Introduction

History and Conceptual Foundations

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This is the first book on traumatic stress that examines multigenerational effects of trauma across various victim/survivor populations around the world from multidimensional, multidisciplinary perspectives. It seeks to provide a comprehensive picture of the knowledge accumulated worldwide to date, including clinical, theoretical, research, and policy perspectives.

The few existing books in the literature that examine intergenerational transmission of trauma focus mostly on a single event (e.g., the Nazi Holocaust), utilizing a singular aspect or methodology (e.g., clinical or research) (Bar-On, 1989, 1994; Bergmen & Jucovy, 1982; Hass, 1990; Kogan, 1995; Nagata, 1993; Prince, 1985; Sigal & Weinfeld, 1989; Wardi, 1992). This book is the first endeavor to present and integrate multiple approaches with multiple populations around the world in an area that, although relatively new, is of great psychosocial importance. It contains chapters that explore for the first time in print, for some populations, issues of multigenerational effects of trauma.

The contributors to this volume were asked to describe and analyze traumatic events in a context that includes cultural, political, economic, and other appropriate dimensions using a longitudinal perspective on life before, during, and after the trauma. They were also requested to review relevant literature (including historical, literary, and journalistic sources), make explicit their theoretical/conceptual framework, and examine basic concepts such as "transmission," "legacies," intergenerational/multigenerational "effects," what is being transmitted, and "mechanisms of transmission." To enable evaluation of generalizability, they were requested to describe in detail their sample/case(s) and the assessment methodology utilized. They were also asked to address the heterogeneity of the phenomena and provide their explanation for the variability of findings in the field. Finally, they were asked to make clinical, research and policy recommendations, and draw relevant implications (e.g., legal, political, sociocultural, religious).

The edited format was chosen to preserve as much as possible both the richness and authenticity of the material, as well as its multidimensional and interdisciplinary perspective. This allowed for some repetition, including within the literature reviews, to enable the reader to comprehend fully the thinking of the authors. Many of the contributors, writing of populations that have been attended to only recently or for the first time, articulate a sense of alarm, outrage, and concern reminiscent of the early writers on the long-term and intergenerational effects of the Nazi Holocaust, who pioneered the field of multigenerational legacies of trauma.

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Multigenerational transmission of trauma is an integral part of human history. Transmitted in word, writing, body language, and even in silence, it is as old as humankind. It has been thought of, alluded to, written about, and examined in both oral and written histories in all societies, cultures, and religions.

Nevertheless, only scant attention has been paid in religious and classical literary texts to the intergenerational transmission of *victimization.* To the extent that it discusses intergenerational transmission of trauma, the Bible's primary emphasis is on the multigenerational transmission of *perpetrators'* legacies. The Bible, moreover, reflects the complexity of these issues. In the earlier books of the Old Testament, God is portrayed as "visiting the iniquity of the fathers upon the children unto the third and fourth generation of those that displeased and reject [Him] but showing mercy unto generations of those that love [Him], and keep [His] commandments" (Exodus 20:5).

However, the later books reverse this position. In Jeremiah's well-known words, "They shall no longer say, the fathers have eaten a sour grape, and the children's teeth are blunted. But everyone shall die for his own sins; every man that eateth the sour grape, his teeth shall be blunted" (31:29–30). And Ezekiel wrote, "The son shall not bear the iniquity of the father" (18:20).

Numerous commentaries attempted to understand this reversal. One notes that the change followed the catastrophic destruction of the Temple and the dispersion into exile of the people of Israel. If the prophets had continued to hold that this terrible punishment would extend into future generations, there would have been no hope. The change reflects their attempt to forestall the earlier demoralizing projection of total hopelessness onto future generations.

These Biblical metaphors also suggest what could be currently framed as various modes of coping with traumatic memories. Important contemporary, differing points of view and even controversies among victim/survivor populations and among professionals working with them have their parallels in the Bible for (post)traumatic intergenerational responses, memories, their functions and purposes, and lessons drawn from them, for example, about prevention ("Never again").

Thus, the rescued wife of Lot was turned into a pillar of salt for *looking back* at the burning city of Sodom. In the wake of the destruction of their world, Lot's daughters believed their aging father to be the last man on earth. They got him drunk, had him impregnate them, and gave birth to his sons (Genesis 19).

Another relevant Biblical metaphor that illustrates the wish that the passing of generations would eradicate the effects of trauma is the banishment of the Israelites that were led by Moses out of slavery in Egypt to wander in the desert for 40 years and be forbidden entry to the promised land. The 40 years of wandering in the desert ensured that they died in exile, and that their children, "who had not known slavery," would be the ones to built the new land (Numbers 14).

Euripides reflects the complexity seen in the Bible. He writes both that "the gods Visit the sins of the fathers upon the children" (*Phrixus,* undated fragment 970) and that "when good men die their goodness does not perish. . . . As for the bad, All that was theirs dies and is buried with them" (*Temenidae,* undated fragment 734). Later authors, however, echo the early Biblical vision of cross-generational retribution. Horace (23 B.C.) says that the children, though guiltless, must suffer for the sins of the father; Shakespeare (1596/1597; see also 1599) wrote that the sins of the father are to be laid upon the children; and Hawthorne (1851) states as the author's moral—the truth that the wrongdoing of one generation lives into successive ones.

A great text of the twentieth century, the Charter of the United Nations, begins: "We the peoples of the United Nations, determined to save succeeding generations from the scourge of war, which twice in our lifetime has brought untold sorrows . . ."

INTERGENERATIONAL TRANSMISSION AND THE FIELD OF TRAUMATIC STRESS

Within the field of traumatic stress, intergenerational transmission of trauma is a relatively recent focus. It was first observed in 1966 by clinicians who were alarmed by and concerned about the number of children of survivors of the Nazi Holocaust seeking treatment in clinics in Canada (Rakoff, 1966; Rakoff, Sigal, & Epstein, 1966; Trossman, 1968). Subsequent pioneers, in the United States (Axelrod, Schnipper, & Rau, 1980; Barocas & Barocas, 1973, 1979; Danieli, 1980, 1981a; Fogelman & Savran, 1979; Kestenberg, 1972, 1989), and later in Israel (Davidson, 1980; Klein, 1971), further explored and enriched our knowledge and understanding of the "second generation." More recently, concern has also been voiced about the transmission of pathological intergenerational processes to the third and succeeding generations (Rosenthal & Rosenthal, 1980; Rubenstein, Cutter, & Templer, 1990).

Some comprehensive reviews of the psychiatric literature on the long-term effects of the massive traumata experienced by Holocaust survivors and of their treatment can be found in articles by Krystal (1968), Krystal and Niederland (1971), Chodoff (1975), Dasberg (1987), and Krystal and Danieli (1994), and on aging survivors in particular in Danieli (1994a, 1994b).

Reviews of the intergenerational transmission and treatment of the psychological effects of the Holocaust on survivors' offspring (children born after the war) can be found in Russell (1980), Danieli (1982a), Bergman and Jucovy (1982), Sigal and Weinfeld (1989), and Steinberg (1989). An updated, comprehensive multigenerational bibliography on the medical and psychological effects of concentration camps and related persecutions is provided by Krell and Sherman, 1997).

Not until 1980 did the evolving descriptions of the "survivor syndrome" in this literature find their way into the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, Third Edition, 1980, pp. 236–238) as a separate, valid category: posttraumatic stress disorder (PTSD). The recognition of possible *intergenerational* transmission of victimization-related pathology still awaits inclusion in future editions. Although it is hard to conceive of PTSD (American Psychiatric Association, 1994) in isolation, its multigenerational aspects have been treated as an offshoot, off-center, as "secondary." Until it is included in the *Diagnostic and Statistical Manual of Mental Disorders,* the behavior of some children of survivors may be misdiagnosed, its etiology misunderstood, and its treatment, at best, incomplete (see also Krell, 1984).

As in other areas of traumatology, these initial clinical reports were followed by more systematic investigation. There are over 400 entries on children of survivors alone in the aforementioned bibliography (Krell & Sherman, 1997). Much of this vast and complex literature is reviewed throughout this volume, particularly in Chapters 1, 2, 3, 4, 16, 18, 19, and 37.

Rosenheck (1985, 1986) has described comparable processes of intergenerational transmission in sons of World War II veterans who are Vietnam veterans who exhibited "malignant PTSD" and in children of Vietnam veterans who demonstrated "secondary traumatization" (Rosenheck & Nathan, 1985; see also Jurich, 1983: "The Saigon of the Family's Mind"). Jordan *et al.* (1992) summarized a variety of problems that have been found to be associated with combat-related PTSD that can negatively affect the family of combat veterans.

Among *wives* of veterans with PTSD, Verbosky and Ryan (1988) found increased levels of stress and feelings of worthlessness as a result of attempts to cope adequately with the veteran's PTSD symptoms.

The multigenerational legacies of the growing number of "forgotten generations" that appear in this book have not previously received adequate exploration within the field of traumatic

stress. These include the second generation of Hibakusha, the Japanese survivors of the atomic bomb; children of collaborators; offspring of both the Turkish genocide of the Armenians and the Khmer Rouge genocide in Cambodia; those revealed after the fall of communism, such as in the former Yugoslavia, unified Germany, and Hungary; indigenous peoples such as the Australian aborigines, Native Americans, and Africans; and those following repressive regimes including Stalin's purge, the dictatorships in Chile and Argentina, South Africa under apartheid, and the Baha'is in Iran.

The Conspiracy of Silence

It was in the context of studying the phenomenology of hope, in the late 1960s, that I first interviewed in depth, among others, survivors of the Nazi Holocaust. To my profound, yet retrospectively unsurprising, anguish and outrage, all of my interviewees without exception asserted that no one, including mental health professionals, listened to them or believed them when they attempted to share their Holocaust experiences and their related, continuing suffering. They, and later their children, concluded that nobody who had not gone through the same experiences could understand. Many thus bitterly opted for silence about the Holocaust and its aftermath.[1]

The reactions of society at large to survivors have a significant negative effect on their posttrauma adaptation and their ability to integrate their traumatic experiences. After liberation, as during the war, survivors of the Holocaust encountered a pervasive societal reaction consisting of indifference, avoidance, repression, and denial of their Holocaust experiences. Like other victims, survivors' war accounts were too horrifying for most people to listen to or believe. Their stories were therefore easy to ignore or deny. Even people who were consciously and compassionately interested played down their interest, partly rationalizing their avoidance with the belief that their questions would inflict further hurt. Similar to other victims who are blamed for their victimization ("You are stupid to live near the Bhopal plant"), survivors were faced with the pervasive myth that they had actively or passively participated in their own destiny by "going like sheep to the slaughter." Additionally, bystander's guilt for having knowingly neglected to do anything to prevent Nazi atrocities, or for having been spared their fate, led many to regard the survivors as pointing an accusing finger at them and projecting onto the survivors the suspicions that they had performed immoral acts in order to survive. Like other victims, they were also told to "let bygones be bygones" and get on with their lives.

As stated earlier, such reactions forced survivors to conclude that nobody cared to listen and that "nobody could really understand" unless they had gone through the same experiences. In their interactions with nonsurvivors, they became silent about the Holocaust. The resulting *conspiracy of silence* between Holocaust survivors and society (Danieli, 1981a, 1982a, 1988d), including mental health and other professionals (Danieli, 1982b, 1984), has proven detrimental to the survivors' familial and sociocultural reintegration by intensifying their already profound sense of isolation, loneliness, and mistrust of society. This has further impeded the possibility of their intrapsychic integration and healing, and made their task of mourning their massive losses impossible. The silence imposed by others proved particularly painful to those who had survived the war determined to bear witness.

[1]This led to the founding, formally in 1975 in the New York City area, of the Group Project for Holocaust Survivors and their Children that provides them with psychological help that had been missing for over 30 years, and trains professionals to work with this and other victim/survivor populations (Danieli, 1982c, 1989).

The only option left to survivors, other than sharing their Holocaust experiences with each other, was to withdraw completely into their newly established families. In some families, the children were used as a captive audience. Where both parents were survivors, the one who suffered the greater loss rarely did the talking. His or her account was either related by the other spouse or remained for the children an awesome mystery, fraught with myths and fantasies. Children of such families, although remembering their parents' and lost families' war histories "only in bits and pieces," attested to the constant psychological presence of the Holocaust at home, verbally and nonverbally, or in some cases, reported having absorbed the omnipresent experience of the Holocaust through "osmosis."

In contrast, other survivor parents welcomed the conspiracy of silence because of their fear that their memories would corrode their own lives and prevent their children from becoming healthy, normal members of society. But despite a family-stated tenet that "everything was alright," the children grew up in painful bewilderment; they understood neither the inexplicable torment within the family, nor their own sense of guilt. As Bettelheim (1984) observed, "What cannot be talked about can also not be put to rest; and if it is not, the wounds continue to fester from generation to generation" (p. 166).

Children of survivors seem to have consciously and unconsciously absorbed their parents' Holocaust experiences into their lives. Like their parents, many children of survivors manifest Holocaust-derived behaviors, particularly on the anniversaries of their parents' traumata. Moreover, some have internalized as parts of their identity the images of those who perished. Each survivor's family tree is steeped in murder, death, and losses, yet its offspring are expected to reroot that tree and reestablish the extended family, and start anew a healthy generational cycle.

Accepting psychological problems threatened the parents' need to deny the Holocaust's long-term emotional effects, which they also viewed as evidence of Hitler's posthumous victory. Worse, openly acknowledging their own psychological problems or those of their children diminished their self-image as perfect parents and their view of their offspring as "perfectly normal." Some experienced anything that may imply loss of control over, or mastery of, any situation as a total, retraumatizing threat. They also strongly resisted being stigmatized or labeled "crazy" (stemming from the Nazi practice of gassing the sick and mentally ill), particularly by doctors that they had learned not to trust.

The extrafamilial conspiracy of silence interacted with the intrafamilial one in yet another context. The phrase *conspiracy of silence* has also been used to describe the interaction of Holocaust survivors and their children with psychotherapists when Holocaust experiences were mentioned or recounted,[2] as it had been used to describe the pervasive interaction of survivors with society in general. Elsewhere (Danieli, 1988a) within the context of describing professionals' *bystander's guilt,* I summarized,

> Some therapists . . . were also afraid that survivors were fragile . . . overlooking the fact that these were people who had not only survived but also had rebuilt families and lives despite immense losses and traumatic experiences. [They] also tended to attribute fragility to survivors' offspring. . . . Some . . . feared that demonstrating the long-term negative effects of the Holocaust [on survivors and their offspring] was tantamount to giving Hitler a posthumous victory. In contrast, others feared that demonstrating these individual's strengths was

[2]For example, see Barocas and Barocas (1979), Krystal and Niederland (1968), and Tanay (1968). Elsewhere, I have reviewed in detail the literature on the conspiracy of silence (Danieli, 1982a, 1988d) and described its harmful long-term impact on the survivors (Danieli, 1981a, 1989), their families (Danieli, 1981a, 1985, 1988b), and their psychotherapies (Danieli, 1984, 1988c, 1992).

> equivalent to saying that because people could adapt, "it couldn't have been such a terrible experience, and it is almost synonymous with forgiving the Nazis." (p. 226)

Although it is difficult to acknowledge the damage to the survivor parents, it is even more difficult to accept that it may continue in the offspring, who are the future.

The ubiquity of countertransference reactions in this and other populations has now moved to the forefront of our concern in the preparation and training of professionals who work with victims and trauma survivors.[3] Our work calls on us to confront, with our patients and within ourselves, extraordinary human experiences. This confrontation is profoundly humbling in that at all times, these experiences challenge our view of the world we live in and test the limits of our humanity.

The conspiracy of silence reverberates throughout this volume, in the experience of numerous victim/survivor populations. Hardtmann mentions in Chapter 4 of this book that it took 13 years for her first study on children of Nazis, which appeared in 1982 in English, to be translated into German. A later publication (Heimannsberg & Schmidt, 1993) is aptly entitled *The Collective Silence: German Identity and the Legacy of Shame.* The impact of the conspiracy of silence is chillingly evident in an interview with Ms. Robie Mortin, a survivor of the week-long rampage of a white mob in Florida, USA in 1923, during which the largely black town of Rosewood was burned to the ground, and many were killed and wounded, and others, especially children, were forced to flee and hide for days in the swamps. Ms. Mortin said that her life was ruined, and her birthright taken away, by that week. "My grandma told me not to say a word. My grandma said never to look back. We weren't supposed to talk about Rosewood." As Hannaham (1996) states, "What's left in posterity [is] what Parks (1995), in her drama *The America Play* (1992, 1994), calls 'the Great Hole of History'" (p. 24). Conversely, in O'Hara's (1996) play, *Insurrection: Holding History,* Ron feels that he is "holding history" when he wraps his arms around his great-great grandfather, who was a slave.

This book advances significantly a major goal in the field of traumatic stress—to dissipate the multidimensional silence, this time about multigenerational legacies of trauma.

TRAUMA AND THE CONTINUITY OF SELF: A MULTIDIMENSIONAL, MULTIDISCIPLINARY INTEGRATIVE (TCMI) FRAMEWORK

The attempt to delineate and encompass the nature and extent of the destruction of catastrophic massive trauma, having to account for the different contextual dimensions and levels of it, and the diversity in and in response to it, dictated the formulation of a multidimensional, multidisciplinary integrative framework. The TCMI framework will thus help guard against

[3]As early as 1980 (Danieli, 1980), when I published the preliminary thematic overview of my study of the difficulties of these psychotherapists, I stated, "While this cluster [of countertransference reactions] was reported by professionals working with Jewish Holocaust survivors and their offspring, I believe that other victim/survivors populations may be responded to similarly and may suffer . . . similar [consequences] (p. 366)." These insights and hypotheses about the ubiquity of countertransference reactions in other victim populations have now moved to the forefront of our concern in the preparation and training of professionals who work with victims and trauma survivors.

Indeed, the ensuing literature reflected a growing realization among professionals working with other victims/survivors of the need to describe, understand, and organize different elements and aspects of the conspiracy of silence among them (See Danieli, 1994c; Figley, 1995; Herman, 1992; Hudnall Stamm, 1995; Pearlman & Saakvitne, 1995; Wilson & Lindy, 1994), and the recognition that countertransference reactions (or equivalent phenomena) are ubiquitous, integral to, and expected in our work. In reality, countertransference reactions are the building blocks of the societal as well as professional conspiracy of silence.

the reductionistic impulse to find unidimensional explanations for such complex phenomena. The reader should recognize that underlying each of these dimensions there is a distinct philosophical view of the nature of humankind that informs what the professional *thinks* and *does.* The chapters in this book illustrate and elaborate on the elements that constitute the TCMI framework.[4]

An individual's identity involves a complex interplay of multiple spheres or systems. Among these are the biological and intrapsychic; the interpersonal—familial, social, and communal; the ethnic, cultural, ethical, religious, spiritual, and natural; the educational/professional/occupational; the material/economic, legal, environmental, political, national, and international. Each dimension may be a subject of one or more disciplines, which may overlap and interact, such as biology, psychology, sociology, economics, law, anthropology, religious studies, and philosophy. These systems dynamically coexist along the time dimension to create a continuous conception of life from past through present to the future. Ideally, the individual should simultaneously have free psychological access to, and movement within, all these identity dimensions. Figure 1 illustrates the TCMI network.

Exposure to trauma causes a *rupture,* a possible regression, and a state of being "stuck" in this free flow, which I have called *fixity.* The time, duration, extent, and meaning of the trauma for the individual, the survival mechanisms/strategies utilized to adapt to it (e.g., see Danieli, 1985), as well as postvictimization traumata variously described as the *conspiracy of silence* (Danieli, 1982b), the second wound (Symonds, 1980), the *third traumatic sequence* (Keilson, 1992), cutoff (Bowen, 1978), and *homecoming stress* (Johnson *et al.*, 1997)[5] will determine the elements and degree of rupture, the disruption, disorganization, and disorientation, and the severity of the fixity. The fixity may render the individual vulnerable, particularly to further trauma/ruptures, throughout the life cycle. This TCMI framework allows evaluation of whether and how much of each system was ruptured or proved resilient, and may thus inform the choice of optimal systemic interventions. For example, the Nazi Holocaust not only ruptured continuity but also destroyed all the individual's existing supports. The ensuing, pervasive conspiracy of silence between survivors and society, including mental health professionals, deprived them and their children of potential supports (Danieli, 1985).

Integration of the trauma must take place in *all* of life's relevant dimensions or systems and cannot be accomplished by the individual alone. Routes to integration may include reestablishing, relieving, and repairing the ruptured systems of survivors and their community and nation, and their place in the international community. For example, in the context of examining the right to restitution, compensation, and rehabilitation for victims of gross violations of human rights and fundamental freedoms from the victims' point of view, for the United Nations Commission on Human Rights, I interviewed victim/survivors of the Nazi Holocaust, Japanese Americans, and victims from Argentina and Chile. Based on these interviews, I suggested the following goals and recommendations (Danieli, 1992):

> *Reestablishment of the victim's . . . value, power . . . and dignity, [through] . . . reparation* . . . accomplished by compensation, both real and symbolic; restitution; rehabilitation; and commemoration. *Relieving, the victim's stigmatization and separation from society . . .* is accomplished by commemoration; memorials to heroism; empowerment; and education. Lastly, . . . *repairing the nation's ability to provide and maintain equal value under law and the provisions of justice* [which] is accomplished by apology; securing public records;

[4]For an overview of how this framework relates to international responses to traumatic stress, see Danieli, Rodley, and Weisaeth (1996).

[5]A brief discussion comparing these concepts can be found in the concluding chapter of this volume.

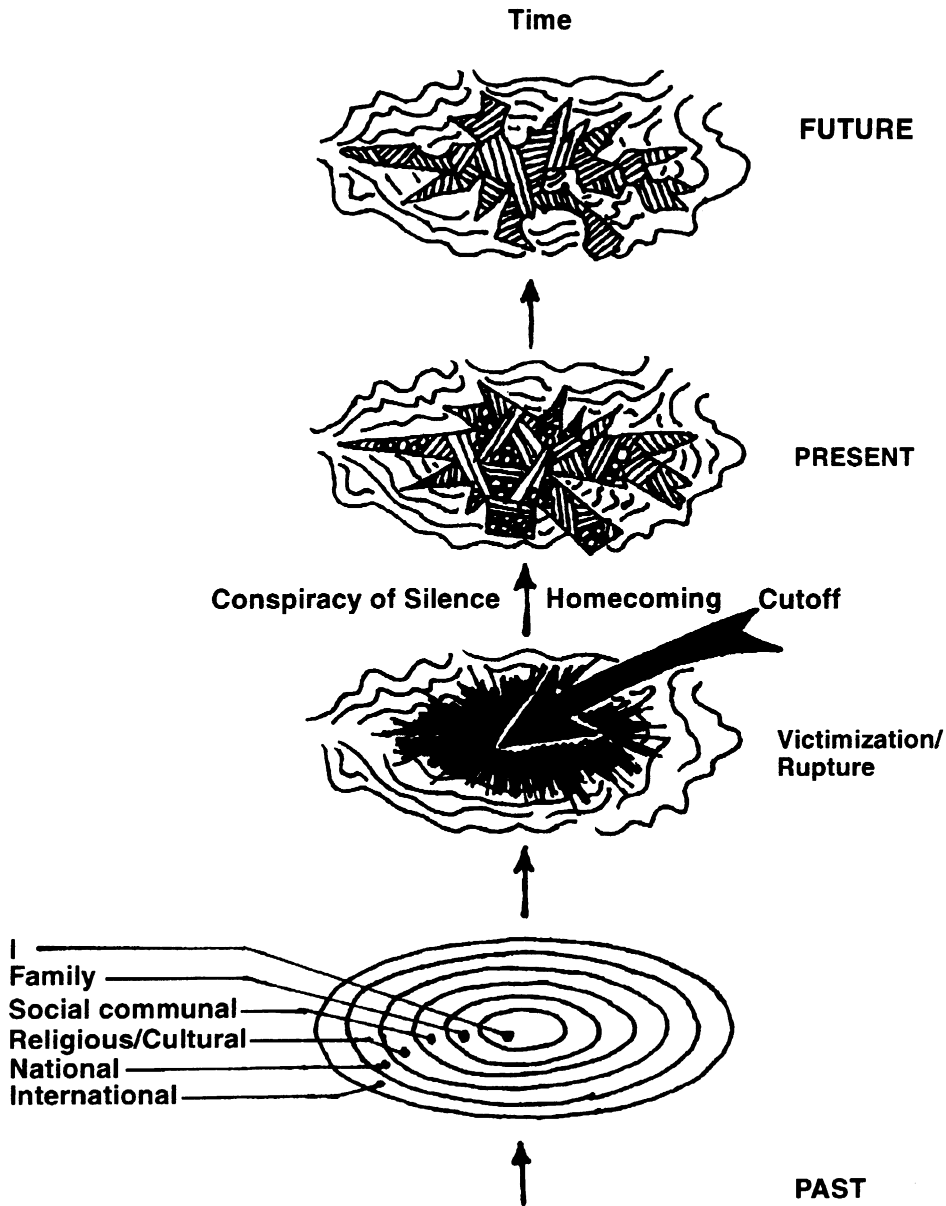

Figure 1. The TCMI framework.

> prosecution; education; and creating mechanisms for monitoring, conflict resolution and preventive interventions. (E/AC57/1990/22, pp. 211–212)

In some respects this multidimensional, interdisciplinary integrative framework resembles formulations postulated by others (e.g., Archibald, Long, Miller, & Tuddenham, 1962; Elder & Clipp, 1989; Engel, 1977, 1996; Harvey, 1996). Wong (1993) similarly suggests that psychological resources and deficits are not opposite poles of the same continuum but coexist in a state of dynamic tension and balance.

To fulfill the reparative and preventive goals of psychological recovery from trauma, perspective and integration through awareness and containment must be established so that one's sense of continuity, belongingness, and rootedness are restored (see also Krystal, 1988; Lifton, 1979). To be healing and even potentially self-actualizing, the integration of traumatic experiences must be examined from the perspective of the *totality* of the trauma survivors' and family members' lives (Danieli, 1981b, 1985).

Systems can change and recover independently of other systems. For example, there may be progress in the social system but not in the political system. Although there can be isolated, independent recovery in various systems or dimensions, they may also be related and interdependent. For example, Matussek (1971/1975) found that survivors "in the USA and in Israel. . . have been more successful in coping with their concentration camp past than . . . in Germany, which, for them, is still the country of their persecutors" (p. 137; also see Kleinplantz, 1980, for comparisons between North American and Israeli children of survivors).

The Intergenerational Context

The intergenerational perspective reveals the impact of trauma, its contagion, and repeated patterns within the family. It may help explain certain behavior patterns, symptoms, roles, and values adopted by family members, family sources of vulnerability as well as resilience and strength, and job choices (following in the footsteps of a relative, a namesake) through the generations.

Viewed from a family systems perspective, what happened in one generation will affect what happens in the older or younger generation, though the actual behavior may take a variety of forms. Within an intergenerational context, the trauma and its impact may be passed down as the family legacy even to children born *after* the trauma. In response to some trends in the literature to pathologize, overgeneralize, and/or stigmatize survivors' and children of survivors' Holocaust-related phenomena, as well as differences emerging between the clinical and the research literature, I have emphasize the *heterogeneity* of adaptation among survivors' families (Danieli, 1981a; 1988b).

Studies by Rich (1982), Klein (1987) and Sigal and Winfeld (1989) have empirically validated my descriptions (Danieli, 1981a; 1988b) of at least four differing postwar "adaptational styles" of survivors' families: the *Victim* families, *Fighter* families, *Numb* families, and families of *"Those who made it."* This family typology illustrates lifelong and intergenerational transmission of Holocaust traumata, the conspiracy of silence, and their effects. Findings by others such as Klein-Parker (1988), Kahana, Harel, and Kahana (1989), Kaminer and Lavie (1991), and Helmreich (1992) confirm a *heterogeneity* of *adaptation* and *quality of adjustment* to the Holocaust and post-Holocaust life experiences.

The family is a carrier of conscious and unconscious values, myths, fantasies, and beliefs that may not be shared by the larger community or culture. Yet the role of the family as vehicle for intergenerational transmission of core issues of living and of adaptive and maladaptive ways of defining and coping with them may vary among cultures. The awareness of the possibility of pathogenic intergenerational processes and the understanding of the mechanisms of transmission should contribute to our finding effective means for preventing their transmission to succeeding generations (Danieli, 1985, 1993).

The identity dimensions contained in the framework also serve as pathways for intergenerational transmission. Different cultures capitalize on different pathways to acculturate their young. Thus, beyond the familial, from parents to offspring, entire bodies of human endeavor

are vehicles of transmission: oral history, literature and drama, history and politics, religious ritual and writings, cultural traditions and the study thereof, such as anthropology, biology, and genetics. And the various disciplines examine, from their different perspectives, these identity dimensions.

Beyond their psychosocial implications, multigenerational effects of trauma may carry legal (e.g., issues of compensation and restitution, the current debate with regard to the need to form an international criminal court) and political (e.g., wars and cycles of violence, ethnic and racial strife) implications.

Vulnerability and/or Resilience?

The literature is in disagreement regarding the role of prior trauma in subsequent trauma response. Two contrasting perspectives exist. The vulnerability perspective holds that trauma leaves permanent psychic damage that renders survivors more vulnerable when subsequently faced with extreme stress. The resilience perspective (Harel, Kahana, & Kahana, 1993; Helmreich, 1992; Kaminer & Lavie, 1991; Leon *et al.,* 1981; Shanan, 1989; Whiteman, 1993) postulates that coping well with initial trauma will strengthen resistance to the effects of future trauma. In other words, survivors of previous trauma will manifest more resilience when faced with adversity. In a sense, people who may succumb to a trauma's effects can be contrasted with those who do not. The latter may well be described as resilient, or more resistant to the negative effects of trauma. Both perspectives recognize individual differences in response to trauma, recognize that exposure to massive trauma may overwhelm predisposition and previous experience, and that posttrauma environmental factors play important roles in adaptation (see also Eberly, Harkness, & Engdahl, 1991; Engdahl, Harkness, Eberly, Page, & Bielinski, 1993; see also Ursano, 1990).

With survivors, it is especially hard to draw conclusions based on outward appearances. Survivors often display external markers of success (i.e., occupational achievement or establishing families) that in truth represent survival strategies. Clearly, these accomplishments may facilitate adaptation and produce feelings of fulfillment in many survivors. Thus, the external attainments represents significant adaptive achievement in their lives. However, there are also other facets of adaptation that are largely internal and intrapsychic (Engdahl, Dikel, Eberly, & Blank, 1997).

Similarly, although some of the literature on children of survivors reports good adjustment (e.g., Leon *et al.,* 1981), Solomon, Kotler, and Milkulincer (1988) demonstrated in them a special vulnerability to traumatic stress. Despite optimistic views of adaptation, even survivors in the "those who made it" category still experience difficulties related to their traumatic past, suggesting that the overly optimistic views may describe defense rather than effective coping. In fact, it is within this category that we observe the highest rates of suicide among survivors as well as their children. It is important to note that the disagreement in the literature regarding the issue of vulnerability and/or resilience could be a result of professionals' countertransference reactions, as described earlier in this chapter.

The findings that survivors have areas of vulnerability and resilience is no longer paradoxical when viewed within a multidimensional (TCMI) framework for multiple levels of posttraumatic adaptation. And tracing a history of multiple traumata along the time dimension at different stages of development reveals that although for many people time heals ills, for *traumatized* people, time may not heal, but may magnify their response to further trauma (Yehuda *et al.,* 1995) and may carry intergenerational implications.

AN INTERNATIONAL HANDBOOK ON MULTIGENERATIONAL LEGACIES OF TRAUMA

The structure of this book follows the developmental foci of the field of multigenerational legacies of trauma (rather than a chronology of the traumatic events themselves). It is thus divided into 11 sections that progress from the Nazi Holocaust, to World War II, to genocide, to the Vietnam War, to intergenerational effects revealed after the fall of Communism; in indigenous peoples; following repressive regimes, crime and urban violence, infectious and life-threatening diseases, and the emerging biology of intergenerational trauma, to a final synthesizing conclusion.

Part I consists of five chapters that explore the nature and prevalence of multigenerational effects of the Nazi Holocaust on its victims as well as its perpetrators, from theoretical, clinical, and empirical points of view. Auerhahn and Laub (Chapter 1), using case examples, delineate 10 forms of intergenerational knowing (remembering) trauma, modes of transmission, and implications for prevention and healing. Felsen (Chapter 2) provides a rich and complex review of nonclinical, controlled studies carried out in North America up to 1996, addresses the discrepancies between clinical and empirical reports, and proposes a unifying conceptual framework for the various findings. Solomon (Chapter 3) reviews and analyzes from several prisms all published empirical studies carried out on the well-being of the "second generation" in Israel up to 1995. Hardtmann (Chapter 4) focuses on (grand) children of Nazis and describes psychoanalytically their parents' use of denial, splitting, projection, and projective identifications to defend against, yet transmit to them, their past, and suggests treatment recommendation and further exploration. Bar-On, Ostrovsky, and Fromer (Chapter 5) describe seminars for German and Israeli youth struggling to work through personal and collective identity as they confront the Holocaust and each other.

Part II consists of six chapters that report on the family and intergenerational aspects of some of the significant groups affected by World War II. Two chapters describe groups in the United States: Bernstein (Chapter 6) touches upon some intergenerational implications of conflicts in adjustment in American prisoners of war, whereas Nagata (Chapter 7), based on a national survey and in-depth interviews, reports multiple effects of the Japanese American internment upon the third generation (Sansei) children of former internees. From Japan, focusing on Hibakusha Nisei (children of atomic-bomb survivors), Tatara (Chapter 8) illustrates the importance of the physiological, political, socioeconomic, cultural, and social dimensions to understanding the nature of their intergenerational trauma. Three chapters describe groups of "children of the war" in The Netherlands: Op den Velde (Chapter 9) reports on the diverse problems and specific family (psycho)dynamics of children of war sailors and civilian Resistance veterans, whereas Lindt (Chapter 10) describes the recently begun process of emergence toward integration from their (taboo) outcast societal status as children of collaborators (*quislings*). Aarts (Chapter 11) focuses on clinical and empirical findings of intergenerational effects in families of World War II survivors from the Dutch East Indies.

Part III consists of two chapters that describe the nature of effects on survivors, their cultures, and families of genocide and migration: Kupelian, Kalagjian, and Kassabian (Chapter 12) studied the impact of Turkish persecution and genocide of the Armenians on their ethnic identity, psychopathology, and its meaning in the second and third generations; Kinzie, Boehnlein, and Sack (Chapter 13) describe effects of the Cambodian genocide on its survivors, their families, parenting ability, and their children.

Part IV consists of three chapters addressing aspects of intergenerational transmission of the Vietnam War. Rosenheck and Fontana (Chapter 14) raise key sampling considerations, and empirically comparing Vietnam veterans whose fathers served in combat with those who did not, conclude that intergenerational effects of trauma emerge when the second generation itself has PTSD, and are more related to intergenerational processes during the homecoming period than to differences in premilitary vulnerability. Hunter-King's (Chapter 15) survey of children of service personnel missing in action indicates the mother's critical role in determining their coping and the preventive value of adequate support to the families. Ancharoff, Munroe, and Fisher (Chapter 16) examine several mechanisms of transmission, interventions, and clinical implications.

Part V consists of three chapters that examine intergenerational effects revealed after the fall of Communism, central to which are issues of submerged ethnic identity. Klain (Chapter 17) traces, from psychohistorical, psychoanalytic, and group analytic perspectives, current interethnic conflicts in the former Yugoslavia to historically remote, transgenerationally transmitted affects and memories of wartime events by families, communities, and nations, and makes therapeutic and preventive recommendations. Rosenthal and Völter (Chapter 18) compare sociologically how traumatic history is transmitted in (three generations) Jewish and non-Jewish German and Israeli family constellations (of victims, perpetrators, and Nazi followers), and in former East and West Germany after unification. Erős, Vajda, and Kovács (Chapter 19) describe processes of transformation of Jewish identity in Hungary as a function of intergenerational responses to the social and political changes.

Part VI consists of five chapters that address aspects of multigenerational transmission of trauma in indigenous peoples in their own lands and as slaves taken from their lands. Three chapters demonstrate the unsurprisingly similar continuing effects of colonialism. Raphael, Swan, and Martinek (Chapter 20) review and analyze the extensive and pervasive ongoing transgenerational effects of dispossession, deprivation, and discrimination, in particular the systematic removal and subsequent abuse of children ("stolen generations") of Australian aboriginal people. Duran, Duran, Brave Heart, and Yellow Horse-Davis (Chapter 21) propose "historical trauma" and postcolonial paradigms for understanding and healing the American Indian "soul wound," and Gagné (Chapter 22) outlines a sociological perspective to examine intergenerational effects of colonialism and dependency in (Canadian) First Nations Citizens. Examining theories of the sources of ethnic conflicts, Odejide, Sanda, and Odejide (Chapter 23) suggest that their recurrence (in Nigeria) reflects intergenerational effects of the civil war. Cross (Chapter 24) differentiates adjustment patterns linked to slavery from aspects of American black psychology that are the product of contemporary racism and economic neglect—the legacy of slavery for American whites.

Part VII consists of six chapters that describe the multigenerational effects of repressive regimes. Four chapters emphasize the significance of whether (societies and) families coped with the legacy of the repression through concealment or openness. Baker and Gippenreitner (Chapter 25) studied grandchildren of Stalin's purge victims utilizing Bowen Family Systems Theory; Becker and Diaz (Chapter 26) and Edelman, Kordan, and Lagos (Chapter 27), writing of the postdictatorship years in, respectively, Chile and Argentina, discuss the continuing trauma generated not only by uncertainty regarding the fate of loved ones and the resulting lack of closure, but also by the unfulfilled promise of postdictatorial regimes, which has given rise to impunity as a new traumatic factor. Based on data on the impact of family trauma on two groups of children from contrasting cultures (Southeast Asian and Central American), Rousseau and Drapeau (Chapter 28) discuss the influence of the child's culture of origin and stage of development on the transmission of trauma. Simpson (Chapter 29), drawing from

work with South African apartheid-era victims and perpetrators, explores the continuing effects of unresolved conflicts on individuals, families, communities, and nations. Ghadirian (Chapter 30) reviews the roots of persecution of Baha'is, and reports strengthened beliefs and capacity for forgiveness in children of Iranian Baha'i martyrs.

Part VIII consists of three chapters that address intergenerational aspects of crime and domestic violence. Buchanan (Chapter 31) provides a systematic review of the multidisciplinary, worldwide literature on intergenerational child maltreatment ("cycle of abuse") and a corresponding body of recommendations, and Simons and Johnson (Chapter 32) examine competing explanations and related treatment implications for the intergenerational transmission of domestic violence. From two clinical studies, Nader (Chapter 33) concludes that children whose parent(s) were previously traumatized may be at increased risk both of traumatic exposure and of elevated symptom levels following a traumatic event.

Part IX consists of two chapters that address multigenerational effects of infectious and life-threatening diseases. Focusing on AIDS, Draimin, Levine, and McKelvy (Chapter 34) underline its uniqueness and disruptive and distorting effects on the normal sequence of generations. Wellisch and Hoffman (Chapter 35) describe the psychological and treatment implications for daughters of mothers with breast cancer of confronting their mother's (potentially terminal) illness and their own risk of contracting it.

Part X consists of three chapters that depict the emerging biology of intergenerational trauma. Suomi and Levine (Chapter 36) examine psychobiological processes involved in the transmission of behavioral and physiological sequelae based on data from prospective animal studies, including primates; Yehuda *et al.* (Chapter 37) demonstrate that offspring of Holocaust survivors are more vulnerable than controls to developing PTSD, and show similar neuroendocrine alterations to survivors with PTSD. Krystal *et al.* (Chapter 38) review the initial clinical evidence of genetic contributions to PTSD and recommend future research and related treatment directions.

Part XI, the editor's concluding chapter, notes striking similarities as well as enriching, instructive differences in the diversity of the contributions. It summarizes major findings and emerging themes, and maps them along the dimensions delineated in the proposed TCMI framework and includes recommendations for the future. Important foci are aspects of the time dimension, resilience, "mechanisms of the transmission" of trauma, role of the conspiracy of silence, the importance of culture as transmitter, buffer and healer, and justice.

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