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Introduction – A Narrative Approach to Bridging the Gap between Clinical Case Studies and Empirical Research on Children of Holocaust Survivors

CHILDREN OF HOLOCAUST SURVIVORS – THE "SECOND GENERATION"

The term "second generation" has become an accepted shorthand phrase that refers to adult children of Holocaust survivors. The term has not only been part of the professional literature, but it has also made its way into music, film, literature, and other arts (Solomon, 1998). In North America, as in Israel, children of survivors define themselves as a group of adults who share certain issues in common due to being the sons and daughters of surviving parents and have formed self-help groups.

In Israel, until the 1990s the term "child of Holocaust survivors" was an ambivalent one. It was assumed that identifying oneself as having parents who were Holocaust survivors suggested that their trauma had been transmitted from them to their children. That is, children brought up in families of survivors were affected by the parents' trauma, which attested to negative psychopathological consequences. Statements such as "I am not from a typical family of survivors" or "I never considered myself as a child of survivors" or "the Holocaust has not affected my upbringing in any way" attest to the emotionally laden nature of the term and to the need to define oneself as free from the psychopathological consequences that this term may imply. For some sons and daughters of families of survivors the very fact of having parents who suffered the Holocaust has been downplayed or not



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acknowledged at all by the parents or by themselves. An Israeli colleague in her mid-40s recounted that only when she watched a documentary made for Israeli TV about her father's story as a child survivor did she grasp for the first time his (and her own) connection to the Holocaust. Reading the subtitle of the documentary on the screen, *The Story of a Holocaust Survivor*, the realization suddenly hit her fiercely and she burst into tears. Until then, although she knew her father was in Europe during the Holocaust she never considered herself the daughter of a Holocaust survivor, that is, one of the second generation.

Another example I (HW) encountered of late realization of a family's Holocaust background was the case of one of my graduate students in winter 2000, in connection with a course assignment that included the topic of the second generation of Holocaust survivors. This student, in her 30s, first discovered through the course assignment that her own parents were Holocaust survivors. It came as a great surprise. She had always had the impression that because they came from Rumania they had not personally experienced the Holocaust. Five years later, in winter 2005, I developed a graduate course that focused on psychological aspects of the memory of the Holocaust. Interestingly, the timing of the course coincided with much of the attention then being given in the media worldwide, and especially in Israel, to commemorating 60 years since the liberation of the Nazi concentration camps and the end of World War II. At least half of the students who enrolled in the course had some Holocaust background in their family. This time it was the third generation who were surprised to find out how little they knew about this background and how much more there was to know and uncover. The very fact of considering oneself as second generation is apparently complex, probably involves certain changes in one's awareness, and needs to be considered in the context of personal development and the sociohistorical context.

The more recent social-cultural-historical context, as the survivors grow old and many second-generation children have lost one parent or both, creates a fresh surge of interest in making their experience



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known to themselves and to others. Lately, children of survivors, following the death of the parent(s), have set out to trace their parents' past and to write about their own experience while growing up, either in scholarly work (e.g., Wajnryb, 2001 – *The Silence*) or in literary writings (e.g., Guttfreund, 2000 – *Our Holocaust*; Miron, 2004 – *A Tale of Life and Death*). In our book we will discuss the complex processes of the echoes of the Holocaust and the emotions and conflicts of the second generation in knowing and not knowing the Holocaust trauma.

"BECAUSE OF THAT WAR": TRANSMISSION OF TRAUMA FROM PARENTS TO THEIR CHILDREN

In referring to the term "second generation" Solomon (1998) suggested, "The assumption of all who use the term second generation, is that it is more than merely a biological marker and that somehow or other the trauma of the Holocaust has been transmitted from the survivors to their children" (p. 69). Numerous publications in the last three decades have attempted to investigate whether the trauma has been transmitted, and if so, what has been transmitted from the survivor parents to their children. Before we turn to provide an overview of this literature, we would like to consider a certain duality regarding the possibility of transmission of the Holocaust trauma to the next generation. We suggest that both the subjects themselves and the researchers experience a duality or ambivalence about confirming or disconfirming the transmission assumption.

As for the subjects, as suggested earlier there may be variability in the extent to which they feel that defining themselves as second generation is part of their identity. On the one hand, these sons and daughters may feel obliged to acknowledge their parents' suffering, and that if they do not acknowledge the aftereffects of the trauma on themselves, as stemming from their parents' traumatic experiences, they are possibly belittling their parents' suffering (Felsen, 1998). Moreover, they may indeed feel strongly that they continue to carry the



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scars of their parents' trauma. As one of the participants in our study indicated: "I, as a second generation, should also be entitled to compensation" (referring to the monetary compensation that the survivors received from Germany). These sons and daughters of survivors may themselves have a need to receive acknowledgment of their own experiences, which they view as related to their parents' traumatic past experiences. On the other hand, confirming the assumption of intergenerational transmission might be perceived as blaming the surviving parents for being responsible for their children's problems, which may arouse guilt feelings in the children (Felsen, 1998). The children may feel that disavowing the transmission assumption, namely showing that they are no different from children of nonsurvivors, is part of their parents' victory over the perpetrators, who failed to damage the next generation (Danieli, 1984; Felsen, 1998). Thus, depending on their affective and cognitive attitudes toward their experience of being children of Holocaust survivors, some sons and daughters may view themselves as being highly affected by their parents' Holocaust trauma ("because of that war..."), whereas others may feel that "there is no such thing as second generation" (Hazan, 1987). This duality is relevant to the methodological issues around subject selection and measurement tools that we describe later.

As regards researchers of the second generation, they may also feel caught up in the duality toward the transmission assumption. Like their subjects, they may lean toward focusing on vulnerability by confirming the long-term effects of trauma on the subsequent generations. By contrast, they may focus on evidence of adjustment and resilience that disputes the transmission of trauma to the second generation. Among researchers, however, much of the controversy surrounding the findings from the numerous studies on the children of Holocaust survivors (for reviews see Bar-On, Eland, Kleber, Krell, Moore, Sagi, Soriano, Suedfeld, van der Velden, & van IJzendoorn, 1998; Felsen, 1998; Kellermann, 2001; Rieck, 1994; Solkoff, 1992; Solomon, 1998) centers on methodological issues. Next we survey these issues.



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CLINICAL CASE STUDIES VERSUS EMPIRICAL RESEARCH ON CHILDREN OF HOLOCAUST SURVIVORS

The study of the second generation began with clinical reports by psychiatrists and psychologists who were treating the children of the survivors (Rakoff, 1969; Sigal, 1971, 1973; Trossman, 1968). On the basis of their clinical observations, research clinicians proposed that the psychiatric distress of these youth reflected a "survivor syndrome" (Niederland, 1968), transmitted and perpetuated from one generation to the next (Barocas & Barocas, 1973). Researchers became interested in studying whether a "children-of-Holocaust-survivor syndrome" existed, and sought to understand the process by which the parents' Holocaust experiences may have affected the emotional development of their children (Danieli, 1983; Sigal, Silver, Rakoff, & Ellin, 1973).

In 1974 Kestenberg formed a study group to investigate the effects of the Holocaust on the second generation, utilizing psychoanalytic source material (Kestenberg, 1982). The purpose of the investigation was "to learn whether survivor parents, as a result of their own traumatic experiences, can influence certain aspects of development, conflicts and psychopathology of their children, as well as the adaptive capacities of their offspring" (Jucovy, 1992; p. 270). This study revealed characteristic conflicts and recurrent patterns in offspring of survivors who had sought analysis. The investigators suggested that these patterns and symptoms should not be labeled a "syndrome" but a "complex" or "profile," because many of the features did not contribute to the formation of psychopathology, and some even constituted expressions of strength (Jucovy, 1992; Kestenberg, 1982).

Psychoanalytic clinical case studies further portrayed characteristic conflicts and recurrent patterns of Holocaust Survivors' Offspring (HSO), such as depression, guilt, aggression, problems in interpersonal relationships, separation-individuation conflicts, and identity issues (Freyberg, 1980; Gampel, 1982, 1992; Kestenberg, 1982; Kogan, 1995; Pines, 1992; Wardi, 1992). Researchers generally attributed these to the survivors' parenting styles. The survivors perceived their



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children as a source of new hope and meaning, and expected them to be a form of restitution for the families, goals, and communities that were destroyed in the Holocaust (Nadler, Kav-Venaki, & Gleitman, 1985; Russell, 1980). Hence, the second-generation children were overvalued and overprotected (Jucovy, 1992). Analyses of clinical material suggest that the children's sensitivity to their parents' suffering may lead to guilt-ridden protectiveness of the parents. Acting out of aggression toward the parents becomes problematic, as does the acknowledgment of aggression and conflict in general (Wanderman, 1976). "To the child of the survivor, death guilt (i.e., guilt relating to having survived the Holocaust) is communicated as ever-present and unexplained guilt. The child is frequently forced to take on the burden of having to fulfill not only his own developmental needs but also his parents' unrealistic expectations in that he must compensate for the parents' sense of worthlessness" (Barocas & Barocas, 1973; p. 821). Clinical reports suggested that particularly during adolescence, survivors' children had difficulty achieving autonomy, partly because their attachment to their parents was so tenacious (Jucovy, 1992). The parents, it was argued, only exacerbate the problem, because for them the issue of separation seems to reactivate their memories of separation from their own parents and siblings, a separation that meant loss (Shiryon, 1988).

A major methodological issue regarding the clinical accounts of the transmission of Holocaust trauma to the second generation is subject selection. The subjects in these case studies were HSO who presented for psychotherapy. These individuals may have grown up in families with depressed members and disturbed patterns of relating, which could have led to the transmission of the scars from one generation to the next. Thus, it is not surprising that findings from clinical reports suggested that psychopathology was more prevalent and more severe in the HSO population than in the general non-Holocaust-related population. In light of the duality we mentioned earlier, it is possible that these HSO were those who indeed attributed their distress to their parents' Holocaust background.



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In contrast to the picture portrayed by studies of clinical samples, studies based on nonclinical samples did not generally support the clinicians' bleak descriptions. The majority of studies that empirically investigated the postulated transmission in nonclinical samples of HSO reported no significant differences between HSO and comparison groups on various aspects of personality, family atmosphere, and mental health (Keinan, Mikulincer, & Rybnicki, 1988; Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981; Rieck & Eitinger, 1983; Rieck 1994; Sigal & Weinfeld, 1987, 1989; Weiss, O'Connell, & Siiter, 1986; Zlotogorski, 1983). For example, in one of these studies in the United States, Leon et al. (1981) compared a nonclinical sample of survivors' children with a matched group of Jewish children whose European parents emigrated to the United States before World War II, and found no significant differences in personality factors on the Minnesota Multiphasic Personality Inventory (MMPI). A controlled study conducted in Israel found that HSO achieved higher academic success and higher economic success than control subjects (Rieck & Eitinger, 1983).

Although controlled studies of nonclinical samples overcome the problem of bias toward those who suffer from the transmission of trauma, the methodological problems of recruitment of subjects and what constitutes the HSO group and the appropriate control group remain. First, recruitment of subjects often relies on those who volunteer or belong to some organization that defines them as HSO so most studies are based on so-called convenience nonclinical samples of HSO. Very few studies have relied on random sampling of HSO from the general population. These studies are easier to conduct in Israel through lists provided by the Israel Population Registry (by special approval for the purposes of research), as was done more recently in studies by Sagi-Schwartz, van IJzendoorn, Grossmann, Joels, Grossmann, Scharf, Koren-Karie, and Alkalay (2003) and ourselves (Wiseman, Barber, Raz, Yam, Foltz, & Livne-Snir, 2002). Second, regarding the definition of the HSO, some studies have defined them broadly as children of parents who were in occupied Europe during

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World War II whereas others have focused on the descendents of Nazi concentration camp survivors. Third, with regard to what constitutes an appropriate control group, it has been argued that the difference found between second-generation survivors and control subjects can be attributed to HSOs' immigrant status rather than to their parents' concentration camp experiences (Weiss et al., 1986). For example, a study comparing children of Holocaust survivors, children of other European immigrants (non-Jewish), and children of American-born parents found no significant differences in mental health or in feelings of anomie among the three groups (Weiss et al., 1986). The study suggested an immigration effect in that offspring of American-born parents showed greater alienation, less religiosity, and a tendency toward feelings of guilt. Specifically, in studying HSO in Israel and comparing them with non-HSO, it has been argued that those immigrating to Palestine before 1939 may a priori differ from those who stayed in Europe (Nadler et al., 1985; Nadler, 1987; Silverman, 1987).

The aforementioned striking discrepancy in the findings that emerged from clinical case studies compared with nonclinical controlled studies and the largely equivocal findings on the second generation have been documented in major reviews of the research in this area (Bar-On et al., 1998; Felsen, 1998; Kellermann, 2001; Rieck, 1994; Solkoff, 1992; Solomon, 1998). These reviews, which were conducted mostly in the 1990s, were based on the common qualitative review method, namely counting studies that support and refute the intergenerational transmission of the parents' traumatic experiences to their offspring. This method of reviewing the evidence has been criticized for not taking into account the highly heterogeneous quality and the size of samples in the reviewed studies. Most recently, van IJzendoorn, Bakermans-Kranenburg, and Sagi-Schwartz (2003) conducted a highly sophisticated meta-analytic investigation addressing the question: "Are children of Holocaust survivors less well-adapted?" Meta-analytical procedures facilitate a quantitative analysis (i.e., computing average effect size across studies) that can take into account



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study characteristics (e.g., sample size). From their series of metaanalyses (on 32 samples involving 4,418 participants), van IJzendoorn et al. (2003) concluded that there was no evidence in nonclinical samples of the influence of the parents' traumatic Holocaust experiences on the children's adjustment. These researchers defined adjustment broadly, as including indicators of posttraumatic stress, other symptomatology, and general mental health. We contend, however, that in studying intergenerational transmission we need to reconsider the focus of our research, and seek the realms in the life of the second generation in which it is relevant to search for the impact of parents' traumatic experiences on the second generation.

SEARCHING FOR THE ECHOES OF TRAUMA: ASKING THE RELEVANT QUESTIONS

Much of the early focus of studies on the intergenerational effects of Holocaust trauma has been on psychopathology (Solkoff, 1992). Such studies on nonclinical samples often concluded that the second generation scored in the normal range. Interestingly, when subjects who participated in such a study were later informed of such findings their response suggested that they felt that the researcher had "missed the point." Blumenthal reported that the participants' reaction was that "they *did* suffer from emotional difficulties, which they ascribed to their being offspring of Holocaust survivors, yet the questionnaire was irrelevant to their specific problems" (Blumenthal, 1981, in Rieck, 1994; p. 650).

In trying to consider such difficulties and sensitivities from which the second generation may suffer, we contend that the search for the echoes of trauma should focus on the realm of the relational world. Indeed, one of our interviewees, while trying to recount a relational episode (following the instructions of the Relationship Anecdotes Paradigm interview, to be described in Chapter 2), indicated after some effort to recount an episode: "I can't quite find the words to



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recount the interaction that I am telling you about. You know I am a medical doctor and I am also involved in research, though a totally different kind of research, and I am not familiar with your methods, but I know *you hit the real issue right on the head.* It is probably something to do with the way I am in my interpersonal relationships and the way I communicate with others."

A NARRATIVE APPROACH TO BRIDGING THE GAP BETWEEN CLINICAL CASE STUDIES AND EMPIRICAL RESEARCH

Given the considerable consensus that investigation of the intergenerational effects of Holocaust trauma should focus on various developmental-social-emotional domains, researchers (Bar-On et al., 1998; Sagi-Schwartz et al., 2003; Wiseman et al., 2002) considered what might be a suitable framework and methodology to explore the relational world of the second generation.

Recently, attachment theory and its research methods have been suggested as an appropriate conceptual and methodological framework to integrate clinically and qualitatively based methods of clinical case studies with empirically based group studies. First, it has been suggested that attachment, separation, and loss are highly relevant concepts for understanding the psychological aftermath of the Holocaust. Second, attachment theory stresses the continuous and cumulative nature of favorable and unfavorable child-rearing circumstances, and in that respect it transcends the gap between clinical and nonclinical observations (Bar-On et al., 1998; Sagi-Schwartz et al., 2003; Scharf, 2007).

The conceptual and methodological framework that we have suggested is based on contemporary adaptation of psychodynamic theory (Freud, 1912/1958; Luborsky & Crits-Christoph, 1990) involving central relationship patterns (Barber, Foltz, & Weinryb, 1998; Luborsky & Crits-Christoph, 1998). Central relationship patterns refer to characteristic ways of relating to others and are thought to be the product of

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