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**Factors related to experiences of depression among children of
Holocaust survivors**

Schulman, Michelle Diane, Ph.D.

City University of New York, 1987

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**FACTORS RELATED TO EXPERIENCES OF DEPRESSION AMONG
CHILDREN OF HOLOCAUST SURVIVORS**

by

MICHELLE DIANE SCHULMAN

A dissertation submitted to the Graduate Faculty in
Psychology in partial fulfillment of the requirements
for the degree of Doctor of Philosophy, The City
University of New York.

1987

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

**FACTORS RELATED TO EXPERIENCES OF DEPRESSION AMONG
CHILDREN OF HOLOCAUST SURVIVORS**

by

Michelle D. Schulman

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The present study investigated factors contributing to experiences of depression among children of Holocaust survivors.

Participants were a group of twenty (10 male, 10 female) well-functioning, nonsymptomatic young adult children of survivors, both of whose parents had survived the Holocaust in a concentration or labor camp for at least six months during World War II. Data were collected by means of questionnaires and individual interviews.

Subjects provided information about family Holocaust background, experiences of depression as well as reactions to stories of their parents' Holocaust experiences. Data were also derived from extensive clinical interviews with each subject.

The results of the study demonstrated that the extent of parental trauma during the war-- as measured by the length of parental internment, the number of primary relatives lost, the number of parents' surviving siblings and the number of parental siblings lost-- was not a relevant indicator of experiences of depression among children of survivors.

An investigation of gender differences with regard to experiences of depression revealed two significant findings:

1. Female children of Holocaust survivors were more prone to depressive experiences and scored significantly higher than their male counterparts on the Dependency factor of the Depressive Experiences Questionnaire, and

2. Male children of Holocaust survivors scored significantly higher than their female counterparts on the Efficacy factor of the Depressive Experiences Questionnaire.

Significant sex differences were found in subject affect ratings of parental Holocaust communication. Female children of Holocaust survivors were made more upset and more curious by listening to their parents talk of their Holocaust experiences.

Discussion focused on the nature and source of depressive experiences among children of survivors and the usefulness of integrating the quantitative data derived from the Depressive Experiences Questionnaire with the qualitative findings of the clinical interview.

To Marvin
Who inspires the life and love in my heart

ACKNOWLEDGEMENTS

As I sit here with the fruits of my labor before me I am thankful for having had the opportunity to bring this task to its' completion. I would like to share with you the splendor of this moment and acknowledge its importance.

Many individuals have been of great help to me in the last eight years. My warmest appreciation to Louis J. Gerstman, my advisor, who participated actively in the growth of this endeavor and whose invaluable advice on the writing and statistical analysis of this manuscript I hold in highest esteem. I shall always remember his friendship and guidance.

My thanks to Professors Larry Gould and Hal Wilensky and my two outside readers for their service on the committee. I am most grateful.

Beyond their general influence on my life, my parents have made a direct impact on this work. As survivors of the Holocaust themselves, my dissertation is a tribute to their survival and courage to go on, as well as a heartfelt acknowledgement of their being the main inspiration for it.

I would like to express my everlasting indebtedness to the twenty subjects who assisted me in my efforts to understand them. It is their voice and spirit which permeate this work.

And finally, I offer my deeply felt thanks to my husband Marvin whose never-ending encouragement, love and support has helped me realize my possibilities.

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INTRODUCTION

Statement of the Problem

The long-term psychological effects of the Nazi persecution on surviving victims has received much psychoanalytic, clinical and research attention in recent years. Although it has been more than 40 years since their liberation, many survivors are still suffering from the adverse effects of their Holocaust experience- both physically and psychologically (Eitinger, 1962; Koenig, 1964; Niederland, 1964). In 1954, the term Concentration Camp Survivor Syndrome was coined. It described a constellation of residual psychiatric symptoms manifested by survivors for decades to follow their liberation. The syndrome is exemplified by chronic depressive and anxiety reactions, sleep disturbances, survivor guilt, hypochondriacal and psychosomatic symptoms and an isolated life devoid of pleasure (Niederland, 1964). Much of the research on the syndrome indicated that "an important relationship exists between the brutalizing and infantilizing Nazi camp experience... and the psychiatric disabilities of survivors " (Solkoff, 1980, p.29).

Since the early 1960's, clinicians have become increasingly concerned with the long-term effects of Holocaust traumatization on the psychological development of the second generation. It is the impression of clinicians throughout the United States, Canada and Israel, (Rakoff et al., 1966; Trossman, 1968; Sigal, 1971; Sigal and Rakoff; 1972; Barocas and Barocas, 1973, 1979; Russel, 1974; Davidson, 1980) that there is a high incidence of emotional and psychiatric difficulty among adolescent and adult children of Holocaust survivors. The common

difficulties these children brought to treatment raised questions regarding the repercussions of parental Holocaust experiences on the integrative functioning necessary for child-rearing (Kestenberg, 1972) and on the psychological development of the second generation. The present study will attempt to account for factors contributing to experiences of depression among children of Holocaust survivors.

Hypothesis and Rationale

Hypothesis 1: It is hypothesized that the extent of trauma experienced by the parent during the war is positively correlated with experiences of depression in the child.

Rationale: The presence of depressive symptomatology among children of Holocaust survivors has been noted in clinical observations and case-studies alike. Barocas and Barocas (1979) noted a predominance of guilt and depressive reactions among survivors' children stemming from a lack of acceptable outlets for their aggression, from death guilt and from a sense of worthlessness that pervaded the family. Other research studies focusing on the psychological difficulties of this group noted that survivor children assign special meaning to ancestry and family (Rosenberger, 1973; Heller, 1982)-- for theirs is a legacy of familial trauma and loss. For many, the need to understand the past is intimately related to their development as a person. The child of a survivor who is seen as the last hope for family survival, who is overvalued and expected to live out the lives of those who perished in the camps, feels torn between fulfilling the needs of his parents and those of himself. The need to discover and live in the parents' past

and change it so that their parents' humiliation and guilt in relation to the Holocaust can be undone are major issues in the lives of children of survivors. The difficulty of successfully mastering these conflicts can be enormous and quite painful. The likelihood of depressive experiences are indicated.

Hypothesis 2: Another emphasis of this study will be to clinically validate the data on experiences of depression, in an exploratory fashion, by integrating and comparing it with the clinical findings of the interview. The following issues will be considered: (1) the influence of and knowledge about the parents' Holocaust experiences, (2) the child's view of parental Holocaust communication and the child's sense of guilt and responsibility in connection with his parents' Holocaust experiences. These issues were chosen because they reflect areas of interest and dispute in the literature (Prince, 1975; Fishbane, 1979; Blumental, 1981; Parker, 1983). They will be examined and presented in depth and illustrated and supported by interview responses of the children themselves.

Rationale: The birth of a child poses a life-long problem for the survivor parent-- whether to and how to communicate his experience to the child. No survivor's child is ever immune from the influence of his parents' Holocaust experiences. The parent's decision about whether to and how to tell of his experiences is paralleled by a communication apprehension on the part of the child-- whether to and how to ask.

Among families of survivors there exists a spectrum of Holocaust family discussion ranging from those who "conspire in silence" to those who make the Holocaust a valuable part of family life. Though

painful, some survivor parents find relating their experiences to their sons and daughters a frequently unifying family experience (Krell, 1979). In other instances, a child's interest may be sanctioned so as not to upset the parent or to protect the child. "In such a situation the parental Holocaust experience may acquire the aura of "shameful family secrets" in relation to which children often weave fantasies about what was done to their parents and how they survived." (Davidson, 1980, p. 14). The child who suppresses his curiosity, fears or fantasies so as not to upset his parents later finds his feelings seeking symptomatic expression (Krell, 1979). The child of a "silent" family who wonders about what might be going on feels responsible for his parents' unexplainable sadness. Indirect communication and nonverbal cues feed the fantasy life of the child with guilt, shame and fear. The child of a communicative family, on the other hand, will have a better understanding and explanation of mysterious outbursts of parental grief.

Parker (1983), in her study on dominant attitudes of adult children of survivors toward their parents, focused an area of her research on the adult child's sense of responsibility and guilt in connection with the Holocaust. She found that her subjects felt an obligation to undo the traumatic experiences in their parents' past via their accomplishments. All subjects experienced guilt for their parents' past suffering and whenever they failed to live up to their expectations. A few of the subjects even took on a caretaker/protector role vis-a-vis their parents out of a deep sense of responsibility to them.

Given these problems in Holocaust family communication, and the sense of identification the child feels in relation to his parents' past, this study will explore the way in which the parents' understanding and integration of their Holocaust and post-Holocaust experiences (as reflected in subjects' reports of Holocaust family communication), (1) personally affects the child's understanding, and (2) corresponds with the child's sense of identification with his parents' past. These issues will also be examined with regards to their implications for the quantitative findings obtained from the Depressive Experiences Questionnaire.

Scope of the Study

This study is delimited to children of Holocaust survivors in Southeast Florida. Parental background variables which will be considered include whether both parents are survivors, the nature of their Holocaust experiences and the intensity of traumatization. The sample is restricted to young adults between the ages of 21 and 38 so as to minimize as much as possible the impact of developmental changes that occur before age 18, to insure that all subjects will have been born after World War II and because it is the natural age limitation among children of survivors at the time of the present study. The subject's sex, age, level of education, marital status, number of children, socioeconomic status, religious persuasion, birth order, place of residence and frequency and mode of both parental and sibling contact will be obtained.

Respondents will provide information about Holocaust family background, their reactions to listening to stories of their parents' Holocaust experiences as well as characteristics of their experiences of depression. During a semi-structured interview, subjects will be encouraged to explore the significance of the effect that their parents' Holocaust experiences have had on their life and on their personality structure.

Limitations of the Study

This study will be limited to the collection of data from children of Holocaust survivors living in Southeast Florida who volunteered to participate in the study. The pre-Holocaust personality and post-liberation experiences of the parents as well as the quality of the parents interactions with each other, will not be formally assessed in this study.

As a member of the group of children of Holocaust survivors this researcher must acknowledge the possibility of error due to experimenter bias in interpreting results, although these effects are somewhat minimized by the quality of the research design.

CHAPTER II

REVIEW OF THE LITERATURE

This review of the literature will include a brief historical summary of the Holocaust, a discussion of the experiences of survivors during the war, a study of the psychological sequelae of Holocaust survival as well as a survey of clinical and empirical studies of children of Holocaust survivors and their families.

The Experience of the Survivor

Homo homini lupus. Man is wolf to man. The human destructiveness in Nazi concentration camps demonstrates the truth of this bitter adage. The Holocaust refers to the Nazi's pernicious, systematic destruction of six million Jews in the communities of Europe, most of them in gas chambers of the death camps- in addition to the murder of one million Poles, gypsies and others considered "undesirable" by the Nazis.

In 1933, the German Nationalist Socialist government became the first Western regime to use concentration camps as an instrument for the interment of the "enemies of the Reich" (Dawidowicz, 1975). Initially, concentration camps were conceived to protect the state's internal security. Political opponents, pacifists, conscientious objectors, defectors among the SS and the Nazi Party were the first to be brought to the camps. As the Nazi Party and its objectives expanded, Jews, along with members of other minorities, became new cause for interment. During the first years of World War II a policy of decimation was inaugurated mainly for the Jews, gypsies, Poles and Russian elite. Inadequate food and shelter, hard labor and poor medical attention were the means of decimation. Actual murder was still unsystematic.

On January 20, 1942, the ideological decision for the "Final Solution" of the Jewish question was reached. The Final Solution involved the establishment of extermination camps (Auschwitz, Treblinka) equipped with disguised gas chambers and crematoria as well as camps in which extermination was somewhat less systematic (Bergen-Belsen, Buchenwald, Dachau).

In each setting prisoners were systematically stripped of their individual identity, violently uprooted from their families and from their religious, socioeconomic, political and cultural attachments. This transformation was often followed by unlawful imprisonment for an indefinite period of time, social isolation, deprivation and unthinkable aggression and murder without conscience (Cohen, 1953; Frankl, 1959; Chadoff, 1963).

Inmates were treated as slaves without identities save the number tattooed on their left forearm. They were inadequately clothed despite exposure to extreme temperature and severe weather. They were subjected to senseless overwork and forced labor despite hunger, malnutrition, sleep deprivation and infectious disease. The entire day was meticulously controlled without a moment of privacy. Inmates were perpetually exposed to terror and utter human debasement. Death was imminent, yet unpredictable. Prisoners witnessed the violent death of others (often their own relatives and friends) and were exposed to their own impending and arbitrary death (Cohen, 1953; Trautman, 1964).

The concentration camp is a world of the living dead. The society -- for lack of a better term -- was a skillfully manufactured unreality

that lacked the structure of consequence and responsibility. It was a world without sanction. The lesson of the Holocaust shall not be forgotten for it is a reality in which we live, and one which demands for human dignity, a new guarantee.

Although each captive's experience was rather unique, one wonders what reactions of the individual might have helped him to adapt to such seemingly unimaginable circumstances. Based primarily on his observations during the two years he spent in Dachau, Bettelheim (1960), described the Gestapo's attempts to force prisoners to adopt child-like behavior, submit, and forfeit their individuality. He observed the way prisoners attempted to cope with their aggressive environment by identifying themselves with their aggressors who were seen to be omnipotent. For the majority of inmates, the only avenue of escape was to passively submit to the overwhelming infantilizing pressures to which they were subjected.

Bettelheim (1960), Cohen (1953) and Frankl (1959) have described a period of adaptation to internment during which the survivor tried to protect himself from the dehumanization and degradation enforced upon him through a lapse into a stupor-like state devoid of human feelings concerned only about survival. The foremost defenses employed were denial and isolation of affect. The use of denial ranged from disbelief to self-deception. Emotional detachment rapidly progressed to states of depersonalization and derealization. In an attempt to deny a horrendous external reality and numb his emotional responses, the inmate spent much of his daily life in a state of robotization, or as Lifton (1967) described it, in a psychic closing-off. In this

state, physical immobilization was accompanied by a blocking of cognitive activity, disturbances in affective perception and expression, as well as in initiative and judgment.

Based on interviews conducted with concentration camp survivors in Jerusalem and San Francisco, Dimsdale reported the following coping mechanisms:

- (1) Differential focus on the good
- (2) Survival for some purpose
- (3) Psychological removal including: intellectualization, belief in immortality, time focus, humor and "Musselman" (from the German for Moslem)
- (4) Mastery (both environmental and attitudinal)
- (5) Will to live
- (6) Hope; both active and passive
- (7) Group affiliation
- (8) Regressive behavior
- (9) Null coping such as fatalism
- (10) Anticoping or surrender to stress (Dimsdale, 1974 p.793).

The Concentration Camp Survivor Syndrome

In the late 1950's and early 1960's studies of survivors began to circulate among the medical and psychiatric communities which postulated a relationship between the catastrophic experiences in the camps and the psychiatric disorders of survivors. This assumption was based on psychiatric examinations of numerous survivors who appeared at mental health facilities in order to file German restitution claims or to obtain psychiatric treatment (Niederland, 1968). It was observed that the persecution experience had induced a relatively clearcut syndrome among survivors (Winkler, 1959; Eitinger, 1962). This clinical entity was termed the Concentration Camp Syndrome (Kanter, 1966) and the Survivor Syndrome (Niederland, 1961).

According to Eitinger (1962), Niederland (1964) and Krystal (1968), the concentration camp survivor syndrome is characterized by the following clinical symptomatology: chronic anxiety, disturbances of cognition and memory, chronic depression, impoverished object

relations and schizoid defenses, psychosomatic disturbances and alterations in identity. These symptoms are not self-limiting and do not disappear entirely with time.

Chronic anxiety, the most predominant complaint voiced by survivors is associated with fears of renewed persecution, with phobias, with repetitive nightmares reliving camp experiences and with sleep disturbances. Disturbances of cognition and memory are manifested as memory loss and confusion, difficulty in concentration and dissociative phenomena.

Chronic or recurrent states of depression ranged along a continuum from masochistic character structure to psychotic depression. A masochistically tinged tendency toward suffering and expiation and the inability to enjoy even the most innocuous types of overt pleasure- a concert or a movie- are cited as the most common long-lasting after-effects of persecution. The presence of depressive mood with guilt feelings, paranoia and psychosomatic affect-equivalents can be thought of as a pathological form of regulating aggressive impulses through the use of such defenses as turning against the self, projection and somatization. Psychosomatic affect-equivalents among survivors include diseases related to chronic tension states, hyperalertness and the typical "survivor triad"- headaches, persistent nightmares and chronic depression.

As they attempted to ward off depressive mood, men were generally addicted to overworking. They often took a subsidiary position in the emotional life of the family, leaving that responsibility to the women. Self-renunciation, which had the advantage of self-protection during the war, was prominent among many of these women.

The presence of depressive mood among survivors is often agitated in type, and associated with insomnia, feelings of survivor guilt, self-reproach, fatigue, apathy and social withdrawal. The frequency of paranoid and persecutory reactions among survivors is relatively high but the danger of suicide is rather low.

Tenuous and unstable object relations are marked by a tendency toward apathy, ambivalence, paralysis of affect and an inability to relate to others in any but a dutiful way. Alterations in the sense of personal identity include disturbances of self and body-image and orientation to time and space. A living corpse appearance which seems to derive from the prolonged confrontation with death (Lifton, 1969), is also present among many survivors; a phenomena known as the "death imprint." Other common symptoms include: a brooding preoccupation with the idealized past (Chadoff, 1970), a sensitivity to noise (Bychowski, 1964), fear of men in uniforms-- such as policemen (Niederland, 1968) as well as obsessive ruminations over memories of the concentration camp experience (Niederland, 1964).

It is important to emphasize that all survivors are not equally affected by their internment experience nor do they exhibit equal evidence of the concentration camp survivor syndrome. It is assumed that many factors contribute to differences in survivor symptomatology; these include: pre-Holocaust personality, age at incarceration, duration of Holocaust persecution and survivor's post-liberation experience (Winnik, 1968; Furman, 1973; Laufer, 1973).

Although many of these investigators agreed on a description of

syndrome symptomatology; theories of etiology varied among them. Most researchers agreed, however, that while the symptoms may be related to the early life adjustment of the individual, they are more directly the result of the psychiatric traumas of their camp experience (Chadoff, 1963; Eitinger, 1963). Early investigations emphasized the organic determinants of damage - malnutrition, head injuries and infections suffered during interment (Engel, 1962; Eissler, 1963; Eitinger, 1971). With time, theoretical thinking shifted to examination of the effects of massive trauma on the psychic organization of the individual (Chadoff, 1963; Niederland, 1964; 1968; Hoppe, 1971; Krystal, 1968; 1971).

Henry Krystal studied the pathogenic effects of guilt-particularly survivor guilt- on the survivor. Krystal argued that one massive trauma which crippled many survivors was that of total or nearly total family loss in an environment which provided little opportunity to work through the normal mourning process. That one is the sole survivor of an entire family rests heavily as a life-long burden of pain and guilt. "The very selections that led to the murder of their love objects were the very ones which enabled them to survive. This created insoluble intrapsychic conflicts now observable as survivor guilt." (Krystal, 1968 p. 934).

Survivor guilt is a form of pathological and unresolved mourning. From a psychodynamic viewpoint, the survivor's guilt feelings are based on repressed rage toward, as well as early death wishes for, the lost love objects who failed to protect him from persecution and who perished during the Holocaust. The fact that so much of the rage

is repressed, prevents the completion of the normal process of mourning (Freud, 1917). Niederland found evidence for survivor guilt in the self-reproaches of the survivor regarding his remaining alive while others perished, as well as in the survivor's unrealistic sense of responsibility for the loss of certain others. One survivor expressed it this way:

I should not be in your office doctor. I should be where my parents, my children, my brothers and sisters are...I should be buried where they are buried...if only I knew where...I would go there (Niederland, 1981 p. 420).

Survivor guilt may be masked by depressive and anxiety reactions and necessitate projection and denial of psychotic proportions. It is associated with guilt-ridden fears of emotional closeness, dreams about death, violence and lost love objects, as well as frequent attempts to assuage and obscure guilt. Self-directed questions such as "If I had died would someone else have lived?" plague the survivor for many years to follow and account for various forms of self-destructive behavior.

Chodoff (1963) discussed the etiology of the typical psychophysiological responses of survivors in terms of two factors: (1) the physical and psychological, direct and indirect effects of the concentration camp experience and (2) the pre-existing personality factors of each individual such as pre-morbid personality characteristics, age of incarceration, type and duration of incarceration and factors after liberation from Nazi control. In 1968, Chodoff concluded that:

The ubiquity and uniformity of the symptomatic picture displayed by most concentration camp survivors seems to be better explained as a consequence of overwhelmingly intense traumata producing similar effects in many individuals of different personality structure, rather than as stemming from presumed specific fragilities in pre-morbid personalities (Chodoff, 1968 p.83).

Hoppe (1965) discussed the psychiatric examination of many hundreds of former concentration camp survivors with regard to their psychopathology. He described a lack of basic trust, a regression to infantile behavior, a fixation upon early identifications as well as idealization of one's childhood, the frequent use of avoidance, guilt of the survivor, denial, repression and regression as defensive operations, disturbances in superego development through destruction of the ego ideal and a fixation upon a masochist-submissive attitude.

Psychotherapy with Survivors

Much of the literature on psychotherapy with survivors of Nazi persecution indicates that very few of them are receiving or benefiting from treatment (Eissler, 1963; Krystal, 1968; Tanay, 1968), although their psychological condition can be chronic, and at times, severe. Those who have treated survivors account for the apparent ineffectiveness of the therapeutic mode, in part, by focusing on the following factors:

- (1) the traumatic state of the patient,
- (2) a difficult transference in which the therapist is identified with the aggressor,
- (3) a particularly difficult therapeutic regression which has been complicated by a forced regression to early infantile behavior in the camp and
- (4) the countertransference on the part of the therapist. The therapist must be prepared to work through his own guilt feelings, listen patiently to dreadful stories and show empathy without being overwhelmed by sympathy (Tanay, 1968). At the present time the reversibility of the survivor syndrome remains doubtful. Those who have treated survivors, Hoppe (1965), Part VII in Krystal (1968) and Krystal (1971) regard short-term supportive psychotherapy as the most effective form of intervention.

The Survivor Family

Liberated survivors were stunned and disillusioned with post-war conditions. For most, liberation did not mean going home. It meant facing more bitter facts- that their families and their friends had been killed, and that their communities and previous ways of life had been destroyed. This realization marred the remnants of the survivor's basic security, undermined his identity and sense of continuity with the past and added novel elements to his symptomatology. "They had lost not only parents and siblings but their whole constellation of representation and found themselves in a world totally without order and organization ." (Klein, 1971 p. 82).

Following physical recuperation, the survivor attempted to re-establish interpersonal ties via friendships and marriage. Many entered ill-planned marriages in order to recompose their lost families, to alleviate their intense mourning and separation anxiety and to repudiate Hitler's genocide (Koenig, 1964; Klein, 1971). Bringing a child into the world was the survivors attempt to counter the massive disruption of his life, deny the destruction of the pre-camp family, replace younger siblings who had perished during the Nazi persecution and undo the debasement and loneliness he had experienced." Danieli, 1980 p.7). Many survivors reacted with feelings of depression and guilt upon realizing that their marital partners were inadequate or that they themselves lacked the capacity for gratifying human exchange. Much of their behavior was characterized by apprehension, disappointment, suspiciousness and hostility. The intensity of these feelings were gradually mitigated by positive experiences in everyday life. Even when many of these "marriages of despair" failed, couples remained

together and focused all hopes on their children.

Holocaust family children represent replacement children and are expected to fulfill the unfinished lives of those who perished in the camps. Many of these children are named for relatives who perished during the war. Viewing the child as a replacement for a lost family member provided some gratification for the survivor's reunion fantasies (Barocas and Barocas, 1979). Conditionally, survivors tend to place higher expectations upon their first-born. Children designated to reincarnate the parents' lost children were made to feel responsible for their failure to do so. These children are often susceptible to identification with their parents' persecutors; a situation which often leads to feelings of disappointment and estrangement between parent and child, counterbalanced by a wish for reconciliation (Kestenberg, 1972). Despite feeling quite devastated by such comparisons, many repressed their rage as they felt quite guilty about being classified as their parents' torturers.

Adaptational Styles of Survivor Families

Danielli (1980) has proposed a typology of four distinct survivor family networks: victim families; fighter families; numb families and families of those who made it-- in order to understand family dynamics and differences in child adjustment. This classification was based on clinical work with survivors and their offspring who were participating in the Group Project for Holocaust Survivors and Their Children in New York. According to Danielli, the climate of the post-war home and the behavioral rules regulating interpersonal interactions within the family system and in the external world affect the identity and self-image of the child. In this

system survivor families are not typed in a mutually exclusive way; they are, however, characterized by a principal mode of functioning.

Families of Victims

Survivor homes characterized by the identity of concentration camp victim were dominated by "pervasive depression, worry, mistrust, fear of the outside world and symbiotic clinging within the family." (Danielli, 1980 p.7). Panicky feelings were easily aroused and catastrophic overreactions were common. Families of victims attempted to gratify all the physical and material demands of the child often at the expense of his emotional ones. Within the family, one member was typically ill while other members served as rescuers; an interaction which resulted in a high level of worrisome behavior. According to Danielli, the above interaction allowed "survivors who were plagued with guilt and unable to claim comfort or leisure, license to care for themselves and justification for demanding attention from other family members." (Danielli, 1980 p.8). Somatic concern, actual or fantasied, was used to control and manipulate family members and keep them close at hand. It served to regulate the expression of unconscious rage and grief as well.

Because of the parents' overwhelming need to deny the long-term emotional effects of the the Holocaust, the expression of psychological difficulties was not permitted. The disclosure of psychological problems on the part of the child would impair the parents' perfect self-image and the view of their children as "perfectly normal."

The parents' fear of the outside world was conveyed to the child in a model which included the indoctrination of lack of trust

in others. Ultimately, this prevented the child from stepping outside the boundaries of the family system. Parents demanded conformity of behavior in their children. The expression of autonomy on the part of the child was regarded as a threat to the intactness of the family unit. Assertions of healthy independence were condemned as "disloyal" and "ingracious acts." These condemnations aroused intense feelings of guilt in many youngsters.

Being secure, a paramount concern, was maintained at the expense of feelings of joy and self-fulfillment. The thought that "they have suffered enough, how can I possibly add to their pain?" held back many children from inquiring about their parents' war experiences or expressing their anger or personal problems.

Survivor parents were driven to protect their children from impending catastrophes. "Being right" and "in control" of their families compensated for the survivors' sense of passive helplessness and feelings of demoralization in the face of the Holocaust. Since there was no room for error, children regarded everyday decisions as a matter of life and death.

In addition to acting as family mediators, the offspring were called upon "to take sides, to serve as confidants, to compensate for a parent's disappointment in marriage, and to parent their parents." (Danielli, 1980 p.8). The role of parent as the protector of the child became reversed with the child assuming the role of the protector of the parent from future pain and loss.

The management of aggression and rage was an enormous task for many survivors for reasons related to the war. During the war, the expression of aggression meant retaliation by torture or death. After

the war, the outlets for this helpless rage became "somatization, nightmares, obsessional hatred of the non-Jewish world...their victimizers and compulsive work." (Danielli, 1980 p.9). Parents had particular trouble expressing and controlling aggression, setting adequate limits and providing reasonable discipline and constructive channels for the expression of anger. Attempting to repress or deny these impulses, they emphasized the need to submit in order to survive. Parental rage was commonly expressed through physical outbursts and verbal abuse, usually followed by outbursts of tears and remorse.

Many children of survivors report difficulties in expressing or experiencing anger. Feeling quite guilty about the direct expression of anger towards their parents, they displaced it onto siblings or they reacted with self-directed punishment - a state which often led to depression, apathy and withdrawal. Coming to terms with conflicts and feelings of ambivalence was equally difficult. These children often develop archaic superego structures which interfere with the appropriate integration of aggressive drives.

Guilt feelings were used to measure loyalty to the family as well as maintain familial continuity and a relationship with the dead. Survivor guilt on the part of the parent, corresponds to a separation guilt the child feels toward the parent. The child's overinvolvement in his parent's life diminishes his ability to form healthy, meaningful interpersonal relationships outside the home. That their main identity was that of being a child often meant that an adult was one who was "isolated, dead and/or having to take care of a world universe which they had learned to view as an untrust-

worthy place." (Danielli, 1980 p.10). To differentiate oneself from one's parents meant surrendering them to death.

By far the most powerful fantasy motivating the behavior of the victim child was to undo the Holocaust for his parents. Thus he would attempt to make his parents' lives more meaningful through his own by trying to fulfill parental expectations with reference to education, marriage and children.

Families of Fighters

The term "fighter" was chosen to indicate either "the way such survivors described their physical or spiritual role during the Holocaust-as active strugglers for resistance and survival in ghettos or concentration camps even though they were also victims-or the posture they adopted after the war to counteract the image of the victimized Jew." (Danielli, 1980 p. 10). The home atmosphere of fighter families was dominated by a drive to build and a belief that "everything must be fine." There was little tolerance for feelings of fragility or weakness. Each family member was taught to be in control and anticipate any events that might disrupt his sense of mastery. As in the homes of victim families, physical illness was admissible, but psychological problems were not. Pride was a virtue, but joyful and happy feelings were considered superfluous.

Intergenerational overinvolvement, overprotectiveness and the encouragement of familial loyalty and devotion were common concerns. But, the level of worry was not as heightened as that of victim families. Unlike families of victims, these families encouraged the open expression of anger and aggression.

In fighter families the offspring assumed a posture of taking charge in their interpersonal and professional relationships. They

dreaded passivity and helplessness and were intolerant of dependency feelings in themselves and in others. These children established a "fighter/hero" identity in order to belong to the family as well as to separate themselves from it.

The Numb Family

The post-liberation home atmosphere of these families was dominated by silence and depletion of any and all emotions. There was little affective display, although children were expected to feel loved because of their parents' efforts to gratify all their material needs. To many of these children their parents appeared distant, withdrawn and in a constant state of resignation, capable of tolerating only a minimal amount of stimulation-whether pleasurable or painful. They were told little about their parents' family histories, although they sensed their engulfment in the past.

Many of these offspring displayed marked disabilities in communicating their thoughts and feelings and establishing meaningful interpersonal relationships. Many expressed hostile and angry feelings toward their parents in an aggressive, overdemanding way in an attempt to evoke negative attention instead of none at all.

Feeling emotionally rejected, these offspring sought support and nurturance outside the home. They strove for acceptable social standing to please their parents; although they were not genuinely interested in the pursuit of such goals.

Those Who Made It

Survivors in this group were driven by a desire to "make it big" and unconsciously or consciously tended to counteract the humiliation and shame they had experienced during the Holocaust. This group

appears more assimilated into American society than the other survivor groups and usually avoids their past and any reminders of it. Such denial results in inner numbing, isolation and the formation of "proper" rather than intimate interpersonal relationships; an interpersonal style similar to that found in numb families. In these homes the survivor's ambitions were used to control other family members. The children often felt emotionally neglected by their parents except in those areas leading to the display of personal success. Parents often used their financial position to rescue their children from difficult circumstances.

The Effect of the Holocaust on Children of Survivors

The effect of the Holocaust on survivors' children will be explored more fully in the following section. The review is a survey of clinical and empirical studies on children of survivors and their families.

Lipkowitz (1973) presented a case of an adolescent child of two survivors who exhibited schizophrenic-like symptoms. The author suggested that children born to survivors of the Holocaust are exposed to 2 special forms of stress. One crucial stressor refers to those psychic effects of extreme traumatization which critically interfere with the mother's capacity to make empathic communication with her newborn. In Lipkowitz's view, a mother who has lived through psychological turmoil and is preoccupied with her own needs to be taken care of, cannot ideally respond to the emotional needs of her child and will unconsciously convey to it that its' needs are catastrophic. Any unconscious or preconscious reservations she might have against the cathexis of new objects can affect the mother-child relationship as well. This inhibition of the readiness to cathect her newborn may

be the survivor mother's defense against the possibility of another traumatic loss or, it may be that because of the lack of mourning, drive quantities remain bound up in cathexes of representation of earlier lost love objects. Winnicott (1975) has repeatedly emphasized the quality of mothering provided by the "good-enough mother" as a crucial developmental factor promoting the child's emotional stability. Burdened by guilt, tension and fear, the survivor mother is unable to assist her infant in the gradual progression from the original symbiotic unit to the separation-individuation phase of development (Mahler, 1965), nor transmit feelings of basic trust (Erikson, 1959). Instead, she provides love through excessive indulgence of her child's physical needs while actively discouraging and blocking his attempts at autonomous functioning. As his ego needs remain unsatisfied, the Holocaust child emerges from the rapprochement stage of development with a lack of completion of the individuation process, and intense feelings of rage over unmet needs for libidinal gratification. The child, still yearning for her inadequately provided libidinal gratification, continues to cling to his mother at the expense of his own urges to be more autonomous. He hopes for her overt expressions of love and approval but also believes he is of no value to her; that is, until he begins to identify with the anxiety-ridden, automatized maternal ego—thereby attempting a false feeling of attunement with her. This step is a major impediment in the development of the child's stable sense of self.

The other crucial stressor Lipkowitz refers to in his case study

is that concerning the child's fantasies involving his parents' "miraculous escape." In conclusion, Lipkowitz reasons that the concentration camp survivor mother is unable to assist her child in separation and prompts it to sustain symbiotic restitution.

After having described a five year analysis of two survivors of concentration camp, Furman (1973) deduced that the punitive nature of the mother-child relationship impeded the process of separation.

Based on their clinical experience with adolescent children of Holocaust survivors, Barocas and Barocas (1973; 1979) report that these children are frequently induced to perform a variety of functions in the family and in doing so may act out some conscious or unconscious wish of the parent. The authors concurred with Koenig (1964), that many survivors attempt to "carry on almost desperate forced attempts to obtain their own identification through their children." (Barocas and Barocas, 1979 p.334). This destructive projective identification hinders autonomous growth, impedes the separation process and interferes with the development of an effective self-concept in the child. The authors speculated that survivor parents unconsciously use their children as transference objects for those aggressive impulses, which they-- the parents -- have great difficulty expressing because of the burdens of guilt they carry over the death of their own parents and siblings. They may also encourage the child's aggressive behavior as a vicarious expression of their own anger, and therefore, as adolescents, these youngsters are more prone to aggressive outbursts than many of their peers (Sigal et al., 1973; Trossman, 1968).

The authors hypothesized that depressive reactions among

children of survivors may be related to intense parental restraints which culminate in an internalization or somatization of anger (Rakoff et al., 1966; Barocas and Barocas, 1973; 1979). In turn, "these children are easily exploited since their masochistic submission and inhibition of aggressive behavior make them ready victims." (Barocas and Barocas, 1979 p. 335).

The authors regarded the emotional tone communicated to the child as similar to what Lifton (1967) has called "death anxiety" and "death guilt." According to Lifton, "death anxiety is the survivor's realization of how close he came to death as well as a constant awareness of his vulnerability." (Barocas and Barocas, 1979 p.336). Among survivor families, this anxiety takes the form of exaggerated parental overprotectiveness and unrealistic fears. Attempting to work through and free themselves from intense survival guilt-why did I live while all others died ?-and also to justify their existence in their own eyes, many survivors encouraged their children to remain dependent upon them as they hoped to attain self-worth through vicarious identification. Through such an identification the survivor hoped to say to himself "I am worthy of having lived." For the child, however, this unexplained guilt is an enormous pressure for he is forced to carry the enormous burden of validating parental worth and self-esteem invested in him, in addition to- but more often at the expense of- satisfying his own independent developmental strivings. Sensing the tremendous importance of their accomplishments, these children dreaded minor setbacks and trivial failures to which they reacted with feelings of exacerbated guilt, frustration and depression; such failures connoted that they had neither compensated for parental

feelings of self-worthlessness nor justified their parents' existence. The parents' unsuccessful attempts to alleviate their guilt through their child's achievements led the child to either fulfill his perception of parental needs or give up out of fear of failure.

Freyberg (1980) reported on the psychoanalytic treatment of a group of adult children of holocaust survivors in the context of the separation-individuation process. This group of rather well-functioning adults presented with the following complaints: sexual dysfunction, difficulties in self-assertion, confusion about gender identity and feelings of depression and anxiety. One of the major therapeutic themes that emerged from the treatment involved the patient's intense longing for love and approval from his parents- especially from mother. Many patients harbored intense anger toward their mothers- which was both frightening and rigidly defended against. As treatment continued, feelings of anger toward the mother aroused intense feelings of depression, anxiety and guilt with resultant confusion concerning their identities and feelings. Such confusion was resolved by a regressive "boundary-blurring" identification with the mother in the therapeutic transference. The frustration of their need to be special to the therapist led to rage, depression and finally identification with what were the perceived feelings of the therapist. Freyberg offered the following clinical example of boundary-blurring in the case of a 30 year old female physician whose parents were pressuring her to marry the son of fellow survivors:

The patient spent many sessions agonizing about how much she disliked this man, but how much she dreaded disappointing her mother who was eager for her to marry and have children.

As she experienced the conflict with increasing intensity, her hostility toward her mother mounted. With the ever-increasing anger, the patient reported intense feelings of guilt, panic and depression, which she said "flood my my whole body leaving nothing else." This was followed by deep confusion about what she wanted and even who she was. It finally reached the point where the trembling patient tearfully reported: "I don't know who I am. I don't know how it happened but I am beginning to feel that I really want to marry him." (Freyberg, 1980 p. 90).

Freyberg also reported that many of these offspring grew up feeling that their special mission in life was to make their parents happy and carry out their unfinished plans and ambitions, at the expense of their own independent strivings.

A pilot study was conducted by Sigal and Rakoff (1971) to empirically validate some clinical impressions of the differences between children of survivors and children of parents with similar socioeconomic and ethnic background who had applied for help at the Institute of Family and Community Psychiatry in Montreal. The authors assumed that the parents' persecution experiences had adverse psychopathological effects on the integrative functioning necessary for child-rearing.

The families seen in the study presented with at least one of the following difficulties: a variety of school problems, symptoms of severe depression with some attempted suicide and excessive sibling rivalry and quarreling among siblings. The authors compared 32 families of survivors with 24 families of controls. In the survivor group, one parent was a survivor of the concentration camps and/or had lost their parents in the camps. Like the survivor group, control group parents were of Central European Jewish background but were not of Holocaust background.

The authors found statistically significant differences between

the two groups. Results indicated that concentration camp families experience more difficulties in controlling their children. Contrary to the authors' expectations, survivor families did not show more dysphoria, nor did the children have a higher incidence of school difficulties. As compared to the control families, "overevaluation of the child, difficulties in behavioral control and complaints of fighting did approach significance." (Sigal and Rakoff, 1971 p.394). The authors accounted for their findings by postulating a relationship between the preoccupation of the parents and problems in the family. They concluded that:

The parents' affective resources were so totally bound by the concentration camp experience and their continual reliving of these memories or unsuccessful attempts at trying to repress them, that they had few resources left over for coping with the flexibility and continual readaptation demanded of a parent as children move through the various developmental stages . (Sigal and Rakoff, 1971 p.395).

The child, frustrated at not having his needs met, responded through the disorganization of some aspects of ego functioning or with depressive affects. Since the child could not directly combat the parent he felt angry at (because too much guilt was evoked), he displaced it onto a sibling; hence, the complaints of intense sibling fighting and disruptive behavior.

In another study in 1972, Sigal and his co-workers hypothesized that children of survivors would manifest more behavioral disturbances and less adequate coping methods than a clinical control group whose parents did not undergo persecution. The authors speculated that behavioral disturbances would be manifested in impulse control (specifically in the control of aggression) and in a sense of anomie and alienation. These predictions were validated.

A clinical sample of 25 survivor families and their mid-teen-age children were compared with 20 control group families and their children. Survivor families included those in which at least one parent had either a concentration camp, labor camp, long-term hiding or ghetto experience.

Nettler's Alienation Scale, a modified version of the Cornell Medical Index, a modified form of Srole's Anomie Scale and a Brief Mental Health Questionnaire were administered individually to all children in the study. A Behavior Problem Checklist and a Child Behavior Inventory (CBI) were completed collaboratively by the parents. The Behavior Problem Checklist yielded scores on three factors- conduct problems, personality disorder and ego deficiencies- as well as a total score on overall psychological functioning. The CBI was designed by Sigal to measure impulse control, dependent behavior and adequate coping behavior. Practically all the significant differences obtained in the study occurred within the 15 to 17 year old group.

Consistent with earlier findings, children of survivors reported a higher degree of anomia and alienation than the control group. Results of CBI testing indicated that survivor parents perceived their children as significantly more disturbed. Survivor parents complained more frequently about conduct problems, personality difficulties, inadequacy-immaturity, excessive dependency, limit-testing and poor coping behavior in their children.

The authors speculated that parental psychological resources, already taxed to the limit, interfered with the appropriate integrative functioning necessary for child-rearing. Thus, survivor

parents "respond to their children's normal robust activity and need for control as an interference with their mourning process, as an extra burden imposed on their already taxed resources." (Sigal et al., 1972 p. 325).

The authors understood the greater degree of dependency reported by survivor parents to be related to the child's fear of his own aggression, his fear of the outside world (partly due to an identification with his parents' anxieties about it) and his anxiety about perceived parental unconscious rage forcing him to cling for reassurance.

The authors posited that the higher incidence of alienation and anomie among children of survivors is a consequence of their difficulties in identification.

Trossman (1968) studied adolescent children of survivors who sought treatment at the McGill Student Mental Health Clinic. Subjects in the study were children of Holocaust survivors whose parents had immigrated to Canada. These children presented with problems ranging from academic difficulties to stuttering. Opinions regarding diagnoses for the group varied along a continuum from mild adjustment disorders to borderline states. Trossman extrapolated four typical patterns of parent-child interaction and the possible consequences of each for the child.

In the first pattern, an excessively overprotective parent constantly warns the child of possible, although unlikely, disappointments and catastrophes. As a result, the child becomes "moderately phobic" or rebellious." In the second pattern, the parental relating of traumatic past experiences produces depressive symptomatology and guilt feelings in the offspring. A third form of interaction involves

those parents who expect their children to be as angry at and as suspicious of the world as they are. Children in this type of family are forced to choose between the mistrust of all others and active rebellion. In Trossman's opinion, the most pernicious parental pattern was the fourth. In that pattern, parents expected their child to give special meaning to their past suffering and resurrect their lost love objects and ideals. Such expectations placed enormous pressure on the child. Even though many of the expectations could not be realistically fulfilled, many children strove endlessly to do so. Others gave up in despair. Trossman also observed that emotional withdrawal on the part of the parent-especially from a same-sexed parent-causes difficulties in adolescent identity formation.

Kestenberg (1972) pooled data about the psychoanalytic treatment of twenty children of survivors from a questionnaire she had sent to 320 psychoanalysts in the United States, Canada, England, Holland, Germany and Israel. She concluded that "the analysts' own resistances combined with those of survivors and their children prevented the probing of their tragic experiences in depth." (Kestenberg, 1972, p.323). The small number of psychoanalytic cases and the high variability of each case prevented Kestenberg from making specific generalizations concerning the psychological problems of children of survivors. Therefore, she referred to the individual case studies of Laufer (1970) Brody (1971), Rosenberger (1970) and Blos (1968).

Based on his analysis of an adolescent son of a survivor whose presenting problem involved fear of suicide, Laufer concluded that the boy's psychopathology was related to the survivorship of his parents.

In this case, the boy's father died in the concentration camp; his mother remarried but died during his adolescence. Analysis revealed: (1) damage to infantile omnipotence due to the father's death and the atmosphere of vulnerability within which he was raised, (2) a feminine identification with the victimized father, (3) an inhibition in the release of aggressive impulses that served to bind the boy closely to his mother and made his adolescent sexuality feel overwhelmingly dangerous and (4) body-image disturbance. Brody referred to 2 adolescent children of survivors she had analyzed by saying that both had better ego strength than their overt behavior suggested. Both showed a "kind of perversity in surrender to irrational impulses and in disrupting object relations." (Kestenberg, 1972 p. 327).

Drawing on her clinical experience with children of survivors, Rosenberger postulated the existence of two types of survivor parents. The first is one who neglects the child's emotional needs and concentrates his efforts on the provision of food and material goods to ensure his child's security. The other is a parent who is over-identified with the child; one who induces him to re-enact his (the parent's) childhood experiences to fulfill his (the parent's) narcissistic needs. Blos and Kestenberg both reported that survivor parents identify their children with lost relatives and that survivor mothers are inclined to symbiotic fusion with their children.

Kestenberg cited the need to provide working definitions for such terms as "survivor children" and "survivor parents." She suggested that the term survivor's child be defined as "one who was either born after

the Holocaust or has not been himself subject to persecution or maltreatment." (Kestenberg, 1972 p. 321). A definition of survivor parents should include those factors which have disorganized the psychic structure. These include: "the loss of love by a social group, the loss of integrative functioning necessary for child-rearing, the mourning for self and objects and the bombardment by memories of sado-masochistic events- not fantasies- instituted by persecution." (Kestenberg, 1972 p.322). In addition, Kestenberg suggested that variables such as the type and duration of persecution, age during incarceration, as well as pre- and post-Holocaust personality factors should be included in an investigation of children of survivors and their parents.

In his summary of the Joint Workshop Proceedings of the American Psychoanalytic Association and the Association for Child Psychoanalysis, Sonnenberg (1974), raised questions about the specificity and the exclusivity of psychological problems of children of survivors. Members of the workshop agreed upon the presence of several frequently observed psychological and emotional problems: (1) survivors are over-protective and inclined to view their children as their own resurrected siblings, (2) children are expected to make up for the traumatic losses of their parents; because they are forced to fit into a mold which reflects parental expectations for dead children they do not mature properly and (3) parental overprotectiveness may result in a high rate of adolescent delinquency to express anger and hostility. The infiltration of the enemy image into the superego and ego of the parent may contribute to such superego defects as well.

With regard to ego functioning, "a trend to psychopathy" was manifested as a "tendency to try to get away with things." A child's identification with the parent as an object of persecution, as well as a deep identification with the Nazi aggressors, can lead to the splitting off of aggressive and libidinal drives and their derivatives as well. Problems with parental identification prevent oedipal resolution in the child and feelings of survivor guilt and sado-masochistic fantasies are common in both generations. Most importantly, conflicts and feelings of guilt and depression are more easily resolved if the parents have integrated the camp experience fairly well.

Russel (1974) reported the results of treatment with 35 survivor families. All the identified patients were adolescent children of survivors (average age, 16.5 years) who were referred for problems which included academic difficulties, identity crises, depression, psychosomatic and sexual dysfunction, behavior disorders and in two instances, psychotic breaks.

Based on his clinical work with these families, Russel reported that survivor mothers were generally perceived as the domineering parent and fathers tended to be weak, withdrawn and ineffectual (a factor which added to identification problems in male children). Among survivors he noted parental overprotectiveness, exaggerated expectations, inconsistent limit-setting and inadequate nurturing. As a whole, the families displayed much dysfunctional communication patterns and behaviors including double binds, skews and schisms.

Klein (1971) carried out formal psychosocial research with 25 survivor families living in Israeli kibbutzim. Each family unit was

interviewed and three interviews were conducted with each survivor parent individually. All survivors had been adolescents during the Holocaust and their children were between the ages of 14 and 18. Survivors responded to questionnaires about their childhood and their present family life and participated in therapy groups. First-born children were interviewed, administered the Rorschach, Thematic Apperception Test and the Wechsler Intelligence Scale for Children. On the basis of the data he obtained, Klein speculated about survivors, their family systems and their children.

It appeared that during the first three years following liberation, the need to deny the destruction of the pre-camp family dominated the survivor's existence. That their families and friends had been killed was too devastating for them to handle. Their self-image, their basic trust and the security of the family group were destroyed. Many felt that a mate would restore their security and undo their loneliness. Ill-planned marriages to people who represented some tie to the past were followed by acute emotional crises filled with depression and guilt.

In the newly formed survivor family the dominant motif was that of the restoration of the lost family and the undoing of destruction. Survivors' efforts to keep the lost members alive created a sense of continuity in their existence. Children were given names of deceased family members and looked upon as a

source of security and gratification. There is a tendency to see in their children the lost parents or siblings or to experience them as replacements for the lost ones. (Klein, 1971 p. 42).

During pregnancy many mothers experienced fantasies of damage

to themselves and their children based on real experiences of loss in the ghettos and the concentration camps. Some of these women acted out their anxiety through miscarriages, through amenorrhea or were sterile for long periods of time. This fear of transmitting damage to the child continued into the early mother-child relationship. During the infancy of their children, both parents were fearful that "something terrible" would happen to their child. Klein observed an overprotectiveness and an identification of the first-born child with a lost family member which resulted in inappropriate physical and emotional handling of the child.

Unconscious and conscious fears of separation were expressed by both parents. This fear became more salient during times of illness or danger. At those times, parents showed compulsive ritualistic behavior such as frequent nighttime inspections. Maternal overprotectiveness, manifested as a fear of separation, stemmed from fantasies about the possibility of renewed persecution. The mother's difficulties with her separating child were particularly keen during the anal phase of her child's development when the struggle for autonomy and separation was heightened. This struggle evoked anxiety concerning new losses, anger and helplessness in the mother.

Klein described children of survivors as having difficulty in the emotional expression of aggression and anger. He found that they exhibited a great deal of unconscious denial of conflict situations with adults and repressed the overt expression of anger toward their parents. When confronted with open aggression, they tend to react

passively by escaping, hiding or seeking adult help. Unconscious denial and negation were common responses to separation and death.

Children of survivors are protective of their parents because of the special suffering they have endured. They tend to emphasize the heroic aspects of their parents' past and deny their parents' suffering.

Fogelman and Savran (1979) - two children of Holocaust survivors- described their experiences as leaders of nine short-term therapy groups they conducted with students and young professionals whose parents had survived World War II in concentration camps or in hiding or had managed to escape persecution but had lost family members. Members of the group discussed their feelings about being children of survivors in an effort to decrease their feelings of pain, isolation and alienation.

The leaders observed that "the children do experience psychosocial effects that directly relate to having survivor parents." (Fogelman and Savran, 1980 p. 98). They found that group members were generally quite relieved to have an outlet for expressing their fantasies and stories of how their parents had survived- especially if their parents had compromised their morality. One of the most difficult aspects of the leaders' task was to listen to atrocious Holocaust stories. Fogelman and Savran dealt with this problem by using their own responses as guides for what others might be feeling. They also found it therapeutic to physically comfort the individual or to cry with him during particularly distressing moments.

A common transference theme involved a pressure on the therapist to relieve the patient of his guilt, rage and helplessness. The leaders

found that they could be of most help to their patients by "being neither rescuer nor persecutor thereby encouraging their alternatives to being victim." (Fogelman and Savran, 1980 p. 105). Countertransference feelings that were particularly difficult for the therapists to work with included the temptation to act as a savior as well as feelings of rage and dread. The leaders suggest that those therapists who wish to do therapeutic work with children of Holocaust survivors, but are not of survivor background themselves, ought to be prepared to deal with issues of trust-building and with their own unconscious fears of listening to painful material. One way a therapist might prepare to deal with such material is by reading about the Holocaust and learning about the sociocultural and religious background of children of survivors.

Axelrod et al. (1980) studied 19 male and 11 female children of Holocaust survivors who were admitted to Long Island Jewish, Hillside Medical Center. Twenty-three of these hospitalized children were diagnosed as schizophrenic.

Axelrod and her fellow researchers noticed that a large proportion of these children were hospitalized at the very age their parents had been interned in the camps; often undergoing transformations in the process that resembled some of the events their parents had experienced during the war. Based on their observations of these psychiatrically hospitalized children, the authors hypothesized that the degree of parental trauma could be correlated with the degree of psychopathology in the child. They also suggested that the numerical size of the extended surviving family may be inversely related to child psychopathology.

The authors reported success with family therapy that focused on the parents' traumatic past- something which had previously been avoided and considered taboo. The family therapy sessions alleviated dysfunctional family communication and substituted a realistic knowledge of the parents' experiences for the fears, fantasies and distortions the children had kept inside. Such discussions also served to foster the development of a more stable sense of identity in the child and heightened feelings of family closeness.

Blumenthal (1981), in an attempt to extrapolate on the suggestions for future research offered by Axelrod and her associates, found "no significant relationships between varying levels of adjustment [as measured by the Barron's Ego Strength Scale- (ES)] and the number of surviving family members of parents' family of origin; proximity and accessibility of these surviving family members and extent of discussion vis-a-vis parents' experiences during the war. The predicted significant correlation did appear between psychopathology among children of survivors as measured by the ES and the extent of trauma experienced by the parents during the war as measured by the Self-Rating Scale alone." (Blumenthal, 1981 p.54).

In his dissertation on the effects of the Holocaust on children of survivors, Prince (1975), carried out extensive clinical interviews with 20 young adult children. No single character type emerged as typical of these children. Parents' styles of communication about their experiences varied. Common dynamic issues included mistrust, problems of control, anger, anger and representation of self as a victim. The most common symptoms included feelings of depression and difficulties with separation from parents.

Wanderman (1980) looked at the differential effects of concentration camp survivorhood versus those of other Holocaust experience and immigration on the children in these families. Using self-administered questionnaires, Wanderman compared three groups of subjects-- those whose parents had survived the Holocaust in hiding, ghetto or labor camps and those whose parents had escaped direct Nazi persecution by emigrating between the years 1931 and 1940. "Results indicated that children of concentration camp survivors only demonstrate greater difficulty about separation from their parents than comparison subjects in one of six areas. They are more prone to depressive experiences than comparison subjects, although these experiences are within normal limits. No differences in conception of parents were found between children of survivors and comparison subjects." Wanderman, 1980 p.1). In the final stage of her investigation Wanderman selected a 21 year-old daughter of concentration camp survivors for an intensive clinical interview and projective testing.

This review of the literature has provided comprehensive background information on the survivor syndrome as well as on two areas of research-- clinical (control group and case studies) and nonclinical. Both types of studies have explored the relationship between survivor parents and their children, as well as the effects of the parents' Holocaust experiences on the child and the survivor family. All the studies reviewed in the survey revealed that children of survivors have been impacted by their parents' Holocaust experiences. However, the intensity of this impact varied among members of this group.

In the present investigation the nature and source of depressive

experiences among children of survivors will be explored. In addition, the influence of knowledge about their parents' experiences, their view of parental Holocaust communication and their sense of identification with their parents' Holocaust experiences will be explored in relation to these experiences of depression. Through such an analysis I hope to clarify our understanding of: the factors which may contribute to such experiences, the psychiatric constellation of survivors and their children and the survivor/parent-child relationship.

CHAPTER III

METHOD

Chapter III will present the methods and procedures of the study. This chapter will describe the subjects, the research instruments and the procedures employed in this study.

Subjects

The participants in the present study consisted of a group of 20 children of Holocaust survivors (10 males and 10 females) who ranged in age from 21 to 38 years. This age range was chosen so as to minimize as much as possible the impact of developmental changes that occur before age 18, to insure that all subjects will have been born after World War II and because this range represents the natural age limitation among children of Holocaust survivors at the time of the present study. For the purposes of the present study, a child of a Holocaust survivor included those children born after World War II both of whose parents had survived in Nazi-occupied Europe or the U.S.S.R. (after Sonnenberg, 1974). A survivor was operationally defined as an individual who survived persecution in either a slave labor or concentration camp for at least six months prior to or during World War II.

All participants in this sample were from Southeast Florida. The names and telephone numbers of all volunteers were obtained from survivor organization lists and through professional colleagues and personal acquaintances of this investigator.

Instruments

Measure of Depression

The Depressive Experience Questionnaire (DEQ), (Blatt, D'Afflitti and Quinlan, 1976). was developed to assess feelings about the self and general interpersonal relationships that in of themselves were not symptoms of depression but which were thought to be characteristic of the experiences of depression. The DEQ, (Appendix E), consists of 66 items which are rated along a 7 point continuum from strongly disagree (1) to strongly agree (7). The DEQ was first administered to 500 female and 160 male college students. The data for males and females were analyzed separately and principal components factor analyses with varimax rotations were performed on the two male and female samples. The three factors which emerged from this study of normal young adults were labeled Dependency, Self-Criticism and Efficacy. Separate factor coefficients were computed for males and females. These three factors showed significant differential correlations with several other measures of depression obtained in the same study-- the Wessman-Ricks Mood Scale, a death concern questionnaire, Ideal-Self and Real-Self Image disparity as measured by the Semantic Differential and the Zung Depression Scale. Before presenting the significant differential correlations, a description of the three factors will be presented.

The Dependency factor, (Factor 1), contains items which refer to "interpersonal relationships and contain themes of being concerned about abandonment, feeling lonely and helpless, and wanting to be

close to, related to, and dependent upon others... concerns about being rejected, hurting or offending people, and having difficulty in managing anger and aggression for fear of losing someone." (Blatt, et al., 1976 p.384). The identification of Dependency as an empirically derived factor in depression, parallels Blatt's theoretical thinking about the origin of depression in adults- an anaclitic dimension of depression (Blatt, 1974). According to Blatt, anaclitic depression is oral in character and reflects issues of dependency on others, feelings of helplessness, fears of abandonment, difficulty in the expression of anger and intense wishes to be cared for and protected.

The Self-Criticism factor, (Factor II), contains items which are "more internally directed and reflect concerns about feeling guilty, empty, hopeless, unsatisfied, insecure, having failed to meet expectations and standards, being unable to assume responsibility, threatened by change, feeling ambivalent about oneself and others, and tending to assume blame and feel critical toward oneself." (Blatt et al., 1976 p.386). The identification of Self-Criticism as an empirically derived factor, parallels Blatt's theoretical thinking about the origin of a second type of depression- an introjective dimension of depression. According to Blatt, introjective depression is characterized by feelings of worthlessness, guilt, low self-esteem and a wish for atonement. There are also concerns about having failed to live up to expectations and a tendency toward excessive vulnerability and self-criticism. In Blatt's analysis, Dependency and Self-Criticism "are not mutually exclusive and the possibility emerges of a compounded form of depression

that includes features of both anaclitic and introjective depression." (Blatt, 1976 p.386).

The Efficacy factor, (Factor III), contains items "indicating a sense of confidence about one's resources and capacities...there are themes of high standards and personal goals, responsibility, inner strength and feelings of independence, satisfaction and pride." (Blatt et al., 1976 p.386). This factor, unlike the other two, reflects goal-oriented strivings and feelings of accomplishment.

The authors found a high degree of stability in the factor structure. Within split halves of the female sample, the factor structures are highly similar and stable (all are above .900) with some tendency for Factors 1 and 3 to share a moderate degree of congruence (.49 to .63). Between overall female and male samples, the factor structures are highly similar and stable (>.800). Again, there was a moderate degree of congruence between Factors 1 and 3.

The authors found that the Dependency factor had significantly lower correlations with traditional measures of depression than the Self-Criticism factor. The Dependency factor correlated significantly with low ratings of Real Self on the potency factor of the Semantic Differential, and with discrepancy between Real Self and Ideal Self.

In an item analysis, Dependency correlated significantly with five items on the Zung Depression Scale that assessed digestive functioning, fatigue, psychomotor retardation, irritability and indecision. The underlying theme reflected in this factor is that of "self as weak."

The Self-Criticism factor correlated significantly with a

low rating on the evaluation dimension of the Semantic Differential measure for the Real Self. The authors feel that this factor is sensitive to the more traditional measures of depression which view guilt and self-blame as major contributors to depression.

The Efficacy factor correlated negatively with degree of depressed affect on the Wessman-Ricks Mood Scale and positively with descriptions of Ideal and Real Self. Efficacy related significantly to all three dimensions of the Semantic Differential-- evaluation, potency and activity.

The construct validity of these factors was further demonstrated by differential correlations with adherence to sex-role stereotypes (Chevron, Quinlan and Blatt, 1978) and qualities of cognitive organization in the description of parents (Blatt, Wein, Chevron and Quinlan, 1979).

Zuroff, Moskowitz, Weilgus and Powers (1981) report highly significant ($p < .001$) test re-test correlations for the DEX factors. Test re-test correlations after a 5 and 13 week period were .89 and .91 for Dependency, .83 and .75 for Self-Criticism and .75 and .72 for Efficacy. Test re-test correlations over a five week period in which students received mid-term grades were .86 for Dependency, .68 for Self-Criticism and .81 for Efficacy.

Treatment of the Data

Subjects' scores on each of the three factors relative to their depressive experience were computed. In order to compute factor scores it was necessary to use the factor coefficients available for

the three factors that correspond to each of the 66 items. In order to obtain a subject's factor score, the subject's responses scaled 1 to 7 on the 66 items were converted to z-scores and were multiplied by their corresponding coefficient scores. Finally, a sum for all 66 items was obtained.

Test Administration

The following instruction appeared on the first page of the test booklet:

This questionnaire consists of a number of statements concerning personal characteristics and traits. Read each item and decide whether you agree or disagree and to what extent. If you strongly agree, circle 7; if you strongly disagree, circle 1; if you feel somewhere in between, circle any of the numbers between 1 and 7. The midpoint, if you are neutral or undecided is 4. Remember to give your own opinion of how you feel. Do not leave any item blank. Make your circles clear and distinct. Erase completely an answer you wish to change. Work as quickly as you can and do not spend too much time on a particular item.

Background Information Questionnaire

This questionnaire was designed by the researcher to elicit the following information about the participants in the study: sex, age, birth order, education, occupation, socio-economic status marital status, number of children, place of residence, mode and frequency of parental and sibling contact and finally the religious persuasion of the subject, and if married, their spouse. (Appendix D).

Family History Questionnaire

The Family History Questionnaire (Appendix E), a 25 item questionnaire, was designed by the researcher in order to learn more about the war-related experiences of participants' parents. Items were worded

as case-history questions and statements concerning the war experiences of the participants' parents and relatives prior to and during the Holocaust. Questions were asked separately about the participant's mother and father.

Interview

A face to face semi-structured interview was specifically constructed for this study in order to learn more about the influence of the Holocaust on children of survivors (Appendix F). The interview was designed to explore the following areas:

1. The child's sense of the parents' Holocaust experiences.
2. Specific information communicated by the parent to the child.
3. The child's conception of the parents' mode of communicating about their experiences.
4. The frequency of such discussions.
5. The child's response to his parents' accounts of their past experiences.
6. The child's sense of identification with his parents past.

Administration of the Interview

During the interview each subject was allowed to expound on his answers if so desired. The interviewer's task was to adhere to the schedule of interview topics kept with her throughout the interview as well as to facilitate the spontaneous generation of relevant material. Subjects were asked to share their associations and feelings and were encouraged to feel free to discuss any issues that occurred to them as the interview progressed. The researcher arranged to meet with all subjects at their place of residence at a pre-arranged time when it was possible to conduct the interview without interruption. Each interview was audio-taped and then transcribed.

Procedure and Administration

Each volunteer was contacted on the telephone by the investigator (Appendix A). At that time, participants were asked if they would like to participate in a study of the effects of the Holocaust on children of survivors as part of the caller's doctoral dissertation in clinical psychology. During the initial phone call each subject was told to expect their participation to involve the completion of three questionnaires and a face-to-face interview requiring approximately two and a half hours of their time. Interested individuals were invited to participate. If a volunteer agreed to participate in the study, an interview was scheduled at the subject's home and at a time when it could be conducted without interruption. Participants were informed that all information would be held strictly confidential and that the researcher would be happy to send them a copy of the results of the study after its completion-if they so desired. A total of 21 subjects were contacted. Of these, 20 agreed to participate in the study. While initially agreeing to participate in the study, the 21st subject later became unable to keep her appointment.

At the beginning of the testing session each subject was asked to fill out a form in order to give informed consent to participate in the research. Next, they completed the background information questionnaire as well as the family history information and the depressive experiences questionnaires. Participation concluded with the clinical interview.

CHAPTER IV

RESULTSCharacteristics of Participants' Parents

In this chapter the major findings of the study will be presented.

The summary of scores on parental variables can be found in Table 1.

Each parent had been asked to indicate how many months he or she had spent in a concentration camp, labor camp, in ghetto or in hiding. When the data were taken in for all 20 cases (with 2 parents per case), it was found that each parent spent some months in one or another of these stressful situations but none of them had experienced all four traumatic conditions. Accordingly, it was decided at the outset to sum for each parent the number of months they had spent in any of the four relevant traumatic conditions. With respect to mother, this variable was defined as stressma and for father, as stresspa. Indeed, the fathers of the subjects had spent 14 more months on the average, under these conditions than their wives (51.2 months (SD = 12.5) versus 39.9 months (SD = 22.3) $t = 2.18$ $p < .05$, two-tailed).

Though the subjects were interrogated separately about their parents, there were no material differences between their reports for their mothers and for their fathers as show by related sample T-tests for interval data and Mann-Whitney U-tests for rating scale data.

Table 1
Summary of Scores on Parent Variables

| <u>Variable</u> | <u>Mean</u> | <u>SD</u> |
|---|-------------|-----------|
| 1. Stressma | 39.9 | 22.3 |
| 2. Stresspa | 51.2 | 12.5 * |
| 3. Sumstress (1 + 2) | 91.1 | 27.7 |
| 4. No. of Primary Relatives Lost | 28.0 | 11.1 |
| 5. No. of Siblings Lost | 5.0 | 3.0 |
| 6. No. of Siblings Surviving | 3.0 | 3.0 |
| <u>Rating Scales on Parents</u> | | |
| 1. Frequency of any discussion at all | 3.5 | 1.0 |
| 2. Discussion of Holocaust when younger | 3.6 | 0.9 |
| 3. Discussion of Holocaust now | 4.1 | 0.7 |
| 4. Talk of Holocaust vs. other events | 3.2 | 0.8 |
| 5. Willingness to communicate | 2.9 | 1.1 |

*Significant parent stress difference (see text)

Subject Variables

The participants in the present study consisted of a group of twenty children of Holocaust survivors. Demographic data involving subject variables obtained from the Background Information Questionnaire can be found in Table 2. There were no significant differences among the subjects with regard to any of the following demographic variables.

Subjects ranged in age from 21 to 38 years with a mean age of 32.7 years. The average educational level of attainment for the group was 17.7 years. All subjects had at least a high-school diploma. As a group, eleven subjects were first-born, seven were second-born and two were third-born. Twelve subjects had one sibling, six had two siblings and two were only children.

Twelve subjects were married, six were single and two were divorced. None of the single subjects had children. The average number of children for the group was 1.2 .

From a socio-economic perspective, socio-economic status was top-heavy. Only two subjects had incomes below \$10,000. Six had incomes between \$10,000 - 30,000 and twelve had incomes over \$30,000.

Only three subjects resided with their parents (2 males and 1 female). Of the remainder, twelve lived with their spouses and five lived alone. As for mode of parental contact, nine subjects communicated with their parents by phone only and eleven communicated by phone and in person.

With regard to frequency of parental contact, six subjects

Table 2
Subject Variables

| <u>Variable</u> | | <u>N</u> | <u>\bar{X}</u> | <u>SD</u> |
|--------------------------------|---------------------|----------|-----------------------------|-----------|
| 1. Sex | male | 10 | | |
| | female | 10 | | |
| 2. Age (in years) | | | 32.7 | 4.6 |
| 3. Education (in years) | | | 17.7 | 2.5 |
| 4. Birth Order | first-born | 11 | | |
| | second-born | 7 | | |
| | third-born | 2 | | |
| 5. Number of Siblings | one | 12 | | |
| | two | 6 | | |
| | only | 2 | | |
| 6. Socio-economic Status | under \$10,000 | 2 | | |
| | \$10,000-20,000 | 5 | | |
| | \$20,000-30,000 | 1 | | |
| | \$30,000-40,000 | 2 | | |
| | over \$40,000 | 10 | | |
| 7. Marital Status | single | 6 | | |
| | married | 12 | | |
| | divorced | 2 | | |
| 8. Number of Children | | | 1.2 | 1.1 |
| 9. Subject's Residence | with parents | 3 | | |
| | with spouse | 12 | | |
| | alone | 5 | | |
| 10. Mode of Contact w/Parents | phone only | 9 | | |
| | phone and in person | 11 | | |
| 11. Freq. of Contact w/Parents | daily | 6 | | |
| | weekly | 11 | | |
| | monthly | 3 | | |

Table 2 Continued

| <u>Variable</u> | | <u>N</u> | <u>\bar{X}</u> | <u>SD</u> |
|---------------------------------|-------------------|----------|-----------------------------|-----------|
| 12. Location of Siblings | same state | 12 | | |
| | different state | 6 | | |
| 13. Mode of Contact w/Siblings | phone only | 6 | | |
| | phone & in person | 12 | | |
| 14. Freq. of Contact w/Siblings | daily | 1 | | |
| | weekly | 9 | | |
| | monthly | 7 | | |
| | every few months | 1 | | |
| 15. Self Faith | atheist | 2 | | |
| | reform | 6 | | |
| | conservative | 12 | | |
| 16. Spouse Faith | same faith | 10 | | |
| | different faith | 2 | | |

Table 3

Affect Ratings Re: Parental Stories

| <u>Emotion</u> | <u>\bar{X}</u> | <u>SD</u> |
|----------------|-----------------------------|-----------|
| 1. Sadness | 4.9 | 0.4 |
| 2. Frightened | 2.2 | 1.2 |
| 3. Remorse | 3.8 | 1.1 |
| 4. Proud | 2.8 | 1.4 |
| 5. Angry | 4.5 | 1.0 |
| 6. Guilt | 2.7 | 1.4 |
| 7. Upset | 4.2 | 1.0 * |
| 8. Horror | 3.4 | 1.4 |
| 9. Curious | 3.8 | 1.2 * |
| 10. Numb | 2.6 | 1.9 |
| 11. Confused | 2.4 | 1.5 |

* Sex Differences on these variables (see text)

communicated daily, eleven weekly, and three on a monthly basis. The mode for frequency of parental contact was weekly.

Of the eighteen subjects with siblings, twelve resided in the same state as their siblings but six lived in a different state. Of the twelve subjects who resided in the same state as their siblings, ten communicated with them by phone and in person and two communicated by phone only. Of the other six siblings who did not live in the same state as their siblings, two communicated by phone and in person with them and four by phone only. For this same group of eighteen subjects with siblings, one subject communicated daily with her sister, nine communicated on a weekly basis and seven communicated once a month with their siblings. One subject speaks every few months with his sister.

While all subjects were Jewish, two considered themselves atheists, six considered themselves reform Jews and twelve considered themselves conservative Jews. Of the twelve married subjects in the sample, two were married to Catholic women.

Affect Ratings Re: Parental Stories

Each subject was interviewed about the kinds of affects he felt upon listening to his parents speak of their experiences during the Holocaust (Table 3). With regard to affect ratings, the 2 sexes differed in no respect except females were significantly more upset by parents' stories and made more curious by them. With regard to upset, the male mean rating was 3.8; the female mean rating was 4.7. The difference yielded a Mann-Whitney U of 23.5 ($p < .05$, two-tailed).

With regard to curious, the male mean rating was 3.1 and the female mean rating was 4.6. The difference yielded a Mann-Whitney U test of 12.5 ($p < .01$, two-tailed).

Depressive Experiences Questionnaire Data

A summary of each of the three factor scores of the Depressive Experiences Questionnaire can be found in Table 4.

An investigation of gender differences with regard to depressive experiences revealed two significant sex differences (Table 5).

A significant sex difference appeared on the Dependency factor. Females scored significantly higher (Mean = 0.35) than males (Mean = - 0.84) on dependency ($t = 2.90$ $p < .05$, two-tailed).

A significant sex difference also appeared on the Efficacy factor with males (Mean = 2.51) scoring significantly higher than females (Mean = 1.06), ($t = 4.13$ $p < .05$, two-tailed).

None of the DEQ factor scores correlated significantly with any of the parental variables tested in this study.

Table 4
Subjects' Depression Scores

| <u>Factor</u> | Mean | SD |
|----------------|-------|------|
| Dependency | -0.25 | 1.09 |
| Self-Criticism | 0.48 | 1.17 |
| Efficacy | 1.78 | 1.07 |

Table 5
Separate Sex Scores on the DEQ

| <u>Factor</u> | <u>Men</u> | | <u>Women</u> | | t |
|----------------|------------|------|--------------|------|---------|
| | Mean | SD | Mean | SD | |
| Dependency | -0.84 | 1.15 | 0.35 | 0.60 | 2.90 * |
| Self-Criticism | 0.60 | 1.27 | 0.35 | 1.12 | 0.47 |
| Efficacy | 2.51 | 0.66 | 1.06 | 0.90 | 4.13 ** |

* p < .05, two-tailed
 ** p < .05, two-tailed

CHAPTER V

DISCUSSION

In the first part of this chapter a discussion of the major findings obtained in this study will be presented. In the second part of this chapter, a qualitative analysis of the interview data will be discussed and integrated with the quantitative findings of the Depressive Experiences Questionnaire. In the final part of the chapter the limitations of this study and suggestions for future research will be considered.

Review of Major Findings

The prediction that the extent of parental trauma during the war would be positively correlated with experiences of depression in the child was not confirmed in this study. The absence of a significant correlation between the measure of extent of parental trauma during the Holocaust and the measure of depressive experiences suggests that there is no evidence that the length of parental internment, the number of primary relatives lost, the number of surviving siblings of the parent's family of origin or the number of siblings the parents lost are relevant indicators of experiences of depression among children of Holocaust survivors.

I formulated Hypothesis 1 based on the suggestions for future research offered by Axelrod (1979) and her co-workers, (Axelrod, Schipper and Rau, 1980; Axelrod, Blumenthal and Forman, 1980). Based on their work with a group of 30 psychiatrically hospitalized children of Holocaust survivors at Long Island Jewish, Hillside

Hospital, Axelrod et al. postulated that: (1) the numerical size of the parents' surviving family seems to be directly related to better adjustment in the child and (2) the extent of trauma experienced by the parent during the war is directly related to psychopathology in the child. In the present study an attempt was made to determine whether these predictions could be supported by research with a population of non-help seeking individuals through the use of a self-administered questionnaire that was specifically designed to assess a wide range of experiences in a normal population which while not being direct symptoms of depression, were often associated with it. As stated earlier, there was no evidence found in this study to support this prediction.

While a previous body of research indicates that such findings are to be expected, they may not appear in a non-help-seeking population particularly when only conscious problems are addressed. The present findings appear to be consistent with those obtained by Blumenthal (1981). After following Axelrod's suggestions for future research, Blumenthal only found partial evidence supporting the hypothesis that the relative absence of trauma correlates significantly with adjustment among a non-clinical populations of survivors' children. One inference which Blumenthal drew from his study and the present author construed as well, was that the matter of sample size is likely to have obscured the findings of the hypothesis. Comparing a small number of subjects decreases the likelihood of generating significant findings.

Another inference from these findings is the possibility that Axelrod and her co-workers were working with a distinct subset of the entire population of children of Holocaust survivors. The near absence of "anniversary reactions" among children of survivors studies in other clinical and non-clinical settings as compared to the presence of anniversary reactions among 84% of the children of survivors studied by Axelrod and her associates, further corroborates this possibility.

Depressive Experiences Questionnaire Findings

An investigation of gender differences with regard to depressive experiences revealed two significant sex differences:

- (1) females scored significantly higher than males on the Dependency factor and
- (2) males scored significantly higher than females on the Efficacy factor. The Depressive Experiences Questionnaire contains three separate factors- Dependency, Self-Criticism and Efficacy. Dependency and Self-Criticism are assumed to be sensitive to 2 major dimensions of depression, (Blatt, 1974), while the third factor, Efficacy, reflects goal-oriented strivings and feelings of accomplishment.

Depression has been known throughout the history of man to affect people in various degrees-ranging from mild disturbances of normal affect states to severe protracted clinical disturbances with intense suffering. Attempts have been made to differentiate types of depression as psychotic-neurotic, exogenous-endogenous, agitated-retarded and unipolar-bipolar. Depression has also been regarded as a major developmental stage (Klein, 1948; Winnicott, 1975) and as a

character style (Blatt, 1966) in which "there is an unusual susceptibility to dysphoric feelings, a vulnerability to feelings of loss and disappointment, intense need for contact and support, and a proclivity to assume blame and responsibility and to feel guilty" (Blatt, 1974, p. 109). The following is a brief synopsis of the ways in which depression has been described in the psychological literature.

After a series of several papers in 1911 and 1917, Karl Abraham (1924) traced the origins of depression to a fixation at the oral stage of development. Abraham described depression as the loss of an internalized love object which leaves the affected individual with a sense of inner emptiness that he tries to rectify by oral incorporation. In considering susceptibility to depression, Abraham incorporated much of the theoretical formulations that Freud offered in *Mourning and Melancholia* (1917), as he regarded the interpersonal nature of depression and the predisposition to it by childhood disappointments as vital sources of ambivalence in all relationships. In Abraham's analysis the following predisposing factors were considered: (1) constitution, (2) fixation of libido at the oral level, (3) a blow to infantile narcissism brought about by successive disappointments in love, (4) the occurrence of a first disappointment in love before the resolution of the oedipal complex and (5) the repetition of the primary disappointment in later life.

Spitz (1946) described depressionlike episodes in infants as

possible reactions to early maternal deprivation and separation which consequently aroused feelings of abandonment and helplessness in the child.

Depression has also been described in terms of superego formation and guilt whereby an inward deflection of aggression is mediated by a strong superego. Such a description characterizes depression in terms of low self-esteem and intense and severe standards with guilt and transgression' (Beres, 1966; Jacobson, 1971; Cameron, 1963; Freud, 1917). In Beck's (1967) formulation depression is regarded as a cognitive distortion consisting of a negative view of the environment, a negative view of oneself, and negative expectations of the future. Seligman (1975) reported the depressive's problems with self-esteem and motivation as the result of his feelings of lost control over environmental responses. Due to this helplessness, the depressive perceives himself as one who is unable to effect change in his world.

Grinker (1961), in a factor analytic study of psychiatric descriptions of depressed patients, identified a depression which focuses on feelings of guilt and restitution and a depression which is primarily concerned with feelings of deprivation and attempts to manipulate the direct availability of supplies from the external world.

In 1974, Blatt attempted to integrate and extend previous theoretical thinking on depression by differentiating between 2 major aspects of depression. The first is anaclitic depression which

is manifested by intense feelings of dependency on others for love and protection, inordinate fears of abandonment and difficulty expressing anger and rage towards love objects. The focus of anaclitic depression is on issues that occur during early, relatively undifferentiated stages of development. The second aspect, introjective depression, is developmentally more advanced than the first and characterized by feelings of guilt, inferiority and worthlessness and that one has failed to live up to standards and expectations. In a combined effort, Blatt, D'Afflitti and Quinlan (1978) constructed the DEQ to assess a wide range of experiences that though not direct symptoms of depression, were frequently associated with clinical depression. Their findings indicated that there was great value in investigating the continuity between normal mood states and clinical aspects of depression. They found that normal subjects who endorsed feelings on the Dependency factor of the DEQ had scores which correlated with symptom clusters in a patient population characterized by anaclitic depression, while those who endorsed feelings on the Self-Criticism factor of the DEQ had scores which correlated with symptom clusters in a patient population characterized by introjective depression.

In the present study significant gender differences in the nature of depressive experiences was reflected in the finding that female children of Holocaust survivors scored significantly higher than their male counterparts on the Dependency factor of the DEQ. Having scored significantly higher on the Dependency factor than their male counterparts, the women in this study are likely to have experiences of depression that reflect feelings of loneliness,

helplessness, dependency on others, fears of rejection and difficulty in expressing anger for fear of object loss. While female children of Holocaust survivors are more vulnerable to some of the depressive experiences outlined above, by no means does the finding suggest that they suffer from anaclitic depression. Rather, they are more likely to have experiences associated with it.

The above-referenced finding is consistent with the work of Chevron (et al., 1978) on sex-roles and gender differences in the experience of depression. In that regard, the sex difference finding on the Dependency factor obtained in this study can be understood to reflect cultural stereotypes and sex-role expectations associated with anaclitic depression. The finding of gender differences on the Dependency factor is also consistent with that obtained by Wanderman (1981) in her assessment of experiences of depression among children of concentration camp survivors using the DEQ. Associated with these findings on "femininity" and "feeling" is another finding of the present study- that female children of Holocaust survivors are made more upset and more curious by their parents' accounts of their past experiences.

While significant sex differences were found on the Efficacy factor of the DEQ in that males scored significantly higher than females, such a finding does not reflect a gender difference in depressive experience by virtue of the fact that it is not assumed to be theoretically sensitive to the 2 major intrapsychic dynamics of depression (Blatt, 1974).

The findings of the present study can help us better understand

the nature and source of depressive experiences among children of Holocaust survivors.

One theoretical formulation that has been offered to explain the observation of depressive symptomatology among these children is the chronic preoccupation of the survivor parent (Rakoff, Sigal and Epstein, 1967; Sigal and Rakoff, 1971; Sigal Rakoff, and Ellin, 1973). These authors assume that the parents' need to be taken care of (after what might have been years of intense emotional suffering), their grief-stricken preoccupation, and their impaired object relations, interfere with the ability to guide their children through the various stages of development. As a result, children in these families are likely to experience certain disturbances- emotional impoverishment, a disorganization of ego functioning, fear of the outside world, fear of their own aggression, and anxiety about perceived parental unconscious rage forcing a clinging for parental reassurance.

In another set of theoretical formulations, issues related to depression are discussed in relation to Mahler's separation-individuation process. The survivor mother's inability to assist her infant in the gradual progression from the original symbiotic unit to the separation-individuation phase of development (Furman, 1971; Klein, 1971; Lipkowitz, 1973; De Graaf, 1975) is understood to have damaging consequences for her child. These clinicians suggest that among those families in which unsuccessful navigation of this period occurs, behavioral and personality problems

in the interpersonal arena are likely to ensue during the child's development. In that regard, children of survivors seek a degree of oneness with others that is often inappropriate and experience intense fears of abandonment and a sense of helplessness. Apparently, the natural tendencies of the child to separate and to become autonomous reactivate the life-long mourning of the parent with the threat of another object loss. It also signals a fearful attitude in the child and impedes the development of an effective self-concept, all the while hampering his ability to use healthy aggression in the service of separation.

In summary, it appears that the theoretical formulations offered to explain the nature and source of depressive symptomatology among children of Holocaust survivors fit the dynamics associated with anaclitic depression and have proven quite helpful in understanding the DEQ findings.

Qualitative Analysis of the Data

While lending to some statistical analysis, the majority of the data obtained from the interviews was qualitatively analyzed in order to help clinically validate the data derived from the DEQ.

Subjects' scores on the DEQ were rank ordered and the top 5 and bottom 5 scores on each of the three factors determined. Then the interview protocols associated with these scores were considered on a purely qualitative basis with respect to the significance of the effect that the interviewees felt the parents' Holocaust experiences had had on their life and on their personality structure. Finally, protocols were considered with respect to common and

different felt meanings among each of the 10 members of a DEQ comparison group. Issues related to the following themes will be explored in the next three sections: (1) the influence of, and knowledge about the parents' Holocaust experiences, (2) the child's view of parental Holocaust communication and (3) the child's sense of responsibility in connection to his parents' Holocaust experiences.

Low Dependency versus Hi Dependency Comparison Group

The five members of the Low Dependency Comparison group were all males, while four of the five members of the Hi Dependency Comparison Group were female. The one male member of the group still lived at home with his parents.

While all the subjects who were interviewed shared the sense of always having known that their parents were survivors, it soon became rather clear that the qualities of these parental Holocaust communications varied greatly. Among members of the Low Dependency Comparison Group, parental ambivalence and unwillingness seems to have laid the groundwork for the fragmentary nature of many parental disclosures to come:

Occasionally I heard some specific details...
but that was a very rare thing to hear something
graphic. Usually it was just very general
references.

James

I don't know too much about what happened to them.
Not too much specific knowledge, just a feeling for
what happened.

Jerry

In one family, the parents took advantage of circumstances that

allowed for indirect, ambiguous communication as they talked about their Holocaust experiences with other survivors while allowing their son to overhear details they had never directly expressed to him. Amongst members of the Low Dependency Comparison Group, parents and children seem to be protecting each other and themselves by avoiding the painful past.

By way of contrast, a reversal of parenting roles was the case for two women in the Hi Dependency Comparison Group. These participants described their mothers as survivors who had had a rather hard time coming to terms with their past and thus looked to them for comfort and emotional support:

My mother always spoke with me from a very young age- maybe age four or five on. My mother talked very much. She would recall specific incidents and she would sit and relive them with me and start to cry. It was always an emotional kind of thing and she would repeat alot of the things over and over again. It is kind of a real strong memory of the two of us sitting at the table. Alot of the memories she spoke of were pleasant, some were concentration camp memories and many were from her childhood. She would go through them over and over again and she would start to cry and I would start to cry and it became a ritualistic thing between us.

Felicia

My mother would actually relive everything that she would tell. With my mom the emotion would come out and tears, and the tears and she would induce tears in me.

Harriet

While all participants felt a tremendous burden imposed upon them by the pressure of parental shoulds, opinions and expectations,

the acceptance of this responsibility varied among members of the two sub-groups. While he felt a sense of responsibility in connection with the Holocaust, Stuart, a member of the Low Dependency Comparison Group, did not allow his parents to control his beliefs and attitudes or stimulate guilt by virtue of the fact that they had survived the camps.

Usually it happened in the context of them telling me that what I was doing was wrong and that maybe they should not have seen the light on this side of the tunnel. If they knew that this was what they were going to live to see maybe they should not have lived. When they were less descriptive about it in terms of their own lives and really trying to indoctrinate me into feeling their way about everything given the terrible things they had gone through I would make a point of telling them that was enough.

Stuart

By way of contrast, Harriet not only felt pressure to compensate her parents with happiness for their suffering through her accomplishments, but also pressure to fulfill her parents' expectations with reference to children, discipline and education. The conflict and guilt she experienced with regard to these pressures are reflected in the following excerpt:

I feel guilty for not living up to their expectations- feelings, I think are directly related to them being survivors. If I don't run my home, or discipline my children the way my parents see fit, they make me feel guilty. But I try to make up for it in other ways. Trying to be for them and live for them is very difficult to do, and when you can't do it you feel guilty. They expect more and they give more. They try to work hard and give you everything they missed- material- and in return they want to reap the fruits and sometimes the fruits are not what they expected. They lay on the guilt more than maybe someone else who led a more normal life.

Harriet

As one listens to participants describe their affective responses to parental accounts of the past, one is struck by the patterns of ascribing guilt. All members of the HI Dependency Comparison Group reported feeling guilt in response to their parents' communications, while none of the members of the Low Dependency Comparison Group indicated the experience at all. In other contexts as well, women experienced guilt more deeply in connection with the Holocaust than the men did. Women expressed guilt for not being a "good-enough" child, guilt for having grown up too easy and guilt for not living up to parental expectations.

I would feel sorry for them because they had to have a background like this. I would feel bad for Jewish people in general and that they had to go through this. I felt bad that I had to have parents that had to go through that life. You know it's the type of thing like if you had some complaints where your parents were survivors you would hear remarks like "I had it much worse" or talk about your other friends' parents when they went to high-school when your parents never went to high-school...so you feel bad for them that they never had that and it's sort of a...guilt thing that you really shouldn't complain because they had it so much worse.

Beatrice

Analysis and Synthesis of DEQ and Interview Findings-Dependency Comparison Group

The findings of the clinical interview seem to indicate that the survivor's attitude toward the world as well as his specific understanding of the Holocaust affects the child's understanding as well. In this section, an attempt will be made to integrate the quantitative findings of the DEQ with the qualitative findings obtained in the interviews.

When information about the Holocaust was communicated to members of the III Dependency Comparison Group a deep sharing of pain and loss was conveyed. Parents, particularly survivor mothers, identified themselves as wantful and victim-like not only in relation to their Holocaust experiences, but vis-a-vis their children as well. The Holocaust had robbed them of their pride and left them emotionally wrought. Unlike members of the Low Dependency Comparison Group who were involved in sheltering their parents and themselves from a painful past, subjects in the III Dependency Comparison Group were closely identified with the Holocaust and their parents' suffering. For two of these participants, this identification was rooted in a rather extreme caretaker/protector role reversal vis-a-vis their mothers.

While all the members of the Dependency Comparison Group felt their parents burdened them with guilt in various ways, it was a much more powerful experience for members of the III Dependency Comparison Group. It is quite possible to understand the guilt feelings and experiences of anaclitic depression linked with their past histories of parent-child role reversal and heightened sensitivity in general, as the results of blocked aggression. The guilt they feel instead of the anger, represents the anger that they might otherwise have felt toward their parents had they not internalized it in order to prevent real or imagined parental harm or parental abandonment. With regard to sex differences in handling aggression, Karr (1973) found that male children of Holocaust

survivors tended to act impulsively while females were more prone to passivity and withdrawal.

Typically, those who score significantly higher on the Dependency factor of the DEQ are likely to experience feelings of helplessness -- even weakness, have fears of being abandoned, avoid anger for fear of object loss and have intense wishes to be cared for and protected. In the final analysis it is apparent that subjects' scores on the Dependency factor of the DEQ support the evidence of the interview data described earlier.

That parents turn to daughters rather than sons for emotional support is consistent with cultural stereotypes of females as the nurturant sex. The 3 subjects who reported parental role reversal in this study were all female. (Such information on a 3rd subject is described in the Low Self-Criticism vs. Hi Self-Criticism Comparison section of this chapter). In addition, this information is congruent with another finding of this study- that females were made more curious and upset by their stories of their Holocaust experiences. Of final interest is the finding that the only male represented in the Hi Dependency Comparison Group was assigned to the all male Hi Efficacy Comparison Group, while 2 of the 4 women ranked with him in the Hi Dependency Comparison Group were assigned to the Low Efficacy Comparison Group. It is quite conceivable that the denial of weakness among male children of Holocaust survivors makes it easier for them to separate and to build a life of their own, rather than to internalize--out of fear of doing parental harm--their parents' trauma with self-defeating guilt, low feelings of self-esteem and passive-withdrawing interactions.

Low Self-Criticism versus Hi Self Criticism Comparison
Group

A focus on children of survivors in the DEQ Self-Criticism Comparison Group revealed once again that all subjects shared feelings of always having known that their parents were survivors and that such survivorship impacted their own lives. In this section I will explore the similarities and differences between 2 subjects-- June, a member of the Low Self-Criticism Comparison Group and Matthew, a member of the Hi Self-Criticism Comparison Group-- with regard to the influence of knowledge about their parents' experiences, their view of parental Holocaust communication and their sense of identification with their parents' Holocaust experiences.

June portrayed parental Holocaust communication that emphasized open and frequent discussions in which she felt free to ask questions and broach the subject on her own. She indicated that discussions with her parents allowed not only for clarity and awareness, but it also helped them to come to terms with their losses (especially her mother). Despite being propelled into exaggerated maturity at age 16, June grew up in a household in which communication about the Holocaust was rather easygoing and the pitfalls of both inhibited and excessive communication were avoided.

At the time I was 16 and I was very mature. My mother needed me and in turn I helped her. It was a lot of role reversal. It got to the point where she would not leave the house till I approved of her-- it was what I expected to get at that age, not give. So when I was a listener I felt it was doing a duty to her and I really felt good about it. There was a lot of self-satisfaction. I was usually quiet and let her get things out of her system. She did not need

my opinions. She just needed to work it out. She grew up. Now we're close. You know, I even sat her down and told her that I understood what she was going through. She understands it herself. It's such a shame. She was 14 when she was in a concentration camp. She got married rather quickly. I see myself as a woman of the 80's so we really had to get to know each other and work things out to its fullest. She just couldn't choose and was never exposed to that. She was really growing up right along with me.

June

June feels strongly identified with her parents' (especially her mother's) Holocaust background as if she had experienced it herself.

She attributes this to:

the normal closeness that happens between parents and children. I mean, I experienced their feelings when they came to this country after the war and they were in love and happy and not just starving, even those feelings I feel that I was there because they explain things so well.

June's talks with her father have been "theory, facts and dates."

June's father speaks publicly and "is good about moralizing and getting things out of what he went through."

The greater knowledge about her parents' pre-war, war and liberation experiences have contributed to a more fully developed identity for June. She sees herself as an outgoing, positive person with a great deal of spunk, self-confidence and appreciation for life and for people. The identification with her parents' Holocaust experiences have not created interpersonal impasses for her:

I don't believe in dwelling on problems or blaming what is going wrong today on what happened 40 years ago. That is not fair. My parents didn't do it

and I don't either. Now we talk about supporting Israel, doing questionnaires and not forgetting what happened. I have met people who suffer their whole lives because their parents went through the war and they want continual recognition for it.

Matthew, a member of the III Self-Criticism Comparison Group, felt listening to his parents stories had a "powerful effect" on him. While he found it difficult to get his parents into a "rhythm where they would express themselves, once they did they had a great ability to go into specific and microscopic detail." As he grew older he began to read voraciously on the topic:

I was reading some pretty hefty books and eye-witness accounts from junior high to the end of high-school. I am sure I was reading about feelings similar to what my parents felt or even with more graphic expression which heightened the feelings I felt listening to them talk [sadness, fear, remorse, horror, curious, upset] to their limit. I fantasized myself as a Jew and what I would have done.

Q. Did you put yourself through experiences that you knew or imagined that your parents might have gone through?

Definitely yes. I just go places and take things that they say and imagine them and try to vicariously experience perhaps what my father experienced when he was lying on the ground and being subjected to a blow to the head. I take what he says and fantasize it completely, completely fantasize it, try to feel what it was like for him.

Matthew

Confirmation from historical sources and an active fantasy life fostered Matthew's identification with the events in his parents' past:

My parents' reality became something alive
 alive inside of me, that I realized and knew
 and thought about, that I empathized with and
 was sensitive to. It became my life too.

Matthew also experienced a sense of superiority and chosen descent:

It is something that makes me feel that there
 is some special meaning to me. That my life is
 a miracle and that I am someone special, that
 they came so close to being annihilated and
 managed to survive with the odds stacked in the
 disfavor.

Yet, there is also the grim awareness that:

on the one hand my life has that as a front of
 it and the back of it is this inherited sadness
 and depression- a shadow on growing up as a
 child and as a child of survivors.

Analysis and Synthesis of DEQ and Interview Findings-Self-Criticism

Comparison Group

Once again the information ascertained from the interview can be fruitfully integrated with the DEQ findings. While both subjects came from families that functioned in the aura of a painful past, June has shared an understanding of her parents' Holocaust experiences with them, while Matthew seems to have wondered more about the mysteries of his parents' suffering. Although he desired to learn more about their history, Matthew was markedly reticent about asking and his parents were rather constricted in volunteering information. He tried to come to terms with their past by reading extensively about the Holocaust on his own. Though painful, June found her parents' relating of their past a unifying family experience (Krell, 1979), - one which allowed her to have a better understanding and explanation of their grief. In talking of the spectrum of Holocaust family discussions, Davidson (1980 p.14) warned about

the negative effect of situations where "parental Holocaust experiences acquire the aura of "shameful secrets" in relation to which children often weave fantasies about what was done to their parents and they survived." Indirect communication and nonverbal cues feed the fantasy life of the child with guilt, shame and fear.

The feelings that Matthew expressed in his interview with regard to identifying with his parents' past and their suffering reflects the sharing of parental pain and loss in his family. The inner experiences reflected in his III Self-Criticism score - low self-esteem, guilt, fear of failure - readily corroborate the meaning of the information obtained during the interview. For June, the open, relaxed communication about her parents' pre-war and war experiences and their energetic, political post-Holocaust involvement continually instill in her images of them as people who coped during and after the Holocaust. June is also zealous in her approach to the Holocaust. During the interview she stressed the importance of memorialization, fund-raising, supporting Israel and never letting the world forget the meaning of the Holocaust. Sharing a spirited orientation with her parents in relation to the Holocaust and to the world, has afforded June the opportunity for positive growth and the development of an internally directed self which allows her to feel confident and satisfied with herself. Typically, those who score low on the Self-Criticism factor of the DEQ are inclined to feel the way June expressed herself

during the interview. The integration of quantitative and qualitative findings has once again allowed for a more fruitful understanding than each could have provided alone.

Low Efficacy versus Hi Efficacy Comparison Group

In this section I will explore the similarities and differences between two subjects- Catherine and Robert - who scored the lowest and the highest on the Efficacy factor, respectively. Their interviews will be explored with regard to the same three issues outlined for the two previously mentioned comparison groups.

Although information about their past came in a rather "random fashion" and her parents were "fairly willing to discuss it", Catherine felt she "did not have a great understanding of her parents' past", as her father usually repeated the same stories over and over again and her mother spoke in a rather "muddled fashion." However, Catherine felt she had "a good idea of the tragedy."

Another distinct impression which emerged from Catherine's reports of her parents' mode of communicating about their experiences was a marked ambivalence on their part reflected in a fragmentary style of communication.

My father would tell me like a horror story and then half-way through it would stop and say:
"You don't have to know from this" or "Let's talk about something more pleasant."

Catherine remembers feeling very upset at those times.

While other subjects in the Low Efficacy Comparison Group attempted to make their parents' lives more meaningful through their own-- by trying to fulfill parental expectations with reference to marriage,

children and education, Catherine felt a rather poignant sense of responsibility and a deep obligation to undo the tragedy of her parents' past.

Usually I felt totally in conflict and kind of just sick. A lot of helpless kinds of things. I felt very sorry for them, for all their suffering. I just feel alot like I wish I could make it better but I can't. I wish I could take it away but I can't.

The sense of overwhelming sadness and confusion implicit in so many of Catherine's responses relates to her close identification with her parents' Holocaust experiences. In response to the question "Do you remember when you found out that your parents were in the camps?", that their survival is almost her own is demonstrated by her wording:

I think I felt different but I think some of that was the atrocity of being a survivor. I think it may have had to do something with being an immigrant as a child.

(Catherine is a child of survivors born in the United States).
Once again, in response to the question "Do you talk much with anyone about your parents' experiences during the Holocaust?", there is an identification with the experience of survivors:

I am very interested in talking with others. I have a girlfriend, my age, who is an American engaged to someone who was a survivor .

Subsequent clarification revealed that this girlfriend is engaged to a child of survivors. And finally once again, there is an intense personalization of her visit to Dachau- a concentration camp in which her father had been interned:

I saw a film that had actual footage of people in the camp and I was looking for my father in them. It was a very real and personal experience. It was so personalized for me that it was really horrible. Being thousands of miles away and feeling that kind of feeling. I guess it was a feeling of wanting to be with them and put my arms around them. It was worse just being so far away.

In other instances Catherine views her parents as easily overwhelmed by their history and she, in turn, as well.

It has taken me until recently to connect that I have an overwhelming kind of sadness and a lot more of it is related and I haven't gotten it out of my system yet. I think it is related. If I think about my mother, she hasn't had a normal childhood or adulthood. I mean they both were taken away when they were adolescents, so for my mother when she talks about her parents she gets very emotional. When she tells me these stories I am so overwhelmingly saddened by it. I feel so sorry for them. I don't know what the connection is, but they are so helpless and victimized and I think I feel helpless a lot. I don't know if that is where it is from or the modeling of that kind of behavior or if it's somehow feeling helpless because they could not affect their environment so it's somehow learned. I don't know what I am trying to say.

Another feature of Catherine's responsibility and guilt was a sense of powerlessness that she felt in relation to her parents' past. In expounding on her visit to Dachau this becomes quite clear:

I kind of flipped out. I just went away from there wanting so much to just put my arms around them and say I was sorry for everything they encountered and all their suffering. Also I knew I was feeling very guilty and I know I was thinking I also wanted to say I was so sorry for the harsh way I had ever treated you and for anything that I have done that was less than wonderful, because they have gone through so much already. I guess I felt they should be treated in a special way and of course we're just normal

human beings. It's even harder to deal with this because there's a lot of anger expressed toward them so I feel a lot of guilt for that.

Robert portrayed parental Holocaust communication as a rather infrequent event. Although it seemed like he always knew that his parents were in the camps, Robert felt that much of the information he heard consisted of "very generalized and fragmented statements." He reported that his parents were "not inclined to forcefully deliver, describe specific situations or volunteer information about their experiences."

Robert characterized his parents' style of communication about the past in such a way that emphasized mastery over the events:

Things they talked about would be in a lesson type of scenario- but in a positive sense- that good comes from things that might sometimes seem hard and that things have a way of working out.

Robert was ambivalent and reticent about questioning his parents about their Holocaust experiences as he hoped to protect them from their painful past. In addition,

there were also times in my life when I personally did not want to know about it. Either to think that I was having a "normal" life or whatever. It was my attempt to acclimate. I guess it reflects that I felt adjusted to the idea and I also expected a hell of a lot from them and I was always demanding of them to be normal about it. So maybe it was my way of telling them "hey! You have to live now"-that type of thing.

For Robert, the lesson of his parents' survival has brought him great pride. He remembers experiencing very little guilt:

I felt the lesson - be thankful for what you have without the guilt attached. My father

if he has taught me anything, it is that if you really want something bad enough and really hope and pray, and just make this whole total and mental and concerted effort toward it, it will come through and that is obviously a lesson that saying those words, combined with my parents surviving that experience, gives such a lesson that things can be a reality and that I push myself through becoming a professional and deep down the major lesson is how I feel positive about my life, my goals, my energy and how I somewhat- although it may be considered vulgar- that there was a positive lesson from the Holocaust.

And finally, there is a need to be identified and recognized as a child of survivors:

I feel a sense of pride...or respect ... or specialness... that I am deservant of more respect...whether I am more special...whether I should be recognized as that without giving more significance...alot of it is with pride.

Analysis and Integration of DEQ and Interview Findings- Efficacy

Comparison Group

Throughout the interview Robert indicated that his parents derived such positive virtues as strength, endurance and responsibility from their struggles during the Holocaust. That his parents were more inclined to discuss the heroic and positive aspects of their experiences afforded Robert opportunities not only to come to terms with the realization that he could not undo the Holocaust for them, but also to develop a positive understanding and feelings of admiration and respect for what they had endured. Catherine, on the other hand, expressed a somewhat mystified sense about the Holocaust experiences of her parents due to the way her father would abruptly cut off his description of some incident out of the past, thereby evoking a powerful emotional experience but not a shared knowledge of its impact.

According to Krell (1979), the child of a survivor family who wonders about the mysteries of his parents' suffering during the Holocaust feels deeply responsible for the parents' sadness. Unlike Robert, Catherine experiences overwhelming guilt and sadness in the realization of her inability to undo the pain and tragedy of the Holocaust for her parents. As Catherine struggles against these helpless emotions, a sense of guilt and feelings of sadness and depression emerge in relation to the responsibility she feels regarding her parents' camp experiences. Those intense feelings of powerlessness, suffering and loss leave her in precarious balance with the world. Unlike Robert who has faced the painful effects of his parents' Holocaust experiences and has rechanneled the energy into his own life, Catherine has been unable to transcend their impact and realize her strivings. Instead, she experiences feelings of futility as well as ineffectiveness..

The differences in understanding expressed by Catherine and Robert are in part a reflection of their parents' approach to the Holocaust and its aftermath- as something overwhelming or as something they triumphed over. The difference in the way Catherine and Robert have handled their conflicts is also reflected in their scores on the Efficacy factor of the DEQ. The Efficacy factor taps issues related to goal-oriented strivings and feelings of accomplishment. Given the findings and formulations presented in the qualitative analysis of the data it is not surprising to find out that

Robert is the most efficacious member of the entire group of subjects in the study and Catherine is the least.

Limitations of the Study

There were a number of problems encountered in implementing the study which should be considered when interpreting the data.

One variable which raises the question of a possible artifact in this study pertains to the difficulties in obtaining a sample that is representative of the larger population of children of survivors and has an adequate number of subjects. Given the findings that children of survivors in this sample were for the most part well-educated and upper middle-class, the findings of the study have limited generalizability. The fact that nearly all the subjects' parents in the study were from Eastern Europe may have affected the findings of this study as well. That the present study only included those subjects who expressed a willingness to participate, they may have been less affected by their parents' experiences and therefore more inclined to participate in the study.

A second variable of importance relates to those factors which determine test performance. The present emotional condition of participants, their concerns about the invasion of their privacy, attitudes of suspiciousness and hostility toward testing in general including tendencies toward deviation in response patterns, may have led some subjects to consistently choose one kind of response over another. Finally, subjects are likely to have differed in their readiness to disclose personal attributes and conscious conflicts given a structured

impersonal instrument like the DEQ. It is quite possible that those subjects responded defensively

Suggestions for Future Research

The findings of the study have raised many additional questions for future research.

Based on the results of this study, it would be useful to collect data from a larger, more randomly selected sample. It would be valuable to see if the male-female differences found here could be replicated with other victim/survivor populations who may have endured similar hardships. Samples could be drawn from populations including survivors of the Vietnam War and their offspring, non-Jewish Holocaust survivors and their families as well as the disabled, the terminally ill and cancer victims. Brother-sister pairs controlled for birth-order provides a useful group to study family interactions.

In the future, samples should be more carefully considered with regard to the age of the parents at the onset of persecution, their pre-traumatic and post-traumatic life experiences as well as individual differences in ego-strength. It would also be useful to examine the relationship between experiences of depression and other variables such as (1) one and two survivor parent families, (2) the sex of the survivor parent, (3) survivor parents who had different immigration experiences and (4) whether or not the non-survivor parent was European.

Projective testing would be useful in evaluating psychological adjustment and experiences of depression among children of survivors and it would deepen our understanding of depression and aid our ability to design beneficial kinds of educational and therapeutic interventions.

APPENDICES

APPENDIX A

Telephone Contact Statement

Hello, my name is Michelle Schulman and I am a doctoral candidate in clinical psychology at the City College of New York. I obtained your name from _____ who said it would probably be all right to call you about my dissertation. I would like you to participate in my research if you are interested. I am conducting a study on children of Holocaust survivors. I will need approximate 2½ hours of your time to complete several questionnaires and an interview. You do not have to identify yourself on any of these documents and all information will be held strictly confidential.

Do you think you might like to participate? If so, I would be glad to arrange a time when we could meet and begin our work together.

APPENDIX B

Consent Form

I _____, consent to act as a participant in the study of children of Holocaust survivors conducted by Michelle D. Schulman of the City College of the City University of New York as partial fulfillment of her requirements for the degree of Doctor of Philosophy.

My participation will involve giving background information and answering questions on psychological tests and questionnaires.

I understand my confidentiality will be maintained at all times and all information will be used exclusively for this study.

I understand that if at any time prior to its' completion I wish to terminate my participation I reserve the right to do so.

I understand that I may receive a general summary of the results of this study if I choose to do so.

Participant

Michelle D. Schulman

Date

APPENDIX C

Background Information Questionnaire

- L. Name _____
2. Age _____
3. Date of Birth _____
4. Sex M F
5. Marital Status
1. single
 2. married
 3. separated
 4. divorced
 5. widowed
6. What is the highest grade in school that you have completed ? _____

7. What is your occupation ? _____
8. Your Present Income
1. under \$10,000
 2. \$10,000 - 20,000
 3. \$20,000 - 30,000
 4. \$30,000 - 40,000
 5. above \$40,000
9. Do you have any children ? Yes No
- If you answered yes to question 9, how many children do you have ?
_____.
10. Where do you currently reside ? _____
11. Where do your parents currently reside ? _____
12. How often do you have contact with your parents ? _____
13. By what means do you have contact with your parents ? _____

- Please list your most frequent form of contact with them. _____

14. Are you religiously observant ? _____
15. How would you characterize your religious persuasion ?
1. atheist
 2. reform
 3. conservative
 4. orthodox

16. Do you have any siblings? Yes No
 If you answered yes to question 16 please list the following information about your siblings (in order of age):

| | Sex | Age | Geographical Location | Marital Status | No. of Children |
|----|-----|-------|-----------------------|----------------|-----------------|
| 1. | M F | _____ | _____ | _____ | _____ |
| 2. | M F | _____ | _____ | _____ | _____ |
| 3. | M F | _____ | _____ | _____ | _____ |
| 4. | M F | _____ | _____ | _____ | _____ |
| 5. | M F | _____ | _____ | _____ | _____ |

17. How often and by what means do you have contact with each of your

| Sibling | Frequency | Mode |
|----------|--|-------|
| 1. _____ | daily weekly monthly every few months yearly | _____ |
| 2. _____ | daily weekly monthly every few months yearly | _____ |
| 3. _____ | daily weekly monthly every few months yearly | _____ |
| 4. _____ | daily weekly monthly every few months yearly | _____ |
| 5. _____ | daily weekly monthly every few months yearly | _____ |

APPENDIX D

Family History Questionnaire

Listed below are a series of questions concerning your parents' immediate families of origin. Please read and complete each item according to your family circumstances.

Please be sure to mark each answer.

1. Where was your mother born ? _____ (Country)
2. Is your mother a survivor of the Holocaust ? 1. Yes 2. No
3. Did your mother survive the Holocaust in :
 1. concentration camp
 2. labor camp
 3. ghetto
 4. hiding
 5. other (please specify) _____
4. Please enumerate where in hiding, ghetto or in which camps your mother was interned and the approximate years of internment.

| | Name | Yrs. Interned |
|--------------------|----------|---------------|
| Concentration Camp | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| Labor Camp | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| Ghetto | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| Hiding | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
5. What year was your mother liberated ? _____ (year)

Please note if liberation was by escape 1. Yes 2. No

6. After World War II ended did your mother spend time in a Displaced Persons Camp?
 1. Yes 2. No
7. When did your mother immigrate to the United States?
 _____ (Year)
8. Was your mother engaged to someone before the war?
 1. Yes 2. No
9. If you answered yes to question 8 did she lose this person during the war?
 1. Yes 2. No
10. Was your mother married before the war ?
 1. Yes 2. No
11. If you answered yes to question 10 did she lose this person during the war?
 1. Yes 2. No
12. Did your mother lose children during the war ?
 1. Yes 2. No
- How many ? _____ How old were they? _____
13. Did your mother lose her parents during the war?
 1. Yes 2. No (Mother)
 1. Yes 2. No (Father)
14. If you answered yes to question 13 where were they killed?
- | | Mother | Father |
|---------------------------|--------|--------|
| 1. Concentration camp | _____ | _____ |
| 2. Labor camp | _____ | _____ |
| 3. Hiding | _____ | _____ |
| 4. Ghetto | _____ | _____ |
| 5. Other (please specify) | _____ | |
15. Did your mother lose any uncles during the war?
 1. Yes 2. No
- How many? _____

16. If you answered yes to question 15 where were they killed?

1. Concentration camp _____
2. Labor camp _____
3. Hiding _____
4. Ghetto _____
5. Other (please specify) _____

17. Did your mother lose any aunts during the war?

1. Yes 2. No

How many? _____

18. If you answered yes to question 17 where were they killed?

1. Concentration camp _____
2. Labor camp _____
3. Hiding _____
4. Ghetto _____
5. Other (please specify) _____

19. Did your mother have any siblings?

1. Yes 2. No

20. If you answered yes to question 19 did she lose any of them during the war?

1. Yes 2. No

21. How many?

Brothers _____

Sisters _____

22. If you answered yes to question 21 and responded with a number to question 21 please indicate where they were killed.

- | | Brothers | Sisters |
|---------------------------|----------|---------|
| 1. Concentration camp | _____ | _____ |
| 2. Labor camp | _____ | _____ |
| 3. Hiding | _____ | _____ |
| 4. Ghetto | _____ | _____ |
| 5. Other (please specify) | _____ | |

23. About how many members of your mother's close relatives (ex. parents, aunts, uncles, siblings, spouse) perished during the war?

practically none a small number about half a large number most if not all

24. Did any of your mother's close relatives (ex, parents, aunts, uncles, siblings, spouse) survive the war?

1. Yes 2. No

25. If you answered yes to question 24 please circle below which relative survived and under what circumstances.

| <u>Surviving Relative</u> | <u>Survival Circumstances</u> |
|---------------------------|---|
| Father | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Mother | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Aunts | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Uncles | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Siblings | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Spouse | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |

Family History Questionnaire

Listed below are a series of questions concerning your parents' immediate families of origin. Please read and complete each item according to your family circumstances.

Please be sure to mark each answer.

1. Where was your father born ? _____ (Country)
2. Is your father a survivor of the Holocaust ? 1. Yes 2. No
3. Did your father survive the Holocaust in :
 1. concentration camp
 2. labor camp
 3. ghetto
 4. hiding
 - 5, other (please specify) _____
4. Please enumerate where in hiding, ghetto or in which camps your father was interned and the approximate years of internment.

| | Name | Yrs. Interned |
|--------------------|----------|---------------|
| Concentration Camp | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| Labor Camp | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| Ghetto | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| Hiding | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |

5. What year was your father liberated ? _____ (year)

Please note if liberation was by escape 1. Yes 2. No

6. After World War II ended did your father spend time in a Displaced Persons Camp?
 1. Yes 2. No
7. When did your father immigrate to the United States?
 _____ (Year)
8. Was your father engaged to someone before the war?
 1. Yes 2. No
9. If you answered yes to question 8 did he lose this person during the war?
 1. Yes 2. No
10. Was your father married before the war?
 1. Yes 2. No
11. If you answered yes to question 10 did he lose this person during the war?
 1. Yes 2. No
12. Did your father lose children during the war?
 1. Yes 2. No
- How many? _____ How old were they? _____
13. Did your father lose his parents during the war?
 1. Yes 2. No (Mother)
 1. Yes 2. No (Father)
14. If you answered yes to question 13 where were they killed?

| | Mother | Father |
|---------------------------|--------|--------|
| 1. Concentration camp | _____ | _____ |
| 2. Labor camp | _____ | _____ |
| 3. Hiding | _____ | _____ |
| 4. Ghetto | _____ | _____ |
| 5. Other (please specify) | _____ | _____ |
15. Did your father lose any uncles during the war?
 1. Yes 2. No
- How many? _____

16. If you answered yes to question 15 where were they killed?

1. Concentration camp _____
2. Labor camp _____
3. Hiding _____
4. Ghetto _____
5. Other (please specify) _____

17. Did your father lose any aunts during the war?

1. Yes 2. No

How many? _____

18. If you answered yes to question 17 where were they killed?

1. Concentration camp _____
2. Labor camp _____
3. Hiding _____
4. Ghetto _____
5. Other (please specify) _____

19. Did your father have any siblings?

1. Yes 2. No

20. If you answered yes to question 19 did he lose any of them during the war?

1. Yes 2. No

21. How many?

Brothers _____

Sisters _____

22. If you answered yes to question 21 and responded with a number to question 21 please indicate where they were killed.

- | | Brothers | Sisters |
|---------------------------|----------|---------|
| 1. Concentration camp | _____ | _____ |
| 2. Labor camp | _____ | _____ |
| 3. Hiding | _____ | _____ |
| 4. Ghetto | _____ | _____ |
| 5. Other (please specify) | _____ | _____ |

23. About how many members of your father's close relatives (ex. parents, aunts, uncles, siblings, spouse) perished during the war?

practically none a small number about half a large number most if not all

24. Did any of your father's close relatives (ex. parents, aunts, uncles, siblings, spouse) survive the war?

1. Yes 2. No

25. If you answered yes to question 24 please circle below which relative survived and under what circumstances.

| <u>Surviving Relative</u> | <u>Survival Circumstances</u> |
|---------------------------|---|
| Father | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Mother | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Aunts | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Uncles | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Siblings | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |
| Spouse | 1. concentration camp 2. labor camp 3. ghetto 4. hiding 5. other (please specify) |

APPENDIX E

PLEASE NOTE:

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These consist of pages:

Appendix E: Depressive Experiences Questionnaire; 105-109

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APPENDIX F

Interview Schedule

1. Did your parents ever talk with you about their experiences during the Holocaust?
2. How much information would you say you have about what they went through?
3. How often did they talk about what they went through?
4. Do you remember when you found out that your parents were in the camps?
5. Do you remember how you found out?
6. Who first discussed it with you?
7. I would like to learn more about how your parents described their experiences to you. What kinds of things did they talk about? Do you know any specific experiences that they had in the camps?
8. How would you describe the format of these conversations?
9. How would you describe your role during these conversations?
10. How would you describe their willingness to tell you about their experiences during the Holocaust? avoidant, unwilling, fairly willing, willing, quite eager?
11. How would you characterize the themes of the stories your parents told you about their experiences during the Holocaust?
12. In comparison to other events in your parents' lives, how frequently have they discussed with you their experiences during the Holocaust? considerably less, less, about the same, quite more, considerably more?
13. Who has talked more with you about their Holocaust experiences?
14. If either of subjects' parents are deceased-when both parents were alive which of them was more likely to talk about their Holocaust experiences?
15. How would you compare the level of detail of your father's account to that of your mother? To what do you attribute this difference (if any).
16. Now I would like to know more about your reaction to some of the things you heard about your parents' experiences as survivors of the Holocaust

Do you remember some of the feelings you had during these

25. How vivid does your perception of your parents' Holocaust experiences appear to you?
26. Do you think the Holocaust is a unique event in human history?
27. Would you tell, (or have you told) your own children that your parents were in the Holocaust? For what reasons?
28. How do you feel being a child of survivors has made your life different?
29. What kind of effect do you feel your parents' experiences during the war has had on them?
30. Who do you think withstood the experience better? To what do you attribute this difference (if any).
31. What do you think your parents would have been like had they not been in the Holocaust?
32. How does the fact that your parents were survivors affect how you see them?
33. Do you think much about what your parents went through? about their suffering? How do you think your knowledge of their suffering affects you?
34. Did you ever ask questions about your parents' experiences during the war?
If yes, how did you feel about asking questions?
how did you feel about your parents' receptivity to them?

If no, what do you think held you back?
Have you ever wanted to know more? Would you have liked to ask more questions than you did?
35. How would you compare the level of your knowledge about other events in your parents' lives to your knowledge about their experiences as survivors during the Holocaust? considerably less, much less, about the same, much more, considerably more?
36. Do you discuss your parents' experiences during the Holocaust with them now? How often? daily, weekly, monthly, every few months, yearly?
37. Has talk tapered off as you have gotten older? Increased? How do you understand the changes?
38. Do you think about the Holocaust now? How often?
What kinds of thoughts do you have?
Are there certain circumstances that might arouse them?
How do you feel at those times?

39. Do you read books about the Holocaust? go to movies? watch television programs?
40. Have you ever been in a study of children of survivors?
41. Are you a member of the Second Generation Network? Are any of your siblings? If subject is a member does he/she attend meetings?
42. Do you talk much with anyone about your parents' experiences during the Holocaust? about how their experiences have affected you as a person? How do you feel talking about it?
43. Thank-you very much for helping me out with the interview. Do you have any questions about it?

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