



Summer 6-23-2011

EXPLORING INTERGENERATIONAL TRANSMISSION OF TRAUMA IN THIRD GENERATION HOLOCAUST SURVIVORS

Melissa C. Kahane-Nissenbaum
University of Pennsylvania, mkahane@sp2.upenn.edu

Follow this and additional works at: http://repository.upenn.edu/edissertations_sp2

 Part of the [Social Work Commons](#)

Recommended Citation

Kahane-Nissenbaum, Melissa C., "EXPLORING INTERGENERATIONAL TRANSMISSION OF TRAUMA IN THIRD GENERATION HOLOCAUST SURVIVORS" (2011). *Doctorate in Social Work (DSW) Dissertations*. Paper 16.

This paper is posted at ScholarlyCommons. http://repository.upenn.edu/edissertations_sp2/16
For more information, please contact repository@pobox.upenn.edu.

EXPLORING INTERGENERATIONAL TRANSMISSION OF TRAUMA IN THIRD GENERATION HOLOCAUST SURVIVORS

Abstract

Over sixty-five years ago the Jewish people were liberated from Nazi Europe. Since that time, researchers have found that the Holocaust has had a psychological, social, and cultural effect on first and second generation survivors. Despite the significant amount of research that has been done on Holocaust survivors and their offspring, little has been investigated about when, why and how surviving generations begin to move past pathological symptoms. This study explored the impact the Holocaust had on third generation survivors through administering an eight item semi-structured questionnaire called, *The Third Generation Questionnaire*, which was created for the purpose of this study. The questions emerged from the literature as well as the search for perceptions and meanings and utilized Viktor Frankl's existential theory. The questionnaire was administered to a purposive sample of (N=30) of third generation survivors through REDCap, an online survey database. Previous research points to the transmission of pathologic symptoms; this study strongly suggests that among third generation survivors, pride, strength, and gratitude are as much a part of the legacy as the negative effects of the experience. The third generation appears to be reconstructing their grandparents' history, resurfacing their legacy, and in doing so they are realizing the strength and heroic battles their grandparents fought in order to get to the place they are today. Findings indicate that rather than ruminating on the pain of their ancestors, focusing attention on their strength may result in the ability to move past the pathological symptoms. Focusing this study on third generation survivors expands scientific knowledge regarding transmission of trauma and provides direction to clinical social workers treating individuals who may have a history of intergenerational trauma.

Degree Type

Dissertation

Degree Name

Doctor of Social Work (DSW)

Department

<--Please Select Department-->

First Advisor

Lani Nelson-Zlupko, PhD

Second Advisor

Roberta Sands, PhD

Third Advisor

Mary Mazzola, EdD

Keywords

Holocaust, third generation, survivors, existentialism, Frankl, intergenerational transmission trauma

Subject Categories

Social and Behavioral Sciences | Social Work

EXPLORING INTERGENERATIONAL TRANSMISSION OF TRAUMA
IN THIRD GENERATION HOLOCAUT SURVIVORS

Melissa Kahane - Nissenbaum

A DISSERTATION

in

Social Work

Presented to the Faculties of the University of Pennsylvania

In

Partial Fulfillment of the Requirements for the

Degree of Doctor of Social Work

2011

Lani Nelson-Zlupko, PhD
Supervisor of Dissertation

Richard Gelles, PhD
Dean, School of Social Policy and Practice

Dissertation Committee
Roberta Sands, PhD
Mary Mazzola, EdD

Copyright 2011 by
Kahane-Nissenbaum, Melissa C.
All rights reserved.

Dedication

This dissertation is dedicated to my grandparents, Sara and Samuel Kahane. Their strength as survivors has followed me throughout my life and for that I am grateful.

Their story will go on.

In addition, this dissertation is also dedicated to my dear friend, Fred Spiegel who struggled through a childhood enduring the travesties of the Holocaust. Fred shared his journey with me during a tour of Europe that followed his journey.

Table of Contents

Chapter I: Introduction	1
Problem Statement	1
Purpose of the Study	2
Theoretical Perspectives and Concepts	3
Theory on Transmission of Trauma	3
Intergenerational Transmission of Trauma	4
Models of Transmission of Trauma.....	5
Existentialism	8
First Generation Survivors: Themes and Characteristics	9
Psychological Diagnosis.....	10
Survivor's Syndrome.....	12
Physical Effects.....	12
Second Generation Survivors: Themes and Characteristics	14
Psychological Diagnosis	14
Attachment, Stress, and Anger.....	16
Survivor's Guilt	19
Immigration.....	20
Third Generation Survivors: Themes and Characteristics	21
Coping and Transition.....	22
Trauma Transmission.....	24
Research Questions	32

Table of Contents Continued

Chapter II: Methods	33
Participants.....	33
Recruitment	34
Sampling	34
Questionnaire	36
Procedure	36
Data Analysis	37
Data Protection	38
Reflexivity	39
Limitations	39
Chapter III: Findings	41
Reconsidering the Legacy – Pride and Strength	41
Commitment to Judaism	43
Responsibility	44
Non-believers	44
Expectations	45
Zionism	46
What Has Been Transmitted?	47
Anger and regret	47
Relationships	49
We must never forget	49
What if we forget?	50

Table of Contents Continued

Pathology	51
Reconstructing the Legacy	52
The path to meaning	52
Gratitude	56
Chapter IV: Discussion, Conclusion, and Implications	58
Conclusion	63
Implications	64
Application to practice	64
Future research	65
Summary	66
Appendix A: Letter of Introduction/Informed Consent	67
Appendix B: Screening Form	69
Appendix C: Third Generation Questionnaire	70
Addendum: Phone Interview Questions	71
Reference List	72

Abstract

Over sixty-five years ago the Jewish people were liberated from Nazi Europe. Since that time, researchers have found that the Holocaust has had a psychological, social, and cultural effect on first and second generation survivors. Despite the significant amount of research that has been done on Holocaust survivors and their offspring, little has been investigated about when, why and how surviving generations begin to move past pathological symptoms. This study explored the impact the Holocaust had on third generation survivors through administering an eight item semi-structured questionnaire called, *The Third Generation Questionnaire*, which was created for the purpose of this study. The questions emerged from the literature as well as the search for perceptions and meanings and utilized Viktor Frankl's existential theory. The questionnaire was administered to a purposive sample of (N=30) of third generation survivors through REDCap, an online survey database. Previous research points to the transmission of pathologic symptoms; this study strongly suggests that among third generation survivors, pride, strength, and gratitude are as much a part of the legacy as the negative effects of the experience. The third generation appears to be reconstructing their grandparents' history, resurfacing their legacy, and in doing so they are realizing the strength and heroic battles their grandparents fought in order to get to the place they are [today](#). Findings indicate that rather than ruminating on the pain of their ancestors, focusing attention on their strength may result in the ability to move past the pathological symptoms. Focusing this study on third generation survivors expands scientific knowledge regarding transmission of trauma and provides direction to clinical social workers treating individuals who may have a history of intergenerational trauma.

Chapter I: Introduction

Problem Statement

Seventy-two percent of the European Jews perished between the years of 1933 and 1945 in the Holocaust. After the war ended, the surviving Jews were faced with the need to reintegrate into a new and unfamiliar country. Dwork (2002) stated that many of the surviving Jews found that it was too difficult to rebuild their lives in the towns and villages where they once lived because Europe had become the “graveyard of their people” (p. 595). Surviving Jews were considered displaced persons of war and many were uprooted to different countries that remained under British control (Dwork, 2002). Four million eight hundred thousand survivors immigrated to America with an important task at hand, recreation of their Jewish lives that had been lost due to relocation (Helmreich, 1996).

In the months following liberation, thousands of weddings took place. These postwar marriages are suggested to have been motivated by the survivors’ need to escape the feelings of loneliness and regain the lives they had prior to the war by building new families (Klein, 1973). In addition to the rapid effort to marry, one third of every Jewish woman between the ages of 18 and 45 was expecting a baby or had recently given birth. For many, these children would not be perceived as separate individuals, but rather symbols of everything the survivors had lost in their lives. The second generation, the offspring of the survivors, were termed “memorial candles” (Wardi, 1992). “Memorial candle” children often took the role of scapegoats for the family, assuming the burden of their parents’ unresolved conflicts while at the same time serving as a link for the trauma his or her parents endured due to the war (Wardi, 1992). Following Jewish tradition, children were named after deceased family members, often those who had perished in the war. Many of these parents may have attempted to reconstruct their own identities through

their children, resulting in the children being unable to form their own unique identities (Barocas & Barocas, 1973).

The psychological burdens of the Holocaust appear to have impacted not only the direct survivors but generations of offspring as well. Transmission of the symptoms of trauma from the surviving generation to their offspring has been explored in over four hundred publications over the past thirty years (Kellerman, 1999a). Various themes have been identified throughout the literature which include but are not limited to working through the transmitted guilt, anger, mistrust, and feelings of marginality. These themes have surfaced due to their intergenerational transmission, in other words being passed on from one generation to the next.

Purpose of Study

Multiple gaps in the literature exist in regard to how the Holocaust has impacted third generation survivors. This study attempted to close some of those gaps by identifying the third generation survivors' perceptions and interpretations of the Holocaust. A semi-structured questionnaire was created for the purpose of this study in order to further explore whether trauma continues to exist within the third generation or if it ends at the second generation. I will begin by providing a review of the theory of transmission of trauma as well as Viktor Frankl's theory of existentialism, which attempts to explore an individual's search for meaning.

Following the review of trauma, a comprehensive examination of the themes that have surfaced in the literature with regard to the first and second generation survivors will be addressed. After the review of the first and second generation, there will be a brief synopsis of what is known about the third generation and what the themes look like across three generations. Finally, gaps within the literature will be noted as well as how this study aims to fill some of those gaps. The focus of this study will be to explore the perceptions and meaning of Holocaust

as it relates to the third generation survivors. The research question guiding this study is: “In what ways, if any, are the events of the Holocaust relevant and meaningful to third generation survivors?”

By posing both positive and psychopathological lenses, this study seeks to advance the research in this field by generating not only important information about what healing work remains to be done, but also by shedding light on how generations of survivors have already begun to adapt, heal and move forward. Implications for social work practice with traumatized populations will be identified, and recommendations for clinical work with third generation survivors in particular will be made.

Theoretical Perspectives and Concepts

Theory on Transmission of Trauma. Trauma has been explored in many ways throughout the literature. The phrase “transmission of trauma” has been used to explore the ways in which an event experienced by one person can have lingering effects on others. The following section will provide an exploration of the various theories on trauma, the transmission of trauma, as well as a summary of how trauma is thought to have an impact intergenerationally.

The word “trauma” is rooted in Greek and translates as “wound” (Webb, 2004). According to Van der Kolk (1987), trauma is when an individual loses the sense of having a safe place to retreat to and process his or her emotions or experiences resulting in a feeling of helplessness. A human’s response to trauma has been thought to be biological even though it stems from a psychological source. Pavlov (1960) described it as a lasting psychological alteration within the brain. When an individual has experienced a trauma in his or her life, the central nervous system recalls that trauma and reacts when any other overwhelming, threatening

or uncontrollable situation occurs again. Regardless of the event, an individual who has experienced trauma is going to exhibit poor tolerance for an arousing situation (Krystal, 1978).

The Holocaust is considered a “mass trauma.” A mass trauma is “a trauma that occurs as a result of a frightening, potentially life-threatening event that is experienced by a large number of people simultaneously” (Webb, 2004, p. 4). Although a multitude of people and their families were affected by this genocide, each person creates his or her own unique way of adjusting and coping. Not only does individual personality play a role, but the type of support and cultural factors within each family may contribute to each person’s response to the Holocaust (Webb, 2004).

Intergenerational transmission of trauma. Research demonstrates that there are biological, psychological, and philosophical after-effects of trauma (Lev-Weisel, 2007). The person becomes a victim and will likely experience a rupture in his or her daily routine (Danieli, 1998). Coping and adaptation patterns will be passed down to future generations. This process of passing down family behavioral patterns is considered to be done at both conscious and unconscious levels (Framo, 1981). For example, in Kellermann’s (2001) article, Bandura (1977) states, “children learn things vicariously by observing and imitating their parents” (p. 262). Children of Holocaust survivors have been viewed as the “bridge between past, present, and future” (Wardi, 1992, p. 6). This hypothetical bridge, according to the theory, is only passed once they pay their costly toll. For purposes of this paper, the costly toll will be referred to as the transmission of trauma.

Various models of trauma transmission exist, however it is important to first understand the controversy that lies within the theory of transmission of trauma. Metaphorically, transmission of trauma can be compared with the traveling of heat, light, sound, and electricity.

While these models are not visible, they exist and their presence is apparent and are viewed through the subject's actions (Kellermann, 2001). The transmission of the traumas from the Holocaust may not be tangible, but previous research has determined their existence. The following section will provide a review of four major theoretical perspectives of trauma transmission: psychodynamic, sociocultural, family system, and biological (Kellermann, 2001).

Psychodynamic models of transmission of trauma. Many clinical studies and case histories in the past have utilized a classic psychoanalytic theory in order to shape the research on trauma transmission. Although the use of psychoanalytic theory has provided many significant findings on the second generation, it has also led to an overgeneralization and a tendency to pathologize based on clinical samples, resulting in the assumption that the second generation is a homogeneous group. More recently researchers have focused attention on gathering samples of non-clinical participants in order to gain more dynamic results and reduce the threat of overgeneralizing (Rowland-Klein & Dunlop, 1998).

According to contemporary psychoanalytic theories, the second generation learned control mechanisms in managing emotions their parents were unable to consciously experience and have unconsciously absorbed the repression and unresolved issues. Rowland-Klein and Dunlop (1998) have termed this behavior a form of projective identification. They describe a process of, “projection by the parent of Holocaust-related feelings and anxieties into the child; introjection by the child as if she herself had experienced the concentration camps; and return of this input by the child in the form ofproblems” (p. 358). This form of projective identification results in the children feeling as if they need to live in their parents' past in order to fully understand what they went through (Rowland-Klein & Dunlop, 1998). Auerhahn and Laub (1998) also theorized that the parents would displace their own repressed grief onto their

children. These children often do not fully understand internalization of emotions, but it has been described as an “unexplainable grief.” The children of survivors contain a struggle within. They aim to maintain their ties with their parents and their experience, however, they also strive to live their own lives and separate themselves from the palpable history of trauma (Kellermann, 2001).

Sociocultural models of transmission of trauma. Sociocultural theories of transmission suggest the passing down of culture as well as the social norms that accompany the culture. Numerous studies that have been carried out on abused children have concluded that these children grow up to be abusers themselves (Blumberg, 1997). Translating this concept to second generation survivors, one can hypothesize that they, too, will grow up to follow the patterns their parents have laid out. For example, much of the research that has focused on survivors and their childrearing abilities have found that they have conveyed overt messages to their children such as “be careful” or “don’t trust anybody!” (Kellermann, 2001). These anxiety provoking worries could easily leave a mark inside a child’s growing mind.

In comparison with psychoanalytic theory which is focused on the unconscious influences, social learning theory examines the concrete aspects of parents’ influence on their children. Kellermann (2001a) concluded that there may be four major kinds of parental rearing behaviors: transmission, affection, punishment, and overprotection. Kellermann’s study found that of these four types of parenting behaviors, second generation survivors rated their parents higher on transmission supporting the hypothesis that trauma transmission occurs.

Family systems and communication models of transmission of trauma. Each family has its own unique style of communication. Some families act like highly closed systems and make sure their children only come in contact with their immediate family as well as other

survivors. Within these closed systems the children become overly concerned with their parents' well being and strive to shield them from any painful experiences (Klein-Parker, 1988). The parents are seen as living vicariously through their children while the children attempt to live vicariously through their parents and their traumatic past. As a result, conflicts often arise around individuation, separation, and attachment (Barocas & Barocas, 1980; Bar-On et al. 1998). As the survivors begin to age, roles become reversed and the children, who are now adults, change to become their parents' caretakers. These children are often left with feelings of anger and resentment toward their parents since they were never able to have a childhood of their own, however, they are also left with feelings of guilt due to what their parents experienced, so therefore they care for them until their last dying day. Helen Motro (1996) summed it up in saying "it is our duty to fill all voids" (p. 6).

Much of what occurs in the family system can be considered "non-verbal, ambiguous, and guilt-inducing communication" (Klein-Parker, 1988) For example, a mother may want her son to study and do well in school, however when he states that he is off to the library to do school work she projects guilt on him by asking why he is leaving her alone (Kellermann, 2001), resulting in confusion for the child.

Biological or genetic models of transmission. This model assumes that trauma is transmitted purely based on a biochemical predisposition or that genes have been transmitted from parent to child. In regard to the Holocaust, suggestions among the researchers have been made stating that trauma may be transmitted from one generation to the next just the same as a hereditary disease is passed on (Kellermann, 2001). Research was conducted in a case in which a parent had a genetic memory code of some type of trauma. This memory code was then transmitted through electro-chemical processes in the brain and passed on to the child resulting

in the child having similar biological vulnerabilities and may be predisposed to PTSD (Van der Kolk, McFarlane, & Weisaeth, 1996). However, Yehuda et al. (2000) sought to test this theory by investigating whether symptoms of PTSD could in fact be passed on through generations. The authors of this study used cortisol levels as their variable in order to measure the association between the levels and the association with PTSD. Yehuda et al. (2000) found that low cortisol levels were significantly associated with both the parents and children who had a diagnosis of PTSD and that the children who had both parents with a diagnosis of PTSD were found to have the lowest cortisol levels.

Existential Theory and Logotherapy

Viktor Frankl, a Holocaust survivor, not only documented his experiences of the Holocaust, but has been recognized for creating the Third Viennese School of Psychotherapy, Logotherapy. Logotherapy stems from existential analysis and Frankl first began lecturing about it in 1929, prior to his experience in the Holocaust. However, logotherapy was further honed by Frankl's experience in the concentration camps. According to Kushner (2006), Frankl saw three sources of meaning; through work, such as re-writing his manuscript of *The Doctor and the Soul* or, holding on to love for someone, such as his wife Tilly, even though he didn't know whether she was still living, and finding courage during a difficult time.

The word Logos comes from the Greek language and denotes "meaning." Logotherapy is meaning-centered psychotherapy. It differs from theories such as psychoanalysis in that it focuses on the future and attempts to help individuals become aware of what they long for rather than satisfying instincts, drives, or simply learning how to adapt to society or one's environment. Frankl states, "I consider it a dangerous misconception of mental hygiene to assume that what man needs in the first place is equilibrium, or as it is called in biology, homeostasis, i.e., a

tensionless state” (p. 105). In other words, the search for meaning is infinite, reaching homeostasis is not achievable when using logotherapy. Frankl’s method of treatment also recognizes that not every conflict is pathological and he states that issues can grow out of existential frustration or distress but by no means does it mean that they are pathogenic. In sum, logotherapy can not only assist individuals in finding meaning in their lives, but it assumes that this process is ongoing and that reaching homeostasis will never be a goal.

Summary. The theories listed above specifically focus on what happens when trauma transmits intergenerationally. Existential theory does not focus on intergenerational ties, however this study’s purpose is focused on perceptions and meanings and may help generate a shift in clinical practice and intergenerational transmission trauma theory. The following sections will provide a review of what has surfaced as well as transmitted among each generation. Themes among each generation have been identified and will be reviewed, such as the psychological diagnosis, survivor’s syndrome versus survivor’s guilt, aggression, and attachment. Review of what those themes and symptoms present in the third generation will be assessed and examined.

First Generation Survivors: Themes and Characteristics

Various researchers have concluded that because most first generation survivors, those who were actually in the Holocaust, have managed to raise families, maintain productive lives, and become successful in their careers, serious psychological problems have not been manifested within this generation (Baracos & Baracos, 1973). However, a plethora of research found the exact opposite and recognizes that this generation was subject to multiple traumatic events, which do not simply evaporate upon liberation.

In addition to the psychological debate over this population, there is an ongoing argument of the Holocaust’s impact on the long-term physical health of this generation. Much of this

debate of physical health is closely related to the psychological well-being of this generation such as dissociation and decreased memory performance due to a diagnosis of Post Traumatic Stress Disorder (PTSD). This section will place emphasis on the impact of the Holocaust and what themes have emerged out of the literature that define the first generation.

Psychological diagnosis. Multiple studies have reported that the Holocaust has had a significant psychological impact on survivors. Previous research has suggested that survivors have been diagnosed with PTSD, Major Depressive Disorder, Sleep Disorders, and Dissociation.

The *Diagnostic and Statistical Manual IV TR* (American Psychiatric Association, 2000) defines posttraumatic stress disorder (PTSD) as a psychiatric condition that can occur following exposure to extreme trauma. Kuch and Cox (1992) were interested in examining what percentage of survivors, among their sample size of 124, actually demonstrated symptoms according to the *DSM-III-R* (American Psychiatric Association, 1987) of PTSD. Results indicated that 46% of the sample met the criteria for PTSD, which suggests that half of the survivors can be diagnosed with PTSD. In this study, the researchers also compared a subgroup of 20 Auschwitz survivors with 45 survivors who were not in a concentration camp and found that Auschwitz survivors were 3 times more likely to present with the diagnostic criteria for PTSD.

Furthermore, Yehuda et al. (1996) focused on how dissociation plays a role in the aging survivor. Dissociation is defined as a disruption in the usually integrated functions of consciousness, memory, identity or perception which may be sudden or gradual (American Psychiatric Association, 2000). Van der Kolk and Van der Hart (1989) theorized that trauma led to dissociation. Yehuda et al. (1996) aimed to test this hypothesis as it relates to the relationship among dissociation, trauma, and posttraumatic stress disorder in elderly Holocaust survivors.

More specifically, they were interested in whether PTSD and dissociation represent the same phenomenon or were they both simply overlapping responses to trauma. Results indicated that survivors with PTSD showed significantly higher levels of current dissociations compared to individuals of a similar age, gender, race, religions, and income who were not subjected to the Holocaust.

In addition to the concern of dissociation and PTSD, Yehuda et al. (1997) studied the association between alexithymia and PTSD among Holocaust survivors. Alexithymic individuals are believed to have “difficulty identifying, experiencing, and reporting emotions” (Nemiah & Sifneos, 1970). Yehuda et al. (1997) found that Holocaust survivors with PTSD had a greater degree of alexithymia when compared with survivors without PTSD. However, this study did not focus on the relationship between alexithymia and trauma, therefore one can only assume that alexithymia may only be a component of PTSD and act as a defense mechanism in order for the individual to cope with the traumatic events they have endured.

While Yehuda et al. were focused primarily on PTSD and dissociation, Golier et al. (2002) focused on the memory performance of Holocaust survivors and its association with PTSD and age. Golier et al. (2002) recognized that aging is normally associated with the loss of memory however, they were interested in examining the effects of memory performance when trauma exposure or PTSD is associated. The authors of this study found that Holocaust survivors with PTSD did in fact have poorer memory function when compared with survivors without PTSD. Although these findings play a key role in reinforcing the idea that those with PTSD have poorer memory performance, the authors state that replication among other populations is needed in order to determine if these findings can be broadly applicable to all with the PTSD diagnosis. A longitudinal study would also help to determine what the relationship is between age and

memory performance in those with PTSD in order to intervene at a time before memory begins to decline (Golier et al. 2002).

Lastly, in regard to the long-term psychological effects of the Holocaust, Yehuda, Kahana, Southwick, and Giller (1994) explored depression in Holocaust survivors with and without a diagnosis of PTSD. They measured dependency, self-criticism, and self-efficacy. Findings of this study indicated that survivors with PTSD scored higher on all scales when compared to those without PTSD. These results indicate that depressive symptoms were more severe in the individuals who have been severely traumatized such as survivors of the Holocaust.

Survivor's syndrome. Survivor's Syndrome is defined as some type of change in the survivors' quality of emotional life, interpersonal relations, and functioning as spouses and parents due to their experience in the Holocaust (Krystal, 1968; Meerloo, 1963; Nederland, 1968; 1981;). Nadler and Ben-Shushan (1989) believed that survivors were worse off psychologically than a comparison group in regard to their quality of emotional life, emotional expression and on the quality of interpersonal relations. They hypothesized that survivors would place a greater value on family life postwar when compared with a similar group. Nadler and Ben-Shushan (1989) compared survivors living in a city in Israel with survivors that lived on a kibbutz in Israel. The authors' main focus was to see if there was still a presence of 'survivor's syndrome' 40 years after the war had ended among each population. The authors found that the psychological effects of the Holocaust were still evident 40 years after liberation. However, the kibbutz survivors were better off than the city survivors, which indicates that social support plays a major role in coping.

Physical effects. Although the psychological effects of the Holocaust are the primary focus of much literature, the experience of such a traumatic event can also have a physical effect

on survivors as well. For example, Pennebaker, Barger, and Tiebout (1989) found that when a person is able to disclose an extremely traumatic event after the occurrence this results in positive health benefits. However, Eaton, Sigal, and Weinfeld (1982) found that being a first generation survivor resulted in an increased incidence of physical disorder, premature aging, and a higher mortality rate. Eaton et al. (1982) attempted to challenge the results of previous studies that pulled their samples from clinics by randomly selecting their sample group from a list of Jewish heads of household and used questionnaires to examine whether there was a difference between a random community sample versus those attending a clinic and voluntarily reporting psychological problems. They found that their results were consistent with previous literature. There were long-term symptoms found among survivors, however, their study allowed the conclusions to be less biased and more generalizable when using a random sample.

Stemming from the idea that the Holocaust had a long-term physical effect on survivors Rosen, Reynolds, Yeager, Houck, and Hurwitz (1991) explored whether or not the Holocaust affected the sleep patterns of survivors later in life. The authors compared three groups: 42 survivors, 37 individuals diagnosed with depression, and 54 healthy subjects all within the same age range. The survivors were found to have greater sleep impairment when compared to the healthy subjects, although they were found to have less impairment overall than the depressed subjects, except when it came to sleep. The survivors were also found to have more frequent awakenings caused by nightmares about their experiences in concentration camps.

As shown, studies have focused their attention on the long-term psychological effects of the Holocaust on the first generation survivors. Multiple studies have concluded that this generation has suffered in almost every area of functioning and had increased impairment in emotional, physical, social, and economic well being.

Second Generation Survivors: Themes and Characteristics

Although members of the second generation, the offspring of the survivors, were not directly impacted by the trauma of the Holocaust they are considered to have acquired the “scars without the wounds” (Albeck, 1994, p. 106). There has been much emphasis in the literature on the transmission of trauma and how it is manifested within this generation. The themes and symptoms in this generation differ from those of the first generation, however, they remain connected as they have been transmitted and manifest in their own form. Some of the themes that have surfaced are those of the transmitted psychological diagnosis, survivors’ guilt, attachment, stress, anger and what it was like being a child of an immigrant. A review of the symptoms and themes among the second generation will be addressed in the following section.

Psychological diagnosis. A multitude of studies have focused on determining whether or not a child of a survivor will have the signs and symptoms of PTSD if his or her parents have been diagnosed with this disorder. Solomon, Kotler, and Mikulincer (1988) conducted a longitudinal study examining a sample of 96 Israeli soldiers who fought on the front line during the Lebanon War in 1982. Of the 96 soldiers, 44 were offspring of Holocaust survivors, and they were compared with 52 soldiers who were not children of Holocaust survivors. The soldiers were recruited randomly via personal letter that asked them to participate in a routine, periodical health assessment and were given the *PTSD Inventory* 1, 2, and 3 years post war. Results indicated that after participating in the Lebanon War, the soldiers whose parents were Holocaust survivors had higher rates of posttraumatic stress disorder (PTSD) and they presented with more pronounced PTSD symptoms than the comparison group.

In another study Yehuda, Schmeidler, Weinberg et al. (1998) investigated whether second generation Holocaust survivors were more vulnerable to PTSD compared to those who had

family members who escaped before the war began. The investigators' goal was to obtain a truly representative sample by recruiting from both community and clinical populations people who have experienced life-threatening events, defined as the experience of "intense fear, helplessness, or horror" (American Psychiatric Association, 1987). A sample of 100 offspring of survivors was compared to a group of 44 participants who were demographically similar in age and religion, but they did not have a family member involved in the Holocaust. Two self-report questionnaires, which included open-ended questions, were completed. Results indicated that although the second-generation survivors did not experience more traumatic events than the comparison group, they still demonstrated an increased vulnerability to PTSD. This study used a convenience sample of volunteers that may or may not be representative of the larger population of second generation survivors. This study continues to add to the notion that the Holocaust continues to have long-term psychological effects on families of survivors.

Yehuda, Schmeidler, Giller et al. (1998) acknowledge that controversy exists in regard to the lasting psychological effects the Holocaust has had on the second generation survivors. The researchers explored whether a measurable difference existed in characteristics among the first generations PTSD symptom severity when compared to the second generation who were diagnosed with PTSD as well. The authors of this study interviewed a sample consisting of 22 survivors and 22 of their offspring to assess them for lifetime trauma history, effect of trauma on one's life, level of intrusive and avoidance symptoms in response to things that brought of memories of the Holocaust and what their current Axis I diagnosis was if deemed other than PTSD. Findings for this study support the evidence that long-term effects do exist, however PTSD characteristics are diverse when comparing first generation survivors with their children. Results also indicated that the offspring of survivors were more likely to develop PTSD if they

themselves had experienced their own traumatic event in life and their parent has a diagnosis of chronic PTSD.

Attachment, stress and anger. Research on the first generation demonstrates that in cases where one was to share his or her story they have been found to have lower stress levels resulting in less anger and aggression (Pennebaker, Barger, & Tiebout, 1989). Consequently, although the second generation does not have a first hand story to tell, they are the transferential recipients of the “unconscious and unexpressed rage” when the surviving parent does not have a forum to share his or her story. Barocas and Barocas (1973) have empirically identified that the bottling up of anger and aggression among the first generation survivors has had a direct impact on the second generation. It is hypothesized that the first generation is afraid of its own rage and therefore is unable to express it, resulting in the dropping of subtle cues to their children who will then act out the aggression which will gratify the parents’ unmet needs.

Furthermore, Nadler, Kav-Venaki, and Gleitman (1985) evaluated the psychological characteristics of children of Holocaust survivors and were interested in researching whether the second generation would internalize aggression resulting in higher rates of guilt. In an effort to test their hypothesis, the authors of this study used the Rosenzweig Projective Test of Reactions to Frustration (Rosenzweig, 1945) and compared the results with a matched control group. After completion of the test, participants were also given short structured interviews using seven questions to assess for further internalized aggression. Nineteen young adults between the ages of 24 and 35 whose parents lived as Jews in Europe during the Holocaust were compared to 19 other young adults whose parents were born in Poland but immigrated to Israel (Palestine) before 1939. Results indicated that the child who grew up in a household with a survivor of the Holocaust as a parent learned that in order to protect their parent from more suffering, they

repressed their own aggression and felt a constant burden of guilt. Although this study lent itself to a major theme among the transmission of anger and guilt among the surviving generations, the recruitment strategy appeared to have been flawed. The respondents were recruited by telephone and primarily asked if they were willing to take part in a study on socialization experiences of people from different ethnic backgrounds, but they were not informed of the true focus of the study until after the one hour interview over the phone was already conducted. Not only does withholding information from the participant possibly make one question the researchers' intent, but one may wonder what damage was done to the participants when they realized the main focus of the study, especially when dealing with such a sensitive topic such as the Holocaust.

Sagi-Schartz et al. (2003) began their study by investigating whether survivors still showed marks of the trauma they experienced and whether the trauma passed on to the second generation and what those marks look like. The researchers were particularly interested in measuring for variables such as stress-related trauma, anxiety, and attachment.

The sample was obtained by conducting 30,000 telephone calls from a list generated by the Israeli Ministry of the Interior in search of two groups that met the investigators' criteria. The researchers ended up with a group of 98 families as their subjects; half of the subjects were born in Europe and experienced the Holocaust and were now living in Israel with their families, and the other half had all of the same characteristics however they moved to Israel pre-Holocaust and were not faced with the trauma of the comparison group. The daughters in both groups had an infant between 12 and 15 months.

Attachment and trauma related interviews, questionnaires, and observational procedures were used among three generations, a grandmother, a mother, and an infant in each group. Some of the themes the authors explored were attachment, anxiety, and social adaptation. In total, six

scales were distributed in order to measure the variables being addressed, and interviews were conducted, however there was little to no information on what was asked in the interviews. One specific question that the study did point out was in the Caregiving Scale where the second generation survivor was asked to indicate the extent to which she had to deal with various challenges that may come from knowing that their own mothers were now aging. Findings indicated that daughters of Holocaust survivors themselves continued to feel the effects of the trauma from the Holocaust. Nevertheless, they did not differ from their comparison group of mothers with infants in their attachment to their infants and that they have successfully protected their social and familial lives from the influence of the Holocaust.

The researchers suggest that the second generation was able to shield its families from the impact of the Holocaust on their social and familial lives. Although these results display a positive outlook on the transmission of trauma stopping at the second generation, it is difficult to determine whether these results can be viewed as true evidence since the authors were focused on infants.

Moving forward, another stress-related study on the second generation survivors was conducted by Baron, Eisman, Scuello, Veyzer, and Lieberman (1996). This study recruited 208 adult children of Holocaust survivors and compared them to 70 adult children whose parents lived in Europe after Hitler came into power but, they either escaped or were able to go into hiding. Questionnaires that focused on measurements of stress, locus of control, and religion were distributed by mail. The investigators hypothesized that children of Holocaust survivors would have less stress resilience, display an external locus of control, and have less of a Jewish identity than those children of escapees or parents who were in hiding. Findings indicated that the participants did have less stress resilience, however, the locus of control for both groups did

not show any difference. Some similarities were found in having a Jewish identity among both groups, however, not exactly the results that were hypothesized. This study used volunteers and did not explain how they found these individuals, which may indicate a bias. Again this study aimed to compare children of survivors to those who did not have a parent/s in the war, however, this study may be of interest to the literature in that the control group did in fact live in Nazi Germany while the war was going on which may be the reason for the increased similarities among the groups.

Survivor's guilt. Survivor's guilt is a concept that refers to the effect of the first generation's experience on soul, or what Lifton (1967) has termed as "death guilt" or "survivor's syndrome" (Krystal, 1968; Meerloo, 1963, Nederland, 1968; 1981). Thoughts that comprise "death guilt" include "Why did I survive, while others died?" and "Did I really deserve to live?" This idea of "death guilt" has been passed on to the second generation as a survivor's guilt where the child is forced to take on the burden of having to not only fulfill their own developmental needs but they must compensate for the unrealistic expectations of their parents due to their sense of worthlessness that has formed due to the persecution they faced (Rakoff, Sigal, & Epstein, 1966). Because the children were born after the war had ended, the survivors felt the need, having lost most or all of their family in the war, to be intensely overprotective (Danieli, 1982). Yet, at the same time, the parents were overly warm and caring, instilling in their children a strong sense of self-worth, which also resulted in impeding their independence and creativity (Danieli, 1982).

While the children of survivors did not physically endure the trauma of the war, 'survivor's guilt' was thought to be passed on to the second generation. It has been called "children-of-holocaust-survivors syndrome" or better known as survivor's guilt. Many of these children of

Holocaust survivors have led normal lives and have achieved prosperity and happiness; however, much research exists that supports a pathological syndrome for this population.

Immigration. Although survivor's guilt is the topic of much research, many of the studies have neglected to control for an important variable, immigration. While the first generation was focused on creating a new and better lives for themselves and their families, they were faced with the challenge of being in a new country with not only a new language but new society norms that did not exist in their previous lives. Hence, immigration may have played an important role among the second generation because most of these children of survivors have had to step up in their duties and assist their parents with many daily activities including basic communication with other people. This may create a role reversal. Traditionally the parent is the one assisting the child and not the parents relying on the children (Weiss, O'Connell, & Siiter, 1986).

Furthermore, Leon, Butcher, Kleinman, Goldberg, and Almagor (1981) compared personality factors among a non-clinical sample of survivors' children with a group of Jewish children whose parents had immigrated to the U.S. before World War II and they did not find any significant difference among these two groups. In an attempt to further examine the immigrant factor, Weiss, O'Connell, and Siiter (1986) hypothesized the possibility that personality differences that existed among the second-generation survivors can be attributed to their immigrant status rather than to their parents' experience as Holocaust survivors. These results may create an important argument in that one cannot generalize and say that it's all about the transmission of survivors' syndrome. There may be other variables, such as the effect of immigration, that contribute to the second generation's mental health status.

In summary, research clearly indicates that one does not have to experience a traumatic

event first hand in order to feel the effects. Although the second generation did not have the same symptoms and themes as the first generation, it is evident that they still were impacted by the events of the Holocaust evidenced by their own varied feelings of survivor's guilt, attachment, anxiety, stress, anger and having to support their parent/s who were immigrants in a new country.

Third Generation Survivors: Themes and Characteristics

Review of the above research suggests that although some survivors and their children have become successful in their everyday lives, emotional issues from the Holocaust may continue to impact future generations. While much effort has been placed on how the second generation has been affected by living in a home with a parent who survived the Holocaust, research about the third generation survivors and what role the Holocaust has played in their lives remains in its infancy.

The third generation, the grandchildren of the first generation survivors, proves to be of importance since in many families they are the last generation to have contact with the first generation survivors. Although third generation survivors have not had direct contact with the actual traumas of the Holocaust, there is varying evidence regarding whether this generation continues to experience traumatic symptoms related to the Holocaust (Bar-On et al., 1998; Rowland-Klein & Dunlop, 1998).

The following section will provide a comprehensive review of the literature on third generation survivors. More specifically, some of the themes that have surfaced in the research on the third generation such as coping, transmission of trauma, and family values will be addressed. Finally, a look at the psychopathology of this generation will be analyzed and a few statements from third generation survivors will be provided as well as a meta-analysis that

examined whether vicarious traumatization skipped a generation and directly went to the third generation. This section will conclude with a look at what gaps remain and what other contributions this study will aim to meet in an effort expand on the literature on future generations of Holocaust survivors.

Coping and transition. As the third generation approaches its adolescent years, Scharf (2007) was interested in examining parent-adolescent son relationships among middle class families in Israel. This study examined participants where one or both parents who were raised by a Holocaust survivor would have an effect on third generation survivors' abilities to cope and adjust to leaving home after high school. The study aimed to close a gap in the literature in its sampling technique by recruiting its sample from published lists of high-school seniors whereas previous studies pulled their samples from nonrandom, partial, or self-referred individuals.

Scharf (2007) identified that the adolescent years were a developmental period that presents many challenges to the individual. Specifically in Israel, it is required that when a male turns eighteen years old he is required to join the Israeli military service. This pivotal time in an adolescent's life could prove interesting in that there are many challenges embedded in the transition of leaving home and heading off to the army.

This study required that consents be obtained from all three participants, mother, father, and son. Eighty-eight middle-class, well-educated families were enrolled in the study. Interviews were conducted and multiple questionnaires were given to both the parents and the sons during the sons' senior year at high school as well as once they were enrolled in the military at which point the sons not only completed the questionnaires but had two peers also completing questionnaires. The parents of the adolescents were given The Parenting Representations Interview – Adolescence (Scharf & Mayseless, 1997/2000) which is a short, semi-structured

interview. These interviews included questions regarding experiences of closeness, pain, guilt, anger, worry, discipline and the way parents deal with these situations. Mothers of the adolescents were also given The Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982), a self-report questionnaire used to assess global psychological distress. The sons were given a shortened version of the The Mother-Father-Peer (MFP) Scale (Epstein, 1983) which was used to measure the adolescents' perceptions of their childhood relationships with each parent. In addition to the MFP scale, the sons were also given the Attachment Style Questionnaire (Hazan & Schaver, 1987) which was used to assess adolescents' attachment style. The sons were also given two scales to assess self-variables, the Weinberger Adjustment Inventory (WAI; Feldman & Weinberger, 1994) and Personal Control Scale (Paulhus, 1983) in an effort to understand the adolescent's general feelings about himself. Once the adolescent was in the military he was asked to complete the Mental Health Inventory (Veit & Ware, 1983), which assessed for feelings of depression, loneliness, being nervous or anxious, or in control. Finally, the adolescents were asked to recommend two peers who were then required to assess the abilities of their friend, the son/third generation survivor, to adjust and cope while being in the military. The peers completed the Peers' appraisal of adjustment questionnaire (Catz & Orbach, 1990).

Some themes that emerged from the findings were that mothers with a Holocaust background had higher levels of psychological distress when compared with mothers with no Holocaust background, thus indicating that their relationships with the own children seem to indicate difficulties that might be associated with secondary traumatization. The third generation sons were found to perceive their parents as less accepting and granted less autonomy than did their peers. The third generation sons also portrayed themselves with the lowest self-perception when compared with others and found themselves to be more ambivalent. The peers found the

third generation participants who had two parents both with surviving parents to be emotionally, instrumentally, and socially inferior to those who had only one parent who had a surviving parent. Therefore, when being raised by one or two parents who are second generation survivors, there are increased risk factors resulting from the parent's secondary traumatization. However, overall the psychosocial function is inferior to those being raised by one second generation survivor.

While Scharf's study lent itself to the importance of the third generation and aimed to close a gap in the literature, limitations still exist in the results. The main limitation lies within the sample as it pulled from those with an "intact" middle class and educated family. The goal of this sample selection was to decrease the risk of other variables playing out within the findings such as poverty, however one can assume that these results may not be generalizable to the larger population. Also, the heavy reliance on self-report as well as the number of scales, questionnaires and interviews create a limitation due to the fact that a lot of information is being gathered by interviews with eighteen year old boys who may not have a vested interest in the study and may just want to get through the material and not answer as accurately as the researchers may have hoped. By limiting the amount of information being gathered, one may be able to draw a more precise conclusion regarding why there may be an increased risk of stress among this generation and how one could intervene in helping the third generation adapt.

Trauma transmission. In the review of the literature on the second-generation survivors, it is apparent that transmission of trauma may take various shapes such as anger, stress, or attachment. However, the third generation literature begins to question whether this transmission of trauma can continue to exist and if it looks similar to that of the second generation. Chaitin (2002) brings the literature one step closer in conducting a qualitative study that was part of a

larger study, which included twenty Israeli families. Here, ten of the families (twenty-four women and eight men, nine of which were third generation survivors) were analyzed based on the researcher's specific criteria. In an attempt to understand the meaning that the Holocaust carried for each generation, the researcher used an open-ended interview called '*Life Stories*' (Rosenthal, 1993) The main question being asked of the participants was "Please tell me your life story, whatever you think is relevant" followed by additional questions by the interviewees in order to fill in any gaps that might remain in question. The interviews were then assessed for themes using the concept of Partial Relevance (PR) (Baron, 1989) and Systematic Multiple Level Observations of Groups (SYMLOG) (Bales, 1988, 1999) for interpersonal values among family members.

Some of the themes that emerged from this study indicated that the further one gets from a traumatic experience, the more independent and removed they are able to become. The first generation was found to demonstrate a greater need for the value of remaining close to the family while the second generation holds the same values as their parents in regard to the importance of family, however, they begin to move toward their own expressiveness and ability to distance themselves from family. The third generation is seen as the generation to place value on and see their grandparents as heroes rather than victims. The values among this generation differ significantly from those of the first generation and emphasis lies on the independence and ability to separate from the family.

Again, this study brings the attention to what role the Holocaust played among the third generation as well as previous generations, however, due to the small sample size, only 9 participants being from the third generation, questions remain about the applicability of the results to the larger population. The reader is also left without knowledge of the age range of the

third generation. Without this information one cannot determine the stage of life of this population and if that has an impact on their ability to provide valid information in their interviews.

It is crucial when reviewing the results of this study that one take into account the importance of how times have changed since the war ended and as Bengtson and Allen (1993) state, “modern-day social and cultural life is dynamic, what was once perceived as being important for the elder generation is often perceived as being less relevant for the succeeding one” (p. 307). Although the results indicate that one may gain more personal independence as one gets further from a traumatic event, this does not imply that one does not continue to carry the trauma with one in some other shape or form, regardless of whether they are positive or negative.

While Chaitin concluded that family values and the connection to the trauma begins to subside as generations move forward, Rubenstein, Cutter, and Templer (1989) were interested in whether psychopathology is transmitted to subsequent generations of survivors. Based on various studies found in the literature, the researchers found that psychopathology is passed on to the second generation (Rubenstein et al. 1989). It is also noted in this study’s literature review that children who have had two parents survive the Holocaust have more psychopathology than those who had one parent survivor and that this psychopathology may have even been passed on to the third generation. The purpose of this study was to determine the possible transmission of psychopathology from second generation survivors to their children, the third generation survivors.

Fifty one Jewish, demographically similar, families were recruited, forty of which included one or both spouses whose parents survived the Holocaust. The remainder of the families were

recruited from referrals from the offspring of the survivors and they were the non-Holocaust offspring or control group. The families were divided into three separate groups. One group contained those second generation survivors who had one surviving parent, another group contained those with two surviving parents, and the last group was made up of the non-Holocaust offspring. Each group included their oldest child as the representative of the third generation survivor, whose ages ranged between four and thirteen. First generation survivors were not given any scales while the second generation and the control groups were administered the Templer's 15-item Death Anxiety Scale (Templer, 1970), three scales of Kincannon's Mini-Multiphasic, which was a seventy-one item version of the MMPI (Kincannon, 1968). The children, however, were not given any scales but their parents were to complete the 164-item Louisville Behavior Checklist (Miller, 1967) based on their child and the 91-item School Behavior Checklist (School Behavior Checklist, 1972) was completed by the children's teachers.

After all scales were completed and analyzed, results indicated that across each generation those who had parents or grandparents survive the Holocaust demonstrated greater psychopathology such as depression, psychasthenia, and hypochondriasis, when compared to the non-Holocaust offspring. For example, the second generation survivors had above average scores on the Death Anxiety Scale when compared with the control group. Also, the ratings on the scales completed by the teachers on the third generation also indicated greater psychopathology when compared with the control group indicating further evidence that the transmission may not stop at the second generation. These findings indicate that even when the groups have little to no significant demographic differences, those who have a history of a traumatic event such as the Holocaust have psychological symptoms that continue to exist among the extended generations.

Rubenstein, Cutter, and Templer (1989) studied the possible transmission of psychopathology from Jewish Holocaust survivors to the children and grandchildren. While this study remains unique in that it aimed to identify specific pathology among each generation, it was limited because the grandchildren, the third generation survivors, were never asked any questions or provided with any scales. The grandchildren were solely assessed based on the viewpoints of their parents and teachers leaving them without a voice to hear what they truly thought or believed about the Holocaust. Furthermore, the researchers neglected to specify what symptoms they gathered from the scales being completed on the third generation leaving the reader without any knowledge of what the actual transmission looks like in the third generation. The last limitation of this study lies within the extensiveness of the scales. Each scale contained a copious amount of questions and knowing that the parents had to complete scales for not only themselves but their children as well could have resulted in skewed responses due to pure exhaustion from reading and responding to such sensitive and personal questions. Nevertheless, this study broadens the literature by providing further evidence that the transmission does not stop at the second generation. Research continues to warrant a look at the third generation and its perception of how the Holocaust has directly affected them as adults, adolescents, and children, not just how others may assess them.

With the third generation maturing into adulthood, Lev-Wiesel (2007) sought to further explore the transmission of trauma across three generations and what it qualitatively looks like for each individual generation. Open-ended interviews were conducted by two graduate students and the interviews included one overarching theme, to identify what it was like for them to be a Holocaust survivor specific to the generation that they fell within. For example, the third generation was specifically asked to address the issue of what it is like for them to be third

generation to a grandparent who had experienced the trauma.

This study originally recruited five Israeli families, however with two families first generation survivors not meeting the criteria for PTSD, the study resulted in consisting of three of the five families, all of which were required to include three generations of survivors. Two of the families were Jewish and one family was of Arab-Muslim origin. The average ages of the first generation was seventy-one, second generation, fifty, and the third generation age average was twenty-five. Central themes were identified among all three generations surrounding the traumatic event. With specific regard to the third generation, some of the themes of trauma transmission when spelled out read as 'One should bless one's good fortune if one has enough food,' 'family is the most important thing in my life,' and 'I dare not throw away leftover food.' These words are direct quotations from some of the third generation survivors participating in the study. Although each family had its own unique experience and story from the Holocaust, it is evident that the Holocaust continues to have an impact on future surviving generations.

Although this study met its goal in defining what transmission of trauma looks like throughout three generations, it is limited because the sample consisted of only three families only two of which were Jewish. Nevertheless, the value of this study is that it elicits the voices of the third generation survivors and at the age of adulthood. Lastly, Lev-Wiesel (2007) addresses the need for clinical implications, specifically with the social workers and clinicians who might end up working with this population or other populations who have had relatives survive a traumatic event. The findings in this study open the opportunity for exploration of how the themes that surfaced from the third generation may be further researched to draw additional conclusions to how one copes with a traumatic event that they did not experience, however reflective of their families' sufferings.

While Lev-Wiesel's study examined three families, Sagi-Schwartz, Van IJzendoorn, and Bakermans-Kranenburg (2008) conducted a meta-analytic study on 13 non-clinical samples involving 1,012 participants looking to see if transmission of trauma skips a generation. This study recognized that previous research on surviving generations had primarily explored psychopathology on the second generation survivors and found that it only exists when one is faced with a life-threatening situations (Van IJzendoorn et al. 2003; Solomon, Kotler, and Mikulincer, 1988). Considering this finding, the researchers were interested in further exploring if it is possible that trauma skips a generation and the third generation carries the trauma, which the researchers refer to as tertiary trauma. That led the researcher to ask the question: Has trauma been "passed on" to the third generation?

After reviewing all 1,012 participants, the researchers of this study concluded that there is no evidence for tertiary trauma among the third generation survivors. The researchers of this study speculate that the findings may be interpreted as a sign of resiliency on behalf of the first generation. They propose a bio-psychological stress-diathesis model of PTSD (Paris, 2000), which reviews three components of protective and risk factors that will determine an individual's intensity and duration of PTSD:

Repeated or lack of repeated exposure to traumatic events. The presence or absence of a genetic predisposition for PTSD. The availability or lack of availability of social support in coping with the traumatic experiences (p. 117).

It is theorized by the researchers that because the Holocaust was not experienced by their own parents or other attachment figures, the third generation survivors were able to overcome the traumatic events of the war (Sagi-Schwartz et al. 2003; Van IJzendoorn et al. 2003). Also, because they had several years of pre-war experience as to what a normal life looked like, they were able to re-build their families post-war (Sagi-Schwartz et al. 2008).

In regard to genetics, the second component of the stress-diathesis model, the first generation survivors were not considered to have a genetic predisposition for posttraumatic stress (Van IJzendoorn et al. 2003). If they would have had this vulnerability prior to the Holocaust, they may have had a difficult chance surviving the stressful conditions of the concentration camps.

The last aspect of the stress-diathesis model is the availability of or lack of social support after the traumatic event is over and one is coping with the experience of the event. The researchers in this study propose that after the Holocaust was over the first generation survivors were “forced to find meaning in helping to build up a new society, everywhere they could, in Europe and Northern America, but also, and maybe especially, in Israel” (Frankl, 1984). In addition to finding meaning and rebuilding Jewish societies, Jews all across the world have been creating structures, which represent memorials to commemorate the victims of the Holocaust. These memorials may serve as social supports for the remaining family members, as well as the generations that continue to exist.

Although this study had a large sample size, limitations still exist. Some of the studies included in the meta-analysis were not published in peer-reviewed journal (e.g., doctoral dissertations, conference presentations). Lastly, clinicians must recognize that every case is unique and that although results of this study indicated that transmission of trauma is not evident in the third generation survivors, it does not mean that this finding should be generalized to all third generation’s survivors. There is still a chance that some third generation survivors may directly or indirectly relate the root of their problems directly to having had a grandparent survive the Holocaust.

Research Questions

Although results are mixed about the third generation, this study recognizes that there still may be evidence of transmission of trauma. However, there also appears to be a gap in understanding what the third generation's perceptions are and what being a survivor means to them. Therefore, this study will be guided by the use of Frankl's theory of meaning making and explores the following questions:

1. What does it mean for third generation survivors to have the Holocaust in their family background?
2. How, if at all, does the Holocaust affect third generation survivors?
 - a. How does it affect the relationship between generations (with parents and grandparents)?
 - b. What residues of survivor's guilt, if any, are present?
 - c. What residues of trauma, if any, are present?
3. In what other ways, if any, is the third generation affected by the grandparents' legacy? (e.g., Jewish identity, commitment to Israel, etc.)

Chapter II: Methods

This qualitative study was designed to explore the impact of the Holocaust on the third generation survivors. Qualitative methods were used to elicit the perceptions and meanings of the Holocaust for the third generation. More specifically, particular attention was paid to what residues of trauma are present in the third generation. According to Padgett (2008) “the hallmark of qualitative methods is to explore a topic about which little is known – especially from the “inside” perspective” (p. 15). Given the paucity of research on this population, this study allowed for the third generation survivors to tell their stories and make their voices heard.

Participants

Consistent with practices in qualitative research (Patton, 2002), this study utilized purposeful sampling. Purposeful sampling is used when one is aiming to learn a great deal about a specific research problem. This approach allowed for selecting information-rich cases so that this study could benefit from learning about the central questions being asked.

Prospective participants for this study were screened (Appendix B) in completing the demographic section in an effort to assure that they met the specific inclusion criteria for the study. While one of the goals of recruitment was for the sample to be rich in diversity and an attempt was made to recruit those who came from varying backgrounds (e.g. a person who has been raised by parents of different religions, such as Jewish and Catholic), a higher priority in this study was case-rich selection. The criteria for inclusion in this study are presented here:

- Had a Jewish grandparent/s living in Europe between the years of 1933 and 1945 who immigrated to the United States after the war.
- The surviving grandparent/s was/were either in hiding or placed in a concentration camp.

- Participants must be ages 21 and older in an effort to gain knowledge of this age range which remains limited in the current literature.
- Participants must electronically sign informed consent

Recruitment

While the researcher was prepared to employ multiple strategies for recruitment, all planned methods of recruitment proved unnecessary because after emailing one colleague. Sixty five potential participants contact the researcher and 44 entered into the online database. This occurred by what Patton (2002) describes as one of the various types of purposive sampling techniques called the snowball effect. One initial contact led to multiple subjects contacting the researcher to request participation in the study. Additional recruitment efforts were not needed.

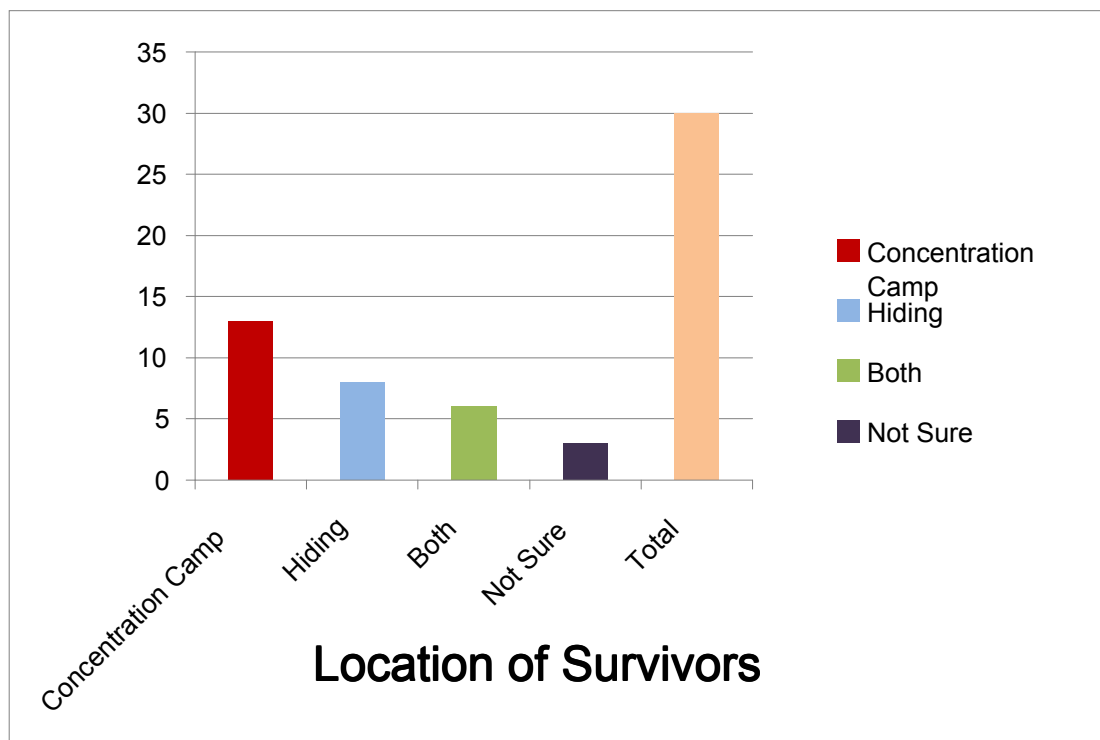
Sampling

Upon closing of data collection, there were a total of 44 participants. Of the 44 participants, 33 fully completed the questionnaire. Of the 33, one participant was under the age of 21 so she was excluded from the study. Two other participants did not fully complete the screening form, including the consent box which excluded their surveys as well. The remaining 11 participants only responded to the screening questions and did not move on to the questionnaire, which did not allow their participation in the study. Because of the missing information from the 11 participants, one participant who did not meet inclusion criteria, and the two participants who did not consent, the total sample size for this study was 30.

The sample contained two individuals who were not born in the United States and 28 who were. Specific ages were not asked, however all participants were above the age of 21 by criteria of inclusion. Of the participants, four participants had one grandparent survive, 21 had

two grandparents survive, one participant had three grandparents, and four participants had four grandparents survive the Holocaust.

Those grandparents that survived lived in various places during the war. Based on this study, participants noted that 13 of the grandparents were placed in concentration camps, eight were in hiding, six were split up into both (for example a husband was placed in a concentration camp while the wife and children were in hiding), and lastly, three participants were unsure where their grandparents were placed during the Holocaust. The following bar graph represents the location of the survivors:



Questionnaire

The Third Generation Survivor semi-structured questionnaire (Appendix C) was created for the purpose of the study by the researcher. Questions emerged from themes identified throughout the literature as well as questions that aim to further the knowledge on the third generation survivor's perception and interpretation of the meaning of the Holocaust. Before this questionnaire was distributed to participants, it was pilot tested and put through rigor of a committee in an effort to give what Lincoln and Guba (1985) have termed trustworthiness of a qualitative study.

Procedure

After prospective participants were identified, they were sent a link to the REDCap database. REDCap is an online survey tool that was created at Vanderbilt University and is supported by NCRR/NIH (1ULIRR624975 NCRR/NIH). While the use of an online database may not be typical for gathering qualitative data, it does contain many advantages. Some of those advantages are often seen within the limitations section of a qualitative study such as the inability to control for interviewer's bias. When using an online database to record all data the interviewer is removed from the data while it is being collected, therefore removing his or her ability to impact how the interview is being guided (Mann & Stewart, 2004). Another advantage to the online survey is the ability to expedite the speed in which it is returned which also reduces cost, time, travel, and scheduling issues (Mann & Stewart, 2004).

Within the database, participants were provided with the following information: Letter of Invitation (Appendix A), Informed Consent (Appendix A), Screening Form (Appendix B), and Questionnaire (Appendix C). A final advantage to using an online database is that participants were able to begin the process, save it, and return to it to the database when their schedules

allowed. Once completed, participants hit the submit button and responses were entered into the completed category.

Upon completion of the REDCap survey, a gap in the findings was identified and iterative methods were employed. It appeared as though the Third Generation Questionnaire did not elicit enough information on whether transmission of trauma continued to exist among the third generation survivors in this study. Seven participants were randomly selected and were called and asked a series of questions based on gathering further information on transmission of trauma. After the phone calls were concluded, member checking was conducted. All seven participants were contacted via email with the exact quote that would be written in the findings to ensure that proper data was collected based on all conversations (Padgett, 2008). In addition to the advantages listed above, the phone calls further justified that using an online database for a quantitative study can provide quality information as well as saturation of themes. While new themes were heard on the phone such as expectations and relationships, these themes were not specifically probed for in the online questionnaire.

Data Analysis

For the purpose of this study, data was analyzed using thematic analysis (Padgett, 2008). The analysis began with the use of open coding with the goal of identifying the pertinent themes that emerge from the participants' responses. All data were collected by using REDCap Survey. The data in REDCap was then exported from the database and placed into a Microsoft Word document in an effort to make it more user friendly for the coding process. Open coding first took place and a start-list of codes was identified. Although Padgett (2008) states that a code's staying power is not a matter of quantity, codes were counted for their frequency in an effort to identify how many participants had the same thoughts in mind. Once all codes were counted

and exhausted among the data, they were placed into categories according to how they connected with other codes. More often than not, the codes with the least amount of counts were absorbed into another code that surfaced more frequently, rather than become dropped all together. All final codes were labeled by using a participant's exact words, an in vivo approach.

Following the compiling of all codes, memo writing took place as a way to identify what was going on among the data. The process of memo writing allowed the researcher to search for patterns among the data as well as similarities and differences that occurred among different responding participants (Strauss & Corbin, 1994). Memo writing also allowed the key findings to obtain a shape and form as to how they respond to the original research questions being asked in the study.

Data Protection

All data collected during the process of this study were handled through an electronic database called REDCap. REDCap is a secure web-based application designed to support data specifically for research studies. While participation was voluntary and not guaranteed to be anonymous, participants were given the option to be identified by using pseudonyms. Confidentiality was also explained during the recruitment process. The researcher was responsible at all times for monitoring data collection and ensuring that confidentiality procedures were followed.

Approval from the University of Pennsylvania's IRB was obtained for the implementation of this study. University staff members often review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, participants' records may be examined. The reviewers will protect participants' privacy. The study records will not be used to put participants at legal risk or harm.

Reflexivity

I myself am a third generation Holocaust survivor. Throughout this study I have remained in the role of the researcher and made sure to be self-aware throughout the entire process. I have set boundaries in order to remain in the role as the researcher so that I would remain neutral. Some of those rules include not watching or reading anything Holocaust related unless it was an empirical article or theoretical book that would further my study. I also have my family's story on DVD in my home, however I have yet to watch it and it is still in the envelope. My family has never really spoken about the specific details of the Holocaust so it has not been very difficult to avoid hearing any personal details because it is not a topic of conversation.

While this topic has been a very emotional topic to write about, regardless of whether you have a survivor background, as a researcher I have attempted to remove bias by remaining as close as I could to what my participants were attempting to state in their responses. I read their responses over and over again and tried to truly absorb each story, not even recalling that I myself was a third generation survivor but that I was a researcher trying to hear someone's story. After this study is concluded I hope to hear my own story through my father and extended family members.

Limitations

There are several limitations with this study. The first limitation involves online data collection. While REDCap decreases the interviewer bias and expedites data collection, at least ten participants of this study completed the demographic section but never went on to complete the questionnaire. Had this been an in-person interview they may not have stopped after completing the form. Face to face or phone-guided interviews allow a researcher to prompt participants through the completion of the study. Another limitation of REDCap was that it

negated the ability to probe at the time of the participants' completing the questionnaire. Along these lines, online data collection hinders depth of knowing a participant. While the phone calls demonstrated that saturation of themes had occurred and no new themes emerged talking with the participants in this "live manner" created a sense of really knowing them and their stories. This depth of understanding appears more possible in phone call or face-to-face interviewing over online methods.

This study was also limited by its recruitment strategy. While a multiple participants were obtained, they were homogenous group, all being from either the same synagogue or on similar listserves related to the synagogue. Future studies may advertise in the newspaper, public listserves, or at community organizations in order to gather a more diverse group of participants.

Another limitation in this study was that due to time constraints, data were not reviewed by a third party. Third party review of data allows additional safeguard against bias that may surface during data analysis (Padgett, 2008).

Chapter III: Findings

This chapter provides the results of the study, and is divided into four sections beginning with a review of how the first generation is perceived by the third generation. Moving forward, the second section provides an examination of the responsibilities and expectations that the third generation survivors feel based on their perceptions of their grandparents' legacies. The third section discusses what has been transmitted to the third generation survivors in this study according to their responses. The last section concludes with some of the perceptions, meanings, and feelings of gratitude that were identified by the participants in this study.

Reconsidering the Legacy – Pride and Strength

Participants overwhelmingly viewed their grandparents as heroes. Nineteen of thirty participants emphasized how proud they were of their grandparents for having the strength to survive the Holocaust. The first participant shared a sad story from his grandmother's past, then went on to articulate his amazement for her ability to go on after the pain of what she endured. Participant #46 stated:

I was always particularly haunted by my grandmother's powerlessness to protect her toddler, who was literally pried from her hands and sent, presumably, to her death. Only seconds before, sitting in a bus and sensing her daughter's nervousness, my grandmother tried to reassure the little girl while giving her a piece of bread, telling her that everything would be all right, that she would always be there to protect her. And of course, nothing was all right and my grandmother could not protect her. My grandmother was pulled off the bus for unknown reasons and her daughter was forced to stay on. Everyone on the bus was then (apparently) shot. Once her daughter was taken away, all my grandmother had left were her memories and a piece of bread with the indentation from her daughter's

teeth. She kept that piece of bread, the only physical "proof" of her (daughter's) existence, until it disintegrated. I know that my grandmother struggled with guilt over that episode, and especially later in her life relived and analyzed what happened, hoping to understand why she was spared but not her daughter. I don't remember the first time I heard that particular story, but I presume that I was shocked. As far as I know, and compared to other stories, I never had feelings of hatred or anger. I was simply (and still am) shocked and surprised: how could one human being do that to another? And how could anyone do that to a defenseless innocent child? How did my grandmother find the inner strength to continue living?

Nevertheless, when Participant #46 responded to the question, "When you think about the Holocaust and what your grandparent's went through, what kind of thoughts come to mind?", he responded by stating:

Amazement: through it all, my grandmother somehow kept a sense of humor (confirmed by other survivors). As she said with respect to the death and destruction around her, "I had a choice: I could laugh or I could cry. So I chose to laugh." And she did. She never let anything bother her, not through multiple emigrations or the loss of nearly her entire family or poverty or the general tribulations of life. And that truly amazes me.

Sharing a similar story like the one above, Participant #26, who also saw his grandmother's tremendous strength, and even termed it "survivor's strength" after she was diagnosed with cancer, stated:

When my grandmother had breast cancer, she felt that if the Nazis couldn't kill her neither could cancer, and she beat it. She had a recurrence of other types of cancer, which finally killed her, but she had that survivor strength.

While the above participants seem to take pride in their grandparents' ability to not only survive the Holocaust but continue to face life-threatening situations post-war, other participants questioned whether they would have the same level of strength to survive as their grandparents did and stated the following:

I wonder if I would have the ability to escape as they did, and rebuild my life from nothing. (Participant #10)

First thing that comes to mind is the amount of sheer will power and determination they had to survive. It was especially hard on them considering they had two small children at the time. I cannot possibly imagine what it was like to be living through what they had to endure. (Participant #11)

It's inconceivable to me how they lived their lives after that. I feel very lucky to come from such a rich history but I wonder a lot if I would have had the same strength. (Participant #19)

Overall, participants expressed a level of awe towards their grandparent's ability to remain strong after enduring the Holocaust. Participants also expressed wonder about their own strength and if they would have the same will to survive. In sum, third generation survivors in this study appear to be in awe of their grandparents for having the strength to survive the Holocaust.

Commitment to Judaism

Not surprisingly, multiple participants in this study indicated that they felt a sense of responsibility and expectation to carry out the legacy of their grandparents. The topic of Judaism varied among participants and this section will provide a review of the four categories that emerged: responsibility, expectations, non-believers, Zionists.

Responsibility. Thirteen participants made reference to Judaism being a responsibility. Participant #10 stated, “Although my grandparents became less religious after the Shoah, my parents instilled a very strong secular sense of Jewish pride. Later in life both my sister and I turned to orthodox Judaism.” Another participant (#26), who also reported that her commitment to Judaism is part of her responsibility as a third generation survivor, stated:

I went to Jewish day school where Holocaust education was a central part of the curriculum. It was always a source of pride that I had a direct relationship to someone who lived through the ordeal. The feelings of pride have stayed with me, but also as I've grown up I recognize that there is a tremendous responsibility that comes with being the relative of a survivor. I feel that I have the responsibility to keep the memory of the Holocaust alive and Jewish tradition alive.

Some other third generation survivors in this study shared comparable thoughts about their commitment to Judaism such as Participant #31 when she stated, “I think that the Holocaust has instilled in me the need to continue to practice Judaism to the best of my ability because of what my grandparents and parents went through.” Similarly, Participant #30 stated, “I think it has helped me respect Jewish tradition, in that it has become more important to me as an adult to follow the traditions that my family and millions of other Jews were slaughtered for following.” Participants even reported negative emotions towards others whom they felt did not take value in their religion such as Participant #29 who stated, “Sometimes it makes me a little upset with my father’s side of the family for taking their Judaism for granted, as they did not have to experience the pain that my mom’s side did, and therefore seem to be somewhat ungrateful.”

Non-believers. While the responsibility to remain committed to religion is evident throughout this sample, there were three participants who have turned away from religion in part

due to the events of the Holocaust. Participant #40 summed it up in stating, “The Holocaust is the reason that I don’t believe in a God, as I have never understood how a loving God could allow murder on that scale to occur.” The other two participants who reported that they do not believe in a God have different perspectives. Participant #8 stated:

I no longer practice Judaism, but I greatly value my heritage. I was told that my orthodox grandfather had trouble with his feelings about God after his Holocaust experience. I wish I could have talked to him about that and see what conclusions he drew from his experience. I don’t feel like I need his permission to not believe in God, but I think his acceptance of it would bring me some peace.

Participant #39, who described the experience of telling his grandparents that he was going to marry his future wife, a non-Jew, wrote that his grandparents began crying and did not attend the wedding. He stated:

As someone who is not religious at all, I believe that the fact that my grandparents went through the Holocaust is a major reason that I continue to identify myself as a Jew. There is no doubt that I feel guilty turning away from my religion knowing what my family struggled for.

Expectations. Five participants, all contacted via phone calls, indicated that they felt that their commitment to Judaism was a product of an expectation from a parent or a grandparent. For example, Participant #42 stated, “My grandparents expected us to carry on the Jewish practices and hoped we would all be with Jewish partners.” Similarly, Participant #9 stated, “It was incredibly important for me to marry someone who was Jewish” and she felt that expectation was shared by both her grandparents as well as her mother. On the contrary, Participant #24 stated:

My grandfather was always more of an Orthodox Jew and he expected me to be religious as well, yet, my grandmother was more of a free spirit and wanted me to be happy. My mom was probably more similar to my grandmother and didn't place many expectations on her children.

Similarly, Participant #3 stated:

Although my grandmother grew up orthodox, she seemed to be more interested in the fact that I was happy and comfortable. I believe my mother, being raised by my grandmother in an Orthodox home rejected the strict rules of orthodoxy and became more of an element of the 60's, a free loving hippy movement, rather than the Jewish movement. I almost wish they had more expectations of me in regards to seeking out religion.

In regard to the commitment to Israel, Participant #25 stated, "My grandfather's experience really informed his experience as a Zionist and he expected that I would be a committed Jew and would have a relationship with Israel."

Zionism. Three participants also mentioned their commitment to Israel as a component of responsibility. For example, one participant (#34) stated, "I strongly affiliate as a Jew. I lived in Israel for a year and I'm a Zionist." Another participant (#4) mentioned that her parents liked to stress the "importance of supporting Israel." The last participant (#27) took a different approach and discussed how the topic of Israel can be somewhat controversial within her family. She stated:

My family, though Zionist, often criticized Israel's policies. My mother is always the first to be uncomfortable with criticisms of Israel in our family. She feels the strongest connection and obligation to Israel as a second-generation survivor.

In sum, some third generation survivors in this study appears to bear a sense of responsibility and expectations with being a survivor. For them, being a survivor means continuing on the legacy in some form whether it be through Judaism, Zionism, or being a non-believer but continuing to remember one's heritage.

What Has Been Transmitted?

According to the participants in this study, a plethora of feelings have been transmitted. In fact, all topics mentioned within this chapter contain elements of transmission, however, this section will focus specifically on emotions and concepts such as anger and regret, relationships, never forgetting, and pathology, as these appear to be the most salient among this sample.

Anger and regret. Seven participants brought up harboring some level of anger, however, it varied among the seven. Some participants said that they direct their anger at the Nazis and those who persecuted their ancestors while others are angry at those who are trying to deny that the events of the Holocaust ever occurred. There is also an element of regret which has surfaced under the theme of anger in that the third generation participants appear to be angry at themselves and regret not asking more questions while their grandparents were alive and well.

Those who directed their anger at the Nazis made statements such as, "I feel mostly anger towards those who caused this disaster" (Participant #35). Some other participants went into greater detail such as Participant #45 who stated:

My grandmother told me the story often and still to this day about how she was a young girl (13 years old) when her family was placed in the concentration camp. The Nazis forced her mother away from her and she had to watch her mother walk in the "ovens" to die. Hitler had made her an orphan at a very young age. I remember feeling angry and confused that something like this could happen.

Another participant (#47) who also remains angry towards the Nazis for the events of the Holocaust stated:

My husband convinced me (and it was not easy) to visit Dachau. It was absolutely horrifying. I froze thinking how my grandmother walked the same path so many years ago, but not as a free woman like I am. I cried and couldn't breathe while we were there. Even thinking about it now brings tears to my eyes. As we visited Germany, the people were all so nice but I couldn't help but think "What were you doing while my grandparents were being tortured? Did you know? Did you care?" I try not to hold Hitler and the SS's actions against all Germans, but I also can't help but feel some resentment toward them for what happened in their country.

Interestingly, the anger was so intense that the above participant seemed to have had a physical reaction while visiting the camps. Nevertheless, the Nazis are not the only ones that the third generation survivors in this study are angry at, as Participant #28 stated, "I've read many books on deniers of the Holocaust and one common thread is that as our survivor generation dies, we lose power against them, so having lost them really bothers me a lot."

However, differing from those above, the anger may be transformed into regret and not always be directed at those who committed the persecution, but at themselves, the third generation. For example, two of the participants in this study reported feelings of regret such as, Participant #25 who stated, "I mostly have a lot of questions and a lot of regret that he (my grandfather) died before I was old enough to talk about his experiences with him or ask him questions." Similarly, Participant #40 stated:

I remember always being afraid to ask questions. Not because of the reaction I would have received, or what they would tell me, but afraid of the pain I had convinced myself

they would feel. I always thought if I don't ask, they won't think about it, and they won't need to be sad (as if they could block everything out). I guess it was a child's way of trying to protect a loved one. It wasn't until I was in my 30's and I realized that my grandmother didn't have many years left that I began to ask specific questions. I regret not asking questions sooner.

Relationships. It appears as though while some participants seem to think it is obvious that their grandparents would value all relationships, especially those with their grandchildren, others seem to think that as a result of their experience in the Holocaust they (the grandparents) are incapable of knowing how to form close relationships. Three participants, all contacted via phone, reported a link between their relationships with their grandparents and being affected by their experience in the Holocaust. For example, Participant #47 stated, "We had a special relationship because my grandparents treasured whatever relationships they had left." Similarly, Participant #9 stated, "I think because my grandmother lost most of her family in the Holocaust, the family she does have means so much to her." On the contrary, Participant #24 stated:

My theory is that my grandfather, because he was such a young child and his mother had so many other children to care for during the time of the Holocaust, he didn't have a role model to show him how to be affectionate and therefore he was never very close or affectionate with me.

We must never forget. The third generation survivors in this study reported that not only should the Holocaust never be forgotten, but that it is the duty of this generation to make sure that the stories live on. Six of the participants in this study discussed the various ways the theme of never forgetting is important to them. For example, Participant #42 stated:

For me, sadly, there is also a feeling of bitterness. There is never a moment to forget; my grandfather does not ever put his story down. It makes me sad when my grandfather says things like *never forget* because I only want to forget the horrible things that humans did to their fellow man.

Her words indicate that while she understands the importance of not forgetting, there is pain associated with holding on to these stories that the grandparents are leaving behind. While the above participant reported the emotionally painful aspect of not forgetting, there is also the feeling of “pressure to keep talking about it, remembering it so it doesn’t happen again” that Participant #19 expressed. In addition to the pressure that the third generation survivors bear to carry on the legacy of never forgetting, there is also pressure of extending this to other populations who are being persecuted. For example, Participant #9 stated, “I grew up internalizing *never again*. I fear that a lot of Jews actually mean *never again* to Jews, but I try to make sure *never again* to any individuals. However, I feel guilty because I realize that a lot of times there isn’t much that one can do.”

What if we forget? Although six of the survivors in this study appeared hopeful about continuing their grandparents’ legacy and making sure their stories will not be forgotten, three of the participants reported fears about their legacies being lost and the third generation not being able to uphold their duty to pass on the stories to future generations. As Participant #24 stated, “I am concerned that our generation will not be able to adequately pass on the histories of our grandparents and make sure that their stories do not die with them.” Similarly, Participant #28 wrote, “I am mostly upset by the fact that we are all forgetting. As they say, time heals it all. Unfortunately, I hope that wound never heals, but I see in younger generations that it’s starting to happen.”

Pathology. Previous research on surviving generations focused on the psychopathology of Holocaust survivors. In order to probe for transmission of pathology, which did not surface in the online data collection, the researcher conducted 7 follow-up phone interviews (see Addendum) with a random sample of participants. In these calls, the researcher specifically probed for areas of pathology associated with the Holocaust based on the research on the literature on first and second generation survivors. Of the seven participants that were contacted, four of the participants did not perceive any evidence of worries, nightmares, depression, or obsessive thoughts specifically related to the Holocaust. Two participants stated that they had dealt with symptoms of anxiety and depression and stated the following:

I have dealt with depression but I wouldn't say that it was directly tied to the Holocaust. For me, the closer you are the more aware you are. It is more so a part of my mom's identity than mine. (Participant #9)

I have struggled with instances of depression and anxiety. It's hard to say what is due to the Holocaust and what is due to the world around me. Whether it's directly related to having the surviving background or it's because my dad was affected from being raised by two survivors, I really don't know. (Participant #42)

One participant (#24) stated that she recalled going to her grandfather's house when she was young and asking him to tell her about his childhood. He told her about his story as a child survivor and she reported that from the ages of eight to twelve she had nightmares about someone coming to take her or her parents away. However, she also reported that the nightmares stopped when she realized that she was comparing her childhood with his. She recognized that the events that happened during his childhood were not currently occurring and she had reached an age of maturity to separate these concepts.

Reconstructing the Legacy

Third generation survivors are attempting to make meaning of their lives, in relationship to what they understand about their grandparents' exceptional lives. Some participants shared stories of fate; they would never exist if it were not for the Holocaust, while others discuss how the Holocaust has impacted their career paths. Unfortunately, some are simply overshadowed with the horrific stories and guilt that they induce and, as a result, have found it difficult to find meaning in their own lives. Others demonstrated their feelings of gratitude for their lives and their grandparents ability to survive. The following section will provide a review of how the third generation participants have begun to reconstruct their grandparents' and maybe even their own legacy.

The path to meaning. Three participants recognized that while the Holocaust was a traumatic event that separated loved ones, it also brought together individuals who may have never have had the chance to meet one another. The next three participants discuss how they came to exist because of the Holocaust. Participant #41 stated:

A thought, or rather a feeling I have had at times, though, is just how incredible it is that my grandmother was able to survive all she went through...and that thanks to her strength, I AM HERE. I almost feel like she had that in mind in the camp when she was doing all she could to keep going. And this leaves me with a certain responsibility to make good use of my time here.

The following two participants shared stories about how their grandparents met due to the events of the war.

When talking about my Saba (grandfather), I usually say that he was lucky enough to be in what was Czechoslovakia, which was close to Russia, so he wasn't taken until 1943,

and was thus able to survive. My favorite story is that before my Saba was taken to the camps, he would guide people across the Carpathian Mountains to Russia. He lived at the foothills of the Carpathian Mountains, which bordered Russia. I often say that if only he had gone himself, he never would have experienced the trauma of the Holocaust, but then he also would've met my Savta (grandmother). (Participant #27)

My Savta, in her early 20's, was able to flee Europe because she cried for hours at a police station, and my Saba, in his early 20's was able to survive because his sister was married to a Nazi. My Saba and Savta were then able to move to a kibbutz in Israel (they did not know each other at the time) where they were able to start over. (Participant #29)

The above participants appear to believe that the events of the Holocaust, although tragic, had they not happened, they as individuals would never have been brought into existence. The next participant (#3) takes a broader approach to all of the Jewish people and stated:

I get so angry when I hear that there are those who don't believe that the Holocaust ever happened. It's similar to the story of my grandmother's aunt who was first removed from this earth by the Nazis, then her memory was removed because it was too difficult to remember. I don't think my grandmother ever mentioned her aunt by name. She was just the 'aunt.' This is what I hold closest to me when I think about the how the Holocaust has affected me. Our history is who we are today. Without it, who are we? It's scary to think that as a collective Jewish people 'we' might not exist if not for those who were strong enough to take a stand and those who are strong enough to remember and tell their story.

Interestingly, five participants in this study reported that their career path has been impacted by having had a grandparent/s survive the Holocaust. It appears that one of the ways that the third generation is making meaning of what their grandparents went through is by dedicating their occupation to their legacy. One participant (#38) stated “I believe my decision to become a criminal defense attorney was partly based on my grandparents’ being survivors of the Holocaust.” Similarly, Participant #8 stated:

I think that they, the surviving grandparents, have made me want to understand human connections better. In fact, all of these stories have followed me through my life and even had a profound effect on my career choice. I am an archivist and work as a consultant to help people document their life stories, preserve their communities, and appreciate their heritage.

Another participant (#29) shared a story about how her great grandmother was killed in a mental health facility because she had seizures and stated, “I have dedicated a great portion of my life to helping children and adults with developmental disabilities, which I believe is subconsciously related to the murder of my great grandmother, whom I was named after.”

While some participants are searching for meaning through the strange forces of their fate or through their careers, other participants are taking it one level deeper and questioning their own life story and if its foundation has meaning. For example, this chapter began with a story from Participant #46 and was about his grandmother demonstrating laughter even after losing her young child to the Nazis. That same participant once again evokes powerful emotions and stated:

Friends who are well versed in European history nonetheless cry when my grandmother recounts just a few small scraps of her life during the War. On a certain level, this evokes

guilt: does what I am doing with my life make sense in light of the suffering they went through?

The data from this study demonstrates that Participant #46 is not alone and that others echo his feeling in regard to finding meaning in their lives. Seen throughout the search for meaning is the feeling of guilt in these few third generation survivors. It appears as though they are struggling to compare their own problems with those of the first generation. For example, Participant #17 stated, "I should have nothing to really complain about, and something that would be a problem for me when compared with their experience is really insignificant."

However, Participant #9 went into much more extensive detail and stated:

My mother was very consumed with the Holocaust. I think for us, it often translated into feeling like our feelings were sometimes invalidated - because our problems could never compare to the problems of the Holocaust. The work my mom has done is amazing and so I don't resent it, but at the time, I probably did. Her research centered mostly on pre-war life. My mom's work focuses on holocaust research - uncovering and sharing the stories of individual Jews. It's amazing work and moves many people. But growing up, having the house filled with photographs (everywhere) of Holocaust victims and each night at dinner hearing the recently learned stories definitely cast a shadow on the house. How could I complain about an issue at school when she just finished talking about some horrible story from the camps? But at the same time, when it was day in and day out, it was hard because sometimes I did need to feel like I could talk about the "insignificant" details of my life without feeling like I was being petty to complain about x, y, or z, when in reality "compared to the people in the Holocaust" I had so much. I don't actually think my mom realized that I felt that way, and I know that she always wanted to know about

the day to day of my life (and probably didn't often call the details of my life trivial or insignificant, but that still was how it felt). Over time, I became very immune to anything holocaust related. If my Bubbie (grandmother) wanted to talk about it that was different (and in reality she didn't, she mostly talked about the happy memories before the war) and for her I would always listen. But hearing the other stories (and watching videos etc.), I just began to block it all out and when anything came up holocaust related, I didn't want to hear about it. Again this is after a number of years (elementary school) during which I was reading lots of books taking place during the Holocaust etc. And of course then my mom resented that and thought I was being selfish - but really I think it was self-preservation. I think it definitely put a strain on my relationship with my mother.

Gratitude. While some participants felt that having had a grandparent/s survive the Holocaust made them question their own meaning in life, five participants reported that part of finding meaning in life is through giving thanks for all that one has. For example, Participant #17 stated, “It has made me appreciate everything that I am fortunate to have” and similarly Participant #29 stated,

“It has made me feel fortunate for what good things in life that I have been given”. More specifically, some other participants mentioned their approach towards gratitude, such as Participant #3 who stated, “We did not speak about the Holocaust a lot in my family, but it was always there. In everything we did, we found a way to be grateful that we are alive and did not have to experience the horrors of our ancestors.”

Another participant (#28) compared himself with other Jewish males who have not had a grandparent experience the Holocaust and stated: “It has made me who I am, which I compare

myself to other Jewish guys my age, and realize that there is not the same appreciation for life and belonging and those of us who are descendants of survivors.”

The last few statements were reports of gratitude in regard to the participants’ own lives. Interestingly, this next participant (#31) directed her gratitude towards the man who saved her family during the Holocaust. She stated, “I always felt that the man who saved them was the greatest man on earth and I couldn’t imagine how someone could risk his own life and that of his family for virtual strangers.”

Chapter IV: Discussion, Conclusion, and Implications

Frankl believed that not all human suffering or conflict is pathological. The findings of studies on the first generation provide clear evidence of psychopathology. The literature on the second generation appears to also focus heavily on psychopathology, while studies conclude that they are more vulnerable than similar demographic groups as a result of being raised by first generation Holocaust survivors. The research conducted here explores both pathology and meaning and raises questioning to the theory of transmission of trauma. It appears as though Kellerman's (2001) theory on transmission of trauma is no longer applicable to the third generation in that not all that is transmitted after a tragedy, is traumatic. Transmission of strength, pride, and resilience is also a part of the legacy.

This chapter will attempt to answer the research questions provided in chapter one through a discussion of the relationship between the current study and the previous literature. A review of the application to Frankl's theoretical concept of meaning making and how this concept can help the third generation survivors find meaning in their lives will also be addressed.

As the literature review revealed, research on first generation survivors yielded multiple stress related themes including psychological diagnosis, survivor's syndrome, and physical diagnosis. Researchers studying the first generation focused their attention on PTSD, Major Depressive Disorder, Sleep Disorders, and Dissociation (Kuch & Cox, 1992, Yehuda et al. 1996, Yehuda et al. 1997, Golier et al. 2002, and Yehuda et al. 1994). The first generation survivors were found to have survivor's syndrome due to being physically exposed to the traumas of the Holocaust (Krystal, 1968; Meerloo, 1963; Nederland, 1968; 1981).

The results of this study revealed a theme of heroism. According to Judith Herman (1992) whose main focus of research is on various types of survivors' traumatic experiences,

(e.g., rape, genocide) stated, “Survivors challenge us to reconstruct history, to make meaning of their present symptoms in the light of past events” (p. 3). Although she is speaking about the client - therapist relationship, this relationship can be relevant to the grandparent – grandchild relationship as well. The third generation participants of this study appear to be reconstructing their grandparents’ history, resurfacing their legacy, and in doing so they are seeing the strength and heroic battles their grandparents fought in order to get to the place they are today.

Unlike other studies of the first generation and second generation (Solomon, Kotler, & Mikulincer, 1988, Yehuda et al., 1998, and Yehuda, Schmeidler, Giller, Siever, & Binder-Brynes, 1998), this study did not yield strong indications of psychopathological vulnerability in third generation survivors. While this study only asked seven participants about symptoms of PTSD, six of the seven did not demonstrate any signs of vulnerability. Granted, this study did not use a pathology-centered lens, but even when follow-up calls were specifically conducted to explore for signs and symptoms of pathology connected to the Holocaust, little evidence existed to support its remaining. One participant (#24) did mention that she had nightmares from the ages of eight to twelve about someone coming to take her parents or her away, however, these dreams occurred after hearing the detailed stories of her grandfather’s childhood and did not endure. This participant stated that once she reached an age of maturity (approximately age 13) she realized that the thoughts were irrational and since then has not had those nightmares. According to Nielsen et al. (2000) there is virtually no evidence linking the relationship between anxiety related nightmares in children and how they develop over time, but according to this participant they have not impacted her in any pathological form. Two other participants reported having anxiety and/or depression, however both were unsure whether there was a relationship between the diagnosis and being a grandchild of a survivor.

Chaitlin's (2002) results indicated that the further one gets from a traumatic event, surviving generations begin to show signs of distancing themselves from the "rigid conformity" that may have been place on earlier generations. This finding is both congruent and incongruent with the sample in this study. While we are beginning to see the third generation take on their own responsibilities, they are becoming committed to Judaism and Israel and they are deeply aware and concerned with the fact that we must never forget. However, is this commitment to Judaism and Israel a sense of responsibility and a way of continuing the Jewish heritage or simply a task being done out of an expectation being passed on by the grandparents and for some parents? According to Herman (1992), "Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection to others" (p. 214). Although Herman is discussing first generation survivors of diverse traumas, her words can be related to the third generation in that the third generation may continue to feel a need to group together and re-create a sense of belonging (Herman, 1992). It may be that the third generation survivors in this study feel it is their responsibility, expectation, as well as where they find a sense of belonging, so they have found that remaining committed to Judaism and Israel is an important part of their lives.

Chaitin (2002) also found that due to distance in time and place from the events of the Holocaust that the third generation survivors viewed the first generation as "heroes rather than victims." That theme is heard throughout the voices of the participants in this study, as many in this sample want to continue their grandparents' legacy, whether it be through their career, their stories, or their commitment to Judaism. While the distance from the events of the Holocaust generated some healthy themes among the third generation survivors in this study, three participants reported that the distance may have caused some fear in regards to the possibility of

forgetting about what happened. “After every atrocity one can expect to hear the same predictable apologies: it never happened; the victim lies; the victim brought it upon herself; and in any case it is time to forget the past and move on” (Herman, 1992, p. 8). Contradictory to this quote, six of the third generation survivors in this study reported that not only can this mass trauma not be forgotten, but that it is the duty of this generation to make sure that the stories live on. As Elie Wiesel (1960) stated, “To forget the dead would be akin to killing them a second time” (xv). This is a powerful quote by a powerful man, yet it rings true and speaks to the importance of never forgetting.

Another theme identified in this study that is consistent with the literature on the second-generation survivors is that of “survivor’s guilt” (Lifton, 1967). While the second generation appeared to experience survivor’s guilt, the third generation survivors in this study seem to have created “compensation guilt,” that is the inclination towards fulfilling a sense of meaning for their grandparents. Participants here indicated a need to strive to make use of their time here and value their lives, a luxury not afforded to their grandparents. Another element of guilt the third generation survivors discussed in this study was that of “guilt by comparison.” Specifically, participants discussed feeling badly for having problems that seem “small by comparison” to what their grandparents suffered.

Rubenstein, Cutter, and Templer (1989) studied all three generations and found that those who had two parents survive the Holocaust were more likely to have some type of psychopathology, as did their children, the third generation survivors. While this study’s findings may hold value in some aspects, it is difficult to determine the validity of the results of the third generation since they were assessed at a young age. Also, when focused on the issue of pathology, a diverse and individualized topic, it is difficult to rule out that specific symptoms

were directly related to the events of the Holocaust. One participant in this study did mention that she dealt with depression and anxiety and while she had never thought about linking her symptoms to the Holocaust, her statement about being able to differentiate whether it is a product of the world around her or about the fact that her father was raised by two survivors, speaks to the complexity in determining what is creating the pathology.

More closely related to the findings of this study were the findings of Lev-Wiesel, (2007) whose sample had an average age of 25 years. Some of the themes identified were by Lev-Wiesel's participants included those of fortune and blessing: 'One should bless one's good fortune if one has enough food' and 'family is the most important thing in my life'. The sentiment of gratitude was strongly present in this study. Multiple participants in this study made mention of how fortunate they are for the lives they have been given and how they are thankful for their grandparent's strength, for if it wasn't for their ability to survive they (the third generation) would not be here today.

Clearly the Holocaust has had an impact on the participants' lives and it is evident that other aspects have transmitted, however pathology did not surface as a salient theme among these participants. The findings from this study support those of Sagi-Schwartz et al. (2008) in that there continues to be little evidence supporting the existence of tertiary trauma. While this study only specifically asked seven participants about trauma related symptoms, general questions about the experiences with the Holocaust among the sample at large did not elicit any responses that indicate trauma or pathological symptomology. Of the seven participants who were called, two mentioned that they had dealt with psychologically related issues, however only one alluded to the idea that there was a chance that it might have some indirect relationship to the Holocaust. One participant did mention that she had nightmares for a number of years; however,

she stated that she aged out of them once she was able to separate her grandfather's history with her own current reality. The findings of the study appear to support Chaitlin's notion that the further one is removed from a traumatic event, the less of an impact the event will have on the psychological symptoms.

Conclusion

Previous research Holocaust surviving generations has focused on trauma and pathology. Findings of those studies indicated that when a mass trauma occurs, such as the Holocaust, the survivors and their offspring are often emotionally scarred by the event. However, this study suggests that at some point surviving generations move forward, and while they continue to hold onto the impact of what happened to their grandparents and they don't forget the negativity, they work to create their own legacy through meaning, strength and pride.

Through the process of reconstructing their own legacy, some residual emotions remain while some new positive emotions have surfaced. Anger and guilt appear to have transmitted, however these emotions have taken on a new identity among this sample of third generation survivors. Anger is no longer only directed at the Nazis but at oneself in the form of regret for not asking more questions while the first generation was alive or lucid. Survivor's guilt seems to have steeped more heavily on the shoulders of the second generation, while the third generation's guilt appears to be their own "invention" as a way of explaining how they have a right to suffer with such "minimal" life problems. Guilt has also taken on its own shape through the concept of meaning, in that some participants question what they are doing with their lives and wonder if they are creating meaning. New themes have emerged including gratitude, and interestingly, some third generation survivors appear to link their chosen career paths with their ancestors' experiences. The third generation survivors in this study appear to attach great value

in their family background, and they are motivated to prevent their grandparents' heroic stories from being forgotten or allowing for their religion or heritage to become extinct. Many participants placed value on Judaism and Zionism. Some felt it was their responsibility to carry on the Jewish faith while others felt it was an expectation. Additionally, a small subset of third generation survivors studied here appear to have rejected religion altogether as a by-product of the legacy of the Holocaust experience.

This study suggests that while third generation survivors continue to carry some residual remains of anger and guilt, their focus lies more heavily on their pride, commitment to Judaism, and gratitude. It might be that Frankl (1978) had a point when he stated "those most apt to survive the camps were those oriented toward the future – toward a task, or a person, waiting for them in their future, toward a meaning to be fulfilled by the future" (p. 34). Although the third generation participants in this study do not have someone physically waiting for them, they do have someone's legacy to fulfill and maybe their survival depends on their pride, commitment to Judaism, and gratitude.

Implications

The following section will be divided into two sections. The first section will provide a discussion of the application for clinicians to practice, while the second section will be a review of implications for future research.

Application to practice. This study suggests that third generation survivors may experience "guilt by comparison." Social workers could assist clients experiencing such symptoms by meeting them where they are and helping them to work through the "minimizing". Also, the third generation was found in this study to try to make their lives meaningful. This could be a useful psychoeducation theme presented in therapy for clients who feel burdened or

anxious to fulfill termed destiny in order to lessen “compensation guilt” they may be feeling. If a clinician felt comfortable, he or she could apply Viktor Frankl’s Logotherapy and assist the clients in finding meaning. In working through their meaning, they could address multiple topics discussed in this paper including religion, anger, guilt, as well as the possible expectations that may have been placed on them, and work through each topic until the client feels that he or she has reached the ultimate meaning and is satisfied with his or her life.

Future research. While Kellerman (2001) eloquently outlined the various models of transmission of trauma such as psychodynamic, sociocultural, family system, and biological, his theory neglects the possibility of positive transmission. The data elicited from the sample in this study suggests there may be a paradigm shift among surviving generations – that as generations move away from the actual traumatizing event, the signs and symptoms of trauma might give way to feelings of pride, strength, and gratitude. Without further research there is no way to know how generalizable these findings are.

Studies that would contribute to moving the research on surviving generations forward might focus on comparing a clinical versus a non-clinical sample. This study utilized participants from a non-clinical sample, which may have resulted in the decreased attention on pathology. Future research may also focus on comparing third generation Holocaust survivors with survivors from other mass traumatic events such as the Armenian genocide. Research from a longitudinal study may also provide more data on this population and use a different type of sampling method. However, the findings of this study give credibility to prior clinical theory about how a traumatic event might impact future generations.

While this study’s findings added to the scant research on the third generation survivors, results are limited and future studies should continue to further examine the existence of tertiary

trauma among third generation survivors. Future studies may also consider specifically looking at the relationship between the second generation and the third generation and how that relationship has been impacted by the events of the Holocaust.

Summary

Few, if any, studies thus far have uncovered a paradigm shift moving from a negativistic view into a more positive way to approach the theory of transmission of trauma in regards to Holocaust literature. Whether this is true for all third generation survivors cannot be generalized at this point, however, it is clear that more research is needed on this specific population. While this study critically examined third generation survivors, implications of such a paradigm for social work practice might be extended to others who have also had ancestors survive mass traumatic events such as the Armenian genocide, or in the near future, those who had family members survive 9/11.

Appendix A

Dear Participant:

My name is Melissa Kahane-Nissenbaum and I am a doctoral candidate in the Doctorate in Clinical Social Work program at the University of Pennsylvania School of Social Policy and Practice. For my doctoral dissertation, I am exploring the perceptions and meaning of the Holocaust among Jewish third generation survivors.

The purpose of this letter is to ask for your participation in this study. This study contains six brief questions about you as well as eight more in depth questions about your family's experience with the Holocaust. It should take you between 15-30 minutes, depending on your responses and may require a follow-up phone call. Your participation is voluntary which means you can choose whether or not to participate, and you can choose to stop at any time. You are being asked to join this study because you have been identified as someone who may have had one or more grandparents survive the Holocaust. This letter reviews the purpose of the study, the process by which it will be facilitated, and the possible risks and benefits to you of participating.

The purpose of this study is to learn about the impact of the Holocaust on third generation survivors. Although much is known about survivors and children of survivors, little is known about the perceptions and meaning of the Holocaust on third generation survivors.

Although there is no direct benefit to you, your participation could help us to better understand the impact of the Holocaust on yourself and your family. Your contributions may also benefit the literature in taking it one step further to us gaining an understanding of the perceptions and meaning of the Holocaust on the third generation survivors.

There are no known risks for participating in this study. If answering some of the questions makes you uncomfortable, please feel free to stop. Participation in this study poses minimal risk of injury to participants.

The researcher will make every effort to keep all the information you submit strictly confidential, as required by law. The Institutional Review Board (IRB) at the University of Pennsylvania is responsible for protecting the rights and welfare of research volunteers like you. The IRB has access to study information.

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, please feel free to call Melissa Kahane-Nissenbaum at 609-922-3152. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

Again, your participation is confidential and anonymous. By answering "yes" you are indicating your consent to participate.

Thank you in advance for your participation.

Sincerely,

Melissa Kahane-Nissenbaum, LSW
Doctoral Candidate
University of Pennsylvania School of Social Policy and Practice
609-922-3152
mkahane@sp2.upenn.edu

Appendix B

THIRD GENERATION HOLOCAUST SURVIVOR SCREENING TOOL

First Name _____ Telephone # _____

1. Were you born and raised in the United States? ____ YES ____ NO

2. Are you over 21 years of age? ____ YES ____ NO

3. How many grandparents in your family survived the Holocaust?

____ 1 ____ 2 ____ 3 ____ 4

4. Were your grandparents in hiding or in a concentration camp?

____ Hiding ____ Concentration Camp ____ Not Sure

5. Did your grandparents leave Europe after the war? ____ YES ____ NO

6. Are both of your parents Jewish? ____ YES ____ NO

Appendix C

The Third Generation Questionnaire

1. Which of your grandparent/s was a survivor?
2. How did you find out about your grandmother's/grandfather's/grandparent's history?
How old were you at the time?
3. What were you told about your grandparents' experiences? How did you feel at the time and how have those feelings followed you through your life if at all?
4. When you think about the Holocaust and what your grandparents went through, what kind of thoughts come to mind?
5. How do you think having a parent who is a second generation survivor has impacted your life? Do you think it has effected your family dynamics, consciousness of being Jewish, or possibly your outlook on life?
6. In what ways if any do you believe the Holocaust has impacted your life?
7. Do you talk about you and your family's story? If so, what do you say? What is your story? If not, why not?
8. Is there anything else that we haven't talked about that is relevant to you as a third generation survivor?

THANK YOU FOR PARTICPATING IN THIS INTERVIEW.

Interview Questions for Phone Contacts

- 1) How, if at all, did your grandparents' experience as a Holocaust survivor affect your closeness to the them? To your parents? To your current relationships?
- 2) What kinds of expectations, if any, did your grandparent's have of you? What kinds of expectations did your parents have of you? Do you consider any of these expectations related to your family's history? If so, explain. (Probe for replacement child or perpetuation of the Jewish community)
- 3) In thinking about your grandparents experience as a Holocaust survivor, how do you feel now?
- 4) A new question – lit background - Have you ever had any worries, fears, or nightmares related to the Holocaust? If so, would you describe them? How often have you experienced this? (Probe for symptoms of PTSD.)
- 5) Have you ever had any other symptoms, such as guilt, depression, or obsessive thoughts, specifically related the Holocaust.
- 6) What messages did you feel that your parents were trying to convey to you about your grandparents' experience during the Holocaust? How did they communicate this to you?

References

- Albeck, J. H. (1994). Intergenerational consequences of trauma: Reframing traps in treatment theory – A second-generation perspective. In E.B. Williams & J.F. Sommer, Jr. (Eds.) *Handbook of Post-Traumatic Therapy*, 106-125.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revision. Washington, D.C. American Psychiatric Association, 1987.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition Text Revised. Washington, D.C. American Psychiatric Association, 2000.
- Auerhahn, N. C., & Laub, D. (1998). Intergenerational memory of the Holocaust. In Y. Danieli, ed. *International Handbook of Multigenerational Legacies of Trauma* (pp. 21-41), Plenum.
- Bales, R. F. (1988). *Overview of the SYMLOG system: Measuring and changing behavior in groups*. Woodland Hills, CA: SYMLOG Consulting Group.
- Bales, R. F. (1999). *Social interaction systems: Theory and measurement*. New Brunswick, NJ: Transaction Publishers.
- Bandura, A. (1977). *Social Learning Theory*. Prentice-Hall. In Kellermann, N. P. F. (2001). Transmission of Holocaust trauma – An integrative view. *Israel Journal of Psychiatry*, 64(3), 256-267.
- Baracos, H., & Baracos, C. (1973). Manifestations of concentration camp effects on the second generations. *American Journal of Psychiatry*, 130(7), 820-821.
- Baron, A. (1994). *Holocaust Denial: New Nazi Lie or New Inquisition? A Defence of Free Inquiry and the Necessity of Rewriting History*. Anglo-Hebrew Publishing. London, England.

- Bar-On, D. (1995). *Fear and hope: Three generations of the Holocaust*. Cambridge, MA: Harvard University Press.
- Baron, L. (2005). *Projecting the Holocaust into the Present: The Changing Focus of Contemporary Holocaust Cinema*. Rowman & Littlefield Publishers, INC.
- Baron, L., Eisman, H., Scuello, M., Veyzer, A., & Lieberman, M. (1996). Stress resilience, locus of control, and religion in children of Holocaust victims. *The Journal of Psychology* 130(5), 513-525.
- Baron, D., Elan, J., Kleber, R. J., Krell, R., Moore, Y., Sagi, A., Soriano, E., Suedfeld, P. van der Velden, P. G., van IJzendoorn, M. H. (1998). Multigenerational perspectives on coping with the Holocaust experience: An attachment perspective for understanding the developmental sequelae of trauma across generations.
- Bar-On, D., & Selah, O. (1991). The “vicious cycle” between current social and political attitudes and attitudes towards the Holocaust among Israeli youngsters. *Psychologia*, 2 (2), 126–138.
- Bengtson, V. L., & Allen, K. R. (1993). The life course perspective applied to families over time. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 460 – 499). New York: Plenum Press.
- Blumberg, M. L. Treatment of the abused child and the child abuser. *American Journal of Psychotherapy*, 31, 204-215.
- Catz, M., & Orbach, D. ~1990!. Conscription of youth from special backgrounds @Research repor t#. Tel Aviv, Israel: Psychological Research Division of the IDF.x
- Chaitin, J. (2000b). Facing the Holocaust in generations of families of survivors: The case of

- Partial relevance and interpersonal values. *Contemporary Family Therapy*, 22(3), 289-313.
- Chaitin, J. (2002). Issues and interpersonal values among three generations in families of Holocaust survivors. *Journal of Social and Personal Relationships*, 19(3) 379 – 402.
- Charmaz, K. (2006). *Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis*. SAGE Publications, Inc. Los Angeles, London, New Delhi, Singapore.
- Chirkov, V., Ryan, R., & Willness, C. (2005). Cultural context and psychological needs in Canada and Brazil. *Journal of Cross-Cultural Psychology*, 36, 423-443.
- Cohen, S. M. (1983). American Modernity and Jewish Identity. Center for Modern Jewish Studies, Brandeis University and Queens College.
- Crowne, D. & Marlowe, P. (1964). *The Approval Motive: Studies in Valuative Dependence*. New York, John Wiley & Sons.
- Danieli, Y. (1982). Families of survivors of the Nazi Holocaust: Some short and long term effects. In R.L. Braham (ed.), *The Psychological Perspectives of the Holocaust and of its Aftermath* (pp. 109-127). Holocaust Studies Series. Boulder, CO: Social Science Monographs.
- Danieli, Y. (1998) *Intergenerational Handbook of Multigenerational Legacies of Trauma*. New York: Plenum.
- Derogatis, L. R., & Spencer, P. (1982). *The Brief Symptom Inventory (BSI): Administration, scoring and procedures manual*. Baltimore, MD: Clinical Psychometric Research.
- Diener, E. (1984). Subjective Well-Being. *Psychological Bulletin* 95(3), 542 – 563.
- Diener, E. & Suh, E. M. (1998). Subjective well-being and age: An international analysis. *Annual Review Gerontology Geriatric*, 17, 304-24.

- Diener, E., Oishi, S., & Lucas, R. (2003). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review Psychology* 54, 403-425.
- Dwork, D. and the Jewish foundation for the Righteous (2002). *Voices & Views A History of the Holocaust*. New York, New York
- Eaton, W. W., Sigal, J. J., & Weinfeld, M. (1982). Impairment in Holocaust survivors after 33 years: data from an unbiased community sample. *American Journal of Psychiatry*, 139, 773-777.
- Epstein, S. (1983). *The Mother–Father–Peer Scale*. Unpublished manuscript, University of Massachusetts, Amherst.
- Feldman, S. S. , & Wei nberger, D. A. ~1994!. Self-restraint as a mediator of family influences on boys’ delinquent behavior: A longitudinal study. *Child Development*, 65, 195-211.
- Figley, C. R. (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. Brunner/Maze Psychosocial Stress Series, London.
- Fossion, P., Rejas, M, Servais, L., Pelc, I., & Hirsch, S. (2003). Family approach with grandchildren of Holocaust survivors. *American Journal of Psychotherapy*, 57(4), 519-527.
- Framo, J. (1981) ‘The Integration of Marital Therapy with Sessions with Family of Origins’ ,in A.Gutman and Knistern (eds) *Handbook of Family Therapy*,pp.133–58. New York: Brunner/Mazel.
- Frankl, V. (2006). *Man’s Search for Meaning*. Beacon Press. Boston, MA.
- Golier, J. A., Yehuda, R., Lupien, S. J., Harvey, P. D., Grossman, R., & Elkin, A. (2002). Memory performance in Holocaust survivors with posttraumatic stress disorder. *American*

- Journal of Psychiatry, 159, 1682 – 1688.
- Hazan, C., & Shaver, P. ~1987!. Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52, 511–524.
- Heller, D. (1982). ‘Themes of culture and ancestry’. *Psychiatry*, 45, 247-261.
- Helmreich, W. (1996). *Against All Odds: Holocaust Survivors and the Successful Lives they Made in America*. Transaction Publishers, New Jersey.
- Kalayjian, A., Shahinian, S., Gergerian, E., & Saraydarian, L. (1996). Coping with Otoman Turkish Genocide: An exploration of the experience of Armenian survivors. *Journal of Traumatic Stress* 9(1), 87-97.
- Kellermann, N. P. F. (1999a). *Bibliography: Children of Holocaust survivors*. AMCHA, The National Israeli Center for Psychosocial Support of Holocaust Survivors and the Second Generation.
- Kellermann, N. P. F. (2001). Transmission of Holocaust trauma – An integrative view. *Israel Journal of Psychiatry*, 64(3), 256-267.
- Kicannon, J. C. (1968). Prediction of the Standard MMPI Scale Scores from 71 items: The Mini-Multiphasic. *Journal of Consulting and Clinical Psychology*, 32, 319-325.
- Klein, H. (1973). Children of the Holocaust: Mourning and bereavement. In E.J. Anthony & C. Koupernik (Eds.), *The child in his family* (Vol. 2. pp. 393-409). New York: Wiley.
- Klein-Parker, F. (1988). Dominant attitudes of adult children of Holocaust survivors toward their parents. In J. P. Wilson and B. Kahana, eds. *Human Adaptation to Extreme Stress* (pp. 193-217). Plenum.
- Krystal, H. (1978). Trauma and Affects. *Psychonal Study Child* 33, 81-116.
- Kuch, K. & Cox, B. J. (1992). Symptoms of PTSD in 124 survivors of the holocaust. *American*

- Journal of Psychiatry*, 149, 337 – 340.
- Lev-Wiesel, R. (2007). Intergenerational transmission of trauma across three generations: A preliminary study. *Qualitative Social Work*, 6(1), 75-94.
- Lichtman, H. (1984). Parental communication of Holocaust experiences and personality characteristics among second generation survivors. *Journal of Clinical Psychology* 40(4), 914-924.
- Lifton (1967). *Death in Life: Survivors of Hiroshima*, Random House, New York.
- Lincoln, Y.S. & Guba, E.G. (1985) *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications
- McCann, L. & Pearlman, L. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress Studies*, 3(1), 131-149.
- Miller, L. C. (1967). Louisville Behavior Checklist for Males, 6-12 Years of Age. *Psychological Reports*, 21, 885-896.
- Motro, H. S. (1996). Children of Holocaust survivors remembering in their own way. *International Herald Tribune*, April 19, 1996, pp. 6.
- Myers, D. G. (2000). The fund, friends, and faith of happy people. *American Psychologist*, 55, 56-67.
- Nadler, A., Kav-Venaki, S., & Gleitman, B. (1985). Transgenerational effects of the Holocaust: Externalization of aggression in second generation of Holocaust survivors. *Journal of Counseling and Clinical Psychology* 53(3), 365-369.
- Nadler, A., & Ben-Shushan, D. (1989). Forty years later: Long-term consequences of massive traumatization as manifested by Holocaust survivors from the city and the Kibbutz. *Journal of Consulting and Clinical Psychology*, 57, 287-293.

- Nielsen, T. A., Laberge, L., Paquet, J., Tremblay, R. E., Vitaro, F., & Montplaisir, J. (2000). Development of disturbing dreams during adolescents and their relation to anxiety symptoms. *Journal of Sleep Research*, 23(6), 1 – 10.
- Nemiah, J. C. & Sifneos, P. E. (1970). Psychosomatic illness. A problem in communication. *Psychotherapy and Psychosomatics*, 18, 154-160.
- Padgett, D. K. (2008). *Qualitative methods in social work research*. 2nd edition. Thousand Oaks, CA: Sage.
- Paulhus, D. (1983). Sphere-specific measures of perceived control. *Journal of Personality and Social Psychology*, 44, 1253–1265.
- Pavlov, I. P. (1960). *Conditioned Reflexes: An Investigation of the Physiological Activity of the Cerebral Cortex* (1927). Edited and translated by Anrep G. V. New York, Dover.
- Pennebaker, J. W., Barger, S. D., & Tiebout, J. (1989). Disclosure of traumas and health among Holocaust survivors. *Psychosomatic Medicine*, 51, 577-589.
- Rosen, J., Reynolds, C. F. 3rd, Yeager, A. L., Houck, P. R., & Hurwitz, L. F. (1991). Sleep disturbances in survivors of the Nazi Holocaust. *American Journal of Psychiatry*, 148, 62-66.
- Rosenthal, G. (Ed.). (1998). *The Holocaust in three generations: Families of victims and perpetrators of the Nazi regime*. London: Kassel.
- Rosenzweig, S. (1945). The picture association method and its application in a study of reactions to frustration. *Journal of Personality*, 14, 3-23.
- Rowland-Klein, D. and Dunlop, R. (1998) ‘The transmission of trauma across generations: identification with parental trauma in children of Holocaust survivors’, *Australian and New Zealand Journal of Psychiatry* 32(3): 358–69.

- Rubenstein, E. F. (1995). *After The Holocaust: The Long Road To Freedom*. Archon Books.
- Sagi-Schwartz, A., Van Ijzendoorn, M., Grossmann, K., Joels, T., Grossmann, K., Scharf, M., Koren-Karie, N., & Alkalay, S. (2003). Attachment and traumatic stress in female Holocaust child survivors and their daughters. *American Journal of Psychiatry* 160, 1086-1092.
- Sagi-Schwartz, A., Van Ijzendoorn, M., Bakermans-Kranenburg, M. J., (2008). Does intergenerational transmission of trauma skip a generation? No meta-analytic evidence for tertiary traumatization with third generation of Holocaust survivors. *Attachment & Human Development* 10(2), 105-121.
- Scharf, M., & Mayseless, O. ~19970 2000!. Parenting Representations Interview—Adolescence (PRI-A). Unpublished manuscript, University of Haifa.
- Scharf, M. (2007). Long-term effects of trauma: Psychosocial functioning of the second and third generation of Holocaust survivors. *Development and Psychopathology* 19, 603-622.
- Solomon, Z., Kotler, M., & Mikulincer, M. (1988). Combat-related posttraumatic stress disorder among second-generation Holocaust survivors: Preliminary findings. *American Journal of Psychiatry*, 145(7), 865 – 868.
- Templer, D. I. (1970). The Construction and Validation of a Death Anxiety Scale. *Journal of General Psychology*, 82, 165-177.
- Van der Kolk, B. A. (1987). *Psychological Trauma*. American Psychiatric Press, Inc.
- Van der Kolk, B., McFarlane, A. C., and Weisaeth, L., eds., *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. Guilford Press.

- Veit, C. T., & Ware, J. E. ~1983!. The structure of psychological distress and well-being in general populations. *Journal of Consulting and Clinical Psychology*, 51, 730 –742.
- Wardi, D. (1992). *Memorial candles: Children of the Holocaust*. Routledge, London and New York.
- Webb, N. B. (2004). *Mass Trauma and Violence: Helping Families and Children Cope*. The Guilford Press.
- Wiesel, E. (1960). *Night*. New York. Bantam Books.
- Weiss, E., O’Connell, A. N., and Siiter, R. (1986). Comparison of second-generation Holocaust survivors, immigrants, and nonimmigrants on measures of mental health. *Journal of Personality and Social Psychology*, 50(4), 828-831
- Wyman, M. (1989). DPs: Europe’s Displaced Persons, 1945-1951. Pp. 131-55, 224-28. Associate University Presses, Inc. by Cornell University.
- Yehuda, R. Kahana, B., Southwick, S. M., & Giller, E. L. (1994). Depressive features in Holocaust survivors with posttraumatic stress disorder. *Journal of Traumatic Stress*, 7(4), 699-704.
- Yehuda, R., Elkin, A., Binder-Brynes, K., Kahana, B., Southwick, S.M., Schmeidler, J., and Giller, E. L. (1996). Dissociation in aging Holocaust survivors. *American Journal of Psychiatry*, 153, 935 – 940.
- Yehuda, R., Steiner, A, Kahana, B., Binder-Brynes, K., Southwick, S. M., Zemelman, S., & Giller, E. L. (1997). Alexithymia in Holocaust survivors with and without PTSD. *Journal of Traumatic Stress*, 10(1), 93 – 100.
- Yehuda, R., Schmeidler, J., Giller, E. L., Siever, L. J., and Binder-Brynes, K. (1998) Relationship between posttraumatic stress disorder characteristics of Holocaust survivors

and their offspring. *The American Journal of Psychiatry*, 155, 841-843.

Yehuda, R., Schmeidler, J., Weinberg, M., Binder-Brynes, K., & Duvdevani, T. (1998).

Vulnerability to posttraumatic stress disorder in adult offspring of Holocaust survivors.

American Journal of Psychiatry 155, 1163-1171.

Yehuda, R., Bierer, L. M., Schmeidler, J., Aferiat, D. H., Breslau, I., and Dolan, S. (2000). Low

cortisol and risk for PTSD in adult offspring of Holocaust survivors. *American Journal of Psychiatry* 157, 1252 – 1259.