

# In the shadow of the Holocaust: Intergenerational transmission



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# The Holocaust

- ❑ The Holocaust was a unique genocide because of its scale and industrial design.
- ❑ Unfortunately, it is not the only genocide in recent times.



# Significance

- ❑ In light of large-scale global atrocities including recent genocide (e.g., Cambodia, Rwanda) – this issue is of considerable significance.
- ❑ What we learn about long-term effects and intergenerational transmission can provide insight into the fate of genocide survivors and their offspring.



**Are Holocaust Survivors at  
increased risk for  
psychopathology?**

- ❑ Research on the psychological consequences of the Holocaust for survivors has not shown unequivocal results.
- ❑ Some studies reported that many survivors suffer from deep and enduring psychological disturbances (anxiety, depression, intense guilt, somatization, catastrophization, sleep and family problems, etc.).
- ❑ Some research reported that most survivors were not detrimentally affected and led productive and successful lives.

Close scrutiny of this body of research reveals that the **pathogenic** view was primarily supported by case reports and studies of clinical populations, whereas systematic controlled studies using psychometrically validated measures generally demonstrated **salutogenic** outcomes (Barel et al., 2010)

# Latent Vulnerability

Holocaust survivors who functioned well under regular circumstances were more vulnerable under more extreme stressful conditions (Cancer - Baider et al., 1992).



# Latent Vulnerability

- ❑ The First Gulf War reactivated traumatic memories of WWII (threats to use chemical warfare, forced passivity).
- ❑ Functioning Holocaust survivors were highly anxious and among them the most vulnerable were those who experienced the war as reminiscent of their WW2 experiences (Solomon & Prager 1992).



# Family and Psychopathology

- ❑ Clinical studies described disturbed family relationships in Holocaust survivors.
- ❑ The relationships of survivors with their offspring was observed to entail over-protectiveness , anxiety , ambivalent bonds and re-enactment of violence (e.g. Bergman & Jacoby ,1982).



A child of Holocaust survivors recalled that during his frequent fights with his brother and when he refused to eat his mother would call him "little Hitler" (Bergmann & Jucovy, 1982)



# Secondary Traumatization

- ❑ Trauma creates ripple effects
- ❑ "Secondary traumatization' refers to the traumatization of persons in close proximity to victims of traumatic events, who suffer from a range of emotional symptoms" (Figley, 1983)



- ❑ As secondary traumatization is caused by parents' disturbances, **pertinent questions are:**
- ❑ Were Holocaust survivors able to protect their children from the aftermath of the Holocaust?
- ❑ Or were residual pathogenic effects passed on to their offspring?

# Second Generation

Is a widely accepted term denoting considerable secondary traumatization among Holocaust offspring



# Controversy about validity

Yoram Hazan, the late prominent Israeli clinical psychologist,  
wrote an influential article entitled:

*Second Generation – Is it for real?*

*a doubtful concept*

Meta-analysis of 32 controlled studies on 4418 families revealed **a significant difference** in psychological well being and adaptation between second-generation Holocaust survivors and controls indicating the second generation endorsed **MORE** impaired mental health, posttraumatic distress, and other psychopathological symptomatology (Van Ijzendoorn et al 2008)

**However**

# Close scrutiny reveals

- ❑ In non-select convenience sample (20 studies) there was a significant effect.
- ❑ However, in the studies with more rigorous design **NO** difference between 2nd generation and controls was found in well being/adjustment.

# Select vs. non Select Studies

- ❑ Only studies with convenience samples showed secondary traumatization.
- ❑ Second generation were less adjusted than controls **only in clinical samples.**

# Is Secondary Traumatization stronger when **both** parents are Holocaust survivors?

The occurrence of secondary traumatization was more apparent in offspring of two Holocaust survivor parents rather than only one.

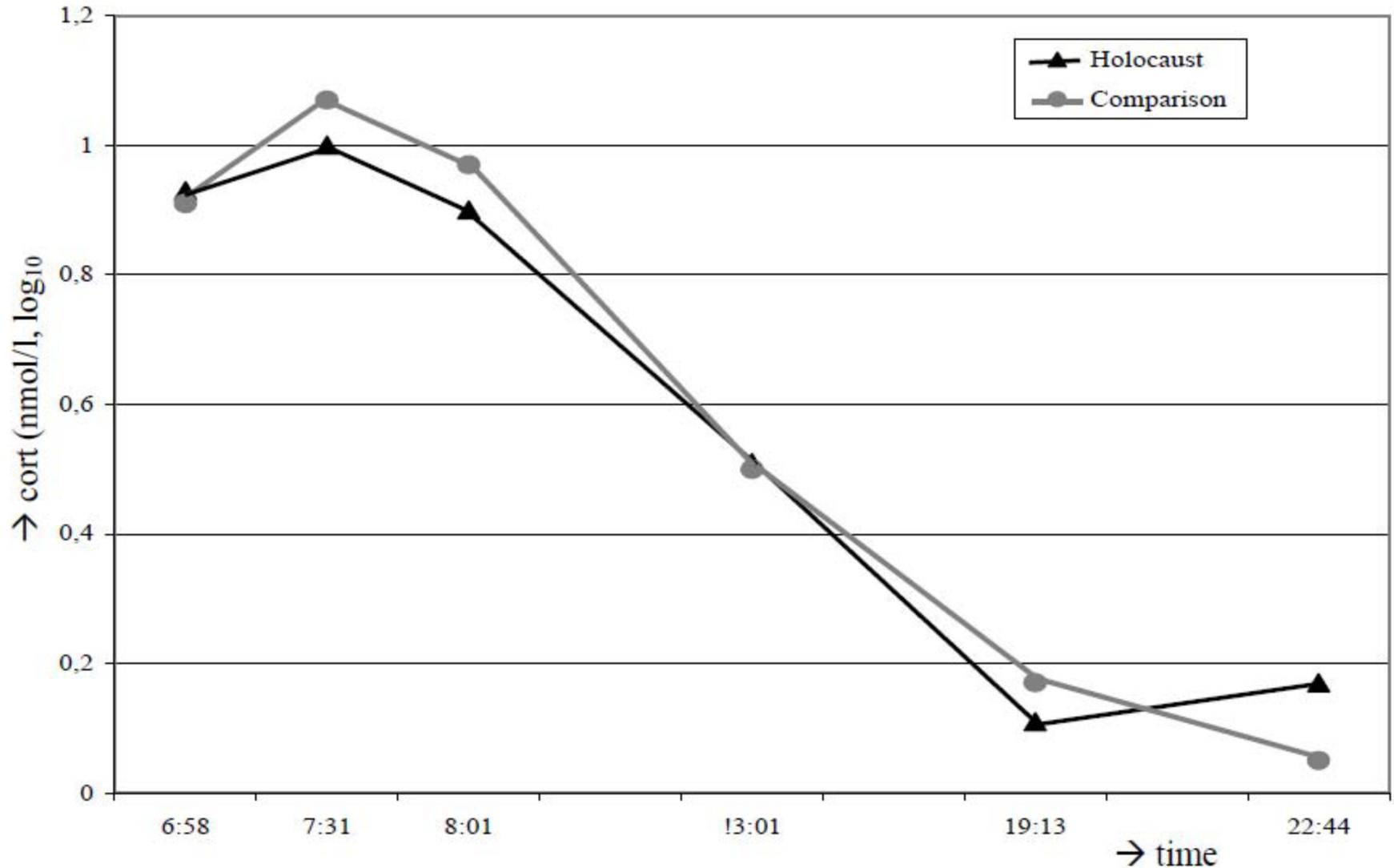
# Holocaust survivors in Israel

- ❑ A protective factor - meaning and common goal in rebirth and building national and individual Identity.
- ❑ Safer from anti-Semitism in a predominantly Jewish community.
- ❑ Frequent wars / terror - perpetual danger.

# Are 2<sup>nd</sup> generation better adjusted when raised in Israel?

Review of research reveals that living in Israel **DID NOT** make a difference for the occurrence of secondary traumatization.

# Second Generation of Holocaust survivors did not show elevated levels of daily saliva cortisol secretion when compared to matched comparisons



Daughters of Holocaust survivors and daughters of comparisons also showed similar curves in cortisol reactivity.

**My Mother:  
Did we pass on defective genes?**



# Latent vulnerability unmasked

- ❑ Second generation who were themselves exposed to traumatic stress were more vulnerable than comparable controls.
- ❑ CSR veterans whose parents were HS were at increased risk and slower recovery (Solomon et al., 1988)
- ❑ also supported by biological research (Yehuda et al., 1998).

# Increased Vulnerability in 2nd Generation

1. Holocaust survivors' offspring often react with severe anxiety when exposed to stress.
2. They suffer from high vulnerability that undermines their narcissistic defenses.
3. They suffer from survivor guilt.
4. They experience intense conflicts over the expression of aggression.

# Parental psychopathology implicated in trauma transmission

Offspring of Holocaust survivors showed **lower daily** cortisol secretion **only when** their surviving parents displayed more dissociation.

Van IJzendoorn, et al (2013)

# Parental psychopathology & trauma transmission

- Primary traumatization “gets under the skin”, Secondary traumatization seems restricted to those adult children who experienced parents with more intense levels of dissociation. at least in genocidal traumas.

- Yehuda et al. (1998) extended our finding by demonstrating that PTSD in Holocaust survivors' offspring was specifically related to the presence of PTSD in the parents.
- Offspring of trauma survivors with PTSD show lower (24-h mean) urinary Cortisol excretion and salivary Cortisol levels than offspring of survivors without PTSD

## Possible Explanations:

- \* genetics
- \* epigenetics
- \* difficulties in parenting
- \* vicarious traumatization

# Secondary Posttraumatic Growth

- We examined PTG in 2 groups of the 1973 veterans at 2 points of time.
- SGH reported **less** PTG than NSGH particularly in
  1. Appreciation of life
  2. Relations to others
  3. Personal strength

Dekel, Mandl & Solomon (2013)

# Conclusions - 2<sup>nd</sup> Generation

1. Latent vulnerability that is not revealed under “normal” situations.
2. Vulnerable clinical group not the norm.
3. Generally, it seems that survivor parents managed to protect their children from being affected by the Holocaust.
4. Parental psychopathology is implicated in transmission.

## 3<sup>rd</sup> Generation

Since there is no solid empirical evidence for a higher prevalence of psychopathology in 2nd generation, one may argue that no transmission to the 3rd generation should be expected.

**However**

- ❑ At the same time, there are **a few** studies (Rubinstein et al., 1990; Welter 1998) **endorsing** the **intergenerational transmission** of anxiety traits in 3<sup>rd</sup> generation.
- ❑ Such far-reaching statements have become ingrained to a large extent in the professional belief system and wider community.
- ❑ This calls for systematic research and close scrutiny of existing body of knowledge.

# Why bother?

- ❑ Some scholars argue that it may “skip a generation”, using the metaphor of biologically inherited diseases (Bulsmen, 1998).
- ❑ While children were part of the “conspiracy of silence” era, grandchildren were urged to learn about their grandparents’ past through school projects, or participation in Holocaust-centered excursions to Poland (particularly in Israel).

# Literature review indicates

- ❑ As expected, the number of 3<sup>rd</sup> generation studies is relatively small.
- ❑ Many are qualitative studies, some with unsophisticated design based on biased clinical populations.

- ❑ Five out of the six **non-select** samples were carried out in Israel assessing various outcomes (aggression, self-esteem, communication, attachment, coping and adjustment).
- ❑ These studies found:
  - **No** differences in aggression (Buchan et al., 1994).
  - **No** significant differences in attachment (Sagi, 2003).
  - **No** differences in appraisal of attachment (Wiseman, 2005).

- ❑ No difference in communication, self-esteem.
- ❑ 3<sup>rd</sup> generation endorsed **higher attachment anxiety** but not attachment avoidance.
- ❑ Given that this study was carried out at the peak of the 2nd Intifada, the higher attachment anxiety may be interpreted as indicating greater vulnerability to life threat .

7 American studies based on highly selective, even biased sampling (i.e., personal network, flyers in synagogues) yielded mixed results:

- \* **No** differences in eating problems (Zelman, 1997).
- \* **No** differences in intimate relations (Gopen, 2001).
- \* **No** differences in self-esteem (Liebeman, 1992).
- \* **No** differences in psychological symptoms and use of therapy (Gante, 2002).
- \* Higher rates of depression and anxiety, more difficulties in relationships with parents (Huttman, 2003; Welter, 1998).

# Narrative approach

In a research domain with conflicting results, narrative review is insufficient to reconcile diverging study outcomes as it does not take into account the highly heterogeneous quality and size of studies.

# Meta-Analytic approach

- ❑ Sagi et al. (2008) conducted a meta analysis of 13 pertinent studies with a control group (quantitative and non-clinical) n=1012 families.
- ❑ In both "selective" and non-selective studies -"no tertiary traumatization was detected in 3 domains of functioning (internalizing, externalizing & attachment)".
- ❑ A meta-analysis with a small number of studies should be considered with caution, possibly some moderating effects may remain hidden.

# Conclusion - 3<sup>rd</sup> Generation

- ❑ Already when examining the relationships between 1<sup>st</sup> and 2<sup>nd</sup> generation it seems that Holocaust survivors, as parents, generally managed to protect their children from being affected by the Holocaust.
- ❑ The idea that trauma might skip a generation (2<sup>nd</sup>) and emerge only in the next one (3<sup>rd</sup>) as is seen in biologically inherited disease was not supported by the meta analysis.

# Conclusion - 3<sup>rd</sup> Generation

- ❑ Given an absence of well-substantiated theoretical models of psychosocial transmission, a Mendelian genetic inheritance model might not be applicable for psychosocial inheritance.
- ❑ Post Holocaust environment: mostly hostile reactions in homeland, yet rebirth in Israel/US.

# Explanations for remarkable resilience of HS

- ❑ The trauma was not inflicted by their attachment figures (i.e., parents)
- ❑ The traumatic experiences of the Holocaust were anonymous/bureaucratic -did not undermine basic trust in attachment figures.
- ❑ Some survivors (in hiding) even had benevolent human ties and experiences.
- ❑ These enabled them to fulfill their own role as trusted parents for their children.

# Theresienstadt



# THANK YOU!



*“And the wolf will dwell  
with the lamb, And the  
leopard will lie down with  
the young goat, And the  
calf and the young lion  
and the fatling together;  
And a little boy will lead  
them”*

Isaiah 11:6