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Transgenerational Effects of the Holocaust

The Israeli Research Perspective

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“Second generation” has now become an accepted term in Israel to refer to adult children of Holocaust survivors. The term has been current in Israeli professional literature since at least the early 1980s and has made its way into music, film, literature, and other arts, as well as into common parlance. In Israel, as elsewhere, children of survivors themselves have banded together to form commemorative organizations and self-help groups, thereby defining themselves as a group of people with a good deal in common. Their assumption, and the assumption of all who use the term *second generation*, is that it is more than merely a biological marker and that somehow or other the trauma of the Holocaust has been transmitted from the survivors to their children. The current chapter investigates the content of this term in Israel.

THE SURVIVAL FAMILY

There is a great deal of literature, primarily but not solely clinical, on difficulties in survivor families (e.g., Danieli, 1981; Engel, 1962; Freyberg, 1980; Koenig, 1964). This literature, which deals with survivors in many countries, recognizes that it could not have been easy for persons who underwent the earth-shattering experiences that the survivors did to rebuild their lives. The literature describes a generation of destitute and desperate refugees who hurried into hasty marriages out of the wish to recreate their lost families and to ease the piercing pain of loneliness (Danieli, 1981). Many of the marriages were made in disregard of the usual considerations, including compatibility, lifestyle and socioeconomic status, that generally affect the selection of partners (Danieli, 1981). Many of the marriages, it is asserted, were loveless unions of despair between persons whose Holocaust experience left them in a narcissistic state (Chodoff, 1975), unable to love, and too emotionally depleted to develop intimacy (Koenig, 1964).

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The children born into Holocaust families have been described, and have described themselves, as individuals who were brought into the world with the mission of compensating their parents for the terrible losses they had suffered and for their discontent in their marital lives (e.g., Bar-On, 1994; Wardi, 1990). They were given the responsibility of mediating between their parents and keeping the family intact. In many cases, they were perceived as extensions of their parents, who interpreted any attempt on their part to achieve individuation and autonomy as a threat.

The upheavals noted in the survivor generation and the special burdens these have imposed on their children have generally been acknowledged. Much less clear, however, are the nature and extent of the psychological residuals that the parents' Holocaust trauma has left in the second generation. In recent years, there has been a certain amount of empirical study, but the professional literature is divided. Some investigators claim that the Holocaust has had a long-term detrimental impact on the survivors and their children (e.g., Barocas & Barocas, 1979; Danieli, 1981; Epstein, 1979; Kestenberg, 1972). Others maintain that the majority of the second generation do not manifest substantial psychological disturbance (e.g., Leon, Butcher, & Kleinman, 1981; Sigal & Weinfeld, 1989).

SURVIVORS IN ISRAEL

The question is further complicated by the fact that after the Holocaust, the survivors immigrated to various parts of the world. The massive destruction and the collapse of social and cultural structures drove most of them from the blood-soaked lands where they had been born and raised to rebuild their lives in other countries. Their experiences in their adopted countries doubtless varied, but little is known either of the experiences themselves or of their differential impact on their adjustment and, presumably, the consequential mental health of their children.

The survivors who immigrated to Israel encountered a reality quite different from that of other survivors. Israel was a newly declared state that offered the survivors a Jewish national home, where they were among their own and, moreover, where they were called upon to participate actively in the monumental enterprise of nation building that was then in process. Their drive to "rebuild" themselves and to create new families and a new community after the destruction of the Holocaust coincided with the national enterprise of building the Jewish state. Moreover, many of the survivors perceived the establishment of the State of Israel as evidence of the failure of the Nazis to destroy the Jewish people. This perception could have given special meaning to their survival and helped restore some of their massively injured self-esteem. In addition, the participation in the Arab-Israeli conflict presented many of the survivors with the opportunity to channel their pent-up aggressions toward the Arabs, and helped to replace their image as victims with a new self-concept of warriors fighting in a war of independence. This image was supported by the establishment of bereavement memorials, memorial museums, and a national anniversary, which deliberately emphasized the heroic nature of the survival.

Their adjustment may also have been facilitated by the fact that they were a large group of people who shared similar traumatic experiences. Indeed, not only the Holocaust survivors, but also most of the citizens of the new state, had been uprooted from their former homes and had to contend with the trials of adjusting to a new society.

On the other hand, the very same circumstances may have made the survivors' adjustment more difficult. They reached a country with minimal, scarce resources, most channeled to its survival and building, in the midst of or shortly after a bloody war of independence. It could thus not provide them a "cushioned" absorption, and they were generally left alone in their

struggle. Moreover, manifestations of weakness and dependency were regarded as detrimental to the national effort of building a new state. As a result, expressions of grief, sadness, and bereavement were discouraged. In addition, the fact that many veteran Israelis had themselves lost loved ones in the Holocaust left them with intense feelings of guilt, which led them to reject and even blame the Holocaust survivors (for an extensive review, see Danieli, 1982; Segev, 1991; Solomon, 1995a, 1995b).

Whether immigration to Israel facilitated or impeded the survivors' "recovery" from the Holocaust trauma, one cannot rule out the possibility that the experience of the years immediately after the Holocaust may have had its own impact on the survivors and their children. The findings of transgenerational transmission of the Holocaust trauma might thus be different in Israel than in other parts of the world.

This chapter surveys the literature on the transgenerational transmission of the Holocaust experiences between survivors and their children in Israel. It examines the second generation's knowledge and attitudes, worldviews, intrapsychic characteristics, family relationships, and interpersonal and social functioning. A summary of the empirical studies is presented in Table 1.

KNOWLEDGE AND COMMUNICATION: THE CONSPIRACY OF SILENCE

The literature on Holocaust survivors reveals two opposite trends in how the survivors communicated their traumatic experiences. Many survivors kept silent, unable to speak about the events, or denying their emotional impact. On the other hand, many survivors felt a strong need to tell: to recount their experiences over and over again. Psychologically, telling serves trauma survivors as a means of working through their emotional trauma, mourning their losses, perpetuating the memory of the martyred dead, and relieving their guilt feelings. Existentially, it is the fulfillment of the urgent moral obligation expressed by many survivors (e.g., Wiesel, 1972) to "bear witness," to testify to the truth of the Holocaust lest it be forgotten. For the survivors as a whole, sharing Holocaust experiences was the only way of bridging the chasm between the gruesome, nightmarish world they had inhabited under the Nazis and the human and humane world they wished to rejoin.

This urge to tell, however, confronted a conspiracy of silence. According to Danieli (1982), people were not only unwilling to listen to survivors' experiences, but they also refused to believe that the horrors had actually occurred. The prevailing social avoidance, repression, and denial often ensured that survivors, feeling betrayed and alienated, kept silent. Only in recent years, following profound changes in Israeli society, has the conspiracy of silence been broken (Segev, 1991). Today, there is a growing sensitivity and readiness to listen to the survivors' Holocaust experiences (Solomon, 1995a).

Three Israeli studies examined how these two trends might affect the children of the survivors on the cognitive level. They looked at the second generation's information seeking (both of historical and personal Holocaust-related facts) and attitudes toward both the survivors and their persecutors.

Klein and Last (1974) found that in Israel, the second generation's historical knowledge of the Holocaust did not differ from that of children of non-Holocaust survivors. This finding contrasts with findings on the comparative knowledge of the second generation in other countries. In the same study, Klein and Last found that American children of Holocaust survivors knew more historical facts about the Holocaust than other American Jewish youth. The same pattern was revealed in the Canadian population, where offspring of concentration camp survivors were

more knowledgeable about World War II than other Jews of their generation (Sigal & Weinfeld, 1989).

Another study examined the intergenerational communication of Holocaust experiences in terms of the kinds of experiences the parents had (Kav Venaki, Nadler, & Gershoni, 1985). This study found that partisans generally shared their war experiences with their children more than concentration camp survivors, and that children of partisans knew more about their parents' Holocaust experiences than those of camp survivors. Children of partisans reported more verbal and nonverbal communication about the Holocaust in their homes than children of concentration camp survivors, and indicated that talking about the subject was more acceptable in their homes. On the other hand, the two second-generation groups gave similar reasons for both initiating and avoiding discussion of the Holocaust with their parents. Both stated that they asked about the Holocaust mainly because they wanted to learn about the family members who were killed, as well as their parents' past. Both said that the main reason they avoided asking their parents about the Holocaust was that their parents themselves tended to initiate such conversations (Gershoni, 1980). This study also found that children of partisans expressed more favorable attitudes toward Holocaust survivors than those whose parents had been in concentration camps (Kav Venaki *et al.*, 1985).

On the whole, the attitudes of the Israeli second-generation adolescents did not differ from other Israeli youths (Klein & Last, 1974, 1978). Both second-generation and other Israeli youths expressed empathy toward the survivors (Klein & Last, 1974) and hostility toward the Germans (Klein & Last, 1978). In contrast, American children of Holocaust survivors expressed more empathy with, and less anger at, the survivors (Klein & Last, 1974) and more hostility toward the Germans than other American Jewish youths (Klein & Last, 1978). The difference in the two countries seems to have been not so much in the attitudes of the second generation as in the attitudes of the Jewish population at large. Israeli adolescents expressed more hostility toward the Germans and less denial than their American peers.

Taken together, the studies presented in this section indicate that although in North America the children of survivors are those who bear the legacy of the Holocaust, in Israel the legacy is shared by the entire society and not by the second generation alone. The similarity of knowledge and attitudes in Israel across both second-generation and non-second-generation youth would seem to be the natural outcome of the teaching of the Holocaust in Israeli schools, the annual public commemorations, and the intense media coverage of the Holocaust around those commemorations.

WORLDVIEWS

Worldviews consist of beliefs that help their holders grasp and interpret their inner and outer worlds and their interrelationships (Fiske, & Taylor, 1991). Most people hold a positive worldview, for example, believing that the world is benevolent, just, and meaningful (Epstein, 1991; Janoff-Bulman, 1985; Lerner, 1980), derived from the warmth and nurturing they received in infancy (Bowlby, 1985). They also strive to maintain that view (Taylor & Brown, 1988) by assimilating new data, even where they confute their assumptions, into their existing schemes (Lerner, 1980). Exposure to trauma may make it difficult to merge this new information with the old schemes and thus force people to alter their worldviews (Epstein, 1991; Janoff-Bulman & Frieze, 1984; Thompson & Janigan, 1988).

During the Holocaust, its victims lived on a "different planet," governed by rules alien to the ones they had known before and inconsistent with the worldview they had previously held.

To survive, they had to adopt very different patterns of thought and behavior. They had to alter their worldviews, which no longer fit the reality with which they had to contend. Many survivors retained their altered schemata long after the Holocaust ended. In a study assessing the cognitive schema of Israeli Holocaust survivors 45 years after the event, we found that they perceived the world and the people in it as both less benevolent and more meaningful than the nonsurvivor controls (Prager & Solomon, 1995). Another study found that Holocaust survivors reported more optimistic beliefs about the future than did matching controls (Carmil & Breznitz, 1991). The question that arises is whether this trauma-generated worldview is transmitted to the next generation.

As can be seen in Table 1, the studies that assessed the worldviews of the second generation in Israel yielded mixed results. Two studies found that the second generation did not differ from controls in their moral perceptions, trust, and views of human nature, in their locus of control, degree of ethnocentricity, or tendency to a siege mentality (Antebi, 1989; Eisenberg, 1982). One study found that the second generation was more optimistic, more religious, and more moderate in its political views than the control group (Carmil & Breznitz, 1991). Yet another study found that children of partisans were more inclined to believe that another Holocaust was possible than were children of concentration camp survivors (Kav Venaki *et al.*, 1985).

Taken together, these studies suggest that some of the survivors' worldviews were transmitted to their children. Surprisingly, though, what seems to have been transmitted were not the negative or pessimistic views that one might expect from the trauma, but a certain optimism.

INTRAPSYCHIC CHARACTERISTICS

The literature on the mental health of Holocaust survivors suggests that this is a high-risk population with special intrapsychic characteristics. The features noted by various clinicians and researchers include anxiety, depression, guilt, anhedonia, emptiness, despair, somatization, and obsessive preoccupation with traumatic memories of the Holocaust (e.g., Danieli, 1981; Eitinger, 1961; Niederland, 1968). The question of whether these problems are passed on to the second generation arises.

Studies of the mental health of the second generation again show mixed findings. Two studies compared the mental health of clinical populations with and without a Holocaust background. Aleksandrowicz's (1973) study of children with psychiatric problems found no difference in the diagnostic categories of those whose parents were Holocaust survivors and those whose parents were not. De Graaf's (1975) study of Israeli soldiers treated in army mental health facilities found that the second-generation Holocaust survivors showed more personality disorders and delinquent tendencies than other patients, though they did not differ in neurotic or depressive symptoms, or in adjustment difficulties.

A larger number of studies compared nonclinical populations. These found no difference between the second generation and comparable controls in anxiety (Keinan, Mikulincer, & Rybnicki, 1988), depression (Keinan *et al.*, 1988), neuroticism (Goder, 1981), or most aspects of self-perception (Felsen & Erlich, 1990; Keinan *et al.*, 1988). They did, however, find evidence of weaker superegos (Goder, 1986) and depleted ego strength (Schellekes, 1986), as well as greater self-criticism (Felsen & Erlich, 1990), higher levels of guilt feelings (Nadler, Kav Venaki, & Gleitman, 1985), and more difficulty in anger resolution, often manifested in the form of angry outbursts, acting out, and demanding behavior toward spouses and other close persons (Erel, 1989; Nadler *et al.*, 1985). Schwartz, Dohrenwend, and Levev (1994), who studied a large sample of Israeli adults, found that although the second generation was not

Table 1. Studies of Israeli Holocaust Survivors' Offspring

| | <i>N</i> | Sampling | Measures | Findings |
|---------------------------------------|--|------------------------|--|--|
| <i>Knowledge and communication</i> | | | | |
| Kav-Venaki, Nadler, & Gershoni (1985) | 15 families in which both parents were expatrians; 15 families in which both parents were expatrians in concentration camps | Nonclinical population | Individual interviews regarding communication behaviors | Greater legitimacy and openness in discussing Holocaust-related issues in the homes of expatrians than in the homes of prisoners in concentration camps. Offspring of the former group have better knowledge of the Holocaust and hold more favorable attitudes than offspring of the second group. |
| Klein & Last (1974) | 211 Israeli adolescents (13–14 yrs), 97 American Jewish adolescents (13–14 yrs) | Nonclinical population | Closed questionnaires: knowledge about the Holocaust; attitudes toward Holocaust victims | Knowledge about the Holocaust among the Israeli OHS was high and similar to this of their peers (nOHS). Attitudes toward Holocaust victims were also uniform among the Israeli adolescents: 73% of the sample react with realistic attitude (e.g., "They had no choice but to act as they did."). Most of adolescents expressed empathy (94%). Anger and contempt were almost completely absent. |

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|-------------------------------------|--|------------------------|---|--|
| Eisenberg (1982) | 20 OHS; 20 controls | Nonclinical population | Standardized questionnaires: Locus of Control Scale, Philosophies of Human Nature Scale, Interpersonal Trust Scale, Mash Scale (Machiavellism and moral behavior) | There were no group differences. |
| <i>Intrapsychic characteristics</i> | | | | |
| Aleksandrowicz (1973) | 10 children, both parents Holocaust (HS) survivors; 15 children, one parent HS; 9 children, nOHS | Clinical population | Individual interviews, family interviews, psychological tests | The groups did not differ in the diagnostic categories. |
| De Graff (1975) | 27 soldiers, OHS; 36 soldiers, nOHS | Clinical population | Individual interviews | OHS did not differ from the controls in neurotic traits, depressive syndrome, and maladjustment. OHS had higher levels of personality disturbances and delinquent traits. |
| Klein & Last (1978) | 211 Israeli adolescents (13–14 yrs), 97 American Jewish adolescents (13–14 yrs) | Nonclinical population | Attitudes toward Germans and German children (questionnaires) | Attitudes of Israeli OHS were similar to those of their peers: more than two-third of the adolescents expressed hostility toward Germans. More than 40% of the adolescents would respond with negative affect toward the hypothetical German child, a third of them would avoid him. |
| <i>Worldview</i> | | | | |
| Antebi (1989) | 376 students, 20% OHS | Nonclinical population | Questionnaires regarding siege mentality, ethnocentric beliefs, and suspicion | There were no group differences. <i>(continued)</i> |

Table 1. (Continued)

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|---------------------------------------|-------------------------------|---|---|---|
| Carmil & Breznitz (1991) | 189 OHS; 191 controls | Nonclinical population | Questionnaires: demographic background, political attitudes, religious identity, future orientation | There were no group differences with regard to political preferences of right versus left parties. However, OHS hold more moderate political position than controls. More OHS identified themselves as religious than controls. OHS were more optimistic than controls. |
| Erel (1989) | 5 couples in which one is OHS | Couples that applied to marital treatment | Individual interviews | OHS exhibited problems in expression of aggression. |
| Goder (1981) | 20 OHS; 20 controls | Nonclinical population | Standardized questionnaire regarding personality characteristics | There were no group differences in neuroticism. Female OHS tend to be more depressed and to react according to their mood more than female controls. In addition, they have less clear and stable ideal-ego. Male OHS tend to be more extroverted, assertive, and dominant, than male controls. All OHS tend to have weaker superego than controls. |
| Keinan, Mikulincer, & Rypnicki (1988) | 47 OHS; 46 controls | Nonclinical population | Standardized questionnaires: State-Trait Anxiety Inventory; Depressive Adjective Checklist; Semantic Differential Scale | The groups did not differ in level of anxiety and depression, or in self-perception. |
| Nadler, Kav-Venaki, & Gleitman (1985) | 19 OHS; 19 controls | Nonclinical population | Rosenzweig Projective Test of Reactions to Frustration; structured interviews | OHS express more guilt and less external aggression than their counterparts. |

| | | | | |
|--------------------------------------|---|---|---|--|
| Sachs (1988) | 40 families of HS and their offspring | Nonclinical population | Standardized questionnaires: Family Adaptability and Cohesion Scale; Trait Anxiety Inventory; Depressive Adjective Checklist | In families whose family cohesion and adaptability scores were extreme (high or low), OHS manifested higher levels of anxiety and depression than those of families whose family functioning pattern moved in the moderate ranges. |
| Schellekes (1986) | 20 couples in which one is OHS; 20 matched couples | Nonclinical population | Standardized questionnaire: Baron's Ego Strength Scale | OHS had lower ego strength than nOHS. |
| Schwartz, Dohrenwend, & Levav (1994) | 291 OHS and 957 controls in the first stage; 147 and 476 (respectively) in the second | Nonclinical population | Standardized questionnaires: Psychiatric Epidemiology Research Interview, IES, PTSD Inventory | The two groups did not differ in level of psychopathology. OHS, however, manifested higher rates of past disorders. |
| Shafat, 1994 | 40 OHS; 43 controls | Nonclinical population | Standardized questionnaires: Children's Commitment toward Parents Questionnaire, Mental Health Inventory, Rosenberg Self-Esteem | OHS reported more commitment to undertake and perform unsolvable tasks in their relationships with their parents. This influences their emotional status: The more the OHS try to benefit their parents, the greater is their mental distress and the lower their mental well-being. |
| <i>Family relationships</i> | | | | |
| Erel, 1989 | 5 couples in which one is OHS | Couples that applied to marital treatment | Individual interviews | OHS exhibited problems in separation-individuation and express high significance to their relations with their parents. There were no problems in parental functioning. |

distinguished from controls in anxiety and depression at the time of the study, it differed in levels of *lifetime* psychopathology, since it reported higher rates of past anxiety and depression.

There are also indications that some of the second generation suffer more from their parents' traumatization than others. A gender-focused study found that second-generation women tended to be more depressive, moody, and emotionally labile than comparable controls, whereas second-generation men tended to be more extroverted, assertive, and dominant than controls (Goder, 1981). Another study found that offspring of Holocaust families with either very high or very low cohesion suffered from higher levels of anxiety and depression than those from families with more balanced cohesion and adjustment (Sachs, 1988). Yet another study found that members of the second generation who were expected to perform many unresolvable tasks in their relationships with their parents reported that the harder they tried, the greater their mental distress and the less their sense of their well-being (Shafat, 1994).

FAMILY RELATIONSHIPS

Creating a family was one of the most important aims of the survivors' lives. Children represented the survivors' endurance and continuity, served as the repository of what they had suffered and lost, guarded the family against the hostility of the outer world, and fulfilled myriad other possible and impossible functions that children ordinarily need to fulfill. The parent-child relationships in survivors families were usually highly intense.

Offspring of survivors have been found to be highly committed to their parents' welfare (Shafat, 1994) and to feel that they must fulfill their parents' expectations (Shafat, 1994). They have also been found to be dependent on their parents (Tal, 1992) and to have difficulties with separation-individuation (Erel, 1989; Tal, 1992) and intimacy (Tal, 1992). Some describe their families as enmeshed and their parents as overly involved in their lives (Nadler *et al.*, 1985). Others describe parental disengagement (Stepak, 1989), emotional inaccessibility (Tal, 1992), and lack of supportiveness (Tal, 1992).

Two studies investigated members of the second generation's identification with their parents. Here, results were contradictory. One study found lower correlations between the second-generation members' perceptions of themselves and their perceptions of their parents (Keinan *et al.*, 1988) than among controls. Another, however, found that survivors' children's perceptions of both their actual selves and their ideal selves were closer to their perceptions of their parents actual and ideal selves than those of a control group (Felsen & Erlich, 1990).

The importance of family and children has apparently extended to the families that the second generation itself created. Like their parents, the second generation assigns great importance to parenthood. One study found that members of the second generation who were in marital therapy placed the better part of their effort and energy into issues of child rearing (Erel, 1989). A study that assessed perceptions of parenthood among daughters of survivors found these women to manifest greater maternal anxiety and maternal distress, along with less maternal satisfaction and flexibility, than comparable controls (Marcus, 1988).

ADJUSTMENT AND VULNERABILITY

Studies that examined the functioning of the second generation in different areas have also yielded mixed outcomes. An analysis of demographic statistics by two Israeli sociologists, Yuchtman-Yaar and Menachem (1992), suggests a good level of social adjustment. This study

found that whereas Holocaust survivors were economically less successful than comparable non-Holocaust immigrants to Israel, the second generation attained greater socioeconomic success than their peers. The researchers conclude that the parents' Holocaust experience led to high motivation and achievement needs in their offspring.

But findings on the second generation's coping with stress were less clear-cut. The coping styles of the second generation were found to be remarkably similar to those of their parents, especially their mothers (Rim, 1992). Among the typical mechanisms were minimization, replacement, and mapping. Nathan (1988) found that second-generation youths did not differ from their non-second-generation peers in social functioning, somatic and psychiatric health, and academic achievements, and, moreover, that they adjusted better than their peers without a Holocaust background to stressful life events (such as death or severe illness in the family). This finding led her to conclude that second-generation Holocaust survivors were more resilient than others and better equipped to deal with stress.

Similarly, our study of soldiers in the Israel Defense Forces during the 1982 Lebanon War (Solomon, Kotler, & Mikulincer, 1988) found no difference in the rates of "combat stress disorder" (mental breakdown during or shortly after battle action) among second-generation and non-second-generation combatants.

On the other hand, the same study (Solomon *et al.*, 1988) found that second-generation soldiers who did sustain a combat stress reaction showed greater vulnerability than their non-second-generation peers. Examination of recovery rates 2 and 3 years after the war showed that the casualties with a Holocaust survivor parent suffered more intense and enduring posttraumatic residues than those without Holocaust background. The comparative durability of the distress may be related to the nature of the combat breakdown. Soldiers who break down in combat generally suffer from feelings of shame and guilt at having let down their country and their buddies. Among members of the second generation, who were raised to undo the damage the Nazis inflicted on their parents' lives, these feelings cut deeper as the magnitude of the expectations intensified the failure implicit in the breakdown. Alternatively, the severity of the second-generation members' PTSD may be explained by the possibility that it is, in fact, a re-activation of a latent trauma that they suffered as a result of their parents' experiences.

However the findings are explained, the two studies suggest that members of the second generation cope well with stress, and perhaps even better than their non-second-generation peers, though those who fail to cope suffer deeper and more intense distress.

SUMMARY

On the whole, the various studies discussed show members of the second generation in Israel to be an essentially healthy and functioning population despite certain difficulties that apparently derive from their parents' Holocaust experience. The studies show that the second generation in Israel is no more prone to psychopathology than the rest of the population, but that it does suffer from distinct intrapsychic difficulties. Consistent with this, the studies indicate a family pattern of strong relationships, marked, on the one hand, by commitment and dedication to both the family of origin and the family of making, and, on the other, by a good deal of tension and difficulty. Along similar lines, the studies of the second generation's functioning suggest a high level of day-to-day coping as well as the ability to deal with stressful life events, but also indicate that there might be special difficulties under certain circumstances, as seen in the robustness of their posttraumatic stress disorder (PTSD) following combat breakdown. On the cognitive level, the survivors' experience has evidently not produced a suspicious or pessimistic

worldview of their children. If anything, children of survivors showed greater optimism and more moderate political views than other Israelis of their generation.

The overall picture of a healthy, functioning population, able to build warm families and to cope with its problems, emerges from a literature that contains very different expectations. Most of the studies of both survivors and their offspring are conducted from a pathogenic perspective. For almost three decades, if not more, the bulk of the studies consisted of clinical impressions of clinical populations, either hospitalized or in some form of psychotherapy (e.g., Chodoff, 1963; Davidson, 1980; Eitinger, 1961; Gampel, 1992; Kogan, 1988), from which the researchers generalized to the survivors and the second generation as a whole. This literature naturally revealed pathology and led to the adaptation of a pathogenic perspective in subsequent studies. The assumption of pathology affected the selection and definition of the research questions, and the choice of instruments and procedures, and colored interpretation of the findings. Although most of the empirical studies reviewed here focused on nonclinical populations, the influence of the pathogenic approach is noticeable. Most of the outcome measures assess psychopathology (e.g., anxiety, depression) and maladjustment rather than, for example, emotional maturity and strengths.

Beyond its specific sources, the pathogenic bias in the studies of Holocaust survivors and their children is much the same as that which informs most of the traumatology literature (Antonovsky & Bernstein, 1986). It is consistent with the bias inherent in modern psychology, commencing with Freud, which has been constructed largely by generalizing from patients in psychoanalysis. It is fostered by the orientation of the mental health profession, whose work is to treat and study people in need of emotional help, and who thus naturally focus more on mental illness than on mental health. The pathogenic approach may also be fostered by the countertransference of those who treat or study the victims of man-made traumas (Danieli, 1982; Haley, 1974; McCann & Pearlman, 1980; Ofri, Solomon, & Dasberg, 1995). The intensity of such traumas, even when experienced by proxy, arouses strong emotions, including guilt, anger, and overidentification with the victim (Bergmann & Jucovy, 1982; Chodoff, 1980; Danieli, 1984; Prince, 1984). These feelings may make it difficult for therapists and researchers to maintain the professional neutrality that would be required to conceive of and explore the possibility of positive effects arising from trauma.

Much like that of traumatology in general, the literature on the long-term effects of the Holocaust tends to ignore possible salutogenic effects that, according to Antonovsky and Bernstein (1986), can also issue from stressful experiences. In recent years, there has been some correction in this bias, but more remains to be done.

Another line of reasoning is presented by Steinberg (1995) as a duality between the inner experience of the second generation and its overt level of functioning. She asserts that although there are similar levels of functioning between members of the second generation and controls, the former perceive themselves as more vulnerable and less adjusted. The author maintains that the empirical studies fail to reflect the true picture of the subjective experience of the offspring of survivors, due to the use of assessment tools that are not sufficiently sensitive in tapping subtle subjective effects.

An important finding of the studies was that second-generation Israelis' knowledge of the Holocaust and the attitudes toward the survivors and the perpetrators were similar to those of other Israelis of the same age (Klein & Last, 1974, 1978). This contrasts strikingly with the disparity in knowledge and attitudes of the second generation and the rest of the Jewish population in North America (Klein & Last, 1974, 1978; Sigal & Weinfeld, 1989).

The difference reflects the central role of the Holocaust in the Israeli experience. Though Israel was established after more than half a century of nation building on the part of succes-

sive waves of Jewish pioneers, its acquisition of statehood was seen as a direct response to the genocide in Europe. From its earliest days, and despite the conspiracy of silence, there was a strong public commitment to remember the Holocaust and to remind the citizens of Israel and the world of its ignominy. This remembering and reminding was more than a formal declaration. It was manifested in innumerable public and private acts that were part and parcel of life in Israel. Whereas in most parts of the world the Holocaust has been treated as a tragic historical occurrence, in Israel it has been experienced as a formative event with a profound, ongoing impact on the country's identity and on its political, social, and emotional life. Throughout most of the world, the Holocaust is the legacy of the survivors and their offspring. In Israel, it is the legacy of all.

Need for Further Study

Overall, there are relatively few studies of the second generation in Israel, and most of those are flawed. The majority of the studies discussed here are based on nonclinical populations and utilize objective standardized measures; most have very small samples (e.g., Kav Venaki *et al.*, 1985; Schellekes, 1986), and relied on "snowballing" to obtain their subjects (e.g., Shafat, 1994; Tal, 1992). These limitations cast doubt on the representativeness of the samples and limit the generalizability of the studies' findings. The choice of self-report measures has also been criticized as not adequately sensitive in tapping the internal experiences of children of Holocaust survivors, or as being too sensitive to social desirability (Steinberg, 1995).

Also problematic is the question of who is and is not included in the "second generation." The experiences of the Holocaust generation were highly varied. Although most survived in hiding or in camps, others immigrated or escaped from Nazi Europe without direct experience of these particular horrors. Some escaped shortly after Hitler came to power, others only after suffering considerable abuse. Most were uprooted, most lost loved ones, and some were imprisoned, such as in Siberia. Which of them are "Holocaust survivors," and which of their children fit into the category of the "second generation"? The difficulties of setting boundaries and defining second generation clearly compromise the research findings.

Many questions remain unanswered. How exactly is the Holocaust, or any trauma, transmitted from generation to generation? What possible positive impact can the parents' Holocaust experience have on their children? What determines whether the legacy is pathogenic or salutogenic? The centrality of the Holocaust in Israeli society emphasizes the need for cross-cultural studies to examine the impact of sociocultural characteristics on the transgenerational transmission of Holocaust experiences.

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