Conclusions and Future Directions

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The preceding thirty-eight chapters represent a pioneering effort to portray a comprehensive picture of the "state of the art" in the study of multigenerational transmission of trauma. The goal of this book is to map the international landscape of this emerging field by bringing together the work of different scholars/researchers from around the world. This volume reveals how they view, understand, and conceptualize the multigenerational legacies of trauma of multiple populations and places their findings within the multidimensional, multidisciplinary, integrative (TCMI) framework (see the Introduction). For some of these populations, this is the first time such issues have appeared in print.

FINDINGS: THE UNIVERSALITY OF MULTIGENERATIONAL TRANSMISSION OF TRAUMA

The evidence presented in the various chapters leads to the conclusion that the intergenerational transmission of trauma indeed exists. It occurs across populations within groups exposed to trauma. The book provides a solid clinical, theoretical, and empirical basis for understanding the multigenerational legacy of trauma and strongly suggests that it is a universal phenomenon.

In view of this overwhelming evidence, it is surprising that this topic is totally absent from, or only implicit in, "current" work such as Van der Kolk, McFarlane, and Weisaeth (1996) and Marsella, Friedman, Gerrity, and Scurfield (1996), respectively. It is also surprising that the concept of multigenerational legacies of trauma is deemed "rather inappropriate" by Figley and Kleber (1995), who (incorrectly) conclude that "[The] disturbances of the offspring of war survivors are not so much an issue of transmision of trauma as an issue of a specific socialization" (p. 87). Such views render the "socializations" devoid of both their trauma-related content and meaning. To the contrary, as Auerhahn and Laub (Chapter 1, this volume) ironically comment, the posttraumatic stress disorder (PTSD) literature accepts that therapists suffer from vicarious traumatization when working with trauma victims, yet disputes

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whether children of survivors are seriously affected by identification with their traumatized parents (see also *event countertransference;* e.g., Danieli, 1984). Moreover, Yehuda *et al.* (Chapter 37, this volume) find that low cortisol levels in offspring of Holocaust survivors are associated with their tendency to indicate distress about the trauma of the Holocaust and to have PTSD symptoms in response to Holocaust-related events that they hear about.

Although multigenerational consequences (Albeck, 1994) of trauma clearly exist, their phenomenology, etiology, and the precipitating conditions for their emergence are highly complex.

Among children of survivors who suffer pathological consequences, for example, a heuristic explanation from an *intrafamilial* perspective alone consists of at least three components: (1) the parents' trauma, its parameters, and the offspring's own relationship to it; (2) the nature and extent of the conspiracy of silence surrounding the trauma and its aftermath; and (3) their parents' posttrauma adaptational styles (Danieli, 1985).

In agreement with numerous clinicians working with children and grandchildren of survivors of the Nazi Holocaust, Auerhahn and Laub (Chapter 1, this volume) state that these offspring are "burdened by memories which are not their own," and that the Holocaust is a core existential and relational experience for both generations. Consistent with most of the authors in this volume who approach their subjects from a clinical perspective, they conclude that massive trauma shapes the internal representation of reality of several generations, becoming an unconscious organizing principle passed on by parents and internalized by their children, and constituting the matrix within which normal developmental conflict takes place. Holocaust studies such as these, and their empirical counterparts, inspired much of the succeeding research on multigenerational legacies of other traumata.

In her review of empirical studies of the *nature* and *prevalence* of multigenerational effects of the Nazi Holocaust among North American nonclinical samples of children of survivors, Felsen (Chapter 2, this volume) concludes that while they do not, as a group, demonstrate psychopathology, they do share a psychological profile. Solomon (Chapter 3, this volume) reaches similar conclusions in her review of published empirical studies (of comparable variables) carried out in Israel. She adds that those who fail to cope suffer deeper and more intense distress than those who are not children of survivors (see also in this volume Rosenheck and Fontana, Chapter 14, on Vietnam veterans in the United States, and Nader, Chapter 33, on children exposed to a violent event).

Yehuda *et al.* (Chapter 37, this volume) demonstrate empirically that offspring of Holocaust survivors appear to have a similar neuroendocrine status to that of Holocaust survivors with PTSD, and that they may be more *psychologically* and *biologically* vulnerable to stress and trauma than controls. They also conclude that the "intergenerational syndrome" may have a phenomenology and *neurobiology* similar to that of PTSD.

Numerous authors in this volume, like Felsen (Chapter 2), find from empirical studies of family communication patterns that when *intrafamilial* communication about the parents' traumatic experiences is hindered, children suffer adverse effects, including problems of identity.[1] Felsen's review, however, reports differences between Israeli and North American samples in this regard, reflecting distinctions across *historical, sociocultural,* and *political* dimensions, among others.

These and other identity dimensions (e.g., *ethnic, religious*) are included in Erős, Vajda, and Kovacs (Chapter 19), and in the comparative study by Rosenthal and Völter (Chapter 18) of families of victims, perpetrators, and bystanders conducted in Israel, West Germany, and the

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[1]See Nagata, Chapter 7; Op den Velde, Chapter 9; Lindt, Chapter 10; Aarts, Chapter 11; Rosenheck and Fontana, Chapter 14; Hunter-King, Chapter 15; Ancharoff *et al.,* Chapter 16; Rosenthal and Völter, Chapter 18; Baker and Gippenreitner, Chapter 25; Becker and Diaz, Chapter 26; Draimin *et al.,* Chapter 34; Wellisch and Hoffman, Chapter 35.

former East Germany. (A comparison of these families can also be found in Auerhahn and Laub, Chapter 1.)

Many of the variables investigated in the studies of offspring of the Nazi Holocaust reported here were also studied either clinically or empirically by contributors to this book exploring other populations. Their findings are mostly similar, yet interesting differences also emerge. Numerous authors note the *heterogeneity* of findings.[2] Several authors offer explanations for their findings and for the discrepancies between clinical and empirical reports; they grapple with numerous methodological issues and make recommendations for further work.

Focusing on indigenous peoples, a number of authors illustrate the interplay among multiple dimensions. They chronicle the attempts by European colonialism to destroy the peoples, their culture, and their indigenous governing structures (especially Odejide, Chapter 23, and Gagné, Chapter 22), thereby creating a system of *economic* dependency (Gagné, Chapter 22).

In Australia (Raphael, Swan, & Martinek, Chapter 20) and North America (Duran *et al.,* Chapter 21; Gagné, Chapter 22), for example, family structures and *cultural* identities were systematically assaulted by the forced removal of children into residential schools that were degrading and abusive. These practices led to significantly greater rates of alcoholism, drug abuse, domestic violence, crime, and suicide among the Aboriginal and Native communities than in the populations at large. These destructive behaviors have, in turn, had traumatogenic intergenerational effects on indigenous peoples. Everything that created security and order in their lives was ruptured. Their "soul wound" (Duran *et al.,* Chapter 21) was inflicted by ongoing, multidimensional trauma.

In his chapter on Hibakusha Nisei (children of atomic-bomb survivors), Tatara (Chapter 8) also demonstrates that a full understanding of the intergenerational consequences of massive traumatization is possible only through a multidimensional (e.g., physiological, cultural, sociopolitical, and economic) perspective. The same holds true for Buchanan's (Chapter 31) examination of the current world literature on international child maltreatment.

UTILITY OF THE MULTIDIMENSIONAL INTEGRATIVE (TCMI) FRAMEWORK

Given their findings, it is apparent that the study of multigenerational trauma requires a multidisciplinary, multidimensional integrative framework and, indeed, most of the contributors to this volume, working from the perspective of their own disciplines, acknowledge the need for such an approach. The Introduction to this volume offers an integrative framework that underscores the complex interplay of multiple dimensions both in describing traumata and the multigenerational responses to them.

The TCMI framework is versatile. In addition to the benefits listed in the Introduction, it can be used to focus in depth on a single dimension of an issue, or population, or to examine a wider field. Even when one maintains a "narrow" focus, the model provides a comprehensive contextual matrix to be kept in mind to illuminate possible omissions and interactions. For example, note the conspicuous absence of possible intergenerational consequences in the literature on rape trauma and rape treatment, as if the victim lives at least partially in a familial vacuum (Pynoos & Eth, 1985; Remer & Elliott, 1988a, 1988b; see also Danieli, 1994a). The framework is meant to help decipher, disentangle, and clarify complex

[2]Systematically introduced earlier (Danieli, 1985; Introduction, this volume; e.g., see Nagata, Chapter 7; Op den Velde, Chapter 9; Hunter-King, Chapter 15; Edelman *et al.,* Chapter 27; Yehuda *et al.,* Chapter 37; see also Major, 1996).

issues and guard against unidimensional reductionistic impulses and interdimensional displacements and substitutions that so often occur in the literature. See the analysis in Becker and Diaz (Chapter 26) for an example of the relationship between the "social process" and intrafamily dynamics, of "antifacism as a substitute mourning" in Rosenthal and Völter (Chapter 18), and, the description in Odejide *et al.* (Chapter 23) of ethnic conflicts that filled the power vacuum created by the end of colonialism and were transformed, at their worst, into fierce political and economic warfare.

Buchanan's (Chapter 31) framework is similar to the one proposed herein. She examines the current, multidisciplinary world literature on intergenerational child maltreatment, or what has become known as the "cycle of abuse." Her central thesis is that there are four cycles, rather than one, that operate both within and outside the family: sociopolitical and cultural (extrafamilial); psychological and biological (intrafamilial). She concludes that if patterns of intergenerational child maltreatment are to be broken, interventions need to be focused on the separate mechanisms that operate within each cycle. Comparative/interactional studies such as Simons and Johnson's (Chapter 32) and Rousseau and Drapeau's (Chapter 28) are informed by a multidimensional orientation. Findings by Rousseau and Drapeau (Chapter 28) suggest that culture influences the way in which the impact of trauma is mediated both through family variables and through implicit and explicit familial discourse around trauma. The developmental stage of the child also appears to interact with the different modes of familial transmission of trauma.

Aspects of the Time Dimension

Rousseau and Drapeau (Chapter 28) are among the few investigators who give prominence to the crucial dimension of time in understanding the complex process of intergenerational trauma. While it is sometimes implied in the trauma literature, it has generally been underemphasized. Focusing on the time dimension may shed light on the impact of trauma on both the perspective and time orientation of survivors and the generations before and after them.

The time orientation is an individual's temporal organization of experience, usually conceived in terms of past, present, and future, and often endowed with different weights, degrees of attentiveness, and cognitive or emotional investments. Trauma affects one's relationship to the totality of one's lifeline: to birth and death, developmental stages, transitions, and changes.

The importance of time is also acknowledged by the inclusion of symptom C.(7) in the DSM-IV diagnosis of PTSD: "sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span" (p. 428). (See Terr, 1985, pp. 61–63, for a discussion of time distortion in traumatized children.)

Many of the chapters in this book corroborate the conceptualization of trauma as *rupture* resulting in *fixity,* reflected in the victim/survivor's experience of being *frozen in time* (e.g., Hardtmann, Chapter 4; Bar-On, Ostrovsky, & Fromer, Chapter 5; Hunter-King, Chapter 15). Lomranz, Shmotkin, Zechovoy, and Rosenberg (1985) confirm empirically that the time orientation of survivors "reflects their Holocaust experience," and conclude that "time orientation is a concomitant to catastrophic and extremely stressful events" (p. 234). From a multigenerational perspective, Klain (Chapter 17) states: "If we can say that this [patriarchal] society has not changed, or has changed very little . . . since the Roman and Turkish times, then we must conclude that, in fact, *it has no history."* He also describes mechanisms of transmission that ensure the maintenance and perpetuation of this static living in the traumatic rupture.

Some of the authors also concur with the conception of *bidirectional transmission* of trauma (Elder, Caspi, & Downey, 1986). Perhaps the most striking examples of this are found

in Draimin, Levine, and McKelvy's (Chapter 34) analysis of the HIV/AIDS global epidemic, which illustrates the distortions of the normal cycle of all generations and ages. "The generation of young adults has been hardest hit, adding extra burdens to the older generation and foreclosing options for the young" (see also Wellisch & Hoffman, Chapter 35). Raphael *et al.* (Chapter 20) write of the "stressed grannies" who must assume their children's parenting role.

Conversely, in the bidirectionality of the concept of time used, herein lies a central element for healing: the hope and promise enshrined in future generations. Ornstein (1981) views grandparenting and the creation of postwar "adoptive" extended families as highly adaptive and healing, especially for aging survivors (see also Bar-On, 1994).

Several authors[3] write about children born, or already alive, during the trauma period. In these cases, the trauma impacts the whole family during the same time span. This is a different situation from the parents' or grandparents' trauma affecting generations born *after* the trauma. McFarlane, Blumbergs, Policansky, and Irwin (1985) have shown in disaster studies that ongoing parental PTSD is one of the most significant variables leading to disaster-related morbidity in the child (see also Green, Karol, & Grace, 1994; with regard to crime, see Nader, Chapter 33).

Another important issue is the moment in history that the victim/survivor designates as the beginning of his or her identity and heritage. (Does it reach back to biblical times? After the Holocaust? Does he or she claim the totality of his or her history, or only a portion of it?) The variety of dimensions the individual involves in the recovery process is related to his or her healing and the availability of resources for growth and strength (Danieli, 1981b, 1994a). Hardtmann (Chapter 4) observes that when children of Nazis grew up with faceless and "history-less" parents, they had problems developing their own identities. Several parts of the book, particularly those focusing on indigenous peoples, repressive regimes, and infectious diseases, elaborate on the complexity of *ongoing,* as distinct from *discrete,* trauma. For example, Raphael *et al.* (Chapter 20) observe that it is difficult to distinguish particular intergenerational transmission when considerable vulnerability must be related to the extensive and pervasive ongoing effects of dislocation, depression, deprivation, and discrimination (see also Buchanan, Chapter 31; Simons & Johnson, Chapter 32).

Unresolved trauma results in an absence of closure in the lives of victim/survivors and their children. Hunter-King (Chapter 15) observes that, in the case of those missing in action in Vietnam, the grief is timeless; the lack of resolution ensures the passage of trauma to the next generation. In Argentina and Chile, the relatively more democratic successors to repressive regimes have still failed to account fully for those who "disappeared."

Changes are also possible along the time dimension. Most children of survivors remember their family's and war history "only in bits and pieces," and experience the *healing of the narrative* as most integrative and therapeutic (Danieli, 1993). The activity of rebridging is often experienced as healing the family wound, which may free one to go on with life more fully. Keller (1988) reported that the older the offspring, 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 these offspring. They perceive themselves as less depressed and less anxious than they were when younger (Schwartz, Dohrenwend, & Levar, 1994). Parts V, VI, and VII of this volume discuss the effects of sociopolitical changes, or lack thereof, on legacies of trauma.

The time dimension is integral to Keilson's (1992) theory of sequential traumatization, and to Duran *et al.*'s (Chapter 21) definition of trauma: "Historical trauma response" consists

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[3]See Becker and Diaz, Chapter 26; Edelman *et al.,* Chapter 27; Rousseau and Drapeau, Chapter 28; Simpson, Chapter 29; Ghadirian, Chapter 30.

of a constellation of features in reaction to the multigenerational, collective, historical, and cumulative psychic wounding over time, both in their victims' life span and across generations.

Resilience

The utility of the TCMI framework is further illustrated by its applicability to the seeming debate in the literature over vulnerability versus resilience. As mentioned in the Introduction, the TCMI framework enables discussion of "vulnerability *or* resilience" as "vulnerability *and* resilience." This is preferable to the unidimensional perspective, which is simplistic at best, and meaningless and wrong at worst.

Solomon (Chapter 3) suggests that more attention should be paid to positive effects that arise from trauma. Felsen (Chapter 2) concludes that along with vulnerabilities, there is evidence of significant ego strengths, as illustrated by both high achievement motivation and increased empathic capacities. Increased empathic capacities are mentioned by many other authors.[4] Draimin *et al.* (Chapter 34) also mentions "a reservoir of spiritual strength" in families with HIV/AIDS. O'Shane, quoted in Raphael *et al.* (Chapter 20), reflects: "I recognized the thing that happened to the thousands of other Aboriginal families like our family and I marvelled that we weren't all stark, raving mad." Krystal *et al.* (Chapter 38) further suggest that resilience, like vulnerability to traumatization, is modulated genetically. In addition, the genetic effect on resilience may be mediated by effects on affiliative behaviors.

Baker and Gippenreitner (Chapter 25) conclude that whether the grandparents actually physically survived Stalin's Purge of the mid-1930s was less important than the strength and values passed on to their grandchildren through the knowledge of what had happened to them. "Disconnected" grandchildren were less clear about who they were or where they were going, as they attempted to function in the Russia of the 1990s. "Connected" grandchildren had a sense of identity firmly rooted in family experience. The grandchildren's *social functioning* correlates positively with *active protest* (see also Kupelian, Kalayjian, & Kassabian, Chapter 12), efforts to research a family member's experience of the Purge, and the perception that the Purge had a positive influence on their lives (for additional examples of positive outcomes, see also Nagata, Chapter 7; Hunter-King, Chapter 15; Danieli, 1985).

Satir (1972), too, writes of the "nurturing" strength of family roots and the importance of connections across generations, concepts reflecting the protective functions of the family. (See also Winnicott's "holding environment," cited by Becker & Diaz, Chapter 26, and Rutter's concept of *permitting circumstances* that parents need in order to parent, cited by Buchanan, Chapter 31.)

In this context, resilience is related to continuity, transmission without cutoff, and preserving the connections with the past, without letting them become so rigid as to become *perversions of freedom* (Danieli, 1991; see also Klain, Chapter 17). However, once the threatening period is over and survival strategies and defenses have outlived their usefulness, they may nevertheless persist and become adaptational styles of the family and the culture (Danieli, 1985; see also Spicer, 1971).

Felsen (Chapter 2) offers the example of the *culturally* valued emphasis on the family demonstrated by Eastern European Jewry. This provided the survivors with the defenses and coping mechanisms that allowed them to make the leap of hope necessary to establish new

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[4]On empathic capacities, see, e.g., Nagata, Chapter 7; Op den Velde, Chapter 9; Lindt, Chapter 10; Ancharoff *et al.,* Chapter 16; Baker and Gippenreitner, Chapter 25; Becker and Diaz, Chapter 26.

families after the Holocaust. But this adaptation also took its toll on survivors' offspring, who exhibited increased difficulties around separation–individuation. Such negative consequences must be taken into account with the potentially highly adaptive role of the family in the context of severe traumatization and loss.

The findings in this volume clearly show the importance of cultural roots and practices in creating stability, and the deleterious and even tragic effects on future generations when the culture is weakened or destroyed.

Cross (Chapter 24), too, chronicles the positive effects of culture and family strength in creating coping strategies. Referring to the adaptive and protective value of the *multidimensional mind-set* (Webber, 1978), Cross explains that by resisting negative elements of the culture that enslaved them, but incorporating protective, positive, and functional ones, most notably the Christian religion, former slaves were able "to exit slavery with far more psychological strengths and resources than psychological defects and dysfunctionalities." Ghadirian (Chapter 30) emphasizes the contribution of spiritual, religious, and sociocultural beliefs to resilience. Trials and suffering may actually serve a positive function in overcoming adversity and lead to personal growth in victim/survivors and their offspring. Illuminating as they are, all these studies demonstrate the need for future research on the relationship between culture and traumatization on succeeding generations.

Theoretical Frameworks

Different writers use different concepts and related methodologies stemming from existing, generally complementary, although sometimes seemingly contradictory theoretical frameworks. While part of what distinguishes this book is its diversity, many of the authors choose similar ways of looking at the issues, leading to some overlap and yet maintaining coherence among their viewpoints.

Suomi and Levine (Chapter 36), Krystal *et al.* (Chapter 38), and Yehuda *et al.* (Chapter 37), for example, use animal models, and genetic and biological frameworks, respectively. Hardtmann (Chapter 4), Op den Velde (Chapter 9), and Aarts (Chapter 11) utilize primarily the intrapsychic/psychodynamic approaches, such as psychoanalytic object relations theories, while Klain (Chapter 17) applies psychoanalytic and group analytic concepts. Ancharoff, Munroe, and Fisher (Chapter 16) apply "assumptive world" and constructivist self-development theories.

Quite a few of the chapters borrow various family system theory and family theory concepts (Nagata, Chapter 7; Baker & Gippenreitner, Chapter 25). Nagata (Chapter 7) also uses life-span developmental theory.

Several authors combine and integrate concepts from different theoretical frameworks (e.g., Buchanan, Chapter 31; Becker & Diaz, Chapter 26; Simpson, Chapter 29; Nagata, Chapter 7). Gagné (Chapter 22) integrates sociological and psychological concepts with Third World development dependency theory to explore the prevalence of PTSD in First Nations.

Many of these concepts derive from theories aimed at analyzing and interpreting everyday life. Some of the writers also utilize or propose concepts that seem to have originated more directly from, and are thus inherent to, the universe of trauma and are particularly relevant to multigenerational trauma theory. Notably, Felsen (Chapter 2) includes a dimension of *being* (vs. doing) as part of a general conceptual framework to organize and unify the diverse clinical and empirical observations about offspring of survivors of the Nazi Holocaust. Becker and Diaz (Chapter 26) include the concept of "the third traumatic sequence" (Keilson, 1992[5]; see

also Op den Velde, Chapter 9), as well as trauma-related formulations by Winnicott (1973, 1974, 1976) and Kinston and Cohen (1986). In a similar vein, Duran *et al.* (Chapter 21) define *historical trauma response* or "intergenerational posttraumatic stress disorder" as a constellation of features in reaction to the multigenerational, collective, historical, and cumulative psychic wounding over time: the "soul wound."

MECHANISMS OF THE TRANSMISSION OF TRAUMA

The mechanisms of transmission emerging from this book range from the molecular genetic on the one end, to the political on the other; that is, they range from the basic biological to the complex psychological—psychodynamic constructs at the individual level, and from the intrafamilial to the extrafamilial—the socioethnocultural, to the political. Logically, the authors' descriptions and explanations of the transmission processes and their contents are often determined by the dimension(s) they choose to focus on, and their theoretical orientations and disciplines. Yet considering the richness and variety of the materials covered in this book, the mechanisms depicted are surprisingly consistent and few in number. Moreover, various modes of trauma transmission are not likely to be mutually exclusive; rather, for most individuals, they reflect some overlap and a cumulative effect. While it sometimes seems artificial to place divisions among interrelated mechanisms, researchers must isolate them in order to target appropriate interventions.

Krystal *et al.* (Chapter 38) review the evidence supporting a genetic contribution to the vulnerability to developing PTSD. They suggest that the overall adaptiveness or maladaptiveness of particular genetic traits may depend on the environment in which individuals bearing these traits exist.

Suomi and Levine (Chapter 36) provide clear-cut evidence obtained from prospective longitudinal experiments that demonstrates that nonhuman primates are indeed capable of transmitting long-term psychobiological effects of trauma across generations via at least three different mechanisms: observational, maternal, and prenatal. In each case, the long-term effects include physiological as well as behavioral features or propensities, and in two of the three cases, the mechanisms of transmission have been documented in natural social groups of primates living in the wild, as well as in those studies conducted in laboratory settings. None of the three mechanisms requires language capabilities on the part of either the initiating or receiving generation for the transmission to take place.

Hardtmann (Chapter 4), Aarts (Chapter 11), and Becker and Diaz (Chapter 26), among others, draw on psychoanalytic object relations theories to provide detailed, poignant descriptions of the processes and mechanisms of transmission that deepen the insight into the pathogenesis in the second generation. They cite *denial, splitting, identification, projection,* and *projective identifi-*

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[5]In his theory of sequential traumatization, Keilson (1992) coined the phrase *third traumatic sequence* to refer to the postwar period that followed both the occupation, with its terror (first sequence), and the direct persecution, including deportations (second sequence). Having followed up 2,000 child survivors in The Netherlands, he concluded that "approximately twenty-five years later, children who experienced a favorable second but adverse third traumatic sequence will display development features which are less favorable than those of children presenting an adverse second but favorable third traumatic sequence" (p. 440). Similar to Danieli (see section on the *conspiracy of silence* in the Introduction), a poor postwar environment could intensify the preceding traumatic events and, conversely, a good environment could mitigate some of the traumatic effects. Op den Velde (Chapter 9) adds that when understanding and support are adequate, the postwar period does not have to be, by definition, a traumatic sequence.

cation. One such example is the interaction between parent and child that can become a repetition of an aggressor–victim dyad from the traumatic past, after first becoming an intrapsychic conflict and, subsequently, through projective identification, seeking an outlet in object relations.

These mechanisms are both very similar to the process of the original victimization and maintain the victimization process. On every level, we psychologically or literally expel troubling matters: as individuals, families, communities, societies, nations, and the international community (Hardtmann, Chapter 4; Baker & Gippenreitner, Chapter 25; Simpson, Chapter 29; see elaboration by Klain, Chapter 17). Society as a whole can behave as if it had PTSD. The same mechanisms of defense have both personal and societal dimensions.

From *this* point of view, the most malignant component of the transmission is the raw, unintegrated affect that has never been processed in the parents' generation and, consequently, becomes internalized in the children in another place and time.

For Ancharoff *et al.* (Chapter 16), intergenerational transmission refers to *thoughts, feelings, behaviors,* and *disrupted schemata or traumatic beliefs* of the traumatized parents that are generated from the survivors' experiences. The survivors transmit them to their children through *silence* and *underdisclosure,* (age-inappropriate) *overdisclosure, identification*—observation, modeling, and emulating (e.g., survivor's propensity for hypervigilance), and isomorphic *reenactment.* In the latter mechanism, the survivor's trauma experience is created in the offspring, perhaps unconsciously, but forcefully, transmitting the parent's worldview.

Participants in this process are secondarily traumatized (Figley, 1983). Their affective experience is of projective identification that may generate certain countertransference reactions in psychotherapists (Danieli, 1984, 1994c). Kestenberg (1989) coins the term *transposition* to describe the tendency of Holocaust survivors' offspring to transpose the present into the past and to live in their fantasy during the Holocaust. Pynoos (1996) elaborates on the "traumatic expectations" parents transmit to their children.

Nagata (Chapter 7) views family relationships as accountable to the standards of loyalty and justice upheld by previous generations, and, as such, families transmit rules, dispense "credits" for fulfilling obligations, and "debits" for unfulfilled obligations. They also transmit ethnic values, family myths, loyalties, secrets, and expectations. The uncompleted actions of past generations may impinge on relationships within the new generation.

Kupelian *et al.* (Chapter 12) state that the Armenians perpetuated a distinct ethnic identity by adapting their family structure to centuries of persecution. Functionally, presence of the *persecutory oppositional pressure* (Spicer, 1971) became integral to multigenerational family structure and identity. *Informal* structures of transmission include *family* and *community* (e.g., food, stories, songs, friends, and language). *Formal* means include reestablishing institutional structures. The church has been central to the preservation of cultural identity, particularly against forced assimilation.

Duran *et al.* (Chapter 21) explore the mechanisms that render *historical trauma* an *ongoing* process. These include pressures brought on by *acculturation stress* and the aftereffects of *racism, oppression,* and *genocide.* They also point to "a less murderous form of genocide in the Native community, sometimes labeled cultural genocide" which refers to "actions that are threatening to the integrity and continuing viability of peoples and social groups" (Legters, 1988, p. 769). These actions include the prohibition of religious freedom.

Current classifications of mechanisms of transmission include the heritability (Kendler, 1988, also in Krystal *et al.,* Chapter 38; Schwartz *et al.,* 1994) and the biopsychosocial (Engel, 1977, 1996) models. Novac (1994; Novac & Hubert-Schneider, 1998) proposes that the transmission of trauma includes three major biopsychosocial components: transmission of infor-

mation, transmission of acquired traits, and intrafamilial traumatization (biological dysregulation), which are concomitant and potentially constant new sources of traumatization.

Examining the influence of remote historical events on recent interethnic conflicts in the former Yugoslavia, Klain (Chapter 17) describes the multigenerational transmission of "inherited" emotions from psychoanalytic and group analytic points of view. Processes and mechanisms of transmission, such as *paranoid projections fed by stereotypes, group superego,* and *group memory,* lead to transgenerational remembrance of injury, murder, and destruction that are laid at the door of the "enemy people" or nation as a whole. He differentiates between vehicles of transmission, which he terms mediators of "inherited" emotions, and *what* they transmit.

The mediators of "inherited" emotions, which he lists and illustrates extensively, are the *patriarchal family,* the *superego, folklore, church/religion,* and *myths.* These powerful mechanisms transmit *deep hate and rage, revenge, guilt, shame,* and *authority.* They also operate on larger groups that may encompass the neighborhood, the town, or the state, which is conceived as a widened family of a patriarchal type, in which all authority lies in the hands of its leader. This endangers democracy for the present and future generation.

Korbin (in Buchanan, Chapter 31) suggests that in coming to internationally accepted definitions of child abuse, there is a need for both an emic approach, where the local community makes the definitions, and an etic approach, where there is an international consensus on types of behavior toward children that are deemed abusive (see the same classification in Rousseau & Drapeau, Chapter 28).

Simons and Johnson (Chapter 32) examine competing explanations for the intergenerational transmission of domestic violence in three generations: role modeling, family relationships, and antisocial orientation perspectives. In contrast to past research findings that children who witness violence between their parents or who are subjected to severe physical discipline often grow up to be violent toward their spouses and offspring, their analyses show that the relationship between childhood exposure to domestic violence and the perpetration of such behavior as an adult is mediated by the extent to which the person displays an antisocial orientation acquired in childhood as a result of ineffective parenting. These findings are consistent with criminological theories.

CONSPIRACY OF SILENCE

An overwhelming finding throughout the chapters in this volume is the "conspiracy of silence" that far too often follows the trauma(ta) (see discussion in the Introduction). According to most contributors, the conspiracy of silence is the most prevalent and effective mechanism for the transmission of trauma on all dimensions. Both intrapsychically and interpersonally protective, silence is profoundly destructive, for it attests to the person's, family's, society's, community's, and nation's inability to integrate the trauma. They can find no words to narrate the trauma story and create a meaningful dialogue around it. This prevalence of a conspiracy of silence stands in sharp contrast to the widespread research findings that social support is the most important factor in coping with traumatic stress.

Nagata (Chapter 7) reports that more than twice as many Sansei whose fathers were in camps died before the age of 60, compared to Sansei whose fathers were not interned (see also Eitinger, 1980, about survivors of the Nazi Holocaust, and Edelman, Kordon, & Lagos, 1992, about fathers of the disappeared in Argentina). Nagata speculates that there may be a link between the early deaths of the Nisei fathers and their general reluctance to discuss the internment. Pennebaker, Barger, and Tiebout's (1989) research suggests that avoidance of discussing

one's traumatic experience may negatively affect physical health, and Sansei in the present study reported that their Nisei fathers were much less likely to bring up the topic of internment than were their mothers.

The conspiracy of silence is also used *as a defense* for trying to prevent total collapse and breakout of intrusive traumatic memories and emotions. Like paper, it is a very thin and flimsy protection that rips easily. Auerhahn and Laub's (Chapter 1) focus on children's conflicting attempts both to know and to defend against such knowledge emerges as a central theme in many of the chapters.

Aarts (Chapter 11) concludes that the conspiracy of silence, encouraged by societal, cultural, and political silence, is generally understood to be at the core of the dynamics that may lead to more or less serious symptomatology in the second generation. Op den Velde (Chapter 9) demonstrates that when offspring of war sailors and participants in the resistance observed the "family secret," separation and identification problem arose. Lindt (Chapter 10) states that children of collaborators, who had to hide who they are, have great difficulty in sharing in the experience of liberation: "to be allowed to be there with one's story."

To this day, only meager attention has been paid to the offspring of veterans of World War II. Bernstein (Chapter 6) chronicles the isolation and emotional distance and emptiness created when World War II prisoners of war avoided close emotional relationships with their spouses and children.[6] Except in the literature on Vietnam veterans, "good" wars are not supposed to have "bad" consequences. This holds true for veterans of Israel's War of Independence as well (Bar-On *et al.,* Chapter 5).

In studies of Israel, West Germany, and the former German Democratic Republic, Rosenthal and Völter (Chapter 18) find that the phenomenon of collective silence had endured despite the emergence in recent years of a more open social dialogue about the Holocaust. Their case analyses clearly show that silence and family secrets and myths constitute some of the most effective mechanisms that ensure the traumata's continued impact on the family's second or third generation.

These findings raise the important question of whether silence is part, or an extension of, the trauma (e.g., Kupelian *et al.,* Chapter 12), or whether it is a qualitatively different "trauma *after* the trauma" (Rappaport, 1968, p. 730; emphasis added). Does the posttrauma environment pose a *new* set of events that the victim needs to complete or resolve in addition to the initial victimization?

The process of confronting multigenerational trauma has taken over five decades to unfold, stage by stage. First, as Aarts notes in Chapter 11, the barriers of silence needed to be removed in order for society in general, and politicians in particular, to address the individual and collective needs of victims of World War II. Indeed, it took a social movement in order to arouse interest not only of policymakers but also of most mental health professionals (Herman, 1992).

Though descriptions of what is now understood as posttraumatic stress have appeared throughout recorded history, the development of the field of traumatic stress, or traumatology, has been episodic, marked by interest and denial, and plagued with serious errors in diagnostic and treatment practices (Herman, 1992; Mangelsdorf, 1985; Solomon, 1995). Indeed, one of the most prevalent and consistent themes during this century has been the denial of psychic trauma and its consequences (Lifton, 1979), particularly in the myriad deadly conflicts that find their multigenerational origins in history, the nonresolution of which ensures their perpetuation.

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[6]See also Op den Velde, Chapter 9; for comparison, see Crocq, Macher, Barros-Beck, Rosenberg, and Duval, 1993; Harel, Kahana, and Wilson, 1993; Tennant, Goulston, and Dent, 1993.

Politically dictated or officially sanctioned silence is part of the system of terror of any tyrannical regime, and extreme versions of this are found in Kupelian *et al.* (Chapter 12) and Ghadirian (Chapter 30). One can only marvel at the international dimensions of the conspiracy of silence, as shown by the slowness of the world community to acknowledge and act on the terrible events in the former Yugoslavia (Klain, Chapter 17), as well as in Rwanda and Burundi.

THE IMPORTANCE OF CULTURE AS TRANSMITTER, BUFFER, AND HEALER

Most authors see culture as integral to understanding the predicament of the survivors' families, particularly where their cultural identity played a role in their victimization. The very notion of intergenerational transmission is implied in the concept of culture (Marsella *et al.,* 1996), and "bears directly upon the puzzle of how society is possible" (Elder *et al.,* 1986, p. 295). From a multidimensional approach, in some cases, healing requires restoring the *cultural context* and culturally appropriate therapies.

Kupelian *et al.* (Chapter 12) review the crucial role of culture—family, community, language, church—in maintaining Armenian identity during the diaspora. Kinzie, Boehnlein, and Sack's study of the effects of massive trauma on Cambodian parents and children (Chapter 13) and Rousseau and Drapeau's (Chapter 28) examination of the impact of culture on the transmission of trauma among Southeast Asian and Latin American children point to the traumatic effects of the destruction of culture.

Culture influences the way the impact of trauma is mediated, and cultural continuity can play a protective role while facilitating the grieving process. In Nagata's study of Japanese American internees (Chapter 7), a major after-effect of internment was the accelerated loss of the Japanese language and culture, along with continued uncertainty about their status. This phenomenon of trauma-related *accelerated deacculturation* is also emphasize in Kinzie *et al.* (Chapter 13).

The intentional, brutal, and largely effective efforts to destroy indigenous cultures as part of colonization are the central element in Part VI of this volume. It is particularly noteworthy that this trauma is, in the words of Raphael *et al.* (Chapter 20), "enduring and unquantifiable," and it is perpetuated by the continuing destruction of their culture and disruption of any effort to pass it along to future generations (Duran *et al.,* Chapter 21; Gagné, Chapter 22). This *historical trauma* is a cumulative, unresolved trauma, and the final irony is that to survive, people must assimilate into the very culture that has destroyed their own (Duran *et al.,* Chapter 21; see also Kleber, 1995; Robin, Chester, & Goldman, 1996).

Odejide *et al.*'s (Chapter 23) analysis of the Nigerian civil war points to ethnic clashes based on differences in cultures as one of the major reasons for war. As in the chapters on succeeding generations of Cambodians and Japanese, a major consequence of intergenerational transmission in shown to be the breakdown of social values. His recounting of fiction to tell this story is unique to the book and is a technique rich for anecdotal information and comparisons.

Hunter-King (Chapter 15) finds that "typical" military wives who have firmly adopted the "military culture" are more likely to rear children who can adjust to their father's missing-in-action (MIA) status.

Given the strong role of the destruction of cultural foundations in intergenerational transmission of trauma, it is not surprising that several authors stress the importance of incorporating elements of traditional culture into the *healing* process through the development and usage of culturally appropriate therapies.

Duran *et al.* (Chapter 21) insist on the necessity for cultural revitalization that would include "indigenous therapies" to replace the hegemonic approach of "postcolonial therapies" based on European concepts of healing. However, they also recognize the need to combine the modern (i.e., psychotherapy) with traditional ceremonies. Raphael *et al.* (Chapter 20) agree and list several approaches that build on Aboriginal holistic views of mental health.

Some authors mention the need for therapy that is less centered on the individual and family, as in the West, and more oriented to groups and society. Moreover, Simpson (Chapter 29) speaks of the need to heal the effects of unresolved conflicts on communities and nations.

Societies, cultures, and religions differ in their emphasis on the individual versus the social/collective. A child of survivors of the Nazi Holocaust exclaimed: "On Yom Kippur, Jews say, 'we have sinned, we have done. . . .' Nowhere does it say, 'I have done. . . .' It is all 'we.' It's never individual, it's always the community. It may say something about our reaction to the Shoah [Holocaust] that it is not a personal thing, but it is what has happened to *us,* and that goes transgenerationally."

The concept of culturally sensitive therapies leading to the restoration of traditional skills and values, when combined with a program of national reconciliation, offers hope to the remnants of indigenous people, as well as to former warring parties. Both Bar-On *et al.* (Chapter 5), in the context of generations of the Holocaust, and Klain (Chapter 17), in the case of the former Yugoslavia, emphasize that it is necessary to bring people together who were on opposite sides during civil wars. The emphasis must be on children and on utilizing group treatment modalities. A central challenge is to transform the destructive use of culture into a healing one.

RECOMMENDATIONS FOR THE FUTURE

In this groundbreaking volume of work on multigenerational trauma in a multidimensional framework, many contributors propose further areas of inquiry to advance this critically important field.

Methodological Considerations

As yet, empirical research in the field of intergenerational trauma is in its infancy, but its social and public health significance is ever growing. Given a lifetime PTSD rate of 7.8% in the U.S. general population (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), even if only a minority is or will be involved in parenting, the number of children upon whom intergenerational effects will have an impact is enormous. In other groups and societies, where the rates of trauma exposure are much higher, an even greater proportion of the population is affected, with consequent intergenerational implications.

One leading recommendation is for improved research methodology representing all points of view, through better sampling and more valid tools. Some analyses of intergenerational patterns reveal significant between-group differences, while others do not, and it was found that the combination of survey and in-depth interviews was particularly useful in uncovering such a range.

Researchers should also attempt to replicate and expand on the exploratory work contained in this volume, not only to understand the legacies of unique experiences, but also to clarify the impact of differing cultural and situational factors on traumatic response.

Prospective investigations of the intergenerational psychobiological consequences of stress in human populations are also sorely needed, but as Suomi and Levine (Chapter 36)

acknowledge, such studies are more feasible and practical in animals than in humans (for an exception, see Elder *et al.,* 1986).

Further molecular genetic studies of PTSD should be conducted in order to identify genes that modulate the vulnerability as well as resilience to traumatization (Krystal *et al.,* Chapter 38).

There is a need for comparisons among similar populations, particularly where there is as yet only the most rudimentary information from which inferences may be drawn (Raphael *et al.,* Chapter 20), and multidimensional cross-cultural comparisons that include sources of resilience. In addition, some contributors recommend systematic comparative studies of individual and societal traumata, as well as families in which one or both parents have been traumatized. It is also worth exploring whether both parents have shared specific traumatic experience(s). In all these endeavors, researchers should strive for agreement on definitions, rather than use ad hoc terms that can undermine the discipline.

Keeping in mind their contextual parameters, future research should gauge the usefulness and applicability of numerous concepts that emerge from the book along different dimensions and in differing (cultural) settings.

In planning multicultural comparisons, investigators should consider the relative centrality of the family and differing emphases on the individual versus the collective/social in different cultures.

Clinical Considerations

As noted in the Introduction and described in this volume, many of the clinical features reported in the majority of the chapters fit the syndrome of PTSD. Many offspring of survivors of trauma, however, struggle with problems of a psychosomatic and/or characterological nature, yet these are not included in the construct of PTSD. The evidence presented herein calls for expanding the current diagnostic criteria for the disorder. Moreover, this volume suggests that a new framework—Trauma and the Continuity of Self: A Multidimensional Multidisciplinary Integrative (TCMI) Framework—is needed to understand and treat trauma along all dimensions and across cultures.

Similarly, to meet the complex needs of survivors and their families, any program must be comprehensive, integrative, and linked to formal and informal networks of all relevant services and resources in the local and global community.

Additional efforts must be made by clinicians working with indigenous people. They must develop competence in the local culture in order to correct the persisting cultural hegemony of Euro-American therapeutic models that follow a postcolonial paradigm. The earlier section on culture contains a discussion of mechanisms of healing that exist on a cultural level.

One of the key clinical recommendations suggested by many of the findings is the need to take a full intergenerational history of trauma and PTSD evidence as a routine part of history-taking and diagnostic evaluations. This is particularly true for "children" who meet criteria for PTSD, and those who often fail to present family background.

As the history is being taken, the guiding dynamic principle of integration should inform the choice of therapeutic modalities, techniques, or interventions. The central therapeutic goal is to integrate rupture, discontinuity, and disorientation. An extremely useful diagnostic and therapeutic method is to construct a multigenerational family tree. Although this may trigger an acute sense of pain and loss, it serves to recreate a sense of continuity and coherence damaged by the traumatic experiences. One invaluable yield of exploring the family tree is that it opens communication within families and between generations, and makes it possible to work-

through toxic family secrets. Breaking the silence about traumatic experiences within the family is generally helpful in (family) therapy, but it is particularly crucial for aging survivors and their offspring (Danieli, 1981a, 1994b). Whether family therapy is feasible or not, and regardless of the therapeutic modality used, individuals and families should be viewed within the context of their multigenerational family tree, with its unique dynamics, history, and culture (Danieli, 1993).

As for the mix of therapeutic modalities urged by Danieli (1989, 1993), Felsen (Chapter 2) points to the potential usefulness of cognitive therapy in enhancing the individual's resilience and in emphasizing self-statements that empower the victim/survivor as opposed to blame or victimize him- or herself.

This book cautions policymakers that the trauma-related decisions they make, which they may assume have only short-term consequences (if any), may actually have lifelong and multigenerational effects. The findings of many contributors to this volume have far-reaching implications for the *prevention* of social and political upheaval. As for designing means of prevention, some of Klain's "mechanisms of inherited emotions," for example, may be used to transmit messages and emotions of peace and tolerance instead of hatred and revenge. Outside the realm of traditional mental health practices, a number of peace-related organizations have sprung up to avert further outbreaks of violence. Among these is the German-based Action Reconciliation Service for Peace (ARSP), whose motto is "Learning from History, Taking a Stand Today, Building a Positive Future." For almost 30 years, ARSP has had volunteers in the countries affected by World War II to work with the peoples who suffered during the Nazi regime. They believe there can be no true reconciliation without atonement, without acknowledging German responsibility for Nazi crimes (see other examples in Dubrow, Liwski, Palacios, and Gardinier, 1996).

The future is ever more problematic in settings where ongoing conflicts and difficult living conditions spawn multigenerational consequences of chronic trauma.

Issues and Populations Warranting Further Exploration

Despite the range of populations addressed in this volume, several traditional categories of "individual" and "group" victims have not been included in this multigenerational survey. One such category is that of rape victims, who have been studied widely, but very little is known about their children (Remer & Elliott, 1988a, b). Another category includes the offspring of Korean and other Asian women who were kept as "sex slaves" by the Japanese occupying forces during World War II, an atrocity that they admitted only recently.

Other topics worth exploring, which are given limited treatment herein, are the sexual abuse of children and the "false memory syndrome," both issues of great intergenerational importance, and the multigenerational effects of parental dissociative identity disorder.

Studies on the multigenerational legacies of natural disasters should be extended to focus on children born after the trauma. Similarly, studies addressing families with/of diethylstilbestrol (DES) daughters should expand the work of Draimin *et al.* (Chapter 34) and Wellisch and Hoffman (Chapter 35) on the intergenerational effects of AIDS and breast cancer, respectively. In addition, it behooves us to ensure the end of discrimination against women with AIDS (probably mothers) with regard to the availability of treatment.

The issues raised in this volume may also be applicable to other populations who have suffered massive psychic trauma that put people at risk for similar sequelae. These would include the Palestinians, Irish, Turks/Greeks/Cypriots, Kurds, Afghans, and Afghanis. Additionally,

populations traumatized by recent catastrophic events in places such as Somalia, Rwanda, and Burundi have suffered, and will undoubtedly continue to suffer, intergenerational effects. They will require both immediate interventions and long-term preventive strategies.

The role of gender in the transmission of traumatic history should be further explored cross-culturally (Felsen, Chapter 2; Solomon, Chapter 3; Hunter-King, Chapter 15; Klain, Chapter 17). Baker and Gippenreitner (Chapter 25) also highlight the special role of women as *messengers* of family values, traditions, and memories.

A growing number of populations face the daunting circumstances of ongoing traumatic stress. It would be valuable to study the sources of their resilience and vitality as these become more important not only for them but also for the communities of which they are part, and internationally. It is, therefore, both a clinical and a social policy task to incorporate the TCMI framework in designing longitudinal intervention, postvention, and prevention programs. Many contributors to this volume urge that future research systematically explore the interaction between various dimensions included in the framework (Nagata, Chapter 7; Rousseau & Drapeau, Chapter 28; Buchanan, Chapter 31).

On Justice

In a recently published interview, Judge Richard Goldstone (1995), who at the time was Chief Prosecutor for the War Crimes Tribunals for the Former Yugoslavia and Rwanda, stated:

> I have no doubt that you cannot get peace without justice. . . . If there is not justice, there is no hope of reconciliation or forgiveness because these people do not know who to forgive [and they] end up taking the law into their own hands, and that is the beginning of the next cycle of violence. . . . I don't think that justice depends on peace, but I think peace depends on justice. (p. 376)

Many of the authors discuss various aspects of justice. The findings uniformly suggest that the process of redress and the attainment of justice are critical to the healing for individual victims, as well as their families, societies, and nations. Klain (Chapter 17) underscores its importance for succeeding generations "to break the chain of intergenerational transmission of hatred, rage, revenge, and guilt."

Justice is understood here both in terms of the administration of a formal and fair judicial process and the implementation of judgments of courts, and also in terms of the complete reparation to victims by governments and by society as a whole. This process must include the investigation of crime, identification and bringing to trial of those responsible, the trial itself, punishment of those convicted, and appropriate restitution.

As quoted in the Introduction to this volume in connection with a study done in 1992 for the United Nations Commission on Human Rights, examining the "Right to Restitution, Compensation and Rehabilitation for Victims of Gross Violations of Human Rights and Fundamental Freedoms" (Danieli, 1992; see also Stamatopoulou, 1996), I suggested a number of essential elements. These include reestablishing the victim's value, power, and dignity; rehabilitation, restoration, and compensation; and recognition and apology, followed by commemoration, memorials, and continuing education. Finally, the provision and maintenance of justice must be (re)incorporated into the legal structure, with mechanisms for monitoring, conflict resolution, and preventive intervention.

In cases where this could be done, the process contributed substantially to the sense of closure. The best-known international examples are the Nuremberg and Tokyo war crimes trials, and the trial of Adolph Eichmann. The developments following Japanese American in-

ternment during World War II further illustrate some of these elements. However, 37 years passed before the Commission on Wartime Relocation and Internment of Civilians concluded that "a grave injustice was done to American citizens and resident aliens of Japanese ancestry" (Commission on the Wartime Relocation and Internment of Civilians, 1982, p. 18).

Interviewees in the Sansei Project (Nagata, Chapter 7) made it clear that redress payments were one act, albeit inadequate, that recognized significant wrongdoing on the part of the government. The legislation was passed in 1988, with a largely symbolic, one-time payment of $20,000 to each surviving internee and an official government apology.

As Montville (1987) notes, a perpetrator's explicit expression of acknowledgment and remorse has enormous value in healing the victim (on atonement, see Bar-On et al., Chapter 5). In contrast, Prime Minister Howard of Australia, for example, decided not to apologize for the treatment of the Aboriginal people on the grounds that the current generation of (white) Australians was not responsible for earlier misdeeds. In many instances discussed in this volume, the achievement of all the elements of justice proved elusive. All are key factors in the intergenerational transmission of trauma.

Victims and their offspring who have been wronged by a government or society, for example, find it considerably more difficult to begin the healing process if the responsible individuals cannot be identified and punished for their crimes (Raphael et al., Chapter 20; Duran et al., Chapter 21; Gagné, Chapter 22; Cross, Chapter 24).

The attempted genocide of the Armenians stands as one of the most grievous instances of injustice in this century, one in which none of the necessary steps for resolution of the trauma have been taken by the perpetrators, the Turks (Kupelian et al., Chapter 12). Not only does the current generation of Turks refuse to acknowledge, apologize, and compensate for the genocide, its ongoing campaign of denial, delegitimization, and disinformation affects the Armenians as a psychological continuation of persecution.

In parts of Latin America, justice continues to be denied, defeating the full realization of democracy (Becker & Diaz, Chapter 26; Edelman et al., Chapter 27). Impunity, by definition, is the opposite of justice (Roht-Arriaza, 1995). Why, then, would it be embraced? One reason—in parts of Latin America and South Africa—is that it was a requirement by military dictatorships or the racial minority government for relinquishing power or negotiating a peace settlement (Shriver, 1995).

A second reason behind the acceptance of impunity is the belief that "forgive and forget" is the route to follow in order to heal societies torn apart by conflict. However, the critical question remains: What does it do for a society if individual and groups claims to justice are set aside in the name of what is purported to be the greater good (see also Duffy, 1996)?

The creation of "truth commissions"[7] would seem to be an integral tool of justice. In many cases, however, such commissions have not identified those responsible and have been accompanied by amnesty laws or pardons that enshrine impunity. An example is the Guatemalan Commission on Clarification of the Past currently under way.

In South Africa's Truth and Reconciliation Commission, pardons are granted for any actions taken during the apartheid years if they were for political reasons and there is full disclosure. Simpson (Chapter 29) scathingly criticizes the commission, calling this "flight into reconciliation" an imposed conspiracy of silence that fails to deal with the multigenerational effects of trauma. As far as individual victims or groups are concerned, this process is a poor substitute for justice. Simpson refers to the case of the South African mother who, seeking

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[7]Thirteen states have implemented or are currently implementing amnesties and pardons: South Africa, El Salvador, Guatemala, Honduras, Nicaragua, Haiti, Argentina, Uruguay, Chile, Brazil, Suriname, Peru, and the Philippines.

punishment for those who killed her son a year ago, was told not to rake up the past! For the victims, according to Edelman *et al.* (Chapter 27), impunity has become "a new traumatic factor" so detrimental that it renders closure impossible. For their societies, moreover, impunity may contribute to a loss of respect for law and government, and in a subsequent increase in crime.

One significant trend countering such amnesties and pardons is found in the creation by the United Nations Security Council of two ad hoc international criminal tribunals for the former Yugoslavia and Rwanda. Since the tribunals are subsidiary bodies of the Security Council, whose decisions are binding on all United Nations member states, these tribunals are vested with considerable authority. However, given their slow and tentative beginnings, and the degree of resistance to them, their long-term success is far from certain.

The decades-long effort to establish a permanent International Criminal Court is currently closer to becoming a reality through the action of the United Nations. This points toward a trend that would favor punishment, rather than amnesty and pardons, for those responsible for crimes (see, e.g., Bassiouni, 1997).

Emboldened by the world's indifference to the Armenian genocide, Hitler proceeded with the systematic attempt to annihilate the Jewish people. Much preventable pain is likely to occur in the future if atrocities are not stopped, and justice is not done in the present. The struggle for victims and the generations that follow them is to defy the dominance of evil and find a way to restore a sense of justice and compassion to the world. Victim/survivors of trauma feel a need to bear witness, to speak the truth, to urge the world, to ensure that such injustices never happen again. But some cannot say "Never again," because it has happened again—in Cambodia, Rwanda, and elsewhere.

This book is a record of humanity's unremitting shame. As the twentieth century draws to a close, the contributors trace some of the elemental threads of this century's tragic tapestry. Nevertheless, the reader may find hope in the courage and dignity chronicled in these chapters and in the genuine commitment of so many serious scholars to accumulate and apply knowledge to make the world a better place for our generation, and for generations to come.

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