere with the motivations of subjects to participate in studies of HOF, as well as with what they choose to present on a conscious level, and need to be assessed carefully.

Conscious Perceptions

A large majority of the empirical studies rely upon self-reported perceptions of HOF, who describe themselves, their parents, and their perceived family interactions, leading to obvious potential biases inherent in the nature of the information gathered, which is direct, conscious, and subjective. Such factors are particularly relevant when the issues assessed, such as separation-individuation, are laden with value judgments favoring certain outcomes, and when it is kept in mind that, in some studies, HOF obtained higher scores than controls in conformity (Schwartz *et al.*, 1994) and social desirability (Schleuderer, 1990). Sigal and Weinfeld (1989), in discussing their finding that 65% of HOF reported that at least one of their parents suffered from specific psychological symptoms related to the war, but only 20% reported that they themselves suffered from similar symptoms, commented that it is possible that subjects are less willing to report negative characteristics about themselves than they are about their parents.

In-depth clinical interviews and projective measures might more successfully avoid these possible sources of bias. Wanderman (1980) showed that an in-depth analysis of one of her subjects (using interviews and projective testing) rendered very different results from those obtained with an impersonal, self-administered questionnaire. She mentioned that it was possible that the contradiction between her results and those of Klein (1973), who did identify differences between children of concentration camp survivors and controls, could be due to Klein's inclusion of extensive clinical interviews and projective testing.

Instruments and Statistical Methods

Although many studies use questionnaires to tap specific issues related to the Holocaust, these are usually developed by the researcher and typically lack validation and normalization. Even when well-researched instruments are utilized, there are indications that some tools do not seem useful in this population. In some cases, specific questionnaires and structured interviews revealed significant differences between HOF and controls, whereas standard instruments did not (Gertz, 1986; Rich, 1982). Also, as discussed in more detail later, pencil-and-paper, mailed, impersonal instruments might be inadequate for the study of the effects of the Holocaust, due to the inherent nature of these effects.

Some of the discrepancies in the literature might be due to the statistical procedures employed. Empirical findings show that although scores obtained by HOF often differ significantly from those of controls, they should not be expected to lie in the pathological range. Although analyses based on group means might be useful when it is assumed that grossly deviant development has taken place, such an assumption does not seem adequate in the study of differences among groups that are essentially functioning adaptively. Indeed, in several studies

(Felsen & Erlich, 1990; Lichtman, 1984; Ofman, 1981) in which only few differences between HOF and controls emerged from analyses of group means, many significant differences were revealed using more sensitive correlational analyses.

Finally, there are several variables that have been observed to mediate the intergenerational transmission of Holocaust effects. Empirical studies that attempt to control for these variables are often faced with problems of insufficient statistical power, which can lead to sensitivity to only very dramatic effect and/or the observation of effects due to chance. Only a few authors report the relevant parameters required to assess the statistical limitations of their results, and many do not refer at all to such limitations.

DISCUSSION

Empirical studies of HOF have investigated a tremendously wide range of variables and have rendered a multitude of results. Perhaps the most prominent finding is that HOF are functioning within the normal range, and thus, as a group, do not demonstrate psychopathology, in contrast to what might have been expected based on clinical observations. However, many findings point to measurable differences between HOF and controls, suggesting a psychological profile typical of HOF that includes less differentiation from their parents, less feelings of autonomy and independence, elevated anxiety, guilt, and depressive experiences, and more difficulties in the regulation of aggression.

It has been suggested (Rose & Garske, 1987) that the differences observed are not unique to survivor families but typical of Jewish culture, which encourages independence and self-sufficiency to a lesser degree than American or Eastern European cultures. The whole sample of Jewish subjects, Holocaust-related or not, has been demonstrated to differ significantly from the general American population on some measures (Gerlter, 1986; Herskovic, 1989; Obermeyer, 1988; Rich, 1982; Rose & Garske, 1987; Schwarz, 1986; Weiss, 1988; Wieder, 1985), and thus comparisons between the scores of HOF and either control groups or the normalization data for psychological instruments must be done with particular caution concerning the possible influence of cultural factors. Comparison groups should therefore include children of Eastern European Jewish immigrants who were not directly related to the Holocaust. This was done by Leon *et al.* (1981), who observed that survivors and Jewish European immigrant parents exhibited common intrafamilial themes, indicating enhanced closeness between parents and children. They posited that these themes are cultural rather than specific to the influences of the Holocaust. The suggestion by Weiss *et al.* (1986) that their findings support attribution of effects in HOF to the parents' immigrant status is weakened by the fact that HOF scored higher on guilt than other children of immigrants, suggesting that a Holocaust background compounds the effects of immigration, and by the omission of a Jewish-immigrant non-Holocaust-related control group. It is possible that the characteristics observed as typical of Eastern European Jewish families provided the survivors with culturally available defenses and coping mechanisms that allowed them to make the leap of hope necessary to establish new families after the Holocaust. The culturally valued emphasis on the family might have functioned as a link to parental ideals, driving for the establishment of new families. Subsequently, the experience of parenthood itself served to reactivate further earlier identifications of the survivors with their own parents, in the pre-Holocaust world (Orenstein, 1981). The toll exerted by this adaptation, exhibited in elevated difficulties around separation-individuation observed in HOF, must be viewed along with its potentially highly adaptive role in the context of severe traumatization and loss.

A significant contribution to organizing many of the varied and, at times, conflicting empirical findings concerning HOF is offered by Danieli's typology (1981, 1985), which delineated four different types of survivors and their families who differ in their styles of adaptation, and which has been empirically validated (Rich, 1982; Klein, 1987; Sigal & Weinfeld, 1989). However, no integration has yet been accomplished between this descriptive typology of survivor families and a conceptual system or model of personality development that has an established validity outside the phenomena observed in HOF. Karson (1989), in an attempt to provide such a link, suggested that characteristics of HOF, such as less differentiation, sensitivity to loss, and subsequent avoidant behaviors, are consistent with theoretical formulations regarding the borderline personality (Masterson, 1981). However, this formulation does not seem merited. Extensive and varied psychodiagnostic assessments (including Karson's own findings) show that HOF function within the normative range and so do not exhibit the cognitive-affective deficits typical of borderline personality functioning. The kind of stormy affective and interpersonal style typical of the borderline personality was also not observed in studies of HOF, which revealed no differences in ego strengths (Zlotogorski, 1983; 1985), and found high occupational achievements and an overall positive adaptation (Sigal & Weinfeld, 1989). The characteristics mentioned by Karson seem to describe only a subsample of HOF, with other findings suggesting some HOF are characterized by a high degree of separateness and an overemphasis on self-definition and assertion (Wieder, 1985).

Based on this review of the empirical literature, it is proposed that, rather than focusing on whether the characteristics observed in HOF reflect a psychopathology, they can be better understood and conceptualized in the context of a theoretical model of normal personality development that is derived from an integration of psychoanalytic concepts of object relations, cognitive-developmental psychology, and attachment theory and research (for a detailed exposition, see Felsen, in preparation). It is proposed that these findings can be organized in an existing model (Blatt, 1991, 1995), which has been empirically demonstrated to be useful in a large variety of clinical and nonclinical populations unrelated to the Holocaust (Blatt, 1990; Blatt, D'Afflitti, & Quinlan, 1976), and which assumes that personality development occurs along two fundamental lines: a self-definition line and a relatedness line. In normal personality development, these two processes evolve in a mutually facilitating fashion, leading to the development of a consolidated, realistic, essentially positive, increasingly differentiated and integrated identity, and to the development of a consolidated, realistic, essentially positive, increasingly differentiated and integrated identity, and to the development of the capacity to establish increasingly mature, reciprocal, and satisfying interpersonal relations. Thus, normalcy can be defined as an integration of relatedness and self-definition. A relative emphasis on either interpersonal relatedness or self-definition defines two broad character styles, "anaclitic" or "introjective," respectively, which, in the extreme, also defines two broad categories of psychopathology. Introjective personalities share a basic focus on anger, aggression, self-definition, self-worth, living up to expectations imposed by internal standards, and accomplishments rather than feelings and relationships. Counteractive defenses are used (projection, reversal, reaction formation, intellectualization, introjection, identification with the aggressor, overcompensation), which all attempt to transform impulses and conflicts rather than to avoid or repress them. In the anaclitic configuration, individuals are more concerned about relatedness, at the expense of the development of the sense of self. The focus is on experiences of feelings and personal reactions and meanings, the cognitive style is more field dependent, and the primary instinctual mode is libidinal rather than aggressive, focusing on issues such as closeness and intimacy (with specific vulnerabilities to disruptions thereof, such as experi-

ences of rejection, separation, and loss). Avoidant defenses, such as denial and repression, are utilized to deal with conflictual aspects within the self and in the environment.

It is proposed here that subsamples of HOF that have been empirically identified to be characterized by different, even contradictory, traits can be understood as placing an exaggerated emphasis on anaclitic or introjective development at the expense of the other. The relative emphasis demonstrated by a given individual will be determined by biological dispositions, cultural factors, gender, and family patterns (Blatt, 1990).

Empirical findings support the conclusion that Jewish Eastern European culture in general provided norms and values that put a relative emphasis on relatedness and interdependency within the family structure rather than on separateness and autonomy. The influences of the Holocaust in survivor families seem to compound this cultural emphasis on anaclitic traits even further, as evidenced by the particular family interactions reviewed previously.

Gender also seems to be an important determinant of the types of effects observed in HOF. Consistent with the literature about gender differences in general, the findings suggest that male HOF tend to respond to the same intrafamilial stressors with more introjective characteristics, whereas females display more anaclitic traits. It has been proposed (Vogel, 1994) that gender can be viewed as an organizing variable in personality development, and that personality development for girls can be described as a growing capacity for connectedness, rather than as a process of increasing individuation (Chodoroff, 1972; Gilligan, 1983; Miller, 1986), leading to an enhanced capacity of empathy in females, as well as to more permeable ego boundaries.

This model would suggest that daughters of survivors might be more vulnerable to the intergenerational transmission of parental trauma, a suggestion supported by empirical findings. Lichtman (1984) found that indirect communication by both parents was related significantly to depression, anxiety, paranoia, hypochondriasis, and low ego strength for female HOF, but to lower depression and higher income for male HOF. Schulman (1987) saw that female HOF scored lower than males on efficacy, were significantly more prone to anaclitic depressive experiences, and exhibited different affective reactions to hearing their parents talk about the Holocaust; they were more upset and curious than males. Karr (1973) found that male HOF tended to act out aggressive impulses, whereas female HOF tended to use reaction formation. Also, the fact that many studies reported difficulties in obtaining male HOF in equal numbers as females was interpreted by Rich (1982) as reflecting that men might be more comfortable with being noncompliant, or that women deal more easily with emotion-laden issues, whereas men need to defend against (and deny) any aspect of their upbringing that might connote defeat or powerlessness. Due to these differences, attempts to generalize and compare the findings of individual studies must take into consideration the gender composition of the samples used.

Additional factors that might lead to an overemphasis among HOF of either anaclitic or introjective traits are associated with particular features of the dynamics in survivor families. Erlich and Blatt (1985) proposed that the phenomenological experience of the self and the object evolves along two fundamental dimensions: the experiential modes of being and doing, the relative emphasis on which leads to the formation of different character styles. In the realm of doing, the object is perceived as involved in activities related to stimulation and satisfaction of drives and drive-derivatives, tending to or protecting the child. Experiences in the mode of being are related to feeling a sense of oneness, fusion, and omnipotence with the object as confirmation of adoration, reflected beauty, importance, or centrality of the child to the caring parent.

Shoshan (1989) commented that, to varying degrees, "survivors managed to overcome the deep depression resulting from the ongoing states of mourning by tireless 'doing,' while the state of primal 'being' was an unknown experience to them, as well as to their family members" (p. 198). The defensive overemphasis of survivors on doing at the expense of being could lead to a similar imbalance in their children, with relative deficits in the experiences of HOF in the realm of being. HOF born soon after the war, before some psychological rehabilitation could be achieved by the survivors, might have experienced a greater disruption, and might have been endowed with special roles and expectations (Grubrich-Simitis, 1981; Rosenman, 1984; Sonnenberg, 1974) that would predispose them toward the anaclitic developmental line. Although firstborn HOF have been reported to have been more adversely affected by their parents' Holocaust past (Klein, 1973), the differential effects of age reported in the literature are more consistent than those related to birth order. Gertler (1986) found that the oldest HOF in his sample (ages 36–41) were more compliant and found it harder to be sociable than subjects of ages 25–35. Tauber (1980) observed that, upon dividing her HOF sample according to age, the middle group (ages 26–30; $n = 33$) scored higher than both the younger (ages 18–25; $n = 28$) and older (ages 31–35; $n = 20$) groups on the subscales Personal, Self, and Behavior of the Tennessee Self-Concept Scale (reflecting more positive self-perceptions). Keller (1988) reported that the older the HOF, the more likely they were to describe their families as less adaptive, and their parents as engaging in indirect communication about the Holocaust. However, there seem to be reparative processes later in the lives of HOF, due to which they perceive themselves as less depressed and less anxious than they were when younger (Schwartz *et al.*, 1994).

Erlich and Blatt (1985) postulated that deficits in being would lead to a diminished sense of self. Indeed, HOF have been reported to score lower on autonomy and self-sufficiency (Karson, 1989; Ofman, 1981; Rose & Garske, 1987), and higher on external locus of control (Ofman, 1981), field dependence (Gross, 1988), and self-criticism (Wanderman, 1980; Felsen & Erlich, 1990). HOF also demonstrate difficulties in emotional expression (Gertz, 1986), especially of hostile feelings (Blumenthal, 1981; Kleinplatz, 1980; Lowin, 1983) and a tendency to internalize aggression (Lovinger, 1986). Other findings indicated higher levels among HOF of depressive experiences (Karr, 1973; Kleinplatz, 1980; Lovinger, 1986) and anxiety (Budick, 1985; Karr, 1973; Lichtman, 1984), more frequent worries and fears (Blumenthal, 1981; Gertz, 1986), higher vigilance and mistrustfulness (Budick, 1985; Lowin, 1983; Schleuderer, 1990), and higher overall level of symptomatology (Schwarz, 1986).

Since it requires successful integration of both experiential modes, one would expect HOF to exhibit difficulties related to the process of separation–individuation during adolescence and early adulthood. Later transitions in life, such as becoming a parent (Stern, 1995) or coping with the aging of survivor parents, might reactivate these difficulties. Various empirical studies did indicate that HOF have difficulties related to physical separation from their parents; they find it harder to breach the subject of moving out of their parents' homes (Wanderman, 1980), tend to live closer to their parents after moving out (Karr, 1973), and tend to establish their own families later than do controls (Gertler, 1986). Other studies showed evidence for problems in the process of separation–individuation among HOF (Karson, 1989; Shiryon, 1988; Wieder, 1985), as well as difficulties in the resolution of the stage of identity versus role diffusion (Lowin, 1983).

On the other hand, a deficit in being could also lead to a strengthening of the ego in many practical spheres, because the deficient sense of being can find compensatory outlets in an increased and expanded emphasis on doing (Erlich & Blatt, 1985), and such compensatory developments can be highly adaptive, driving toward higher achievements and effi-

cacy. The underlying deficient sense of self can often go unnoticed in the shadow of the more apparent and real strengthening effects observed in highly adaptive achievements. This formulation is consistent with recent suggestions that experiencing stressful situations, including those of the Holocaust, may lead to certain resiliencies (Garmezy, 1987; Rieck, 1994; Rieck, Carmil, & Breznitz, 1994). Luthar and Zigler (1991) stated that a significant relationship between stress and adjustment does exist. Similarly, Meichenbaum and Novac (1978) emphasized the potential benefits to later coping of experiencing stressful situations. This type of poststress mode of adaptation is consistent with the survivors' own successes at attaining relatively high achievements (Helmreich, 1992) despite the objective external difficulties they had to face and their internal distress.

Indeed, several clinical reports revealed that HOF demonstrate remarkable ego strengths alongside some ego weaknesses (Kestenberg, 1980; Rosenman, 1984; Rosenman & Handelsman, 1992). These strengths seem to evolve from a precocious maturity, induced through a reversal of the usual parent-child roles in survivor families and accompanied with early practice of mediating issues between the parents. Empirical evidence supports this view. Podietz *et al.* (1984), with 53 HOF and 138 controls, concluded that there is a greater degree of engagement in survivor families, but emphasized the adaptive, functional, and positive aspects of the style of interactions of Holocaust families. Moskowitz (1992), comparing three generations of both survivor and control families, found that the survivor families scored significantly higher on self-efficacy. Studies have found that HOF, and especially males, scored higher than controls on motivation for success and academic achievements (Lichtman, 1984; Russell, Plotkin, & Heapy, 1985), consistent with similar findings from Israel (Last & Klein, 1984). Sigal and Weinfeld (1989) reported that 62% of HOF had at least a bachelor's degree, compared to 47.4% and 55.5% in their comparison groups. Similarly, Hanover (1981) reported that 75% of HOF were either employed as professionals or completing professional schools, compared with 55% of controls.

Simon (1995) examined the relationship between guilt and achievement motivation among 105 HOF and compared them to the test norms for the Kugler and Jones Guilt Inventory, Mehrabian Achieving Tendency Scale, and Cassidy-Lynn Achievement Motivation Questionnaire. HOF exhibited significantly higher levels of both state and trait guilt, and higher levels of actual achievements when compared with the general population. However, self-ratings of achievement motivation were significantly higher on only one subscale of the Cassidy-Lynn questionnaire. It is possible that self-perceptions of achievement motivation among HOF do not reveal elevated scores due to their higher self-criticism, which was observed elsewhere (Felsen & Erlich, 1990). Other findings suggest that these achievements are accompanied by vulnerabilities seen in elevated psychosomatic complaints (Leventhal & Ontell, 1989), as well as difficulties in personal contentment and emotional expression (Russell, 1980).

One reason for the discrepancy between clinical and empirical observations is that whereas any interaction contains both dimensions, there is a difference in visibility between the modes of being and doing. The experience of being is more private and less amenable to verbal elaboration. Being phenomena are not only specific contents of the mental apparatus but also an experiential mode in which the self and the object are perceived. In a "being-oriented" encounter, such as in the context of therapy, support groups, and in-depth, face-to-face interviews, aspects related to being might be more likely to emerge and find expression than in the empirical setting, with its emphasis on the subjects (as well as the researchers) engaging in a task-oriented interaction in a time-limited fashion, and in the context of a less personal relationship between them. (This is even more accentuated when impersonal data-acquisition

procedures are utilized, such as mailing self-administered questionnaires.) As a result, one might expect clinical and empirical settings to render different perspectives on the experiences of HOF.

Indeed, there is a recurring theme in the literature that some aspects of the experiences of HOF are not well grasped in empirical studies and seem to defy measurement by standard psychological scales. Blumenthal (1981) reported that some HOF who scored within the normal range on Baron's Ego Strength Scale claimed, once the investigation was revealed, that they did experience emotional difficulties that they perceived as related to their HOF status, but the questionnaire was irrelevant to their specific problems. Wanderman (1980) found that an in-depth analysis of one of her subjects (using an interview and projective testing) rendered results that appeared very different from those obtained with an impersonal, self-administered questionnaire. In an Israeli study (Solomon, Kother, & Mikulincer, 1988), HOF who were screened prior to military service and found to be as qualified as recruits from control groups exhibited a greater psychological vulnerability, as evidenced by more prolonged symptomatology related to PTSD. However, this covert vulnerability was manifested only after exposure to severe stress situations.

Some reports based on clinical work and in-depth interviews do seem to offer glimpses into the relatively less visible realm of phenomena of "being." Kestenberg (1982) referred to a "transposition" into the world of the past, whereby the survivor's children tend, on one level of their existence, to enter a "time tunnel" during which scenes from the Holocaust are enacted. HOF have reported living in such a double reality, motivated by the wish to defend parents against facing the loss of significant others since they continue to live within the child (Rosenman, 1984). These experiences seem to evade typical empirical investigations. For example, although Gertz (1986) observed that the phenomenon of "transposition" was reported by almost one-fifth of HOF, it was not observable with the standardized instrument used in this study.

In summary, the empirical literature supports the conclusion that exposure to the trauma of the Holocaust had long-term effects on the offspring of survivors due to the parents' relative deficit in the experiential mode of being, leading to similar deficits in their children's experience, which are evidenced, among various subsamples of HOF, by an overemphasis of either anaclitic or introjective personality traits. Such an overemphasis represents potential psychological vulnerabilities that might be exacerbated, in some individuals, by additional characteristics that will determine the severity of pathology that will develop, as well as by exposure later in life to severe stress (Novac, 1994). This conceptualization seems useful in integrating clinical and empirical findings on HOF and opens new avenues for future research.

CONCLUSIONS AND IMPLICATIONS FOR RESEARCH AND CLINICAL WORK

There exists a rich body of empirical literature dealing with possible transmission of Holocaust traumata to the children of survivors. A wide range of individual and family characteristics has been studied, including psychopathological symptoms, personality traits, cognitive and defensive styles, and family interactions and communication patterns. On the whole, no evidence was obtained for psychopathology. However, despite some inconsistencies among various studies, a pattern emerges in which HOF demonstrate greater difficulties around the process and outcomes of separation-individuation, a greater proneness to anxiety, depressive

experiences, and psychosomatic complaints, and difficulties in the expression of aggressive impulses and assertive behavior. Along with these vulnerabilities, there is evidence for significant ego strengths, as evidenced by both high achievement motivation and increased empathic capacities (Vogel, 1994). Kohut (1966) pointed out that the capacity to utilize relatively permeable ego boundaries toward highly adaptive accomplishments should be viewed not as a reflection of an ego weakness (i.e., as a relatively poor differentiation between self and other), but might in fact represent another form of highly adaptive achievements of psychologically mature personalities, as demonstrated, for example, by good therapists, good leaders, and others in the helping professions. Although findings indicate that HOF feel less differentiated from their parents, this is not necessarily maladaptive. Rosenman (1984) stressed that HOF often do not just conform to parental expectations but come to want the role and to feel self-actualized by being "rescuers." Empirical evidence supports this view, with 20% of HOF subjects in one study working in mental health professions in comparison to 12% of controls (Russell *et al.*, 1985).

The findings also point out the need to reconceptualize the roles of guilt, denial, and mourning in the context of massive, man-made trauma. As has been pointed out (Krell, 1984; Klein, 1973) and demonstrated empirically (Chayes, 1987), the dynamics in survivors are different than what has been traditionally conceptualized as adaptive or maladaptive in more normal mourning. Some denial of the damage (Danieli, 1981), of the extent of mourning (Chayes, 1987), and some adaptive meanings associated with guilt (Klein, 1973) must be considered as potentially beneficial in the context of severe trauma. Similarly, a reexamination of the concept of identification with the aggressor must be undertaken in these populations, especially since most findings point to difficulties in expression of aggression rather than to elevated aggression, and adaptive avenues of incorporating normal, healthy aggression should be explored both clinically and empirically.

The conceptualization offered here seems to help integrate the diverse empirical and clinical observations. Special personality characteristics, as evidence by particular cognitive-affective traits and psychological disorders, are viewed along a continuum (either anaclitic or introjective) that ranges from normal to pathological development and from less to more severe disturbances. It has been empirically demonstrated with many other populations that the distinction between anaclitic and introjective configurations is valid and useful in the study of different types of depression (Blatt, 1990; Blatt *et al.*, 1976), and in determining the differential responses of individual patients to different therapeutic interventions (Blatt & Felsen, 1993). The distinction, which can be relatively easily inferred from the patient's past history and style of personality, as well as by using specific psychodiagnostic procedures, can be useful in both empirical and clinical settings.

Topics for future empirical research include identifying anaclitic and introjective subgroups among clinical and nonclinical HOF and controls, investigating the composition of these subgroups in terms of key variables (gender, age, birth order, etc.), and examining whether, despite differences among HOF in cognitive-affective styles due to their different personality configurations, both anaclitic and introjective HOF show greater deficits in the realm of being. Such studies would currently be hampered by the fact that experiences in the realm of being, due to their very nature, are less well assessed by standard instruments. There is a need for new tools to overcome this problem, the development of which would need to rely (at least in the initial phase until less time-consuming forms could be developed and validated) on the use of intensive clinical interviews and projective testing. Such tools could be useful not only for future research on the effects of the Holocaust, but also possibly for developing research tools for other severely traumatized populations. For this purpose, it would

be important for studies of HOF to adhere to standard psychiatric nomenclature and to incorporate more traditional psychoanalytic terminology with more recent research and theory related to PTSD in general. Further information might be gleaned by comparing, for example, in the Israeli army (Solomon *et al.*, 1988), HOF who developed PTSD under stress to those who did not, in order to investigate the variables contributing to the relative resiliency of some HOF.

Implications for clinical work with individuals who have been exposed to trauma include the need to recognize the importance of the style of adaptation to trauma in determining the response to the trauma itself and point to the potential usefulness of cognitive therapy in enhancing the individual's resiliencies and in emphasizing self-empowering, in contrast to self-blaming or victimizing, self-statements. The distinction between anaclitic and introjective might help in identifying, for those HOF who develop disorders, the particular aspects of their experience that were most salient in triggering the disturbance, were the most distressing to them, and should become the focus of therapy, as well as what kind of therapy would be most helpful. The relatively lower visibility of deficits in the experiential mode of being, which seems to characterize many HOF, highlights the need for clinicians to be aware of their patient's Holocaust-related background and its possible implications, even when the patient does not present this as relevant. Also, studies that examined styles of communication about the Holocaust suggest that exposure to severe trauma and loss, in the survivors themselves and in their offspring, leads to impeded communication, and that this in turn leads to more adverse effects in the children. Thus, it would seem that therapy that includes the family could be particularly useful in establishing more open communication, thereby alleviating some of the damaging effects of the "conspiracy of silence" for the primary victims as well as their children. Since it may be impractical with the aging survivor population, it seems important with HOF patients to reinforce a reopening of a dialogue, if not with the parents, then internally in therapy, about the individual's perceptions of the parents' war-related past and its role in the relationships in the family.

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