THREE DEGREES OF SEPARATION: PROCESSES AND OUTCOMES IN INTERGENERATIONAL TRANSMISSION OF TRAUMA IN SECOND AND THIRD GENERATION HOLOCAUST SURVIVORS

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DECLARATION

I declare that this dissertation is my own account of my research and does not contain any work that has been previously submitted for a degree at any institution, except where due reference is made in the text. To the best of my knowledge this thesis contains no material published by another person, except where due reference has been made. The ethical principles for research as stipulated by the Australian Psychological Society and Swinburne University of Technology have been adhered to in this research.

Vivien Silbert
March 2010
ABSTRACT

Although not exposed to the experiences of their parents, there is substantial research evidence that many children of survivors of the Holocaust suffered traumatization. However, much less is known about whether Holocaust trauma continues to be transmitted to the grandchildren of survivors. The primary contribution of this thesis was to examine the long-term effects of Holocaust trauma and how it is transmitted from Holocaust survivor women to their daughters (second generation) and granddaughters (third generation) within an Australian community sample. A further aim was to compare the processes and outcomes of transmission of trauma in the two family generations. Particular emphasis was on the impact of the parenting received by the second generation on the way they parented their own children.

Three related studies were conducted. Study one was a quantitative analysis using self-report measures of perceptions of maternal engagement and personality styles. Data from the second generation daughters of survivors were compared to a control group of Jewish women whose mothers had not been exposed to Holocaust trauma and to the third generation women. The sample included 60 Jewish women. Twenty were daughters of Holocaust survivors ($M = 51.5$ years), 20 were daughters of Jewish women whose mothers were born in Australia ($M = 49.5$ years), and 20 were granddaughters of Holocaust survivors ($M = 23.5$ years). As hypothesized, and consistent with much research, findings showed differences between daughters from survivor and non-survivor backgrounds. Holocaust survivor mothers were perceived by their daughters as more overprotective but less emotionally expressive and caring than the Australian-born mothers of their counterparts. Daughters of survivors were
less individuated, shared less intimacy, and were more intimidated by their mothers than the control group. They also showed a greater need for autonomous achievement as indicated by higher levels of perfectionism and self-criticism than the daughters of Australian-born women. The most significant finding was that third generation daughters viewed their mothers as equally over protective as second generation women perceived their own mothers. However, second generation women were seen as showing their daughters higher levels of emotional care than they had received. Thus, while exhibiting similar levels of over protectiveness, the second generation women provided a different model of parenting with regard to emotional care.

Studies 2 and 3 elaborated on study 1 through in-depth qualitative analyses of the second and third generation Holocaust groups. This provided a deeper understanding of the subjective, lived experience of growing up as the child and grandchild of a Holocaust survivor in Australia. Study 2 focused on processes and outcomes of transmission of trauma in the second generation with emphasis on their perceptions of their upbringing and on the way they parented their own children. Findings aligned with past qualitative research regarding direct and indirect processes of trauma transmission. The presence of on-going effects of the Holocaust in all second generation women was demonstrated as well as profound influences on their parenting. Study 3 was an exploratory analysis of the effects of Holocaust trauma on the lives of the third generation together with the way this transmission occurred. The processes and effects of transmission in the two generations of Holocaust offspring were also compared. The third generation women demonstrated varying degrees of ongoing effects associated with the Holocaust. Most commonly, these featured a sense of vulnerability.
Collectively, findings from all three studies demonstrate that, while not psychopathological, second and third generation non-clinical Australian women endure ongoing negative effects associated with Holocaust trauma. Both generations continue to experience fear, burden of the past, despair and feelings of difference. While effects related to burden and despair were diluted in the third generation, fear-based effects such as anxiety and distrust, and feelings of being different appeared equally strong.

Processes of transmission through intrapsychic means and the family environment were less evident in the third than the second generation. A particularly important discovery was the role played by survivor grandmothers in imparting trauma-related effects directly to the third generation. The combined effect of grandmothers and mothers in communicating messages about the Holocaust to the third generation suggests a multi-generational model of transmission. Both qualitative and quantitative data reveal a much more positive picture of the second generation as mothers in comparison to survivor mothers. However, it appears that some negative aspects of their upbringing were adopted, although not necessarily consciously, and repeated in the parenting of their own children. In addition, sources outside of the family, most particularly media and Jewish schools, were clearly implicated in trauma transmission to the third generation. Implications and findings for future research on the second and third generations and clinical practice are described.
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CHAPTER ONE: INTRODUCTION AND OVERVIEW TO INTERGENERATIONAL TRANSMISSION OF TRAUMA

1.1 Introduction

More than sixty years after the liberation of the Nazi concentration camps, the Holocaust continues to attract historical and psychological interest. At a public level, this is reflected in a constant flow of research papers, publications, films, documentaries, the construction of memorials and museums and similar projects aimed at recording this darkest of chapters in human history. On a personal level, Holocaust survivors continue the process of archiving their oral and written testimonies before “time runs out” while their children and grandchildren pursue their understanding of their family inheritance through a range of activities. These include professional, communal and scholarly commitments associated with the Holocaust; participation in workshops with descendants of Nazi perpetrators (see 1998b; Locke, Peck, & Wagner, 1997); making pilgrimages to the birthplaces of their family and the Nazi death camps (Bar-On, 1995; Hogman, 1998), and conducting searches of their genealogy (Ruedenberg- Wright, 1997). Currently in Israel, the third generation’s understanding of their relationship to the Holocaust is facilitated through exchange groups between Israeli and German students while in Australia, forums and workshops enabling third generation Holocaust descendants to explore their identity have been established (Krasnostein, 2006).

This thesis is concerned with the psychological impact of Holocaust survivors’ trauma on their children and grandchildren - the second and third generation. Transmission of intergenerational trauma to the children of Holocaust survivors has been the subject of significant debate. Although children of Holocaust survivors were not exposed directly to the horrific experiences of their parents, there is substantial
evidence that many of them suffered some form of traumatization. Clinical researchers such as Wardi (1992) and Bergmann and Jucovy (1982) have observed that in spite of the Holocaust occurring before they were born, children of survivors often present symptomatically as if they themselves had endured the Holocaust. It is argued that the legacy of memories, emotions, the lived experience and the aftermath of the Holocaust is passed on through unconscious processes to subsequent generations within families (Kestenberg, 1972). Other researchers have suggested that permanent adverse psychological effects in survivors may have resulted in deficient parenting. This in turn may have engendered a psychopathological syndrome among their children characterized by symptoms resembling those of their parents (Barocas & Barocas, 1973; Sigal, Silver, Rakoff, & Ellin, 1973; Trossman, 1968). Albeck (1994) concluded that: “These offspring, the ‘second generation’ from the trauma, may thus bear ‘the scar without the wound’ since they are significantly, if only indirectly, affected” (p. 106).

The notion of intergenerational transmission of trauma is supported by other studies which take the view that the burden of past generations, whether it be violence, physical or sexual abuse or hatred between enemies, is invariably transmitted to future generations (Herman, 1992). As such, it has been suggested that intergenerational transmission is not restricted to any single type of trauma (De Graaf, 1998; Rosenheck & Nathan, 1985). Studies of secondary traumatization in non-Holocaust populations such as Vietnam combat veterans have indicated that the offspring experience traumatisation in spite of the absence of any direct exposure to the trauma itself (Rosenheck & Fontana, 1998). Similar legacies of trauma resulting from their parents’ experiences have been noted in the second generation of the Japanese survivors of the atomic bomb, children of collaborators, offspring of the
Kellerman (2001a) noted that almost 400 publications dealing with
transgenerational transmission of Holocaust trauma have been produced over the last four decades. This extensive output of research has focused mainly on identification of psychopathology or symptomatology in children of survivors and the ways in which survivors communicated their trauma to their children. However, much less is known about the way in which trauma is reflected in the world-view, behaviours and emotional experiences of the second generation or whether its influence extends beyond this generation. To date, research on transmission of Holocaust trauma to the third generation is relatively limited. This thesis aims to take this next step by exploring the extent and manner in which Holocaust trauma is transmitted beyond the second generation.

There are reasons for believing trauma continues to be transmitted to the third generation. If Holocaust-related effects are transmitted from the first generation to the second generation, a similar process might occur between the second generation and third generation, resulting in enduring psychological effects in this generation. Research shows evidence of transmission of trauma in third generation offspring of other genocides (Kupelian, Kalayjian, & Kassabian, 1998). Kupelian et al. observed greater levels of distress and symptoms of arousal in non-clinical third generation Armenian genocide survivors than in controls. Furthermore, reference has been made to a “unique” relationship between the third generation and their survivor grandparents (Hass, 1990), which may have facilitated the transmission of trauma. Ruedenberg-Wright (1997) concluded that many third generation offspring perceive themselves as the “last link” to the survivors they knew as grandparents.
Of the existing research on the third generation, much has been conducted with children and adolescents (e.g., Hogman, 1998; Scharf, 2007). At the current time, the third generation are mainly young adults and some are already parents themselves. As such, they are at a new developmental phase, leaving home and separating from their families, getting married and even questioning how they will pass on the heritage of the Holocaust to their own children. It is therefore timely to advance the limited research on the third generation.

The manner in which Holocaust survivors parented their offspring has been recognized as integral to the transmission of Holocaust trauma (see Freyberg, 1980; Kellerman, 2001c). This thesis addresses parenting as a pathway of transmission of trauma not only from the survivors to their children but from the second generation to their children. Thus far, study of the parenting of the third generation has been insufficiently explored. In this thesis it is argued that the second generation may have adopted negative parenting styles from their parents which influence the parenting of their own children.

The upbringing of the third generation has several unique features relative to the second. Unlike their parents, the third generation are not the direct recipients of a face-to-face Holocaust upbringing. They have been spared their parents’ struggles of growing up in a migrant background, enjoying a totally different social, cultural and economic context to that of their parents. The plethora of books, films and other media on the Holocaust that exists today has given them a factual basis to their family background allowing them to fill in the many “gaps” of understanding. Most importantly, the third generation have in most cases grown up alongside their survivor grandparents and, unlike their parents, experienced an extended family.
The purpose of this thesis is to explore the trajectory of intergenerational transmission of trauma from female Holocaust survivors to their second and third generation female offspring in an Australian non-clinical population. The decision to focus on women was informed by empirical findings that daughters of Holocaust survivors display a more profound effect than sons (Heller, 1982; Last & Klein, 1984; Lichtman, 1984; Scharf, 2007; Zwerling et al., 1984). The greater susceptibility of female offspring to trauma-related symptoms such as anxiety, depression, and guilt (Lichtman, 1984), together with increased difficulties separating and individuating from their parents (Brom, Kfir, & Dasberg, 2001; Wiseman et al., 2002), has been explained through their heightened identification and empathic bond with their mothers (Vogel, 1994).

The large Holocaust survivor population who immigrated post-war to Australia, in particular to the cities of Melbourne and Sydney, presents the opportunity to examine residual trauma in descendants belonging to a unique cultural community group. This is valuable in view of perceived difficulties in generalizing findings from other studies, particularly those conducted in Israel where the Jewish homeland has been seen as having rehabilitative effects on the second generation (Newman, 1979; Okner & Flaherty, 1988; van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). This thesis was directed at obtaining a composite picture of core existential and relational experiences in an Australian community sample rather than a clinical one.

Danieli (1998) highlights the benefits of including multiple generations of the family in the study of intergenerational transmission of trauma:

The intergenerational perspective reveals the impact of trauma, its contagion, and repeated patterns within the family. It may help to explain certain behaviour patterns, symptoms, roles, and values
adopted by family members, family sources of vulnerability as well as resilience and strength. (p. 9)

This thesis investigates both second and third generation members of the same family in an attempt to identify such recurring patterns and experiences. It is further hoped that a comparison of the emotional experiences of the second and third generation process will enhance the picture of familial intergenerational transmission of trauma. Problems of temporality in comparing the life experiences of the second and third generations are acknowledged with the second generation now facing midlife challenges while the third generation are still creating their story.

Unlike much second generation research which concentrates either on how trauma is transmitted from survivors to their children (see Kellerman, 2001b; Wajnryb, 2001; Weiss & Weiss, 2000) or what is transmitted to the second generation (see Felsen, 1998; Kellerman, 2001a; Solomon, 1998) but not both, this thesis is concerned with both the processes and outcomes of transmission of trauma. It is thought that since both of these are related aspects of the same phenomenon, greater clarification of the way Holocaust trauma shapes subsequent generations can be obtained by studying them together.

The process of transmission of Holocaust trauma from survivors to their offspring has been variously described as: transgenerational transmission (Felsen, 1998; Sorscher & Cohen, 1997; Volkan, 2001), intergenerational transmission (Sigal & Weinfeld, 1989), multigenerational transmission (Danieli, 1998), crossgenerational (Lowin, 1983), empathic traumatization (Albeck, 1994) and secondary traumatization (Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998). This thesis uses the term “intergenerational transmission”. This term was chosen because it focuses on relationships with parents as opposed to the
cumulative effect of the emotional transmission process over several generations. It suggests a familial pattern whereby trauma conveyed from the first to the second generation may be replicated between the second and the third generations, as well as between future generations.

As this thesis is concerned with a non-clinical population, outcomes of trauma are not conceptualized in terms of clinical notions of psychopathology or symptomatology consistent with post traumatic stress disorder (PTSD) criteria. Rather, this thesis follows the notion identified in the literature of a “profile” or “complex” which allows for a range of psychological responses and effects, which are associated with the Holocaust but are not psychopathological (Bergmann & Jucovy, 1982; Felsen, 1998). Effects such as distress, psychological disturbance and vulnerability are consistent with this profile.

This thesis incorporated both a quantitative study and two qualitative studies in the belief that the use of multiple methods provides a sound methodological framework that is not subject to the specific limitations and weaknesses of an individual approach. One of the features of past research is the ambiguity that exists between studies using clinical and empirical methodological approaches (See, for example, Felsen, 1998; Kellerman, 2001a; Solkoff, 1981; Solomon, 1998). The quantitative approach established a broad picture of the second and third generations as a group, while the qualitative approach captured the emotional world of both generations by allowing participants to explore their subjective experiences and reflect on the impact of their background on their lives. Both approaches were directed at uncovering the processes and outcomes involved in intergenerational transmission of Holocaust trauma.
This research explored the proposition that intergenerational transmission of Holocaust trauma continues beyond the second generation into the third generation. It further investigated the notion that the second generation may convey trauma to their own children through negative parenting behaviours derived from their own upbringing. The following section outlines the structure of the thesis.

1.2 Thesis Overview

This thesis explores the on-going psychological effects of the Holocaust on the second and third generations and the processes by which this transmission occurs. The structure of this thesis is embedded in the various chapters. This first chapter provides a general introduction to the background of the thesis, what the thesis hopes to achieve and how it intends to do it.

The second chapter defines trauma and reviews the literature on the outcomes resulting from Holocaust trauma in the first, second and third generations of Holocaust survivors. Outcomes for the first generation are discussed in brief since the two successive generations are the focus of the thesis. The second generation is dealt with in the most depth since the literature on this population forms the bulk of intergenerational research. The research on the second generation is reviewed chronologically as three phases of interlinked study, which largely accord with changes in methodological approach. The first phase beginning in the middle and late sixties generally comprised descriptive and case-based studies with clinical populations. The second phase encompassed studies conducted in the mid 1970’s to the 1990’s where the focus had shifted to analysis using more objective criteria. This produced large numbers of broader-based empirical studies using control groups with both clinical and non-clinical populations. Over the last twenty years, research has
introduced qualitative approaches informed by a constructivist perspective to provide an understanding of the second generation’s unique experiences and worldviews.

Although limited, research addressing the second generation’s perceptions of themselves as parents is also considered in Chapter 2, along with a discussion of the methodological limitations and inconsistent findings prevalent in Holocaust literature. Studies which detail psychological effects in the third generation alone and within the context of multiple generations are reviewed in depth as there is only limited research in this area. Findings from these studies underscore the rationale of this thesis to explore the potential presence of traumatic effects in the third generation.

How trauma is transmitted from survivors to their children is explicated in Chapter Three. The literature and theoretical background concerning processes of transmission of trauma from one generation to the next is critiqued and reviewed with specific regard to biological and psychosocial models in Holocaust research. Different processes of transmission are classified according to whether they are direct or indirect. This chapter further considers the content of verbal and non-verbal messages conveyed to the second generation.

The purpose, aims and research questions of this thesis are presented in Chapter Four. An epistemological statement by the researcher helps explain the rationale informing this study. This thesis contributes to the body of Holocaust literature by extending previous research to the third generation, by using mixed methodology to overcome existing deficiencies, and by advancing study into the impact of the second generation’s upbringing on the way they choose to parent their children. In addition, this thesis provides an in-depth examination of an Australian female community group.
Chapter Five describes the first of the three studies. Using self-report measures, it examines perceptions of engagement and bonding between mothers and daughters and personality style both within the second generation when compared to a non-Holocaust control group and across three generations of Holocaust women. It provides the context and establishes the basis for the two large, in-depth studies which follow.

Study 2 and study 3 form the central core of the thesis. These studies are based on narrative accounts from the perspective of the daughter of a Holocaust survivor (second generation) and the granddaughter of a Holocaust survivor (third generation). Study 2, presented in Chapter Six elaborates on the unique experiences of the second generation with particular focus on the way in which intergenerational transmission of Holocaust trauma occurred and the long-term outcomes of this transmission. Further, this group of women’s perceptions of their parenting as a potential source of transmission of Holocaust messages to their offspring are explored.

Chapter Seven details Study 3. This was an in-depth exploratory analysis into the lived experience of being a third generation Holocaust survivor. As with the previous one, this study addressed the processes and effects of the transmission of trauma as a consequence of their Holocaust background.

Chapter Eight, as the final chapter, reviews the results of the three studies and integrates these findings in relation to the stated aims and main research questions. The three studies are discussed in terms of how they relate to previous research and their theoretical and clinical implications. The ways in which these results might be used to direct future research into intergenerational transmission of trauma are also discussed.
CHAPTER TWO: OUTCOMES OF HOLOCAUST TRAUMA

2.1 Introduction

This chapter is concerned with outcomes or the psychological effects of trauma produced by the Holocaust. The psychological literature on this subject indicates that this is not a settled matter. Although studies concur on the pathological effects in the first generation, much debate surrounds the presence of psychological effects in the second generation. This debate is discussed in the current chapter along with findings using different methodological approaches. Consideration is also given to other methodological factors thought to impact findings, including research design, sampling, gender and culture. This chapter commences by defining trauma in order to distinguish Holocaust trauma from other types of psychic trauma. This allows identification of the different way Holocaust trauma has been defined in research with clinical and non-clinical populations. The chapter then reviews the literature on the psychological effects of Holocaust trauma on survivors, their children and grandchildren. The research on the second and third generations is discussed in more detail than that on survivors since these findings establish the parameters for the research questions addressed in this thesis. Further, this chapter reviews the literature on the second generation’s perceptions of the effect of Holocaust trauma on the way they reared their own children. The final section provides a summary and links to the rationale for this thesis.

2.2 Definitions of Trauma

2.2.1 Psychic Trauma

The phenomenon of psychic trauma has evolved since its early definitions in psychoanalytic literature to reflect contemporary views. Freud (1920/1953-74) defined as traumatic any experience that succeeds in breaking the so-called stimulus
barrier. He spoke of an excitation from outside that is powerful enough to break through the protective shield. Furst (1967) described trauma as “a specific type of breakdown which occurs when, within a short period of time, the mind is presented with a quantity of stimulus too great to be dealt with or assimilated in the usual way” (p.xiv). Neubauer (1967) noted its broad applications from describing specific events which had an injurious effect on psychic life to any pathogenic condition. It was only in 1980, following the Vietnam war, that the term posttraumatic stress disorder (PTSD) formally entered the official nomenclature of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (American Psychiatric Association, 1980), marking the beginning of contemporary research into the psychological response of victims exposed to severely traumatic events such as torture or killing.

**2.2.2 Post-traumatic Stress Disorder (PTSD)**

According to the DSM-III (American Psychiatric Association, 1980), PTSD was the “development of characteristic symptoms following a psychiatrically traumatic event that is generally beyond the realm of normal human experience” (American Psychiatric Association, 1980, p. 236). Subsequent DSM editions added new stipulations and criteria including the specification of intense fear or horror in criterion A. Among the characteristic symptoms following exposure to extreme trauma cited in the current DSM-IV-TR (American Psychiatric Association, 2000) are the persistent re-experiencing of the traumatic event, the persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness, and persistent symptoms of increased arousal which cause clinically significant distress. Thus far, possible intergenerational transmission of victim-related pathology has not been recognized for inclusion in the DSM-IV-TR.


2.2.3 Definitions of Trauma in Holocaust Literature

A new paradigm of psychic trauma emerged as a result of the experiences of survivors of the Nazi concentration camps. In his study of nearly one thousand Holocaust victims, Niederland (1968a) highlighted a group of symptoms which he described as “survivor syndrome”. This included “a chronic state of anxious bland depression, an inability to verbalize the traumatic events, repressed mourning, a lack of affect, and survivor guilt” (p. 313). In his Norwegian study, Eitinger (1961) used the term “concentration camp syndrome” to describe similar psychopathology including chronic diffuse anger and anxiety, sleep disturbances, anhedonia, flashbacks, hypervigilance, depression, intrusive thoughts and psychosomatic and sexual dysfunctions. This symptomatology in Holocaust survivors was later held to comply with the criteria of PTSD and included in the DSM-III (1980).

Interest in the notion of intergenerational transmission of trauma to the second generation resulted in attempts by psychoanalysts to identify a psychopathological syndrome characterized by symptoms resembling those of their parents. This became known as “child of survivor’s complex” (Kestenberg, 1980; Levine, 1982) rather than “survivor’s child syndrome” since the constellation of common features did not necessarily include the pathology evident in their parents or appear in all of the children. Kellerman (2001b) suggested that such trauma in clinical offspring was best described as a “psychological profile” comprising a predisposition to PTSD, difficulties with separation and individuation, and a contradictory mix of resilience and vulnerability when coping with stress. Although there is general consensus that a definitive survivor’s child syndrome has not emerged, Bergmann and Jucovy (1982) noted: “beyond the individuality and the universality of themes in the analyses of
survivors’ children, one can detect in them certain combinations of structural
elements, a complex that can be defined in a metapsychological profile” (p. 137).

Generally, studies of Holocaust survivor offspring which define trauma
according to the DSM-IV diagnostic criteria for PTSD (APA, 1994), (Baranowsky,
Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998; Yehuda et al., 2000;
Yehuda, Schmeidler, Giller, Siever, & Binder-Brynes, 1998b) have presumed
psychopathology in a clinical population. However, those studies of the second
generation from non-clinical populations have tended to show less concern with
manifest psychopathology. These studies favour a broader definition of trauma which
includes a range of psychological effects and specific vulnerabilities that are informed
by the Holocaust, but are not presumed to be maladaptive (see Felsen, 1998;
Solomon, 1998). Solomon (1998) argued that these types of effects manifest in the
second generation’s attitudes and world-views, family relationships, intrapsychic
characteristics and social and interpersonal functioning. This thesis, which examines
Holocaust trauma in a community population, conforms to this broader understanding
of trauma rather than to clinical concepts alone.

2.3 Psychological Effects in the First Generation

Both physical and psychological effects resulting from the Nazi Holocaust
have been identified in survivors (Krystal, 1968; Niederland, 1981; Russell, 1974).
Residual psychological symptoms include cognitive and memory disturbances,
chronic anxiety related to fears of renewed persecution, phobic fears, sleep
disturbances and nightmares, emptiness and despair (Danieli, 1982; Eitinger, 1961;
Niederland, 1968b). Also attributed to the Holocaust experience are unique changes in
perception of personal identity and object relations such that personal relationships,
including parenthood, are affected (Steinberg, 1989). Eitinger (1964) and Niederland
(1964) maintained that the persecutory experiences to which survivors were subjected resulted in lasting and possibly permanent effects. Subsequent studies of effects in survivors confirmed their long-term persistence (Dor-Shav, 1978).

Although much research has focused on the pathological inheritance of the Holocaust, other investigations, while not minimizing survivors’ horrendous experiences and mental suffering during the war, have emphasized their adaptive abilities and strengths (e.g., Des Pres, 1976; Dimsdale, 1974). Further evidence of survivors’ positive coping patterns and adjustment has been observed in their ability to work, lead productive lives and raise psychologically healthy children (Kestenberg, 1972; Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981). Indeed, Bergmann and Jucovy (1982) noted that “many survivors have shown an unusual degree of psychic strength and resilience and have adapted to the renewal of their lives with great vitality” (p.11).

Such discrepancies in the research findings regarding survivors’ post-war psychological health and adjustment have been explained by their premorbid developmental history (Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981; Matussek, 1975) and their heterogeneous war-time experiences (Chaitin & Bar-On, 2002; Felsen, 1998; Sigal & Weinfeld, 1989). Felsen (1998) attributed the greater adaptive ability shown by some Holocaust survivors over others to individual factors such as the degree of traumatization and loss, age during the Holocaust, relationship with spouse and children, and whether or not the survivor married a fellow survivor.

The term Holocaust survivor has raised some controversy in the literature with many empirical studies being criticized for classifying a range of war-time experiences under the title Holocaust survivor (Solkoff, 1981). Furthermore, whilst some researchers have argued for a broad definition of the term to include all refugees
and their children living in Nazi Europe (Kestenberg, 1982b), others feel a more stringent definition is appropriate (Bergmann & Jucovy, 1982). For the purpose of this thesis, Holocaust survivor is taken as European-born Jewish women who had experienced the Holocaust either in concentration camp, in hiding, “on the run”, in ghettos or in forced labor camps. This conforms to the definition held in much of the literature (Chaitin, 2003; Lichtman, 1984; Sorscher & Cohen, 1997).

2.4 Psychological Effects in the Second Generation

2.4.1 Early Clinical Studies

Initial research using case histories, clinical observation, and closely informed by a psychoanalytic perspective, noted that the second generation presented with similar symptomatology to that of survivors. An early study of children of concentration camp survivors seeking help at a family psychiatric department at a hospital in Montreal revealed certain common maladaptive features (Rakoff, Sigal, & Epstein, 1966). Among these features were a curious lack of appropriate involvement in the world; apathy, depression and emptiness; dissatisfaction with their parents and society in general, and conflicts resulting from a need to fulfil and ameliorate parental expectations and losses.

Further clinical investigations confirmed a picture of symptomatology in the second generation which was characterized by intrusive images and nightmares, difficulty containing anger, restricted emotions, fear of death, depression, suspicious attitudes to the world and guilt over surviving the Holocaust (Barocas & Barocas, 1973; Trossman, 1968). Epstein (1979) described the “black box” of emotions and whirlwinds peculiar to survivor children that were expressed in various forms of disturbed adjustment, such as an inability to separate maturely from their parents and form long-lasting relationships. Based on such findings, clinical researchers
concluded that children of survivors suffered profoundly negative effects associated with their parents’ Holocaust trauma (Barocas & Barocas, 1973; Epstein, 1979; Freyberg, 1980; Krell, 1979; Rakoff, Sigal, & Epstein, 1966; Trossman, 1968).

Other negative effects identified in second generation clinical populations included depression and difficulty expressing anger (Krell, 1979; Krystal, 1968), guilt (Klein, 1973), a sense of fear and helplessness (Rosenman & Handelsman, 1990), superego impairments (Bergmann, 1982; Kestenberg, 1981), a strong need for achievement (Kestenberg, 1972; Krystal, 1968) and difficulties with intimacy, control, individuation and autonomy (Barocas & Barocas, 1973; Freyberg, 1980). Axelrod, Schnipper and Rau, (1980) further noted that a group of second-generation hospitalized patients experienced an “anniversary reaction” in which at salient times they re-experienced their parents’ Holocaust trauma. Clinical reports also suggested that children of survivors were developmentally delayed insofar as they did not live their own lives, but lived to undo their parents’ traumatic experiences (Bergmann & Jucovy, 1982; Kestenberg, 1981). This typically involved sparing their parents from additional pain and displaying maximal consideration for their suffering (De Graaf, 1975; Epstein, 1979; Krystal, 1986).

It has been argued that much of this literature tended to emphasize the second generation’s emotional distress and view them as a homogeneous group of “vulnerable individuals” rather than highlighting their adaptive qualities (Kellerman, 2001b; Solkoff, 1992, p. 343). However, Freyberg (1980) maintained that in spite of their general ability to function well in many aspects of their lives, children of survivors presented clinically as frightened, lonely, depressed and aware that something important in their lives was amiss. Most conspicuous, according to Freyberg, was this generation’s lack of autonomy and inability to individuate and
separate from their parents. This was explained through their families’ need to bind together in the face of loss and to their parents’, especially their mothers’, vulnerability and emotional unavailability (Freyberg, 1980). Following from their clinical investigations, Bergmann and Jucovy (1982) concluded that transmission of trauma to Holocaust offspring was unavoidable. “It is not possible for a child to grow up, without becoming scarred, in a world where the Holocaust is the dominant psychic reality. With few exceptions, the mental health of children of survivors is in jeopardy” (p. 312).

These observations were confirmed by Mor (1990), who further noted that children of survivors felt overprotected and different to their peers. In summing up, clinical studies on the second generation show recurring evidence of emotional disturbances such as depression, fear, helplessness and difficulty with the expression of anger. Additionally, they hold suspicious attitudes towards the world, have an inability to separate from parents, and feel the need to both fulfil their parents’ expectations and undo their losses.

2.4.2 Comparative Studies

Comparative studies using a clinical population have generally supported findings for greater psychological distress in children of survivors than in controls and are consistent with the earlier clinical impressions and descriptive studies. Although Aleksandrowicz (1973) found no evidence of greater psychological disturbance in a second generation clinical population relative to controls, other studies have revealed greater disruptive behaviour, over-dependence (Sigal, Silver, Rakoff, & Ellin, 1973), higher levels of anxiety and less satisfying relationships (Zilberfein, 1996) in the second generation. De Graff (1975) observed more personality disturbances and delinquent traits in a clinical population of soldiers than in the control group.
Higher rates of posttraumatic stress disorder (PTSD) effects have also been identified in second generation clinical populations compared to controls. Solomon, Kotler and Mikulincer (1988) found that Israeli soldiers identified as combat stress casualties whose parents were Holocaust survivors displayed a greater number of PTSD symptoms than their counterparts without a Holocaust background. Their study further showed that at intervals of one, two and three years after soldiers participated in the 1982 Lebanon War, PTSD effects continued to be greater in the second generation Holocaust group. Solomon (1990) later observed that the PTSD symptomatology evident in second generation Israeli soldiers, such as hyperalertness, guilt, and cognitive impairment, was reminiscent of Holocaust survivors. It was also shown that there was a greater likelihood of PTSD symptomatology developing in the second generation if their survivor parents were themselves suffering from PTSD (Yehuda, Schmeidler, Giller, Siever, & Binder-Brynes, 1998b). These findings confirm the general picture of negative psychological effects in clinical second generation populations.

By contrast, a large number of studies using control groups with non-clinical populations have suggested that the second generation functions within the normative range and does not exhibit greater pathology or maladjustment than controls (Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981; Okner & Flaherty, 1988; Rieck & Eitinger, 1983; Weiss, O'Connell, & Siiter, 1986). Sigal and Weinfeld (1989) found no evidence that the second generation experienced greater difficulty with control of aggression, anxiety, depression, phobias, low self-esteem or psychosomatic complaints than controls. Indeed, many studies have emphasized the high degree of functionality, resilience and positive life-skills in non-clinical populations, as evidenced by their educational, occupational and social achievements, their stable
family and marital lives, and their elevated empathic capacities (Fogelman, 1998; Rosenman & Handelsman, 1990; Russell, Plotkin, & Heapy, 1985; Sigal & Weinfeld, 1989). Solkoff’s (1981) meta-analytic review of comparative studies on the second generation prompted him to conclude that “the intergenerational effects of persecution [are] rooted in nothing more than unreliable data gathered from biased samples in poorly designed experiments” (p. 41).

Notwithstanding Solkoff’s (1981) conclusions and other similar findings, a number of comparative studies, while acknowledging a lack of psychopathology, have identified greater psychological disturbances in non-clinical second generation populations. Lichtman (1984) found higher levels of anxiety, while Heller (1982) observed greater sensitivity to their culture and the personalization of Holocaust-related themes. Other such findings in non-clinical populations have included greater internalization of aggressive feelings and a heightened sense of guilt (Nadler, Kav-Venaki, & Gleitman, 1985), a greater sense of responsibility towards their parents and fulfilling their expectations (Kellerman, 2001c; Major, 1996; Nadler, Kav-Venaki, & Gleitman, 1985), greater emotional reliance and feelings of being over-protected (Silbert, 1997), lower self-perception (Bar-On et al., 1998a), greater self-criticism (Felsen & Erlich, 1990), Holocaust ideation (Sorscher & Cohen, 1997) and past anxiety and depression (Schwartz, Dohrenwend, & Levav, 1994). Many doctoral dissertations have also indicated that children of survivors display higher levels of anger, paranoia, feelings of alienation and guilt, shame, and difficulty in expressing emotions relative to controls (see Felsen, 1998).

Some of the most consistent findings in non-clinical studies are the greater difficulties experienced by the second generation in separation and individuation than by controls (Bar-On et al., 1998a; Felsen & Erlich, 1990; Halik, Rosenthal, &
Pattison, 1990; Rose & Garske, 1987). Rose and Garske found that despite being generally well-adjusted, children of survivors scored significantly lower on feelings of independence and self-sufficiency than controls. This type of dependency and need to be connected to others has been termed sociotropic (Robins et al., 1994). Difficulty with individuation has been further identified in the second generation’s concerns about moving out of home (Wanderman, 1980) and a tendency to then live closer to their parents (Karr, 1973). Nadler, Kav-Venaki and Gleitman (1985) noted that compared to controls, children of Holocaust survivors contained more feelings of indebtedness and responsibility towards their parents, shared less emotional openness with them, and felt that their parents’ were more intrusive. Such feelings of enmeshment and difficulties with separation have been most commonly attributed to over-involved and over-protective parenting (Kellerman, 2001c).

Although some research does not support findings for greater enmeshment and differences in family cohesion (Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981; Sigal & Weinfeld, 1989; Weiss, 1988; Zlotogorski, 1983), there is substantial evidence that children of Holocaust survivors experience greater difficulty than controls in the area of psychological separation and individuation (e.g., Brom, Kfir, & Dasberg, 2001; Felsen, 1998). It follows that patterns of bonding within the family and issues related to autonomy and sociotropy are likely to be problematic for the second generation.

2.4.2.1 Explaining Inconsistent Findings

The preceding review highlights the many inconsistencies among findings in the clinical literature for negative long-range effects in the second generation and those in empirically controlled studies that have generally not found evidence of extreme pathology. Several researchers have attempted to resolve this debate by
conducting meta-analyses of large numbers of comparative studies of trauma in both clinical and non-clinical second generation populations (Felsen, 1998; Kellerman, 2001a; Solkoff, 1981, 1992; van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). Kellerman (2001a) observed that 23 out of 35 empirical studies showed no significant differences in the mental health of the second generation and controls. He concluded that contradictory findings in the balance of the studies were a result of methodological differences, and most importantly, whether populations were clinical or non-clinical. Van IJzendoorn et al. (2003) confirmed Kellerman’s (2001a) findings that traumatization effects were greater in clinical populations and when second generation participants were recruited from convenience or non-random samples.

2.4.2.2 Methodological Limitations

Apart from lack of generalizability of clinical self-selected samples to non-clinical populations and other poor sampling procedures, findings in comparative studies have also been compromised by poorly configured or non-existent control groups, measures which are unreliable or inadequately validated and assumptions of homogeneous experience (see Kellerman, 2001a; Solkoff, 1992). The failure of many studies to control for effects of immigration as distinct from effects of the Holocaust has also been noted (Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998; Obermeyer & Lukoff, 1988; Quadrio & Levy, 1988).

Other methodological limitations used to explain inconsistent findings include reliance on the second generation’s self-reported perceptions and the lack of sensitivity of standard measures (Sigal & Weinfeld, 1989). Sigal and Weinfeld noted that while 65% of children reported specific war-related psychological symptoms in their parent(s), only 20% believed that they themselves also suffered from similar
symptoms. Standard instruments used in empirical studies, including those instruments developed specifically for a Holocaust population, such as the Scale of Holocaust-Related Imagery (Sorscher, 1991) and the New Holocaust Survivor Parenting Questionnaire (Kellerman, 2001c), may be an insufficient means of capturing all of the emotional issues relevant to the second generation. Felsen (1998) maintained that “experiences in the realm of being, due to their very nature, are less well assessed by standard instruments” (p. 63).

2.4.2.3 Individual Differences in Transmission

Research on the first generation has been thought to be compromised by generalizing PTSD symptomatology associated with ‘survivor syndrome’ to the whole survivor community (Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981). In the same way, methodological difficulties have become apparent in the second generation literature through the failure to recognize individual differences and heterogeneous responses. On the basis of her clinical work, Wardi (1992) asserted that in Holocaust survivor families, not all children responded the same to their parents’ trauma, with one child, usually the first-born, being “chosen” to fulfil the role of a “memorial candle” and carry their parents’ emotional burden. The other siblings were, therefore, considered to experience their parents’ Holocaust trauma differently.

While Kellerman (2001a) also proposed that the first-born was most at risk of bearing the brunt of parental insecurities, Hass (1990) observed the many exceptions to this and to other generalizations regarding the second generation. He cautioned that “one must never underestimate the role of the genetic temperament in any individual’s reaction to his or her environment” (p.166). Chaitin (2003) further noted the heterogeneous styles in which the second generation and their families coped with Holocaust trauma.
Other factors thought to influence the likelihood of traumatic effects in the second generation which may further explain contradictory findings are age, gender, emotional disposition, how long after the war children of survivors were born, and whether they were “replacement children” for children who had perished (Felsen, 1998; Halik, Rosenthal, & Pattison, 1990; Kellerman, 2001a; Wardi, 1992). Age has been regarded as particularly salient to the way children relate to their parents and their experiences. Marcus and Rosenberg (1989) noted that as respondents grow older they demonstrate a greater degree of empathy and acceptance of their parents, whereas adolescents are more likely to feel burdened and experience greater resentment. The second generation’s perceptions of their mothers from both these vantage points - retrospectively as children and adolescents, and currently as middle-aged adults, are explored in this thesis. Findings have also revealed that daughters are more susceptible to transmission of Holocaust trauma than sons (Heller, 1982). The focus on intergenerational transmission of trauma between women taken in this thesis was informed by these findings.

2.4.2.4 Gender Differences in Transmission

Both attachment theory (Bowlby, 1969) and psychoanalytic concepts of attachment (Freud, 1915/1957) have acknowledged the role of the mother as the primary caregiver who generally assumes responsibility for her child’s emotional needs. Evidence has also suggested the mother’s more central role in demonstrating protectiveness of her children (Parker, 1983) and her stronger identification and fusion with her female offspring (Chodorow, 1978). A priori, it would be expected that transmission of trauma from mothers would differ from that of fathers. This is confirmed by Holocaust research, which has noted gender differences in the way men and women experienced the Holocaust and its aftermath, and how they communicated
their experiences to their children. Furthermore, gender differences have been identified in the second generation’s responses to their parents’ trauma and its impact on their lives.

Matussek (1975) proposed that despite basic commonalities, male and female camp inmates experienced Holocaust trauma differently. Women were much more susceptible to rape by the SS and were more likely to feel affronted by the flagrant disregard for their modesty. Whereas isolation from society and loss of status presented particular difficulties for male survivors in the aftermath of the war, female survivors were considered more likely to suffer greater difficulty with interpersonal relationships and the ability to find meaning in life following the sudden death of loved ones.

Furthermore, survivor mothers’ communication about their Holocaust experiences has been shown to have a more negative impact on the second generation than that of survivor fathers (Lichtman, 1984). Sorscher and Cohen (1997) found that affective and maladaptive communication styles in the second generation were linked to the presence of maternal, but not paternal, trauma. In addition, while mothers were more likely to convey the victim dimension of their trauma, fathers more commonly presented that of a fighter (Kav-Venaki & Nadler, 1981).

Gender effects have also been observed in the second generation’s responses to their parents’ communicated trauma (Heller, 1982; Last & Klein, 1984; Lichtman, 1984; Scharf, 2007; Vogel, 1994; Zwerling et al., 1984). Heller (1982) observed that daughters of survivors were affected more profoundly than sons and were more sensitive to their parents’ life experiences. Upon hearing their parents’ stories, daughters have tended to internalize their feelings more than sons (Lichtman, 1984). Vogel (1994) proposed that female offspring of trauma victims were more
likely to adopt the trauma-related symptoms of their mothers, due to the bond of empathy they developed with them as they were growing up. According to Vogel, women’s increased identification with their mothers and their greater openness rendered them more vulnerable than males to trauma transmission.

Findings also reveal more pronounced psychological effects in female than male children of survivors. Relative to second generation men, women manifest higher levels of anxiety, guilt, and negative affect (Lichtman, 1984), depression (Kav-Venaki & Nadler, 1981; Lichtman, 1984), a greater sense of burden and feelings of responsibility (Lang & Lang, 1996), and have a greater need for approval, particularly from their mothers (Freyberg, 1980). Second generation women have also been found to experience more difficulty with separation and individuation from their parents than males (Brom, Kfir, & Dasberg, 2001; Wiseman et al., 2002). Second generation women thus experience more enduring psychological effects resulting from their parents’ trauma than men, as well as reacting more negatively to accounts of their parents’ trauma.

2.4.2.5 Issues of Culture

Thus far, the majority of research on transmission of trauma to children of Holocaust survivors has been conducted in Israel (see Solomon, 1998) and America (see Felsen, 1998). As a result of unique community differences, generalizing findings from these studies, particularly those conducted in Israel, to other populations presents difficulties. Study of the way Holocaust trauma manifests in children of survivors in other cultural groups is therefore needed. At the present time, formal psychological investigation of the transmission of Holocaust effects to the children of survivors in Australia, excluding unpublished doctoral dissertations, manuscripts and personalized accounts, is limited to one empirical study (Halik, Rosenthal, & Pattison,
1990), and a small amount of qualitative and clinical research (e.g., Faye, 2001; Grinblat, 2002; Halasz, 2001; Lang & Lang, 1996; Quadrio, 1989; Quadrio & Levy, 1988; Rowland-Klein & Dunlop, 1997; Wajnryb, 2001; Zeleznikow & Lang, 1989). This thesis aims to extend research on the transmission of trauma to descendants of survivors within Australia and focuses on the Melbourne community, which has the highest concentration of Holocaust survivors pro rata of any city in the world outside of Israel (Price, 1964; Rutland, 1988).

The lack of generalizability of findings from studies conducted in Israel to other survivor populations has been attributed to various factors. Newman (1979) suggested that as a result of the institutionalization of Holocaust survivors’ suffering at a national level, children of survivors who grow up in Israel have less trouble identifying with and separating from their parents’ experiences. It is further thought that the opportunities for supportive mourning by way of nationwide programs and commemorations may provide protective mechanisms for the second generation (van IJzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). As Yom Hashoah (Holocaust Day) is commemorated throughout Israel, everyone, whether directly affected or not, and including the entire second and third generations, are exposed to mass observance and remembrance of the trauma (Mor, 1990).

Children of survivors living in Israel have also been considered less likely to experience the same conflict as those living in the Diaspora, who are faced with fitting into gentile culture while at the same time carrying the load of their parents’ trauma (Rakoff, Sigal, & Epstein, 1966). Given the role of Israeli society in forming children’s perceptions of the Holocaust, it has also been suggested that parental communication about the Holocaust is less problematic for children of survivors in Israel than in other countries (Okner & Flaherty, 1988). Finally, Sigal and Weinfeld
(1989) contend that the second generation in Israel may have less difficulty outwardly expressing anger because of the obvious exposure to armed conflict. However, notwithstanding this supportive environment, psychological problems have been identified in non-clinical as well as clinical second generation Israeli populations (Brom, Kfir, & Dasberg, 2001; Nadler, Kav-Venaki, & Gleitman, 1985).

Although it is likely that the second generation growing up post-war in Australia shared more in common with their counterparts growing up in the United States than in Israel, there were nevertheless differences between the two societies that may have influenced how survivor families integrated their trauma. The most obvious differences include the relative isolation and distance of Australia, its more ethnically homogenous society, the smaller Jewish presence, particularly in the larger cities, and the distinctiveness of each cultural climate. It follows that studies conducted in the United States may not adequately represent the specific experience of second generation Australians.

In an attempt to redress the inconsistencies and limitations evident in clinical and empirical research, recent study has turned towards qualitative methodology as a “new tool” of enquiry (Eurelings-Bontekoe, Verschuur, & Schreuder, 2003; Felsen, 1998). This is explored in the following review of second generation studies which have used a qualitative approach to investigate psychological outcomes in children of survivors in Israel, America and Australia.

2.4.3 Qualitative Studies

Over the last two decades, qualitative approaches have been used to focus on the subjective experiences of the second generation and emphasize their unique and individual responses to their family history and those which are common to this population. In contrast to quantitative research, which relies on standardized self-
report measures, qualitative research uses semi-structured and open-ended interviews, short-answer questionnaires and group work. Much of the qualitative research on the second generation has been conducted by practitioners who are themselves children of survivors or closely affiliated with the second generation. A selection of qualitative research that focuses exclusively on experiential factors in second generation clinical and non-clinical populations is reviewed below. Additional qualitative studies which include both the second and third generations are reviewed later in this chapter as the current thesis parallels this design.

2.4.3.1 Studies with a Clinical Population

Research based on group psychotherapy sessions with the second generation and using analyses of dialogue, dreams, fantasies and childhood memories has enhanced the picture of the emotional and psychological legacy of the Holocaust beyond that captured in quantitative studies. Wardi’s (1992) study of 10 second generation young adults during 4 years of individual and group psychotherapy provides one of the most comprehensive accounts of their experiential world. Wardi noted the psychic conflicts and emotional burden experienced by children of survivors as they struggled between inner feelings and images attached to their parents’ past trauma and their desire to shake them off and experience their own present-day outer reality. Wardi referred to them as “memorial candles”, unconsciously carrying their parents’ trauma, hopes and memories; symbols to those who did not survive and to all that their parents had lost.

Wardi (1992) identified many recurring themes among the second generation including loss, pain and abandonment, emotional isolation and emptiness, depression, anxiety and guilt. They were conscious of a dichotomy between their parents’ extreme concern for their safety and their frequent and sudden outbursts of uncontrollable rage
towards them, which often involved physical chastisement and intimidating language such as “you are worse than the Nazis” (p.124). Wardi further distinguished between the second generation’s own experience of pain and loss and that of their parents.

The mourning is simultaneously their parents’ mourning and their own. The parents’ loss was truly enormous, but they, the children, also lost the sense of continuity, the extended family, and – most important of all – the chance of growing up with secure parents having a sense of self-esteem and a complete sexual identity. The psychological loss suffered by the “memorial candles” is therefore inherent in the fateful stamp imprinted by the traumas of the Holocaust on the psyches of their parents. (p.157)

Fogelman (1998) also noted the second generation’s sense of personal loss, describing it as not a direct loss of someone they loved, but rather a memory of someone they feel they have lived with, without ever having known.

Weiss and Weiss (2000) conducted a similar investigation to Wardi’s (1992) over a period of a year with a group of nine second generation therapists. Findings showed that the group experienced common feelings of anger, disappointment, pain, guilt and conflicting feelings towards their physically present but emotionally absent parents. They felt anger at their mother’s inability to empathize with their feelings and her “dwarfing” of their problems in favour of her own suffering. Yet, they were concerned for her well-being. The researchers cited a participant who recalled that when she tried to tell her mother about her own painful childhood, her mother replied “I had better not stayed alive” [after the Holocaust] (p. 6). Fogelman (1998) recorded similar findings in clinical group work noting shared feelings of isolation, alienation, and a self-concept of “differentness”.

Whereas quantitative studies highlighted a difference in psychological outcomes between clinical and non-clinical populations, it would appear that this
difference is less pronounced in qualitative studies. Qualitative studies using non-clinical populations (Hass, 1990; Rowland-Klein & Dunlop, 1997; Wajnryb, 2001) reveal evidence of negative psychological outcomes in the second generation. It follows that research using phenomenological techniques of enquiry in second generation community studies may produce similar findings to those in clinical research.

2.4.3.2 Studies with a Non-clinical Population

Hass (1990), a child of survivors himself, was motivated to examine whether other children of survivors shared similar experiences to his own. Interviews and questionnaires with 48 non-clinical respondents revealed a range of emotional experiences and individual responses. Hass noted that while some children of survivors articulated individual conflicts and family dynamics that resonated with his own, for many, the Holocaust was not a part of their on-going conscious life and there was little desire to engage with their family background. Notwithstanding the lack of homogeneity, Hass identified several problematic motifs in the second generation respondents, the most common being fear, mistrust, cynicism, guilt and depression. Hass’ findings confirmed a picture of heterogenous experience amongst second generation North Americans associated with effects resulting from the transmission of Holocaust trauma.

Evidence of intergenerational trauma which strongly parallels that found with clinical populations is provided by Rowland-Klein and Dunlop’s (1997) smaller-scale Australian study with six female children of survivors. Systematic analysis of semi-structured interviews revealed four super-ordinate themes relating to the transmission of Holocaust trauma: heightened awareness of parents’ Holocaust status; parenting style, over-identification with parents’ experiences and transmission of fear and
distrust. Their findings indicated that despite reluctant and fragmentary verbal communication, respondents were conscious of their parents’ suffering, experienced vivid Holocaust-related nightmares and fantasies and had a sense of having experienced the camp trauma themselves. They further noted the children of survivors’ deep sense of fear and mistrust of non-Jews, their enmeshment in parent-child relationships due to the fear of inflicting further pain on their suffering parents, and pervasive anxiety despite few objective dangers being present in their lives.

Wajnrib (2001) conducted an ethnographic study in Australia with 37 interviewees in their late 40’s and early 50’s, 27 of whom were children of Holocaust survivors. This sample most closely resembled that used in the present thesis. Strongly informed by her personal experience, Wajnrib explored how unspeakable trauma is communicated and ways in which survivors’ descendants confront the horror of the Holocaust. In addition to illuminating the process of trauma transmission, Wajnrib identified outcomes in the second generation consistent with those described in the early and current clinical studies. Her research expands the picture of growing up with the legacy of the Holocaust. Some of her findings are detailed below.

In response to their family trauma, children of survivors commonly described feeling “swamped”, “drowning” and being “swallowed up by something too immense to contemplate”. Further, they felt a strong sense of personal loss which was highlighted by the absence of extended family: “There were no pictures of older-looking people on the shelves of my childhood. I didn’t have any grandparents. No aunts, uncles. No cousins. No kin, by blood or marriage” (p.5). Other emergent themes included recurrent Holocaust-related nightmares, ‘dysphoria’, tension and heaviness within the household, blurred boundaries between mother and child and the
continual questioning of issues such as what they would have done in their parents’ circumstances. Respondents maintained that the Holocaust dominated family conversations. While they mostly repeated their parents’ behaviour and trusted no-one, there was occasional reaction to this behaviour such that they over-trusted others.

Findings from qualitative studies regarding family functioning and parent-child relationships are consistent with those in both the clinical and non-clinical empirical literature. Bar-On et al. (1998a) observed that children of survivors perceived their parents as over-protective and as imposing burdens on them. They claimed to feel compelled to please their parents, to protect them against the adversities in their own lives, and to achieve where their parents had lacked the opportunities. They also believed that their parents depended on them for emotional support and fulfilled this obligation through frequent telephone contact.

Bar-On et al. (1998a) further proposed that many second generation responses, such as feeling guilty, believing they should be perfect and fear of not living up to parental expectations, resulted from their parents’ paradoxical messages. Verbal and non-verbal messages directed at how their children should live and behave were frequently contradicted by their actions or other messages. In spite of survivors’ explicit insistence that happiness and joy be an integral part of their offspring’s lives, the second generation were aware of the unrelenting seriousness and parental sadness that enveloped them. They felt guilty because their circumstances were so much better than those of their parents, even though they realized their parents had intended this for them. Their parents’ messages about wanting to raise decent human beings in the aftermath of their terrible mistreatment resulted in their children believing they had to be perfect, yet always feeling they fell short of parental expectations.
According to Bar-On et al. (1998a), in wanting a maximally secure life for their children, parents frequently imparted messages of imminent danger and restrictive imperatives. Although survivor parents believed that they were inculcating non-materialistic values to their children, their preoccupation with their own work and career often took precedence over all other considerations, including their children. Although the second generation remembered their parents talking about their children’s accomplishments to their friends, they also recalled little or no face-to-face praise. Each of these observations illustrates the conflicting patterns of communication and behaviour experienced by the second generation.

In recent years, anthologies of subjective reflections by children of Holocaust survivors, many of whom are writers and mental health professionals, have added a new dimension to the body of work on the Holocaust (Bukiet, 2002; Grinblat, 2002). These collections not only reveal common existential experiences and sensibilities that warrant further investigation but offer a broad individual, phenomenological perspective through which the psychological impact of Holocaust trauma can be studied. While the individual narratives are distinctive, they are linked by the recurring motifs of grief and pain, both theirs and that of their parents (Grinblat, 2002), and the trauma arising from their family’s “unhappy story” (Bukiet, 2002).

Bukiert (2002) notes the peculiar situation of the second generation whose “very existence is dependent on the whirlwind their parents barely escaped” (p. 13). If all had gone according to Hitler’s plan, the second generation, put simply, was not meant to be. Their existence can thus be seen as a victory over genocide. The lives of the second generation were further complicated by the imperative to tell their parents’ story so that the world should “never forget”, despite them not having been witnesses to the original event (Bukiert, 2002). Karpf (1997) related adapting her mother’s war-
time experiences into a narrative she could tell, constantly recounting the story until it acquired a type of mythical quality, even though she was not sure it was true.

2.4.3.3 The Contribution of Qualitative Research

In addition to overcoming methodological problems evident in quantitative research, qualitative studies have greatly enhanced the research on the second generation by their ability to tap internal resources of rich material that may be unavailable to empirical researchers. Extended, unstructured interviews and dialogues demonstrate the potential to unearth themes and experiences that even the researcher would not anticipate. The second generation’s fantasies concerning such things as the “ideal” family, missed opportunities and the different course their lives may have taken if not for the Holocaust illustrate the type of unprompted responses that have been elicited by this approach (Wardi, 1992; Weiss & Weiss, 2000). Similarly, more detailed accounts of phenomena occurring in second generation populations, such as the sense of loss at having no extended family, despair, the void in their lives, and their inability to feel free and spontaneous, have also been more successfully captured by this approach (Wardi, 1992; Bar-On, 1995).

Although empirical studies have generally not found evidence of psychopathology in non-clinical second generation populations, some research has suggested that this is not adequate reassurance for the lack of existence of psychological problems (Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998). Rather, it has been proposed that the effects of survivors’ war experiences on their children can be distinguished in various developmental-socio-emotional domains (Bar-On et al., 1998a), the study of which is facilitated by qualitative research.
Qualitative research has enabled a typical profile of the second generation to be established beyond that depicted in clinical and empirical studies. This profile is characterized by difficulties with differentiation from parents and the attainment of personal autonomy, elevated anxiety, depressive experiences, and problems with the regulation of aggression (Felsen, 1998). Other predominant features are the presence of specific vulnerabilities (Schwartz, Dohrenwend, & Levav, 1994; Solomon, Kotler, & Mikulincer, 1988) that have been shown to intensify after additional stress or in times of crisis (Dasberg, 1987; Kellerman, 2001a). Additionally, qualitative research acknowledges the wide heterogeneity and differences in individual responses of the second generation to trauma, including adaptive effects (Chaitin, 2003; Danieli, 1988; Hass, 1990). Finally, the qualitative method of enquiry has facilitated an insight into the effect of the parenting received by the second generation on the way they choose to parent their own children. This has the potential to elucidate processes involved in the transmission of trauma to the third generation. The literature on this subject is discussed below.

2.4.3.4 The Second Generation’s Parenting Behaviours

It can be argued that in addition to producing enduring psychological effects, the second generation’s upbringing had a profound influence on the way they reared their own children. Indeed, the small body of literature that has examined the second generation’s self-perception as parents suggests that the parenting received by the second generation may underscore challenges in their own parenting capacity not to replicate the disturbed style of parenting evident in survivors (Hass, 1990; Stern, 1995). Despite the second generation’s efforts to avoid transmitting Holocaust-related effects to their children, trauma may have been communicated through unconscious or involuntary repetition of their parents’ negative behaviours and attitudes. This section
reviews the existing literature on second generation parenting behaviours in non-clinical populations.

Only one study on the second generation’s approach to parenting has adopted a quantitative approach. Sagi-Schwartz et al. (2003) conducted a controlled study across three generations of women in an attempt to identify intergenerational transmission of inappropriate maternal behaviours from second generation women towards their infant daughters. Findings revealed that daughters of Holocaust survivors showed no more adverse maternal or “frightened” attachment behaviours with their children than the comparison group. As mothers’ behaviours with their infants were assessed only through laboratory observation and did not include interviews, little was revealed of the second generation’s perceptions of their mothering. This suggests that qualitative research is more suited to capturing this information. Existing qualitative studies on second generation parenting are now reviewed.

Hass (1990) identified a number of common responses in his interviews with the second generation regarding their attitude towards the parenting of their children. These included wishing to be less over-protective, to allow their children greater freedom than they had experienced, to be a more available and empathic parent than their own and to dispel fears of the outside world. The desire to parent differently to their own parents was evident in such comments as: “I try very hard not to replicate what my parents did with me. I don’t want my kids to have those fearful, paranoid feelings I always had” (p.159). Another respondent acknowledged that although replication occurred, it was diluted: “I think the only way this [my Holocaust background] has affected my raising my child is in my emotional make-up…I can see
that my tensions with [my child] cause him tension in turn – the same pattern as between my parents and myself, but not as paranoid” (p.161).

Hogman’s (1998) case-studies of four second-generation women revealed that in addition to trying to avoid repeating their parents’ behaviours, there was an attempt to compensate their children for what they felt they had been deprived of as they were growing up. Respondents spoke of consciously showing affection to their children and aiming to protect them from burdens without stifling their independence. Notwithstanding their intentions to give their children different messages to the ones they received, they were aware that their messages concerning distrust of the outside world and the precariousness of life were echoes from their own childhood.

Based on semi-structured interviews with six women and four men with children aged under 12, Stern (1995), in her unpublished dissertation, concluded that parenthood posed unique challenges for children of Holocaust survivors by demanding that they rework aspects of their own trauma, in particular, feelings of sorrow, mourning, vulnerability and identification with their survivor parents. Stern further identified the dilemma faced by many second generation parents who, while wishing to educate their children about the Holocaust, feared transmitting traumatic effects inadvertently. Wajnrib (2001) noted similar ambivalence, with respondents expressing a desire to preserve their child’s innocent view of the world, but at the same time wanting them to connect personally with their family history. She cites a respondent who, while wanting to protect her children, also wanted them to feel “some grief, to feel appreciation of their safety and good fortune – and also, to be on their guard” (p. 46).

Concerns about educating their children about their family history point to another important but under-researched aspect of the way the second generation
elected to parent their children. This relates to the concept of generativity, where one generation undertakes to educate, advise, nurture, and promote the next generation (McAdams & de St. Aubin, 1998; McAdams & Logan, 2004). Research has indicated that children of survivors considered it a personal duty to educate their children about the Holocaust, not just as history, but as nature of the world (Hass, 1990; Hogman, 1998; Mor, 1990). This included showing tolerance for others, standing up for themselves, displaying sensitivity to the needs of others and empathy towards their survivor grandparents. Further, in order to perpetuate values regarding the continuation of the Jewish people, the second generation instilled their children with a strong sense of Jewish identity (Hass, 1990; Hogman, 1998). For this reason, they emphasized a preference that their children marry someone of the Jewish faith.

It can generally be said that, as parents, the second generation have been committed to communicating their tragic family narrative verbally to their children, feeling that they “owe it” to their parents. At the same time they are presented with the challenge of commemorating the past without imposing the heavy emotional burden upon their children that they themselves experienced. The degree to which their children absorbed this burden and were affected by their family legacy is addressed in the following review.

2.5 Psychological Effects in the Third Generation

The following studies relate to findings regarding psychological effects in the third generation alone without reference to preceding generations. Studies which include the third generation as part of a larger investigation of transmission of effects across three related generations are considered in a separate section following the third generation review.
Research on repercussions of Holocaust trauma in the third generation is confined to a small number of clinical case-studies or anecdotal reports, an even smaller number of empirical studies using quantitative methodology and a limited number of qualitative studies. At present, most of this research is found in unpublished doctoral dissertations, most of which use an experimental design. This research has revealed few significant differences between the third generation and control groups regarding transmission of PTSD symptoms (Kassai, 2005), family environment and cohesion (Ganz, 2002; Gopen Hyman, 2003) and psychological symptoms such as depression, shame, self-esteem and guilt (Jurkowitz, 1996). In contrast, Wetter (1999) identified increased levels of trait anxiety in a group of 34 third generation men and women aged 18 to 31 compared to Jewish controls.

Consistent with second generation investigations, greater evidence of negative effects and symptomatology associated with Holocaust trauma have been identified in clinical than non-clinical third generation populations. Quadrio (1989) observed Holocaust effects in third generation children of survivors presenting at her clinical practice. Similarly, Winship and Knowles’ (1996) described a phenomenon of transgenerational transmission of unresolved anxiety and grief in a third generation clinical population, which resembled that depicted in studies of the second generation (e.g., Epstein, 1979; Heller, 1982; Wardi, 1992). In distinguishing between the generations, Winship and Knowles (1996) hypothesized that the depression of the second generation has been replaced in the third generation with anxiety leading to moderate and even serious somatic symptomatology. They further argued that rather than psychopathology, “specific frozen images, words and feelings” (p. 263) were transmitted to the third generation.
Rosenthal and Rosenthal (1980) presented a single case study of a 7-year-old third generation child whom they described as having symptoms “akin to the concentration-camp-syndrome described in the literature” (p. 572). They interpreted their findings of a stress syndrome marked by death anxiety and identity formation as a result of identification with the grandmother, altered family dynamics, and overt and covert processes connected to Holocaust trauma in the first and second generation. The authors concluded that symptomatology resulted from intergenerational transmission of Holocaust trauma to the third generation.

Sigal, DiNicola and Buonvino’s (1988) investigation revealed no difference between grandchildren of survivors and control groups in mood, personality and behavioural referral items to a child-psychiatry clinic. Notwithstanding, there was an over-representation by over 300% of grandchildren being referred to the clinic when compared to the general population. The authors concluded that the Holocaust may have consequences in the third generation that are subtle and deeply embedded, such as psychological vulnerability.

In contrast to clinical studies, an empirical study using a community sample found no evidence of impairment in the psychosocial functioning of the third generation when compared to controls (Sigal & Weinfeld, 1989). This is supported by an Israeli study, which using a projective testing method showed no difference in the expression of aggression in clinical and non-clinical grandchildren of Holocaust survivors and controls (Bachar, Cale, Eisenberg, & Dasberg, 1994). However, a gender effect was observed with girls showing less expression of aggression than boys. In explaining the conflict between these findings and those for the second generation regarding internalization of aggression (Barocas & Barocas, 1973; Nadler, Kav-Venaki, & Gleitman, 1985; Solomon, Kotler, & Mikulincer, 1988), the authors
suggested that intergenerational transmission of trauma may have ceased in the third generation.

A small number of qualitative studies conducted in Israel have focused on differences in attitudes and feelings toward Holocaust-related issues in the third generation. These studies (Lazar, Chaitin, Gross & Bar-On, 2004; Lazar, Litvak-Hirsch & Chaitin, 2008; Hirsch & Chaitin, 2010) have revealed a heightened sense of national identity in both grandchildren of survivors and their contemporaries with no family connection to the Holocaust. This research suggests that regardless of family connection to the Holocaust, there are socio-cultural mechanisms at work in Israel that impact the perceptions held by the third generation, making the Holocaust a “cultural trauma” that has widespread symbolic meaning for Jewish-Israelis in general.

In summary, clinical and non-clinical studies of the third generation suggest Holocaust trauma manifests in anxiety, vulnerability and unresolved grief together with some symptomatology reminiscent of survivors such as Holocaust ideation and death anxiety. These effects mirror those described in the second generation literature. However, the second generation have also demonstrated a range of emotional disturbances including depression, fear, helplessness, guilt, difficulty expressing anger, suspicious attitudes towards the world, lack of independence, feelings of enlarged responsibility towards their parents and difficulty separating from them. Although the literature reveals evidence of vulnerability and trauma in the third generation, other potential psychological effects in the third generation arising from their Holocaust background have been virtually unexplored. This thesis aims to address this issue by investigating whether other second generation effects also present in the third generation. This type of examination is best realized in studies
entailing both second and third generation members of the same family. The following section reviews these studies.

2.6 Outcomes of Trauma in Three Generational Studies

Investigation of intergenerational trauma within the context of multiple generations of the one family has the potential to highlight common patterns of behaviour, symptoms, roles, and values adopted by family members (Danieli, 1998). To date, few studies addressing the impact of Holocaust trauma have incorporated both the children and grandchildren of survivors. Investigation of the ways in which traumatic effects manifest in second and third generation members of the same family, provides an opportunity to compare common and distinct features within each generation. This advances understanding of intergenerational transmission of trauma. The following section reviews the findings of clinical case-based, empirical and qualitative studies spanning three generations, since this design most closely parallels that of the current thesis.

2.6.1 Clinical Studies

Two clinical case studies provide evidence of traumatic effects across three generations. A study of three generations of one family, the second and third of whom were initially unaware of their Holocaust roots, revealed Holocaust effects in the form of debilitating anxiety, panic and phobias across all three generations (Berger-Reiss, 1997). Fonagy (1999) noted psychopathological effects in a third generation child, which he attributed to the transmission of Holocaust trauma. Although he did not treat the mother, details of her case history were made available for the analysis. Fonagy observed that while the child had no direct experience of major trauma, he exhibited
dissociative defence due to “profound psychological absences of his mother in his infancy, the sequelae of her own infancy and unresolved traumata” (p. 105).

2.6.2 Comparative Studies

Rubinstein, Cutter and Templer (1989) examined transmission of Holocaust psychopathology in non-clinical second and third generation populations using control groups for both generations. Self-report instruments showed evidence of greater psychopathology in the second generation Holocaust group relative to controls. The third generation, which comprised children aged between four and thirteen, were rated by parents and teachers on a range of behaviours from the Louisville Behaviour Checklist (Miller, 1967) and the School Behaviour Checklist (Miller, 1972).

Parental ratings indicated more fear, neurotic behaviour, aggression, social withdrawal, inhibition and depression in the third generation than in controls. Independent ratings of the teachers also indicated greater psychopathology in the third generation than in controls. The authors concluded that congruent findings for the second and third generations were evidence of intergenerational transmission of trauma. These findings may, however, have been compromised by methodological procedures, such as using different instruments to assess the two generations and reliance on second generation literature for comparative purposes rather than having second generation participants in the study. The study was therefore unable to establish patterns of psychopathology within the same family.

2.6.3 Mixed Method Studies

There are few studies using both quantitative and qualitative methodology to examine the long-term effects of a Holocaust background in non-clinical second and third generation populations. The most extensive such study was a longitudinal one
conducted by Scharf (2007). The study assessed the psychosocial functioning of second generation Israeli mothers and fathers and third generation male adolescents. The third generation comprised groups where both parents were children of survivors, only one parent had a Holocaust background, and neither parent had any Holocaust experience. Semi-structured interviews were used to assess the second generation’s representations of their parenting and its subsequent effect on their children. All other measures were self-report scales.

Scharf’s (2007) findings revealed greater levels of psychological distress and less positive parenting representations in the second generation relative to the third generation. The third generation from families where both parents were from a Holocaust background perceived their parents as less accepting and less willing to grant them autonomy than their counterparts from families where only one, or neither parent, had a Holocaust background. Further, they displayed lower psychosocial functioning than the control groups. This was indicated by lower self-perception, poorer adjustment during basic military training and higher levels of ambivalent attachment style. Interestingly, there was no difference in the psychosocial functioning of third generation adolescents with no Holocaust background and those where one parent was from a survivor family.

2.6.4 Qualitative Studies

Various qualitative approaches have been used in studies with non-clinical second and third generation family groups. These include life story interview methods (Chaitin, 2000, 2002, 2003; Litvak-Hirsch & Bar-On, 2006), semi-structured interviews and dialogue (Hogman, 1998) and biographical reconstruction of life stories (Bar-On, 1995). The studies of Chaitin (2003, 2002), Hogman (1998) and Bar-On (1995) are reviewed since their focus on the phenomenological experiences of two
generations of Holocaust offspring is similar to the method of enquiry used in studies 2 and 3 in this thesis.

Using open-ended interviews aimed at eliciting a narrative about their lives, Chaitin (2003) explored the ways in which 20 non-clinical families of two to three generations cope with their Holocaust past. Her findings showed that survivor families exhibit considerable heterogeneity in the way they adapt. She classified them according to at least six categories. These include ‘life goes on’ and ‘split families’ as well as the four styles delineated by Danieli’s (1988) typology - victim families, fighter families, those who made it, and numb families. Among the on-going themes identified in the second generation were fear and the belief that this had been “inherited” from their survivor parents, difficulty in separating, feelings of burden and obligation, such as needing to call their mothers several times a day, and difficulties making decisions. The third generation claimed that their Holocaust background accounted for their strong emotional behaviour, their dreams, the desire to learn more about the Holocaust and an emphasis on close family ties.

In a similar study, Chaitin (2002) observed that the second generation emphasized problematic family relationships, while the third generation had a more balanced view, stressing both family cohesiveness and family conflict. The theme of emotional difficulty in dealing with the Holocaust, and its accompanying value that one should deal with misfortune by bearing it, were salient in both generations.

Both the second and third generations expressed the view that the Holocaust was a taboo subject in the family. This was considered to support the continuation into the third generation of a ‘conspiracy of silence’ (Danieli, 1981), where open discussion about the Holocaust is avoided. In contrast to the second generation, the third generation did not refer to the themes of danger of standing out, hatred toward
the Germans, or the belief that Jews are often targets of hatred. Central to the third
generation was the theme of teaching the lessons of the Holocaust to the next
generation.

Chaitin (2002) used the term Paradoxical Relevance to describe the inability of some members of the second and third generations to understand the significance of the Holocaust past for their own lives. These members have not come to terms with the meaning of the Holocaust and its place in their lives, although they acknowledge its relevance. As a result, despite having strong feelings that they should engage with the Holocaust, they resist active engagement.

Hogman’s (1998) study was conducted over 4 years with four non-clinical second generation women and seven of their children. Semi-structured interviews and dialogue revealed the on-going impact of the Holocaust in the personal lives of each second generation woman, the way she reared her children, and in each of the third generation. Common themes noted in both second and third generation respondents related to identity struggles, a heightened sensitivity to suffering, identification with people who are discriminated against, fears about not being safe in the world, and a belief that they were “survivors”. A central finding for the third generation was their desire to face their suffering to resolve the trauma imposed by the Holocaust. This, they believed, could be accomplished by such measures as retracing their grandparents’ European roots, visiting the death camps in Poland, educating themselves and others about the Holocaust, establishing a personal connection with their family narrative, and acknowledging the significance of Israel.

Hogman’s study contributes significantly to the literature on intergenerational transmission of trauma despite the methodological limitations of a small sample, the use of a single dialogue with the third generation over the extended time-frame, lack
of representation of the third generation from all four mothers, and an age range of 8 to 26 years for this generation. By comparing the way second and third generation members of the same family responded to their family trauma, this study was able to capture patterns of emotional behaviour and the unique family dynamics which exist within survivor families. This study further highlighted the position of the third generation with regard to the way in which the Holocaust had been integrated into their lives and the latent suffering they endure.

Using biographical reconstruction of life stories, Bar-On (1995) investigated five three-generational families living in Israel. All third generation participants were aged over 16. The three family members were all interviewed at the same time and thus were able to shape their own interview. Although individual families differed in the degree to which Holocaust-related themes dominated their lives, all expressed fear and were concerned with the past. The second and third generations were preoccupied with working through the burden of their family trauma and manifested emotional and behavioural Holocaust-related effects including delayed independence. Bar-On observed that the second generation had assumed the role of navigators between the first and third generations; on the one hand, wanting their children to be close to their grandparents, but at the same time, wanting them to have the independence they were denied.

Individual differences were apparent in the third generation’s representations of the Holocaust. Reactions ranged from confusion and lack of connection to the Holocaust, to a sense of their own life story paling next to that of their grandmother. The most pronounced psychological effects in this generation, resulting from their background, were depressive tendencies, low self-esteem, fear and insecurity. Bar-On (1995) observed that “Even though the impact of this rupture may have diminished
over time, the residue of fear can still be felt in most of the third generation’s life stories” (p. 329).

2.7 Summary and Conclusions

Although the literature concurs regarding the presence of psychological disturbances and pathology in Holocaust survivors, it has yielded inconsistent findings of trauma in the second generation. Research with second generation clinical populations has generally proposed maladaptive features and traumatic symptomatology whereas most comparative studies with non-clinical populations conclude that the Holocaust has not produced serious impairment in the children of survivors.

Qualitative studies investigating subjective lived experience in both clinical and non-clinical second generation populations provide evidence of adverse psychological effects and internal conflict. Although it would appear that the second generation are essentially well-integrated and functioning, they manifest certain on-going cognitive, emotional and interpersonal difficulties deriving from their parents’ Holocaust trauma. The most common expressions of these difficulties are depression and anxiety, fear and distrust of the outside world, guilt, feelings of helplessness and vulnerability, internalization of anger, low self-esteem, and a lack of independence.

Further, the literature has shown consistent findings for difficulty separating from parents and feelings of responsibility towards fulfilling parents’ expectations, pleasing them and living to undo their losses. Qualitative research also indicates that the parenting received by the second generation impacts strongly on the way they rear their own children. This is most evident in their desire not to replicate many of their parents’ negative behaviours.
Outcomes of trauma in the third generation are even less conclusive due to a lack of formal investigation. While comparative studies with non-clinical populations show little evidence of psychological effects in the third generation, clinical research reveals emotional and behavioural symptomatology associated with Holocaust trauma. Such psychological effects include anxiety, fear, depression, neurotic behaviour, and lack of independence. However, investigations using a qualitative approach with non-clinical families of three generations have uniformly concluded that the Holocaust continues to negatively impact the emotional experiences of the second and third generations.

In addition to noting specific outcomes for the second and third generations, past research has also shown evidence of gender effects with women identified as more susceptible than men to transmission of trauma. Methodological issues have also been raised regarding the lack of generalizability of studies conducted in Israel to survivor communities in other parts of the world, and the failure to recognize individual differences in experience. More recent study has emphasized the utility of a qualitative approach in overcoming such methodological shortcomings as well as capturing extensive and detailed narrative material not accessible by quantitative empirical research. It follows that research which combines qualitative with quantitative methods of enquiry may produce even more fertile and methodologically sound findings. Previous research tends to centre either on the second or the third generation rather than examining the two generations together and investigating commonalities. There has also been little attention paid to the way in which the parenting received by the second generation affects their ability to parent their own children. This thesis aims to advance research by exploring these hitherto unexamined aspects of intergenerational transmission of trauma.
This chapter has examined the research concerning the outcomes of trauma in second and third generation Holocaust survivors. The following chapter reviews the literature directed at the processes by which Holocaust trauma is transmitted.
3.1 Introduction

Chapter two examined literature on residual effects of Holocaust trauma evident in the second and third generations. These findings support the notion of intergenerational transmission of trauma. This chapter reviews the literature on the different processes identified in the transmission of trauma from Holocaust survivors to their children. This includes two types of transmission which are specific to the second generation: “direct and specific” transmission and “indirect and general transmission” (Felsen, 1998; Schwartz, Dohrenwend, & Levav, 1994).

Presently, there is a lack of research examining processes by which Holocaust trauma may be imparted to the third generation.

Direct and specific transmission refers to a syndrome in the survivor parent that leads “directly” to the same “specific” syndrome in the child, whereas indirect and general transmission suggests that the survivor's inability to adequately parent their children, as a result of their disorder, “indirectly” leads to a “general” sense of deprivation in the child. Indirect and general transmission, therefore, explains survivors’ children’s problems not as a consequence of modelling or learning, but owing to difficulties with parenting (Felsen, 1998). Experimental methods generate evidence of indirect transmission, while clinical reports, usually informed by classic psychoanalytic notions, have more often demonstrated direct transmission (Kestenberg, 1982a; Wardi, 1992). Psychoanalytic theories explaining direct transmission of trauma will be discussed in this chapter.

Weiss and Weiss (2000) suggest that both direct and indirect transmission of trauma appear in the mental structure of the second generation, but that individuals are differentiated according to the relative dominance of one of these mechanisms of
transmission. The distinction between direct and specific transmission on the one hand, and indirect and general transmission on the other hand (Felsen, 1998; Weiss & Weiss, 2000), while discrete and useful, can be broadened to include non-psychoanalytic theories and other formulations. This thesis incorporates a view of transmission processes that are either covert and occur through direct, intrapsychic means, or overt and communicated through indirect means associated with parenting and home life. The terms ‘direct’ and ‘indirect’ are used as general terms which distinguish between these two major types of transmission, but which also encompass other conceptually related transmission processes.

The role of biological or genetic factors in transmission of Holocaust trauma has also been noted. Kellerman (2001b) proposed an integrative view of trauma transmission which reflects the influence of biological predisposition as well as other individual and contextual factors. Biological models suggest that genetic factors predispose children of survivors to the development of traumatic responses, in particularly PTSD symptomatology (Yehuda, 1999; Yehuda, Schmeidler, Wainberg, Binder-Brynes, & Duvdevani, 1998a).

The predominant theories of processes of transmission of Holocaust trauma that inform the current research are now reviewed. For the purposes of this discussion, direct transmission is taken to include all models with a psychoanalytic orientation and processes involving the collective unconscious, while indirect transmission is extended beyond the definition of “indirect and general transmission” (Felsen, 1998; Schwartz, Dohrenwend, & Levav, 1994) to incorporate those models and theories that relate to parenting and the home environment. Direct transmission is concerned with projective identification, transposition, self-object confusion, large-group identity, chosen trauma and traumatic memory. Indirect transmission focuses on
communication models, theories of attachment, family systems, and social learning or modelling. Although the influence of biological factors is beyond the scope of this thesis, a biological model is presented to provide a comprehensive explanation of the processes of transmission. Finally, an integrative model of trauma transmission, influenced by several theoretical frameworks, is introduced.

3.2 Direct Transmission

Direct transmission describes a pattern of thinking and behaviour in children of Holocaust survivors similar to that of their parents so that their world associations of the Holocaust may at times convey the impression that they themselves have been there. Much of the clinical literature has referred to this type of unconscious transmission of Holocaust trauma as direct, specific transmission (e.g., Kestenberg, 1982a; Kogan, 1995; Wardi, 1992). Most commonly, processes of direct transmission are explained by psychodynamic models and constructs.

Psychoanalytic theorists maintain that direct transmission of intergenerational trauma occurs as a result of shared superego pathology (Bergmann, 1982), and permeable boundaries between mother and infant which permit the mother’s anxiety (Bergmann, 1982), unconscious fantasies and perceptions of the outside world to pass into the child’s developing sense of self (Mahler, 1968). Indeed Freud (1912-13/1955) asserted that “we may safely assume that no generation is able to conceal any of its important processes from its successor” (p.159). Studies of Holocaust trauma have suggested that this shared superego pathology manifests in processes such as projective identification and transposition. In these processes, emotions such as grief, humiliation and helplessness, that were unable to be consciously experienced by survivors and remained repressed and unresolved, were unconsciously passed onto their children (Kellerman, 2001b).
3.2.1 Projective Identification

Survivors’ attempts to self-heal by ridding themselves of their terrible memories and associated feelings have been explained by the process of projective identification. In the hope of achieving psychic recovery, parents’ project their repressed grief and Holocaust-related feelings onto their children (Bergmann, 1982; Davidson, 1992; Rowland-Klein & Dunlop, 1997). The children unconsciously absorb these feelings and internalize their parents’ losses and traumatic experiences through the “narcissistic union” they have forged. Introjection by the child of parents’ projected feelings and anxieties may produce feelings that the child itself has experienced the concentration camps (Wardi, 1992).

Projective identification may further manifest in children’s repeated simulations and fantasy reconstructions of their parents’ experiences as they endeavour to understand the Holocaust and release their parents from their tortured past (Prince, 1985; Steinberg, 1989). Such mental processes may be exacerbated by parents’ lack of overt communication about their war-time experiences and messages concerning the fate of relatives. The children try to empathize with their parents’ emotional world in order to establish a connection with them and with family who perished in the Holocaust. This simultaneously serves to fill the emotional void and construct a sense of family history (Albeck, 1994; Wardi, 1992).

Children of survivors’ intrapsychic connection with their parents’ emotional world has been referred to as a fulfilment of the role of a “memorial candle” (Wardi, 1992). In this role, the survivor’s child must not only preserve the past and the memories of those relatives who had been killed, but also serve as the connecting link that heals the trauma and the “cutting off” of intergenerational continuity. It thus falls
to the “memorial candle” to carry the family burden of death and loss, guilt and anger. Wardi quotes a respondent in her group study:

“I think my parents’ problem was that they couldn’t go back and feel what they went through. They also couldn’t speak to their children about what happened there. So the only way was to secretly transfer the burden and the pressure of things to one of the children (p. 33).”

Wardi maintains that children of survivors’ engagement in their parents’ traumatic inner world results in the failure to develop an independent self and profound identification with their parents’ victim-hood. Among the ways this is expressed are fears of abandonment, depression, guilt, an unconscious prohibition on externalizing anger and hostility towards their survivor parents and an inability to act authoritatively and decisively (Kestenberg, 1982a; Wardi, 1992). Identification with their parents’ trauma is particularly evident in the content and nature of children of survivors’ fantasies and nightmares. Such nightmares incorporate Holocaust imagery such as barbed wire, gas chambers and firing squads, and the recurring themes of persecution and torture (Bergmann & Jucovy, 1982; Wardi, 1992). A participant in Wardi’s therapy group is quoted as follows:

“In this dream I was in a closed camp. We had to go through various torture posts….there was an exhibition on the walls, black-and-white pictures of German soldiers beating to death women and men who were standing in line naked. Me they didn’t hit, or I didn’t feel the blows. I was the only one who survived. In the room there were all sorts of torture instruments. I was terribly afraid but I waited in line. Next to me was a woman dressed in rags holding a baby. I thought this woman had no chance of surviving (p.136).”

In addition to such nightmares and unconscious fantasies, identification is apparent in children of survivors’ use of Holocaust-related mental strategies aimed at increasing their resilience in the event of something unforeseen happening (Rowland-Klein & Dunlop, 1997; Wardi, 1992). Wardi describes the way the second generation
engage in *survival exercises* which although in present time, show that part of their psyche exists in the past of their lost relatives. A participant comments: “Yesterday I was waiting in line for the bus and it was very hot….but I said to myself ‘No, you’re not allowed to sit or drink, you have to hang on and not give up. You have to be prepared for the next Holocaust…..’ ” (p.138). Use of the analogy of the Holocaust to provide the incentive needed to achieve their goal would seem unique to children of survivors. A process which shares features with projective identification and has also been used to explain children of survivor’s enmeshment with their parents’ trauma is transposition.

### 3.2.2 Transposition

Transposition into the past is a concept used to describe the dual existence of children of survivors in both their current world and in the parental Holocaust world (Kestenberg, 1982b). It is described as a descending into a “time tunnel” and having fantasies about rescuing the Jews and restoring their lost children, parents, siblings, grandparents and others of their parent’s generation. It further represents a desire to compensate for past tragedies in the present time. Kestenberg (1993) contends that transposition occurs through identification with one or both parents who are working through past traumatic experiences in current reality. Children of survivors enter their parents’ past, often assuming roles such as a deceased parent or a relative. At the same time they struggle to integrate this fantasized past with their own past and present day conflicts. It is held that children can become further immersed at a physical level in their parents’ reality, recreating the murdered objects, which their parents cannot adequately mourn. In so doing, they extinguish their own psychic core (Kestenberg, 1982b). Fogelman (1998) made similar observations in her clinical group work:
Since her adolescence, Vera has been suffering from anorexia nervosa. She experienced a near-death state several times. She likes her body emaciated, skeleton-like because it reminds her of her relatives in the concentration camps. She feels one with them and at peace with herself when she continues their suffering. Any weight gain makes her feel guilty that she is abandoning the deceased (p. 545).

Transposition can be exacerbated when a child is named after a relative or friend who perished at the hands of the Nazis as is the case with many children of survivors (Jucovy, 1992). This results in children having a “double sense of identity and emotional life” in which they must live simultaneously as themselves and the relatives they were named after (Wardi, 1992).

A related form of transposition is ‘concretization’, a phenomenon described by Bergmann (1982). Unlike, transposition where children of survivors fantasize living through the Holocaust and rescuing the victims, in concretization, children of survivors unconsciously re-create their parents’ traumatic experiences and act out those traumatic aspects connected to death and survival. There is confusion between self and object, between past and present and between fantasy and reality. As with transposition, concretization promotes living in two realities and results in ego splitting and superego representations of self and object (Bergmann, 1982).

3.2.3 Self - Object Confusion

Direct unconscious transmission of Holocaust trauma through the mother and child’s symbiotic relationship has been identified in much of the psychoanalytic literature (Grubich -Simitis, 1981; Rowland-Klein & Dunlop, 1997; Wardi, 1992). Wardi (1992) supports the view that transmission of traumatic feelings from parent to child occurs through a blurring of boundaries between them. This permits the parent’s mental state to enter the child’s dissociative core self (Fonagy, 1999). The traumatized parent is thus able to ‘implant’ his or her own emotional instability in the child
leading to internalization of the parent’s stress and social mistrust (Chazan, 1992; Freyberg, 1980).

It has been argued that the immense anxiety of traumatized victims of the Holocaust for which no intra-psychic defence was adequate found expression in the primary object relations of the second generation (Grubich-Simitis, 1981). Survivor mothers clung compulsively to their “live and healthy infants”, dependent upon their very physical existence to ease their own pain and anxiety. The child thus became an object to which the mother involuntarily transferred her conflicts, anxieties, depression, unresolved mourning and heavy emotional burden (Rowland-Klein & Dunlop, 1997; Wardi, 1992). Foremost among these anxieties was the all-consuming fear that catastrophe might occur at any moment and without warning. This impelled survivors to over-protect their children and keep them close by (Wardi, 1992).

3.2.4 Large Group Identity and Chosen Trauma

As noted in the previous sections, direct transmission of trauma to the next generation is generally conceived as occurring on an individual level. However, transmission to children and grandchildren of Holocaust survivors on a collective level has been explained by Volkan’s (2001) concepts of large-group identity and chosen trauma. According to Volkan (1999), large-group identity can refer to ethnicity, nationality or religion and is “the subjective experience of thousands or millions of people who are linked by a persistent sense of sameness while also sharing numerous characteristics with others in foreign groups” (Volkan, 2001). He argued that when members of a large group experience a severe and collective trauma involving loss or helplessness, shame and humiliation whilst in conflict with another large group, this becomes a shared mental representation. That shared representation
is transmitted to the succeeding generation as a chosen trauma or shared traumatic event.

Volkan (2001) argues that the transgenerational transmission of the chosen trauma is linked to the past generation’s inability to mourn losses of people, land or prestige and reverse the injury and humiliation inflicted by another large group. The injured self-images associated with the trauma are believed to be ‘deposited’ into the developing self-representation of children in the next generation as if these children will be able to mourn the loss or repair the injury (Volkan, 2001). The author suggests that if the children cannot deal with what is deposited in them, they as adults will in turn pass the mental representation of the event to the next generation. Such a notion whereby a large group unconsciously chooses to add a past generation’s mental representation of an event to its own identity, thereby keeping the trauma alive, would appear to be directly applicable to the understanding of Holocaust trauma and its transmission across the second and third generations.

3.2.5 Traumatic Memory

A final means of explaining transmission of trauma is through memory of the traumatic event. Auerhahn and Laub (1998) suggest that knowing massive psychic trauma informs and shapes one’s subsequent life experiences, world view, fantasy world, relationships, decision-making and action. Furthermore, knowledge of psychic trauma is not limited to one generation but permeates the memories of several generations by becoming an unconscious organizing principle, which is passed on by parents and internalized by their children. Traumatic memory can thus be seen as an evolutionary process which requires several generations to play itself out (Auerhahn & Laub, 1998).
Laub and Auerhahn (1993) propose that there are many forms and levels of knowing massive psychic trauma that can be positioned along a continuum according to psychological distance from the traumatic event. The different forms of remembering trauma include both conscious and unconscious dimensions. The first sequence of traumatic memory comprises: not knowing; screen memories in which less traumatizing memories are substituted for those that are too painful; fugue states wherein events are relived in an altered state of consciousness; fragments where parts of a lived experience are decontextualized and no longer meaningful; and transference phenomena where the traumatic memory is lived out as one’s inevitable fate. The second sequence involves overpowering narratives in which the memory is conscious and can be described, life themes which define identity, witnessed narratives, trauma as metaphor and, finally, action knowledge (Auerhahn & Laub, 1998).

Although some of these forms of knowing are found exclusively in the first generation, others play a more central role in the lives of subsequent generations (Auerhahn & Laub, 1998). These authors maintain that, for survivors, knowing mostly occurs through retention of fragments of unintegrated memories or by reliving memories in transference phenomena. For the second generation, knowing generally takes the form of life themes which are personally relevant to their existence. Unlike direct transmission, processes of indirect transmission of trauma are concerned with communication and relational aspects of parenting, social learning, and the family environment.

3.3 Indirect Transmission

Inadequate parenting and child-rearing practices are purported to be the primary means of explaining indirect intergenerational transmission of trauma to Holocaust offspring (see Kellerman, 2001b; 2001c). Research suggests that the
extreme traumatization experienced by Holocaust survivors, coupled with their preoccupation with mourning multiple losses, intense anxiety and depression has had a detrimental effect on their capacity for parenting and providing an adequate maturational environment for their children (Kellerman, 2001c). As parents, Holocaust survivors were regarded as either over-protective, over-anxious and over-involved with their children or alternatively as psychologically unavailable, too neglectful or rigid with unrealistic expectations (Almagor & Leon, 1989; Davidson, 1992; Rustin, 1980). As such, survivors are considered to have transmitted their trauma to the second generation indirectly where it manifested in a range of negative effects (Felsen, 1998). Pre-eminent were the burden of expectation to compensate their parents for their painful losses (Boszormenyi-Nagi & Spark, 1973), difficulties with separation-individuation, self-esteem, and intimacy (Felsen, 1998), and distrust of the outside world (Prince, 1985).

The following section discusses theoretical models implicated in indirect transmission of trauma, specifically: parental communication styles, attachment and systemic approaches, vicarious learning, family environment and biological transmission. Kellerman’s (2001b) integrative model of transmission is also discussed. Parents’ verbal and non-verbal communication of their Holocaust experiences as a means of transmitting trauma is treated in particular detail since it is readily identifiable in the second generation’s narrative accounts of their lived experiences. It further explicates the content of traumatic messages.

3.3.1 Transmission through Non-verbal and Verbal Communication

It has been noted in clinical investigation that Holocaust messages can be conveyed from survivors to their children through ways that waver between two extremes (Mor, 1990). At one extreme, survivors speak obsessively about their
Holocaust experiences and their children feel obligated to listen. At the other, survivors adopt a “conspiracy of silence” in which they feel unable to talk about their traumatic experiences (Danieli, 1981) and their children, sensing the frightening and painful events in their parents’ past, do not ask. Most research argues that communication of Holocaust experiences most commonly occurs somewhere between these two extremes (Krell, 1979; Shoshan, 1989). Wajnrib (2001) observed that there were a myriad of points on the continuum of discourse of Holocaust narrative and “countless ways of telling and not telling”. The three main ways were: direct and explicit spoken communication about their parents’ Holocaust past, indirect communication involving fragments of text, and unspoken communication with minimal or no text.

Wajnrib (2001) asserts that the most dominant type of discourse in Holocaust homes was indirect communication. This has been described as a fragmentary process in which information is revealed in bits and pieces over many years (Aleksandrowicz, 1973; Kav-Venaki, Nadler, & Gershoni, 1985; Wajnryb, 2001). Respondents in Wajnrib’s (2001) study referred to information about the Holocaust being ‘leaked out’, told in ‘snippets’, disjointed and lacking chronology. Stories were largely episodic, vignettes, visual cameos or occurred as a subset of stories. Wajnrib maintains that these stories were often “snap-frozen” at the moment of the first telling and typically retained their original form, even after years spent adding layers of historical fact to the story.

Indirect communication is further defined as a collaborative style of behaviour between speaker and listener in which meaning is conveyed partly through the spoken text and partly by the listener’s attempts at interpretation (Wajnryb, 2001). In contrast to direct communication, where meaning is conveyed explicitly from the spoken text,
indirect communication requires listeners to interpret and co-construct meaning, often from minimal text. Wajnrib proposes that the construction of the Holocaust narrative between parent and child is a collusion from both sides that allows a text to unfold. “It is an interconnectivity that binds the listener, as witness, to the teller whose story, when told, becomes testimony”. (p.190)

Bar-On (1995) concluded that indirect communication of Holocaust information or the “gap” between the verbal and non-verbal communication exerted the strongest influence on the second generation. As a result of parents’ active and conscious filtering of what they chose to tell their children and failing to tell them if they did not ask, the second generation were denied the “choice” as to which part of the story they would imbibe. Some children imposed their own filter in order to insulate themselves from their parents’ stories, while others tried to rationalize what was said with what was meant. Wajnrib (2001) describes the process of analysis whereby explicit and implicit information could become integrated and meaningful.

You learn to read minimalist text, to know what is hinted at, what is alluded to. You learn to interpret messages in fragments of text. You learn to entangle verbal and non-verbal messages, reading the cue of face and gesture, especially if they are in conflict with language. You learn to read irony, indirection, incongruities of all kinds. You learn to pick up on dissonance – for example, mismatches between sound and text. You learn to recognize the allowable, the disallowable, the taboo. You learn to recognize and read avoidable strategies. Finally, cumulatively and perhaps most importantly, you learn to identify and evaluate what is absent. You learn to read the silence (p.21).

Wajnrib (2001) further classifies fragmented disclosure of Holocaust information into ‘socialized’ and ‘dissonant’ messages. Socialized messages are those which have emerged from parents’ attempts to process and filter their experiences before passing them on to their children while dissonant messages are those in which the story does not quite “gel”. Socialized messages frequently take the
form of sayings or dicta informed by survivors’ harsh experiences. While verbal content is minimal, powerful emotions are transmitted and are typically reinforced by non-verbal behaviours. The predominant themes conveyed through socialized messages are briefly outlined since they accord with commonly identified themes in both the clinical and non-clinical qualitative literature (Catherall, 1998; Epstein, 1979; Freyberg, 1980; Hass, 1990; Wardi, 1992).

According to Wajnrib (2001), the most common socialised messages in Holocaust families concerned food, such as compulsion to eat in order to remain alive and healthy, trust, involving warnings that no-one outside the home could be trusted and the world was a dangerous place, and education with its prescription that knowledge makes you safe and can never be stolen, even in a time of war. Other messages were similarly underscored by the theme of survival: one must not stand out since safety rests in anonymity; it is important to be strong, to stand up for what you believe, and to remember that they are “survivors”. Parents also gave strong messages opposing the purchase of German goods, since this could be seen as supporting the German economy. Most importantly, survivor parents directed their children to ‘be happy’, since they had no reason to be sad and their lives were ideal. Wajnrib quotes one of her respondents: “What a burden! I’m not allowed not to be happy!” (p. 205)

The strongest unspoken message underlying indirect communication about the Holocaust identified by Wardi (1992) was ‘you are the continuing generation’. This is illustrated by the following remark from a respondent.

“It was as though my father gave me the message: you must experience all the things we can’t experience here and now. I want you to experience all the suffering I went through there in Europe, in the camps. But what he actually said to me was ‘It’s impossible to talk about it. Either someone knows what it was like there, or he will never know’ (p. 43).”
Interviews with clinical and non-clinical second-generation populations show that transmission of trauma occurs even when silence replaces verbal communication about the Holocaust (Kav-Venaki, Nadler, & Gershoni, 1983; Wajnryb, 2001). Bar-On, et al. (1998a) described the “double wall” of silence where parents did not speak of their experiences to their children and their children did not ask for fear of inflicting too much pain. Notwithstanding survivors’ silence, manifestations of their experiences have been identified in their children’s fantasies (Bergmann & Jucovy, 1982; Mor, 1990). Krell (1979) noted the inevitable transmission of survivors’ experiences to their children through “veiled references or mysterious outbursts of grief”. In place of words, information about the Holocaust was frequently communicated to children through symbols (Mor, 1990).

Sometimes it was the way in which their parents swallowed bread, or the way in which they reacted to the whistle of a kettle that reminded them of the trains to the death camps. Through such symbols, sensations became imprinted on the youngsters’ minds that were beyond any logical understanding (p. 377).

Transmission of trauma through a family code of silence has also been noted in types of extreme trauma other than the Holocaust such as sexual abuse, violence and mental illness (Abrams, 1999; Wajnryb, 2001).

The extent of verbal communication about the Holocaust is influenced by the type of war-time experience endured by parents (Kav-Venaki, Nadler, & Gershoni, 1985). A comparative study revealed that children of concentration camp survivors perceived their parents as talking less about the Holocaust and knew less about their parents’ personal history than children of partisans (Kav-Venaki, Nadler, & Gershoni, 1985).
The extent of verbal communication by parents has also been linked to psychological outcomes. Okner and Flaherty (1988) observed greater guilt but less depression and anxiety in Israeli and American Holocaust offspring where open verbal communication about the Holocaust occurred. However, other researchers have noted more negative effects where parents discussed their experience in great detail, with great frequency, or when their children were very young (Trossman, 1968; Zlotogorski, 1983). As discussed in chapter 2, second-generation women have been found to suffer more guilt, withdrawal, fear, somatic complaints and low self-esteem in response to maternal communication about the Holocaust than men (Lichtman, 1984; Sorscher, 1991). Transmission through relational aspects of parenting is further explored through attachment style and family dynamics.

3.3.2 Attachment and Family Systems Models of Transmission

Many studies highlight the association between inconsistent parenting and attachment style (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Mikulincer & Shaver, 2007). Children who have been inconsistently punished, rewarded, or rejected depending on the mood and needs of their parents have been shown to be dependent, over-attached and enmeshed. In contrast, those who were essentially neglected and only provided with love if they met the parents’ self-object needs have been identified as detached (Glickauf-Hughes & Wells, 1997). Research investigating attachment styles in both clinical and non-clinical samples of children of Holocaust survivors have identified a lack of secure attachment and the presence of insecure, fearful and dismissive styles of attachment (Bar-On et al., 1998a; Eurelings-Bontekoe, Verschuur, & Schreuder, 2003; Silbert, 1997).

According to Ainsworth, Blehar, Waters and Wall (1978), the security of the bond between infant and mother is dependent on the child’s confidence in the
caregiver’s capacity to appreciate his or her state of distress. Lack of empathic attunement to the child’s emotional distress together with the failure to provide sufficient ‘reparative’ moments which soothe the anxious child can lead to dysfunctional attachment, and in the extreme, the emergence of the ‘exiled self’ (Halasz, 2001). Based on clinical practice, Halasz noted an absence of reparative moments in mothers with a history of trauma. Fonagy (1999) concluded that the caregiver’s internalized images of horror could re-emerge in a subsequent generation due to such moments of non-responsiveness. The mother’s failure to attend to her infant’s early needs has furthermore been linked to the child’s increased vulnerability to later trauma (Grubich-Simitis, 1981).

Fonagy (1999) proposed that it is not only insecurity of attachment that constitutes the ‘child of survivor’ syndrome but the disorganization that contains within it the seed for a dissociative response to later trauma through its impact on the child’s experience of internal reality.

More specifically, self-states and associated mental representations that appear to trigger a frightened or frightening reaction from the caregiver will be marked in the child’s mind as dangerous, and sensitize the child to specific ideas associated with this reaction. The disorganization of the early attachment creates the potential for the child to experience these representations as part of concrete rather than psychic reality. (p. 97)

Other clinical studies support the notion that disorganized attachment behaviour in the child is associated with unresolved experiences of mourning and trauma in caregivers (Fonagy, 1999; Freyberg, 1980; van IJzendoorn, 1995; Wardi, 1992). Based on his clinical case work, Fonagy (1999) further concluded that the transmission of specific memories and related affect may occur across three generations irrespective of manifest pathology in the second generation.
Allied to attachment style is the notion of parentification. This concept has been used to explain the way in which parents’ war traumas may negatively influence the personality development of their children (Sigal & Weinfeld, 1989; Steinberg, 1989). In this process, children feel compelled to perform the role of the parent and forego their own developmentally-appropriate needs and desires to satisfy those of their parents. The children thus sacrifice their own childhood and become an instrument for the enhancement of the parents’ own well-being (Jurkovic, 1997). Clinical findings following parentification have revealed narcissistic disturbances in the form of grandiosity or depression, emptiness, low self-esteem and an incomplete sense of self (Miller, 1979; 1981).

Holocaust survivors’ severe traumatization and absorption in their own conflicts and needs at the expense of empathizing with those of their children is believed to account for processes of parentification in the second generation (Eurelings-Bontekoe, Verschuur, & Schreuder, 2003; Grubich-Simitis, 1981). Key features of parentification are the reversal of roles and blurred boundaries between parent and child. Wardi (1992) observed that survivor parents were dependent on their children and frequently treated them as adults as a means of assuaging their own anxiety and helplessness. Survivors’ children were preoccupied with their parents’ needs, while at the same time, survivors were oblivious to their children’s needs or chose to remain emotionally unavailable. This relational dynamic has been variously referred to in the Holocaust literature as “enmeshment” (Seifter-Abrams, 1999; Zlotogorski, 1983), “parent-child role diffusion” (Zilberfein, 1996) “invisible loyalties” (Boszormenyi-Nagi & Spark, 1973) and “narcissistic parenting” (Rosenberger, 1973).
The lack of intergenerational boundaries also facilitated survivors’ ability to become over-involved with their children’s lives. As noted in the clinical research, this manifested most clearly in parents’ excessive levels of control and overprotectiveness (Mor, 1990; Wardi, 1992). Comparative studies have revealed similar findings with Holocaust survivors being perceived by their children as significantly more overprotective and controlling than parents who had no personal experience of the Holocaust (Silbert, 1997).

As discussed in chapter 2, the most predominant effect resulting from such enmeshment and over-protection was the second generation’s significant difficulties with the attainment of autonomy, individuation and separation from their parents (Barocas & Barocas, 1973; Freyberg, 1980; Rose & Garske, 1987).

3.3.3 Vicarious Learning

Transmission of trauma has also been explained in terms of social learning theory which posits that children learn vicariously by observing and imitating their parents (Bandura, 1977). Children were exposed directly to their parents’ suffering through their many observable responses such as distractibility, distress at reminders of the Holocaust, explosive outbursts, exaggerated worry, obsessive behaviours, overt messages to be careful and not trust, and night-mare-induced screams (Epstein, 1979; Wardi, 1992). Witnessing such obvious signs of distress in their parents may have conveyed a sense of vulnerability, fear and impending danger to their children (Kellerman, 2001b; Rowland-Klein & Dunlop, 1997; Yehuda et al., 2000).

Solomon, Kotler and Mikulincer (1988) further suggest that such exposure to parents’ emotional distress may also be responsible for the prevalence of PTSD among second-generation Holocaust survivors returning from combat in war zones. Witnessing their parents’ disturbed behaviours and emotional states may have served
to unmask the second generation’s own feelings of vulnerability and trauma or led them to model this type of behaviour. Other clinical research supports the view that the presence of visible pathological symptoms in one or both parents may serve to increase their children’s susceptibility to trauma (Yehuda et al., 2000). Beyond direct observation of their parents’ responses, the general mood within the family home and the dynamic between family members also conveyed trauma to the second generation.

3.3.4 Family Environment

Studies have also identified the importance of the family environment in shaping the identity, perceptions, worldview and interpersonal relations of the next generation (Fogelman, 1998). Bowen (1966) describes the way in which family emotional processes such as fusion, that is lack of individuation, and differentiation, that is the capacity for autonomous functioning, flow from one generation to the next. Intergenerational transmission of anxiety in particular, has been explained by Bowen’s theory. Catherall (1998) asserts that where family members have been exposed to trauma, the entire family is at risk of being secondarily traumatized. He further proposes that the long-range impact of trauma does not always lead to symptoms but may have a more generalized effect of disturbing the milieu of the family as a whole.

The family environment of Holocaust survivors and their children was distinctive and imbued with trauma (Grinblat, 2002; Hass, 1990; Wardi, 1992). This was reflected in the mood of depression, anxiety and worry which typically formed the emotional back-drop to home life together with the ever present awareness of loss and mourning. This occurred irrespective of whether the circumstances of their parents’ trauma were spoken about or not (Epstein, 1979; Klein, 1973; Wajnryb,
A number of factors may have contributed to this discordant mood. First, this consciousness of loss was often reinforced by such practices as naming children after deceased relatives and lighting of candles to commemorate loved ones (see section 3.2.2). Second, the parents’ relationship with one another also impacted the emotional climate within the home. In an attempt to ease their loneliness and to recreate the families they had lost, many survivors had married in haste and out of convenience. Such marriages were often unhappy and loveless and contributed to an overall mood of sadness and tension (Danieli, 1981). Third, immersion in rebuilding their livelihoods and settling in a new country was common and often resulted in parents being more consumed with their own needs at the expense of their children’s needs (Fogelman, 1998).

At the same time there were countervailing factors impacting on the family dynamic. Owing to the lack of extended family, family members tended to operate as a tightly-knit nuclear unit and were often highly dependent and excessively concerned with one another. This closed family system was in some cases compounded by isolation from the wider community, particularly in neighbourhoods where there were few other survivor families or immigrants. In these instances, children provided the only link to a hostile and frightening outside world (Fogelman, 1998; Hass, 1990). As envoys to the wider society for their parents, and lacking direction and guidance in negotiating the world outside home, children were largely left to fend for themselves, which served to magnify their burden.

The palpable mood of unhappiness and suffering created by parents’ dislocation and traumatic experiences served to affect the family environment and transmit trauma to the second generation both through their general exposure and through the unique dynamic of the family unit. Despite such explanations for familial
transmission of trauma, some clinical research has argued that family environment cannot be separated from genetic factors (Yehuda, Schmeidler, Wainberg, Binder-Brynes, & Duvdevani, 1998a).

3.4 Biological and Genetic Models

Biological and genetic models presuppose that parental traumatization may be transmitted through a genetic memory code across generations in the same way as some hereditary diseases (Kellerman, 2001b), or that the mother’s experience of trauma is embedded at a cellular level and transmitted to her child “in utero” (Napoli, 1999). It is also claimed that certain personality traits such as survival instinct and resilience may be inherited (Sher, 1999). According to this perspective, a survivor’s psychic trauma may be transmitted via electrochemical processes in the brain to the child where it may present with similar symptomatology and predispose the child to PTSD (Kellerman, 2001b).

Several clinical studies support a model of genetic transmission of trauma. Trauma survivors with PTSD have been found to be more likely to have parents and first-degree relatives with mood, anxiety and substance abuse disorders than trauma survivors without PTSD (Davidson, Swarz, Storck, Krishnan, & Hammer, 1985). The increased prevalence of PTSD in monozygotic twins than in dizygotic twins suggests that shared genes accounted for as much as 30% of some PTSD symptoms (True et al., 1993).

Yehuda (1999) maintained that the higher incidence of PTSD in children of Holocaust survivors, despite a lack of exposure to life-threatening events, could be explained through a possible genetic predisposition to PTSD. Yehuda’s finding of low levels of cortisol, a hormone released by the adrenal gland in response to stress, in children of Holocaust survivors was considered a sign of the second generation’s
vulnerability to PTSD and related to PTSD in their parents. A subsequent clinical investigation showed that PTSD in Holocaust survivors appeared to be associated with low levels of cortisol in their offspring even in the parents’ absence of lifetime PTSD (Yehuda et al., 2000).

Controlled studies with clinical populations have similarly indicated that children of Holocaust survivors are more likely to develop PTSD in response to traumatic events than controls from non-Holocaust backgrounds (Solomon, Kotler, & Mikulincer, 1988; Yehuda, Schmeidler, Wainberg, Binder-Brynes, & Duvdevani, 1998a). Research has further suggested that as well as the greater prevalence of PTSD in children of Holocaust survivors, who themselves present with PTSD, traumatisation in the second generation is most closely informed by the severity of the posttraumatic symptoms of the parents (Yehuda, Schmeidler, Giller, Siever, & Binder-Brynes, 1998b). This may partially explain why only some offspring of Holocaust survivors manifest Holocaust-related symptomatology. Although such findings suggest genetic factors in the transmission of PTSD from Holocaust survivors to their offspring, the contribution of non-genetic factors such as the familial environment cannot be discounted.

3.5 Kellerman’s Integrative Model of Trauma Transmission

In an attempt to clarify and amalgamate the various explanations and models for the transmission of Holocaust trauma, Kellerman (2001b) developed a model of trauma transmission which is rooted in several theoretical frameworks. Kellerman proposed that transmission of trauma could best be explained by a complex of multiple related factors including biological predisposition, individual developmental history, family influences and social systems, which combined to produce traumatic effect and were rooted in several theoretical frameworks. Like Wardi (1992), he noted
aggravating factors which increased the likelihood of transmission of trauma: offspring being born soon after the parents’ trauma (between 1945-1955), offspring who are either the only or the first-born child, both parents being survivors, offspring who are “replacement” children to children who had perished and parents who had endured extraordinary mental suffering, significant loss of close family and who were highly disturbed as a result.

Kellerman’s (2001b) integrative model of parental transmission of Holocaust trauma is conceptualized as a formula: the behaviour of children of survivors (B) is a function (f) of Holocaust survivor parents’ childrearing behaviour (P), leading to the formula B=f(P). He later expanded this paradigm to include the variety of responses in children of survivors (B1, B2, B3, etc), the variety of parental factors influencing transmission (P1, P2, P3, etc) and the different circumstances which influence the transmission process (C1, C2, C3 etc). His expanded model was as follows: Second generation B1 to Bn = f(Parental P1 to Pn) + (C1 to Cn). Kellerman’s model with its consideration of individual factors can be seen as a useful general description of the transmission process.

3.6 Summary

Research has explored a number of processes which explain the transmission of trauma from Holocaust survivors to their children. Distinction is commonly made between unconscious or direct transmission processes and conscious or direct ones. Direct processes are intrapsychic and include those where children’s identification with their parents’ trauma suggests they have endured the trauma themselves as in transposition and projective identification, and those which occur through sensory means and a symbiotic parent-child relationship. Large group identity or chosen trauma which occurs at a collective level and involves unconscious memory of
generations of suffering and traumatic memory with its many phases of conscious and unconscious knowing, are additional processes where trauma is transmitted through direct means.

The mechanisms of indirect transmission are non-genetic and familial. These comprise parents’ verbal and non-verbal communication about their Holocaust experiences, their inability to sufficiently nurture their children and form healthy attachments stemming from their emotional impairments, children’s exposure to their parents’ chronic suffering, the emotional climate within the family home and intra-familial dynamics. Transmission of trauma, particularly PTSD, has also been explained by genetic factors as well as by a combination of genetic and non-genetic factors as in Kellerman’s (2001b) model.

These transmission processes, jointly and severally, account for the presence of long-term effects as identified in chapter 2 in the descendants of Holocaust survivors. The following chapter discusses how findings from past research regarding outcomes and processes informed the rationale for this thesis.
CHAPTER FOUR: THE PRESENT RESEARCH

4.1 Introduction

Chapters 2 and 3 reviewed existing literature concerning the way Holocaust trauma is transmitted from one generation to another and the effects generated by this transmission. This chapter provides the rationale underpinning the current project in the light of previous research. A personal statement is followed by a detailed account of the purpose of this research and its contribution to study in this area. The basis for highlighting the role of parenting in transmission is discussed along with the choice of methodological design, and the decision to use an all-female Australian community sample. Finally the key research questions addressed in this thesis are presented. Broadly, the current research was motivated by a desire to confirm previous research on intergenerational transmission of Holocaust trauma and extend it beyond the second generation to include their children, the third generation. At the same time, it represented a personal interest on the part of the researcher to discover whether her feelings and conflicts resonated with those of other children of survivors.

4.2 Personal Statement

The author Dina Wardi (1992) comments that it was common for one child from a survivor family to be designated as a ‘memorial candle’ for the relatives who had perished and to bear the burden of participating in his or her parents’ emotional world. So it was with my family, where, as the middle of three children, I unwittingly aligned myself with the spectres of my mother’s painful past. My mother did not marry a Holocaust survivor, nor did she burden me with her stories or open displays of suffering, consciously attempting to provide as normal an upbringing as possible. I grew up in the 1950’s in a conservative, middle-class inner Melbourne suburb with few Jews. I attended ballet classes, girl guides, learnt the piano and spoke English to
my parents. Yet deep in my soul, without knowing why, I sensed that my external reality was at odds with my tumultuous inner world.

Our non-Jewish neighbours, the Kennedys, had square-dancing parties, laughed heartily when the bath over-flowed and didn’t mind mess. At Christmas we were not able to play at their house because their grandparents were visiting. We had no grandparents and our two surviving aunts lived overseas. Their existence was signified by blue airmail letters which arrived weekly and produced my mother’s happiest moments. Later in high school and University, I found myself attracted to Jewish girls from non-survivor backgrounds, like Lynne who boasted 32 first-cousins and Gayle whose charismatic father held private screenings of the latest movies for all her friends. They were fearless, solid and embraced life and had parents who were never anxious or critical. I tried to emulate them, to be one of them. I married a man who was five generations Australian and went for a time to live in Perth where there were few Holocaust survivors. But I never succeeded in becoming one of them. A tainted inheritance and layers of existential angst separated us, then, as it does now. Nothing and no-one could erase the threads of trauma which presented in my earliest memories and continued throughout my life.

Such was the personal narrative which inspired this thesis with its quest to discover whether other children of survivors shared my sentiments and wrestled with the same questions, challenging their identity and behaviour and wondering if, in turn, they too would infect their own children with their legacy. Will my children feel the breach between themselves and the other as I did? Will they feel motivated to close it? Will they be able to close it?
4.3 Purpose of the Research

The purpose of the research conducted in this thesis is to explore the processes and outcomes involved in intergenerational transmission of Holocaust trauma in second and third generation Holocaust survivor women. Quantitative instruments are used in an attempt to confirm a distinctive and comprehensive picture of aspects of maternal engagement as perceived by daughters of Holocaust survivors relative to Jewish women whose mothers were born in Australia and not exposed to Holocaust trauma. This same dimension is then explored within the generational framework of survivors’ daughters and their own daughters through similar quantitative methods of analysis.

Two qualitative studies comprise the main contribution of the empirical research. The purpose of these studies was to gain an enriched understanding of the subjective, lived experience of being the child and grandchild of a Holocaust survivor with particular emphasis on the dynamic that links the three generations. Within the chronology of the generations following the Holocaust, the second generation serve as mediators between the first generation survivors of trauma with whom direct contact took place and their children, the third generation. As mothers responsible for shaping the next generation, they play an influential role in the on-going transmission of Holocaust trauma. The manner in which the second generation parented their children is a major focus of the current study.

Notwithstanding the extensive amount of research conducted on the second generation, findings remain inconsistent and are most commonly explained by a range of methodological difficulties. The research in this thesis attempts to tackle many of the pitfalls prevalent in earlier studies. This is achieved through use of a mixed-method design and a large sample of second and third generation mothers and
daughters from a non-clinical survivor population. In view of the potential lack of generalizability of findings from Israeli studies, it was decided to capitalize on Melbourne’s large Holocaust survivor population.

The assertion that transmission of Holocaust trauma to the second generation has not been systematically investigated as this population continues to present with frequent psychological problems and manifests latent vulnerability (Lang & Lang, 1996; Rieck, 1994) informed the decision to extend and confirm previous research. It further reinforced the importance of investigating the transmission of psychological effects or residuals rather than clinical psychopathology. Whereas the majority of studies reviewed concentrate on either the processes – how transmission of trauma occurred, or the outcomes – the effects resulting from the transmitted trauma, the present research addresses both of these domains due to their conceptual relatedness.

Although much research has been conducted on the second generation, there are virtually no systematic qualitative studies on the third generation and only a handful of quantitative studies. Furthermore, this research is mostly formulated on third generation adolescents rather than adults. The main aim of this thesis is to advance understanding by engaging in exploratory research of ways in which third generation young adults may have been affected by their family heritage of trauma.

Both quantitative and qualitative studies have generally failed to investigate the way psychological repercussions of Holocaust trauma may present in different generations of offspring in the same family, that is, the children and grandchildren. Notwithstanding problems of temporality, this has precluded any opportunity to identify patterns of transmission or make comparisons on any dimension, whether process or outcome, related to their common history of family trauma. This thesis seeks to address this gap in the research by examining similarities and differences of
experience across the two generations. Such comparison is meaningful since the same phenomenon is being investigated in both groups that, although independent, are related samples. The rationale underlying the emphasis on parenting as a pathway of trauma transmission is now discussed.

4.4 Role of Parenting

The role of mothering and its potential to convey powerful messages that become embedded in the mental structures of the next generation is a central feature of this research. As daughters, the second generation were recipients of their parents’ active Holocaust messages. As mothers, they undertake the role of transmitting messages to the next generation. Although much has been written about the way the second generation was parented in response to their parents’ Holocaust experience, there are no detailed studies of how the second generation parented the third generation other than a doctoral dissertation (Stern, 1995) and a few anecdotal descriptions (e.g., Hass, 1990; Hogman, 1998; Weiss & Weiss, 2000). There are a number of reasons that suggest that as a result of the parenting they received, the second generation may have conveyed some psychological deficiencies to the third generation. That is, they may have inherited a compromised style of parenting which manifested in the parenting of their own children.

Much of the literature shows that the second generation displayed many negative effects and symptomatology including depression, guilt and anxiety, which resembled that of their survivor parents (Axelrod, Schnipper, & Rau, 1980; Barocas & Barocas, 1973; Trossman, 1968). It is reasonable to assume that if Holocaust-related effects could be transmitted from the first generation to the second generation, they could equally be transmitted from the second generation to the third generation. Amongst the various explanations for the transmission of these types of psychological
effects to the second generation is the way in which they were parented (e.g., Boszormenyi-Nagi & Spark, 1973; Felsen, 1998). If such effects were conveyed to the second generation through behaviours inherent in their parenting, it is possible that the second generation replicated these behaviours consciously, unconsciously or involuntarily in the parenting of their own children. It is therefore conceivable that the second generation transmitted enduring psychological effects to the third generation by emulating the process by which trauma was conveyed to them from their parents.

This thesis explores parenting as a potential means of transmitting Holocaust trauma from the second to the third generation by asking the following two questions: Were negative patterns of parenting transmitted from Holocaust survivors to their daughters? Did they in turn replicate these patterns in the parenting of their own daughters? These questions are addressed in the quantitative study (Study 1) and the two qualitative studies (Studies 2 & 3).

4.5 Rationale for Methodology

This thesis uses a mixed-method research design which incorporates both qualitative and quantitative methods of data collection and analysis. Although mixed method research poses certain challenges including extensive data collection and analysis of both text and numerical data (Creswell, 2003), it offers advantages over straight qualitative methods. Through the collection of different types of data, the researcher is able to address the research questions from both a broad and focused perspective. Further, mixed method research is able to provide greater credibility and robustness of findings as a result of triangulation. By comparing or triangulating data from two sources which bear on the same findings, the accuracy of information is increased (Burgess, 1984). The need to complement quantitative methodology with qualitative study was also indicated following a previous study involving second
generation women conducted by this same researcher (Silbert, 1997). Many respondents in that study contacted the researcher to communicate their frustration at what they believed to be the inadequacy of quantitative measures alone in capturing feelings and experiences associated with their upbringing.

The mixed method analysis employed in this thesis conforms to Creswell’s (2003) model of concurrent nested strategy in that the quantitative method is embedded in a predominant qualitative method. The findings of the quantitative analysis add to the qualitative case evidence of the thesis. The overriding methodology informing the research design and methods therefore remains qualitative-based. Furthermore, the epistemological assumptions that underpin this methodology are not compromised. The purposes of each type of methodology and rationale for sample selection are now discussed in further detail.

4.5.1 Quantitative Methodology

The quantitative study sought to provide a broad picture of second and third generation Holocaust survivor women both as distinctive groups and relative to one another. The second generation were matched with a control group comprising Jewish women whose mothers were Australian-born to identify potential differences in perceptions of engagement with their mothers and personality style. Measures of maternal bonding, family relationship and maternal attachment were selected since both the clinical and empirical literature assert that the union between parent and child is central to the transmission of intergenerational trauma (see Kellerman, 2001b, 2001c; Wardi, 1992). The literature also shows that children of survivors experience major difficulties with separation, social dependence (termed sociotropy by Robins et al., 1994) and autonomy (Freyberg, 1980; Wardi, 1992). These findings underpin use of the Personality Style Inventory II (Robins et al., 1994), which has previously
indicated relationships between sociotropic and autonomous personality styles and fearful and preoccupied attachment styles (Murphy & Bates, 1997).

A control group was not used for the third generation since the interest in this group was not in relation to their peers but in the mother-daughter dyad. Maternal bonding, attachment and personality style similarly formed the focus of the third generation investigation. It was anticipated that similarities in the second and third generation’s perceptions of maternal bonding and patterns of relating would have implications for the transmission of specific behaviours related to Holocaust trauma.

4.5.2 Qualitative Methodology

A qualitative approach is well-suited to the study of the subjective experiences of second and third generation Holocaust offspring. This method of enquiry has the broad advantages of enabling a social or human problem to be understood through construction of a complex, holistic picture derived from detailed views of participants’ experiences (Creswell, 1994). Conducted in natural settings, qualitative research designs are flexible and responsive to the context (Lee, 1999). Use of this methodology in studies 2 and 3 provided an opportunity for second and third generation participants to focus on those aspects of their behaviour and worldview which they considered to result from the trauma in their family history. It was anticipated that a rich and detailed picture of the legacy of the Holocaust on survivors’ offspring would emerge through use of a semi-structured interview which invited participants to explore and reflect on their lives. The researcher’s role was to assume an interactive and interpretive stance while maintaining neutrality. Use of the qualitative enquiry was further aimed at helping to resolve some of the questions surrounding the discrepancies in the clinical and non-clinical second generation literature. Due to the limited scholarship on the
third generation, Study 3 was more exploratory in nature. The structure employed was therefore less fixed than for study 2 with fewer and less frequent prompts.

4.5.3 Use of a Female Sample

In accordance with theoretical notions emphasizing the more central role of the mother in child-rearing (Bowlby, 1969; Parker, 1983), research findings for gender differences amongst children of survivors (Brom, Kfir, & Dasberg, 2001; Lichtman, 1984; Wiseman et al., 2002), and a desire to impose practical limitations on the scope of the study, this research focused exclusively on intergenerational transmission of Holocaust trauma between female family members. Although representing only one sex has attracted some methodological criticism, particularly in quantitative analyses (e.g., Kellerman, 2001c), it is submitted that commonality of emotional experiences, behaviours and perceptions of parenting styles may be more readily identified in this way.

4.5.4 An Australian Community Sample

Despite the large Holocaust survivor populations in Sydney and Melbourne, the latter recording the highest concentration of Holocaust survivors pro rata of any city in the world outside of Israel (Price, 1964; Rutland, 1988), the bulk of research on intergenerational transmission of Holocaust trauma has been conducted with clinical and community samples in Israel (see Solomon, 1998) and the United States (see Felsen, 1998). Research conducted in Australia with clinical populations (e.g., Lang & Lang, 1996; Quadrio & Levy, 1988) and non-clinical populations (Rowland-Klein & Dunlop, 1997) has shown a high frequency of psychological problems in children of survivors. However, a comparative study using a second generation Melbourne community sample showed that apart from perceiving themselves as less individuated, there were no difference in patterns of family engagement relative to
controls (Halik, Rosenthal, & Pattison, 1990). This thesis uses a community sample drawn from Melbourne’s large Holocaust survivor population.

4.6 Research Questions

The extent and manner in which trauma continues to be transmitted beyond the second generation is the subject of this thesis. This is addressed by three research questions:

1. How do daughters and granddaughters of Holocaust survivors perceive the impact of their background on their lives?

2. Based on these understandings, in what ways are the effects of the trauma similar and different in the two generations?

3. How do the processes of transmission from the second to the third generation compare to those from the first to the second generation?

In order to answer these questions and obtain a greater understanding of the phenomenon of intergenerational transmission of trauma, the research was approached through three related but independent studies. The next chapter introduces the quantitative study which provides a broad picture of the ways in which Holocaust trauma is transmitted to a group of second and third generation participants. This is followed by the two qualitative studies which focus on the impact of a Holocaust background on the second and third generations.
CHAPTER FIVE: STUDY 1. COMPARISONS OF PERCEPTIONS OF MATERNAL ENGAGEMENT AND PERSONALITY DIMENSIONS IN THE SECOND AND THIRD GENERATIONS

5.1 Introduction to Study 1

Study 1 was the first of the three studies investigating intergenerational transmission of trauma in second and third generation descendants of Holocaust survivors. Study 1 was a quantitative self-report investigation intended to examine aspects of the mother-daughter relationship of first and second generation Holocaust survivors and second and third generation survivors.

Daughters of Holocaust survivors were compared to daughters of Australian-born Jewish women with regard to perceptions of engagement with their mothers and personality style in order to confirm a distinctive picture of a Holocaust background. Third generation daughters were not compared to matched controls since the focus was on identifying areas of congruence or incongruence on the same dimensions with their mothers rather than with their peers. This chapter contains details of the three sample groups, the four measurement instruments and the procedure, and presents the results and discussion. This study forms a basis for the two qualitative studies on the second and third generations respectively that follow in Chapters 6 and 7. It introduces the two main aims and hypotheses originating from these aims.

5.2 Aims of Study 1

Study 1 had two aims. The first aim was to use quantitative methodology to confirm previous findings concerning differences between daughters of female Holocaust survivors and daughters of Australian-born Jewish women particularly with regard to perceptions of their parenting. Silbert (1997) found that daughters of
Holocaust survivors were more emotionally reliant on others than daughters of non-immigrants and that they perceived their mothers as more overprotective and less emotionally expressive than their Australian counterparts from non-Holocaust backgrounds. The present study sought to replicate and extend Silbert’s (1997) findings in a different sample to support the notion that the experiences of Holocaust survivors educed a parenting style reflecting specific characteristics associated with trauma in their daughters. The current study supplemented the maternal bonding instrument used by Silbert (1997) with a measure of intergenerational family relationships and an alternative measure of personality style. This was intended to test the robustness of the relationship between the upbringing of Holocaust offspring and their emotional well-being. The personality dimensions of autonomy and sociotropy were selected since both constructs have been described as adult vulnerability factors for the onset and maintenance of psychological problems, especially depression (Beck, 1983; Blatt, 1974).

The second aim involved exploration of potential differences between second and third generation Holocaust survivor women. Taking into account their different social and home environments and life experiences, it was considered that commonality in perceptions of maternal bonding and dimensions of personal style as assessed by the same instruments would strengthen the notion that Holocaust trauma may be transmitted beyond more than one generation. The measure of intergenerational family relationships was not used for the third generation since it was conceived for use with older women who had left home. Instead, a measure examining current parental attachment was used for the third generation to augment understanding of intra-familial relationships involving this generation. Based on the review of theoretical perspectives and empirical research in previous chapters, three
hypotheses associated with the first aim and two hypotheses relating to the second aim were tested.

5.2.1 Hypotheses

5.2.1.1 Aim 1 Hypotheses

**Hypothesis 1:** It was predicted that daughters of Holocaust survivors would show lesser degrees of individuation and intimacy with their mothers as measured by The Personal Authority in the Family System Questionnaire (PAFS; Bray, Williamson, & Malone, 1984) than a control group of women whose mothers were born in Australia. Although no specific prediction was made for intimidation and personal authority, these dimensions were included as part of the exploratory investigation of potential differences in the two groups of women.

**Hypothesis 2:** (a) It was predicted that there would be greater perceived maternal overprotectiveness in daughters of Holocaust survivors than in their counterparts as measured by The Parental Bonding Instrument (PBI; Parker, Tulping & Brown, 1979).

(b) It was predicted that the perception of maternal warmth and affection displayed by Holocaust survivors would be less than that of mothers of the second generation control group as measured by the PBI.

**Hypothesis 3:** (a) It was predicted that daughters of Holocaust survivors would show greater concern with their autonomous achievements than the second generation controls as assessed by The Personal Style Inventory II (PSI-II; Robins et al., 1994).
(b) It was also hypothesized that daughters of Holocaust survivors would
demonstrate a personality style characterized by a higher degree of sociotropy in their
interpersonal relationships than the second generation controls as assessed by the PSI-
II.

5.2.1.2 Aim 2 Hypotheses

Hypothesis 4: (a) It was predicted that there would be a difference in perceived
maternal overprotectiveness between the second generation Holocaust group and the
third generation Holocaust group.
(b) It was predicted that there would be a difference in perceived maternal care
between the second generation Holocaust group and the third generation Holocaust
group.

Hypothesis 5: It was predicted that the personal style of the second and third
generation Holocaust groups would differ in regard to the dimensions of sociotropy
and autonomy.

5.3 Participants

The sample comprised 60 Jewish women. Forty women were from the second
generation. The other 20 women were from the third generation. All women had
Jewish mothers and were classified into one of three groups: daughters of Holocaust
survivor mothers (second generation); their daughters (third generation); and
daughters of Australian-born mothers with no involvement with the Holocaust
(second generation controls). The latter group were matched for age, education and
income with the second generation Holocaust survivor group. All participants apart from one grew up in Australia. The three groups are now outlined more specifically.

**5.3.1 Daughters of Holocaust Survivor Mothers (Second Generation)**

This group comprised 20 women aged between 47 and 57 years with an average age of 51.53 years. Eleven women had mothers who had been incarcerated in a Nazi concentration camp for between 2 months and 5 years, with an average of 21.80 months, during the Second World War. These women were aged between 17 and 23 years with an average age of 19.90 when they were taken to the camps. Six women had mothers who had been in a ghetto during the war, two of whom had also been in hiding for a prolonged period. Two mothers had spent the entire war period in hiding, whilst one mother was variously ‘on the run’ and in a forced labour camp. This range of war-time experiences is incorporated into the definition of Holocaust survivor used in this thesis (see section 2.3) and is consistent with much of the literature (Chaitin, 2003; Lichtman, 1984; Sorscher & Cohen, 1997).

The majority of mothers (90%) immigrated to Australia between 1945 and 1952. One immigrated in 1962 and one in 1968. Ten of the participants’ fathers (50%) had been in concentration camps, nine were in Europe during the war (45%), but not in a concentration camp, one had spent the war in China, and none had immigrated to Australia before the war. All daughters of Holocaust survivors had some tertiary education with 30% having undertaken postgraduate education. Of the 14 participants reporting their incomes, the majority (93%) had annual family incomes of over $100,000.
5.3.2 Daughters of Second Generation Holocaust Survivor Women (Third Generation)

This group comprised 20 women who were the daughters of the women in group 1. Ages ranged from 16 to 34 with a mean age of 23.45. Five women (25%) were married and the remaining 15 women (75%) were unmarried. Two of the women were still attending school while 18 (90%) were engaged in tertiary study or working. Participants who had either completed their tertiary studies or were close to doing so were recruited in preference to younger women. It was anticipated that their greater life experience would allow for a more mature and reflective outlook regarding the manner in which the Holocaust had influenced their lives.

5.3.3 Daughters of Australian-born Mothers

This group constituted a comparison group for the daughters of the Holocaust survivors. As such, they were matched for age, education and income. Statistical analysis confirmed non-significant differences between the two groups for age, \( t(37) = -1.61, p = .12 \), education \( \chi^2(3, N = 40) = 4.98, p = .17 \), and income \( \chi^2(1, N = 30) = 2.71, p = .18 \). This group comprised 20 Jewish women aged between 42 and 56 years with an average age of 49.50 whose mothers had all been born in Australia and had not been victims of the Holocaust. Nine participants had no grandparents born in Australia, five had one grandparent, two had two grandparents, three had three grandparents and one had all four grandparents born in Australia. None of the fathers of respondents in this group had been in a Nazi concentration camp and only one had been in a labour camp in Europe. Thirteen fathers were in Australia during the war while six fathers served in the Merchant Navy and the Armed Services in areas such as New Guinea. Ninety-five percent of this group had some tertiary education with
20% having postgraduate education. Of the 16 participants reporting annual family incomes, 69% were over $100,000.

5.4 Materials

Each of the second generation daughters of Holocaust survivors and their counterparts from Australian Jewish mothers completed a demographic questionnaire and three self-report scales measuring maternal bonding, intergenerational family relationships, as they pertained to the family of origin, and personality style. Each of the third generation participants completed a modified form of the demographic questionnaire utilized by the second generation groups and the same measures of maternal bonding and personality style. In addition, they completed a measure of parental attachment. An information sheet introducing the study and explaining confidentiality and a form consenting to their willingness to participate are included along with questionnaire instruments in Appendices A, B and C. Scoring instructions and rating schemes for all instruments are contained in Appendix D.

5.4.1 Demographic Characteristics

The demographic questionnaire used for the second generation was a 20-item measure which investigated personal details such as age, education, marital status, income, place of birth, participation in counselling and Jewish sentiments regarding religiosity and identity. Information relating to family background such as parents’ age, place of birth, marital status, and parents’ war-time experiences and subsequent immigration to Australia was also obtained. The demographic questionnaire for the third generation comprised nine questions adapted from the version for the second generation which addressed age, education, income, marital status, family background and attitudes towards their Jewish identity.
5.4.2 Parental Attachment Measures

5.4.2.1 The Parental Bonding Instrument (PBI)

The Parental Bonding Instrument (PBI; Parker, Tulping & Brown, 1979) is a self-report measure of remembered characteristics of parental styles in the first 16 years of life. Only the maternal form was used in the present study and was completed by all respondents. The 25-item scale comprises 12 items which provide an index of perceived maternal care and 13 items representing perceived maternal overprotection. Items are scored on a four-point Likert scale where 1 = Not at all and 4 = To a large extent. Higher scores thus indicate greater care and protectiveness and encompass a range of 12 to 48 for care and 13 to 52 for protectiveness.

The care factor attempts to measure perceived maternal emotional expressiveness in terms of warmth and love as opposed to indifference and rejection. The protectiveness factor measures control or overprotection, as opposed to encouragement of autonomy and independence. Used together, these subscales identify four styles of parenting which may be conceptualized as: optimal bonding (high care-low overprotection); weak bonding (low care-low overprotection); affectionate constraint (high care-high overprotection) and affectionless control (low care- high overprotection).

Parker et al., (1979) reported acceptable validity and test-retest reliability scores of 0.76 for the care scale and 0.63 for the overprotection scale as obtained in the original PBI. These results have been upheld in numerous recent studies, most particularly those investigating the long-term stability of the PBI as a measure over time (Wilhelm, Niven, Parker, & Hadzi-Pavlovic, 2005). Recently, the PBI was shown to record an alpha coefficient of .90 for parental care and .91 for overprotection (Wiseman, Mayseless, & Sharabany, 2006).
5.4.2.2 The Inventory of Parent and Peer Attachment (IPPA)

The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) is a self-report instrument devised for use with adolescents to assess the nature of feelings towards attachment figures. Twenty-eight items concern attachment to parents and 25 feelings towards peers. Only the 28 items concerned with parental attachment were used in the present study and were completed only by the third generation as it measures current feelings in this age group. In keeping with the focus of the thesis on the maternal relationship, the parental attachment items were reworded to focus exclusively on the mother rather than parents (e.g., ‘My mother respects my feelings’). Items were scored on a five-point Likert scale where 1 = *Almost never or never true* to 5 = *Almost always or always true*. The measure was completed only by the third generation and comprised three sub-scales: Trust (10 items), which examined mutual trust and understanding as shown by the adolescent’s belief that her mother understands and respects her needs and desires; Communication (10 items), which is concerned with the extent and quality of verbal communication between daughter and mother; and Alienation (8 items), which is directed at feelings of alienation or emotional detachment from mothers. Higher scores indicated higher trust, communication and alienation. The original version of the parent scale was reported to have high internal consistency with Cronbach alpha coefficients ranging from .86 to .91 (Armsden & Greenberg, 1987). Reliability has been supported in more recent applications of the IPPA with reliability coefficients of .91 for the total parent scale (Magoon & Ingersoll, 2006).
5.4.3 Family Relationship Measure

5.4.3.1 The Personal Authority in the Family System Questionnaire (PAFS)

The Personal Authority in the Family System Questionnaire (PAFS; Bray, Williamson & Malone, 1984) was devised to assess family processes as they occur in current intergenerational family relationships and the current nuclear family. This measure assumes peerhood and relational psychosocial equality between adults in the second generation and their parents in the first generation (Williamson, 1981). It is further understood that these processes generally occur during the fourth and early fifth decade of life (Bray, Williamson, & Malone, 1984). As such, it was not suitable for the third generation and was completed only by the second generation Holocaust and control groups. Five of the original eight sub-scales which pertained to the family of origin were completed. The three sub-scales concerned with the nuclear family (e.g., Spousal Fusions/identity, Spousal Intimacy and Nuclear Family Triangulation) were omitted as they were not relevant to the current study. Thirty of the original scale items were reworded to address the mother rather than parents for this study as the respondent’s perceptions of the mother-daughter relationship was the primary focus. Provision for separate answers for ‘mother’ for the remaining items was made in the original version of the scale. Items are rated on a 5-point Likert scale with higher scores reflecting healthier intergenerational relationships (i.e., more individuation, less intimidation, less triangulation, and more intimacy).

The five PAFS subscales used were: Intergenerational Fusion/Individuation (8 items), which assesses the degree to which daughters operate in a fused or individuated manner with their mothers. Higher scores indicate greater individuation. Intergenerational Triangulation (6 items) reflects the extent to which daughters feel themselves to be pulled apart by their two parents. Higher scores indicate less...
triangulation. *Intergenerational Intimacy* (13 items) concerns the degree of satisfaction and intimacy with mothers. Higher scores indicate greater intimacy. *Intergenerational Intimidation* (15 items) assesses the degree of personal intimidation experienced by a daughter in relation to her mother. Higher scores indicate less intimidation. *Personal Authority* (18 items) measures the construct of inherent tension between individuation and intimacy as defined behaviourally by Williamson (1982). Items reflect topics of conversation which require an intimate interaction with mothers while maintaining an individuated stance. Higher scores indicate more personal authority.

Psychometric tests have been shown to support reliability, content and construct validity of the PAFS instrument. Bray, Williamson and Malone (1984) reported reliability coefficients from .82 to .95 with a mean of .90. Test-retest reliability estimates were acceptable for all subscales apart from the Intergenerational Fusion/Individuation subscale, ranging from .55 to .95 with a mean of .74. Bray et al., noted very low correlations among the PAFS subscales with the exception of the Intergenerational Intimacy and the Intergenerational Fusion/Individuation subscales. More recent studies support findings for internal reliability with alpha coefficients ranging from .70 to .94 for all subscales with the exception of Intergenerational Triangulation (Lawson & Brossart, 2004). Construct-related validity has further been demonstrated in theoretically-related studies (Anderson & Fleming, 1986; Harvey & Bray, 1991).

### 5.4.4 Personality Dimensions Measure

#### 5.4.4.1 The Personal Style Inventory II (PSI-II)

The Personal Style Inventory II (PSI-II; Robins et al., 1994) is a 48-item self-report measure of two central dimensions of personality: *sociotropy* and *autonomy*. 
Each 24-item scale comprises items scored on a 1 strongly disagree to 6 strongly agree Likert-type scale. The Sociotropy scale reflects excessive concerns about interpersonal relationships and is composed of three relatively homogenous subscales: concern for what others think (7 items), dependency (7 items), and pleasing others (10 items). The Autonomy scale relates to excessive concerns about autonomous achievements and consists of three subscales: perfectionism/self-criticism (4 items), need for control (8 items), and defensive separation (12 items) (Bagby et al., 2001).

The subscales for Autonomy have been reported as more heterogenous than the Sociotropy subscales with the distinctive aspects of perfectionism and self-criticism on the one hand, and independence, self-reliance, and avoidance on the other. Although both these aspects involve excessive striving for achievement and concerns about failure to achieve, the perfectionism/self-criticism dimension is believed to involve a negative self-concept (Murphy & Bates, 1997). The PSI-II has demonstrated good internal consistency as shown by Cronbach’s alpha coefficients which range from .86 to .90 and test-retest stability $r = .70$ to .80 (Robins et al., 1994). The Sociotropy and Autonomy scales have a low intercorrelation $r = .22$ (Bagby et al., 2001) and good convergent and discriminant validity with various theoretically related measures (Kolts, Robinson, & Tracy, 2004; Murphy & Bates, 1997; Robins et al., 1994; Zuroff, 1994).

**5.5 Procedure**

Participants for the second generation survivor group were recruited from the Jewish community in Melbourne through personal contacts of the researcher and the snowballing technique whereby participants referred the researcher to a friend or acquaintance from a Holocaust background. This technique was used to obtain
representation from a non-clinical population and to minimize the selection bias that may have resulted from recruiting participants through support groups established for second-generation Holocaust survivors.

Potential second generation participants were approached on the basis that they had a daughter at least 16 years of age. They were told that the study involved an interview and completion of a self-report questionnaire concerning the relationship between mothers and daughters across three generations and within the context of the Holocaust. They were also told that the study was directed at understanding possible effects resulting from their parents’ Holocaust experience as they were growing up, on their current lives, and on the manner in which they parented their own children. Upon agreeing to participate, the second generation women were asked to enlist the cooperation of their daughters, as the study involved both second and third generation women from the same family. The third generation women were then approached independently to confirm their interest in the study. They were told that it was an investigation into the effects of the Holocaust on the second and third generations and that it would be assessed by interview and written questionnaire. All of the women approached agreed to participate.

The Australian contrast group for the second generation was recruited in a similar fashion through contacts in the Jewish community who then forwarded the names of further contacts to the researcher. The Australian control group was told that they would be required to complete a written questionnaire regarding aspects of their relationships with their mothers and their personal style of relating. All participants were told that their participation was voluntary and confidential. They were either mailed or given a questionnaire to be completed at home, an information sheet and a statement of Informed Consent. Questionnaires were either returned by post in sealed
envelopes to Swinburne University of Technology or occasionally, in the case of the second and third generation groups, collected in sealed envelopes at the time of the interview. Second and third generation participants were informed that their interviews would be recorded on audio cassette and destroyed following transcription of the data.

5.6 Results

5.6.1 Data Screening

Prior to the main analyses, the raw data ($N = 60$) was inspected for missing data, identification of outliers and to assess normality using frequency tables and descriptive statistics.

5.6.1.1 Missing Data

Inspection of the data showed four participants had not completed any of the items on the intergenerational triangulation subscale of the PAFS scale. As this scale relates to the dynamic between the individual and their two parents whether current or remembered, cross-referencing with the demographic data was undertaken. This investigation revealed that the four missing cases had all lost their fathers during their adolescent years and were subsequently excluded from the analysis. Where missing items occurred in measures other than the demographic questionnaire and constituted less than three items, the SPSS series mean procedure was used to replace the missing data so that these respondents could be included in the analysis. As less than 5% of the data was missing, the mean substitute was appropriate (Tabachnik & Fidell, 2007).

5.6.1.2 Outliers

The data were inspected for univariate outliers. Two outlying cases were identified in the second generation Australian control group. Both indicated an
unusually low level of intimacy with their mothers (PAFS scale), one also revealed low individuation (PAFS scale) while the other was shown to have experienced a low degree of care (PBI scale). In order to include these participants in the analysis and thereby maintain equal-sized groups these scores were adjusted by substituting a score of two standard deviations from the mean in keeping with accepted statistical practice for extreme outliers (Tabachnik & Fidell, 2007).

Mahalanobis distances were calculated for each multivariate analysis and normality checks were performed on all key variables. This was to ensure that they met with the assumption of normal distribution required for the statistical procedures used in these analyses. Results of these procedures revealed no multivariate outliers and assumptions of normality, homogeneity of variance-covariance, linearity, and multicollinearity were found to be satisfactory for subsequent analysis.

5.6.2 Preliminary Analyses

5.6.2.1 Internal Consistency

Good internal reliability was demonstrated for the PBI with internal reliability coefficients of .88 and .81 for the Care and Protection subscales respectively. Likewise, the PSI showed good reliability with Alpha coefficients of .90 for Sociotropy and .87 for Autonomy. Alpha coefficients for the subscales of the PAFS were .93 for the Intergenerational Intimacy, .79 for Intergenerational Individuation, .84 for Intergenerational Intimidation and .83 for Personal Authority. Reliability analysis of the Intergenerational Triangulation subscale revealed an unacceptable internal consistency of only .02. This was despite excluding those women whose father was no longer alive from the analysis. The low reliability of this scale was also
noted by Lawson and Brossart (2004) and may indicate difficulties associated with a scale comprised of only 6 items. This subscale was thus deleted from the study.

Items on the IPPA measure were assigned to one of three subscales on the basis of their factor loadings as reported in Armsden and Greenberg (1987). However, reliability analysis revealed that two items needed to be reassigned to other subscales in order to preserve internal consistency. Item 10 ‘my parents expect too much from me’ was deleted from the Trust scale and reassigned to the Alienation subscale providing an alpha reliability of .92 for the Trust subscale. Factor analysis reported in Armsden and Greenberg (1987) revealed that item 15 ‘my mother has her own problems so I don’t bother her with mine’ loaded almost equally onto the Communication and Alienation subscales. Tests for internal consistency when this item was included on both scales revealed improved reliability when it was assigned to the Communication scale. Item 19 on the Alienation scale ‘I don’t get much attention at home’ was seen to compromise internal consistency and was thus deleted. The final subscales for the IPPA thus comprised Trust with 9 items, Communication with 9 items and Alienation with 9 items. Alpha coefficients for the Communication and Alienation subscales were .89 and .84, respectively. Statistical output for reliability analyses are presented in Appendix E.

5.6.2.2 Bivariate Correlations

Zero-order correlations were calculated for all of the dependent variables and are shown in Table 5.1. In general, the correlations were low to moderate (see Table 5.1). However, strong positive correlations were observed between intimacy, individuation and caring. Trust had a strong positive correlation with communication and caring and a high negative correlation with alienation. Alienation was strongly
correlated with high protection and had a strong negative correlation with caring and communication. Communication was highly positively correlated with care.

**Table 5.1**

*Zero-Order Correlations between Subscales for Bonding, Personal Style, Family Relationships and Parental Attachment*

<table>
<thead>
<tr>
<th></th>
<th>Care</th>
<th>Pro</th>
<th>Soc</th>
<th>Aut</th>
<th>Int</th>
<th>Indiv</th>
<th>Auth</th>
<th>Intim</th>
<th>Trust</th>
<th>Com</th>
<th>Ali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>(.88)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pro</td>
<td>(.81)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soc</td>
<td>(.90)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aut</td>
<td>(.87)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Int</td>
<td>(.93)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiv</td>
<td>(.79)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auth</td>
<td>(.83)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intim</td>
<td>(.84)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust</td>
<td>(.92)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Com</td>
<td>(.89)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ali</td>
<td>(.84)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note:* * denotes p<.01, ** denotes p<.001, 2-tailed. -- denotes that correlations analysis for these groups of variables was not applicable. Coefficients in brackets on the diagonals are the alpha reliability coefficients. Care = Care scale of Parent Bonding Instrument. Pro = Overprotectiveness scale of Parent Bonding Instrument. Soc = Sociotropy Scale of Personal Style Inventory. Aut = Autonomy Scale of Personal Style Inventory. Int = Intergenerational Intimacy Scale of Personal Authority in the Family System Questionnaire. Individ = Intergenerational Individuality Scale of Personal Authority in the Family System Questionnaire. Trust = Trust Scale of Parent Bonding Instrument. Com = Communication Scale of Inventory of Parent and Peer Attachment. Ali = Alienation Scale of Parent and Peer Attachment.

**5.6.3 Main Analyses**

**5.6.3.1 Differences between Groups**

A multivariate analysis of variance (MANOVA) was performed for each measure (PBI, PAFS, PSI-II). MANOVA was chosen to account for the relatedness of subscales within the measures. Group sizes were equal and sufficiently large for this type of analysis. Statistical output for data analysis is presented in Appendices F and G.
5.6.3.2 Perception of Mothers

A one-way between-groups multivariate analysis of variance (MANOVA) was performed to investigate differences in aspects of personal authority between the second generation Holocaust survivor group and their Australian female counterparts. The dependent variables were four scales from the PAFS: intergenerational intimacy, intergenerational individuation, intergenerational intimidation and personal authority. Means and standard deviations for the subscales are presented in Table 5.2.

Table 5.2
Mean Scores and Standard Deviations for PAFS scales: Intergenerational Intimacy, Individuation, Intimidation and Personal Authority by Group

<table>
<thead>
<tr>
<th>Category</th>
<th>2nd Generation Controls (n=20)</th>
<th>2nd Generation Survivors (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Intimacy</td>
<td>56.45</td>
<td>4.96</td>
</tr>
<tr>
<td>Individuation</td>
<td>32.05</td>
<td>4.38</td>
</tr>
<tr>
<td>Intimidation*</td>
<td>60.15</td>
<td>7.36</td>
</tr>
<tr>
<td>Personal Authority</td>
<td>45.85</td>
<td>8.83</td>
</tr>
</tbody>
</table>

N = 40
Note: Intimacy = Intergenerational Intimacy scale of the Personal Authority in the Family System Questionnaire. Individuation = Intergenerational Individuation/Fusion scale of the Personal Authority in the Family System Questionnaire. Intimidation = Individual Intimidation scale of the Personal Authority in the Family System Questionnaire. *Higher scores = Less intimidation. Personal Authority = Personal Authority scale of the Personal Authority in the Family System Questionnaire.

The MANOVA showed a significant overall group difference, $F(4, 35) = 8.18, p < .01$, Wilks’ Lambda = .52, $\mu^2 = .48$. Analysis of univariate results showed significant group differences for *intergenerational intimacy*, $F(1, 38) = 6.67, p < .05, \mu^2 = .15$, *intergenerational individuation*, $F(1, 38) = 24.28, p < .01, \mu^2 = .39$ and *individual intimidation*, $F(1, 38) = 5.51, p = .05, \mu^2 = .13$. Univariate results for *Personal Authority*, $F(1, 38) = 2.43, p = .13, \mu^2 = .06$ indicated that there was no
significant difference in the degree of personal authority displayed by the
Holocaust group and the Australian group. Results support hypothesis 1 that the
degree of individuation and intergenerational intimacy experienced by daughters of
Holocaust survivors would be lower than that experienced by daughters of Australian-
born mothers. Although not predicted, there was evidence that daughters of Holocaust
survivors experienced more intergenerational intimidation than daughters of non-
immigrants. Thus, in addition to sharing less intimacy and being less individuated
from their mothers, daughters of Holocaust survivors were more intimidated by their
mothers than daughters whose mothers were born in Australia.

5.6.3.3 Parent Bonding

A MANOVA was conducted to explore differences between the two second
generation groups and the third generation group in perceptions of maternal parenting
styles based on care and overprotectiveness as measured by the PBI. Means and
standard deviations for the subscales are presented in Table 5.3.

The MANOVA showed a significant overall group difference: $F(4, 112) = 6.82, p = .00$, Wilks’ Lambda = .65, $\mu^2 = .20$. Univariate analysis revealed significant
group differences for Care, $F(2, 57) = 7.03, p = .00, \mu^2 = .20$ and Overprotectiveness,
$F(2, 57) = 10.25, p = .00, \mu^2 = .27$. Analysis of variance using a priori or planned
comparisons was used to assess differences in maternal care and protection between:
(a) second generation Holocaust women and controls; (b) second and third generation
women. This form of analysis allowed for comparison between specified comparison
groups. The first ANOVA using a planned comparison was conducted between the
second generation Holocaust and control groups. Levene’s test revealed that both
dependent variables had violated the assumption of equality of variances ($p < .05$). As
MANOVA is robust to this violation and sample sizes were equal, no adjustment is
deemed necessary (Tabachnik & Fidell, 2007). Findings revealed a significant difference on the protection dimension between the second generation Holocaust group and the second generation control group $F (1, 26.52) = 20.50, p = .00$. This supports hypothesis 2(a) that daughters of Holocaust survivors perceived their mothers as more overprotective than their counterparts from non-Holocaust backgrounds. Findings also revealed a significant difference on the care dimension between the second generation Holocaust group and the second generation control group. This supports hypothesis 2(b) that daughters of Holocaust survivors would perceive their mothers as showing less maternal warmth than second generation controls. Planned comparison tests also indicated that compared to Australian-born mothers, Holocaust survivors were seen by their daughters as expressing significantly less care, affection and warmth towards them $F (1, 29.41) = 9.98, p < .01$. This supports hypothesis 2(b) that the perceived level of care expressed by Holocaust mothers would be lower than that of Australian-born mothers.

Table 5.3  
Mean Scores and Standard Deviations for PBI scales by Group

<table>
<thead>
<tr>
<th>Category</th>
<th>2nd Generation Controls $(n=20)$</th>
<th>2nd Generation Survivors $(n=20)$</th>
<th>3rd Generation $(n=20)$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
</tr>
<tr>
<td>Care</td>
<td>41.75</td>
<td>5.05</td>
<td>34.35</td>
</tr>
<tr>
<td>Overprotectiveness</td>
<td>24.30</td>
<td>3.76</td>
<td>33.40</td>
</tr>
</tbody>
</table>

$N = 60$

*Note: Care = Care scale of the PBI. Overprotectiveness = Protection scale of PBI.*
A MANOVA and planned comparison tests were also used to investigate potential differences on levels of maternal care and overprotectiveness between the second generation Holocaust group and the third generation group consistent with hypotheses 4 (a) and (b). Planned comparison tests revealed significant differences regarding perceptions of maternal care between the second generation Holocaust group and the third generation. The third generation perceived their mothers as significantly more caring and affectionate towards them than the second generation perceived their own mothers $F(1, 30.62) = 7.50, p = .01$. This finding lends support for hypothesis 4 (b). There was no significant difference in the perceived level of care experienced by the Australian second generation control group and the third generation group.

Contrary to expectation, hypothesis 4 (a) was not supported. There was no difference between the second and third generation’s perception of the level of overprotectiveness displayed by their mothers. However, the third generation’s perceptions of maternal overprotectiveness differed from those of the second generation control group $F(1, 29.28) = 14.67, p < .01$. This would suggest that in terms of perceived level of maternal overprotectiveness, the third generation’s perceptions were more closely aligned with those held by their mothers than those of the second generation control group. This contrasts with maternal care where the third generation’s perceptions were more aligned with those of the second generation control group than with those of their mothers. It would seem that the level of perceived care and emotional bonding expressed by the second generation survivor group is not only superior to the care they themselves received but is similar to that shown by Australian-born mothers to their daughters. Age was entered as a covariate for both care and overprotection. Age was not significant for overprotection $F(1, 55)$
= 6.14, \( p = .15 \), and while it was found to co-vary for maternal care \( F(1, 55) = 6.14, p < .05 \), the group differences remained.

5.6.3.4 Sociotropy and Autonomy

A MANOVA was conducted between the two second generation groups and the third generation group to assess differences in sociotropy and autonomy as measured by the PSI-II. The MANOVA showed borderline significant overall group differences, \( F(4, 112) = 2.16, p = .08 \); Wilks’ Lambda = .86, \( \mu^2 = .07 \). Univariate analysis revealed significant group differences for autonomy \( F(2, 57) = 3.75, p = .03, \mu^2 = .12 \). There were no group differences for sociotropy. Planned comparisons were used to assess differences in autonomy between: (a) second generation Holocaust women and controls; (b) second and third generation women. Means and standard deviations for the PSI-II scales and subscales are presented in Table 5.4.

For the planned comparison between the second generation Holocaust and control groups, evaluation of the assumption of homogeneity of variance was satisfactory. Findings revealed a significant difference on the autonomy dimension between the second generation Holocaust group and the second generation control group \( F(1, 57) = 5.73, p = .02 \). This supports hypothesis 3 (a) that daughters of Holocaust survivors show a greater concern with their autonomous achievements than second generation controls. As there was no significant difference in the degree of sociotropy expressed by the second generation Holocaust group and the Australian control group, hypothesis 3 (b) was not supported.

The second planned comparison for autonomy was between the second and third generation Holocaust groups. The comparison was not significant \( F(1, 57) = .002, p = .96 \). The absence of differences on autonomy and sociotropy did not support hypothesis 5.
Table 5.4

Mean Scores and Standard Deviations for PSI-II Scales and Sub-scales by Group

<table>
<thead>
<tr>
<th>Category</th>
<th>2\textsuperscript{nd} Generation Controls (n=20)</th>
<th>2\textsuperscript{nd} Generation Survivors (n=20)</th>
<th>3\textsuperscript{rd} Generation (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI Scales</td>
<td>M     SD</td>
<td>M     SD</td>
<td>M     SD</td>
</tr>
<tr>
<td>Sociotropy</td>
<td>87.80  17.24</td>
<td>94.50  20.83</td>
<td>99.65  17.71</td>
</tr>
<tr>
<td>Autonomy</td>
<td>70.10  16.36</td>
<td>82.35  16.95</td>
<td>82.10  15.18</td>
</tr>
<tr>
<td>Sociotropy Subscales</td>
<td>M     SD</td>
<td>M     SD</td>
<td>M     SD</td>
</tr>
<tr>
<td>Concern</td>
<td>23.65  5.79</td>
<td>26.20  8.62</td>
<td>27.50  8.47</td>
</tr>
<tr>
<td>Dependency</td>
<td>24.95  5.46</td>
<td>24.85  6.40</td>
<td>28.80  6.84</td>
</tr>
<tr>
<td>Pleasing others</td>
<td>39.20  7.85</td>
<td>43.45  9.66</td>
<td>43.35  7.32</td>
</tr>
<tr>
<td>Autonomy Subscales</td>
<td>M     SD</td>
<td>M     SD</td>
<td>M     SD</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>13.10  4.32</td>
<td>17.25  4.83</td>
<td>18.45  3.47</td>
</tr>
<tr>
<td>Control</td>
<td>23.50  5.16</td>
<td>28.05  7.65</td>
<td>27.95  5.59</td>
</tr>
<tr>
<td>Defensive Sep</td>
<td>33.50  9.92</td>
<td>37.05  8.90</td>
<td>35.70  9.16</td>
</tr>
</tbody>
</table>

N = 60

Note: Sociotopy = Sociotropy scale of PSI-II. Concern = Concern for Others subscale of PSI-II. Dependency = Dependency on Others subscale of PSI-II. Pleasing others = Pleasing others subscale of PSI-II. Autonomy = Autonomy scale of PSI-II. Perfectionism = Perfectionism/self-criticism scale of PSI-II. Control = Control subscale of PSI –II. Defensive Sep = Defensive Separation subscale of PSI-II.

5.6.4 Supplementary Analyses on Autonomy Subscales

A one-way between groups MANOVA was performed using the Autonomy subscales of Perfectionism/self-criticism, Control and Defensive separation to identify differences between the second generation Holocaust and control groups in specific aspects of the Autonomy construct. The third generation was also included in this analysis as an exploratory investigation. There was a significant group difference on the combined dependent variables comprising this scale. $F(6,110) = 2.95, p < .05,$
Wilks’ Lambda = 2.95; $\mu^2 = .14$. For the univariate analyses, Levene’s test of equality of variance revealed that the dependent variable Control had violated the assumption of equality of variances ($p < .05$). Therefore, the more conservative alpha level of .025 was used to determine significance of this variable in the univariate F-test (Tabachnik & Fidell, 2007). The only variable to reach statistical significance was perfectionism/self-criticism, $F(2, 57) = 8.75, p < .01, \mu^2 = .24$. Post hoc procedures were performed using the Scheffé test. The conservative nature of this test was desirable since it reduced the possibility of finding of a difference due to chance. This was particularly important given the inclusion of the third generation. The Scheffé test indicated that both the second and third generation survivor groups displayed significantly more perfectionist and self-critical tendencies than the second generation control group. The second and third generation groups did not differ on this dimension. Age was included as a potential covariate but was found to be non-significant $F(1, 55) = 2.51, p = .12$.

5.6.5 Supplementary Analysis for the Third Generation

Although no hypotheses were formulated for the third generation as a group, independent of the second generation, bivariate correlations were performed to identify relationships among all the dependent variables including the subscales of the PSI-II for this group (see Appendix G). Correlations with the Sociotropy subscales and the IPPA subscales were low, ranging from .03 to .32. Similarly, the subscales of the Autonomy dimension and the IPPA subscales also showed a weak correlation with a range of -.08 to .36. There was a weak to moderate correlation between the PBI and the Sociotropy subscales: .05 to -.14 for Care and .14 to .45 for Overprotection; and the PBI and the Autonomy subscales: .08 to -.23 for Care and .05 to .30 for Overprotection. The three Sociotropy subscales showed moderate correlations with
Correlations of parental attachment (IPPA) and bonding (PBI) scales and subscales provided some rudimentary findings on the third generation’s relationship with their mothers. High levels of overprotection were seen to be associated with a strong sense of alienation or emotional detachment from their mothers. At the same time, alienation was inversely related to care, trust and communication so that third generation daughters experiencing high levels of care, trust and communication did not feel alienated from their mothers. High levels of care were also found to be positively affiliated with high levels of trust and communication.

5.7 Summary of Results

Study 1 revealed that Holocaust survivors were seen by their daughters as significantly more overprotective and controlling than Australian-born Jewish women were perceived by their daughters. Further, they were perceived as expressing less care and affection towards them than the mothers of the control group. There was evidence of less intergenerational individuation and intimacy and more intimidation between Holocaust survivors and their daughters than between Australian-born Jewish women and their daughters. Daughters of Holocaust survivors demonstrated a personality style which was significantly more focused on their needs for autonomous achievement than daughters of Australian-born mothers. This was reflected particularly in their greater tendencies towards perfectionism and self-criticism. However, they did not differ from controls on measures of sociotropy. There were
both similarities and differences between second generation women and their daughters. Both groups held similar perceptions of their mothers regarding overprotectiveness; that is, the third generation saw their mothers as equally overprotective as they themselves perceived their own mothers. However, second generation women were perceived as showing their daughters higher levels of care and affection than they perceived their mothers showing them. The second and third generation groups showed no difference in personality dimensions of sociotropy and autonomy.

5.8 Discussion

The findings from study 1 regarding maternal overprotectiveness and care, aspects of personal authority, and the autonomy dimension of personal style lend support for the hypothesized differences between Jewish women whose mothers were Holocaust survivors and those whose mothers were born in Australia. There is also evidence that with regard to overprotectiveness, the daughters of Holocaust survivors perceive their mothers in the same way as their daughters perceive them. This was contrary to expectation and did not support hypothesis 4 (a). However, there was support for hypothesis 4 (b) in the differences in the level of perceived maternal care shown by second generation women and Holocaust survivors towards their daughters. The hypothesis that there would be differences in personality style between the second and third generation was also not supported.

5.8.1 PBI

The finding that daughters of Holocaust survivors perceive their mothers as significantly more overprotective than daughters of Jewish non-Holocaust survivor women is consistent with clinical findings (Freyberg, 1980; Mor, 1990; Trossman, 1968) and some controlled studies (Nadler, Kav-Venaki, & Gleitman, 1985; Silbert,
1997). These studies have noted children of Holocaust survivors’ feelings of being overprotected, over-controlled and having their life space invaded. Findings in the present study did not concur with those of Halik, Rosenthal, and Pattison (1990). Using the same measure as the current study, Halik et al. found no difference in perceived maternal overprotectiveness in a second generation female non-clinical Melbourne population and two control groups. The discrepancy with the current findings may be explained by large intragroup variability as reported by Halik et al. (1990).

The extreme overprotectiveness shown by Holocaust survivors towards their children has been explained by their extensive and traumatic losses and the danger of their former environments (Trossman, 1968). Invariably, survivors’ fear of further loss impelled them to treat their children as highly valued possessions. High levels of maternal protection have also been associated with excessive anxiety (Parker & Lipscombe, 1981; Parker, 1983). Holocaust survivors’ overprotective behaviours are therefore well understood within the context of their experiences.

In view of the second generation’s very different life circumstances, such extremes of overprotective behaviour are less easily explained. The absence of a significant difference in perceived overprotective behaviour exercised by second generation women and their survivor mothers was unexpected. These results suggest that in spite of not having experienced the trauma of the Holocaust themselves, and growing up in a safe environment in Australia, second generation women manifest similar protective attitudes and behaviours towards their own daughters as their mothers demonstrated towards them. The notion that overprotective mothering may be transmitted through intergenerational means is supported by these findings.
In addition to being more overprotective, Holocaust survivor mothers were seen to be less affectionate, less expressive and emotionally colder than non-immigrant mothers. These findings confirm those reported in previous research (Epstein, 1979; Felsen & Erlich, 1990; Freyberg, 1980; Grubich-Simitis, 1981; Rose & Garske, 1987). Freyberg observed that second generation daughters described their mothers in varying degrees of severity as depressed, fearful, uncommunicative, inexpressive of emotion and detached. Felsen and Erlich (1990) found that children of Holocaust survivors received less emotional support and acceptance than controls.

The third generation perceived their mothers as significantly more caring, affectionate and emotionally expressive than second generation women saw their mothers. This suggests that even when a daughter experiences what she considers inferior levels of maternal care and warmth, this does not inhibit her ability in turn to express these emotions towards her own children. It would seem that the effects of growing up in an emotionally restricted environment are not irredeemable. Whereas second generation women appeared to replicate the pattern of maternal overprotection they had witnessed, they did not appear to repeat the pattern of maternal care. It can be argued that care and demonstrative affection are more conscious processes than protective behaviour and thus more receptive to attempts by the second generation to redress what they felt was lacking in their own upbringings.

By contrast, overprotective behaviour which is fuelled by fear, anxiety and need for control may be viewed as a less conscious process or one with reduced awareness. This would explain the greater resistance of this dimension to change by the second generation. The perpetuation of overprotective behaviours may further be explained by processes of modelling which are not necessarily conscious. This aligns with processes of social learning (Bandura, 1977). It may be concluded that conscious
awareness is a precondition to change, particularly regarding negative or unwanted behaviours.

**5.8.2 PAFS**

In regard to second generation women’s emancipation and differentiation from their mothers, significant differences with controls were found on three of the four dimensions. Compared to daughters of Australian-born mothers, daughters of Holocaust survivors reported lower levels of emotional intimacy and intergenerational individuation and higher levels of individual intimidation. There was no apparent difference in levels of personal authority between second generation women and their counterparts from non-survivor backgrounds even though this dimension is conceptually related to the other three dimensions,

Findings from the current study suggest that for daughters of Holocaust survivors, the ability to both attain individuation and to share an intimate relationship with their mothers was compromised. They perceive themselves as less able to function autonomously and maintain a distinct and separate self-definition. At the same time, they are less able to sustain a voluntary intimate connection with their mothers involving trust, mutual respect, commitment, self-disclosure and feelings of love and fondness; the core components of intimacy as conceived by the PAFS measure (Bray, Williamson, & Malone, 1984). The dual findings that daughters of survivors exhibited difficulties with both individuation and intimacy are consistent with theoretical notions that emphasize the importance of both constructs in achieving psychological separation from one’s parents (Williamson, 1991). Whereas Bowen’s (1978) concept of differentiation placed greater importance on individuation than intimacy or ‘togetherness’, Williamson believed that emphasizing one construct over the other would result in impaired adult development.
The findings for intimacy and individuation are readily assimilable into the clinical and empirical literature that acknowledge difficulties with emotional openness (Nadler, Kav-Venaki, & Gleitman, 1985) and the establishment of mature psychological separation-individuation from their parents (Epstein, 1979; Felsen, 1998; Felsen & Erlich, 1990; Freyberg, 1980). Findings of less individuation in daughters of Holocaust survivors than controls support those of Halik et al. (1990) who used the same PAFS measure. However, results from this study are not consistent with Halik et al.’s finding of no difference in intergenerational intimacy in daughters of Holocaust survivors. This difference may be explained in part by the older age group used in the current study. Lawson and Brossart (2004) noted that intimacy as assessed by the PAFS measure diminished in successively older age groups. Findings for lack of intimacy in the second generation’s relationships with their mothers accord with findings on the PBI scale that survivor mothers lacked warmth and affection for their daughters.

The relationship between Holocaust survivor mothers’ difficulties in managing their daughters’ desire for separation and independence and fostering intimacy with them has been explained through the interrupted process of separation and differentiation which they experienced with their own parents. These separations, enforced on them by the war were often abrupt, final, and unresolved (Freyberg, 1980; Rose & Garske, 1987; Wardi, 1992). For survivors, every subsequent separation could thus be seen as a renewed experience of the traumatic loss of their families (Wardi, 1992). In this context, their child’s quest for independence was commonly perceived as threatening, prompting mothers to withdraw emotion or become emotionally unavailable (Freyberg, 1980). As parents, it is therefore probable that survivors may have been unwilling or unable to help their children effectively
resolve issues of individuation as they approached adulthood, particularly in the absence of a model to guide them (Halik et al., 1990).

Intergenerational intimidation was greater in daughters of Holocaust survivors. This finding suggests the absence of an adaptive adult relationship based on equality of power and peerhood between Holocaust survivors and their daughters. According to Lawson and Brossart (2004), intergenerational intimidation is the primitive fear of loss of the parent through death or rejection. Intimidation is seen to rest in the adult child’s dependency on parents, which produces and sustains an imbalance of power (Lawson & Brossart, 2004). Failure to renegotiate this boundary between adults and their parents results in a hierarchical ‘freeze’ (Bray, Williamson, & Malone, 1984) which is devoid of equalization of power between the two generations (Lawson & Brossart, 2004).

The reluctance or inability of adult daughters of Holocaust survivors to challenge this power inequity can therefore be explained by fear of losing their mother (Lawson & Brossart, 2004). This fear was undoubtedly augmented by the lack of extended family who may have acted as additional supports together with their failure to achieve mature individuation and separation. Further, the maintenance of blurred boundaries into their adult lives meant that daughters of survivors continued to carry feelings of guilt and indebtedness towards their mothers (Nadler, Kav-Venaki, & Gleitman, 1985; Wardi, 1992), which also restrained any temptation to challenge their mother’s authority.

Personal Authority which is concerned with the tension between individuation and intimacy failed to discriminate between the groups in spite of findings of less individuation and intimacy in second generation women. This may reflect the influence of gender and age effects. Lawson and Brossart (2004) identified greater
personal authority in males than females. A possible explanation is that the balance of individuation and intimacy was problematic for all the women in the study. Further, all women in the study were a decade older (42 to 57 years) than those for which the PAFS was designed (30 to 45 years). As older women, they may all have felt less-inclined to broach personal topics of conversation.

5.8.3 PSI-II

Daughters of Holocaust survivors were found to have a personality style which is significantly more focused on their needs for autonomous achievement than daughters of Australian-born mothers. Of the three sub-scales used to define autonomous achievement, differences were observed only on the perfectionism/self-criticism dimension. No difference was apparent on the measures of control and defensive separation. These data suggest that the daughters of Holocaust survivors were significantly more self-critical, viewed themselves more negatively and demanded higher standards in terms of their own performance and what they set out to achieve than daughters of non-immigrants. This aligns with findings that children of Holocaust survivors show higher self-criticism than controls (Felsen & Erlich, 1990). Self-criticism has also been associated with parents who are intrusive, controlling and punitive (Blatt, 1995). The prevalence of this type of child-rearing behaviour in Holocaust survivor families (Almagor & Leon, 1989; Freyberg, 1980; Nadler, Kav-Venaki, & Gleitman, 1985) may also explain the second-generation’s self-critical and perfectionist tendencies.

There were no group differences on any of the sociotropy subscales between the second generation and controls. This was contrary to findings of greater emotional reliance in an Australian non-clinical population of second generation women than controls (Silbert, 1997). The discrepancy in findings may be explained by the latter
The study’s broader conceptualization of dependency as measured by the Interpersonal Dependency Inventory (IDI; Hirschfeld et al., 1977) to incorporate approval and pleasing others. Dependency as measured by the PSI-II is more focused on neediness and support from others. In integrating seemingly contradictory findings from the PSI-II with those on the PAFS, it would seem that while daughters of Holocaust survivors do not display greater interpersonal dependence in relationships with others in general, they manifest a dependence which is specific to the mother-daughter relationship.

The absence of differences between second and third generation women on all three subscales of autonomous achievement including perfectionism/self-criticism was unpredicted. Like their mothers, the third generation also differed on the perfectionism/self-criticism dimension from the second generation controls. This suggests that third generation women place the same harsh judgements and expectations on themselves as their mothers. It may further reflect common features in the way the two generations were parented with an emphasis on achievement and high expectations. Although there was also no difference between the second and third generations on the sociotropy dimension, it is of note that the third generation group recorded the highest mean levels on the sociotropy scale of all three groups (see Table 5.4). It is possible that this generation’s greater dependence and concern with what others think reflects their life stage as young adults who are motivated more by the need to fit in and form intimate relationships than the generative needs of their parents. This is compatible with Erikson’s (1950/1963) stages of psychosocial development.
5.9 Conclusions from Study 1

In conclusion, the findings of study 1 support the distinctiveness of a survivor background from a non-immigrant one. More specifically, the differences in daughters’ perceptions of their mothers’ parenting reinforce the picture of the Holocaust mother depicted in much of the clinical literature. Insofar as key demographic variables can be controlled for, it can be concluded that the high degree of maternal overprotectiveness, and the low degree of emotional care and warmth expressed by Holocaust survivor mothers are likely to be a function of the massive traumas experienced in the Nazi concentration camps. It can also be argued that these traumatic experiences further account for on-going difficulties in the mother-daughter relationship with regard to individuation and separation and feelings of connectedness and equality with their mother. The legacy of daughters of Holocaust survivors appears to also be reflected in a personality style that places higher value on perfectionist and self-critical aspects of autonomous achievement when compared to their non-Holocaust peers. Transmission of perfectionist and self-critical tendencies from second to third generation daughters is also suggested.

The most important finding in this study was the perception that overprotective parenting resulting from Holocaust trauma did not rest with Holocaust survivors alone but was also thought to characterize the way in which the second generation parented their daughters. This supports the notion that some negative aspects of parenting associated with trauma may be inherited from the previous generation. At the same time, other negative aspects of parenting prevalent in the first generation such as impoverished emotional care and warmth do not appear to have been transmitted to the second generation. It is concluded that overprotective behaviours towards one’s children informed by anxiety and fear are likely to be
adopted, although not necessarily consciously, by those children and susceptible to repetition in the parenting of their own children.

There are several qualifications to the findings of study 1. While respondents are representative of a tertiary-educated, middle-class sample, they may not be typical of their different socioeconomic counterparts. Although the Melbourne Jewish community was deliberately selected for the large population base of Holocaust survivors it provided, findings may not be able to be generalized to other cities. Further, in spite of careful attempts to maximize the similarity of the groups, the possibility of pre-existing differences cannot be ignored. Differences in levels of initiative, education, personality, family and life circumstances may have influenced the way in which Holocaust survivors dealt with their trauma, which in turn may have affected their parenting abilities. In dealing with effects of such a traumatic and long-term event, this confound is not easily surmountable.

Another limitation of the study 1 findings is that the dependent measures were all self-report and therefore subjective. It is possible that the PBI which focuses on the first 16 years of life may have shown a desired rather than real childhood, or may have been subject to inaccuracy of memory given the retrospective nature of the instrument. Additionally, this measure makes no allowances for a change in the mothers’ relationship with their daughters such as might occur during puberty.

In summary, Study 1 has contributed to an understanding of the way in which a Holocaust background is reflected in the subsequent two generations. It has also established similarities with other research findings on transmission of trauma to the second generation. However, due to its quantitative approach, this study is restricted in its capacity to adequately articulate the lived experience of growing up as a child or grandchild of a Holocaust survivor. The following two chapters contain the qualitative
material necessary for an understanding of the particular processes and legacy of this experience.
CHAPTER SIX: STUDY 2. PROCESSES AND OUTCOMES IN THE TRANSMISSION OF TRAUMA IN THE SECOND GENERATION

6.1 Introduction to Study 2

Study 1 examined intergenerational transmission of trauma in second and third generation Holocaust descendants using quantitative methodology. This chapter reports on the first of the two qualitative studies. It concerns the processes and outcomes of the transmission of trauma within the second generation. Given the large amount of research describing the effects of the Holocaust on the second generation, this chapter focuses on emergent themes while noting confirmations of previous work. The chapter commences with the aims of the study, describes the methodology and philosophical assumptions that underpin the research, the method employed, and the process of data analysis. The research findings are then presented and summarized.

6.2 Aims

The overall aim of study 2 was to enhance understanding of the nature of intergenerational transmission of trauma by examining the subjective experiences of twenty daughters of Holocaust survivors. The particular focus was the means by which trauma was conveyed and the on-going effects produced by the trauma. Study 2 further aimed to explore the impact of a Holocaust background on the way the second generation parented their own children. As well as confirming previous findings, study 2 aimed to establish a platform for comparison of trauma transmission and its effects in the third generation which is addressed in study 3. Four specific aims were formulated:
1. To identify the messages informed by the Holocaust that survivor mothers transmitted to their daughters.

2. To examine how these messages were conveyed.

3. To investigate how the on-going effects of the Holocaust are experienced by the second generation in terms of emotional experience, behaviour, identity and worldview.

4. To explore how the parenting received by the second generation influenced the way they in turn parented their own children.

6.3 Participants

Study 2 involved twenty daughters of Holocaust survivors. These women had all participated in study 1. Descriptive statistics pertaining to these participants and the method of recruitment are fully explained in study 1 (see sections 5.3 and 5.5).

6.4 Methodology

6.4.1 An Overview of Methodology

Research methodology is underscored by epistemological assumptions in response to questions regarding the nature of reality. These range from positivistic assumptions which are aligned with objective, scientific research to constructivist assumptions which underlie subjective, interpretive research (Creswell, 1994). The qualitative research presented in this thesis follows a constructivist approach to enquiry with its concern for how people construct or formulate their subjective reality based on what they experience (Ashworth, 2003). The methodology employed reflects this concern through adoption of a mixed phenomenological and hermeneutic approach.
The phenomenological perspective is fundamentally concerned with understanding people’s everyday experience of reality in detail to gain an understanding of the phenomenon in general (McLeod, 2001). Its core philosophical position is the primacy of experience and how individuals put together phenomena they experience to make sense of events, objects and other people (Patton, 1990). For phenomenology, the individual is a conscious agent whose experience must be studied from the ‘first-person’ perspective (Ashworth, 2003). Interpretation is essential to this understanding of experience. Therefore, a phenomenological approach is concerned with subjective experience and how individuals interpret the world (Patton, 1990). It further assumes a commonality in human experience and uses bracketing to identify those common features (Ashworth, 2003).

The hermeneutic element of the methodology reflects a form of phenomenological enquiry which brings in the personal experience and insights of the researcher as well as the interviewee (Ashworth, 2003). The researcher assumes an interpretative role in which he or she attempts to make sense of the participants’ world and construct meaning from the research findings. To make these interpretations effectively, the researcher needs to be aware of his or her own preconceptions, expectations and theoretical ideas about the subject matter of the study. The personal epistemological statement in chapter 4 (see s. 4.2) outlines this researcher’s position in relation to the Holocaust phenomenon being investigated in this thesis.

Of the various phenomenological approaches available, the one most closely aligned with this thesis is interpretive phenomenological analysis (IPA; Smith & Osborn, 2003), although this thesis uses a broader method of data analysis (see s. 6.5). IPA shares a common emphasis with both phenomenological and hermeneutic perspectives. A primary aim of IPA is to capture in detail the perceptions and
understandings about a particular phenomenon. It allows researchers to explore in depth the meanings that particular experiences, events, and/or states hold for participants (Smith & Osborn, 2003). IPA asks for the participants’ personal perceptions of the construct, object or event being researched rather than attempting to produce an objective statement of the object or event itself (Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2003). Instead, an area of interest is explored flexibly and in detail using a small and usually homogenous sample (Smith & Osborn, 2003). IPA is therefore committed to exploring in detail the lived experience of individuals and how they understand their reality.

Smith and Osborn (2003) assert that the research process is dynamic by enabling the researcher to have an active role in the process. The researcher seeks an insight into what the participant is experiencing and seeks to understand it from the participant’s perspective. This assists the researcher in making interpretations of the participants’ world constructions (Smith, 1999; Smith & Osborn, 2003). IPA is intellectually connected to hermeneutics because it involves a two stage interpretation process, or double hermeneutic, in that while “the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (Smith & Osborn, 2003, p. 51). The researcher attempts to understand what it is like from the perspective of the participants and simultaneously ascertain whether there are other aspects to their described experiences which they may not consciously identify.

The phenomenological and hermeneutic approach reflected in IPA is broadly consistent with the present study’s focus on understanding experiences of being a child or grandchild of a Holocaust survivor. However, given the broad range of phenomenon considered relevant to these experiences, a modified version of IPA was
required for the present study. In addition to the methodological framework, the present study retained the use of thematic analysis which corresponds with IPA. A larger sample than that commonly used in IPA was needed, however, to capture the broader range of phenomena investigated in this study. Unlike IPA, the data analysis did not focus on a specific paradigm derived from the first interview in the analysis of subsequent interviews. The procedure, structure and generation of the interviews are now discussed.

6.4.2 Procedure

Interviews for the second generation respondents were conducted in their homes at a time that was mutually convenient for them and the researcher. These interviews took place at least one week prior to their daughters being interviewed for Study 3. This allowed respondents time to process the interview and, if need be, to debrief before the interview of their daughter. Two women requested debriefing. This was conducted with the researcher by telephone and involved discussion of salient personal information that had been revealed by the respondent during the interview. The second generation interview varied in length between two and four hours. The twenty interviews were conducted over a period of one year and then transcribed verbatim.

6.4.3 Semi-structured Interviews

A semi-structured interview was selected as the method of data collection. As a guide for the interview rather than a prescriptive tool, this method is considered to offer several distinct advantages over structured interviews (Esterberg, 2002). Principally, it allows for a much freer exchange between researcher and respondent, which can facilitate rapport and empathy, affords greater flexibility by permitting the interview to go into novel areas, and ultimately tends to produce richer data (Smith &
Osborn, 2003). The researcher is attuned to the respondent’s interests, concerns and any unexpected information that may arise and is able to probe and accommodate this information. Thus, the respondent shares more closely in determining the direction of the interview (Smith & Osborn, 2003).

Esterberg (2002) raises the issue of how much of the researcher’s self and own thoughts should be allowed to enter into the semi-structured interview, particularly where a personal relationship may be involved. As many of the participants in both the second and third generation samples were personally known to the researcher and all were aware of her common background, she decided that emphasis would remain at all times with the participants’ story. Using the phenomenological procedure of *bracketing*, the researcher suspended her own beliefs as far as possible in order to focus on the respondent’s worldview and “understand the meaning of what that person is saying, rather than what the researcher expects that person to say” (Hycner, 1985, p. 281). Any personal conversation between the researcher and respondent related to the issues raised took place after the interview had terminated.

6.4.4 Interview Protocol

The questions for the second generation interview were developed from informal discussions held individually with three daughters of Holocaust survivors. In discussions lasting between one to three hours, the three interviewees were asked about their Holocaust background and their perceptions of its impact on their lives as they were growing up, in the present day, and in their role as parents. They were then asked to comment on the relevance and effectiveness of the questions and the topics discussed. The questions were then adapted to incorporate suggestions. This resulted in a set of open-ended focus questions and prompts that provided the structure for the interview.
A broad range of issues related to processes and outcomes of trauma transmission formed the structure of the interview. Questions were open and non-directional to provide the respondent with latitude. In accordance with the semi-structured approach, the order and wording of the questions varied and not every question was asked, although the topic followed a set sequence. The interview commenced in all cases with how respondents first found out about the Holocaust. Throughout the interview, provision was made for respondents to propose new ideas and to expand on areas of personal relevance. All interviews concluded with a final question inviting participants to comment on any areas of importance concerning them or the Holocaust that the researcher had not mentioned. In all, the interview addressed seven key topics reflecting the specific aims. These are presented together with examples of questions and prompts in Table 6.1. The complete format for the semi-structured interview is included as Appendix H.

The seven topics depicted in Table 6.1 align with the aims of the study as follows: The first four topics encompass aims 1 and 2, investigating the first awareness of the Holocaust, transmission of Holocaust trauma through parental messages, through the mother-daughter relationship and the home environment. The fifth and six topics relate to on-going effects of trauma and effects on identity consistent with aim 3. The final topic dealing with parenting of the third generation reflects aim 4.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Example question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First awareness of the Holocaust</strong></td>
<td>How did you find out about the Holocaust? How old were you? Who talked to you about it? Can you describe how it made you feel?</td>
</tr>
<tr>
<td></td>
<td>What does the word <em>grandparents</em> conjure up for you?</td>
</tr>
<tr>
<td><strong>Parental messages</strong></td>
<td>Did your mother say things to you which you consider were related to the Holocaust? Did your mother encourage you to try new experiences? Were you made to eat up everything from the plate? Did your mother ask you lots of questions before you went out?</td>
</tr>
<tr>
<td>Verbal messages:</td>
<td>Are you aware of any aspects of your mother’s behaviour that you think may be Holocaust-related? Can you describe these? How would you describe her attitude to the world and others? How would you describe your mother’s general mood?</td>
</tr>
<tr>
<td>Non-verbal messages:</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship with mother</strong></td>
<td>How would you describe your relationship with your mother as you were growing up? What were the good/problematic things about the relationship with your mother?</td>
</tr>
<tr>
<td>Nature of relationship:</td>
<td>Do you think the Holocaust led you to perform a specific role with regard to your mother? How do you think your parents coped with the fact that you were getting older and needed you own space?</td>
</tr>
<tr>
<td>Boundaries:</td>
<td>Do you feel you missed out on anything while you were growing up? How were problems dealt with in your family?</td>
</tr>
<tr>
<td>Availability:</td>
<td>Would you describe your mother as protective? How did this manifest? Did your mother give you as much freedom as you wanted?</td>
</tr>
<tr>
<td>Protectiveness:</td>
<td>Are you aware that your parents had a need for you to fulfil certain expectations such as doing well at school?</td>
</tr>
</tbody>
</table>
Table 6.1 (continued)

<table>
<thead>
<tr>
<th><strong>Home environment</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional climate:</td>
<td>How would you define the mood in your house?</td>
</tr>
<tr>
<td>Management of emotions:</td>
<td>How was sadness dealt with in your family? Did your mother ‘blow up’ for no reason?</td>
</tr>
</tbody>
</table>

**Effects of the Holocaust**

Do you have any negative emotional responses that you think may be connected to the Holocaust? What is your worst fear? Do you have other fears/anxiety which you think may be related to the Holocaust? How do you cope with them? Do/did you have nightmares or dreams which you consider to be Holocaust-related? Do you avoid taking risks?

Attitudes to health and death: What is your attitude to death? Do you think this has been shaped by your mother’s Holocaust experience? Do you worry about your own health?

**Identity**

Impact of Holocaust: How does the Holocaust relate to your feelings of being Jewish? Do you feel different to non-Jews? What does the word German conjure up for you?

Integration of Holocaust: How have you integrated your mother’s war-time experiences into your own life? How do you react to watching films about the Holocaust? Are you interested in knowing more about the Holocaust?

**Parenting of Own Children**

Self-perception as mother: What do you see as the main factors in your approach to parenting? Do you think this has been influenced by the way you were brought up? Do you feel competent in your role as a mother?

Conscious replication: Are there things you consciously choose to replicate from the way you were parented? Can you describe these?

Conscious reaction: Do you allow your children freedoms you never had? Do you have the same expectations for your children as your parents had for you?

Involuntary messages: Are there things you would like not to pass onto your children but feel you are unable to control?
6.5 Data Analysis

The analysis of the data reflects phenomenological and hermeneutic methodologies. That is, as well as aiming to portray something about the respondents’ psychological world through their story, the researcher was engaged in an interpretative relationship with the text. Interpretive work is on-going and undertaken at each stage of the analysis, moving in recursive fashion throughout the phases of analysis as recommended by Smith and Osborn (2003). The method used for textual analysis of studies 2 and 3 is thematic analysis. Thematic analysis is less often referred to in discussions of qualitative analysis than other analytic methods such as interpretive phenomenological analysis (IPA) and grounded theory. However, Braun and Clarke (2006) have demonstrated that this approach is widely used in qualitative research and can be rigorously applied to provide rich, detailed and complex accounts of data across a range of epistemologies as it is not wedded to any one particular theoretical framework. It further affords the researcher a flexible method for identifying, analysing, and reporting patterns and themes within the data without many of the restrictions imposed by other analytic methods (Braun & Clarke, 2006). Thematic analysis works both to “reflect reality and to unpick and unravel the surface of reality” (Braun & Clarke, 2006, p. 81).

The thematic analysis was informed by IPA (Smith & Osborn, 2003) as it aimed to capture phenomenological experience. However, it was modified in order to accommodate the analysis of a range of phenomenological experiences rather than just one specific phenomenological experience. Similarly, while grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998) was also suited to the theoretical framework of this research, the two qualitative studies did not apply theoretical sampling of different groups, considered to be a critical feature of this method.
(Pidgeon, 1996). The need to employ a broad and flexible method of analysis was further influenced by the desire to use the same method of analysis for the two qualitative studies. While research on the second generation is well-established and embedded in a theoretical framework, investigation of the third generation is in its infancy and as yet has no such basis.

In accordance with the principles of qualitative methodology, data were analysed using an inductive approach (Patton, 1990). Trustworthiness and authenticity was established through internally coherent data, triangulation, and reflexivity. Triangulation was achieved by employing an independent researcher at two different stages of the data analysis as a means of increasing the validity and accuracy consistent with recommendations by Burgess (1984). It has been further suggested that triangulation provides coherent justification for themes as well as allowing for rich, thick descriptions of findings (Creswell, 2003). The researcher’s own position in relation to the research project, consistent with the concept of reflexivity (Smith, 1996), is described in chapter 4 (see s. 4.2).

The analysis consisted of five phases conducted as follows. In phase 1, each transcribed interview was read in depth and initial ideas of interest and significance were noted. This related to the semantic content identified within the explicit meanings of the data. Each interview was then re-read and key words and sentences in the texts were underlined. This constituted the open coding phase of the data analysis.

Phase 2 comprised collating codes into emerging themes. These were articulated on the basis of prevalence across cases and what they captured in terms of the essential quality of the respondent’s experience. Themes unique to individual narratives and extrinsic to the area of study were not discarded but isolated and retained for discussion purposes to highlight potential confounding factors. Efforts
were made to ensure that data cohered meaningfully within themes and filled the methodological criteria of internal homogeneity and external heterogeneity (Patton, 1990).

Each theme was defined in accordance with both previous research and with what the researcher meant by these terms, and clarified with relevant examples from the interviews. Defined themes and examples were then cross-checked with definitions and examples of those same themes from an independent researcher. This served to increase validity and reliability as the data is triangulated from more than one source. Key sentences and codes were allocated to themes and new themes created when necessary. Although the researcher did not confine the selection of themes to those themes previously highlighted in the Holocaust literature, themes consistent with this literature were noted later. Some initial codes resulted in the formation of main themes, whereas others formed sub-themes. In total, 60 major themes and sub-themes were elicited during this phase. Themes were finally classified under the two headings which shaped the research questions: process and outcomes. This facilitated further analysis and the reporting of results.

In phase 3, the researcher re-read transcripts and identified further examples of the defined theme consistent with focused coding. Emergent themes were then ordered, refined, and finally clustered on the basis of theoretical connectedness. Clustered themes were checked alongside the transcripts to ensure that the researcher had accurately interpreted what the participant was saying. Although some of the themes clustered naturally, others emerged as superordinate categories.

Phase 4 involved naming and defining the superordinate themes and collapsing or discarding those themes that did not cohere to a cluster. Occasionally, themes were conceptually-related to more than one cluster or superordinate category.
Where this occurred, they were assigned to the superordinate category where they were best represented. Themes were then cross-checked a second time with an independent reader to validate the interpretations. Finally, superordinate themes obtained from the analysis of cases in this study were tabled and ordered coherently. Four superordinate themes emerged for processes, and six for outcomes. These are outlined in Table 6.2.

**Table 6.2**
*Summary of Superordinate Themes of Process and Outcome for the Second Generation*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process:</td>
<td>The means by which messages informed by the Holocaust were conveyed from one generation to the next.</td>
</tr>
<tr>
<td>(a) Direct transmission:</td>
<td>(1) Transmission of trauma through intuitive means and circumstantial factors. Examples of sub-themes: Identification; awareness of a void; awareness of lack of extended family.</td>
</tr>
<tr>
<td>(b) Indirect transmission:</td>
<td>Transmission of trauma through means associated with their parenting and their home environment. Key themes: (2) Verbal and non-verbal messages; (3) Emotional climate of the home; (4) Complex mother and daughter relationships.</td>
</tr>
<tr>
<td>Outcome:</td>
<td>The responses or ongoing effects resulting from the transmission of Holocaust trauma.</td>
</tr>
<tr>
<td>(a) Impact on emotional experience:</td>
<td>Ways in which trauma manifested psychologically. Key themes: (1) Fear; (2) Burden of the past; (3) Despair; (4) Diminished sense of self; (5) Holocaust identity.</td>
</tr>
<tr>
<td>(b) Impact on parenting of children:</td>
<td>(6) The effect of the parenting received by the second generation on the way in which they parented their own children. Examples of sub-themes: conscious replication, conscious reaction, involuntary transmission.</td>
</tr>
</tbody>
</table>
6.6 Results

Results are presented according to their classification within superordinate themes and sub-themes. These themes are grouped into the two main areas of investigation and reflect the aims of the study: transmission processes (aims 1 & 2) and transmission outcomes (aims 3 & 4). Notwithstanding this division, processes and outcomes are occasionally interlinked as part of a more complex dynamic. At times, responses may be seen as both an effect of the transmission and as a feature of the transmission process itself. To avoid repetition, responses which are dynamically related in this way are classified where most appropriate. Transmission processes are discussed prior to transmission outcomes. This reflects the chronology of the questions posed in the interviews, which were intended to capture the respondents’ life narrative as it unfolded up to the present day. A number of individual perspectives on each major theme are presented with emphasis on the most prevalent responses in accordance with qualitative approaches to textual analysis (Braun & Clarke, 2006). Further selected quotes on a range of themes are included in Appendix I. Pseudonyms are used to conceal the identity of individual respondents. In lengthy quotes, key ideas appear in bold.

6.6.1 Transmission Processes

This section addresses aims 1 and 2: To identify the messages informed by Holocaust trauma that survivor mothers transmitted to their daughters and to examine how these messages were conveyed. On the basis of the interview data, it is argued that intergenerational transmission of Holocaust trauma occurred in two major ways: directly through a combination of intrapsychic, intuitive and circumstantial factors; and indirectly through messages and behaviours displayed in the parenting itself. The
terms ‘direct’ and ‘indirect’ transmission are used in this study to distinguish these two forms of transmission. As noted in chapter 3 (see s. 3.1), these terms have been widened beyond the specific theoretical formulations of direct specific transmission and indirect general transmission as depicted in the psychoanalytic literature (e.g., Felsen, 1998; Kogan, 1995; Schwartz, Dohrenwend, & Levav, 1994; Wardi, 1992). This was necessary in order to reflect the non-clinical sample used in this research and the phenomenological nature of the inquiry that gave rise to a broader understanding of these constructs. The term direct transmission is used to explain respondents’ feelings of personal connectedness and identification with Holocaust trauma which are experienced at an intuitive level rather than in response to their parenting. Indirect transmission refers to the transmission of trauma through messages imparted by survivors to their daughter, through the emotional climate of the home, and through the mother-daughter relationship. Given the more conscious nature of indirect than direct transmission, respondents were more able to identify and interpret the components which contributed to this type of transmission. Consequently, indirect transmission is addressed in more detail than direct transmission.

6.6.2 Direct Transmission of Trauma

The data showed that direct transmission of trauma resulted from a number of circumstances and factors, which in combination led to awareness of family trauma. These included: unconscious identification with their parents’ Holocaust experiences, intuitive feelings of great unspoken family tragedy, awareness of their unnaturally small families signified in particular by the absence of grandparents and occasionally siblings, bearing the name of relatives who had perished in the Holocaust, and the absence of photos of family members. Each of these circumstances constituted tell-tale signs which raised awareness of something irregular and abnormal in their lives.
Although individually such factors may be thought to be insignificant, in combination, like strands in a rope, they became a powerful transmitter of trauma. This section commences by examining how respondents first became aware of the Holocaust. The analysis revealed that intuitive awareness and cognitive awareness of the Holocaust were not concurrent. Elements of both direct and indirect transmission were therefore evident.

6.6.2.1 First Awareness of the Holocaust

Analysis revealed that most respondents were aware of the Holocaust at a very early age if not from their earliest memories. The only respondent to have been ignorant of her Holocaust background in her childhood, Lynette, was raised in Poland and not informed she was Jewish until she was in her teens. Like most respondents, Marilyn couldn’t remember a time in her life where she wasn’t aware of the Holocaust: “It was the shadow that lived with us forever. It was a presence, not always spoken about but it was something I’ve always known about”. Debbie’s introduction to her family ‘story’ reveals the unconscious layer of trauma beneath the manifest layer of fact.

*It is more complex than it seems because I think as a little child I had an overwhelming sense of a void and although nothing had been said there was a sense that something terrible had happened and it had something to do with me. I had that sense until I actually found out about the Holocaust. I remember very clearly the way I found out. At this time I was six years old. I used to attend a Jewish Sunday school and one Sunday morning we were told that we were going to have some sort of assembly. It was a sunny day and I walked into this auditorium and the auditorium was covered with black crepe paper and all windows were covered in black crepe paper too. There was a very sombre feeling as you walked into the room and I had no clue as to what was going to transpire. We sat there and then the assembly began. I remember students going up on this little stage and reciting poems and making speeches all in Yiddish. I remember there was a girl with a long plait .... she got up on the stage and she couldn’t stop crying. I started to panic, I was only six years old and I still wasn’t sure what was going on. And then a man got up on the stage and spoke really loudly, gesticulating with his hands and the pitch of his voice going up and up. I didn’t understand a word he was saying and I*
I can't even remember what he said but everybody around me was hysterical and crying including the teachers. I was just in a complete state of shock. **I was frozen but I was shaking.** I remember then everyone getting up to sing the Partisan song and then we walked out into the sunshine and I remember my father standing near the gate and I just ran to him and I couldn't stop sobbing. I was crying and crying and he said "what's the matter?" and I said "I didn't know any of this happened. Something happened. Our whole family was killed wasn’t it?" **That was the point that I put together that it was my story. At that assembly I put together that overwhelming sense that there was a real void in my life as a little child.**

As this quote indicates, Debbie’s instinctive feeling that something was lacking or amiss in her life preceded concrete knowledge of her family trauma. Most other respondents attained awareness of the Holocaust in a similar manner. Initial understanding was at an implicit level, intuited from a wordless, sense of void associated with tragedy and loss. Then, as more detailed information was revealed, unfolding over many years, awareness became explicit. Overwhelmingly, mothers conveyed information in a fragmented and oblique way leaving their daughters to try and integrate the “bits and pieces” into some type of composite picture. For many of the women in the study, their mother’s personal story has never been told in its entirety until the present day.

The transition from implicit to explicit awareness was a gradual process of filling in gaps in their knowledge. In addition to the information communicated by parents, awareness was increased through means such as overhearing parents’ conversations amongst themselves or with family and friends, often in foreign languages; accompanying parents to public commemoration ceremonies marking the Holocaust; exposure to books and other media, albeit limited; discussions with their own friends from similar backgrounds, and attending Zionist youth movements. Diane explained how implicit knowledge of her Holocaust background became cemented into explicit cognitive awareness:
I didn’t know about the plan of mass extermination of the Jews cognitively, in detail until much later, but emotionally, I was aware of the loss of parents, the loss of family, the losses from a very, very early age. It was our entire family submerged in an ongoing story of loss and grief. I never got a really clear picture other than a sense of tremendous doom and tragedy that had overcome my family through persecution. I remember later seeing film footage. My father bought a television and I remember this television and seeing this imagery and that made the link between what I’d picked up. That was the conscious stuff. There had already been a whole sense of alienation, depression, loss, grief, to do with the war, loss of parents from a very early age and there was a sense that no-one out there could be trusted.

6.6.2.2 Identification with Parents’ Experiences

Consistent with previous findings (Bergmann & Jucovy, 1982; Kestenberg, 1982a; Wardi, 1992), many respondents described thoughts and behaviours which were so strongly associated with the Holocaust and their parents’ experiences as to suggest they had experienced the horror themselves. Their identification manifested in nightmares in which they saw themselves as victims of varying forms of persecution as well as in aspects of their conscious behaviour. Diane referred to her “sense of total alienation” and feelings of having “been through some terrible horror”, while Lola described persistent fears of being hunted: “When I go into a house I look for the hiding place”. Anna recounted living in “absolute terror” as a child believing that the Germans would “come to get us”. She was frightened of aeroplanes, imagining the Germans were going to drop bombs and wondering where the bunkers in the house were in the event that they needed them. On reading The Diary of Anne Frank, Vera identified closely with the heroine:

When I was young, I read The Diary of Anne Frank and I felt devastated. It was as if I had gone through it myself. I felt I’d been there and that no-one could understand what it was like. It was like a total cellular memory response, as if I’d been there and suffered, and it was so familiar to me. It was like that for a long time.
6.6.2.3 An Unspoken Horror

One of the earliest and most persistent indications of Holocaust trauma cited by respondents was their palpable feelings of loss, emptiness, and sorrow, which they sensed were a result of something “gigantic and bad” that had occurred, but that was not verbalized. Eva referred to this unspoken horror as “the other child that lived in the house who was nameless”. There was consciousness that the trauma underpinning their lives was not present in ‘normal’ families and that they had been unwittingly caught up in it. Debbie commented:

> It wasn’t that they (parents) had to say anything, it was a sense that you got. It was something which you just knew. It was all intuitive. There was a void. You didn't know why to begin with but there was, and you sensed it as a little kid. Then you sensed that the world was an unsafe place. Nobody really told you but you sensed that. Nobody told you that the world was a dangerous place but you sensed that too. It didn’t have to be articulated.

Most respondents knew how many members of their family had perished even if the circumstances were not fully explained. Many spoke of fantasies over time regarding their parents’ war-time “secrets”, knowing they would never get answers. Residue of the unspoken horror continues to this day where several women continue to wonder whether their mothers were raped in the camps.

6.6.2.4 Awareness of Lack of Grandparents and Extended Family

The absence of grandparents and extended family was the most common means by which respondents formed a personal sense of connection with the Holocaust. This conforms to previous findings (Wajnryb, 2001). Prior to even learning about their family’s tragic history, respondents were conscious of a huge chasm as they compared their own small families to those of their peers. In many cases, parents were the sole survivors of large families or had only a single surviving sister or brother. Very often family members who had survived the war were scattered
all over the world, contributing to the sense of mystery surrounding their missing relatives. Katie, whose mother was the sole survivor of eight children, recalled her mother’s constant refrain “let the family not get any smaller”. The absence of grandparents was Edith’s first indication that something was amiss in her life.

*When I went to school, my schoolmates had grandparents at home and after school there would be milk and cookies and a piece of cake. I went home and I asked my parents why I didn’t have a grandmother. I was about 5 at the time.*

It was generally understood that the absence of grandparents was not through natural causes. Tammy commented: “They were not just deceased grandparents, they were murdered grandparents. It’s a big difference”. Sharon considered that not having grandparents was the norm.

*I was shocked when I finally met the Jewish girl who had grandparents. I thought to myself ‘Jewish girls don't have grandparents’. It was not part of the scenery. I had friends, I went to their home and I met their parents but there was never a grandparent and no one ever spoke about grandparents. In fact, I had never met an elderly person in my lifetime.*

### 6.6.2.5 Loss of Siblings and Parents’ Former Spouses

Nine respondents were aware that they had had siblings or half-siblings who either perished during the war or who had been aborted to enhance their parents’ prospects of survival. This generated a sense of personal loss that connected these respondents directly to the Holocaust experience rather than through their parents’ experiences. Vera recounted feeling like she was the replacement child for the two children that her father had lost during the war and as though she was a *favour* her mother had granted her father. Edith spoke of the sadness at the siblings she never knew:

*My mother told me how she had had two children and they’d perished during the Holocaust together with most of the family. I kept thinking about it because I hated being an only child and I would have had a brother and a sister if not for the Holocaust.*
Respondents were frequently aware that a spouse of either or both of their parents had been killed. Further, many women sensed from an early age that their parents would most likely have not been together but for the Holocaust. They believed that their parents’ marriage was not borne out of love but necessity.

6.6.2.6 Status as Only Child

Six out of the 20 women in the second generation group were only children and claimed to be aware, without having been told, that this was because of the war. Many knew that their mothers had had several miscarriages before they were born and were conscious that their mothers were older than those of their peers. The fact that many of their family friends were also only children reinforced their belief that the war was the cause of their only-child status.

Beyond their family, several respondents were aware of couples who were involuntarily childless. They were later to discover that some of these couples had lost children during the Holocaust, while others had been rendered infertile following their experiences of internment, or in certain cases, Nazi ‘experiments’ in the camps.

6.6.2.7 Being Named after Dead Relatives

As noted in other research (Wardi, 1992), the practice of naming children after deceased relatives in accordance with Jewish custom (Deuteronomy (25:6) was seen to significantly reinforce respondents’ imaginings surrounding the loss of family and to contribute to their traumatization. Many women described the confusion, sadness and burden of carrying the name of a loved one whose life had been brutally cut short and for whom their parents were still grieving. Frequently the circumstances of the relative’s death had not been explained and it was only through a “sad look in their parents’ eyes” and force of imagination that they became aware of their own involuntary involvement in their family tragedy. Many respondents wondered what
the relation looked like, imagined a physical resemblance, and at times felt compelled to live up to their namesake.

6.6.2.8 Absence of Photos

The personal loss of members of their extended family coupled with fantasies about their experiences and those of their parents were frequently reinforced by the lack of photos. Respondents were aware that not only did they not have grandparents but there were no photos of them or of their own parents as children. Photos, along with their families had been destroyed. Where photos did exist, they were often testimony to relatives including children and spouses who had been killed in the war. Eva discovered at the age of seven, after finding a photo of her father with his first wife, that he had been married with a child, both of whom were killed during the Holocaust. The truth of her father’s first family was only revealed to Ruth after she was married and stumbled on a photo of a girl she discovered was her half-sister.

6.6.3 Summary of Direct Transmission Processes

Findings show that second generation women experienced direct transmission of their mother’s trauma. A daughter’s enmeshment with her mother’s traumatic past occurred through intuitive and intrapsychic means such as identification with their mother’s horrific experiences and suffering and a sense of void created by the unspoken yet palpable horror of the Holocaust. Contextual factors such as not having grandparents, extended family and often siblings, being named after a dead relative, and being an only child through circumstance also served to convey trauma directly to second generation women. Findings for this type of intergenerational transmission of Holocaust trauma confirm previous research with clinical and non-clinical populations (Kestenberg, 1982b; Rowland-Klein & Dunlop, 1997; Wardi, 1992).
6.6.4 Indirect Transmission

The data reveal compelling evidence of indirect transmission of trauma from survivor mothers to their daughters. This occurred through verbal and non-verbal communication about mothers’ experiences and messages informed by their suffering, the emotional climate of the home environment, and the dynamic of the mother-daughter relationship. The emotional damage of mothers impinged not only on their ability to rear their daughters, nurturing and guiding them and attending to their emotional needs, but on their own ability to navigate life and manage their on-going pain. Daughters were simultaneously passive recipients of their mothers’ active verbal messages, silent observers of her behavioural and emotional states, and accomplices in the complex interplay of the mother-daughter relationship.

The following section addresses how trauma was transmitted to second generation respondents through verbal and non-verbal communication. Verbal communication refers to direct articulation of mothers’ war-time experiences, their losses, their past and present suffering, their own approach to life and how they thought their daughters should engage with the world. Non-verbal or behavioural communication describes how information connected to the Holocaust was conveyed through mothers’ silences, behaviour and affect, and necessitated some form of interpretation or inference on the part of daughters.

The data indicated two types of messages within verbal and non-verbal communication: overt and covert. Overt messages are statements or actions informed by the Holocaust that are set in present time. These are statements made by mothers specifically referring to their traumatic past experiences. Covert messages are the unspoken or implicit messages underlying the overt messages that reflect the memory of past trauma and loss. They are not expressed by the mother but are inferred or
imputed by the daughters. The distinction is illustrated by the following examples.

As a child, when her mother lifted her and cried, Sharon knew that she wasn’t crying at her but at “all her losses, because her parents weren’t there”. As Eva watched her mother gazing into the distance and sighing, she imagined that “she was looking at all her dead relatives”. Tammy commented:

My mother would always say that everything was dangerous and to be careful and watch out. Yet I knew she wasn’t thinking about present danger as much as the past and how they had come for her in the night and taken her away and she had lost her whole family.

6.6.4.1 Verbal Communication about Experiences

Verbal communication between mothers and daughters regarding their Holocaust experiences ranged from talking about it incessantly to complete silence. “They never spoke to me about their experiences directly, not even as I grew older…. and I didn’t ask”. Nearly half of the respondents maintained that their mother’s were totally silent regarding their war-time experiences. For the remaining participants, stories of their mother’s ordeal tended not to be communicated as a complete linear narrative but rather as “eruptions of memory” that were triggered at particular times and in certain circumstances. In the absence of details, respondents instinctively knew not to probe into their mother’s past for fear of upsetting her.

Mothers who spoke of their war-time experiences described their struggles, their suffering and losses, and elaborated with stories of danger and survival. Words associated with the Holocaust such as ‘lager’ (concentration camp) were commonly integrated into their everyday speech. Initially, information was limited to such things as not having food during the war. This was followed by factual accounts of experiencing the ghetto, hiding under false papers and losing their parents. Later, usually at about ten to twelve years of age, their mothers provided more detailed and
vivid descriptions of the privations and brutality in the camps. They spoke of having lice and being shaved, of the ‘selection’ procedures where the flick of a finger meant life or death, of forced marches through the snow, of hunger, beatings, illness, cold and suffering and the belief that they would not survive till the next day. Edith recounted her mother’s tales of being “woken in the middle of the night by the Gestapo and asked which stick she’d like to be belted with today”. Occasionally, stories of suffering and loss were told with extreme insensitivity. Diane provided one such example:

> I can remember a very early image in the kitchen when I was eight years old where she was cooking and I was sitting at the table and she opened up the oven and said “this is how my parents died and you are the only reason why I am not doing this to myself. I’ve lost my family and you are the only thing that keeps me from gassing myself too.”

### 6.6.4.2 Non-verbal Communication

Through observing their mother’s affect, attitude, behaviour and visual appearance which in many cases included a prominent tattoo, second generation women inferred messages of pain and trauma associated with the Holocaust. Although the contribution of pre-war personality as a determinant of attitude and behaviour can never be firmly established, all respondents believed that the dehumanization experienced by their mothers together with the pervasive threat of death had impacted their mother’s behaviour irrespective of pre-war personality factors. The profile of survivor mothers as determined by the women in this study as *non-normative* or *damaged* is consistent with that described in the literature (Krystal, 1968; Niederland, 1968a; Russell, 1974).

Respondents described their mothers as highly anxious, depressed, sad, fearful, vulnerable and “consumed with pain”. They were frustrated and nery,
panicked at the slightest provocation, prone to violent and uncontrollable mood changes and explosive outbursts that “came from nowhere”. They commonly sought medication for various ailments, in particular insomnia. Marilyn recalled “heaps of pills. Sleeping pills, heart pills….she was always on medication. She had migraines and I remember the doctor coming over and giving her injections.” In many cases, depression was severe and clinical in nature. Several respondents believed their mothers had at times been suicidal. Anna recollected her mother continually threatening suicide and taking out a knife in frustration. “She couldn't cope yet she had so much to cope with….. I think rather she wasn’t really living most of the time.”

Many women recounted their mother’s erratic behaviours such as trembling when the phone rang, crying “without reason” and overreacting to trivial events such as misplacing her keys. Diane remarked “You would think her whole life was at risk unless she found them.” They recalled hearing their mothers cry out in their sleep in terror as they relived the nightmares of the camps, or waking up in a sweat. Although some mothers elaborated on the substance of their nightmares, most were silent, leaving their daughters to speculate as to what had prompted the outcries.

The mother’s trauma was also conveyed symbolically through rituals and prayer associated with religion. Respondents were alert to the hushed or silent prayers for their mother’s lost relations that often accompanied the weekly lighting of the Sabbath candles and the presence of memorial candles marking the death of her loved ones. As a child, Paula intuitively knew that her mother’s tears, when she lit the candles, were associated with the Holocaust. Many respondents spoke of their parents’ and their parents’ friends’ obvious distress and grief-stricken appearance that followed the Yizkor prayer recited in memory of the departed in Synagogue on High Holy days.
One of the most powerful non-verbal vehicles for communicating Holocaust trauma was the highly visible numbers tattooed on the inner or outer left forearms of most survivors. Respondents were aware that other adults were not branded in this fashion, which fuelled the mystery surrounding the tattoo’s symbolism. Mothers rarely explained its significance, more commonly attempting to cover it up literally by wearing long sleeves like Vera’s mother, or with a plastic bandaid like Jenny’s mother. When asked about it, they frequently dismissed their daughter’s queries, telling them amongst other things that “it was their telephone number”.

6.6.5 Messages

All mothers communicated overt and covert messages relating to their survival whether or not they spoke directly of their experiences. The key messages were: the world was not a safe place, people could not be trusted, and that food constituted survival. Findings concerning the content of messages conveyed by mothers to their daughters confirm previous research using interviews or clinical case-studies (Epstein, 1979; Hass, 1990; Trossman, 1968; Wajnryb, 2001; Wardi, 1992). A summary of the content of these messages is provided as they inform the outcomes of trauma transmission discussed later in this chapter (see s.6.6.9) and establish a basis for comparison with the third generation as seen in chapter 7.

6.6.5.1 Personal Safety

Mothers were described as obsessed with safety, constantly checking doors and windows to prevent intruders, and ensuring that gas stoves and the oven were switched off. For many mothers, clothes, money and status assumed a protective role, providing a “safety mask” in a world that was alien, frightening and potentially
threatening. At a covert level, daughters understood their mother’s preoccupation with safety as a metaphor for security, vulnerability and fear of annihilation.

Without exception, the survivor mothers’ preoccupation with physical safety resulted in extreme and relentless overprotective behaviours towards their children. From their earliest memories respondents recalled being constantly reminded to take coats, to be careful, to return on time, not to talk to strangers, not to get sick and to avoid going to places like the beach by themselves. Adele’s mother’s warnings were typical:

You’ll catch a cold and you’ll get sick. Don’t walk around in socks. Don’t go to bed with wet hair. Wear a coat. I don’t care if you’re hot anyway. Have it just in case. Take an umbrella just in case.

More than three-quarters of the women in the study had never learnt to ride a bike or to swim due to their mother’s fear for their safety. As Vera explained, "If you don't go into the water, you don't swim, and then you can't drown." Likewise respondents were not allowed to go horse-riding, to attend camps, to engage in “rough” sports or to roam the streets by themselves. Age did little to assuage their mother’s fears. When Edith was twenty and announced that she wanted to go and work on a ship, her mother stationed herself in front of the door to prevent her from leaving. Eva explained the need to protect children at all costs:

I was extremely overprotected. It was an overwhelming feeling that there could be danger and harm and that we were very precious and important. We were just children, we were everything. We were the hopes and dreams of lost generations, we were a future that had been taken away from our parents. We were my mother's jewels.

6.6.5.2 Distrust

Respondents believed their mothers’ generalized and all-consuming distrust towards the world and others was manifest in “pervasive primitive terror and
impending doom”. Roz recounted how anything unexpected would induce her mother into a state of shock:

When the door-bell rang she would always be in a panic and she’d ask me to go to the door and look through the key-hole to see who was there. I think she was always frightened that someone was coming and she didn’t know who that person was. When the phone rang she would get terrified. She would go into shock about who would be calling her.

Outsiders were regarded as enemies with hidden motives and daughters were advised not to trust anybody other than family; this included friends. Babysitters were not trusted and daughters accompanied their parents to social arrangements. Particular distrust and hatred was directed towards both Germans and Poles. Poles were considered “worse than the Nazis” for having betrayed their own countrymen.

Underpinning overt preoccupation with safety and distrust, respondents sensed the covert fears which emanated from their mothers’ Holocaust experiences. These included fears of further loss, of something dreadful happening, of intruders, the unknown, sudden shock, and of authority figures, particularly those in uniform such as the police. Anna recalled that if ever she came home late her mother would already see her as dead and be having a panic attack. Respondents similarly understood that their mothers’ fears of such things as being alone, in confined spaces, the dark, and above all the “night”, the atmosphere of evil where terrible events occurred and people were “taken away” were metaphors for their past horror.

6.6.5.3 Food

Consistent with previous research, daughters reported their mothers’ “complete and thorough clinical obsessions” with food. This was manifest in overt verbal messages imploring daughters to “eat to be healthy” and “not to be thin”; neurotic behaviours such as “hovering over them” with each mouthful and “constantly pumping food into them”; and their mothers’ pathological refusal to waste food or
throw it out until “she’d kept it for days and days and it was rotting”. Bread, symbolic of the sole means of subsistence in the concentration camps was prized above all else. Adele remarked: “Mum will never throw away a piece of bread – she’ll toast it, she’ll crumb it, but never throw it away.” Daughters inherently understood their mother’s unspoken message that food equated life and survival. Jenny commented: “You had to be strong and robust and able to survive no matter what. Food keeps you alive and if you don't eat you’ll die.”

Respondents widely reported eating “to please” their mothers even if they were not hungry. They interpreted her coercion to eat as a means of control which satisfied her own needs “to feed” and keep them alive. Eva commented:

_There was so much intensity around food that I often felt nauseous. She would watch over me all the time to eat even though it actually made me feel sick. I was a normal, slim child, but she made me feel that there was something pathological, that I was thin in an ugly way._

6.6.5.4 Cleanliness and Personal Hygiene

Respondents drew clear associations between their mother’s extreme obsession with cleanliness and personal hygiene and the appalling and unsanitary conditions in the concentration camps. They described their mother’s constant and compulsive cleaning of the house, fixation on order, revulsion at dirt and smells, and abhorrence of germs, mice, rats and any insect associated with dirt and disease. Many of the respondents reported mothers who would ritualistically scrub and bathe and who would avoid public toilets. Several respondents commented that their mothers hated showers and would only have baths. It is unclear whether this was due to an association between showers and the gas chambers or whether baths symbolized luxury.
Mothers frequently instructed their daughters to wash their hands, not to play in the dirt and to drink boiling water to ensure daily bowel movements. Diane believed she adopted her mother’s attitudes, hating to have her hands in play-dough or to get dirty:

*I couldn’t immerse myself in stuff that made a mess because I found it repulsive and somehow it was connected with mum. I’d have to be perfect all the time and almost squeaky clean. I wasn’t ever allowed to play in the dirt. It was unsafe to do that.*

6.6.5.5 Hoarding and Possessions

Survivor mothers’ pathological hoarding of all types of possessions, including letters, dishes, newspapers, old ice-cream containers, clothes and ornaments, was a commonly cited behaviour that daughters understood to be a result of losing everything during the war. Anna commented that her mother could not even bear to throw away paper that had been used. Jewellery and money were seen as significant commodities that were accumulated and secreted for unforeseen events where they could be traded. Daughters were discouraged from “wasting” money on items perceived to be unnecessary. Implicitly, they understood their mother’s thrift as “trying to put away a dollar for the next day or the next meal that may not come.”

6.6.5.6 Focus on Appearance

The strong focus of survivor mothers on grooming and appearance emerged as an unanticipated theme that has not received much attention in the literature. Respondents spoke widely of their mother going regularly to the hairdresser and her emphasis on being well-dressed with perfectly manicured finger-nails. Some respondents interpreted this behaviour as a conscious attempt to attain dignity and social elevation following their privations and humiliation in the camps. Others deciphered a covert message where their mother’s appearance was synonymous with
her survival during the war. Adele recounted her mother’s repeated comments that
her very attractive cheekbones had helped her to survive “because she looked
healthier than most”, while Diane’s mother’s Aryan features had enabled her to
suppress her true identity and ensured her survival. Diane maintained that until this
day her mother continued “to hide beneath the protective masks of clothing, make-up
and jewellery.”

6.6.5.7 Preciousness and Happiness of Children

Other common messages that were specifically influenced by the Holocaust
emphasized their daughters’ status as “precious possessions”, and their need to
consider their good fortune and “be happy”. Mothers frequently expressed how lucky
their daughters were at not having to endure an ordeal such as theirs. Daughters were
further told to be productive and not waste time as something could always happen in
the interim. Respondents understood that their mothers lived vicariously through them
and that they represented her hopes for the future. Jenny commented:

_She’d [mother] always ask if I was happy. I remember when I first got
married she’d say to me “Are you happy? Is everything all right? Is he good
to you?” Because she’d had such a painful past she just wanted everyone to be
happy and everything to be perfect. She really made a big deal out of this
happiness thing. In the end I didn’t want to disappoint her with anything so I’d
always say “yes, everything is fine” and that created more superficiality
because I was protecting her._

The mood and structural dynamic pervading the homes in which the second
generation grew up created its own means of transmitting powerful messages
informed by their parents’ past experiences.

6.6.6 Emotional Climate of the Home

The home atmosphere of second generation women was generally described as
one of tension, emotional “heaviness”, devoid of fun and laughter and regulated
largely by anger and fear. With few indulgences, such as toys and birthday parties,
home life was perceived as austere and serious. Respondents described their parents as frequently fighting amongst themselves, with fathers in particular raising their voices and tempers and often being physically forceful. Mothers tended to lose control, shout, make verbal accusations against their children and often, out of frustration, hit them.

Loss, pain and death were not only palpable emotions associated with their past, but existed within the home as a real, ongoing threat. Respondents referred to their mother constantly bemoaning her “terrible life”, which was so “full of pain” and which she felt she had done nothing to deserve. The death of both friends and little-known acquaintances produced exaggerated and hysterical responses disproportionate to the circumstances.

Only a few respondents were able to recall their parents exhibiting spontaneous joy or laughter. Tammy mentioned her mother’s occasional “giggling” and Marilyn her father’s sense of humour. Expression of affection within the home was largely divided between the two extremes of complete and blatant suffocation and the complete absence or withdrawal from any form of emotional or physical affection. Diane described her mother “turning her face away if she went to hug her”, while Adele likened kissing her mother to “kissing an iceberg”.

6.6.7 Complex Mother-daughter Relationships

Indirect transmission of trauma was evident in the compromised nature of parenting received by the second generation women. Overwhelmingly, the study revealed mothers who were often not readily available as attachment figures, and relationships distinguished by blurred boundaries, mother-child coalitions, lack of autonomy and role reversal. Further, there was a tendency to overlook children's needs in favour of those of their mothers and either a lack of interest or over-
investment in daughters’ problems and emotions, Mothers were largely perceived as intimidating and controlling with clear expectations regarding their daughter’s behavioural, educational, career, and marriage choices.

### 6.6.7.1 Availability of Mother and Attachment

With only a few exceptions, respondents referred to mothers who were “scarcely around” and who arrived late to pick them up from school. Although this may seem to contradict their mothers’ often expressed concerns for their children’s physical safety, in the context of the 1950’s, this behaviour was not regarded as intrinsically dangerous. Interviewees further described mothers as disinterested in their experiences, unable to converse openly or share any intimacy with them, and who were largely unaware of their daughter’s needs and inner self. These findings are consistent with the clinical literature and have been explained by Holocaust survivor mothers’ preoccupation with their own problems and survival (Freyberg, 1980; Wardi, 1992).

Although the study did not aim specifically to investigate mother-daughter attachment styles, there was some evidence of attachment difficulties with many respondents claiming to have not really “known” their mothers beneath their surface presentation. Twelve respondents described a mother who was cold, unavailable and inconsistent in their style of relating; a parenting style that has been associated with anxious-ambivalent attachment in offspring (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). Anna described the pattern of anxious attachment:

> I was so scared of losing my mother’s love, even though I knew that I didn’t really have her love. I was screaming one moment and clinging to her the next for fear that she would leave.

Six of the women in the study claimed that their mother was warm, smothering and overly-available; a behavioural pattern that has also been linked to anxious attachment
(Parker, 1983; Quadrio & Levy, 1988; Silbert, 1997). Only two women in the group described themselves as having an adaptive and cohesive relationship with their mothers, consistent with secure attachment.

6.6.7.2 Blurred Boundaries

Mother-daughter relationships were marked by a clear and persistent lack of boundaries. Daughters described their difficulties and in many cases total inability to separate and develop as independent beings. Even where daughters felt emotionally detached from their mothers, they still felt psychologically “fused” with them. Frances claimed that her mother “made me a mechanism of herself, like an arm”. Jenny described the “transference” between her and her mother whereby if she had a cold, her mother would be the one suffering. Invariably this resulted in emotional ambivalence as daughters became enmeshed with their mother’s suffering. Sandra commented:

*I felt a love-hate relationship with her. On the one hand I loved her so completely because she had taught me to put her first, so really her life and my life were fused. On the other hand, there was a rejection of that and a feeling of being violated and my boundaries being totally overrun. I was totally stuck between doing what she wanted me to do and honouring myself, and invariably it was what she wanted.*

The lack of boundaries together with many survivors’ inability to take on the mantle of motherhood following their harrowing experiences frequently cast second generation daughters in the role of *pseudo parents*. They not only looked after and protected their mothers but often assumed the care of their younger siblings. Anna, like many other women in the study, became her mother’s “biggest confidante” and privy to what she described as highly intimate and inappropriate conversations. She saw her role as one of compensating for family that had perished by protecting, emotionally supporting and educating her mother, and accommodating her needs for
immediate gratification. Such reversal of roles stripped daughters of their childhood and imposed adult demands, deprivations and responsibilities. Diane commented:

*Even as a child I was expected to do her bidding, even though she was not available to be interested in me. I had to be available to carry out her orders, to do what she wanted me to do. Otherwise she would become so upset and would say to me ‘what are you trying to do to me? Isn’t it enough what I’ve already been through and now I have to have this, a daughter who doesn’t care about her mother’... If I didn’t do what she wanted me to do then it somehow invalidated her survival.*

Frances similarly acknowledged that she did not have an independent life:

*Her needs were more important than my own. I was there to make up for what she lost rather than having my own life. There was actually no understanding from her that I was a person in my own right and that I had my own needs. My whole existence was about how I could make her life feel easier. We were there to make her happy and when we didn’t, life was too hard.*

Many respondents reported feeling responsible for their mothers’ survival. They believed that if they did not look after their mother or if they did anything to upset her, they might kill her or she might die through inability to cope. As Roz explained, “You didn’t think to challenge her because she might die if you did.” Daughters subsequently adopted a protective role, safeguarding their mother from potential pain and worry by coming home on time, not taking risks, complying with their wishes and not making decisions that would cause conflict.

**6.6.7.3 Intimidation and Control**

Mothers frequently used language and behaviours to intimidate their daughters into meeting their demands. Comments such as “after everything I’ve been through, losing my parents, going through the war and being part of unspeakable horrors” forced second generation daughters into colluding with their mother’s pain, while inhibiting the expression of their own needs. Diane recalled that even after she was married her mother would insist, “I’m your mother – you need to look after
me…..you can have ten husbands but only one mother and your mother should be more important than anybody or anything.”

Some mothers lauded their status as survivors over their daughters, often belittling them and invalidating their emotional experiences. Over half the women in the study referred to their mother’s reiteration of phrases such as “you would never have survived”, “you don’t understand”, and “you haven’t got what it takes to survive in the way that I survived”. Mothers conveyed the impression that they had the “licence” on suffering and their daughters were not entitled to painful emotions of their own. As Debbie remarked, “They were of the opinion that they had suffered, that we never understood suffering and that they had suffered not only for us but for all future generations.” Their monopoly on suffering frequently manifested in a fierce need to shield their daughters from experiencing any form of pain. Sharon commented:

> I remember when I was giving birth to my daughter that she [mother] said to me “if I could lie down in this bed and have this baby for you, I'd do it.” She knew what pain was and she didn't want her children to suffer, but it's not like that, pain is part of being human.

Mothers were perceived not only as controlling, but as highly intrusive. Respondents spoke of their mother “ barging into their room”, opening their mail or going through their cupboards. Sandra recalls that even when she was on honeymoon her mother came to the hotel “to see how things were”. Mothers interrogated daughters about their friends, their activities, and their daily routine. Many respondents believed their mother wanted to have exclusive rights to them and viewed their friends as competitors. To this end, they would ask endless questions about friends designed to undermine them and to assert their own dominant position in their daughter’s life.
Excessive control, over-involvement and infantilizing of daughters featured in almost all relationships regardless of whether mothers were emotionally detached or overly-available, and in spite of their neediness and dependence. Many respondents remarked on the persistence of a relationship in their current adult lives in which they continue to be treated as children who are reprimanded and given unsolicited advice on all aspects of their life, including how to bring up their children and how to dress in the cold weather.

6.6.7.4 Resolution of Problems

Most respondents insisted that they never discussed their problems with their parents and usually solved them by themselves. They considered that their mothers did not really understand them or care to engage with their issues as they were too immersed in their own physical and emotional concerns. Furthermore, they did not want to burden their mothers with their problems. Vera explained how she dealt with the asthma she suffered as a child:

*I wasn’t allowed to fall to pieces…… rather than cough and complain because my parents were so worried about me, I used to actually sleep with a pillow over my head so I wouldn't disturb them. At a time when I really needed them, I just didn’t want to alarm them because they had so much on their plate already. They didn't need me to worry about.*

As well as feeling unable to confide in their mothers, respondents also feared having their problems trivialized with remarks such as “You don’t really know what problems are” and “You don’t know what it’s like to not know where your next meal is coming from”. Tammy described the situation as follows:

*She [mother] never asked me “how I feel” or “what I feel.” If I talked to her I was afraid she would look down on me, hold me in contempt for feeling what I was feeling. You had to be strong, you couldn’t be weak. So I didn’t confide in anyone. They [parents] were totally obsessed with their physical existence and I was preoccupied with a different side of life. They wouldn’t have time and patience to delve into that world of mine and it would just be an added burden*
Mothers not only lacked empathy for their daughters’ problems but were unable to share a reciprocal emotional relationship. Respondents recollected their thwarted efforts to indulge their mother by buying her gifts or spending time together partaking in frivolous activities. Jenny remembered excitedly buying her mother flowers only to be chastened for wasting her money. Daughters interpreted these responses as their mother’s way of transferring her own pain and bitterness to them.

**6.6.7.5 Parental Expectations**

Consistent with findings in the literature, the majority of respondents referred to enormous parental expectations to achieve academically, career-wise and socially. As Jenny remarked, “I'm sure as Holocaust survivors they expected more from their children than other parents.” Second generation daughters understood that their parents’ aspirations for them were a consequence of their own truncated ambitions as well as the notion that education “can never be taken away from you”, even in a time of war. Daughters generally succumbed to their parents’ wishes by learning piano, studying to win their approval and choosing careers distinguished by status. When Vera expressed her desire to do typing, her mother replied “All the dumb children do short hand and typing; you’re going to do an academic course”.

Mothers made clear their expectation that their daughters get married in order to give them “the happiness in life of which they had been deprived”. It was assumed and unquestioned for all but one of the women interviewed that they marry a Jewish partner. This was not only through fear of not fulfilling their parents’ expectations, but out of a sense of duty to honour their legacy. Adele described the fear and guilt:
I would have never not married a Jew. Never. First of all I would have been scared that my mother would kill me. Lightening would strike. I would get cancer. I would never marry out. It definitely feeds into the Holocaust as well.

6.6.8 Summary of Indirect Transmission Processes

Findings indicate that survivor mothers’ Holocaust trauma impacted negatively on the parenting of their daughters. There was widespread evidence that trauma was indirectly transmitted to second generation women through their mothers’ verbal and non-verbal communication with its overt and covert messages of survivorship and loss, through the sombre and often volatile mood within their homes which reinforced understanding of their parents’ painful and tragic past, and above all, through the mothers’ complex and demanding relationships with their daughters. In addition to general difficulties in rearing their children due to their past suffering, consistent with the notion of indirect general transmission (Felsen, 1998; Kellerman, 2001c; Schwartz, Dohrenwend, & Levav, 1994), the dyadic relationship was characterized by a lack of boundaries and difficulty forming healthy emotional attachments. While mothers were enmeshed and over-protective of their daughters, they were often oblivious to their emotional needs. In a reversal of roles, daughters frequently assumed the task of protecting their mother, shouldering her burdens and accommodating her needs, often at their own expense. Respondents universally claimed that the parenting they received in response to their mother’s Holocaust experiences had the most direct and profound impact on their development.

6.6.9 Transmission Outcomes

This section addresses aims 3 and 4: To investigate how the on-going effects of the Holocaust are experienced by the second generation, and to explore how the parenting they received influenced the way they parented their own children.
Without exception, Holocaust trauma emerged as an on-going and palpable presence in the lives of all second generation respondents and sharply defined their self-perceptions. From their earliest recollections to the present there was evidence of a range of negative effects associated with their Holocaust background that manifested in their emotional and psychological well-being, their identity, their worldview, and the parenting of their own children. These effects are ascribed to direct and indirect transmission of their family trauma. The frequency of such comments as: “I was imbued with it”, “It rubbed off onto me”, “It totally screwed me up” and “I’m irreparably damaged” summarize the all-pervading effects of the transmitted trauma.

The following section presents the findings for on-going effects of the Holocaust in the second generation. Responses are reported under thematic headings that reflect the central ideas in the interviews. Themes that are conceptually related have been grouped together under five main over-arching themes – fear, burden of the past, despair, diminished sense of self and Holocaust identity. Where sub-themes overlap within the broader classifications they are incorporated within the grouping where they are best represented. The final section examines the reflections of the second generation with emphasis on their own parenting and the Holocaust-induced messages transmitted to their children.

6.6.10 Fear

Fear presented as a central theme in the on-going traumatization of the second generation. From generalized anxiety and worry to specific fears identified in their early childhood, fear continued to permeate their existence, frequently manifesting in obsessive behaviours. Among the fears identified by respondents were: fear of loss and abandonment, fear of further persecution, fear of German and Polish perpetrators
and aspects of their cultures, and fear of the outside world and others’ motives.

However, findings revealed that respondents were not unduly preoccupied by their health or thoughts of their own death now as adults, although most had been concerned with thoughts of dying as they were growing up.

6.6.10.1 Generalized Anxiety

All respondents were conscious of anxiety which had been instilled in them in childhood but persisted into the present day, intruding negatively and relentlessly in their lives. This was particularly apparent when in unfamiliar situations and trying new things, when they were alone, and when making decisions. Many women suffered regular panic attacks and experienced extreme and irrational anxiety at the slightest mishap. Respondents perceived their anxiety as far more intense than that of their peers from non-Holocaust backgrounds and believed it was borne out of their enmeshed relationship with their mother. Helen explained:

I think I’ve imbued a lot of the damage, particularly the anxiety because as a child you are at one with your mother. She is everything. I was absolutely enmeshed with my mother. Her anxiety became my anxiety and I was always aware of it and trying to corral it and manage it. I was always scared that she would become scared and terrified...they are things that I not only lived with as a child but I continue to live with now.

Many respondents maintained that their anxiety was crippling and inhibited their ability to enjoy life. Eva, who at the time of the interview was approaching 60, remarked that she had been anxious for the duration of her life, apart from the two years when she was first married before she had children: “It was the best time of my whole life.” Her current life is marked by continual worry over her children and preoccupation with what may happen in the future. Tammy claimed that she was similarly unable to enjoy the present for fear of what may go wrong. “I don’t live in the here and now. I live in the future and in the past.” She described herself as “like
Hamlet” – self-doubting, insecure and paralysed in her ability to make decisions and choices for fear of negative consequences: “To do or not to do, to go or not to go……”

In contrast, for Adele and Julie, anxiety about the future produced an urgent and obsessive need to “do everything now” and live intensely for the day as “you never know what may happen”. Their fear of wasting time and inability to contain their anxiety resulted in frantic behaviours in which they constantly rushed around from one activity to the next. Julie remarked:

*In my present life I always feel conflict between whether I should stay now and have coffee or I should rush and get something else done. I never feel that I can just let time go without feeling that I have to meet deadlines.*

6.6.10.2 Fear of Loss

Respondents’ greatest fears involved loss, in particular the prospect of something terrible happening to their children, their mother or themselves. They believed this fear emanated directly from knowledge of the massive losses during the Holocaust, and more specifically, the projection of their parents’ losses onto them. All believed that they had absorbed their mother’s losses when they were young children. Diane claimed that it was even earlier:

*I think I imbibed her fear of loss ‘in utero’ and that has been an ongoing issue for me until very recently. I was very frightened for a lot of years and the overwhelming fear was that I or someone close to me was going to die, but now I realize that these fears were not mine but her fears and I need to let it go. She found out where and how her parents had died when she was pregnant with me. They had been killed in Treblinka…. I think I took on this fear of being hurt…. the fear is all-pervasive.*

For most of her life Anna’s greatest fear was that if her mother died she would have no-one else to rely on. Sharon feared that by predeceasing her mother, she would inflict additional pain on someone who had already suffered so much. The thought of her mother having to endure another burden, the loss of a child, was so terrible as to
be unthinkable. Eva’s accentuated response to hearing about the death of a child resonated with losses experienced by Holocaust survivors:

I can't cope with things happening to children. I can remember meeting someone in the street who told me about a fatal incident involving a child and I just burst into tears and she said to me “Eva, this isn’t your child.” And I said “this is everyone’s child.” I was inconsolable. And it wasn't that I was thinking “There for the grace of God go I.” It was the parent’s loss. Even though I didn't know him I was feeling for the parents in the same way that I felt for parents who lost children in the Holocaust.

6.6.10.3 Fear of Persecution

The data revealed that many respondents felt personally threatened as Jews and fearful of further persecution based on their parents’ experiences, global anti-Semitism and their own experiences of discrimination. Diane’s childhood fears about standing out or being targeted as a Jew reflect the impact of her mother’s experiences:

I used to walk down the street and I would feel terrible fear that I would be pointed out. That someone would comment on something about me and I would somehow be attacked. Even in the playground I felt fear. The message was that you had to be hyper-vigilant at all times because you are not going to be accepted and I feel that that was a direct result of my mother’s Holocaust experiences.

Fear of further persecution was closely connected to their concern for the future of Israel. Although most respondents did not interpret the current political situation in Israel as ‘another Holocaust about to happen’, they perceived Israel as vital and a safe haven for Jews in the face of growing anti-Semitism and potential persecution.

6.6.10.4 Attitudes to Perpetrators

Respondents’ reactions to Germans and their culture revealed both fear and a need to honour their parents’ sentiments. Common associations were “enemy”, “something to beware of”, “danger” and “cold and meticulous”. Many women admitted to believing for many years that Germans were synonymous with Nazis. For
many, imagery associated with Germans included groups of Jews being rounded up on the streets and deported, trains, stations and cobblestones. For Denise cobblestones represented, “Nazis marching and babies being bashed against walls.”

For some, the heavy conditioning of their childhoods had dissipated with the passing of time or the acknowledgement that the Germans had made their peace and apologized. However, others described on-going problems with the German language, German people and an aversion to German products. As a school-girl, Lola was not allowed to study German or use pencils made in Germany and so continues to avoid purchasing German goods in order to “honour what they felt was wrong”. Denise described her discomfort with the German language:

> Getting on Lufthansa and hearing them speak German absolutely unnerves me. It's a very strong language and when you get instructions they are always delivered with a tone. I hate that. Hearing Germans speaking, particularly the beer-drinking Germans, really bothers me.

Persistent negative feelings towards Germans were often reinforced by personal experiences. Ruth described her annual visits with her mother to the German consulate in order to receive restitution under the German government’s Wiedergutmachung program for victims of Nazi persecution:

> I used to think that the whole idea of Jews lining up in front of Germans to have their form stamped to show that they were still alive so they could receive restitution was reminiscent for me of what they must have gone through in the Concentration camps…. the official at the desk spoke very harshly and said "you will sit over there" and I felt exceedingly uncomfortable.

As well as wariness of Germans, many women admitted to feeling suspicious and contemptuous of Poles. This was largely inspired by stories about betrayal and the internalization of their mother’s on-going “pathological hatred” for Poles. Lola claimed to reiterate her mother’s sentiments: “It doesn’t matter what they [Poles] do, I
will never forgive them.” The contempt for Poles was emphasized in families where Yiddish was the spoken language in the home but Polish was used for cursing.

6.6.10.5 Fear of the Outside World

The threat of external danger was manifest in a preoccupation with personal safety, distrust, and obsessive behaviours. All respondents expressed concerns about being attacked, harmed or raped and were fearful of intruders and other things that were seemingly dangerous such as young boys in packs on the street. Many were also fearful of engaging in any physical activity in which they could be injured. This not only included high-risk sports, but flying in commercial planes and common everyday pursuits such as riding a bike and swimming. As seen by Anne’s remarks, such fears were in most cases rooted in childhood:

_I never learnt how to ride a bike. I didn’t want to. I don’t swim well unto this day. I don’t like it. I never put my head in the water. I won’t dive. I was scared that something would happen to me. I won’t do anything dangerous. I would never go skiing for fear that I would injure myself. I’m scared of my own shadow. I’m sure that came from mum. I can’t remember being involved in sport at school._

Respondents attributed their fear of such “unsafe” activities to being over-protected as children, their mothers’ warnings of impending danger and observing her fearful behaviours. Julie remarked “My father bought me a bike and she [mother] sent it back.” Indeed, many second generation women commented that they were still unable to ride a bike. Although several women had defied their mother as children and had taught themselves clandestinely to ride and swim and tried “new things”, not all had maintained this confidence as adults. Anna, who as a teenager “climbed the tallest trees and dived from the highest diving boards”, claimed that now that she was older she was overwhelmed with fear and that her mother’s ominous messages had “come back.” Several respondents lamented the missed opportunities and ongoing
“fear to experiment”, which had resulted from their mother’s relentless messages alerting them to potential harm.

Similarly, maternal directives to “not trust anyone” produced pervasive suspicion of people’s motives, including those of their friends. As Sandra remarked, “I never told any one person everything.” Distrust was highlighted in situations where they felt the potential to be identified as Jews. Many women admitted to being reluctant to provide personal information that revealed that they were Jewish, such as stating their religion on hospital and census forms. Many expressed relief that passports did not state religion and that their documented place of birth was Australia. Denise described how she refused to have a weekly Jewish newspaper delivered due to “a paranoia” that if times were bad, there would be nothing stopping the delivery man from making a note saying, “Oh that woman, she used to get the Jewish News.”

Obsessive behaviours informed by fear and distrust were widespread. These included constant checking that all doors and windows were locked, that the gas was turned off, that they were not being followed, and to a lesser degree, hoarding food and personal effects. Respondents considered that these behaviours were extreme and without rational basis. Many expressed frustration at the way their mother’s conduct had articulated into their own behaviour despite their concerted attempts to eliminate it. Roz’ description of her nightly routine, checking the house and ensuring that the dog had water, encapsulated this attitude:

Even if I’m exceptionally tired I’ll do it and then I’ll have to check it again because I’m not convinced that everything was in fact locked. I’ve always done it. My sister does it also. I have to check that the dials on the oven are straight, that the fridge is shut. It’s insane. I even feel uncomfortable that when the children come home at night they won’t shut the front door properly.... it’s quite annoying but I can't stop it. I always worry when I go to bed that the dog doesn't have water. I'll even swish my finger around in the water bowl to check the water even though I know that there is water there. I just probably filled it up half an hour ago, and I won’t just do it once. I'll do it
maybe two or three times until the water splashes in my face. It’s just madness. It’s about having control over things. It is an obsessive compulsive behaviour that I just can’t stop.

Some women were also excessively concerned with cleanliness and personal hygiene which they believed derived from their mother’s messages associating dirt with illness and “the camps”. Lynette described a manic routine of cleaning the house and fastening a rag to her shirt with a safety pin in case she should “see a spot” while Ruth spoke of her loathing of dirt and preoccupation with scrubbing the sink. Both women recognized their mother’s obsession with cleanliness in their own behaviour. Diane described never feeling clean under showers and taking two baths a day ever since she could remember.

6.6.10.6 Attitudes to Health and Death

Death was a consistent theme for all second generation respondents as they were growing up and usually associated with persecution and lost relatives rather than a naturally occurring phenomenon. Notwithstanding this, respondents did not reveal abnormal concern or preoccupation with their own mortality. However, they expressed great fear at the thought of their mother’s death. Many women believed it would be like their mother was “dying for a second time”. Watching her mother die prematurely at 58, Eva explained, “Here she was facing death yet again and it seemed so unfair and so premature.”

Similarly, attitudes towards their own health did not generally reveal disproportionate amounts of panic apart from a small group of women like Anna who admitted to fearing “that I have cancer and that I’m dying” at the first signs of illness. Although not overly concerned with their own health, respondents displayed excessive amounts of fear about their children’s health, frequently imagining the worst and envisaging their loss.
6.6.11 Burden of the Past

All respondents maintained that the most pronounced effect of the Holocaust was the burden imposed by their family’s tragic past. At best this burden presented as a heaviness which lingered in the background, and at worst, an intrusive force that totally governed their thoughts and behaviours. As Eva said, “The legacy of the Holocaust is feeling that it's always there. It's like the air that I breathe.” Typical feelings were “being deprived of a childhood”, “always carrying a load”, “never being able to fully relax”, and the inability to be frivolous and laugh freely. Anna claimed to “feel suffering” all the time and drawn to others “who can connect to the heavy”. Debbie described her continuing struggle to embrace life fully in the shadow of the Holocaust.

Part of the legacy of the Holocaust is that I've missed out on being light and easy...I think I am frozen but the opposite of that is free-floating. I try to rediscover that all the time and I can't do it. I think my fear of unknown places and travel all stems from that. I can't be light-hearted about anything, even though I want to be. Without a doubt it's linked to the Holocaust. That's the only thing that I can be really certain about. I think the fact that I grew up in the way that I did absolutely paralyzed my life. I can't enjoy the moment.

The burden defined their relationships with their mothers and manifested in Holocaust identification, their choice of profession, feelings of guilt and specific food-related behaviours. While some respondents strove to escape the legacy, others were inspired to educate others about the Holocaust and its repercussions. All women struggled to reconcile the Holocaust burden into their current lives.

6.6.11.1 The Burden of the Mother-daughter Relationship

As noted previously in the explanation of transmission of trauma through survivors’ difficulties in parenting their daughters (see s. 6.6.7), almost all respondents experienced great difficulty separating from their mothers and felt burdened by her needs and demands. All but three respondents claimed that on the
whole their mother did not recognize them as distinct and separate individuals from herself. Many, like Anna, claimed that even now in their fifties, they had still not really separated from their mother and would find it difficult to cope with her death. Despite moving interstate in the belief that physical separation would encourage psychological separation, Diane reported the persistence of “the same sort of fused relationship”. Five respondents who had sought refuge in early marriages had likewise not attained a sense of autonomy and independence. These findings align with those in the clinical and empirical research regarding separation difficulties (see Felsen, 1998; Solomon, 1998).

The reversal of mother-daughter roles (see s. 6.6.7.2) manifested in a powerful obligation not only to please their mother by acceding to her demands but to protect her from further burden and compensate her for her suffering. In addition, they took responsibility for their own issues rather than looking to their mother for support. As Frances says “I would have liked just to be a child but I always made an allowance for my parents because they were Holocaust survivors.” Several women attributed their self-reliance and “robustness” to feeling they had no-one to fall back on. Eva remarked:

I can remember being in charge of myself even as a seven or eight-year-old because I didn't feel that my parents were capable of it. So I took that on, but I think that's a huge burden. I should have been able to just totally let go and know that when you're going to fall your parents will be there, whereas I didn't ever want to let go.

For the sixteen women whose mothers were still alive, the obligation to honour, protect and satisfy their mother had not diminished and continued to produce profound resentment. Respondents described still “stepping on egg-shells”, “needing to have compassion” and feeling that “I owe her”. Diane spoke of her mother’s “pernicious hold” over her to this day and the on-going expectation that she put her
mother not only before herself but before her own children. Anna reported still insulating her mother from any disturbing news: “When I had the melanoma I didn't want to tell her. I was more scared how she would react than I was for myself.” Roz blamed the Holocaust directly for her predicament:

Sometimes I find myself driving around saying, “Thank you Hitler, it’s not just my parents you made suffer but you made me suffer too.” I feel we’ve paid for the Holocaust in a big way even though we didn't go through it.

A very small number of respondents had been able to resolve negative feelings towards their mother and move forwards with their own lives. After twenty years of addressing the issue through psychotherapy, Diane conceded that even though there was less guilt and stronger boundaries, she knew that no matter what she did “it would never be enough”. For most, the resentment intensified with their struggle to accommodate the ongoing and competing needs of their mother and their own families. Frances commented:

I can't go a day without speaking to her, doing something with her, doing something for her. It's not normal. I'm a woman in her 50s with children, with a life, with a career, and with community involvements, but a big chunk of my life revolves around my mother.

For many women, the practice of making concessions for their mother and the blurred boundaries between them translated into difficulty setting boundaries with their own children, bosses at work, friends and authority figures. While Anna expressed contempt for authority figures, describing them as “pumped up and inadequate”, Ruth had taken on the attitudes of her parents and felt intimidated by them.

6.6.11.2 The Burden of Identification

Respondents’ identification with their mother’s trauma (presented as s. 6.6.2.2) indicated that the second generation experienced what may be best described
as a *survivor consciousness*. In addition to nightmares in which they saw themselves as victims of the Holocaust and conscious feelings of personal threat, many respondents grappled with the notion that “it could have been them” and questioned whether they also would have survived the odds. Lola described living “actively and consciously in the shadow of gratitude”, of having been given a life and opportunities which were denied her parents. Eva often reflected on the circumstances of her parents marrying and how if not for the Holocaust she wouldn’t have been born:

> *My parents met after the war ended in a displaced persons camp. I thought that my father should be here with his first wife and that my mother had had a boyfriend who she would have married if not for the war.*

Denise, like many women, contemplated whether she would have survived her parents’ ordeal in the concentration camps. At each milestone in her life she mentally transported herself to the situation of survivors at the same age.

> *I’d think I’m 19 and I didn't go to the camps. I’m 40 I’d be in the gas chambers. I’m 50 and if I had escaped the gas chambers, now I would have to start life again and start to speak a new language. Would I manage like other grandparents?*

She expressed relief at having passed the age of her mother when she was in a concentration camp and having reached middle-age “without going through the Holocaust”. These feelings were tempered however with fear that the situation may be temporary and another Holocaust could occur.

Imagery associated with the Holocaust was also used by respondents as a frame of reference for coping with life’s difficulties and challenges. When pushed to do something which she felt was beyond her, Lola transposed herself into the position of an inmate of Auschwitz, telling herself that if she was in a roll-call and needing to stand for five hours she would have to withstand it: “So I tell myself to just hang on.”
Travelling through Germany and Poland also proved particularly challenging with many women imagining that they were in a time of the war and were personally at risk on account of their Jewish identity. Julie recalled one such experience:

*I remember going across the border from Italy into Germany and I saw this guard come up and he was in jackboots and I felt sick. I had goose-bumps and I went white. I was really freaked out. He came to the window of our car and he said “Jawohl” and to my mind it was like “Holocaust, Holocaust, bang, bang, bang.” I knew that if I opened my mouth and spoke to him because I speak Yiddish and therefore could have communicated with him, that I would give myself away as being Jewish and that was a really scary feeling.*

### 6.6.11.2.1 Nightmares

Most respondents reported a history of vivid and disturbing nightmares about the Holocaust which had begun in childhood. Although they had ceased for some women when they had their own families, for others they continued to the present. Nightmares were often recurring and generally appeared at random rather than in response to a film or discussion about the Holocaust. Typically, they contained images of flames and Nazis in jackboots and involved themes of persecution, hiding, being pursued by Germans, and walking into the showers or gas chambers believing that “this is the end”. There was a high degree of personal identification with respondents regularly featuring in their nightmares as an onlooker or as the subject of some kind of horrendous activity. In her adolescent dreams, Debbie could clearly see herself with her mother as Nazis invaded her school gym and singled out Jewish children. Diane’s horrific nightmares lasted for many years:

*When I was younger I had a lot of Holocaust-related dreams and nightmares. A lot of my dreams were quite violent and I would often wake from my sleep in fear. I could see images of the pits and burning particularly. Not so much the ovens but burning bodies in the trenches, burning flames around the camps. I wasn’t one of the bodies but I was watching. I had those dreams well into my adulthood. I would say that I had recurring dreams of bodies and fat burning in the trenches for many years.*

### 6.6.11.2.2 Helping others

Strong identification with their parents’ pain and suffering resulted in many women choosing a profession which involved helping
others such as social work, medicine, teaching or psychology. Many were also involved in charity or communal work. These findings were consistent with those of Wardi (1992) who maintained that children of survivors’ greater sensitivity towards individuals and society in general were frequently reflected in their career choices. Anna explained her need to “make others feel good” as part of her identity, which was shaped by her family trauma and which provided her ultimate raison d’être.

I have difficulty asking people for things and I always want to do things for other people. My role in life and my work is all about feeding other people and making other people feel good. I am the giver. If I give, then I can exist. If I asked for something, then I really feel bad. My role in life was to make my parents feel good and then that became generalized to make everyone else around me feel good.

6.6.11.3 Guilt

Guilt was a powerful and pervasive emotion for all respondents emanating from fear of hurting their parents. Respondents felt guilty for causing their parents anxiety, for not eating, for failing to live up to their expectations, for being unable to relieve their suffering, and for being alive in place of others who had not survived. They further felt guilty for experiencing legitimate emotions of anger and hatred towards their parents and for having desires of their own. Such feelings were thus suppressed and respondents chastised themselves for feeling this way.

Roz recounted that whenever she challenged her mother’s authority, her mother would lapse into such a state of depression and anxiety that she would be bedridden and Roz would feel directly responsible. Although her parents are no longer alive, Marilyn claimed to feel the “guilt baggage” all the time. She regarded her work at the Holocaust centre as a way of exorcising her pain and achieving a positive outcome from something that was very negative. Adele remarked on the persistence of feelings of guilt stimulated by her mother:
Even today she says “just do it for me”, “I’m your mother, how many mothers do you have?”, “How many times do I ever ask you anything? There’s always that guilt….till this day. “Do it for me, I never ask you anything.” You have to do things and say things to make her happy.

6.6.11.4 Attitudes to Food

Respondents’ behaviours in regard to food were strongly informed by their mothers’ stories and experiences of starvation. Although they were less obsessive about wasting food than their mothers, the large majority of second generation women rarely left food on their plates, even if they were not hungry, and conceded difficulty in throwing away excess food unless it was rotting in the fridge. Throwing away bread resonated particularly strongly as “an absolute sin” as this constituted a day’s portion for a camp inmate and evoked thoughts of their parents’ suffering. Although respondents placed a high priority on their children eating in order to be well-nourished, they believed they did not succumb to the compulsive and pathological food-related patterns of their childhoods in regard to force-feeding their children, economizing on food and recycling it rather than throwing it out.

At the same time, several women reported using eating as a means of compensating for their miserable childhood and a mother who was emotionally unavailable. Frances described how she ate to “fill the hole” created by a mother who was too absorbed in her own grief and suffering to offer her daughter any nurturing or attention. As a consequence of such eating behaviours as children, many second generation women continued to have issues with their weight into adulthood.

6.6.11.5 Detaching from the Burden

As children, a number of respondents attempted to deal with their burden by escaping into the world of the arts and school. Vera drowned herself in music as a way of “consoling my soul”. For Anna, school served as a refuge from the
“depression, unhappiness, fear and conflict” of her home by allowing her to form an identity around being popular, smart and good at sport. As adults, many respondents tried to offset the burden by immersing themselves in work, leading overly busy lives, and through distractions such as shopping. Just under half of the women had attended psychotherapy in an attempt to gain control of their lives and reconcile the effect of their family trauma.

A high proportion of respondents asserted that their choice of marriage partner was informed by a conscious decision to escape their Holocaust roots. Nearly half the women interviewed had married men from Australian Jewish backgrounds, while one had married an American Jew and one a Brazilian Jew, neither of whom were from Holocaust backgrounds. They perceived these men as more stable, more “normal” and with “fewer neuroses”. Furthermore, these men generally had large extended families that they saw as compensating for their own small families. Very few second generation women had deliberately sought to marry someone from a Holocaust background in spite of their common connections.

Significantly, eight of the twenty women in the group had sought to “escape” the unhappiness of their home-lives by either marrying at the first opportunity or by moving interstate or overseas. Of the four who had used marriage as a means of escape, all had since divorced and were now remarried. It is noteworthy that not one respondent thought that the Holocaust had an impact on their ability to form a sustaining relationship with a man. This is surprising in view of the way they were parented and because many had parents who had married out of convenience and were perceived as unhappily married.
6.6.11.6 Understanding the Burden

Respondents adopted various means of confronting and integrating the burden. Some women felt motivated to increase their understanding of the Holocaust through reading, discussion and scholarly research. Others claimed to have “had enough”, having vicariously lived through their parents’ experiences. They were keen to “move on” rather than continuing to saturate themselves in further detail. However, many who wished and tried to discard the burden found they were unable.

Seven respondents had journeyed back to their mother’s or father’s homeland in an effort to piece together aspects of their family history. They had visited the death camps in Poland and Germany, not only to increase their understanding of their parent’s trauma but to explore tensions within themselves. Two respondents had participated in ‘March of the Living’, a Holocaust-oriented mission to Poland and Israel. Seven women were involved in documenting their family history. Amongst those whose mothers were no longer alive there was a common theme of regret at not having listened more attentively to her stories. Marilyn described her inability to embrace her family history while her parents were alive. “I wasn’t able to touch it until they died…I had to distance myself from it.” She spoke of her work at the Holocaust museum as an opportunity to listen to survivors’ in a way that she could not with her own parents.

Many women believed the trauma resulting from the victimization of their parents could never be resolved. They claimed to never have a day go by where they did not think about the Holocaust. Anna believed that the emotional pain had increased with age and that “nothing is reconciled”. Debbie, the daughter of an author whose books were about the Holocaust, believed the impact of her family’s
experience was too deeply ingrained to allow her to move on: “I'm still paralyzed. …..I would love to be able to extricate myself from it but I can’t.”

Anna’s way of addressing her family trauma was to understand the perspective of other subgroups affected by the war. She belonged to a group that encouraged dialogue between non-Jewish Poles, whose parents were thought to have been conspirators, and children of Holocaust survivors. Only at 52, after travelling to Birkenau-Auschwitz, was Katie ready to try and integrate the “enormity of the burden and how much life had been lost.” In her words, “Auschwitz is our cemetery.”

6.6.11.7 Duty to Inform and Perpetuate Judaism

As the first generation after the Holocaust, respondents considered they had a personal duty to inform future generations about the Holocaust and its implications. Many fulfilled this commitment through community involvement, fund-raising for Jewish organizations, teaching and giving public addresses. Marilyn believed in the importance of providing facts on the Holocaust rather than being limited to the “emotional baggage”. Debbie, a religion teacher, remarked: “It [profession] was motivated by knowing what had happened to my family and being in a space of not wanting that to happen again.”

Moreover, second generation women felt an over-riding responsibility to continue to practise the Jewish faith and to provide their children with an awareness of their heritage. All respondents had sent their children to Jewish schools for part of their education in the belief that this would ensure the perpetuation of their religion. Tammy spoke of her enduring sense of obligation to the Jewish people to “continue the line that was almost broken.” This sentiment was endorsed by many other women who spoke of the imperative to “not let go of it”.
6.6.12 Despair

Since their first awareness of their family trauma, the world of the second generation was marked by a profound sadness, an emotional and physical void, a sense of hopelessness and deep existential despair. The passing of time and the creation of their own families has allowed some redress, yet, for many respondents, the emotional chasm of their youth together with residual feelings of bitterness and deprivation remain. Despair was most commonly expressed in a lack of emotional containment juxtaposed with excessive need for control, and feelings of vulnerability, disillusionment and depression.

6.6.12.1 The Void

Apart from being a means by which second generation women became aware of their family trauma (see s. 6.6.2.3), the void was an outcome of this trauma. Respondents attributed their feelings of deprivation and despair to the lack of a family history, the failure to ever know grandparents and an enormous sense of loss at “what could have been”. They described persistent feelings of “emptiness”, a “big blank” and of having “missed out” both emotionally and in a tangible way. Helen recounted the pain and sense of loss which ensued after being asked by a doctor about her family’s medical history and realizing that she did not have one. As noted previously (s. 6.6.2.3; s. 6.6.2.8), the “big black holes” were frequently enhanced by the failure of parents to talk about their past and the absence of photos or information about lost relatives. Several women spoke of “the preciousness” later in their lives of discovering relatives overseas who had “my father’s eyes” or some other significant physical feature.

A desire to ensure family continuity and ‘replace’ family members lost in the Holocaust prompted several women’s decision to have large families. Julie elected to
have four children to compensate for the loss of “so many” and a desire to “repopulate”. Edith spoke of wanting to “make reparations” by ensuring that her own children continue the family line: “I’ve told them that I want to have four grandchildren from them each. I don’t care how they get them. I’ve told them that they have to replace themselves and have two more.”

6.6.12.2 Emotional Control

Findings showed significant difficulties with regard to emotional control with some respondents feeling unable to contain their emotions while others were consumed with being totally in control. As a child who was unable to contain her pain, Diane used to “throw glasses and yell and scream.” Although she now has greater control, she still tends towards explosive emotional outbursts when “reduced to my old state by my mother.” Other respondents accounted for their excessive need for control in order to “stop things going awry.” Frances believed her rigid internal control of her emotions reflected the on-going behaviour she learnt as a child so as not to upset her mother. “I think that’s the psychological thing of the child still being locked up in my body who is too frightened to scream out or to yell. I keep it all inside.”

Eva believed her controlled approach to life was a conscious reaction to her parents’ passivity and lack of autonomy during the Holocaust:

*I don’t like to be on shaky ground and not know what’s going to happen. I like to be in control. I think that has to do with the Holocaust and it was probably the control that I tried to get for myself when I was a child. I felt that my parents had no control over themselves during the war and I don’t like someone else to be in charge of me.*

6.6.12.3 Vulnerability

Respondents revealed strong feelings of vulnerability and described a need to detach from the world in order to be less affected by it. Such feelings were largely
attributed to their unhappy home-lives, a lack of emotional security and their 
mother’s lack of involvement with their lives. Adele claimed that her mother was 
“never there for me” while Anna believed that she suffered from the total absence of 
boundaries as well as the absence of a mother on whom she could depend: “I don't 
think I ever got the underpinnings.”

6.6.12.4 Disillusionment

Unrealistic messages about the future resulted in many women feeling 
disillusioned, betrayed and ill-equipped to deal with the every day world. They 
believed that their mothers had portrayed life in an impossible light telling them that 
they would always be happy and that life would be perfect. This had invariably led to 
improbable expectations and disappointment. Katie spoke of the fantasy world 
projected onto her by her parents, where she was told that she was part of a “lucky 
generation” in which nothing bad would ever happen. Like a number of other women, 
she subsequently experienced difficulties in coping with life’s challenges.

6.6.12.5 Depression

Most second generation women experienced depression which persisted 
throughout their lives and which they associated with their backgrounds. Debbie 
described an evolution of depression since early childhood where she felt “crummy all 
the time.” Like many respondents, she believed her feelings stemmed from her 
parents’ “extreme” reactions to everything, an overwhelming sense of loss, the 
absence of warmth and feeling carefree, the pain of not having her feelings 
acknowledged, and knowing that she could never totally “measure up.” She believed 
these emotional factors not only underlined her depression but contributed to frequent 
ilness in her adolescence and current problems with an irritable bowel.
6.6.13 Diminished Sense of Self

Findings showed that most respondents experienced a negative sense of self. This was evident in feelings of low self-worth, low self-esteem and a sense of being invalidated by their mothers.

6.6.13.1 Self-worth

Lack of self-worth manifested in respondents’ tendency to feel like a failure and that they were never good enough no matter what they did. This self-perception was frequently reinforced by parents telling them that they were not worthy. Their lack of self-worth would appear to be partly explained by the lack of praise from their parents, in spite of achieving success in their own right, as well as through feeling unable to compensate their parents for their suffering, notwithstanding their attempts. Roz further proposed that her own sense of inadequacy was a projection of her mother’s feelings of worthlessness and inferiority due to the dehumanizing behaviour she had been subjected to as a Jew. In an effort to compensate for such feelings of inadequacy, many women sought external reassurance, in particular, in their professional lives. Anna commented:

*It's as if I need accoutrements. I have nothing unless I am Dr Anna, unless I am dressed well and looking good, unless I have successes. My work is my definition because I never had definition as a child in my family because of the Holocaust..... Some people just exist and they feel good about themselves. I never felt that way.*

6.6.13.2 Invalidation

A number of women described feeling unable to express their “real selves” for fear of being invalidated. They claimed that this was a result of their mothers’ dismissal of their emotions, their failure to listen, and their trivialization of their daughters’ needs in favour of what they considered to be important. As Tammy commented, “My real self is not realized so I’m always playing roles with other
people. That ‘me’ has been suppressed for most of my life.” Adele recalled that whenever she cried as a child, rather than listening to her, her mother would take her to a psychiatrist. Debbie reflected:

> It was always about accomplishments but it was never about being a fantastic person in your own right. It was not about being kind and loving. Those things were never stressed. It was always “you played [piano] beautifully or you didn't play beautifully.”

Similarly, Diane felt that her mother had always only been interested in her appearance and the need to “look good” rather than her as a person. The lack of recognition for herself and the dilemma between conforming to her mother’s value system and her own remains unresolved:

> The fact that I’m a competent person with lots of degrees doesn’t matter to my mother. What mattered was perfection and image. Until this day she still talks obsessively about others’ appearances and how they look. Sometimes I think I should go on a diet because then I will be rewarded by my mother….there are still issues around that.

### 6.6.14 Holocaust Identity

All second generation respondents maintained that their Holocaust background formed an integral part of their self-definition. This sense of alignment with the Holocaust, feelings of alienation and difference to other Jews and non-Jews can best be understood as a Holocaust identity. Indeed, many women considered that the Holocaust was the major determinant in shaping their worldview and themselves as Jews. Anna saw herself as totally merged with her background: “I am the Holocaust. I define myself by the Holocaust.” For Lola, the Holocaust was a lens which provided refractions of who she was. Debbie considered the Holocaust part of her essence:

> It's [Holocaust] not just my upbringing. It’s part of my psyche. It's part of who I am. It's because since my parents experienced that reality and because I'm their child I see the world in a particular way. It forms your perceptions of the world. It has to. It forms the identity of who you are as a person. You feel very bereft all the time.
6.6.14.1 Sense of Alienation

Many women described feelings from an early childhood of “not fitting in”, not belonging and feeling “caught between two worlds.” They felt “different” from both mainstream Australian Jews and Australian non-Jews. They were conscious not only of cultural differences but that their family history was one of violence and suffering. As children of Jewish migrants growing up in the fifties in Australia, they shared little in common with their Anglo-Saxon class-mates and experienced dislocation and isolation. Many longed to be like their peers, “blond and athletic”, to buy their lunch at the tuck-shop rather than bringing a packed lunch from home, and to have mothers who were “friendly and smiled” and volunteered at the school rather than worked out of necessity. As adults, they continued to believe that Jews from Australian backgrounds and non-Jews were “more balanced”, “less burdened” and “more open to all sorts of possibilities.”

The perception that belonging to a minority group might attract negative attention was widespread. Adele observed a “certain negative judgment” from other people the moment she stated that she was Jewish. Although feelings of being stereotyped as a Jew may be shared by Jews in the wider community, respondents believed that Jews from non-immigrant backgrounds were less likely to feel self-conscious on the basis of their religion.

6.6.15 Life Circumstances

Although the preceding sections encapsulate the common perceptions and experiences among respondents, the impact of factors external to the Holocaust in individual situations warrants mention. It is possible that events in their childhood such as the loss of a father through death as was the case for Adele and Vera or through divorce as occurred for Diane and Frances served to exacerbate their sense of
vulnerability to other losses. Respondents’ different life circumstances may be considered a potential influence on their perception of the effect of the Holocaust on their lives.

Vera perceived the parenting she received as very different to that of her sister who was seven years older and a child survivor of the Holocaust. She maintained that her mother spent her life compensating for her sister’s trauma at her expense. Similarly, the five women in the study who were only children believed that the trauma of the Holocaust had been accentuated in their lives due to the lack of siblings to act as a buffer or with whom they could share the load. Following the war, Frances’ parents divorced and her father returned to live in Germany. Frances experienced ongoing difficulty integrating this fact with her identity as the daughter of a Holocaust survivor. Of all the respondents in the study, Lynette clearly showed the least effect of Holocaust trauma. This may be explained by her growing up in Poland until she was 14 and without knowing that she was Jewish. In an unusual family constellation, Lola was brought up by her aunt and uncle in addition to her father and step-mother, all of whom were Holocaust survivors. The combined impact of a biological survivor mother who had died giving birth to her and a survivor step-mother who reared her was clear in Lola’s representation of the Holocaust.

6.6.16 Summary of Outcomes

Findings demonstrate the presence of on-going effects of the Holocaust in all second generation women that impacted their emotional and psychological well-beings, as well as their worldviews. The many negative outcomes which resulted from their upbringing revolved around the central themes of fear, burden of the past, despair, diminished sense of self and feeling different. Factors that may have influenced individual respondent’s perceptions of Holocaust-related effects and that
were particular to their life circumstances rather than the Holocaust were also identified. Findings regarding intergenerational effects of Holocaust transmission from this study support early clinical research (Epstein, 1979; Trossman, 1968), and later research using qualitative and case methodology (Hass, 1990; Wajnryb, 2001; Wardi, 1992). Of the Holocaust-related effects to impact the lives of the second generation, perhaps the most important is the effect it produced on the way they parented their own children. This is now discussed.

### 6.6.17 Parenting of Own Children

As the second generation embraced parenthood, they reflected on the messages bound up in the Holocaust and conveyed to them through their own parenting and home lives. They made conscious decisions regarding which of the transmitted messages they wished to pass on to their children and which ones they wished to reject. At the same time, they were aware that despite their attempts to safeguard their children from effects of the Holocaust, there would be negative influences arising out of their own experiences that they could not control and could potentially, albeit involuntarily, transmit to their children.

The following section discusses how the parenting the second generation received affected the way they parented their own children. This section commences with a self-reflection of their parenting abilities and then examines their perceptions concerning: their conscious replication of positive influences from their own upbringing, their conscious reaction against repeating negative parenting behaviours, and their involuntary transmission of unwanted attitudes and behaviours. This analysis attempts to clarify the role of parenting in the transmission of Holocaust-related trauma from the second to the third generation.
6.6.17.1 Self-perception as Mothers

All respondents were highly conscious that something was amiss in the way they were parented due to their mother’s trauma. All wished to parent differently to their mother although many felt that they did not know how. Thirteen of the women described feeling totally inadequate about their parenting skills, claiming “not to know how to be a mother” and “feeling as if they were walking on uncertain ground.” This was widely attributed to their fear of failure following a lifetime of criticism and infantilization from their mothers and the lack of an adequate role model. Tammy commented:

*My mother annulled my will, my own abilities….I’m scared of making wrong decisions, that things will collapse, will be shattered. I don’t want to take responsibility. It’s associated with feeling a failure as a person. In taking action I might fail, in not taking action I fail because I don’t take action…. I don’t know what’s the right thing to do and the wrong thing to do, because it was always dictated to me and my mother knew best. I didn’t know, I still don’t know. I don’t know if I could be a good mother or not so I don’t want to try.*

Seven of the women did not share this viewpoint and claimed that parenting was “easy and intuitive.” Moreover, they felt empowered by being a mother and having the opportunity to right the wrongs perpetrated by their own mothers. In the absence of role models, respondents relied on their observations of other parents or occasionally the help of their therapist to guide them. Eva explains how she constructed her “map” of how to be a good parent:

*I took bits and pieces from everywhere, from those perfect TV parents of the 50s. I knew they weren’t real, but I took certain aspects such as their calmness and order. When I used to watch those shows on TV as a child I would think to myself how much I liked that and how those children knew they could depend on their parents because their parents were strong. I liked our next-door neighbours. They were Catholic and like a normal family. I looked at the way she was a mother. They had fun and Christmas and presents. I was a great observer and I incorporated the bits and pieces into a plan.*
6.6.17.2 Conscious Replication

Analysis revealed a lack of consistency in the way messages derived from their own upbringing were replicated in their parenting. Whereas some respondents consciously repeated behaviours and attitudes imbibed in childhood, others reacted against these very same behaviours. Likewise, many arrived at the same outcome through opposing messages. Whereas for Eva the desire to “make her children happy and nurture them” was perceived as a replication of her mother’s attitudes towards her, for Diane, this same desire was in response to the emotional void and suffering she had endured as a child.

Messages that were most commonly replicated by choice involved wanting their children to be happy, seeing their children as precious, communicating solid core values, and holding high expectations of academic achievement, financial success and marriage. Sharon remarked “we were my mother's jewels and I know that I parent in the same way”. Many women considered that, like their parents, they valued their children to a level of preciousness that exceeded conventional notions of maternal love. Denise commented:

*The preciousness is a direct thing from my parents. I was brought up to feel that I was precious and I feel that my children are extremely precious. The only thing I ever knew was how to do things for my children.*

Similarly, childhood messages stressing the need to “be happy” and keeping children healthy so that they would “survive” were consciously reinforced with their own children. However, unlike their mothers, respondents had a more realistic view of happiness which allowed for their children to have problems of their own. Eva explained:

*I understood the way my parents wanted me to be happy because there were so many sad children in the Holocaust. I always thought about children and how I have to look after them and I have to make it better. That's come*
directly from my parents... I want my children to be happy but I want them also to be able to tell me their problems, whereas my mother just wanted me to be happy but I could never tell her my problems.

Respondents consciously endeavoured to uphold their parents’ values and expectations with regard to their children’s education and careers but were less emphatic about their dating and marriage choices. Almost all second generation women admitted to a desire for their children to have a university education and a secure profession, although they did not see this as a way of vicariously living through their children’s successes as was the case with many of their own parents. While their parents regarded intermarriage as “not negotiable”, most respondents had a broader outlook and conceded that although their preference was for their children to marry someone Jewish, their children’s happiness was a higher priority. Many women cited the Holocaust as the basis for wanting their children to marry a Jew. As Lola remarked “Why do Hitler’s work? Why diminish the next layer?”

6.6.17.3 Conscious Reaction

Rather than emulating their mothers as parents, most respondents asserted that they wanted to be the “antithesis”. As Roz remarked, “It’s all the time being aware that I don’t want to be like my mother.” Unlike their own mothers who were preoccupied with their children’s physical safety rather than their emotional well-being, second generation women aspired to be available both emotionally and physically for their children. Consequently, in contrast to their parents, they endeavoured to be accessible to help address their problems, to nurture and guide them according to their needs, and to encourage their independence.

Whereas most survivor mothers had worked full-time, usually out of necessity, respondents elected to work part-time so they could be on hand for their children. They spoke of engaging with their children’s interests and spent weekends watching
them play sport or drove them to specialist activities. In place of their often austere and serious home lives where celebrations including birthdays were few, they endeavoured to create an environment of play and fun so that their children could experience “carefree and idyllic childhoods”. There was a clear and conscious aim to protect their children from the angst and emotional burdens to which they had been subjected as children. As Debbie said, “I don’t want them to be wrecked the way I am.”

Respondents claimed that they made concerted attempts to “use words” and “pick their moments” when challenging their children rather than repeating the silent and defensive body language of their mothers. They tried to “listen [to their children] in a way that I wasn’t listened to” and to lead by discussion and negotiation rather than by control and criticism. Many women reported wishing not to raise their voices or fight and scream during an argument with their children, preferring a more “mellow” atmosphere than the volatile and highly charged atmosphere of their own homes.

Although not always successful, second generation women consciously aimed to conquer what was universally considered their greatest parenting challenge: to avoid repeating their mothers’ overprotective and intrusive behaviours and those associated with food. Edith deliberately refrained from making her children feel obligated to call her daily, recollecting that whenever she went away her first commitment was to ring her mother. Tammy was insistent that her children not feel pressurized to eat in the way that she had, and encouraged them to leave food on the plate if they didn’t feel like eating. Frances endeavoured to be less overprotective and expose her children to different experiences:
I don’t think I was as overprotective as my mother. The kids were allowed to ride bikes and do stuff that I didn’t. I was conscious of that as they were doing it. They were exposed to more of life than I was. I wanted them to have friends to play with and I would go out of my way to make sure that they were exposed to as many different experiences as possible, even so-called risky ones.

Responses to their children’s emotional needs were strongly influenced by their relationship with their mother and the manner in which their needs had been addressed as they were growing up. Many spoke of a determination to have patience and be very even-tempered with their children in contrast to their own mothers who were always tense and ready to “fly off the handle.” Prompted by their own perceived lack of validation, respondents made a conscious attempt to recognize their children as independent individuals and to acknowledge their emotions. In contrast to their mothers’ dictatorial and unilateral approach to decision-making, respondents claimed to encourage their children to have ownership in the choices they made. They related using open conversation as a means of helping deconstruct their children’s problems and inviting them to talk freely about their concerns without feeling as if they were burdening them. As Sharon remarked, “I never said to my daughter things like ‘I go to bed with your problems’ as my mother said to me. I tried to help her work her problems through and tell her that it would be better next time.”

Despite a desire to insulate their children from emotional pain, respondents realized the importance of providing their children with boundaries and allowing them to learn from experience. They endeavoured to make their children resilient and adept at coping with life by not shielding them more than was necessary. Diane spoke of the difficulty in allowing her children to take on their own pain because “it’s so deep in my script” but her ultimate resolve to let them work it out for themselves:

*I really have to try and not take on their pain...... I’m so used to ‘saving’. It’s a repetition of what I did with my mother. It was so imprinted and is my*
primary key feature at an unconscious level. In the beginning I wanted to take on all their burdens so that it would be easy for them, so that they wouldn’t have to go through all that I went through. I would rather suffer the pain than have them go through it….. but I realized that they needed to experience their own pain in order to grow. As I gain awareness, I’m trying at a conscious level to do it less and less.

Most importantly, second generation women determined not to repeat their mother’s inhibitions of their children’s desires to separate from them and live independent lives. Although respondents spoke of difficulty in “letting go”, particularly in view of a cultural emphasis on family closeness, they were aware of the importance of their daughters leaving home, moving on with their own lives, and of allowing them to reach their full potential.

6.6.17.4 Involuntary Transmission

Second generation women described not wanting to inflict the trauma that they had endured onto their children. However, they conceded that they had replicated some of their unwanted behaviours and attitudes without conscious intent. Denise referred to “an unconscious mechanism repeating itself.” The most common trauma-related effects which respondents believed they had transmitted to their daughters unwillingly and without conscious awareness at the time were anxiety, fear, depression, vulnerability, distrust of the world and feelings of obligations and guilt. They further believed that boundaries between them and their children were unintentionally blurred and that their children perceived them as overprotective.

There was consensus among respondents that the transmission of anxiety was unavoidable despite active attempts not to repeat their parents’ ways and to be non-anxious parents who inflicted “no hang-ups” on their children. In several instances women admitted to deliberately selecting a life-partner who was not anxious in the hope of arresting anxiety levels in the home and in their children. Ultimately there
was no release from what Jenny described as the “worry factor” that prevented her from “being laid-back about things because my mother was never laid-back.” Jenny, like many other women, believed she had unconsciously and unwillingly transmitted worrying and anxiety to her daughter. She commented:

*I'd like to be more laissez-faire and not have a knot in my stomach. I think my daughter’s worrying has come directly down the line though from my mother through to me. I think that was probably passed on unconsciously and it’s a behaviour that I wish that I hadn't passed on to my children.*

Respondents were similarly aware that they had unwittingly communicated verbal messages of fear, vulnerability and distrust of the outside world to their children. Despite trying to “sift it out” and deliberately resist repeating their mothers’ warnings to “be careful”, they conceded that these messages had been so deeply internalized by them that it was impossible to ignore them. Katie constantly caught herself telling her children to “drive carefully”. Anna acknowledged that her daughter’s extreme concern for her own safety (she often carries a knife when she goes out alone) was in response to messages of fear that she had unintentionally communicated.

Many women also accepted that they had subconsciously communicated their own fears to their children through “the look on my face” or by trying to dissuade them from engaging in “risky” activities such as riding a motor-bike or travelling to “unsafe” places such as Thailand or South America. As Anna remarked,

*I would prefer that they never took risks....I think that I was very anxious for a lot of my life and I think the children have picked up on it. Indirectly they have picked up on my insecurity and they themselves are insecure. That comes very much from my mother. That would have been something which I would have tried to filter it out but I wasn’t able to.*

Notwithstanding their attempts to stem their children’s feelings of obligation and guilt towards them, which paralleled their own such feelings, many respondents
believed that their daughters had assumed these behaviours. This was particularly
evident in regard to physical well-being where they were aware that their daughters
felt obliged to ring and reassure them that they were safe. Vera commented: “I used to
ring my mother every single day and my daughter used to say to me ‘don't expect me
to ring you every day’ and I’d say ‘I don't expect you to do anything’ and now she
rings me every day.”

Most women believed they were able to create a more accepting, harmonious
and less volatile emotional climate for their children than existed within their
childhood homes. However, several respondents confessed to “not knowing how to be
different” and repeating the hysteria, emotional outbursts, and episodes of crying that
they had witnessed in their mothers. Other women were aware that in spite of
espousing the importance of strong boundaries, they experienced the same difficulty
as their mothers with “splitting off” from their children’s emotions. Tammy
commented “I can’t deal with the pain. Their problems become my problems.”

Although resenting and attempting to reverse the unnatural focus on
appearance exhibited by their own mothers, some respondents did not feel they had
entirely succeeded. Frances described her mother’s obsession with dressing her and
her sister in matching outfits and everything “looking perfect”. Although she tried not
to replicate it in her parenting, she believed it had filtered through. She commented:

*I think this whole obsession that my mother always had with dressing…for a
long time I inherited that, I thought it was important. …..there was always this
sense that when I got dressed it would never be right, that I would never look
good. I may have indirectly passed that on to my children. I certainly didn’t
nag them about looking good, but I think that they certainly got the message
regarding insecurity around appearance and needing to be aware of
appearance. I’ve seen my daughter and indirectly she is very hooked in to
that.*
Notwithstanding conscious desires not to be overprotective towards their children and a belief that they had made some progress in tempering the overprotective behaviours inherited from their mothers, many respondents proposed that their children would nevertheless make claim to them being overprotective. Although they asserted that they were not nearly as emotionally involved with their children as their mothers had been, they conceded that certain behaviours which would be perceived as overprotective had filtered through to the next generation.

6.7 Summary

The manner in which second-generation women parented their daughters was clearly influenced by their own parenting. Although there were some positive messages that respondents wished to pass on to their children, most second generation daughters chose to consciously react to the powerful, negative influences that were a product of their mothers’ Holocaust trauma. Many respondents believed they had managed to prevent some of their own debilitating emotional experiences from being passed on to their daughters. Generally, however, most recognized that in spite of their attempts to arrest attitudes and behaviours inherited from their backgrounds, there was inevitable transmission of Holocaust trauma to their own children. In addition to the effect on the way they parented, all second generation women experienced enduring emotional and psychological effects associated with the Holocaust. Most notable were fear, burden of the past, despair, diminished sense of self, and feelings of being different. These effects were transmitted through both direct or intrapsychic means and indirect processes comprising communication of Holocaust messages, the mother-daughter relationship, and the home environment. The extent, manner and effect of the transmission to their children, and the similarities
and distinguishing features between their own experience of trauma and that of their children is explored in the following chapter.
CHAPTER SEVEN: STUDY 3. PROCESSES AND OUTCOMES IN THE TRANSMISSION OF TRAUMA IN THE THIRD GENERATION

7.1 Introduction to Study 3

This chapter comprises the second of the qualitative studies. It extends the investigation in Study 2 to the transmission of intergenerational trauma to third generation Holocaust survivors and explores similarities and differences in the way the second and third generations experienced Holocaust-related trauma. Overall, the level of similarity between the two generations was high although some differences were also evident. Given the limited qualitative analysis on the third generation, and to facilitate comparison of the two generations, the design structure, methodology, interview protocol and data analysis used in this study are modelled on study 2. As with study 2, this study uses a phenomenological approach and is underpinned by the same philosophical assumptions. This chapter focuses on emergent themes associated with the processes and outcomes of the transmission of trauma in the third generation. Although emphasis is on transmission of trauma from second generation women to their daughters, the role of maternal grandmothers in communicating Holocaust-related trauma directly to the third generation is also explored. This chapter begins with the aims of the study, then describes the method and data analysis, and finally presents the research findings.

7.2 Aims

The purpose of study 3 was to explore the subjective experiences of twenty granddaughters of Holocaust survivors. More specifically, study 3 aimed to identify the presence of trauma-related effects and explore how they were imparted to this generation. It permitted comparison of the experience of being the grandchild of a survivor as opposed to the child of a survivor. Four specific aims were formulated:
To identify the messages informed by the Holocaust that second
generation women transmitted to their daughters.

To examine how these messages were conveyed.

To investigate how the on-going effects of the Holocaust are experienced by
the third generation in terms of emotional experience, behaviour, identity and
worldview.

To compare and contrast: (a) the means by which trauma is transmitted to the
two generations; (b) the effects produced by Holocaust trauma in the second
and third generation

7.3 Participants

Study 3 involved twenty daughters of second generation Holocaust women.
These third generation women had all participated in Study 1. Descriptive statistics
pertaining to these participants and the method of recruitment are fully explained in
study 1 (see s. 5.3.2; s. 5.5).

7.4 Interview Protocol

In view of the limited research on the third generation, questions for this group
were based around central themes depicted in the broader literature of the second
generation. A set of open-ended focus questions and prompts was developed from
those used for the second generation interview presented in Chapter 6. These were
initially piloted on three third generation women aged between 20 and 25 years. In
discussions lasting between one and three hours, the three interviewees were asked
about their Holocaust background and their perceptions of its impact on their lives.
They were then asked to comment on the relevance and effectiveness of the questions
and topics discussed. The pilot study confirmed the relevance of the questions, but
also revealed that the influence of the maternal grandmother in the transmission of
Holocaust trauma to the third generation had been greatly underestimated. Questions specifically addressing the grandmother’s contribution to her granddaughter’s legacy were then incorporated into the interview protocol.

While retaining the key notions addressed in the second generation interviews, the third generation interview generally relied on fewer probes. This allowed new ideas and themes particular to this generation to emerge. As with the second generation interview, there was provision for proposing new ideas and expanding on areas of personal relevance. Participants with children were asked to reflect on how they intended to represent the Holocaust to them in due course. Interviews concluded with a final question inviting participants to comment on any areas of importance concerning them and the Holocaust that the researcher had not mentioned. In all, the interview addressed seven key topics reflecting the specific aims. These are presented together with examples of questions and prompts in Table 7.1. The complete format for the semi-structured interview is included in Appendix H.

The seven topics depicted in Table 7.1 align with the aims of the study as follows: The first five topics encompass aims 1 and 2 which investigated the first awareness of the Holocaust, transmission of Holocaust trauma through messages from mothers and grandmothers, through their relationships with their mother and their grandmother, and through the home environment. The sixth and seventh topics relate to on-going effects of trauma and effects on identity consistent with aim 3. Aim 4 reflected the broader research questions outlined in Chapter 4 (see s. 4.6) and was not addressed through specific interview questions.
Table 7.1
Summary of the Seven Major Interview Topics and Example Questions for the Third Generation

<table>
<thead>
<tr>
<th>Topic</th>
<th>Example question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First awareness of the Holocaust</strong></td>
<td>How did you find out about the Holocaust? How old were you? Who talked to you about it? Can you describe how it made you feel? Were you taught about the Holocaust at school? Do you read books or watch films about the Holocaust?</td>
</tr>
<tr>
<td><strong>Mother and grandmother’s messages</strong></td>
<td>Verbal messages: Did your mother/grandmother say things to you which you consider were related to the Holocaust? Did your mother encourage you to try new experiences? Were you made to eat up everything from the plate? Non-verbal messages: Are you aware of any aspects of your mother/grandmother’s behaviour that you think may be Holocaust-related? Can you describe these? How would you describe her attitude to the world and others? How would you describe her general mood?</td>
</tr>
<tr>
<td><strong>Relationship with mother</strong></td>
<td>Nature of relationship: How would you describe your relationship with your mother as you were growing up? What were the good/problematic things about the relationship with your mother? Boundaries: Did/does your mother ask you lots of questions before you went/go out? How do you think she coped with the fact that you were getting older and needed you own space? Availability: Do you feel you missed out on anything while you were growing up? How were problems dealt with in your family? How were problems dealt with in your family? Protectiveness: Would you describe your mother as protective? How did this manifest? Did your mother give you as much freedom as you wanted? How did this compare to your friends? Expectations: Are you aware that your parents had a need for you to fulfil certain expectations such as doing well at school?</td>
</tr>
</tbody>
</table>
### Table 7.1 (continued)

<table>
<thead>
<tr>
<th>Relationship with grandmother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of relationship:</td>
</tr>
<tr>
<td>Influence of Holocaust:</td>
</tr>
<tr>
<td>Similarities between mother and grandmother:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional climate:</td>
</tr>
<tr>
<td>Management of emotions:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effects of the Holocaust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any negative emotional responses that you think may be connected to the Holocaust? What is your worst fear? Do you have other fears/anxiety which you think may be related to the Holocaust? How do you cope with them? Do/did you have nightmares or dreams which you consider to be Holocaust-related? Do you avoid taking risks?</td>
</tr>
<tr>
<td>Attitudes to health and death:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of Holocaust:</td>
</tr>
<tr>
<td>Implications for the future:</td>
</tr>
</tbody>
</table>
7.5 Procedure

Interviews for third generation respondents were conducted in their homes at a time that was mutually convenient for them and the researcher. These interviews took place after their mothers were interviewed for Study 2 to allow time for their mothers to feel comfortable with their daughter’s participation in the study. Interviews were conducted within one or two weeks of their mother’s interview. None of the women requested debriefing. The third generation interviews varied in length between one and three hours. The twenty interviews were conducted over a period of one year and were transcribed verbatim by the researcher.

7.6 Data Analysis

The process of thematic analysis and its application to the interview data for Study 3 was the same as that used in Study 2. This is explained in detail in chapter 6 (s. 6.5). In total, phase 2 of the data analysis yielded 42 major themes and sub-themes. As with Study 2, data was triangulated by using an independent researcher. Themes were cross-checked at both phases 2 and 4 to validate definitions and examples of themes and superordinate categories. The themes were finally classified under the two headings used in Study 2 to reflect the research questions: process and outcomes. In the final phase of the analysis, superordinate themes obtained from the study were tabled and ordered. Six main superordinate themes were identified as processes and four as outcomes. These are outlined in Table 7.2.
Table 7.2
Summary of Superordinate Themes of Process and Outcome for the Third Generation

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process:</td>
<td>The means by which messages informed by the Holocaust were conveyed from one generation to the next.</td>
</tr>
<tr>
<td></td>
<td>Key themes: Intuitive awareness of circumstances; verbal and non-verbal messages; emotional climate of the home; mother and daughter relationships; relationships with grandmother; sources external to family.</td>
</tr>
<tr>
<td>Outcome:</td>
<td>The responses or ongoing effects resulting from the transmission of Holocaust trauma.</td>
</tr>
<tr>
<td></td>
<td>Key themes: Fear; burden of the past; Holocaust identity; despair.</td>
</tr>
</tbody>
</table>

7.7 Results

Results are presented according to their classification within superordinate themes and sub-themes (Table 7.2). These themes are grouped according to the two main areas of investigation which reflect the aims of the study: transmission processes (aims 1 & 2) and transmission outcomes (aim 3). The first section explores how Holocaust trauma was conveyed to the third generation and examines the contribution of secondary sources such as books and media. The second section examines evidence for on-going effects of Holocaust trauma in the third generation. Results relevant to similarities and differences in the effects of trauma and ways it was communicated to the second and third generations (aim 4) are integrated throughout both sections of this chapter. The final section considers the implications for future transmission of Holocaust trauma based on the third generation women’s reflections on proposed ways of parenting their own children in the fullness of time. Transmission processes
are discussed prior to transmission outcomes in accordance with the structure of
the interview. A number of individual perspectives on each common theme are
presented with emphasis on the most representative. Further selected quotes on a
range of third generation themes are included in Appendix J. Pseudonyms are used to
conceal respondents’ identity. Key ideas in long quotes are emphasized in bold.

7.7.1 Transmission Processes

This section addresses aims 1, 2 and 4 (a): To identify the messages informed
by the Holocaust that second generation women transmitted to their daughters, to
examine how these messages were conveyed, and to compare and contrast ways in
which trauma was transmitted to the two generations. As noted in chapter six,
transmission of trauma to the second generation can be explained through both direct
and indirect processes. This is supported by the literature (Halasz, 2001; Kellerman,
2001b; Kestenberg, 1982a; Kogan, 1995; Wardi, 1992). However, due to limited
research, assumptions about the types of processes involved in transmission of
Holocaust trauma to the third generation cannot be made. The terms ‘direct’ and
‘indirect’ are therefore not used to describe transmission.

Parenting emerged in the interview data as the primary means of conveying
attitudes, behaviours and a world-view influenced by the Holocaust to the third
generation. However, within the context of this study, parenting was not confined to
mothers’ relationships with their daughters. The active presence of survivor
grandmothers alongside second generation mothers combined to form a multi-
genenerational model of parenting whereby both women conveyed powerful messages
to the third generation. Except for Natalie, all third generation women had known
their maternal grandmothers and sixteen women still had their grandmothers. As an
integral part of family life, survivor grandmothers greatly augmented the presence of Holocaust trauma in their lives of the third generation.

Six processes by which Holocaust trauma was transmitted to the third generation were identified. This section examines each of these processes: transmission through intuitive awareness without being formally told, through verbal and non-verbal messages from both their mother and their grandmother, through the emotional climate of their home, and through the relationships they shared with both their mothers and their grandmothers. While also occasionally serving to transmit trauma, secondary sources such as books and films more commonly reinforced pre-existing trauma. Occasionally transmission processes overlapped so that particular messages were disseminated in several ways. To avoid repetition, they are addressed in the context where they are believed to have had the greatest impact.

7.7.2 An Intuitive Awareness

The presence of a tacit understanding of the Holocaust has not been previously examined in third generation populations. Findings showed that as with the second generation, most third generation respondents traced their first awareness of the Holocaust to their earliest memories. Seventeen of the participants claimed that even though they were unable to put a name to it, they had an intuitive sense of the Holocaust from a very young age. Rebecca remarked that “It's almost like it's been there since coming out of the womb.” Lauren commented, “I always knew. Even though I didn’t understand it, I knew it was something negative.”

Many respondents instinctively drew associations between their grandparents’ appearance, mood or behaviour and their understanding of “something negative” and irregular in nature. They described their first active impressions of their grandparents as having “funny accents” and often speaking another language. They had “numbers”
on their forearms, were “unhappy” for much of the time, and had very little immediate family as a result of “this bad thing” that had happened to them. Rachelle pondered why her grandmother always looked sad, while Dina sensed her grandparents’ unspoken suffering:

_I don’t remember learning about it [Holocaust]. My grandparents had Polish accents and numbers on their arms, and there has always been a frailty about them. It was clear that they had suffered. They had a certain aura that spoke of tragedy. I think I was always aware of the Holocaust through seeing my grandparents, even though nothing had been said._

For Louise, it was her grandmother’s tattoo that alerted her to something abnormal:

_I remember now when I was really, really young that I’d try and take her [grandmother] into the bathroom and get her to wash her number off her arm. You don’t understand what tattoos are when you are little. I can’t remember what her reaction was but I remember her dealing with it quite well. I didn’t understand why it wasn’t coming off but I thought, “Well, we’ll try again next week.”_

In most cases, respondents were aware that their mothers were also implicated in the narrative of trauma. This was highlighted in families where fathers were not from a survivor or migrant background and had a large extended family that often contrasted with their mothers’ substantially smaller one. Lauren recalled feeling that her family was small compared to that of other children and knowing “it was because we were Jewish and this thing had happened some years ago and that my grandparents had had a very difficult time.” Eight of the respondents’ mothers had immigrated to Australia after the war as young children or, in one case, as a teenager. Patty reflected on her migrant background:

_I knew I was different from Australians because I had grandparents with funny accents. So I knew that something must have brought us here. I was always conscious of coming from a migrant background. I was always asking the question “why are we here” and the answer was “because we were kicked out of somewhere else.”_
Like Patty, other respondents’ first understanding of their family history was associated with parents and grandparents having been uprooted. This was often reinforced by their mothers speaking Yiddish to their own parents but not to them. In several instances, first words between grandmothers and grandchildren were also in Yiddish, a language spoken by Central and Eastern European Jews. For many respondents, Yiddish symbolized their grandparents’ status as Holocaust survivors.

Although less intense and pervasive than the direct transmission of Holocaust trauma experienced by their mothers, findings suggest that the third generation respondents were intuitively aware of a family narrative that included themes of dislocation, persecution, suffering and loss. Awareness of their relatively small families, instinctive, sensory understanding of pain, and exposure to their mothers’ and grandmothers’ moods and behaviours would seem to provide some explanation for this phenomenon. Initial awareness of their background of trauma gradually translated into cognitive understanding of the Holocaust through explicit verbal communication.

7.7.3 Verbal and Non-verbal Communication about the Holocaust

The following section addresses how trauma was transmitted to third generation respondents through verbal and non-verbal communication. Verbal communication describes open conversation by mothers and grandmothers about the Holocaust in general, grandmothers’ particular war-time experiences and suffering, and messages informed by their trauma. Non-verbal communication refers to messages connected to the Holocaust which were conveyed through grandmothers’ and mothers’ behaviours and affect.
7.7.3.1 Verbal Communication about the Holocaust

Respondents considered direct verbal messages associated with trauma to be the most powerful source of information about the Holocaust. These messages were conveyed primarily through dialogue with their mothers and grandmothers with occasional input from fathers and survivor grandfathers. Historical facts and generic stories about the Holocaust were generally suppressed in favour of information pertaining to their personal story.

A key finding of this study was the integral role played by grandmothers in developing their granddaughters’ sense of personal connection to the Holocaust through telling them about their experiences. Although some grandmothers remained reluctant to speak about their war-time experiences, others were responsive to questions from their grandchildren, many of which were precipitated by school assignments on family history. Even more significantly, a number of grandmothers initiated discussion with their grandchildren, often confiding in them stories and details of their personal war-time experiences that they had not been able to share with their own children. This is most likely explained by the passage of time and increased emotional and psychological distance from their trauma. Rose commented: “My mother said that she [grandmother] only started to speak about her experiences when she had grandchildren, that up until then, she had never spoken about it to my mother and she [mother] had never asked.”

Grandmothers’ conversations about the Holocaust varied from spontaneous recollections of specific incidents, often in response to particular triggers, to formal and detailed disclosures of tragic events. Verbal content centred mainly on grandmothers’ childhoods, their brothers and sisters, the impact of losing their family and their war-time experiences. Louise recounted her weekends as a young girl at her
grandmother’s place where she was told candid and vivid stories about the war. She claimed to be far more affected by these personal stories than by the more formal education on the Holocaust she subsequently received at school. Louise recalled the content of some of these stories told to her as a child:

*The most full on thing she told me was that they made soap out of humans and gloves out of human skin and that they turned tattooed skin into lamp-shades. I remember because it was so grotesque. She told me stories about how they had to sneak food between camps and about the time that she was met by Mengele and selected. She told me how they got off the train at Auschwitz and she was carrying her little niece and one of the inmates screamed at her to get rid of the little baby. She handed her off and the baby and her sister got sent straight to the gas chamber and she got sent to the camp. So I know a lot about her personal stories. These are not just generic stories.*

Apart from grandmothers, their mothers also told them about their family story. They described their parents’ war-time experiences, the effect of the war on their mothers’ behaviours and their relationship as they were growing up, and of the impact of their Holocaust background on themselves. Daughters of survivors often referred to their own pain in response to their mothers’ suffering and justified their behaviour on the basis of what “she had gone through”. Jackie recalled her mother’s insistence that she know her grandparents’ story and being repeatedly told from the age of three that her grandmother had been incarcerated in eight concentration camps and had suffered extensively. As her mother relayed the stories Jackie understood that the suffering had extended beyond her grandmother to her mother.

Where both parents were children of survivors, conversation about the Holocaust between themselves, with their children, and with their friends tended to be more frequent and detailed. Penny commented that whenever her parents met other people they would always define them in terms of whether or not they came from a survivor background or not. She was aware from a young age that her parents’ conversations with their friends commonly involved commentary on their family
backgrounds, their parents’ war-time experiences and their own sense of not fully belonging in Australia.

7.7.3.2 Non-verbal Communication

As with their own daughters, grandmothers transmitted their trauma to the third generation non-verbally as well as verbally. Respondents understood that their grandmothers’ silences, unhappy dispositions, erratic behaviours, and certain visual features such as their tattooed number, were underscored by pain, trauma and suffering related to their past. Similarly, many sensed that for the same reasons certain topics were “taboo” and should not be discussed.

Jodie, whose grandparents did not speak of their experiences, was acutely aware of a boundary between what she could and could not ask them: “I would never go up to my grandmother and say, ‘So who was your mother, who was your father, tell me about your brothers and sisters, what were their names?’” Likewise, Taryn avoided probing her grandmother’s background and Holocaust experiences for fear that she would cause her distress:

*I always felt that asking her questions about the Holocaust would set her off on this whole spiral of grief all over again. It would conjure up a whole re-experiencing of the situation for her. I thought if I didn’t ask, she wouldn’t be upset. I thought a small thing would lead to something volcanic.*

As well as witnessing obsessive, ritualistic behaviours and extreme emotional states in their grandmothers, which they knew were associated with the Holocaust, respondents often observed these same traits in their mothers. Due to a process of transmission from their own mothers, they concluded that their mothers were also affected by the Holocaust.

Although third generation women generally considered their mothers less obsessive than their grandmothers, many respondents commented on their mothers’
preoccupation with order, manic cleaning of the house and thrift. Patty described how her mother was unable to throw anything out, including pieces of paper that had only been used on one side. There was evidence that mothers, like grandmothers, compulsively and obsessively checked that doors and windows were locked and that the gas and electricity had been turned off before they left the house or went to bed. Respondents believed that these neurotic tendencies were unconsciously informed by observing their own mother’s behaviour and were precipitated by their fear of things going wrong. Natalie described the evening ritual in her home designed to prevent intruders:

*All the curtains at night have to be closed the minute it gets dark. When you close the curtains, you can't turn on the light and go into the room. You have to turn off the lights so that no one can see you closing the curtains.*

Equally, the third generation recognized traces of their mothers’ Holocaust upbringing in her emotional state and affect. While not revealing the all-consuming sadness, violent mood swings and terror that they associated with their grandmothers, third generation women commonly referred to their mothers’ constant worry, paranoia, tendency to panic and fragility. They described their mothers’ moodiness and frequent hysterical outbursts, their need to be in control of both their own lives and those of their children, their preoccupation with loss and suffering, and the difficulties in their relationships with their own parents. The perception that their mothers had been adversely affected by their Holocaust upbringing was more evident in cases where mothers had told their daughters about their unhappy childhood.

Respondents regarded their mothers’ excessive anxiety as the strongest manifestation of their Holocaust background. Many believed that this anxiety had been “inherited” from their grandmothers. Even in families where fathers were from a non-survivor background and displayed no anxiety, this made no apparent difference
to their mother’s behaviour. Jackie, whose father was not from a survivor background, maintained that not only had her mother taken on her grandmother’s anxiety, but that she tended to panic even more. She recounted a recent incident where her grandfather collapsed and while her grandmother attended to it and was calling the ambulance, her mother was screaming hysterically, “He’s going to die!”

Taryn, whose father was several generations Australian, described her mother as having constant and irrational anxiety that was triggered by insignificant things such as having to complete several tasks in one day. She considered her mother’s tendency to “snap easily” a result of having to deal with issues as a young child that were “too big for her” and coping with her parents’ monumental losses: “I don’t think it’s normal for a child to have to grow up with that.”

Many of the third generation women were aware of the effect that their mothers’ emotional responses to the Holocaust had on them. Dina believed that her mother’s emotional pain was so raw and palpable that it had filtered through to her. Patty maintained that she didn’t want to be like her mother who she perceived as lacking in joy, preoccupied with her own death, and having the type of victim mentality she associated with Holocaust survivors:

*Her head is never in the moment of enjoying something, not fully. It’s always somewhere else with something that is not good. I never feel as if she is ever fully happy….when she gets sick, it just takes over every conversation….it’s all about suffering and how ill she feels. Everything is so connected to death.*

Yet another respondent, Jackie, attempted to understand her mother’s pervasive sorrow by emulating her reactions when reference was made to the Holocaust:

*My mother was always crying. She cried at all the [Holocaust] commemorations she took me to when I was young and even if I didn’t quite understand, although I think I did, I would always try and pretend that I did. I would always try and be as serious as her. It was very clear. She was very emotional.*
Many respondents claimed that their mothers had an unnatural preoccupation with loss, which emanated from their family history and was a “pattern” that had been passed down through the generations. This concern was accentuated in small families. Rose, who was an only child, believed that her mother’s fear of loss was amplified by thoughts that she would have no-one left should something happen to her only child.

7.7.4 Messages

As with the second generation, verbal and non-verbal messages conveyed to the third generation by both their mothers and grandmothers were underscored by the theme of survivorship. By far the most forceful messages related to food, distrust of the outside world and personal safety. Messages concerning the importance of family and being happy were less emphatic than those received by the second generation. Although mothers’ messages about food occasionally conflicted with those of their grandmothers’, their messages about personal safety and the threat of external danger were almost identical. The unspoken message, “you were meant to live,” generated confusion for many respondents who perceived it at odds with their largely untroubled lives as third generation Australians. They were also troubled by mixed messages from their mothers, on the one hand telling them to “watch out and be careful,” and on the other that they had nothing to worry about.

7.7.4.1 Food

In most cases, respondents perceived a strong contrast between the messages they received from their mother and from their grandmother with regard to food. Without exception, respondents claimed that for as long as they could remember their grandmother was “obsessed with food” – hoarding it, never throwing it away and
ensuring that their grandchildren ate to the point of force-feeding them. They spoke of being inundated with stories of how their grandparents had starved during the war, how they would have ‘killed for a piece of bread’, and how they were unable to ever leave food on the plate due to their experiences of privation. Rose recalled her grandmother eating the same piece of bread over a period of two days: “She will worry about finishing eating one thing before she starts eating something else.” Taryn understood without question that she would finish everything on her plate when her grandparents were present: “It was something I never had to have explained to me. If I showed reluctance to eat because I was full someone would ask, ‘Are you sick?’ ‘Are you Ok?’ ‘You don’t like what I’m cooking?’”

Most respondents did not believe that their mothers repeated the pathological food-related behaviours of their grandmothers. Although most saw their mothers as keen to “stock up” and concerned that their children did not go hungry, they did not recall being pressurized to eat or forced to finish what was on their plates. Unlike their grandmothers, their mothers did not generally recycle food or leave it for the next day, tending to give it to the dog or throw it away.

However, five women described mothers whose behaviour did not conform to this picture and whom they considered as obsessed with food as their grandmothers. Jodie recounted how her mother filled the fridge with food, did not waste anything and ensured that “you ate until you couldn’t eat any more.” Dina spoke of her mother constantly “shoving food down her throat” and incessantly questioning whether she was hungry. She further commented: “It’s medication so that you keep on going. It’s survival.” Dina’s beliefs about food were compounded by her father’s even more extreme behaviours. A medical specialist and also the child of survivors, Dina
described how he never ate the fresh food that her mother had cooked, preferring to eat the left-overs from the previous week:

*He eats rice that is hard and cracked. He cuts off the mould from a piece of fruit and finishes that. He eats what’s not rotten. Once, our cleaning lady threw out a piece of corn onto the compost. He went out to the compost, actually washed it and ate it. So I have a relationship with food which is very complicated.*

**7.7.4.2 Distrust**

Messages concerning distrust of the outside world and others were conveyed as forcefully by second generation women as by their own mothers. Notwithstanding their expressed desire to instil less fear in their children than they encountered in their youth, third generation women recounted how their mothers constantly informed them that the world was “dangerous” and instructed them to “be careful”. In spite of growing up in Australia, second generation mothers imparted pervasive and consistently negative messages entreating their daughters not to trust strangers, especially non-Jews, and to “stick to one’s own,” as you never knew who might harm you. Respondents understood that these messages, particularly regarding assimilation with non-Jews, had been passed down to their mothers from their own mothers.

The second generation women’s fear of something bad happening to their children was articulated in “worst case scenarios” and by citing news stories in which children had been abducted or attacked by strangers. Taryn described how her mother inculcated the dual messages of fear and distrust:

*My mother would say not to trust anybody – not adults, not even a woman walking with a pram because it could be a man in disguise. She actually said it could be a paedophile dressed up as a woman to try and lure you in. My mother would always describe the scenario that could happen to me and in every scenario I would always be taken in. It was usually about a strange man coming up to me in the park and asking me to come with him and dragging me into a car and me being powerless. She’ll bring up stories like ‘just last week a child was walking in the park, it disappeared. The parents*
are shocked. They can’t find it anywhere. They suspect that some man took her away. Now you are wondering why I tell you, you can’t walk in the park.”

Their mothers’ distrust of others manifested in an over-involvement in their daughters’ personal lives including their friendships. They advised them whom they could trust, warned them to be sceptical of other’s motives and told them not to invest freely in other people. These same messages were reinforced by their grandmothers. As Penny said, “My grandmother didn’t trust a single soul. She’d say ‘Don’t trust your girlfriends. They are out to get you. They’ll tell you that you look good when you don’t. They’ll use you.’” On occasion, their grandmothers’ referred to people whom they believed couldn’t be trusted, as a “German” or a “Nazi.”

7.7.4.3 Personal Safety

Second generation mothers continually reiterated their concern for their children’s physical safety. These messages were not delivered as rational warnings but were conveyed to respondents with the same frequency, degree of intensity and hysteria as the messages they received from their own mothers. Remarkably, not only were the warnings the same, but the same definite, melodramatic vocabulary was used to describe any potentially dangerous situation, real or imagined.

Respondents consistently reported that everything in their external world was considered dangerous. Riding bikes in the street, taking trams and trains, crossing the road, walking to the park and going alone to the shops were all viewed as major physical risks. In winter, daughters were instructed to “take a coat” and “beware of catching a cold.” In summer, they were forbidden from going in the sun in the heat of the day for fear of getting sun-burnt from ultra-violet rays. Jackie described her first excursion on public transport:

*I wasn’t allowed to go on a tram until I was in Year 10 because if I got off I would get hit by a car. The first time I got off a tram I was shitting myself*
because I was thinking I’m going to die, I’m going to get hit by a car
because she told me that’s what would happen. I’m not supposed to be doing
it. I’ve seen her neurotic.

Beneath their mother’s overt expressions of fear for their physical safety, third
generation respondents sensed the covert messages of death and loss, which they
believed were informed by the Holocaust. If they got hit by a car, they could die. If
they fell, they could die. If they got sick, they could die. Patty maintained that her
mother became so anxious whenever she was sick as a child that she would underplay
her illness to avoid the intense reaction. Reflecting on her childhood, she was unable
to recall a single scene where her mother had not been hugely distressed while
watching her playing on equipment, swimming or engaged in some other physical
activity: “She was scared for our safety to the point of almost being in tears.” Whereas
the majority of second generation women had not been taught to swim or ride a bike,
they insisted that their daughters learn these skills, considering it essential for their
safety. All third generation women, apart from Rose, had been taught to ride a bike
and swim.

Respondents claimed that even when they reached adulthood or were married,
their mothers continued to communicate messages of fear and potentially fatal
outcomes. When Ilana was driving around Australia with her husband, her mother
insisted that they have a phone so they could be contactable at all times: “It is very
much a monitoring service. She’ll say ‘ring me when you get there’ and ‘do this and
do that.’” Dina, now in her early twenties, spoke of how to this day when her family
flies, half of them go on one plane and the other half on another so that in the event of
a crash the entire family would not be wiped out. Her mother’s “countless lectures”
on the dangers of driving had similarly not abated over time. She reflected on these
messages:
Now when I am driving it’s ‘call me when you get there’. For a long time we weren’t allowed to drive at night, we weren’t allowed to drive with P-platers, we weren’t allowed to drive with young people, we weren’t allowed to sit in the middle seat of the car without having a lap-sash belt. For my entire childhood I used to have to explain to my parents’ friends that I wasn’t allowed to sit in the middle. If we dared to share a seat-belt or go without a seat-belt, then all hell would break loose.

Messages of survivorship from grandmothers were even more explicit. As a child, Emily recalled her grandmother’s fear that her male babysitter would rape her. Rose was still unable to swim as a result of her grandmother’s discouraging her from learning. Patty remarked how the subtext of every conversation with her grandmother concerned her personal safety and the fear that she might die:

*Every question that she asks is her trying to ascertain whether or not whatever I’m talking about may lead to my death. ‘I’m going out’, ‘Where are you going? Who’s going with you? Are you going in the dark? Are you going by yourself? How are you getting home?’ ‘Cab’. ‘You might die’. She is never interested in what I’m actually doing. She’s only concerned whether I’m going to live through it.*

As well as verbal warnings, second generation women, like their mothers, addressed their fear for their daughters’ safety through persistent overprotective behaviours. Their daughters considered these behaviours excessive and irrational. Respondents were closely monitored in their activities, given curfews and strict guidelines aimed at minimizing danger, and discouraged from travelling to so-called unsafe countries. Upon telling her mother that she intended travelling to Brazil, Natalie’s mother reacted “hysterically”, informing her of all the possible catastrophes that might befall her, including having her eyes and kidneys stolen and “disappearing without trace.” Taryn described how even in high school her mother would not trust her to walk home alone from school:

*I had an escort to walk me home from school about 2 blocks when I was in grade 6 and in year 7. This girl was paid $10.00 a day to walk me the 2 blocks home from school. This girl was a family friend who was in Year 12 and lived around the corner and she thought it was a bit funny herself. One day when I*
was in Year 7, I actually broached it with her and said “don’t you think this is a bit weird that you’re being paid to walk me home from school” and she said “well yes, it is, I used to walk by myself when I was your age, but hey, it’s good money and I like your company.” When I got home I burst into tears and yelled at my mother and said “I can’t stand this anymore. You are so overprotective.”

Where third generation respondents were exposed to non-Jews, their awareness of their mother’s overprotectiveness was heightened. Patty, who attended a private Anglican girls’ school and lived in a neighbourhood with many non-Jewish families, was aware that her classmates were trusted to leave the house and walk to places on their own three years earlier than she was. Lisa remarked how she still had a babysitter well after her non-Jewish friends were allowed to stay by themselves at night.

Notwithstanding second generation women’s claims to the contrary, respondents maintained that their mothers went to extraordinary lengths to shield them from any sort of pain. They attributed this to their backgrounds and their belief that there was “no margin for error” and that mistakes could have dire consequences. Accordingly, pain, both physical and emotional, was to be avoided at all costs. Lauren remarked:

That whole idea of making mistakes and learning from mistakes was never passed on. You weren’t allowed to make mistakes. It was a whole planning thing – as if you plan things out, you will be fine.

Similarly, respondents saw their mothers as trying to limit the opportunity for something bad to happen by “covering all their bases”. They interpreted this behaviour also as stemming from a belief that just as the Holocaust happened, so too could some other disaster if one was naïve, ignorant or ill-prepared. According to respondents, their mothers reasoned that in the same way as there were warnings of
rising anti-Semitism in Europe, there were warnings in today’s world that must be heeded in order to prevent accidents and tragedies from occurring.

7.7.4.4 The Importance of Family

Mothers and grandmothers reinforced the importance of being close to family. Many respondents spoke of being “lectured” on maintaining strong bonds with their siblings as ultimately they would be the only ones they could rely on because “friends didn’t count.” Natalie was forever conscious that her grandmother’s family had “just disappeared” and with it, the opportunity for developing family ties. Lisa commented on the “almost unnatural” closeness her mother shared with her sisters, speaking and seeing them at least once daily. This level of closeness had been encouraged not only with Lisa’s own siblings but with her maternal cousins. The extensive losses of family members may explain the emphasis on cohesiveness within Holocaust families.

7.7.4.5 Happiness

Mothers imparted strong messages emphasizing the importance of their daughters’ happiness. While seemingly contradictory to their overprotective behaviours, respondents generally understood this as an appropriate message that was consistent with their mothers’ external reality. Similarly, verbal messages about being “precious” were assimilated within the general context of their parents’ natural feelings for them as children and were not regarded as abnormal. By contrast, they considered that life-affirming messages such as “make the most of every minute” were inspired by Holocaust notions regarding the precarious nature and uncertainty of life.

7.7.5 Emotional Climate of the Home

As mentioned in the previous chapter (see s. 6.6.6), the mood within second generation homes was generally distinguished by extreme heaviness, sadness and
pain, an absence of laughter and displays of affection and emotional intimacy. As
the second-generation married and became mothers, they were faced with the
challenge of establishing a valency in their new home that was not sullied by the
struggles of their family of origin.

Most second generation women went a certain way towards achieving this
objective by creating home environments that their daughters considered were happy,
stable and relaxed. Indeed, there was no evidence of the pervasive sadness and
absence of joy that characterized second generation homes but rather laughter and
warmth. However, while substantially enhancing the quality of the mood in their own
homes, second generation women were not totally successful in escaping their legacy.
Many respondents described the atmosphere in their homes as volatile, chaotic and
strained. This was attributed in part to the pressure of on-going commitments towards
satisfying both the needs of their parents’ and their own families, and in part to their
emotional make-up.

Mothers were commonly seen as moody and prone to explosive outbursts,
usually with little provocation. Penny reported how her mother screamed louder in
keeping with her rising anger. Another respondent, Dina, described her mother’s
frequent and unreasonable “eruptions” of anger:

When I was growing up mum could get angry very easily if we stepped out of
line.....if we strayed from what we were meant to do, if we spilled things. I
remember once I had a friend over and we were playing with a little bouncy
ball. I was very young, about 6, and there was a door with a window and we
chucked the ball up and it went through the window and broke it, and mum
lost it. Now when I think about it, I realize she shouldn’t have. We were kids.
She’s just this loose cannon, any deviation from what was expected would
trigger it.

Respondents claimed that their mothers largely determined the mood of the
home with their fathers playing a less significant role and perceived as usually
succumbing to their mother’s dominance. Although eight women had fathers who were not from survivor backgrounds, there was little apparent difference in the way these women described the emotional climate of their home. Penny’s comments resonate with many second generation descriptions:

*The whole family operated centrally around my mum and her emotions. I remember instinctively waiting in bed to hear what her mood was like so that I could gauge what the family mood would be like. My mother is a very strong character and you knew that her mood would reverberate throughout the house.*

Unlike the second generation, third generation women did not feel bound to suppress their emotions for fear of burdening their mothers. As Patty remarked, “If I was upset, I never tried to hide it from my parents or [if I was] angry, I never bottled it up. You could scream, you could shout, you could swear, you could throw things.” Likewise, parents openly expressed emotion amongst themselves, both positive and negative.

Findings showed a more adaptive approach to grief and sadness than in second generation homes. Whereas for the second generation, loss and death always evoked memories of the Holocaust and produced exaggerated responses, for the third generation they were seen as a normal part of life and managed in an emotionally contained manner. More than half the respondents had experienced the death of a close relative, usually a grandparent or a friend, and had attended funerals and visited graves even as children. This was in contrast to their mothers, most of whom, due to not having grandparents, had not attended a funeral until they were in their twenties.

### 7.7.6 Mother-daughter Relationships

Transmission of trauma through the mother-daughter relational dynamic was less apparent in the third than the second generation. However, findings revealed that such trauma was transmitted to the third generation directly through their relationship
with their grandmothers. Although third generation mother-daughter relationships were more positive than second generation ones, there was evidence of many of the same negative parenting behaviours as exhibited by survivors. The most prevalent of these was the perceived over-involvement of second generation women in their daughters’ lives. This manifested in over-protectiveness, excessive control, and inhibition of their daughter’s independence. Albeit less marked than in the second generation, third generation mother-daughter relationships also showed evidence of blurred boundaries. Second generation women held the same high expectations of their daughters as their mothers held of them.

Third generation women’s perceptions of the parenting of their Jewish peers from non-survivor backgrounds highlighted the negative impact of their family history on their own parenting. Respondents regarded these peers as less protected, more relaxed, more trusting, having a higher degree of freedom and being generally more optimistic. Louise described them and their families as “less hung-up” than Jews from survivor backgrounds and more integrated into Australian society: “You can pick a European Jewish family, but you can’t pick an Australian Jewish one.”

7.7.6.1 Over-involvement and Control

Many respondents claimed that they felt unable to “break free” from their mothers’ control and protective behaviours and “be themselves.” They were conscious that their mothers did not value a difference of opinion, wanting them to be “carbon copies of themselves.” This frequently resulted in third generation women feeling guilty for not agreeing with their mothers, insecure, and unable to trust their own judgement. Rebecca remarked, “I turned it back on myself so that I would say ‘what's wrong with me?’” Taryn questioned her ability to face challenges on her own:
“I think ‘what if I can’t do it, what if I fail, what if I turn out to be hopeless?’” Yet another respondent, Dina commented:

I moved out of home because I knew that she has to offer an opinion on everything which is fine when I can hang up [the phone] but I know that my independence and ability to take responsibility for myself is eroded when I spend too much time with her.

Over-involvement extended to all aspects of their lives, from their physical appearance and the activities they pursued to their choice of friends. Several respondents commented that their mothers picked out their clothes for them until they were in their late teens, insisting that they conform to their mothers’ taste. They were restrictive about where they went, with whom, and what time they came home. These behaviours generally intensified once their daughters started dating boys and driving. Rose was an exception, believing that her mother consciously attempted to grant her the freedom that she never had:

While other kids were restricted in what they could do, I was allowed to do whatever I wanted and I remember thinking that consciously mum was making up for doing all the things she wasn’t allowed to do.

Respondents claimed that their mothers invaded their privacy and bombarded them with intrusive questions. Natalie commented, “Even now she’ll ask me where I’m going and then she’ll call my mobile later to see where I am. If I’m in the room with my door closed she’ll say ‘what are you doing?’ There's no respect for privacy.” Carol envied her girl-friends’ greater freedom:

With mum I always felt like she wanted to know everything, every action, every detail that was going on with me, and I always felt so resentful. And then it got to a point where I knew that my actions weren’t going to be in sync with her expectations so I had to lie. I used to think, “I wish she wouldn’t ask me”. My friends’ parents would just leave them to their own devices.

Their mother’s over-involvement persisted even as they reached adulthood, married, and had their own children. Rachelle, a young mother, remarked that her
mother still checked up on her daily to remind her of such things as making sure her daughter wore a coat to crèche. The frustration resulting from a life-time of overprotective mothering was in many cases unresolved. Taryn continued to feel hostile towards her mother, deliberately stifled any attempts at physical affection in her bid for independence. “I try to push her back and say, ‘You did this before, but don’t you ever think that you can be protective like this again.’” She elaborated:

There’s a big emphasis on my own independence now, disproportionately so. It’s a direct reaction to her over-protectiveness. For some reason I don’t like cuddling her or being near her because it’s almost as if I’m communicating dependence. I don’t want to say to her in any way that I am emotionally dependant because it has too strong ties with my past.

7.7.6.2 Blurred Boundaries

Enmeshment with their daughters’ lives manifested not only in their over-protective behaviours and lack of encouragement of their daughter’s independence but in their own dependence on their daughters. This was largely facilitated by the lack of clear boundaries between them. Although these were more distinctive than in second the generation women’s relationships with their mothers and daughters did not experience the same sense of fusion, they continued to feel caught up in their mothers’ lives and problems. Suzie recounted that her mother divulged intimate details about her life and treated her as a confidante rather than as a daughter: “She always crosses every line and she never knows when to stop.” She was conscious of her mother replicating the patterns of her own upbringing which was marked by the total absence of any form of boundary. Rebecca was aware that she identified so strongly with her mother that she had appropriated many of her emotional responses.

The mother-daughter role reversal prevalent between the second generation women and their mothers was far less pervasive and only reported in a few cases. Patty, who had observed the powerful reversal of roles between her mother and her
grandmother was conscious of the pattern repeating itself but in a much more limited form. Although she felt that since a child, she had adopted the position of the “rational one” and needed to look after her mother at a practical level, she did not feel responsible for her emotionally:

*I've always felt with my mother that she was the child and I had to be the one in control. Like mess and things around the house. She is always chaotic and messy. I remember as a kid that she was always late and I couldn’t handle lateness and I was always telling her, “Come on, hurry up, you can’t do that now, stop being so late.”*

Although daughters did not feel compelled to put their mothers’ needs before their own in the way demanded of their mothers, they nonetheless experienced strong feelings of needing to protect, please and not hurt them. Ilana censored what she told her mother to avoid upsetting or alarming her. Emily felt responsible for her mother, particularly now that she was older and more aware of her mother’s pain and issues. Although Lauren felt she could talk to her mother about most things, she never exposed her innermost feelings for fear of disappointing her mother. Jackie considered her mother’s feelings in every decision she made.

### 7.7.6.3 Parental Expectations

Respondents believed that their Holocaust background accounted for many of the expectations their parents imposed on them. Expectations were essentially the same as those identified by the second generation: to achieve academically, to get married, preferably to someone Jewish, and to have a family. They were further expected to honour their family heritage by maintaining the Jewish faith, by having children and “rebuilding that whole population”, and in many cases by being active in Jewish causes.

The expectation that they succeed at school and attend university may in part be explained by cultural factors but respondents were also mindful that their
grandmothers had been robbed of a tertiary education by the Holocaust. Their family narrative of being uprooted also informed their understanding of the value of education as an enduring and portable form of security.

Although respondents were encouraged to have lots of friends and sustain active social lives, their parents largely disapproved of them dating non-Jewish boys. Mothers’ affirmations of stronger connections with someone from a similar background and the dangers of assimilation reinforced their understanding of the expectation that they marry someone Jewish. Pressure to marry within the faith is discussed further as an outcome of transmission (see s. 7.7.12.8).

**7.7.7 Relationship with Grandmother**

As previously mentioned, third generation daughters shared a unique and unconventional relationship with their survivor grandmothers. This relationship was highly influential in the transmission of Holocaust trauma to the third generation. Not only were grandmothers more inclined to speak openly about their traumatic experiences to their grand-daughters than they had to their own daughters (see s. 7.7.3.1), but they treated them differently. No longer as engaged with the practicalities of life, and with greater emotional distance from the trauma of the Holocaust, they were more freely available to their grandchildren, picking them up from school, babysitting them, and seeking out their company. As an extension of their children, and part of the plan to replace family members who had perished, grandchildren were cherished above all else. Rose’s grandmother treated her more as a child than a grandchild, frequently remarking “I have three daughters.” The second generation, acutely aware of the absence of their own grandparents, actively encouraged the relationship between their survivor mothers and their own offspring.
Granddaughters described a very different relationship with their grandmothers to that which they shared with their mothers. Regardless of whether or not their grandmothers spoke about their experiences, granddaughters were aware of their deep suffering and treated them with compassion, love and understanding. They refrained from showing anger in spite of often feeling frustrated and confused by their illogical demands, instead endeavouring to pacify and please them. They also felt an obligation not to hurt them because “they had suffered so much already.” Patty explained the dynamic of the relationship:

*She’s often frustrating and I find myself getting angry with her and then thinking to myself “don’t get angry with her, she’s got no one, she’s got nothing, she’s had such a terrible life, you have to make it alright for her.” I make sure I call her every day so that she knows that there are people who care about her.*

Respondents tended not to evaluate their relationship with their grandmother in terms of perceived merits and difficulties or to question their behaviours or comments. They generally understood that for their grandmothers, positive love was not expressed in tenderness or discussing their lives but most likely through providing them with food or a piece of cake. Similarly, they recognized that such comments as “If you love somebody else that means that you love me less,” were not intended to hurt them, but were informed by their horrendous experiences and reflected their insecurity, distrust and need for control.

7.7.7.1 Patterns of Engagement

In an attempt to identify trends in parenting across the three generations, respondents reflected on similarities and differences between their relationships with their mothers and grandmothers. They perceived the greatest similarity between the two generations as concern for the personal safety of their children/grandchildren and their expressed fear of external danger. They described both generations as “intense”,

with strong desires to control, and as having ambitious aspirations for them. In many cases, they believed that both mothers and grandmothers expected them to be available to respond to their respective needs. As Penny remarked, “I have to be there for my mum and my grandmother… even when you’re running a job, house etc., you’re still expected to drop everything and put yourself under pressure because of their needs.”

Insofar as differences were concerned, respondents regarded their grandmothers as more serious, more needy and preoccupied with their own issues. They perceived their mothers as softer and more emotionally available. Respondents claimed that their mothers were more understanding of their issues and able to offer more practical solutions and support. They were generally more accepting and less judgemental than their grandmothers and placed less emphasis on such things as appearance. Many women believed their mothers had attempted to reverse aspects of the way they were parented and compensate their children for things they felt lacking as they were growing up. This is consistent with the intentions expressed by the second generation. Jackie commented:

> From what mum’s told me about her upbringing, I think she has really made a conscious effort to bring us up in the opposite way in terms of support and protection. Even if she hasn’t always succeeded, she’s been conscious of not wanting to project these things onto us. And she’s very affectionate towards us, whereas my grandmother is not at all affectionate towards mum or us. There was a very strong reaction.

### 7.7.8 Sources External to Family

Information about the Holocaust derived from external sources such as the media, commemoration ceremonies, Zionist youth movements and Jewish day schools were of secondary importance to messages conveyed through intergenerational means. They can best be described as contextual factors that
reinforced and extended the third generation’s understanding of the Holocaust and, through visual imagery and dialogue, provided an emotional dimension to their family stories of horror and persecution.

As a young girl, Ilana recalled her terror and shock at seeing graphic images of survivors in a book that she immediately related to her grandparents. Patty, like many other respondents, personalized the experiences of the young Anne while reading the *Diary of Anne Frank* imagining that it could have been her. Characters in films with Holocaust themes were mentally transformed into their grandparents and scenes from books became transposed onto their external reality. Dina explained the way secondary sources tapped into prior tacit understanding:

> I’ve grown up knowing that there’s a Holocaust heritage. *It was articulated but I already had the knowledge. It must have been transmitted to me somehow.* Later when we did our family roots project at school, my mother or father would elaborate on what had happened. I think a lot of it was my own inferring because I’d hear the generic story and then I’d superimpose the images of my grandparents in that context because I already had that knowledge, so I would connect the two in my own mind.

Many third generation women claimed that whenever they saw a film on the Holocaust or attended a Holocaust commemoration service, they gained a greater insight into their grandparents suffering. This led to greater empathy and strong feelings of sadness, compassion and protectiveness towards them.

All twenty third generation participants had attended a Jewish school at some point in their lives with fifteen having received an exclusively Jewish education. Only two women had received the majority of their education at a non-Jewish private school. This strongly contrasts to the educational experiences of their mothers, of whom only three had attended a Jewish school. It is unclear whether this statistic reflects the influence of the Holocaust in the second generation’s educational choices for their children or marks a more general trend towards Jewish education.
It appears that school had no bearing on the manner in which the second generation engaged with the Holocaust but the same cannot be said for the third generation. Respondents spoke of the adverse effects of being exposed to Holocaust-based films and books in primary school, receiving formal instruction on the Holocaust, having survivors attend the school to talk about their experiences and attending Yom Hashoah (Holocaust Remembrance Day) services in blacked-out halls accompanied by sombre renditions of Holocaust poetry and songs. Although intended to serve an educational purpose, perhaps with children from non-Holocaust backgrounds in mind, effects described by the third generation suggest a level of traumatization and arousal of fear. Dina described her reaction to studying the book *I am David* in Grade 5:

*I remember taking it very personally and I had a really extreme reaction to it. I got home and I bawled and I couldn’t actually go to the classes anymore. I remember my teacher calling me in after the class to discuss my reactions….I think from that moment, I always had that fear of Nazis coming to kill me.*

Louise left the room in tears, unable to watch when the class was shown the film *Escape from Sobibor* in Year 8. Rachelle started having nightmares after hearing oral testimonies from Holocaust survivors visiting the school. Third generation women believed that they experienced more distress than their peers from non-Holocaust backgrounds. This would suggest the greater impact of trauma transmitted through family narrative than through exposure to media.

7.7.9 Summary of Processes

The thematic analysis revealed a unique multi-generational paradigm of parenting by which trauma was transmitted to the third generation. Both mothers and grandmothers separately imparted trauma through verbal and non-verbal messages and through the dynamics of their respective relationships. These processes were
similar to those by which transmission of Holocaust trauma to second generation women took place. The mood of third generation homes, while not as sombre and depressing as that in the homes in which their mothers grew up, was nevertheless marked by tension and volatility. This may have further served to convey trauma-related effects. Although there was no evidence that trauma was transmitted directly to the third generation as with their mothers, there was indication of intuitive, tacit awareness of their family trauma from an early age. This was reinforced by sources outside of the family, most particularly media and Jewish schools. However, survivor grandmothers provided the most critical means of imparting trauma-related effects to the third generation. Psychological effects resulting from transmission are discussed in the following section.

7.7.10 Transmission Outcomes

The following section examines aim 3 and 4 (b): To investigate the on-going effects of the Holocaust on the third generation, and to compare and contrast these effects with those of the second generation.

Despite lacking direct exposure to the Holocaust itself and being two generations removed, Holocaust trauma continued to shape and define the emotional experiences, behaviours, identity and worldview of the third generation. Notwithstanding differences in life stage (some third generation respondents were in their final years at school, some were at university, some were working, some were married, and others were already mothers), all regarded the Holocaust as an ongoing influence in their current lives. As with transmission processes, transmission outcomes reflect the influence of both mothers and grandmothers.
The extent and manner in which Holocaust trauma impacted the emotional experiences of the third generation women showed more variation than in the second generation. Most commonly, it manifested in this third generation as fear, a sense of burden, on-going vulnerability, and feelings of difference associated with their identity. The more closely the third generation identified with their mother and grandmother, the more intensely they experienced these emotions. The physical presence of their survivor grandmother served as a further reinforcement of their Holocaust legacy.

7.7.11 Fear

Fear was the most pervasive indication of on-going Holocaust trauma. All third generation women reported generalized anxiety or specific fears related to the Holocaust. The most intense and persistent fears were loss of family, external danger, being personally harmed, and the recurrence of another Holocaust. Although such fears may be present within the wider community, all the women in this study believed that their fears were closely informed by their family narrative.

For most respondents, fear was their first response to learning of the Holocaust. Louise commented, “It’s a sheltered child’s first inkling that there are evil people in the world.” Their early insight into human nature and its capacity for cruelty informed their view of the world as an unsafe place. Many third generation women described how as children, they felt personally at risk because they were Jewish. Patty remembered asking her mother. “Couldn’t that happen again? What’s to stop it? We are Jewish, so they could come for us?” When her little brother was born, Ilana feared that he would be killed like Jewish babies during the war. Dina spoke of her fear of Hitler and of Nazis coming and “getting us all.” She recalled searching out places in the house where she could hide in the event that this occurred:
I always had that fear of Nazis coming to kill me. I remember when I slept, if I slept on my stomach with my hands on my hips, I remember being afraid that Hitler’s ghost would think I was angry with him and would come and kill me so I had better sleep in a different way. I have a really vivid memory of that.

As a result of such feelings of fear, many respondents tried to avoid further exposure to information about the Holocaust. Emily claimed, “I do everything I can to avoid it. It’s just too huge, too much reality.” After reading the book *Elli* when aged 11, Natalie claimed to have had a “significant life-altering experience,” after which time she avoided all Holocaust related films and written materials.

### 7.7.11.1 Generalized Anxiety

Many of the women interviewed reported persistent anxiety which pervaded their current lives. It commonly manifested as worry, panic, difficulty in making decisions and being alone with personal thoughts, and insecurity about the future. Like their mothers, they expressed their anxiety in certain obsessive behaviours associated with physical safety. However, other obsessive behaviours noted in the second generation such as hoarding were less prevalent amongst third generation women. As with their mothers, no undue concerns for their health or with death were apparent.

Respondents attributed the perpetuation of anxiety to “inherited” patterns of anxiety within the family, believing that their mothers had passed onto them anxiety which they had absorbed from their own mothers. This anxiety was understood to be a direct consequence of growing up in a “survivor” family. Lauren observed that she was part of “a chain of some kind of excessive anxiety that was not quite healthy.” Ilana perceived her own inability to be easy-going, her self-doubt and indecisiveness as a reflection of her mother’s behaviour. Several respondents aspired to break the pattern of transmitted Holocaust-related anxiety. Louise commented: “I want the buck
to stop here and to live from day-to-day with no regrets and the knowledge that if something terrible happens it’s out of my control anyway.”

The volatile mood of their homes also contributed to their anxiety, their need for control and difficulty containing their emotions. Carol described how family members could never relax but were in a state of permanent tension. She believed this explained her frantic and nervous behaviours, and tendency to lose things. Patty was “obsessed” with setting boundaries, being on time, completing tasks and fulfilling personal expectations to compensate for perceived chaos and lack of order in her home. Many respondents regularly experienced panic attacks, particularly when facing pressure or situations they could not control. They saw a direct link between these reactions and the Holocaust where lack of control presaged doom.

Respondents experienced difficulty being alone with their emotions, needing frequent contact and reassurance from family. Penny remarked that her husband complained how frequently she phoned him at work, often just to tell him things that she could tell him later. While Natalie accounted for her urgency to share everything from “tragedy and ecstasy” to a background of excessive parental involvement, Penny reasoned it was because “there mightn’t be a long future out there.” This belief appears strongly influenced by messages about the Holocaust.

As with their mothers, the third generation’s lives were suffused with anxiety about what may happen in the future. They described “not living spontaneously in the present”, “preparing for the worst”, and living by “damage control”. Natalie related how she always carried around huge bags “stuffed with all my possessions and 20 keys on my key-ring just in case I may need to get in the house through the back way or something.” Respondents’ need to make contingency plans to avert potential disaster was reinforced by images of their mothers’ behaviour and that of others from
Holocaust backgrounds. Jodie recounted the deep impact of visiting her mother’s cousin in France, the daughter of a Holocaust survivor, and observing a packed suitcase by the door, which she was told was “ready and waiting in the event that something happened and we have to leave in a hurry.”

7.7.11.2 Fear of Loss

A family history of death produced a fear of further losses in the third generation, as it had with their mothers. Daughters felt the need to know their mothers’ whereabouts at all times and to inform them of their own. Jodie spoke of her parents ringing, even if they just went to Sydney, to let her know they were safe. Despite being thirty and married with a child, Rachelle and her mother constantly check on one another’s whereabouts. Rachelle believed it was a pattern fuelled by fear that had been transmitted through the generations from her grandmother. Penny’s account of neurotic preparations involved in arranging to meet someone suggests the importance of not getting lost “without trace”:

You say things like, “Well if I’m not here, I’ll be there, and if I’m not there I’ll be on my mobile, and if I’m not on my mobile I’ll be 5 minutes away.” And it’s this “Wait for me, don’t leave me, don’t get lost.”

The need to leave traces resonates strongly with images of the large numbers of victims who disappeared in the Holocaust, never to be seen again.

Rose’s sense of loss at the death of her father both magnified her fear of future loss and reinforced losses inflicted by her family history. She drew parallels between Holocaust survivors’ feelings of abandonment following the losses of family and her own fear of being alone in the world:

I was 25 and I thought, “I’ve got no-one left. If my mother dies I will be an orphan.” Suddenly it was the realization that if she goes, that’s it…it’s all over, I have no more family and then I thought, this is like the Holocaust, you don’t have any family, they are all taken away from you. And it’s not meant to be like this… I felt I was really alone. A lot of the reason I am so
overprotective of my mother is that I think if she goes, then I’m really alone, and I couldn’t go through with that. I couldn’t cope. I feel sick at the thought. Loss is something I don’t deal with well. Not that I’ve ever articulated it with mum. And we’ve never discussed it since the day that dad died.

Fear of loss was further evident in a need to maintain close physical and emotional connections with family members. Like Eliza, respondents believed that it was important for families to “stick together “as a result of what happened during the war. Rachelle explained the influence of the Holocaust in her intense family relationships, particularly with her grandmother:

We are an extremely close family. I speak to my grandmother every day and I speak to my mother and father every day so I’m not a normal person and neither is my brother. I think the closeness in our family is a direct result of the Holocaust and losing so much family on both sides. We were brought up with the knowledge that this is all they had and at the end of the day, “This is all you’ve got.” I will tell my grandmother things that I wouldn’t even tell my friends.

Overall, respondents considered that their attitude to family was different to that of the wider Australian society. They understood that while others may perceive their close family relationships as “suffocating”, it was their way of relating and provided them with strength, sustenance and security in an uncertain world.

7.7.11.3 Fear of the Outside World

Fifteen of the respondents expressed fear associated with physical safety and some form of threat from the outside world. Such fear was characterized by increased vulnerability stemming from the absence of any form of control, and presented in obsessive behaviours and distrust of others. Common concerns included: walking in the dark, being home alone, especially at night, fear of intruders, and of being attacked, raped, kidnapped or killed. Louise related a longstanding fear of opening the front door and being shot by a stranger. Nicole described sitting on trains and wondering whether the other passengers had explosives and were going to blow her
up. Like other respondents, Natalie believed her fear of being physically harmed stemmed from stories of concentration camps and male aggression:

Being attacked reminds me of what happened in the camps. Fear of physical brutality being inflicted on me is also a Holocaust thing. It really scares me. I’m a bit anxious sometimes about being touched by men particularly. I associate it with the aggression shown by men in the camps. Even though my father is very gentle, I do associate men with aggression and the use of force.

Fear of danger was also informed by implicit and explicit messages from their mothers and grandmothers. These messages warned of dangers in crossing roads, taking public transport – in particular trains where there were no conductors, and riding motor bikes. Jackie remarked, “It has been ingrained in me how we all could die.” Patty felt unable to walk down the street at night without hearing echoes of her mother’s terrified admonitions to take care. Several respondents were told by their mothers that as girls they were vulnerable because they could be raped. This message is congruent with suspicions held by several second generation women regarding their own mother’s experiences during the war.

Respondents considered themselves to be much more fearful and vulnerable than their friends from non-Holocaust backgrounds. Taryn commented:

I am definitely fearful of a lot of unknown things that my friends [from non-Holocaust backgrounds] are not. Particularly things like driving or walking alone late at night. I won’t drive in certain areas such as the city or at certain times of night. I am terrified of having an accident or getting lost or causing someone else to have an accident. I try to never make someone aggressive or angry towards me such as in a road rage incident. I am so scared of what they will do to me. I always have that fear that someone might be waiting for me.

Manifestation of fears ranged from general caution to obsessive checking that car-doors and houses were locked, that no-one was hiding in the back seat of the car, and that they were not being followed. Natalie considered her life regulated by her anxious behaviours in spite of attempts to control them:
I lock my car door and walk to the restaurant and I can't remember doing it because it's so automatic, so I then have to walk back and check my car to make sure it's locked. I check my car in that way usually three times before I can walk off. Also I have my hair straightener. I'll straighten my hair, turn off the straightener, put it away, leave the house and I then can't remember putting it away. So I have a freak out that the house is going to burn down and come in straight away to check if it's off. And it's always off. I've never left it on even once.

Third generation women were usually aware that their neurotic responses were an unconscious replication of their mother’s behaviour and part of the legacy transmitted from their grandmothers. In explaining her own anxious “checking behaviours”, Lauren recalled the many times that her mother had already left the house and had rung up to check that the back door was shut properly or that the stove was switched off. While wanting to break the cycle of transmission before it reached a fourth generation, many respondents believed they were “trapped” by the example they had been set.

In contrast to second generation women, fear of external danger did not generally translate into reluctance to take moderate risks. With only one exception, all respondents were able to swim and ride bikes. Most were not frightened to venture into unfamiliar situations and engage in activities such as back-packing in foreign countries, although high-risk activities like sky-diving, bungee-jumping and taking hard drugs were avoided. Respondents’ willingness to take risks appeared to be influenced more by personality than maternal warnings of danger.

Although less pronounced than in their mothers, most third generation women reported feelings of distrust or wariness towards others, including friends. They attributed their lack of trust to messages from their mothers and grandmothers that even girlfriends can “turn on you, even when you think you're safe”, and to stories of betrayal. Rebecca reflected on her grandmother’s stories about the best friend who
was a neighbour who then reported her to the authorities. She believed that friends
could be trusted to a certain degree, but “when the chips are down” they were capable
of anything. Patty commented:

*I have this sense that there is no one you can trust, even close friends and
family. I’m usually a solo rider with that one. I always feel that people could
have a second agenda or a reason for giving you the advice that they do. I
think the advice my parents gave me was always about protecting me, so I
really didn’t put that much store in their opinions. I never allow myself to fully
delve in intimate friendship. It is very much a Holocaust mentality about not
knowing who’s around the corner and may stab you in the back.*

Although centuries of oppression of Jews may also explain the third generation’s
feelings of distrust towards the outside world, it is likely that such fears were more
directly influenced by the knowledge that members of their family had been forcibly
removed from their homes and persecuted during the Holocaust.

7.7.11.4 Fear of Persecution

There was overwhelming fear amongst the group about current anti-Semitism,
global terrorism, and the potential for another Holocaust in their life-time or that of
their children. These topics were regularly discussed over family meals. Many third
generation women reported a sense of unease and vulnerability at their position in
Australian society, believing that conditions that gave rise to the Holocaust in
Germany could occur in Australia. Dina related these fears directly to a history of
persecution as well as the Holocaust:

*It’s a narrative of being persecuted, of being constantly uprooted and the most
immediate memory of that is the Holocaust. My grandparents are a real
manifestation of that. I don’t believe that it won’t happen again. I don’t think
that Australia will be a permanent home for Jews.*

Fears of on-going persecution were fuelled by a belief that as Jews they were
not quite as free as other people and that there may be times and places where they
may be compelled to lie about their religion. Several women referred to the beheading
of two American Jews, Daniel Berg in Iraq and Daniel Pearl in Pakistan. Many respondents, while acknowledging persecution as a reality-based fear for all Jews, maintained that the fear was amplified in families of Holocaust survivors where the association with persecution was more recent. Taryn often wondered which of her non-Jewish friends would hide her and save her in the event of future Jewish persecution. She commented:

A Jewish friend whose parents hadn't been in the Holocaust may still respond to pro-Palestinian or anti-Jewish sentiments in a horrified manner, but they may not see the Holocaust happening all over again as I do. I see an exact recurrence of all the attitudes that were in the Holocaust happening all over again... I think it could be me. I have no illusions.

Feelings of vulnerability as Jews were also reinforced by contemporary anti-Israel sentiment. Several women related how as University students they refrained from aligning themselves too closely with Zionist organizations for fear of being attacked and targeted. Rebecca was adamant that being Jewish was a point of difference that could make her a target: “I have a Star of David but I won’t wear it around my neck because I don’t want everyone to know that I’m Jewish. You ought to be careful whom you tell.”

7.7.11.5 Attitudes to Perpetrators

Emotional responses towards Germans, their language and culture were largely negative, with all respondents making immediate associations with the Holocaust. The word ‘German’ most commonly conjured up images of “Hitler, Nazis and German shepherd dogs”. Nicole remarked that whenever she saw train tracks, she was reminded of the two train lines leading into Auschwitz, and Carol connected the sight of cattle trucks with Jews being taken away. Several women claimed that they always pictured Germans as old men in Nazi uniforms “with no feelings or
conscience”. Rachelle commented on the harshness of the German language. “If I’ve ever been anywhere and heard the language, I’ve actually shivered.”

At the same time, most respondents conceded that their negative stereotyping of Germans was not rational but a “gut response” that they had difficulty altering. In spite of having met Germans who were “lovely” and being willing to travel to Germany, they remained suspicious about the involvement of the parents and grandparents of their German acquaintances during the war. Lauren commented: “I’m always aware of my reaction to Germans. My immediate response is ‘bang, bang, German, Nazi’, and then I think ‘don’t’. It always happens. The first response is a gut reaction and the other one is logic.” The mental representations and attitudes towards Germans and their culture held by third generation women appear similar to those held by the second generation. Third generation women, however, were generally not as concerned as their mothers about purchasing German products, although several felt uncomfortable doing so out of a need to honour the experiences of their grandparents.

7.7.12 Burden of the Past

As with the second generation, on-going trauma from the Holocaust was clearly evident in the third generation’s overwhelming sense of responsibility for the past. Respondents widely referred to the unshakeable burden which they were forced to carry, which impinged on their freedom and from which they felt they could not escape. Relatively speaking, the overall impression gained from this generation’s responses was that the burden was less onerous for them than it was for their mothers. They did not appear to suffer the same degree of paralysis or feel that their lives were captive to the transmitted trauma in the same way as the second generation women.
However, the burden described by third generation women was real and palpable and impacted their lives in similar ways. It manifested in their feelings of obligation towards their mothers and grandmothers, identification and nightmares about the Holocaust, guilt, food-related behaviours, difficulty reconciling their family history into their current lives, and their need to educate others about the Holocaust and perpetuate the Jewish faith.

7.7.12.1 Shouldering the Holocaust Burden

The burden of collective responsibility noted in the second generation was also apparent in third generation women. Nearly all respondents believed they “carried more baggage” than their friends from non-Holocaust backgrounds. Lisa remarked, “I feel I carry the Holocaust on my shoulders a lot of the time. It’s always in the back of my mind.” Dina was weighed down by memories of family suffering and the knowledge that many of her immediate family members lay buried in unmarked graves in Poland. Respondents felt particularly bound to their grandparents. Jackie described the legacy:

You grow up burdened. You grow up feeling personally responsible for your grandparents. It’s a burden, whereas the average child wouldn’t feel this..... I think you understand powerful emotions very early on as a child. I understood feeling responsible to people very early and that’s the expression of the Holocaust.

For some women the burden was an obligation to make their lives matter and to use opportunities not afforded “all those” who were their age when they lost their lives. For others, the burden assumed a form of victimization. Several respondents believed they were destined to be punished or suffer because they were “part of a chain” that had been established by their grandparents. Two respondents, who had experienced serious health issues, attributed their illness to internalizing the collective pain and suffering of their families. When diagnosed with a tumour, Rose’s first
thoughts were, “I’ve taken all your pains and hurt and I’ve built it up and I’ve got this as a result and now I’m going to die.” She understood her suffering as an ongoing effect of the Holocaust:

My grandmother had always told me about loss but I had never felt it. Suddenly I was feeling it and I though, What’s going on? It’s not supposed to be like this. ... and then I thought, I’ve been cursed. I was convinced for years that I was in a family curse, that the Holocaust and everything was one big family curse.

Many women believed their heightened sensitivity towards human injustice and the suffering of others was a further expression of the burden. Michelle credited her family background with influencing all her decisions from advocating on behalf of oppressed people to her choice of career and friends. Above all, the burden was apparent in feelings of obligation towards both their mothers and grandmothers.

7.7.12.2 Relationship Obligations

Notwithstanding less intense and less complex relationships with their mother than those experienced by the second generation, third generation women described similar, accentuated symptoms of responsibility and obligation. Moreover, they felt an additional obligation towards their grandmothers. Ever mindful of their grandmother’s extensive suffering and losses and their mother’s neediness and often difficult upbringing, respondents felt obligations towards both. They felt duty-bound to please and protect both their mothers and grandmothers, to not hurt or disappoint them, and to fulfil their wishes and expectations.

Parallels can be seen between the second and third generations’ protective behaviours towards their mothers. Third generation women reported wanting to protect their mothers from pain and worry, frequently refraining from telling them if they had a problem for fear that they would become anxious or blame themselves. Nicole maintained that she had been aware since the age of ten to not say anything to
upset her mother. “I don’t want to make her feel bad.” Rebecca was similarly reluctance to add to her mother’s already heavy burden by sharing her pain and problems with her. Rose was more concerned about the effect her tumour and potential death would have on her mother than on herself:

Instead of worrying for myself, I was just worried about my mother. She’s going to lose again, my poor mum. If I die she loses. I wasn’t even concerned about the fact that I was going to die – it didn’t even dawn on me for one minute that there was a possibility that this was the end of my life. I went home and I spent the whole night feeling sick that my mother had lost all these people and she was going to lose me. That was all that I was worried about. I thought my daughter is going to lose a mother and my mother is going to lose a child….I never thought about my loss, my life.

A number of third generation women internalized negative emotions such as anger and resentment rather than hurting their mothers, albeit to a lesser degree than their mothers had done. Taryn reflected on the many occasions where her mother had embarrassed and humiliated her for not doing as she had wished or for not succeeding at a given project. She claimed that she could never turn around like most girls of her age and retort “stuff you”, as she understood her mother’s fragility and feared destroying the relationship. Similarly, Jackie’s interactions with her mother were based on “telling her what she wanted to hear” in order to avoid arguments and distressing her.

Respondents described a need to please their parents and fulfil their expectations, particularly by achieving academically. As Lauren remarked, “The amount of pressure was ridiculous. I used to nearly vomit before exams and it was all about pleasing my parents. Their expectations were quite debilitating.” Many women felt unable to break the pattern of mother-daughter obligation that they had observed between their mother and grandmother. Despite having actively fought against it, Rose felt duty-bound to her mother for the sacrifices she had made for her:
I still have to do certain things... I ring my mother every day, every single day and likewise if I don’t hear from her I panic and I ring her. I feel I owe her because she gave up her whole life just for me. No question about that. She felt the same towards her parents that they’d given up their whole lives just for her.

Even more powerful than the desire to protect and please their mothers was the third generation’s need to protect the feelings of their grandparents. Constantly aware of their grandparents’ suffering, respondents were cautious in what they said, how they behaved, and how they treated them. They made conscious efforts not to disappointment them or cause them further grief, to live up to their expectations and to uphold their value system.

Occasionally, respondents’ feelings of responsibility towards their parents and grandparents translated into their way of relating to friends, colleagues and the world at large. Penny believed her way of putting her friends’ feelings before her own and not being too direct or open with them for fear of jeopardizing the relationship was an extension of the way she related to her parents. Nicole attributed her reluctance to disturb people or burden friends with her worries to patterns of familial behaviour.

7.7.12.3 Guilt

The fear of not fulfilling obligations towards their mothers and grandmothers resulted in widespread feelings of guilt. Respondents believed that guilt, along with many of their other emotions, had been transmitted through the generations. Third generation women described their guilt at displeasing their mothers, causing them to worry and not meeting their expectations, especially with regard to academic achievement. Eliza believed she would let everyone down if she failed at university or wasn’t successful in her job. Many respondents claimed that their mothers “guilt tripped” them into doing what she wanted by such comments as, “If you loved me, you would do this for me.” These remarks echo those of the second generation.
Overall, third generation women felt that the guilt imposed on them from their grandmothers was more commanding than that of their mothers. Whereas Rebecca may have been tempted to challenge her mother’s authority, she felt unable to refuse her grandmother’s excessive demands and feelings of entitlement. “You didn’t want to hurt her because you knew where she was coming from and she had been hurt so much already.” Carol did not feel guilty at upsetting her mother, but was unable to do anything she knew would distress her grandmother.

7.7.12.4 The Burden of Identification

There was evidence that many third generation women identified personally with their grandparents’ experiences although their level of identification was less pronounced and powerful than in the second generation. Identification was apparent in vivid Holocaust-related nightmares in which third generation women saw themselves as victims, reflections about their fortuity, and their understanding of their personal vulnerability to Holocaust persecution had they been born two generations earlier. Jodie remarked that whenever she saw Holocaust movies with Jews being shot or humiliated, she reflected that, “It could have been me or it could have been my mum.” Rebecca also used to wonder, “How come I escaped it? Why did I get lucky enough to be born now and not then?” She considered that her existence was testament to the failure of the Nazis.

Alluding not only to the experiences of their grandmothers but of Jews in eastern and central Europe prior to and during the Holocaust, several respondents spoke of what they perceived to be their good fortune at being part of the present generation. They considered themselves lucky at not having to take an assumed name and being able to enrol in a university course of their choice without concern for being Jewish. Lauren described her appreciation at being “free to go about in the
world and people aren't trying to kill me.” These comments reflect both personal identification with their family narrative and deeper feelings of vulnerability.

For a number of women, identification with the Holocaust translated into a sense of personal discomfort when the Holocaust was mentioned in the company of non-Jews who displayed ignorance, were unmoved by it, or responded with insensitive comments such as, “Why don’t you just get over it and move on. It happened over fifty years ago.” Such comments elicited feelings of personal attack and a compelling desire to honour the Holocaust publicly in the face of criticism and revisionist historians who claimed the Holocaust never happened.

7.7.12.4.1 Nightmares. More than half the women in the study reported having nightmares directly associated with the Holocaust. These varied in intensity, frequency and onset. For some, the nightmares had first presented in their childhood and persisted till the present day, while for others they were more prevalent during their school years and had abated over time. At times they occurred in response to identifiable triggers such as a conversation or seeing a movie with Holocaust content, while at other times they occurred unprovoked.

Ilana claimed to have nightmares about the Holocaust at least once a month. Occasionally she dreamt of “people who look like my grandfather with shaved heads” but generally she featured as a victim in her nightmares. Her strong personal identification with the Holocaust is revealed in the following account of her dreams:

*Once when I was in Grade 5, my younger brother was in my bed and his body was touching mine and I thought I was in between a pile of dead people and I couldn’t sleep after that….. More recently, I had a dream that it was already modern times….. I am going down an elevator with all my bags and I’m saying “This time it’s not a dream, this time it’s real.” I’m taking all my bags with me.*
The content of their dreams was similar to that described by the second generation women: being hunted and running away from the Nazis, seeing Nazis in uniform and looking for places to hide, and having to conceal one’s identity for fear of being discovered as a Jew. Jackie recalled her dreams as a seven-year-old where Nazis were hiding in her bedroom cupboard while more banged on the door. Dina similarly recollected waking in fright, imagining that storm troops were invading the house and she had to hide. At twenty-four years of age and living away from home, Dina continued to experience nightmares about the Holocaust. These intensified when she visited her family or celebrated a Jewish holiday. Louise’s recurring nightmare that her school had been turned into a concentration camp was reminiscent of the many powerful dreams described by the second generation women. She elaborated:

For a few years I had a dream about the school being turned into a concentration camp and the girls in my year being SS soldiers, so it was really full on. I was in the dream and I couldn’t do anything to help anyone. I was liberated. I had no chains on me. I was like a fly on the wall. I couldn’t do anything and no-one could hear me. I couldn’t touch anyone. There was that feeling of helplessness.

7.7.12.5 Attitudes to Food

Third generation women’s attitudes to food were influenced much more strongly by their grandmother’s behaviours and stories of starvation than their mother’s behaviours. A number of respondents who had internalized messages from their grandmothers regarding the “preciousness” of food or were disturbed by their stories of saving potato peel and fighting over pieces of bread were incapable of throwing it away and were distressed at seeing others wasting food. Jodie explained:

I personally can’t throw out food. Even when I watch a movie and people don’t finish their food and they walk away from the table with plates unfinished or chuck things out, I think to myself – “No, don’t do that!”
For the most part, third generation women were not greatly troubled throwing away food that was left over or leaving it on their plates if they were alone or with their mothers. Indeed their mothers’ attitude to discarding food had little impact on them. However, they were unable to waste food in any way in front of their grandmothers, knowing what food symbolized for them. Carol described her struggle:

*I used to have a lot of trouble because my grandmother used to tell me about the Holocaust and how she starved and I would feel really guilty if I threw away any food. I still try not to throw out any food.*

Notwithstanding, respondents prepared large quantities of food and stockpiled for fear that “there will never be enough”, repeating the pattern of their mothers and grandmothers. As Rose commented, “My grandmother used to cook for fifty even though there were only five people. My mother does the same….I’m finding myself doing very similar things.”

More than half of the third generation women described ongoing problems associated with eating, weight and dieting. They considered this a consequence of their mothers’ and grandmothers’ “fixation” with food and the conflicting messages from each. Respondents claimed that messages simultaneously urging them to eat but not to put on weight, together with an awareness of their mother’s persistent difficulties with weight and dieting underlined their own problematic food behaviours. Rachelle maintained that her current “unhealthy” relationship with food was “not her own” but had been projected onto her by her mother as a result of her own problems with food. She, like many others, believed that food-related problems derived from messages informed by the Holocaust.

### 7.7.12.6 Understanding the Burden

Although the burden of the Holocaust was more intense and oppressive for second than third generation women, both generations bore the challenge of
integrating the legacy of their family suffering into their daily lives. Even though
two generations removed, the third generation struggled to reconcile their sense of
personal connection to the Holocaust. Most were keen to “move on”, feeling that they
had reached saturation point.

Only four women felt motivated to seek out more information about the
Holocaust and their family history and to visit Auschwitz and other death camps.
These women reported grappling with issues of faith and morality and remained
curious as to the fate of lost relatives. Ilana relentlessly questioned where God was
during the Holocaust, while Jodie was desperate to “fill in the gaps” of her family
history. She spent hours browsing websites of cemeteries in Poland in the hope of
uncovering family names:

_I’m always looking for where they are. Maybe I can go back to Poland and
find a relative….. That was something my grandparents really wanted, but
they would say “there’s no point because we know they’re dead”….. I feel as
if I owe it to the families who perished to try and hold on to anything we may
have._

Significantly, these women were among the oldest in the study with two women
already mothers. The desire to engage with their heritage may thus be influenced by
age and life-stage.

Overall, respondents were reluctant to further expose themselves to Holocaust-
based literature and the seemingly endless stream of Holocaust movies, particularly in
view of many years of studying the Holocaust throughout their schooling. As Natalie
commented, “It’s just been such a huge overload for so long.” Penny maintained that
she needed “a break” so that she could revisit it later. Lauren spoke for many third
generation women claiming that although she wasn’t sick of learning about the
Holocaust, she did not feel the need to extend her suffering by immersing herself
further in the subject.
A number of women also expressed ambivalence at watching their grandmother’s Holocaust testimonials made for Holocaust centres in Melbourne and abroad. Rebecca vacillated between wanting to watch it while her grandmother was still alive so she could ask questions and feeling that it “will be too much for me and that it's too close.” Although fewer women had sought professional help than their mothers, three had attended psychotherapy in order to address problems associated with their Holocaust background.

7.7.12.7 Duty to Inform and Perpetuate Judaism

As with the second generation, the third generation felt a sense of personal responsibility to carry the torch by educating, “stamping out ignorance” and dispelling anti-Semitic sentiments amongst their peers and the wider community. Their desire to keep the story of the Holocaust alive and impart messages of social justice was heightened by concern for the future when the survivor generation will have died out. Furthermore, nearly all respondents were committed to observing the Jewish faith. They believed that religious observance and informing their children of their heritage were ways of affirming that those who perished in the Holocaust “didn’t die for nothing.” To abandon their religious and cultural history would be to defeat the point of their grandparents’ survival and a posthumous victory for the Germans. Rachelle maintained that she had always felt very powerless about what happened to her family during the war; the one affirmative action she could take was to actively practice as a Jew.

7.7.12.8 Pressure to Marry in the Faith

In contrast to their mothers, most third generation women did not feel duty-bound to marry someone Jewish and felt sufficiently empowered to marry whomever they liked irrespective of their religion. However, most were aware that marrying out
of the faith would upset their parents and would especially distress their grandparents by conveying the impression that they were “turning their backs” on their suffering. Louise, like several other women, maintained that she could not marry a non-Jew while her grandmother was still alive. Although currently dating a non-Jewish boy, Dina admitted to “struggling” with the notion of marrying him. Rose, who had defied her family’s wishes and married a non-Jew who had not converted to Judaism, believed that she had destroyed her grandparents’ dreams and had “undone” everything for which they had suffered and survived. She continued to experience feelings of guilt even though her grandparents were no longer alive.

Most women asserted that they could continue to perpetuate their Jewish faith without marrying someone Jewish. Of the five third generation women who were married, three had married men from Holocaust backgrounds, one had married a man from an Australian Jewish family, and Rose had married a non-Jew. One woman was engaged to a non-Jewish man despite “the message of assimilation being always drummed into me as a child.” While Penny’s conscious decision to marry a man from a survivor background was atypical, it highlights the influence of the Holocaust on her self-understanding:

The person who would be most likely to understand me would be a Jew from a Holocaust background. It’s much easier emotionally to be with someone from the same background. It’s like holding up a mirror. His grandparents and parents said the same things to him as my parents and grandparents said to me.

7.7.13 Holocaust Identity

There was evidence that the Holocaust was a significant influence in shaping the self-perceptions of the third generation. Although the feelings of alienation expressed by second generation women, such that they felt unable to “fit in” to mainstream society, were not apparent in the third generation, all respondents
experienced some feelings of being different, although not excluded, from their peers. A number of women also suffered a sense of shame that they associated with being part of an oppressed minority. While it may be argued that Jews in any society experience feelings of difference from the wider community, the third generation women, like the second generation, also felt different from their Jewish counterparts from non-Holocaust backgrounds.

Overall, respondents perceived themselves as the granddaughters of Holocaust survivors and claimed the Holocaust as “their personal story”. Yet, ambivalent attitudes towards this heritage were also revealed. Some spoke of the Holocaust with an inverse sense of pride, drawing inspiration from the strength and courage shown by their grandparents and “how they fought to survive.” Others, while not denying the impact of their heritage, reacted by not wanting to be defined by their family’s tragic past. Louise remarked:

I don’t want to be anybody’s label. I don’t want to be the granddaughter of Holocaust survivors. I don’t want to be someone whose grandmother was in the Holocaust. I don’t want to be the product of anything. I want to make everything for myself.

For women like Patty who felt little religious affiliation or cultural connection with Judaism, the Holocaust was the major determinant of her Jewish identity:

The majority of my Jewish identity is tied up with the Holocaust because I have no religious or social connection. The Holocaust is a really personal thing to do with my family. I find myself, although not as much as my mother, taking it very personally… I don’t know much about the (Jewish) festivals but I do know about the impact of the Holocaust on my family’s history.

Feelings of Jewish identity often appeared stronger than national identity. Rachelle cited the dispossession of her family and her grandmother’s suffering resulting from the Holocaust as the rationale behind her greater affiliation with Jews than Australians and her support for Israel. Many respondents considered that the
Holocaust had enhanced their Jewish identity by discouraging complacency about their future as Jews. As Penny remarked, “If we so much as forget who we are, then we are vulnerable to it [Holocaust] again.” Most women claimed to feel more affected by the Holocaust than they were by other genocides.

7.7.13.1 Feeling Different from Jews from Non-survivor Backgrounds

In spite of their common Jewish heritage, respondents could see clear distinctions between themselves and their peers from non-survivor backgrounds. They regarded themselves as less carefree about life, less secure about their future, more burdened, more obligated to achieve, to “make their mark” and to please others. Feelings of separateness were highlighted when the subject of the Holocaust was introduced. When her friends enquired “if she was Ok” after a Holocaust commemoration service, Jackie noted that “they were implying it was my thing and had nothing to do with them.” Rebecca recalled the sharp distinction between her responses to the film *Schindler’s List* and those of her Jewish classmates from non-survivor backgrounds:

> I was definitely more affected than the other girls because of my Holocaust background. About three out of the 10 Jewish girls were from Holocaust backgrounds. The others were from English or Australian backgrounds and I don’t think they felt the impact of the movie as intensely as the three of us. I can remember one of the other [non-survivor] Jewish girls laughed at one of the scenes in the movie and it really upset me.

By contrast, friends from Holocaust backgrounds were perceived as having parallel realities and shared identities. Within their school and social network, they spoke of unconsciously gravitating towards other grandchildren of survivors claiming that “it was somehow instinctive” and that they resonated with their feelings of vulnerability.
7.7.13.2 Feeling Different to Non-Jews

Third generation women felt an even greater sense of “difference” from non-Jews than from Jews from non-survivor backgrounds. However, such feelings were moderated by exposure to non-Jews, their age, and by the school they attended. As noted previously, three-quarters of the respondents in the current study had received an exclusively Jewish education. At one end of the continuum Louise, a 26 year-old marketing executive who worked with people from diverse backgrounds, claimed to feel “only marginally different” from her non-Jewish work-mates while at the other extreme, Taryn, a 22-year old university student described feeling “an outsider in Anglo-society” and largely unable to relate to non-Jews. She attributed this in part to attending a Jewish school with little exposure to non-Jews, but felt that her Holocaust background had greater bearing on her feelings of self-consciousness and discomfort when in non-Jewish company. She commented:

There is always something about me and my attitudes to life, and the way I see myself, that I know they [non-Jews] could never quite understand. I feel with fellow Jews that there is so much that you don’t have to explain. If the Holocaust is mentioned at uni in a lecture, I feel very vulnerable and uncomfortable. It’s as if something very personal to me is being mentioned in a very public way and I feel as if everybody is looking at me. If it’s mentioned in a group of Jewish people there’s an unspoken connection that makes me feel quite safe.

Many other respondents similarly asserted that their feelings of difference were accentuated when the Holocaust or other topics associated with being Jewish arose in non-Jewish company. Despite being engaged to a non-Jewish boy and having many non-Jewish friends, Lauren did not believe this diluted her sense of feeling different. She was aware that whenever she was in a room of non-Jewish people and heard the word “Jew”, she automatically pricked up her ears, assuming that it wouldn’t be complimentary or would be ill-informed.
7.7.13.3 Shame

A number of third generation women expressed feelings of inferiority and shame at being Jewish, despite growing up in a multi-cultural Australian society. References to anti-Semitic depictions and the persecution of Jews suggest that such feelings were informed directly by the Holocaust. Taryn and Rachelle believed they had assumed a legacy of being hated. Other women referred to a “complex of inferiority” which they attributed to memories of the Holocaust, specifically their grandparents’ experiences. Dina explained, “I am always apologizing ‘I’m Jewish, I’m sorry I’m Jewish, don’t hate me though.’” Ilana described how Nazi stereotypes had induced a negative self-image and sense of shame:

*The thing about ‘Jewish’, the word, I’ve never been anti-Jewish but if I wasn’t Jewish I would be happier. I happen to be Jewish and I’m not comfortable with it. I was born Jewish by accident. And the stereotype of the Aryan as blond and tall, well, they do look better in my eyes than the short and dark Jew with long noses and big ears. All the Nazi ideology regarding Jews’ appearances, I see it as real. They [Jews] were thought of as being low and they were at the bottom of the race pyramid according to the Nazis and I feel as if I’m a part of it also.*

Louise’s way of dealing with her heritage was by trying to distance herself from it as far as possible so that she would not be labelled or bear any of the “stigmata” attached to victims of persecution. She maintained that she did not want people to look at her, feel sorry for her or be prejudiced against her because of her background.

A further expression of their sense of shame was the apprehension articulated by many respondents at being aligned with Jews who “stood out” by virtue of their appearance and behaviour, such as Chassidic Jews dressed in medieval garb. This attitude suggests an antipathy to being identified in a way where they would be
conspicuous as Jews, and a desire to protect themselves from anti-Semitism and discrimination.

7.7.14 Despair

The emotional vacuum and sense of helplessness which underscored the lives of the second generation women was far less evident in their daughters. Notwithstanding, the third generation experienced emotions strongly connected to despair, most notably vulnerability, internal confusion, emotional debilitation and a tendency towards depression. The sense of vulnerability manifested in persistent feelings of “something indefinable and deep within them” which served as a reference point for how they viewed themselves and the world. In its mildest form, vulnerability presented as uncertainty and insecurity about life, and at its most extreme, as an assumption that something bad would happen. In this way it can be seen as more closely associated with anxiety and fear than with the sadness and hopelessness of the second generation women.

Despair was also reflected in the existential struggle experienced by many respondents to understand their place in the world and their sense of being. While Dina could appreciate the rational and intellectual elements of the Holocaust, she grappled at an emotional and psychological level to make sense of it. She questioned whether her very being, her essence, her “lively and energetic personality” was a behavioural response to the Holocaust. Like several other women, she admitted to a great deal of unresolved pain and grief beneath her lively veneer and wondered whether this guise had been unconsciously adopted as a means of protecting her feelings. Rebecca believed her constant inner turmoil was linked to not having properly mourned her heritage with its legacy of loss and pain.
Respondents’ behaviour was generally not distinguished by the explosive outbursts or rigorous self-regulation of emotions apparent in their mothers. However, many considered that they had an emotional lability that on occasion was “out of control”. This was particularly evident when they compared themselves to friends from non-survivor families, confirming their view that this was somehow rooted in their Holocaust backgrounds. Penny referred to her life as one of “extremes”, where she was never “just fine” but extremely happy or extremely sad, or life was either so bad that it was “a tragedy” or so wonderful that it was “euphoric”.

Depressive tendencies were reported by several of the third generation women, although this was far less prevalent than anxiety and less marked than in the second generation. Significantly, respondents associated depression with their family trauma, most particularly with existential pain, confusion and lack of meaning in their lives and relationships. As a generation who openly discussed issues, there was a presumption that in dealing with the subject of the Holocaust, they would have to deal with depression. While some women had sought professional help, most had not.

7.7.15 Life Circumstances

As with the second generation, extrinsic factors particular to the individual and their life circumstances were considered potential influences on the third generation women’s perceptions of the effects of the Holocaust. One such factor that affected several respondents and warrants further investigation was the effect of having only one parent who was a child of survivors. Eight of the women in the present study had fathers who were not from survivor backgrounds. Several of these women commented on the marked contrasts in anxiety, over-protectiveness and attitudes between their mother and father. They saw their fathers as calmer, more rational and while concerned for their daughters, less anxious and paranoid. The one respondent who
was both an only child and whose father had died claimed that these factors combined to increase levels of influence and pressure from her mother.

7.7.16 View to the Future

It is beyond the scope of this study to examine whether Holocaust trauma will be transmitted beyond the third generation to their children. However, remarks from several respondents suggest that they remain concerned about transmitting trauma-related effects such as vulnerability and anxiety to the next generation and aspire to be less protective of their children than their mothers. Ilana maintained that she did not want her children to suffer anxiety in the way she did or be subjected to the nightmares that dominated her life. She believed that while it was important for them to know about the Holocaust and their personal heritage, they didn’t need to endure fear. “I don’t want to scare them in the way that I was scared.” Jodie hoped to encourage and respect her children’s curiosity to try new things rather than repeating the generational patterns of preoccupation with safety.

However, Patty believed the pattern of over-anxious parenting she received was so “ingrained” that realistically there was little chance of preventing it from being transmitted to her children. She acknowledged that in her part-time babysitting job she already displayed the same overprotective behaviours as her mother, making sure that the children she cared for were safe and never hungry. Rose, the mother of four-year old Bella, was already experiencing difficulties curbing her fears and protective behaviours regarding her daughter’s safety. She acknowledged that her anxiety was exaggerated and, while conscious of not wanting to transmit it to her daughter, struggled to detach from it:

It’s time now for my daughter (4) to have swimming lessons and at the back of my mind I think ‘swimming’, what happens if she can’t breathe…. I know rationally that it’s ridiculous –she’ll learn to swim, everybody swims...but
somewhere in my mind I think, no, it’s dangerous. I don’t even want to see her swallow water. So yes, it has been forwarded to the next generation. I know exactly where it comes from.

7.8 Summary

In summary, the thematic analysis revealed that traumatic effects resulting from the Holocaust presented in varying degrees in all third generation women and impacted their emotional and psychological well-being. The most common expression of on-going trauma was a sense of vulnerability that manifested in fear, a sense of burden, despair, and feelings of being different to others. These outcomes, which demonstrate the influence of both mothers and survivor grandmothers, were also evident in the second generation. Despite attempts by the third generation to arrest the influence of trauma-related anxiety and vulnerability, there were indications that these problems may yet continue into the fourth generation. Similarities and differences between the impact of Holocaust trauma in the two generations and congruent and incongruent views of the second and third generations with regard to the way the second generation parented are now addressed in the discussion.
CHAPTER EIGHT: DISCUSSION

8.1 Introduction

This chapter provides a discussion of the results of the three integrated studies undertaken in the current project. A summary of key results is followed by a discussion of the findings in relation to the original research questions and in light of prior research. Clinical implications of the current project are then discussed together with methodological issues. Lastly, proposals are made for the direction of future research.

8.2 Summary of Research Findings

Results from this research provide considerable evidence for the transmission of Holocaust trauma to an Australian non-clinical population of second and third generation women. This is supported by both quantitative and qualitative methodological approaches. Both generations show evidence of on-going effects and characteristic traits related to Holocaust trauma. Common processes associated with parenting appeared to be involved in the transmission of trauma to both generations. However, other processes were more clearly evident in only one generation. The role played by the maternal grandmother in conveying trauma-related effects directly to the third generation was of particular importance. Studies 1 and 2 addressed processes and outcomes of transmission of Holocaust trauma to the second generation while studies 1 and 3 examined processes and outcomes with regard to the third generation. Study 2 examined the second generation’s perceptions of the impact of their background on their lives as well as on the way they parented their children. Study 3 provided a comprehensive profile of the lived experience of the third generation.
8.2.1 Discussion of Results of Study 1

This study aimed to replicate and expand upon previous empirical findings by Silbert (1997) regarding the distinctiveness of a Holocaust survivor background from that of a Jewish non-immigrant in a second-generation Australian community sample. Overall, hypotheses were supported. Findings revealed that daughters of survivors perceived their mothers as more overprotective and less expressive of warmth and affection than daughters of Australian-born Jewish women. Further, they experienced less intergenerational individuation and intimacy, and more intergenerational intimidation than their peers from Australian backgrounds. The construct of intimidation, as operationalized by PAFS, shows that items more closely resemble perceived influence than threat (e.g., ‘How often do you seek parental approval from your mother?’). Second generation women manifested greater perfectionist and self-critical tendencies than daughters of Australian-born mothers but did not differ in concerns about interpersonal relationships as conceptualized by a measure of sociotropy. This latter finding was the only hypothesis to be unsupported. Overall, the findings confirmed those of Silbert (1997) and other empirical studies which suggest that while in the normative range, second generation offspring experience greater psychological difficulties than controls due to their survivor background (e.g., Felsen, 1998; Felsen & Erlich, 1990; Kellerman, 2001c; Nadler, Kav-Venaki, & Gleitman, 1985).

A second aim of the research was to investigate potential differences between second and third generation Holocaust survivor women with regard to their perceptions of their parenting and aspects of their personal style. There was only partial support for the hypothesized relationships. Although the third generation perceived the level of maternal care received by them to be greater than that perceived
by the second generation, there was no significant difference between the two
generations in their perceptions of maternal overprotectiveness. Similarly, there was
no support for the hypothesis that the second and third generations differed on the
personality dimensions of sociotropy and autonomy.

8.2.2 Discussion of Results of Study 2

This study confirmed and extended findings from previous studies regarding
the way trauma is transmitted to the second generation and its on-going impact in
their lives. Thematic analysis showed that survivor mothers conveyed trauma to their
daughters both indirectly through their parenting, and directly without conscious
involvement. Unconscious transmission was reflected in daughters’ identification
with their mother’s experiences of persecution such that they felt they had personally
endured the Holocaust. The daughters all experienced feelings of loss and emptiness.
These findings are consistent with clinical research (Kestenberg, 1982b; Wardi, 1992)
and a qualitative study with a non-clinical population (Rowland-Klein & Dunlop,
1997).

The thematic analysis indicated that trauma was conveyed indirectly to second
generation daughters through their mother’s verbal and non-verbal messages, the
emotional climate within their family home and through a complex relationship with
their mothers. Overt and covert messages were associated with survivorship, loss and
suffering and were often reinforced by a heavy, joyless and volatile mood within the
home. Mother-daughter relationships were marked by blurred boundaries and role
reversal where daughters protected and pleased their mothers, prioritizing her needs
and desires over their own. Findings for indirect transmission of trauma accord with
previous research using interviews and clinical case-studies (Epstein, 1979; Freyberg,
A broad range of on-going psychological effects associated with the Holocaust were evident in all second generation women. These embodied five key areas of emotional experience: fear; burden of the past; despair; diminished sense of self, and Holocaust identity. Fear encompassed generalized anxiety and specific fears such as fear of loss, the outside world and persecution, while responsibility of the past identified effects arising from carrying the burden of their mother’s trauma as well as their own. Despair incorporated negative emotions such as sadness, hopelessness, depression and vulnerability, as well as existential angst. Diminished sense of self related to lack of self-esteem and self-worth, and feeling invalidated, while self-definition was marked by strong affiliation with their Holocaust background and feelings of alienation from others. These findings support early clinical research (Epstein, 1979; Trossman, 1968) and later research using qualitative and case methodology (Hass, 1990; Wajnryb, 2001; Wardi, 1992).

As well as confirming previous findings, study 2 investigated the second generation’s perception of the influence of the parenting they received on the manner in which they parented their children. Findings revealed that while a few women felt confident in their ability as a mother, most felt uncertain due to the absence of role models. Although second generation women sought to replicate some of the more positive messages internalized in their youth, they were more inclined to react against the parenting they received and “do it differently” with their children. Desires for children to be happy and expectations of high academic and financial achievement were consciously repeated with their children. At the same time, they reacted to the parenting they received through their efforts to be more available emotionally and physically for their children, to be less controlling and to encourage their children’s independence. They believed, however, that against their intentions, they had
involuntarily transmitted Holocaust-related trauma to their daughters in the form of anxiety, fear, depression, distrust of the world, feelings of vulnerability and guilt. They further acknowledged their inability to curb overprotective behaviours.

8.2.3 Discussion of Results of Study 3

The third study aimed to extend research on intergenerational transmission of trauma to second generation Holocaust survivors by investigating transmission of Holocaust trauma to third generation women. Findings showed that trauma was transmitted to the third generation not only from their second generation mothers, but more significantly, from their maternal grandmothers. This suggested linear and non-linear multi-generational models of transmission. Both mothers and survivor grandmothers imparted trauma through verbal and non-verbal messages and through the dynamics of their relationships with the third generation. The thematic analysis indicated that trauma was also transmitted through the home environment and intuitive processes. The study also highlighted the role of sources external to the family such as books, films and Jewish schools in reinforcing Holocaust trauma. The data raise the possibility that Holocaust trauma may continue into the fourth generation.

The data further revealed the presence of on-going psychological effects associated with the Holocaust in the third generation. Negative outcomes reflected the influence of both their mother and their survivor grandmother and were apparent in four key areas: fear, burden of the past, despair and a sense of Holocaust identity. There was evidence of generalized, pervasive anxiety and specific fears including loss of family members, persecution, and external danger. Findings revealed that the third generation felt burdened by their family history of suffering, particularly that of their grandmother. This produced feelings of responsibility towards their mothers and
grandmothers, and a desire to spare them disappointment. Vulnerability was the most common manifestation of despair. Holocaust identity was evident in their perceptions of themselves as grand-daughters of survivors, the way they perceived their relationships with non-Jews and Jews from non-survivor backgrounds and occasional shame at being Jewish.

8.3 Theoretical Implications of the Research

The next section discusses each of the three research questions addressed in this thesis. Findings from both the quantitative and qualitative studies are integrated and discussed with reference to prior research. However, emphasis is placed on qualitative findings which formed the main basis of the research. The quantitative methodology provided a valuable starting point for the research in establishing differences with second generation controls and identifying similarities and differences between second and third generation mothers and daughters. The qualitative methodology was then able to clarify and elaborate on these findings by probing beyond the data elicited by the self-report measures to reveal distinctive phenomenological aspects of lived experience. Implications of findings in study 1 that are unrelated to the main research questions, for example, differences between the second generation and the control group were discussed in chapter 5.

8.3.1 Research Question 1

How do daughters and granddaughters of a Holocaust survivor perceive the impact of their background on their lives?

All three studies provide clear evidence that a Holocaust background impacts the lives of both second and third generation Australian women from a non-clinical
population. The thematic analysis of the interview data showed that while respondents varied in their perception of the degree to which their background of trauma had impinged on their lives, all twenty second and all twenty third generation women believed that the Holocaust was a transformative experience that had affected them in some way. Results showed that while not psychopathological, both generations endure on-going psychological effects associated with their heritage, which impact their emotional experiences, behaviours, identity and world-view. Findings from study 1, although limited, further indicate the effect of Holocaust trauma on personality style.

The present qualitative findings describing the second generation’s lived experience in the aftermath of the Holocaust conform to recent qualitative research with both clinical (Rowland-Klein & Dunlop, 1997; Wardi, 1992) and non-clinical (Bar-On et al., 1998a; Hass, 1990; Wajnryb, 2001) populations. Consistent with this literature, there is evidence that psychological effects related to their parents’ Holocaust trauma not only defined their childhood experiences as they were growing up but persist in their current adult lives. The findings from the qualitative analysis, however, do not concur with those from a large number of comparative studies with non-clinical populations which have suggested that the second generation do not exhibit greater psychopathology or maladjustment from controls (e.g., Felsen & Erlich, 1990; Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981; Okner & Flaherty, 1988; Russell, Plotkin, & Heapy, 1985; Sigal & Weinfeld, 1989; Weiss, O'Connell, & Siiter, 1986).

It is likely that the phenomenological approach used in this thesis was able to capture subtle and deeply embedded consequences of the Holocaust through its focus on subjective understanding and interpretation of lived experience. This would help to
explain the divergence of the present findings from those in the comparative studies as mentioned above which examine specific characteristics determined in advance by the researcher. As noted by Felsen (1998), standard instruments are limited in their ability to adequately assess experiences in the intrapsychic mode of “being”.

With regard to the third generation, present qualitative findings showing the perpetuation of trauma-related effects in this generation are consistent with clinical studies (Berger-Reiss, 1997; Fonagy, 1999; Rosenthal & Rosenthal, 1980; Winship & Knowles, 1996) and other types of qualitative research with non-clinical third-generation populations (Bar-On, 1995; Hogman, 1998). Although research with third-generation offspring of other genocides is limited, present results also correspond with the broader findings of greater distress and symptoms of arousal in non-clinical third generation Armenian genocide survivors (Kupelian, Kalayjian, & Kassabian, 1998).

The present findings are not consistent with those empirical studies that have not revealed differences between non-clinical third generation populations and their peers from non-Holocaust backgrounds (Bachar, Cale, Eisenberg, & Dasberg, 1994; Gopen Hyman, 2003; Jurkowitz, 1996; Sigal & Weinfeld, 1989). As with the second generation, this is similarly explained through the strength of the qualitative approach adopted in this study, which was able to identify deep-seated psychological effects and vulnerabilities in the third generation more easily than quantitative methods.

Discussion of on-going psychological effects in the third generation is incorporated in the broader discussion of research question 2. Explanations for the persistence of such effects two generations after the Holocaust are provided in the discussion of research question 3. This includes processes associated with parenting and home life as well as notions of collective unconscious trauma (Auernhahn & Laub,
Research questions 2 and 3 which follow evaluate findings for the third generation relative to the second generation by highlighting those outcomes and transmission processes which have been diluted, are absent, additional or equivalent as talked about by both generations.

8.3.2 Research Question 2

In what ways are the effects of the trauma similar and different in the two generations?

Having established that trauma is transmitted beyond the second generation, investigation of question 2 considered similarities and differences in the way trauma manifests in the two generations. The effect of Holocaust trauma on the second generation’s parenting of their children is addressed within the discussion of the third research question.

Findings from study 1 indicate that the second and third generations both experienced stronger feelings of self-criticism and more perfectionist tendencies than Jewish women from a non-survivor background. The second generation data are thus consistent with earlier research by Felsen (1998) and Felsen and Erlich (1990). Results showing the persistence of these tendencies in the third generation suggest some common features in the parenting style of the second generation and their mothers. It would seem that, as mothers, the second generation women held similar expectations of their children as their own mothers and placed similar emphasis on their children’s achievements.

In spite of not being contemporaneous, qualitative findings for the two generations can be meaningfully compared within a phenomenological framework, which assesses the personal perspective through recollections and observations of
one’s life experience. These data show a substantial commonality in thematic material in the two generations with the exception of the notion of a diminished sense of self which was exclusive to the second generation. Both generations shared some similarities and revealed some distinctive features related to fear, burden of the past, despair and Holocaust identity.

Overall, the second generation showed less variability than the third generation and a more intense level of experience. This is most likely a result of the second generation’s closer involvement with their mother’s experiences where they were often forced not only to confront her tragic past but to help reconstruct her current life. Despite the focus on individual heterogenous experience, data from the interviews revealed that the eight second-generation women who were not first-born were equally affected by their mother’s Holocaust trauma as women who were first-born. This does not support the notion that first-born or only children are more susceptible to trauma transmission (Kellerman, 2001a; Wardi, 1992). Third generation responses showed some evidence of age effects with the three youngest women reporting fewer psychological effects than the older women in the group and being less reflective about the impact of their background on their lives.

8.3.2.1 Fear

Fear was a predominant and central theme in the lives of both the second and third generation. Interestingly, the data suggest that there was little difference in the intensity of the anxiety and fear between the two generations. Findings of persistent anxiety in the third generation align with previous research data from clinical case studies (Berger-Reiss, 1997; Rosenthal & Rosenthal, 1980; Winship & Knowles, 1996), most empirical studies using non-clinical populations (Rubinstein, Cutter, & Templer, 1989; Wetter, 1999) and non-clinical studies using biographical
reconstructions (Bar-On, 1995). Except for those studies focusing specifically on
children’s experiences (Berger-Reiss, 1997; Rosenthal & Rosenthal, 1980;
Rubinstein, Cutter, & Templer, 1989), the age groups of the third generation are
relatively consistent with those of the participants in this thesis and therefore
comparable.

Both second and third generation women described “crippling” anxiety, which
manifested in worry, panic attacks, making decisions, being alone with their thoughts,
self-doubt and insecurity about their future. There was also evidence that both
generations experienced a form of existential anxiety in feeling that they did not live
spontaneously in the present. Whereas the second generation felt “frozen” in time and
a sense of living in the past, the third generation were preoccupied with what may
happen in the future and planned ahead to avoid mishaps. This conforms to Bar-On’s
(1995) findings that fear presents in the third generation as an on-going dialogue
between hope for the future and existential fear of the unknown.

As noted in past research, current results also reflect similarities and
differences in the manifestation of transmitted anxiety and fear in the two generations.
Winship and Knowles’ (1996) observed that the depression characterizing the second
generation more commonly presented in the third generation as anxiety or “a
nameless dread” (p. 263). The authors proposed that this was a consequence of the
second generation’s depth of repression and failure to mourn loss. Although the non-
clinical nature of the sample in this thesis precludes such conclusions, the congruence
in findings regarding anxiety suggests that anxiety can manifest in a similar way in
clinical and non-clinical third generation populations. Notwithstanding that qualitative
interviews are not therapy, it is possible that the interviews acted as an opportunity for
respondents to unburden themselves and may have elicited thoughts and feelings not dissimilar to those uncovered in therapy.

The specific fears described by second generation women were also present in their daughters. Fears of being harmed, external danger and further persecution were equally intense in both generations, while fear associated with loss of family was more pronounced in the second generation. This may be attributable to the second generation’s greater exposure to their parents’ losses and occasionally through their own first-hand experience. Several second generation women knew that they had had siblings who had been killed in the Holocaust or that they were an only child because their mother was unable or unwilling to have more children due to her war-time experiences. As Wardi (1992) observed, “one child is enough to continue the chain” (p.33). Fear of loss may also be associated with age and motherhood. While the second generation’s greatest fears involved the prospect of something terrible happening to their children, the third generation, with exception of the two women who were mothers, were understandably more fearful of something terrible happening to themselves. It is possible that third generation sensitivities to loss may not be fully realized yet due to their age and life-stage.

The third generation displayed similar obsessive behaviours to their mothers based on their distrust of the outside world. The data indicate no apparent dilution in the third generation of compulsive behaviours such as checking that cars and houses were locked, that they were not being followed, and that they could always be contacted. Generally, however, the third generation were more able to take moderate risks and venture into unfamiliar situations than their mothers. While fears of being physically violated may be common to women of any age, the data showed that the third generation women considered themselves to be much more fearful and
vulnerable than their friends from non-Holocaust backgrounds. Furthermore, they largely attributed their fears to stories of concentration camps and male aggression. Concern with personal safety did not extend to preoccupation with health or mortality in either generation, suggesting that fear was produced by the threat of unnatural occurrences rather than factors deemed to be part of normal human experience.

The themes in the interview data revealed strong feelings of hostility in both generations towards Germans and their culture that was attributed to the Holocaust. These findings provide comparison with those of Klein and Last (1978), who observed high degrees of hostility towards Germans in second generation adolescent Jewish Israelis (76%), but only mild degrees in their American Jewish peers (33%). The American Jewish sample most commonly described “having no feelings at all” towards Germans. Given Australia’s greater cultural affinity with America than Israel, it would have been anticipated that the second generation women interviewed in this thesis would have expressed sentiments more closely aligned with the Americans than the Israelis in Klein and Last’s (1978) study. Moreover, as adolescents and two generations removed, the third generation would have been expected to show even less negative feelings and hostility towards Germans. Countervailing factors for the differential findings may include not only the passage of time since Klein and Last’s study, but the impact of the media, the greater consciousness of the Holocaust, and the age and maturity of respondents in the current project.

Findings also conflict with those of Chaitin (2002) where low degrees of hatred towards Germans in second generation Israelis and an absence of hatred in third generation Israelis were noted. The discrepancy in findings, particularly for the third generation, is most likely explained by growing up in Israel with a strong national identity.
Third generation hostility towards Germans was not replicated towards Poles. This was in contrast to second generation attitudes which reflected strong anti-Polish sentiment. These findings are likely explained by a lack of active messages from mothers and grandmothers describing the Poles’ mistreatment of Jews and a greater media emphasis on German rather than Polish involvement in the Holocaust.

Results showed that both generations were equally fearful of renewed persecution of Jews. The explanation may be found in their common family history, personal experiences of discrimination and awareness of global anti-Semitism. The third generation’s youth and involvement with Zionist and political movements may have further served to heighten their sensitivity. Whether their Jewish peers from a non-Holocaust background also experience fear of persecution is a question for further research.

**8.3.2.2 Burden**

The sense of burden was evident in both generations. However, the second generation demonstrated more intense feelings of heaviness, suffering, deprivation and emotional paralysis. Although each generation felt obligated towards their mothers, the third generation carried added obligation towards their grandmothers. The burden also manifested in personal identification with their family trauma and a need to inform others about the Holocaust. Both generations shared a common desire to integrate their heritage and move towards self-understanding.

**8.3.2.2.1 Obligations to mother and grandmother.** The second generation’s difficulties with separation and individuation resulting from complex relationships and feelings of obligation towards their mother support earlier clinical and empirical results (e.g., Felsen, 1998; Solomon, 1998) and qualitative research with non-clinical populations (e.g., Bar-On, 1995; Chaitin, 2002, 2003; Hogman, 1998). Moreover, the
thematic analysis further showed the persistent fusion between the second
generation and their mothers even as adults in their fifties. The seemingly
contradictory finding in study 1 that second generation women did not differ from
controls on a measure of sociotropy suggests that concerns such as pleasing their
mother do not extend to their other interpersonal relationships.

Although third generation mother-daughter relationships revealed less intense
blurring of boundaries and enmeshment, there was evidence of delayed independence
and on-going difficulties with individuating. Many third generation women described
an inability to “break free” and be themselves, and felt insecure about trusting their
own judgement. This aligns with Bar-On’s (1995) qualitative findings. Although third
generation women did not feel the need to “pick up the pieces” of their mother’s life
in the same way as second generation women, they felt obliged to protect and please
their mother, and to fulfil their expectations, particularly by achieving academically.
While it may be argued that children generally feel a sense of obligation towards their
parents, the interview data indicate that the third generation women were unduly
influenced by the knowledge of their mother’s difficult childhood and her on-going
burden as the daughter of survivors.

The second generation’s feelings of guilt at disappointing, hurting or failing to
live up to their mother’s expectations are well documented in the literature (e.g.,
Hass, 1990; Nadler, Kav-Venaki, & Gleitman, 1985; Wardi, 1992; Weiss & Weiss,
2000) and most likely result from their close identification with their mother’s
suffering. By contrast, the third generation, while reluctant to distress their mothers,
were more influenced by their grandmother’s suffering. This resulted in significantly
stronger feelings of guilt and greater concerns with hurting or disappointing their
grandmothers than their mothers. The third generation’s need to honour the feelings
of their grandmother over and above those of their mother was one of the most important findings in this thesis.

Repression and internalization of negative emotions such as sadness, anger and hatred towards their mother was also far less prevalent in the third than the second generation. These findings are consistent with other research on the second generation (e.g., Karpf, 1997; Mor, 1990; Nadler, Kav-Venaki, & Gleitman, 1985; Wardi, 1992; Weiss & Weiss, 2000) and findings that grandchildren of Holocaust survivors do not differ from controls in the expression of aggression (Bachar, Cale, Eisenberg, & Dasberg, 1994). The current results suggest that the third generation perceived their mothers as less emotionally fragile and more able to withstand the expression of their negative emotions than the second generation perceived their own mothers. It further advances the notion that, as mothers, second generation women were more available for discussion and sharing their daughter’s problems than their own mothers.

8.3.2.2 Identification. The thematic analysis shows that, like the second generation, the third generation were vulnerable to personalization of Holocaust suffering. This was particularly evident in their nightmares and conscious feelings of victimization. It would seem that Heller’s (1982) observation regarding the prominence of personalization of Holocaust-related threats among children of survivors may also apply to the third generation. The third generation’s sense of personal connection to their family narrative of trauma and suffering was a key finding in this thesis. It both confirms and expands on findings in Hogman’s (1998) study.

It might have been expected that Holocaust-related nightmares would have diminished or even disappeared in the third generation. However, the data reveal that
dreams containing vivid Holocaust imagery and themes related to persecution, victimization and threat were equally prevalent in both generations. The persistence of such nightmares in many third generation women to this day provides further evidence of the enduring effects of Holocaust trauma.

Personal identification with Holocaust victimization was evident in the second generation’s reflections about their own survival in similar circumstances and their engagement in mind-games where they imagined themselves as camp inmates in order to withstand physical challenges. This concurs with Wardi’s (1992) findings regarding the practice of “survival exercises” amongst a clinical group of second generation women. Results for this thesis indicated that non-clinical populations express their identification with Holocaust suffering in similar ways to clinical populations.

Although not exhibiting such blatant identification as the second generation, the third generation personalized scenes of victimization in films, contemplated their good fortune at having been born two generations after the Holocaust and felt vulnerable when travelling through Germany on the basis of their Jewish identity. As with the second generation, critical discussion of the Holocaust in non-Jewish company tended to elicit feelings of personal attack and an obligation to publicly defend their heritage. This is indicative of the way in which the third generation appeared to identify with their family narrative of trauma and their deep feelings of personal vulnerability.

Food-related behaviours did not reflect the impact of the Holocaust as strongly in the third as in the second generation. Although the second generation did not generally display the extreme compulsive food-related behaviours of their mother, they had difficulty wasting or throwing food away. By contrast, most third generation
women were not troubled leaving food on their plate or throwing away left-overs, even in front of their mothers. Significantly, they were unable to waste food in any way in front of their grandmothers. These findings suggest that the third generation were influenced more strongly by messages from their grandmother and a need to respect her suffering and starvation than messages from their mother.

The thematic analysis showed that Holocaust trauma manifested in a problematic relationship with food in both generations. There was some indication that problem-eating behaviours in the second generation were related to an unhappy childhood, whereas in the third generation such behaviours appear to have stemmed from conflicting messages from mothers and grandmothers. Conclusions are limited however at the present time as this subject was not specifically targeted in the interviews and only alluded to by respondents in passing. Eating behaviours in second and third generation Holocaust offspring is an area for further research.

8.3.2.2.3 Reconciling the burden. According to Fogelman (1998)’s clinical work, resolution of the trauma imposed by the Holocaust is achieved through a grieving process which typically involves stages of shock, denial, confrontation, feelings and a search for meaning. Data showed that despite being a non-clinical population the second generation, and at some level the third generation, endeavoured to work through the legacy of their family’s Holocaust ordeal through such a process. Findings indicate that it was significantly more difficult for the second than the third generation to reconcile the burden and “move on” in constructive and life-affirming ways. The second generation not only bore the greater burden of their mother’s suffering but faced their own internal struggles, many of which derived from feelings of impoverished parenting (Wardi, 1992; Weiss & Weiss, 2000). Many second
generation women had sought therapy specifically to assist them in reconciling the impact of the Holocaust burden.

The interview data in this thesis show that while most second generation women had ultimately confronted their legacy and managed to integrate the burden into their lives, many had at one time sought to escape it. In what may be considered evidence of denial, a number of women had moved interstate or overseas, or married hastily in an attempt to extricate themselves from the emotional burden of their family home. Equally, many had tried to distance themselves from their suffering by marrying men from non-Holocaust backgrounds. However, such means of escape were seen to be largely ineffective with all early marriages failing and several of the women who had moved away from their families returning to live close by. Further, there was no support for Scharf’s (2007) postulation that a partner from a non-survivor background served as a protective factor in overcoming trauma-related emotions and vulnerabilities.

Although most third generation women identified strongly with their family history, there was a common feeling of wishing to leave the Holocaust burden behind. Only a small group of women expressed interest in furthering their knowledge about the Holocaust and making pilgrimages to Europe and the Nazi death camps. Significantly, these women were amongst the oldest in the group and two were already mothers. It would seem likely that age and life-stage are factors in the third generation’s desire and readiness to confront the substance of their family narrative. At the same time, the third generation’s general reluctance to engage further with their background may be explained by their extensive exposure to Holocaust information throughout their schooling. It may also accord with Chaitin’s (2002) concept of
Paradoxical Relevance. Despite having strong feelings for the Holocaust, the third generation may shy away from actively learning about it.

8.3.2.2.4 Making meaning and constructive action. In an effort to resolve the trauma imposed by their backgrounds, most second and third generation women channelled their feelings into some type of constructive and life-affirming action. Most commonly, second generation women became involved with educating others about the Holocaust and social justice, and helping others, particularly other oppressed groups. This supports Fogelman’s (1998) notion that such actions serve as a positive expression of moral responsibility to the dead while honouring the Jewish culture that was destroyed. The third generation demonstrated similar commitment towards honouring their heritage by disseminating information, dispelling anti-Semitic sentiments, and through their heightened sensitivity and empathy to disadvantaged and oppressed groups. Both generations were motivated by concern for the future once the survivor generation had died out and the messages of the Holocaust could be forgotten. This is consistent with Chaitin’s (2002) findings regarding the importance of teaching the lessons of the Holocaust to the next generation.

Both second and third generation women affirmed their position as descendents of survivors by openly identifying as Jews and practising the Jewish faith. They considered that failure to do so was tantamount to a posthumous victory for the Nazis. The second generation further undertook to give their children a Jewish education in the hope of securing their children’s Jewish identity. All had sent their children at some time to Jewish schools. Whether third generation women intend to do as their mothers and send their children to Jewish schools remains to be seen.
Findings of the thematic analysis showed that second generation women felt a much greater obligation to marry someone Jewish than the third generation. The data suggest this was due more to guilt and fear of hurting their mother than an affirmation of their faith. To quote one respondent: “I’d rather have not married than marry out. I’m more scared of mum than God.” Most third generation women did not feel obligated to marry someone Jewish and believed they could practise as Jews regardless of whom they married. This being said, they were less confident of their ability to marry out of the faith while their grandmother was alive, most likely for fear of causing her pain and out of respect for her suffering. It is further hypothesized that the third generation felt less obliged to marry someone Jewish due to their more liberal and tolerant upbringings, their greater assimilation in local culture, and the dilution of religious emphasis.

8.3.2.3 Despair

A more profound sense of despair was evident in the second than in the third generation. Second generation descriptions of intense sadness, feelings of hopelessness, emptiness and “big black holes” owing to the absence of family history and the belief that they were born to fill a void in their parents’ lives are consistent with Wardi’s (1992) clinical findings. This suggests that despair may be equally apparent in non-clinical as in clinical second-generation populations. Despair did not manifest in this way in the third-generation. Rather it presented as insecurity, ambivalence, a tendency towards depression, and most palpably, as vulnerability. These results accord with previous research (Bar-On, 1995). The third generation’s enduring and widespread vulnerability emanating from their Holocaust background was one of the major outcomes identified in this thesis. Apart from vulnerability,
other key effects evident in this generation were anxiety, fear, distrust, and the need to honour their grandmothers’ suffering.

There was little evidence that the third generation experienced the second generation’s on-going feelings of bitterness, deprivation, emotional volatility, excessive needs for control, difficulty in expressing positive emotions and most particularly, severe depression. The absence of such manifestations in the third generation can be explained by differences in the home environments and aspects of their parenting. Interviews revealed that the second generation’s feelings of despair were most often an outcome of their unhappy home-lives with mothers who over-reacted, were emotionally inexpressive, physical unavailable, and never acknowledged their feelings. This background is encapsulated in Adele’s remark: “I never knew a normal house with happiness.”

The third generation did not view their home-lives as negative although they were aware of a lack of emotional balance. Nor did they consider their mothers emotionally or physically unavailable. Rather, despair was associated with an existential struggle to understand their place in the world following their family history. Their tendency toward depression was much less marked than in their mothers and was most closely linked to confusion and lack of meaning in their lives and relationships. It may therefore be concluded that depression was not as prevalent or as intense in the third generation as vulnerability and anxiety.

8.3.2.4 Holocaust Identity

Both the second and third generations’ self-perceptions were strongly influenced by their backgrounds, with all women defining themselves in relation to the Holocaust. Despite some variation in the third generation’s attitude to their heritage, all saw themselves as “grand-daughters of survivors”, even in those families
where fathers were from non-survivor families. This supports Ruedenberg-Wright’s (1997) view that many third generation see themselves as the “last link” to the survivors they knew as grandparents. The level of identification with the Holocaust, however, was more extreme and more consistent in the second generation. This generation saw the Holocaust as the major determinant in shaping their being and their worldview. Anna’s powerful comment: “I am the Holocaust. I define myself by the Holocaust” conveys the sense of total fusion with her background. While the Holocaust served to link the third generation to their family and Jewish history and undoubtedly impacted their personal identity, there was no evidence of being “merged” with their background in the same way as their mothers.

Like their mothers, the third generation experienced the same sense of feeling “different” from both mainstream Australian Jewish and Australian non-Jewish culture. Similarly, the sense of gravitation towards peers from Holocaust backgrounds based on common feelings of vulnerability, burden and understanding was equally as prevalent in the third as the second generation. Feelings of “differentness” amongst the second generation have been acknowledged in previous research (Bar-On, 1995; Bukiet, 2002). Bar-On (1995) further noted that both the second and third generation shared a common concern with finding a place in society and of being an outsider.

It would therefore seem that strong feelings of separateness persist in the third generation despite this generation being more removed than their parents from direct exposure to Holocaust trauma and growing up in a more culturally diverse society. The continuation of identity effects in the third generation can be interpreted as a consequence of their personal identification with their family narrative of persecution and transmitted feelings related to the burden of the Holocaust. The impact of their schooling in generating feelings of distinctiveness from non-Jews cannot be
established given that all third generation women had at some time attended Jewish schools. Further research is required therefore to investigate this effect more fully. It is also probable that the third generation has not fully reflected yet and are still building their identities. As such, their feelings and attitude may change with time.

Although both generations were conscious of belonging to a minority group, the second generation’s feelings appear to have been more directly influenced by their personal experiences growing up as the children of migrants in Australia. In contrast, the third generation’s feelings reflected a more generalized sense of shame and inferiority at being part of an oppressed minority. According to the third generation, their “complex of inferiority” was the outcome of personally taking on feelings of being hated throughout the course of Jewish history. Whether or not Jews from non-survivor backgrounds in either or both generations are more integrated into Australian society or experience similar sensitivities cannot be commented on in this thesis. This may be addressed in further research.

8.3.2.5 Diminished Sense of Self

Consistent with previous research (e.g., Bar-On et al., 1998a; Bergmann & Jucovy, 1982; Felsen & Erlich, 1990; Wardi, 1992), the interview data revealed strong evidence of low self-esteem, lack of self-worth and feelings of failure in the second generation. Yet, these themes were not apparent in the third generation interviews. Third generation women did not perceive themselves as having a diminished sense of self in the manner of their mothers. The disparate findings may be a consequence of the different ways in which the two generations perceived their parenting.

The interview data showed that, in general, second generation daughters did not feel their mothers provided them with the approval, validation and acceptance
they sought and were not available to fulfil their emotional needs. This lack of emotion and approval from mothers has been shown to contribute to children’s low sense of self-esteem and self-worth (Parker, 1989). Furthermore, the inability of many second-generation women to live as their real selves according to their own needs and aspirations may have resulted in a belief that they are failures (Bergmann, 1982). By contrast, as seen in both the qualitative and quantitative data, the third generation experienced a more accepting, nurturing and validating type of mothering.

The current project’s findings for the third generation are contrary to those of Bar-On (1995) and Scharf (2007) who observed low self-perception in the third generation Holocaust offspring. These conflicting findings may be explained by several factors related to methodology. The studies of both Scharf and Bar-On were conducted in Israel. Although cultural effects are unable to be quantified, it seems likely that the specific context of Israel with its constant war and terror-related threats impinges on the family climate and family members’ perceptions and expectations of themselves in a manner that does not occur in Australia. Moreover, Scharf’s all male sample were adolescents aged 17 and 18 and preparing to leave home to enter the army. As adolescents whose identity was still being forged, they are likely to have experienced greater difficulties with confidence and self-esteem than the third generation participants in this thesis whose average age was 23 -24 years and female. Scharf further observed that low levels of self-perception were associated with having two parents who were second generation offspring but not one. The data in this thesis did not support this finding also. Although just over half of the third generation participants in the current project only had mothers from a Holocaust background, there was no apparent difference in the self-perception of these women relative to other third generation women. Further research may investigate this more fully.
8.3.3 Research Question 3

How do the processes of transmission from the second to the third generation compare to those from the first to the second generation?

This question discusses and compares the ways in which the effects of the Holocaust identified in the previous research question were transmitted to the second and third generations. Discussion pertains to findings in the quantitative and qualitative studies. Overall, results showed that transmission of Holocaust trauma from the second to the third generation occurred in ways that were similar to the processes involved in transmission from the first to the second generation but also in ways that were unique. Parenting was the most significant means of conveying trauma to both generations. In the context of this thesis, parenting refers to verbal and non-verbal communication by mothers, explicitly or implicitly associated with trauma, and the dynamic of the relationship itself.

The home environment was more influential in the lives of the second generation but also served to transmit trauma indirectly to the third generation. Although the transmission of Holocaust trauma through direct, intrapsychic means was far more prevalent in the second generation, there was some evidence of transmission without conscious involvement in the third generation. Processes of trauma transmission specific to the third generation were through their direct relationship with their survivor grandmother and through sources external to the family. The survivor-granddaughter relationship is a topic that has previously not been much explored.

Another qualitative aspect of this thesis to have only received limited attention is the second generation’s parenting behaviours. In particular, the ways in which they
attempted to prevent trauma-related effects from being transmitted to the next
generation has not been sufficiently investigated. The perceptions of the second
generation concerning ways in which they tried to parent their children as a
consequence of their backgrounds were compared with the third generation’s
perceptions of the parenting they received to see whether there was a congruence of
views. The conclusions drawn from this research provide a new perspective for
understanding the trajectory of trauma transmission to the third generation.

Current findings support previous research suggesting that intergenerational
transmission of trauma encompasses direct and indirect processes together with
individual factors (e.g., Felsen, 1998; Kellerman, 2001b; Solomon, 1998). Results
show that in both generations but particularly in the second generation, direct and
indirect processes of transmission operated simultaneously or sequentially. In most
cases, direct transmission without conscious involvement preceded conscious
awareness gained through indirect processes.

8.3.3.1 Verbal and Non-verbal Communication

The thematic analysis showed that verbal communication from survivors to
their daughters occurred on a continuum from explicit spoken communication to a
“conspiracy of silence”. This concurs with previous research (e.g., Danieli, 1981;
Kav-Venaki, Nadler, & Gershoni, 1985; e.g., Mor, 1990; Shoshan, 1989; Wajnryb,
2001). Only a small group of survivors spoke about their experiences to their
daughters openly and in detail. Most communicated fragments of their story as a non-
linear narrative over a period of time or remained totally silent. Irrespective of
whether communication was unspoken, partial, or open, daughters inferred messages
of pain and trauma by observing their mother’s affect, behaviour, and visual
appearance. Findings confirm other second generation research showing that trauma
was transmitted even where silence replaced verbal communication (Abrams, 1999; Bar-On et al., 1998a; Krell, 1979; Wajnryb, 2001).

By contrast, the second generation women spoke openly to their daughters providing details not only of their mother’s ordeal and the Holocaust as an historical event but of their personal experiences growing up as the daughter of a survivor. Information was generally conveyed in full and with appropriate rather than extreme emotion. This appears to have eliminated the need for the third generation to “fill in the gaps” or construct meaning from fragments of text in the way demanded of their mothers. Notwithstanding their verbal openness, the second generation also conveyed non-verbal messages through their behaviour and negative affect, most particularly in displays of anxiety and explosive outbursts. Abrams (1999) termed this type of transmission where trauma, although not verbally expressed, was passed on from parent to child or from grandparent to parent to child as “secret trauma”.

One of the most important findings of this thesis regarding transmission to the third generation was the role played by the first generation in communicating trauma directly to their granddaughters. In almost all cases grandmothers augmented the presence of Holocaust trauma in the lives of the third generation by speaking to them first-hand about their experiences and suffering, often in significantly more detail than they had spoken to their own daughters. This supports Hass’s (1990) observation that one generation removed, the third generation provided a more comfortable, receptive and interested audience for the first generation. Similarly, grandmothers conveyed palpable non-verbal messages of pain and trauma to their granddaughters through their appearance, the tattooed number on their arm, their emotional state, their erratic behaviours and silences, just as they had to their own daughters.
The content of messages conveyed by the second generation to their children has received limited attention. The present results show that in accordance with their expressed desires, the second generation consciously replicated several of the maternal messages they had received. These concerned the need to acquire knowledge and be educated, the importance of being happy and close to one’s family, and the preciousness of children. Like their own mothers, they communicated high expectations of their daughters regarding academic and career achievement. As noted in the literature (e.g., Catherall, 1998; Epstein, 1979; Hass, 1990; Wajnryb, 2001), these themes were all relevant for the second generation. The importance of close family ties in the third generation is consistent with Chaitin’s (2003) findings. Findings indicate that both second and third generation women understood that these messages were strongly informed by the Holocaust. The loss of family, particularly children, and the need for security are clearly evident in these themes.

The thematic analysis also shows that there were other messages that the second generation did not wish to transmit to their daughters but were unable to prevent. These primarily concerned distrust of the outside world and safety. Despite their desire to make their children less anxious, second generation women spoke of impending doom, external danger and the need to “take care” with equal force, frequency and emotive language as their own mothers. Moreover, they displayed the same obsessive checking behaviours, constantly ensuring that doors and windows were locked and the gas stove and oven switched off. They did not, however, show as much suspicion towards outsiders as their mothers.

The transmission of such fear-based messages from survivors to their children can be easily understood within the context of their experiences and is consistent with the literature (Epstein, 1979; Freyberg, 1980; Wardi, 1992). However, there is no such
logical explanation for the subsequent transmission from the second to the third generation. It would seem that the second generation unconsciously internalized their mothers’ verbal messages and anxious and fearful behaviours. These messages were then conveyed at times consciously and at others involuntarily and without conscious awareness to their daughters. This provides explanation for the presence of distrust, anxiety and vulnerability in the third generation.

Second generation women were more successful at tempering messages related to food, hoarding, cleanliness and grooming. These were not conveyed as strongly to their daughters. Overall, third generation women did not view their mothers as obsessed with food, imploring them to eat and excessively concerned with wastage, although they observed these traits in their grandmothers. They also believed their mothers were less obsessed with cleanliness, personal hygiene and appearance and did not hoard like their grandmothers. Although the second generation expressed less overtly hostile messages about Germans and Poles than their mothers and had less trouble purchasing German products, results show the persistence of negative attitudes towards Germans in the third generation. In the absence of negative messages from their mothers, it would appear that these reactions were informed either directly by their grandmothers or by the media.

8.3.3.2 Mother-daughter Relationships

While effects of Holocaust trauma on the second generation’s psychosocial functioning are corroborated by much previous research (see Kellerman, 2001a; Felsen, 1998), the impact on their parenting is relatively uncharted. The most significant finding in terms of relational aspects of parenting was the similar perceptions held by both generations of their mothers’ over-protective behaviours. As shown in study 1, third generation daughters viewed their mothers as equally over-
protective as the second generation perceived their own mothers. This finding was supported by data from the qualitative analysis. The different understanding of overprotective behaviour in the quantitative and qualitative studies should be noted. The PBI protection scale concerns issues of excessive contact, infantilization, intrusion, dependency and control (Parker, Tulping, & Brown, 1979). Whereas, the interview data, while acknowledging these aspects, revealed that overprotective behaviour was much more closely aligned with preoccupation with physical safety and well-being.

The interview data revealed that to a small degree second generation women were able to consciously reverse some aspects of their overprotective upbringing. For example, all but one mother had ensured that their daughters learnt how to ride a bike and swim. Yet, on the whole, they involuntarily repeated their mothers’ highly protective behaviours such as not letting their children cross roads and take public transport, and constantly cautioning them against catching colds and getting sick. Like their mothers, they were highly anxious about their daughters driving and travelling overseas and showed excessive vigilance and over-involvement in their lives. Many third generation women considered that over-protectiveness was also reflected in emotional control and intrusiveness. The qualitative analysis unearthed little evidence that, as mothers, the second generation were less overprotective towards their children than their mothers. This finding adds to the profile obtained in the quantitative results.

In light of the very different life experiences of survivors and their daughters, the congruent findings compel analysis. Holocaust survivors’ over-protective behaviours have been explained by various factors including their extensive and traumatic losses (Trossman, 1968), excessive anxiety (Parker & Liscombe, 1981; Parker, 1983), the danger of their former environments, and the absence of a family
network in raising their children (Zeleznikow & Lang, 1989). Nevertheless, these factors cannot account for the second generation’s overprotective behaviours.

These behaviours occurred despite the second generation’s conscious intent not to repeat these aspects of their parenting and to grant their children greater freedom and opportunities for personal discovery than they experienced. This concurs with Hass’s (1990) observation that second generation parents were not always successful in their promises never to repeat the overly-protective patterns of their parents. It is argued that the second generation’s parenting behaviours were inherited by third generation women through witnessing and modelling their mother’s anxious and over-protective behaviours and internalizing her fear that things could go wrong. This explanation is consistent with Bandura’s (1977) theory of the process of vicarious or social learning. It further confirms findings that exposure to a survivor mother’s distress causes vulnerability to trauma in children (Kellerman, 2001b; Rowland-Klein & Dunlop, 1997; Solomon, Kotler, & Mikulincer, 1988; Yehuda et al., 2000).

A conclusion from the present results is that over-protective parenting with its concomitant messages of distrust and fear was a major pathway by which Holocaust trauma was transmitted from the second to the third generation. In the same way as the second generation imbibed trauma through their mothers’ over-protective behaviours and messages, so too did the third generation internalize their mothers’ anxiety, anguish, emotional outbursts and negative verbal messages.

Although largely unable to break the pattern of overprotection, the second generation succeeded in moderating the impact of their upbringing with regard to emotional care. Both qualitative and quantitative data reveal a much more positive picture of the second generation as mothers relative to survivor mothers. The general
perception of survivor mothers that emerged in the interviews was one of being cold, emotionally unavailable, consumed with their losses and “needy”. This conforms to earlier clinical and non-clinical literature (e.g., Epstein, 1979; Felsen & Erlich, 1990; Freyberg, 1980; Grubich-Simitis, 1981; Rose & Garske, 1987; Wardi, 1992). There were some exceptions, however, with a small group of second generation women describing their mothers as warm and caring. By contrast, the third generation women regarded their mothers as caring, affectionate and emotionally expressive.

Quantitative data from study 1 reinforce the data from the qualitative accounts. Second generation women were perceived by their daughters as showing more warmth and care than survivor mothers as assessed by the PBI. The qualitative profiles of the two generations were further supported by the PAFS and the IPPA. The PAFS revealed a lack of intimacy, individuation and high intimidation in second-generation mother-daughter relationships while the IPPA suggested that trust and effective communication were featured in third generation mother-daughter relationships.

Qualitative and quantitative findings regarding the third generation’s perception of the second generation as mothers accord with this generation’s stated objectives to be more available to their children and to fill the deficits they perceived in their own parenting. Their ability to overcome these limitations and provide superior parenting suggests a high level of consciousness in processes of maternal care and the possible influence of protective factors such as supportive marriages, high education, financial security, social support and a family network. Other research has noted the contribution of these factors to high adaptation in the second generation (Leon, Butcher, Kleinman, Goldberg, & Almagor, 1981; Masten & Reed, 2003). It is
probable that in spite of high levels of protection, the greater warmth and emotional care received by the third than the second generation resulted in better adjustment and higher self-esteem.

The qualitative analysis indicates that the survivors’ relationships with their daughters were far more complex than those shared by the second and third generations. Findings for the second generation support the vast literature explaining the transmission of Holocaust trauma through processes associated with diminished parenting such as enmeshment, parentification and obligation (e.g., Boszormenyi-Nagi & Spark, 1973; Jurkovic, 1997; Schwartz, Dohrenwend, & Levav, 1994). Although the second generation were able to provide better mothering and were less enmeshed with their daughters, results showed persistent difficulty maintaining appropriate boundaries. Third generation women felt their mothers were over-involved with their lives, tried to control them, and communicated dependence and their own sense of burden. This would account for third generation difficulties with autonomy, indecisiveness, feelings of obligation and guilt.

### 8.3.3.3 Transmission from First to Third generation

Study 3 revealed that transmission of Holocaust trauma to the third generation was conveyed more powerfully by survivor grandmothers than by mothers. This is a major finding of this thesis regarding processes of intergenerational transmission of trauma. The thematic analysis showed that transmission from grandmother to granddaughter was a direct relationship which was independent of the trauma transmitted through parenting. This supports Gopen-Hyman’s (2003) hypothesis that Holocaust survivors may play a mitigating role in the family unit such that the third generation is not impacted solely by their parents as is the case with the second generation, but is affected by the two preceding generations. Findings indicate a multi-generational
model of transmission of Holocaust trauma to the third generation in which trauma is transmitted both directly from survivor grandmothers and from their mothers. This is depicted in Figure 8.1.

![Multi-generational model of trauma transmission](image)

**Figure 8.1 Multi-generational model of trauma transmission**

The qualitative data show that in most cases, third generation women shared a close relationship with their grandmothers and were deeply affected by their tragic ordeals. This manifested in treating their grandmothers with compassion, love and understanding and refraining from showing anger in spite of often feeling frustrated and confused by their demands. Like their mothers, they endeavoured to pacify and please them and ease their pain. Their relationship with their grandmothers was actively encouraged by their mothers who were all too aware of the absence of their own grandparents. This is consistent with Bar-On’s (1995) findings that although wishing their children to be independent, the second generation also wanted them to be close to their grandparents.

It can be concluded that perpetuation of Holocaust trauma to the third generation was significantly enhanced by survivor grandmothers’ direct contact with their grand-daughters. First-hand accounts of their grandmother’s horrific stories, direct observation of her affect and behaviour, messages directed at how they should
live and interact with the world, and the personal relationship they shared, all
served to personalize the Holocaust for the third generation. This culminated in their
self-perception as grand-daughters of survivors.

As sixteen of the women in the study still had their grandmothers and all but
one had known their grandmother, the extent of survivor’s influence in
communicating trauma to the third generation cannot be assessed. It seems that
trauma may continue to be reinforced by the presence of their grandmother in their
lives. This is most clearly depicted in Patty’s comment: “Whenever I spend time with
her it always crosses my mind at least once that here is a woman who has really
suffered. You can see it in the way she carries herself.” Given the findings of this
thesis for the relative dilution of some aspects of Holocaust trauma in the third
generation, it is possible that once survivors are no longer alive the impact of the
Holocaust will become attenuated. This may be investigated in future research.

8.3.3.4 Home Environment

Consistent with other second generation research in both clinical and non-
clinical populations (e.g., Catherall, 1998; Chaitin, 2003; Fogelman, 1998; Grinblat,
2002; Hass, 1990), this thesis shows that the family environment with its themes of
loss and sadness and distinctive family dynamic was also a major pathway for
transmitting trauma from survivors to their children. However, it was a less powerful
mechanism in conveying trauma to the third generation. Although the mood in third
generation homes was not totally free of residuals of trauma as evidenced by
depictions of emotional volatility, moodiness, tension and chaos, there was a general
air of stability, happiness and warmth. In contrast to most second generation homes,
third generation daughters also felt able to openly express their negative emotions.
The thematic analysis data indicated that the emotional climate of third generation homes was no different whether or not only mothers or both parents were children of survivors. Although Scharf (2007) did not specifically investigate family climate, her study noted a cumulative effect of stress in families where both parents were children of survivors. In light of the large number of third generation families in this thesis where the father was not from a survivor background, the present findings do not appear to support this view. Rather, in accordance with the third generation’s perceptions, it would seem that second generation mothers played a more dominant role than fathers in determining the mood of the home. It follows that any potentially moderating influence of fathers from a non-survivor background was either negligible or non-existent.

The ability of second generation women to create a positive home environment aligns with their intentions not to repeat the bleak, joyless and depressed mood of their own homes. This suggests that the same conscious mechanisms which enabled them to provide superior care and empathy to their children than they received also assisted them in fashioning a home life which, while bearing the imprint of their upbringing, was significantly different to the one they experienced. It is likely that the greater stability and exposure to happiness within the home served to mitigate the transmission of effects such as depression and sadness to the third generation. However, it is possible that the presence of emotional volatility may have heightened the third generation’s sense of vulnerability.

8.3.3.5 Sources External to the Family

Although the data show that Holocaust commemoration ceremonies and a small selection of books with Holocaust themes played some role in conveying Holocaust trauma to second generation women, sources outside the family such as the
media, books, films and most particularly Jewish day schools had a far greater impact on the third generation. Although generally of lesser importance than distinctive messages conveyed through intergenerational means, external sources nevertheless constituted a powerful and unique form of transmission to the third generation.

The heightened interest in the subject of the Holocaust during the 1990’s and beyond, led the third generation to be exposed to disproportionate amounts of media dealing with the Holocaust throughout their youth. Through such Hollywood films as *Schindler’s List* and *The Pianist*, to name a few, the third generation were able to see depictions of how victims of the Holocaust looked and the brutality and barbaric acts to which they were subjected. This supplemented documentaries and photographs which allowed them to see actual film footage of these atrocities. In this way, their experience was very different from that of their mothers who grew up with limited resources about the Holocaust and were left to project their own fantasized images onto their family stories of horror and persecution. Media, most particularly visual imagery, thus served to contextualize the third generation’s personal history and reinforce feelings of trauma through inevitable personalization of suffering.

The qualitative analysis shows that like media, Jewish schools also compounded the impact of Holocaust trauma. All third generation women interviewed for this project had attended Jewish day schools at some stage with most receiving their entire education there. This contrasted with second generation respondents, only three of whom had attended a Jewish school. In keeping with their school curriculum, almost all third generation women had been exposed to rigorous Holocaust education programs. These programs comprised historical accounts, talks by survivors about
their Holocaust experiences, commemoration ceremonies, and Holocaust-themed movies, literature, songs, art and discussions.

The focus on the Holocaust within the context of their schooling not only enhanced their feelings of vulnerability and fear by reinforcing their personal history, but impacted their identity by highlighting their difference from their peers who were not from survivor families. Most notably, it magnified the third generation’s burden both in the form of increased responsibility towards their grandparents as they became more informed of their suffering and towards future generations of Jews as they imbibed the message to “never forget”.

8.3.3.6 Direct Transmission

The qualitative evidence revealed the transmission of Holocaust trauma through intrapsychic processes to the second generation and at some level to the third. Second generation accounts of feeling that they had personally endured the horrors of the Holocaust conform to theoretical notions of “narcissistic union” (Wardi, 1992) and processes of transposition and projective identification (Kestenberg, 1982a, 1982b, 1993). Current findings corroborate research conducted in clinical populations (Bergmann & Jucovy, 1982; Kellerman, 2001b; Kestenberg, 1982a; Kogan, 1995; Wardi, 1992) and in a non-clinical second-generation Australian population (Rowland-Klein & Dunlop, 1997).

While far less pronounced than in the second generation, the present data establish that trauma was also transmitted through unconscious pathways to the third generation. This phenomenon has not been previously researched. Although the third-generation interviews did not reveal evidence of psychoanalytic processes such as transposition, there were many examples of unconscious identification with Holocaust trauma and experiences that corresponded with those of the second generation. These
included nightmares in which they saw themselves as victims of the Nazis and feelings of vulnerability that “it could have been them”. Several women believed that they had personally taken on feelings of being hated throughout the course of Jewish history.

Further, analysis of the interview data reveals that almost all third generation women “knew” of some tragic event in their family history from their earliest memories without ever having been told. This suggests that transmission may have occurred intuitively through a type of sensory awareness of pain and loss. Irregularities in the family context such as a small extended family and their grandmother’s appearance may have reinforced such intuitive feelings.

In the absence of prior research on transmission of Holocaust trauma to the third generation through processes outside of conscious awareness, present findings are discussed with reference to two theoretical formulations. Auerhahn and Laub’s (1998) concept of traumatic memory contends that “knowledge of psychic trauma weaves through the memories of several generations” (p. 22). Over the generations, and with greater distance from the traumatic event, the form of the traumatic memory undergoes change. Auerhahn and Laub argued that even those not directly affected by massive psychic trauma may still “know of it” through developmental conflicts engendered by their upbringing. This framework may provide some explanation for third generation outcomes, in particular their feelings of vulnerability, sense of being different, and identification with trauma.

Auerhahn and Laub (1998) further proposed that traumatic memory manifested in survivors’ children’s engagement in activities impelled by Holocaust knowledge, such as political and social involvement. Results showed that this form of “action knowledge” prevailed not only in the second but in the third generation. Their
active participation in student politics, as community spokeswomen, and their commitment to informing others about the Holocaust reflect a similar need to give voice to their knowledge.

The trajectory of transmission of trauma to the third generation can also be explained by Volkan’s (2001) notion of chosen trauma. According to this theory, the collective trauma of the Holocaust was passed on to the second generation who, unable to fully deal with it, proceeded to pass it on to their children. Further, although speculative, the present results are consistent with Volkan’s belief that chosen trauma may be reactivated by conscious and unconscious connections between the mental representation of the past trauma and a contemporary threat. This was apparent in the second and third generations’ expressed fear of another Holocaust on the basis of perceived current global anti-Semitism.

8.4 Clinical Implications of the Findings

The data derived in this thesis provide evidence in support of continued transmission of on-going effects in the third generation of Holocaust survivor offspring. These results have several implications for clinical practice. Focus of this discussion is directed at clinical implications for the third rather than the second generation as this subject has been documented in previous research (e.g., Berger-Reiss, 1997; Scharf, 2007; Sorscher & Cohen, 1997; Wardi, 1992).

First, a clinical understanding and knowledge of the historical context in which the third generation’s psychological responses were developed would be invaluable in treatment of trauma-related psychological problems. This would necessitate clinicians looking back not one but two generations. Awareness of the third generation’s historical reality is likely to assist clinicians in identifying
symptoms and the origins of internal conflict that may otherwise be overlooked. This is likely to be particularly relevant to the treatment of anxious behaviour in this population. Some caution should be taken, however, not to view such consequences as necessarily pathological since even significant findings regarding anxiety and other psychological effects in survivor offspring (Lichtman, 1984) have tended to be in the normative range of psychological functioning (Felsen, 1998). Second, as noted by Auerhahn, Laub and Peskin (1993), an understanding of the historical background of survivor families should enhance aspects of the therapeutic relationship itself, such as establishing empathic attunement and recognition of transference and countertransference.

In regard to therapeutic interventions, an approach that encourages communication surrounding the lived-in experience of third generation women may help elicit traces of trauma, which may be masked by apparently sound functioning. Although it is possible that with age the third generation may resolve issues arising out of their historical legacy, psycho-education about the effects of family trauma may prove beneficial in maximizing the well-being of this generation. Focus on the dynamics within the family including the third generation’s relationship with their grandparents may prove particularly valuable. Clinical case studies have shown the therapeutic advantages of unravelling the dynamics between all three generations in survivor families (Fonagy, 1999) and point to the importance of understanding how the parenting received by the second generation may impact the third generation.

Therapeutic interventions could be used to assist both the second and third generations in the process of “working through” unresolved concerns related to Holocaust trauma. Ruedenberg-Wright (1997) observed, “It is reasonable to expect that unless children of survivors work through their own issues they will in turn pass
them on to the third generation” (p.4). Following from this, it may be assumed that in the absence of the third generation working through their issues, they may continue the line of trauma transmission to the fourth generation. The clinician may thus serve an important role in helping dilute the transmission of trauma to subsequent generations. Findings from this thesis may have clinical implications for second and third generation offspring of victims of other genocides and extreme types of trauma, in particular the Australian stolen generation and refugees from war-torn countries living in Australia.

8.5 Methodological Considerations

Both methodological strengths and limitations were apparent in this research and indicate directions for future research. The major strength resided in the use of mixed methodology emphasizing a qualitative methodology supported by a quantitative methodology. Limitations of the present research relate to issues of measurement and the interview process. These issues are now discussed.

8.5.1 Methodological Strengths of the Present Research

The combined use of qualitative and quantitative methodology succeeded in overcoming several short-comings and contradictory findings encountered in previous research through use of a single methodology. As noted, mixed methodology offers several advantages over other forms of analysis including the ability to address the research questions from different perspectives and to increase the validity and reliability of findings as a result of triangulation. A further strength was conducting the investigation with multiple generations of the same families. This allowed common patterns of emotional experience and behaviour to be highlighted. The all-female focus was also a methodological strength. Established research shows that
women are more affected by Holocaust trauma than men (Brom, Kfir, & Dasberg, 2001; Last & Klein, 1984; Lichtman, 1984; Scharf, 2007; Vogel, 1994; Wiseman et al., 2002; Zwerling et al., 1984). This dictates that a clearer picture of Holocaust trauma is able to be established by studying women where effects are more readily articulated and verifiable. Trauma-related effects may also present in men but in different form. Thus, understanding how trauma affects women may help elucidate how trauma affects men.

The qualitative interviews enabled the lived experiences of non-clinical second and third generation offspring from one of the largest Holocaust survivor populations in the world to be captured. Although all women were part of the Melbourne Jewish community and were educated and middle-class, they had heterogeneous experiences and represented a range of viewpoints. The second generation group encompassed women who were both born in Australia and migrants, of differing birth-order as well as only children, and from families where parents were divorced or fathers had died while they were young. The third generation were similarly diverse and included adolescents, university students, women who were married, and mothers. The wide age-range in this sample (16 to 34 years) facilitated the identification of effects of age on a number of dimensions and paves the way for future research.

8.5.2 Methodological Limitations

There were limitations in the present research inherent in the quantitative and qualitative approaches. In regard to the quantitative study, dependent measures were all self-report and therefore subjective. Furthermore, it is possible that the PBI which focuses on the first sixteen years of life may have shown a desired rather than the real
childhood or have been subject to inaccuracy of memory given the retrospective nature of the instrument. Although there has been no established criticism of the PBI in the past, the researcher encountered written responses claiming that their relationship with their mother had changed when they reached puberty. This clearly is a dynamic which has not been allowed for in the measure.

Although a key objective of the thesis was to focus on the impact of trauma on women, little attention was given to the effect of also having a father who was a survivor or from a survivor family. Some attempt was made to draw conclusions for the third generation based on the finding that nearly half their fathers were from non-survivor backgrounds. However, this could have been investigated more fully had this information been obtained in the demographic questionnaire. Although not anticipated, all third generation women had attended Jewish schools for at least part of their education. Responses may thus not represent third generation women who had had no association with Jewish schools. Feelings related to being the granddaughter of a Holocaust survivor may be either heightened or dissipated in the absence of a Jewish peer group and formal education on the Holocaust. This is an area for further investigation.

A potential limitation which featured in the overall project was comparing the experiences of the second and third generations given their different ages and life-stages. Although the comparison was justified within the framework of phenomenological enquiry as capturing a snapshot in time, it is likely that findings are only relevant to their current life-stage and may change with future adjustment to other life-stages. This is particularly salient to the third generation who may reflect differently on aspects of their legacy as they mature and become mothers in their own right as occurred with the second generation.
8.5.3 Interview Issues

The interviews posed a number of limitations in terms of their length, particularly with the second generation. It was sometimes necessary for the researcher to interrupt respondents to prevent them from losing concentration and to ensure adherence to the structure of the interview. As a result, they were not always able to elaborate on areas of interest and increase insight into their phenomenological experiences. The complex and intertwined nature of the narratives occasionally resulted in a surfeit of information beyond what was being sought such that it was difficult to adequately accommodate this material in the analysis. As this was preliminary research, ideas arising out of this study that were unable to be explored in depth such as problem eating behaviours may be addressed in more detail in future research.

8.6 Implications for Further Research arising from the Three Studies

The limitations and implications of the data that have been discussed suggest areas for future research with regard to on-going transmission of Holocaust trauma. Whilst the focus of the current project was on transmission of trauma in three generations of women, future studies, both quantitative and qualitative are needed to assess the impact of trauma on men and the role of fathers in transmitting trauma. The transmission of trauma from second generation mothers to sons could be examined to compare and contrast effects with those from second generation mothers to daughters. Following this, the second generation father-son relationship could be explored to ascertain whether these relationships operate in the same way as mother-daughter relationships and if mothers and fathers have differential roles in transmitting trauma. It is possible that fathers play a more important role in sons’ lives. Future research could also address whether second and third generation men are as susceptible to transmission of trauma as second and third generation women.
There are other factors that were unable to be unearthed in the current project and remain the work of further research. This includes a fuller investigation of mitigating factors as identified in the clinical literature (Kellerman, 2001a; Wardi, 1992), such as the impact on the second generation of being “replacement” children, how soon after the war they were born, birth-order, the additional effect of immigration in addition to having endured trauma, and having two parents rather than just mothers who were offspring of survivors. Research examining the lived experience of second and third generation siblings may illuminate potential differences in the way trauma affects different family offspring within the one generation.

Quantitative research would be enhanced by inclusion of a third generation control group from a Jewish non-survivor background and by using measures to examine other outcomes identified in this population such as anxiety, trust and guilt. In view of research suggesting that differences between children of survivors and controls may be explained by their common Jewish culture rather than a survivor background (Rose & Garske, 1987), inclusion of a non-Jewish control group may also advance research on the third generation. Further, a longitudinal study which charts the development of the third generation as they reach motherhood and parallel their mother’s life-stages would shed new light on the relationship of age to internalization of trauma and provide more meaningful comparison between the second and third generations.

The role of survivor grandmothers in communicating trauma directly to the third generation was a major finding of this thesis. However, as seventeen women still had their grandmothers at the time of the interviews, it was not possible to fully assess the impact of grandmothers since there was no way of comparing them to third
generation women who had not been directly exposed to their grandmothers.

Future research may be able to compare the emotional experiences of third generation offspring who still have their grandmother with those whose grandmother is no longer alive and who have little memory of them. Conceivably this may not be possible and it may well be that the effect of direct contact with survivors can only be adequately assessed in the lifetime of the fourth generation when the survivor generation is no longer alive. This may constitute the next phase of research on intergenerational transmission of trauma.

Research into the role of the second generation in transmitting Holocaust trauma to their children through their parenting is in its infancy. This research could be extended using qualitative and quantitative methods of enquiry. Inclusion of a non-Jewish control group would help confirm or dispute the notion that the collective trauma of the Jewish people may influence child-rearing behaviour as postulated by Kellerman (2001c).

8.7 Conclusions

The purpose of this thesis was to explore aspects of intergenerational transmission of trauma in an Australian community sample of second and third generation female Holocaust survivors. The investigation aimed to enhance the understanding of how trauma is transmitted beyond one or more generations of Holocaust survivors and the ways in which it may affect later generations. The results of the three independent but related studies have added to the current body of knowledge of transmission of Holocaust trauma.

It would seem that Holocaust trauma has long-term negative effects on psychosocial adjustment in a non-clinical population even two generations after exposure to trauma, although this is not necessarily suggestive of serious
psychological impairment. Holocaust trauma manifests in both second and third generation women in a broad range of common psychological effects which are associated with fear, burden, despair and feeling different. While effects related to burden and despair are more diluted in the third generation, effects related to fear, such as anxiety and distrust, appear equally as strong. Notwithstanding that the third generation were all born in Australia, they continue to experience feelings of being different to others including Jews from non-survivor backgrounds.

Trauma is conveyed through similar processes from the second to the third generation as from survivors to their children, although intrapsychic transmission is less evident in the third generation. Although parenting emerged as the most predominant pathway in both generations, a major role is also played by survivor grandmothers in transmitting trauma directly to the third generation. Argument is made on this basis for a multi-generational model of trauma transmission to the third generation. As mothers, the second generation acknowledge their own role in perpetuating trauma and consciously attempt to parent differently from their mothers to prevent the transmission of negative effects to their children. As shown in this thesis, they have thus far been successful in mitigating effects resulting from lack of appropriate maternal care and emotional expressiveness, but have been unable to break the pattern of their mothers’ over-protective parenting. The third generation’s anxiety, fear and distrust are most likely a product of this.

This thesis has shed new light on the trajectory of Holocaust trauma to the third generation and the impact of their background on their lives. In addition, by using a qualitative approach which permitted a comprehensive portrait of the lived experience of Holocaust offspring to be established, this thesis has helped clarify some of the divergent findings of clinical literature and empirical studies. The
findings of this thesis may prove useful in clinical applications both with children and grandchildren of Holocaust survivors and with offspring of victims of other extreme traumas. Areas for future investigation were identified. This is particularly warranted in light of implications that Holocaust trauma may continue to pass to a fourth generation through mechanisms of keeping personal narrative alive.
REFERENCES


APPENDIX A: INFORMATION TO PARTICIPANTS

Note: The version for the second generation was also used for the second generation control group. The third generation were given a separate information sheet.

Intergenerational Transmission of Trauma in Second and Third Generation Holocaust Survivors.

Investigators: Vivien Silbert, Doctoral student, Dr. Glen Bates, Supervisor & Dr. Naomi Crafti, Co-supervisor.

I am conducting a study to examine the processes of transmission of trauma across the generations at both a conscious and unconscious level. In particular, I am investigating the effects of trauma on a number of personality characteristics and the way in which parenting is administered and received. The results of this research may prove beneficial in providing a better understanding of the processes of intergenerational trauma transmission, particularly as it becomes more removed from its original source, and may assist in elucidating the different ways in which trauma is experienced. If you volunteer to participate, you will be asked to complete a selection of measures which will take approximately one hour to complete. You may also be asked to participate in an individual interview which will last approximately one hour and will enquire into the impact of a Holocaust survivor background on your childhood, current-day living and the manner in which you parent your own children.

The questionnaire includes:

- A series of questions measuring perceptions of maternal protectiveness.
- A set of questions measuring personal authority in the family system.
- A scale which measures personal autonomy and concern with pleasing others.
- A set of questions concerning parental style.

Your responses will be completely anonymous and confidential. The results of this study may be published in a scientific journal, however only group data will be presented and no individual will be identifiable.

Your participation in this study is completely voluntary. Your initial agreement to participate does not stop you from discontinuing participation and you are free to withdraw at any time.

This research conforms to the principles set out in the Swinburne University of Technology Policy on Research Ethics and the NHMRC guidelines as specified in the National Statement on Ethical Conduct on Research Involving Humans.

Please consider the purposes and time commitment of this study before you decide whether or not to participate. Retain this information sheet for your own records.

If you have any queries about this study, please contact the investigators: Vivien Silbert (Tel: 0412 263511. Email: vsilbert@hotmail.com) or
Dr. Glen Bates (Tel: 9214 8100. Email: gbates@swin.edu.au)

If you have any queries or concerns which the Senior Investigator was unable to satisfy, contact:
The Chair, SBS Research Ethics Committee
School of Social and Behavioural Sciences, Mail H24
Swinburne University of Technology, Hawthorn, Victoria 3122

If you have a complaint about the way you were treated during this study please write to:
The Chair, Human Research Ethics Committee
Swinburne University of Technology, PO Box 218, Hawthorn, Victoria 3122
INFORMATION TO PARTICIPANTS: Third generation

Intergenerational Transmission of Trauma
in Second and Third Generation Holocaust Survivors.

Investigators: Vivien Silbert, Doctoral student, Dr. Glen Bates, Supervisor & Dr. Naomi Crafti, Co-supervisor.

I am conducting a study to examine the processes of transmission of trauma across the generations at both a conscious and unconscious level. In particular, I am investigating the effects of trauma on a number of personality characteristics and the way in which parenting is administered and received. The results of this research may prove beneficial in understanding the processes of trauma at a deeper level and the differences in the way trauma is experienced particularly as it becomes more removed from its original source. If you volunteer to participate, you will be asked to complete a selection of measures which will take approximately one hour to complete. You will also be asked to participate in an individual interview which will last approximately one hour and will enquire into your beliefs regarding what was conveyed to you as a result of your mother’s Holocaust background, your perceptions of your parenting, your relationship with your parents, and the way you represent the Holocaust.

The questionnaire includes:
- A series of questions measuring perceptions of maternal protectiveness.
- A scale which measures personal autonomy and concern with pleasing others.
- A set of questions concerning perceptions of maternal style.
- A scale examining attachment to mothers.

Your responses will be completely anonymous and confidential. The results of this study may be published in a scientific journal, however only group data will be presented and no individual will be identifiable.

Your participation in this study is completely voluntary. Your initial agreement to participate does not stop you from discontinuing participation and you are free to withdraw at any time.

This research conforms to the principles set out in the Swinburne University of Technology Policy on Research Ethics and the NHMRC guidelines as specified in the National Statement on Ethical Conduct on Research Involving Humans.

Please consider the purposes and time commitment of this study before you decide whether or not to participate. Retain this information sheet for your own records.

If you have any queries about this study, please contact the investigators:
Vivien Silbert (Tel: 0412 263511. Email: vsilbert@hotmail.com) or
Dr. Glen Bates (Tel: 9214 8100. Email: gbates@swin.edu.au)

If you have any queries or concerns which the Senior Investigator was unable to satisfy, contact:
The Chair, SBS Research Ethics Committee
If you have a complaint about the way you were treated during this study please write to:
The Chair, Human Research Ethics Committee
Swinburne University of Technology, PO Box 218, Hawthorn, Victoria 3122
APPENDIX B: STATEMENT OF INFORMED CONSENT

I have read and understood the information sheet provided by the researcher, and voluntarily consent to taking part in the research study described above. The objectives and procedures of the study have been explained to me and any questions I have asked have been answered to my satisfaction.

I agree to participate in this activity, realizing that I may withdraw at any time without prejudice to myself and that all records of my participation will be erased.

I agree that the interview may be recorded on audio tape on the condition that no part of it is included in any presentation or public display. I understand that should the need arise, I will be debriefed as soon as is practicable after the interview, and that the audio tape will be destroyed on completion of the research.

I have been advised the results of the research may be published. I agree that the research data collected for the study may be published or provided to other researchers on the condition that anonymity is preserved and that I cannot be identified.

Name of Participant………………………………………………..(to be printed)

Address:………………………………………………………………

Signature……………………………… Date……………………..

Name of Researcher…………………………………………….
Signature…………………………….. Date……………………

Thank you for your time and your willingness to participate in this study.
APPENDIX C: STUDY 1 QUESTIONNAIRE

Note: Page 1 is presented in two versions according to whether participants were second generation (or second generation controls) or third generation. They appear in this sequence. The second generation and controls completed the PAFS, PBI and PSI-II. The third generation completed the PBI, PSI-II and the IPPA.

Please complete the following questions concerning your family background. For some questions you will need to circle the number alongside the best response.

1. What is your age? ________ years.

2. Where were you born?
   1 = Australia
   2 = Other (Please specify)……………

3. What level of education have you attained?
   1 = Did not complete secondary school.
   2 = Completed secondary school.
   3 = Tertiary diploma.
   4 = University degree.
   5 = Postgraduate.
   6 = Other (please state)…………..

4. What is your marital status?
   1 = Married (or living in de facto relationship)
   2 = Single (never married).
   3 = Divorced, separated.
   4 = Other (please state)…………..

5. What is your family income?
   1 = 0-29,999  4 = 60,000-69,999
   2 = 30,000-49,999  5 = 70,000-99,999
   3 = 50,000-59,999  6 = 100,000+

6. How old are your parents?
   Mother
   1 = 60-69
   2 = 70-79
   3 = 80-89
   4 = 90+
   5 = Deceased

   Father
   1 = 60-69
   2 = 70-79
   3 = 80-89
   4 = 90+
   5 = Deceased

7. Is your mother
   1 = Living with your father?
   2 = Separated or divorced?
   3 = Widowed and remarried?
   4 = Widowed and single?
   5 = Deceased?
   6 = Other (please state)………. 
8. If your father has died or is divorced/separated from your mother, how old were you when this occurred?
__________ years.

9. If your mother has died, how old were you at the time? _______ years.

10. How strong are your religious sentiments?
    1 = not at all.  2 = a little.  3 = moderate  4 = very

11. How strongly do you feel about your Jewish identity?
    1 = not at all.  2 = a little.  3 = moderately  4 = very

12. Where was your mother born?
    1 = Australia  5 = Western Europe
    2 = U.K.  6 = Israel & Middle East
    3 = North America  7 = South Africa
    4 = Eastern Europe  8 = Other (please state)………

13. Where was your father born?
    1 = Australia  5 = Western Europe
    2 = U.K.  6 = Israel & Middle East
    3 = North America  7 = South Africa
    4 = Eastern Europe  8 = Other (please state)………

14. Of your four grandparents, how many were born in Australia? _________

15. Where was your mother during the Second World War?
    1 = Concentration camp.
    2 = Australia
    3 = In Europe but not in concentration camp (eg. In ghetto, hiding, resistance)
    4 = Involved in active service

16. If your mother was in concentration camp, for how long? ________ months
    (approx.)

17. If your mother was in concentration camp, how old was she at the time of incarceration?
    ________ years.

18. In what year did your mother emigrate from Europe? (if applicable) __________

19. Where was your father during the war?
    1 = Concentration camp.
    2 = Australia
    3 = In Europe but not in concentration camp (eg. In ghetto, hiding, resistance)
    4 = Involved in active service.

20. Are you having counselling or participating in a support group of any kind?
Please complete the following questions concerning your family background. For some questions you will need to circle the number alongside the best response.

1. What is your age? ________ years.

2. Where were you born?
   1 = Australia
   2 = Other (Please specify)……………

3. What level of education have you attained?
   1 = Did not complete secondary school.
   2 = Completed secondary school.
   3 = Tertiary diploma.
   4 = University degree.
   5 = Postgraduate.
   6 = Other (please state)…………..

4. What is your marital status?
   1 = Married (or living in de facto relationship)
   2 = Single (never married).
   3 = Divorced, separated.
   4 = Other (please state)…………

5. Is your mother
   1 = Living with your father?
   2 = Separated or divorced?
   3 = Widowed and remarried?
   4 = Widowed and single?
   5 = Deceased?
   6 = Other (please state)………

6. If your father has died or is divorced/separated from your mother, how old were you when this occurred?
   ________ years.

7. How strong are your religious sentiments?
   1 = not at all. 2 = a little. 3 = moderate 4 = very

8. How strongly do you feel about your Jewish identity?
   1 = not at all. 2 = a little. 3 = moderately 4 = very

9. Are you having counselling or participating in a support group of any kind?
The following questions ask about your current relationships with your mother. If your mother is deceased, then answer the questions about her in terms of how you remember or imagined your relationship to be. Please select the answers which best reflect your relationship by placing a tick in the appropriate box.

1. How would you rate the **quality** of your relationship with your mother?  
   - Excellent  
   - Good  
   - Fair  
   - Poor  
   - Very Poor

2. How would you rate the **satisfaction** of your relationship with your mother?  
   - Very Satisfied  
   - Satisfied  
   - Neutral  
   - Dissatisfied  
   - Very Dissatisfied

3. How satisfied are you with the frequency of contact (phone, in person) which you have with your mother?

4. When one of your parents is having a distressing problem, to what extent do you feel **personally** responsible to provide a solution to the problem to your mother?

5. When your parents are having significant problems in their marriage, to what extent do you feel **personally** responsible to provide a solution to their problem to your mother?

6. How does your job or financial success compare to that of your mother?

7. How does your job satisfaction compare to that of your mother?

8. How often do you think of yourself as your mother’s “little girl”?

9. How reluctant are you to do anything that would elicit an intense emotional response such as anger, hurt, shock or embarrassment from your mother?

10. How often do you seek parental approval (for example how you should handle a personal problem or make an important decision) from your mother?

11. How necessary is it to you to meet your mother’s expectations concerning:
   - your work  
   - your marriage or significant relationship  
   - parenting  
   - your appearance  
   - your lifestyle

(Please select one answer for each question)

(Please select one answer for each question)
<table>
<thead>
<tr>
<th>How often do you <strong>modify</strong> your behaviour to meet your mother's expectations concerning:</th>
<th>Always</th>
<th>Mostly</th>
<th>Often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. your work</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>17. your marriage or significant relationship</td>
<td>( )</td>
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<tr>
<td>18. parenting</td>
<td>( )</td>
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</tr>
<tr>
<td>19. your appearance</td>
<td>( )</td>
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</tr>
<tr>
<td>20. your lifestyle</td>
<td>( )</td>
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</tr>
</tbody>
</table>

You invite only your mother and not your father to dinner alone with you even though he is interested and available.

| 21. How **willing** would you be to do this? | ( )    | ( )    | ( )   | ( )          | ( )   |
| 22. How **comfortable** would you be doing this? | ( )    | ( )    | ( )   | ( )          | ( )   |
| 23. How **unfair** would it be to do this to your father or your parent's marriage? | ( )    | ( )    | ( )   | ( )          | ( )   |
| 24. How **comfortable** would you be dining and having intimate conversation with your mother? | ( )    | ( )    | ( )   | ( )          | ( )   |
| 25. How **guilty** would you feel if you did not invite your father? | ( )    | ( )    | ( )   | ( )          | ( )   |

<p>| 26. I share my true feelings about the significant events in my life with my mother. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 27. My mother and I are important people in each others lives. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 28. I get together with my mother from time to time for conversation and recreation. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 29. I take my mother's thoughts and feelings seriously, but do not always agree or behave in the same way. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 30. I openly show tenderness towards my mother( ) | ( )    | ( )    | ( )   | ( )          | ( )   |
| 31. I am fair in my relationship with my mother. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 32. I can trust my mother with things we share. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 33. My mother and I have mutual respect for each other. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 34. I am fond of my mother. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 35. My mother does things that embarrass me. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 36. My present day problems would be fewer or less severe if my parents had acted or behaved differently. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 37. My mother frequently tries to change some aspect of my personality. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 38. I sometimes wonder how much my mother really loves me. | ( )    | ( )    | ( )   | ( )          | ( )   |
| 39. I am usually able to disagree with my mother without losing my temper. | ( )    | ( )    | ( )   | ( )          | ( )   |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. I often get so emotional with my mother that I cannot think straight.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
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</tr>
<tr>
<td>41. I usually help my mother understand me by telling her how I think, feel and believe.</td>
<td>( )</td>
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<tr>
<td>42. My mother says one thing to me and really means another.</td>
<td>( )</td>
<td>( )</td>
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</tr>
<tr>
<td>43. How comfortable are you or would you be talking to your mother about the private and personal story of growing up in her family of origin (ie discussing perceptions, thoughts and feelings about her relationships with parents, siblings, aunts, uncles etc.?)</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
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</tr>
<tr>
<td>44. How comfortable are you or would you be talking to your mother about family secrets both real and imagined, and about skeletons in the family closet?</td>
<td>( )</td>
<td>( )</td>
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</tr>
<tr>
<td>45. How comfortable are you or would you be talking to your mother about specific mistakes or wrong decisions which they made in the past and would like to do again differently (eg. Marriage, marriage partner, occupation etc.).</td>
<td>( )</td>
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</tr>
<tr>
<td>46. How comfortable are you or would you be talking to your mother about the fact that they are no longer the number one live in your life?</td>
<td>( )</td>
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<tr>
<td>47. How comfortable are you or would you talking to your mother to declare openly the ways in which you are different to her in your beliefs, values, attitudes and behaviours?</td>
<td>( )</td>
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</tr>
<tr>
<td>48. How comfortable are you or would you be talking directly to your mother as a peer; to say goodbye to her as “mummy” and goodbye to yourself as a dependent “little girl”?</td>
<td>( )</td>
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<td>( )</td>
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</tr>
<tr>
<td>49. How comfortable are you or would you be talking face to face with your mother to make it explicit that you are not responsible for her survival or happiness in life, and that you are not working to meet goals and achievements in life which have been passed on from her (or prior generations) to you?</td>
<td>( )</td>
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</tr>
<tr>
<td>50. How comfortable are you or would you be talking to your mother about her sexuality and sexual experience?</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>51. How comfortable are you or would you be talking to your mother about her approaching death, as to when, where, how and with what attitude and feelings she anticipates this inevitability?</td>
<td>( )</td>
<td>( )</td>
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</tr>
</tbody>
</table>
Please refer to questions 43 to 51. Please indicate whether you have discussed the aforementioned topics with your mother.

<table>
<thead>
<tr>
<th>Topic in question</th>
<th>Have not discussed</th>
<th>Have discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
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<tr>
<td>44</td>
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<td>49</td>
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<td>50</td>
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<tr>
<td>51</td>
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</tr>
</tbody>
</table>
**PBI**

This questionnaire lists various attitudes and behaviours of your mother. In answering the following questions, remember your mother as she was in your first 16 years. Place a tick in the appropriate box.

<table>
<thead>
<tr>
<th>My mother:</th>
<th>Not at all</th>
<th>To a small extent</th>
<th>To a moderate extent</th>
<th>To a large extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spoke to me with a warm and friendly voice.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>2. Did not help me as much as I needed.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>3. Let me do things I liked doing.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>4. Seemed emotionally cold to me.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>5. Appeared to understand my problems and worries.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>6. Was affectionate to me.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>7. Liked me to make my own decisions.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>8. Did not want me to grow up.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>9. Tried to control everything I did.</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>10. Invaded my privacy.</td>
<td>( )</td>
<td>( )</td>
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</tr>
<tr>
<td>11. Enjoyed talking things over with me.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>12. Frequently smiled at me.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>13. Tended to baby me.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>14. Did not seem to understand what I needed or wanted.</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>15. Let me decide things for myself.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>16. Made me feel I wasn’t wanted.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>17. Could make me feel better when I was upset.</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>18. Did not talk with me very much.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>19. Tried to make me dependent on her.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>20. Felt I could not look after myself unless she was around.</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>21. Gave me as much freedom as I wanted.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>22. Let me go out as often as I wanted.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>23. Was over-protective of me.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>24. Did not praise me.</td>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>25. Let me dress in any way I pleased.</td>
<td>( )</td>
<td>( )</td>
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</tr>
</tbody>
</table>
Personal Style Inventory II

The following statements concern personal characteristics. Please read each one carefully and indicate whether you agree or disagree and to what extent by circling a number.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I often put other people’s needs before my own................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. I tend to keep other people at a distance....................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. I find it difficult to be separated from people I love...................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. I am easily bothered by other people making demands of me..................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. I am very sensitive to the effects I have on the feelings of other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. I don’t like relying on others for help........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7. I am very sensitive to criticism by others....................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8. It bothers me when I feel that I am only average and ordinary................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9. I worry a lot about hurting or offending other people........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10. When I’m feeling blue, I don’t like to be offered sympathy................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11. It is hard for me to break off a relationship even if it is making me unhappy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>12. In relationships, people are often too demanding of one another...........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>13. I am easily persuaded by others..................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>14. I usually view my performance as a complete success or a complete failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>15. I try to please other people too much..........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
</tr>
<tr>
<td>16. I don’t like people to invade my privacy......................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
</tr>
<tr>
<td>17. I find it difficult if I have to be alone all day............................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>18. It is hard for me to take instructions from people who have authority over me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>19. I often feel responsible for solving other people’s problems.............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>20. I often handle big decisions without telling anyone about them............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>21. It is hard for me to get over the feeling of loss when a relationship has ended</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>22. It is hard for me to have someone dependent on me..........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>23. It is very important to me to be liked or admired by others...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>24. I feel badly about myself when I am not actively accomplishing things....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Slightly Disagree</td>
<td>Slightly Agree</td>
<td>Strongly Agree</td>
<td></td>
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</tr>
<tr>
<td>25. I feel I have to be nice to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>26. It is hard for me to express admiration or affection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
</tr>
<tr>
<td>27. I like to be certain that there is somebody close I can contact in case something unpleasant happens to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>28. It is difficult for me to make a long-term commitment to a relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>29. I am too apologetic to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>30. It is hard for me to open up and talk about my feelings and other personal things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>31. I am very concerned with how people react to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
</tr>
<tr>
<td>32. I have a hard time forgiving myself when I feel I haven’t worked up to my potential</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>33. I get very uncomfortable when I’m not sure whether or not someone likes me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>34. When making a big decision, I usually feel that advice from others is intrusive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>35. It is hard for me to say “no” to other people’s requests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>36. I resent it when people try to direct my behaviour or activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
</tr>
<tr>
<td>37. I become upset when something happens to me and there’s nobody around to talk to</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>38. Personal questions from others usually feel like an invasion of my privacy</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>39. I am most comfortable when I know my behaviour is what others expect of me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>40. I am very upset when other people or circumstances interfere with my plans</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>41. I often let people take advantage of me</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>42. I rarely trust the advice of others when making a big decision</td>
<td>1</td>
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<tr>
<td>43. I become very upset when a friend breaks a date or forgets to call me as planned</td>
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<td>44. I become upset more than most people I know when limits are placed on my personal independence and freedom</td>
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<td>6</td>
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<tr>
<td>45. I judge myself based on how I think others feel about me</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>46. I become upset when others try to influence my thinking on a problem</td>
<td>1</td>
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<td>6</td>
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<tr>
<td>47. It is hard for me to let people know when I am angry with them</td>
<td>1</td>
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<td>3</td>
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<td>5</td>
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<tr>
<td>48. I feel controlled when others have a say in my plans</td>
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</table>
Please read the following statements and indicate how well they describe what you typically believe about yourself and your mother.

1= Almost never or never true
2= Seldom true
3= Sometimes true
4= Often true
5= Almost always or always true

<table>
<thead>
<tr>
<th>Statement</th>
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<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>1. My mother respects my feelings.</td>
<td></td>
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<tr>
<td>2. I feel my mother is successful as a mother.</td>
<td></td>
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<td></td>
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<tr>
<td>3. I wish I had a different mother.</td>
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<tr>
<td>4. My mother accepts me as I am.</td>
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<tr>
<td>5. I have to rely on myself when I have a problem to solve.</td>
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<tr>
<td>6. I like to get my mother’s point of view on things I’m concerned about.</td>
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<tr>
<td>7. I feel it’s no use letting my feelings show.</td>
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<tr>
<td>8. My mother senses when I’m upset about something.</td>
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<tr>
<td>9. Talking over problems with my mother makes me feel ashamed or foolish.</td>
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<tr>
<td>10. My mother expects too much from me.</td>
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<tr>
<td>11. I get easily upset at home.</td>
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<tr>
<td>12. I get upset a lot more than my mother knows about.</td>
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<tr>
<td>13. When we discuss things, my mother considers my point of view.</td>
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<tr>
<td>14. My mother trusts my judgement....</td>
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<tr>
<td>15. My mother has her own problems, so I don’t bother her with mine.....</td>
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<td></td>
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</tr>
<tr>
<td>16. My mother helps me to understand myself better.</td>
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<tr>
<td>17. I tell my mother about my problems and troubles.</td>
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<td>18. I feel angry with my mother....</td>
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<tr>
<td>19. I don’t get much attention at home.</td>
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<tr>
<td>20. My mother encourages me to talk about my difficulties.</td>
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<tr>
<td>21. My mother understands me.....</td>
<td></td>
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<tr>
<td>22. I don’t know whom I can depend on these days.</td>
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</tbody>
</table>
23. When I am angry about something, my mother tries to be understanding......
24. I trust my mother...................
25. My mother doesn’t understand what I’m going through these days...........
26. I can count on my mother when I need to get something off my chest...
27. I feel that no one understands me....
28. If my mother knows something is bothering me, she asks me about it............
APPENDIX D: STUDY 1 – SCORING INSTRUCTIONS AND RATING SCHEMES FOR PAFS, PBI, PSI-II AND IPPA

Scoring Instructions for the Parent Bonding Instrument (PBI)
The PBI is scored on a 4-point Likert scale where 1 = (not at all), 2 = (to a small extent), 3 = (to a moderate extent) and 4 = (to a large extent). The range of scores is 12 to 48 for the care scale and 13 to 52 for the overprotection scale. Higher scores indicate greater care and overprotection.

Protection Scale = items 3, 7, 8, 9, 10, 13, 15, 19, 20, 21, 22, 23, 25.
Care Scale = items 1, 2, 4, 5, 6, 11, 12, 14, 16, 17, 18, 24.
Items 2, 3, 7, 14, 15, 16, 18, 21, 22, and 24 were reverse scored.

Scoring Instructions for the Personal Authority in the Family System Questionnaire (PAFS)
Responses are scored on a 5-point scale with higher scores indicating greater intergenerational intimacy, individuation, and personal authority and less intimidation and intergenerational triangulation.

Intergenerational Intimacy Scale = items 1, 2, 3, 26, 27, 28, 29, 30, 31, 32, 33, 34, 41. All items are reverse scored.
Intergenerational Individuation Scale = items 4, 35, 36, 37, 38, 39, 41, 42. Item 39 is reversed scored.
Intergenerational Triangulation Scale = items 5, 21, 22, 23, 24, 25.
Intergenerational Intimidation Scale = items 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20.
Personal Authority Scale = items 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60.
Items 43, 44, 45, 46, 47, 48, 49, 50 and 51 were reverse scored.

Scoring Instructions for Personal Style Inventory II (PSI)
Responses are scored on a 6-point scale ranging from 1 = (Strongly Disagree) to 6 = (Strongly Agree). Higher scores indicate a greater degree of that personality dimension. The sociotropy scale comprises: Concern what others think, dependency and pleasing others. The autonomy scale comprises perfectionism/ self-criticism, need for control and defensive separation.

Concern about what others think = items 7, 13, 23, 31, 33, 39, 45.
Dependency = items 3, 11, 17, 21, 27, 37, 43.
Pleasing others = items 1, 5, 9, 15, 19, 25, 29 35, 41, 47
Perfectionism/self-criticism = items 8, 14, 24, 32
Need for control = items 4, 12, 18, 22, 36, 40, 44, 48
Defensive separation = items 2, 6, 10, 16, 20, 26, 28, 30, 34, 38, 42, 46

Scoring Instructions for Inventory of Parent and Peer Attachment (IPPA)
Responses are scored on a 5-point scale from 1 = (Almost never) to 5 = (Almost always). Higher scores indicate greater trust, communication and alienation.
Trust Scale = items 1, 2, 3, 4, 13, 14, 21, 23, 24. Items was reverse scored.
Communication Scale = items 6, 7, 8, 15, 16, 17, 20, 26, 28. Items 7 and 15 were reverse scored.
Alienation Scale = items 5, 9, 10, 11, 12, 18, 22, 25, 27,
APPENDIX E: STUDY 1 – RELIABILITY ANALYSES FOR PAFS, PBI, PSI-II
AND IPPA SUBScales

Scale: PAFS Intergenerational Intimacy Scale

Case Processing Summary

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a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

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Item-Total Statistics

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<th>Corrected Item-Total Correlation</th>
<th>Cronbach's Alpha if Item Deleted</th>
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Scale Statistics

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Scale: PAFS Intergenerational Individuation Scale

### Case Processing Summary

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<tr>
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a. Listwise deletion based on all variables in the procedure.

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### Item-Total Statistics

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### Scale Statistics

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Scale: PAFS Intergenerational Triangulation Scale

### Case Processing Summary

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a. Listwise deletion based on all variables in the procedure.

**Reliability Statistics**

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**Item-Total Statistics**

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a. The value is negative due to a negative average covariance among items. This violates reliability model assumptions. You may want to check item codings.

**Scale Statistics**

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**Scale: PAFS Intergenerational Intimidation Scale**

**Case Processing Summary**

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### Scale: PAFS Personal Authority Scale

#### Case Processing Summary

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a. Listwise deletion based on all variables in the procedure.

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**Scale: PBI Caring Scale**

#### Case Processing Summary

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a. Listwise deletion based on all variables in the procedure.
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<th>Corrected Item-Total Correlation</th>
<th>Cronbach's Alpha if Item Deleted</th>
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### Scale: PBI Protection Scale

#### Case Processing Summary

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a. Listwise deletion based on all variables in the procedure.

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**Scale: PSI Concern about Thoughts of Others Scale**

### Case Processing Summary

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<sup>a</sup> Listwise deletion based on all variables in the procedure.

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### Scale: PSI Dependency Scale

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**Scale: PSI Pleasing Others Scale**

**Case Processing Summary**

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*Listwise deletion based on all variables in the procedure.*

**Reliability Statistics**

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**Scale Statistics**

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### Scale: PSI Perfectionism/criticism Scale

#### Case Processing Summary

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a. Listwise deletion based on all variables in the procedure.

#### Reliability Statistics

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#### Item-Total Statistics

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#### Scale Statistics

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### Scale: PSI Need for Control Scale

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a. Listwise deletion based on all variables in the procedure.
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### Scale Statistics

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### Scale: PSI Defensive separation Scale

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a. Listwise deletion based on all variables in the procedure.

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Scale: PSI Sociotropy Scale

Case Processing Summary

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a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

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### Scale Statistics

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**Scale: PSI Autonomy Scale**

### Case Processing Summary

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*a. Listwise deletion based on all variables in the procedure.*

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### Scale: IPPA Trust Scale

#### Case Processing Summary

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\(a\) Listwise deletion based on all variables in the procedure.

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**Scale: IPPA Communication Scale**

### Case Processing Summary

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⁴. Listwise deletion based on all variables in the procedure.

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#### Case Processing Summary

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<tr>
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\(a\). Listwise deletion based on all variables in the procedure.

#### Reliability Statistics

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#### Scale Statistics

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APPENDIX F: STUDY 1 – MULTIVARIATE ANALYSES OF VARIANCE (MANOVAS), UNIVARIATE ANALYSES OF VARIANCE (ANOVAS), PLANNED COMPARISONS AND POST HOC TESTS FOR PAFS, PBI AND PSI-II

Multivariate analysis of variance PAFS

General Linear Model

<table>
<thead>
<tr>
<th>Group</th>
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<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>2nd Gen Survivor</td>
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<td>PAindividuation</td>
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Box’s Test of Equality of Covariance

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<th>df2</th>
<th>Sig.</th>
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Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept+Group
### Multivariate Tests

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<th>Value</th>
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<th>Hypothesis df</th>
<th>Error df</th>
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<td>1032.806(^a)</td>
<td>4.000</td>
</tr>
<tr>
<td></td>
<td>Wilks' Lambda</td>
<td>.008</td>
<td>1032.806(^a)</td>
<td>4.000</td>
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<tr>
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<td>Hotelling's Trace</td>
<td>118.035</td>
<td>1032.806(^a)</td>
<td>4.000</td>
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<tr>
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<td>Roy's Largest Root</td>
<td>118.035</td>
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<tr>
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<td>Wilks' Lambda</td>
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<td>4.000</td>
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<td>Hotelling's Trace</td>
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<td>8.181(^a)</td>
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a. Exact statistic

b. Design: Intercept + Group

### Multivariate Tests

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b. Design: Intercept + Group

### Levene's Test of Equality of Error Variances

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<th>df1</th>
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<td>.797</td>
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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + Group
# Tests of Between-Subjects Effects

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a. R Squared = .149 (Adjusted R Squared = .127)
b. R Squared = .390 (Adjusted R Squared = .374)
c. R Squared = .127 (Adjusted R Squared = .104)
d. R Squared = .060 (Adjusted R Squared = .035)
Tests of Between-Subjects Effects

<table>
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Multivariate analysis of variance PBI

General Linear Model

Descriptive Statistics

<table>
<thead>
<tr>
<th>Group</th>
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Box's Test of Equality of Covariance Matrices*

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dependent variables are equal across groups.
a. Design: Intercept + Group

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a. Exact statistic
b. The statistic is an upper bound on F that yields a lower bound on the significance level.
c. Design: Intercept + Group

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c. Design: Intercept + Group
### Levene's Test of Equality of Error Variances

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + Group

### Tests of Between-Subjects Effects

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a. R Squared = .198 (Adjusted R Squared = .170)
b. R Squared = .265 (Adjusted R Squared = .239)

### Tests of Between-Subjects Effects

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### Planned comparisons – PBI care and protection subscales

**Oneway**

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### Within Groups

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### Contrast Tests

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### Univariate Analysis of Variance for PBI care and protection subscales using Age as a Covariate

#### Descriptive Statistics

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#### Levene's Test of Equality of Error Variances

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + D1 + Group
# Tests of Between-Subjects Effects

**Dependent Variable:** PBIcaring

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^a. R Squared = .296 (Adjusted R Squared = .258)

b. Computed using alpha = .05

## Descriptive Statistics

**Dependent Variable:** PBIprotection

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## Levene's Test of Equality of Error Variances

**Dependent Variable:** PBIprotection

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

^a. Design: Intercept + D1 + Group
### Tests of Between-Subjects Effects

**Dependent Variable:** PBIprotection

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- a. R Squared = .320 (Adjusted R Squared = .283)
- b. Computed using alpha = .05

### Multivariate Analysis of Variance PSI-II

#### General Linear Model

#### Descriptive Statistics

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#### Box’s Test of Equality of Covariance Matricesa

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Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept + Group

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a. Exact statistic
b. Computed using alpha = .05
c. The statistic is an upper bound on F that yields a lower bound on the significance level.
d. Design: Intercept + Group

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + Group
### Tests of Between-Subjects Effects

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a. R Squared = .066 (Adjusted R Squared = .034)
b. Computed using alpha = .05
c. R Squared = .116 (Adjusted R Squared = .085)

### Planned Comparisons – PSI-II Sociotropy and Autonomy subscales

#### Oneway

### Descriptives

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### Contrast Coefficients

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<td>1</td>
<td>-11.8500</td>
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<td></td>
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### Contrast Tests

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<td></td>
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</tr>
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<td></td>
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<td>PSI autonomy</td>
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<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Does not assume equal variances</td>
<td>1</td>
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# Multivariate Analysis of Variance – Autonomy subscales

## General Linear Model

### Descriptive Statistics

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<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
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<tr>
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<td></td>
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<tr>
<td>2nd Gen Control</td>
<td>13.10</td>
<td>4.31521</td>
<td>20</td>
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<tr>
<td>2nd Gen Survivor</td>
<td>17.25</td>
<td>4.83273</td>
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<td>3rd Gen Survivor</td>
<td>18.45</td>
<td>3.47131</td>
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### Box's Test of Equality of Covariance Matrices

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<tr>
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Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept + Group

### Multivariate Tests

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<th>Hypothesis df</th>
<th>Error df</th>
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<tr>
<td>Pillai's Trace</td>
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<td>463.251</td>
<td>3.000</td>
<td>55.000</td>
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<tr>
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<tr>
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### Multivariate Tests

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### Levene's Test of Equality of Error Variances

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<th>df2</th>
<th>Sig.</th>
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<tbody>
<tr>
<td>PSIperfectioncriticism</td>
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<td>2</td>
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<td>.023</td>
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<tr>
<td>PSIdefsep</td>
<td>.200</td>
<td>2</td>
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<td>.819</td>
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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

### Tests of Between-Subjects Effects

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<tr>
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<th>Dependent Variable</th>
<th>Type III Sum of Squares</th>
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<th>Mean Square</th>
<th>F</th>
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<tr>
<td>Corrected Model</td>
<td>PSIperfectioncriticism</td>
<td>315.233 (^a)</td>
<td>2</td>
<td>157.617</td>
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<tr>
<td>---------------</td>
<td>----------------------------------</td>
<td>------</td>
<td>---------------------</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Corrected Model</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| PSI perfectioncriticism | 0.000                           | 0.235
| PSI control    | 0.037                           | 0.109
| PSI defsep     | 0.483                           | 0.025
|               | Intercept                        |      |                     |
| PSI perfectioncriticism | 0.000                           | 0.939
| PSI control    | 0.000                           | 0.950
| PSI defsep     | 0.000                           | 0.938
|               | Group                            |      |                     |
| PSI perfectioncriticism | 0.000                           | 0.235
| PSI control    | 0.037                           | 0.109
| PSI defsep     | 0.483                           | 0.025

a. R Squared = .235 (Adjusted R Squared = .208)
b. R Squared = .109 (Adjusted R Squared = .078)
c. R Squared = .025 (Adjusted R Squared = -.009)
### Oneway for PSI subscale: perfectionism/self-criticism

#### Descriptives

<table>
<thead>
<tr>
<th>PSIperfectioncriticism</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
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<tbody>
<tr>
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<td>13.1000</td>
<td>4.31521</td>
<td>.96491</td>
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<tr>
<td>2nd Gen Survivor</td>
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<td>17.2500</td>
<td>4.83273</td>
<td>1.08063</td>
</tr>
<tr>
<td>3rd Gen Survivor</td>
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<td>18.4500</td>
<td>3.47131</td>
<td>.77621</td>
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<tr>
<td>Total</td>
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<td>16.2667</td>
<td>4.76878</td>
<td>.61565</td>
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#### Descriptives

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<th>Lower Bound</th>
<th>Upper Bound</th>
<th>Minimum</th>
<th>Maximum</th>
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</thead>
<tbody>
<tr>
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<td>13.00</td>
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#### Test of Homogeneity of Variances

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<th>Sig.</th>
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<tr>
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#### ANOVA

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<th>Sig.</th>
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<tbody>
<tr>
<td>Between Groups</td>
<td>315.233</td>
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<td>157.617</td>
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<td>Within Groups</td>
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#### Post Hoc Tests

##### Multiple Comparisons

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<td>(J) Group</td>
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<tr>
<td>(I) Group</td>
<td>(J) Group</td>
<td>95% Confidence Interval</td>
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</tr>
<tr>
<td>-------------------</td>
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<td></td>
<td>Lower Bound</td>
<td>Upper Bound</td>
</tr>
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**Homogeneous Subsets**

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</tr>
<tr>
<td>2nd Gen Survivor</td>
<td>20</td>
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<tr>
<td>3rd Gen Survivor</td>
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<tr>
<td>Sig.</td>
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Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 20.000.
Univariate Analysis of Variance for Perfectionism/criticism using Age as a Covariate

Descriptive Statistics

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Gen Control</td>
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<td>2nd Gen Survivor</td>
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Levene's Test of Equality of Error Variances

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + D1 + Group

Tests of Between-Subjects Effects

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
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</table>

a. R Squared = .271 (Adjusted R Squared = .231)

b. Computed using alpha = .05
APPENDIX G: STUDY 1 – T-TESTS AND CROSS-TABULATIONS FOR AGE, EDUCATION AND INCOME AND CORRELATIONS FOR THIRD GENERATION SUBSCALES

T-Test between second generation and controls for Age

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Independent Samples Test

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Chi-Square Tests

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a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is .50.

Crosstabs for Income

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Group * final income Crosstabulation

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a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.80.

b. Computed only for a 2x2 table
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* Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed).
APPENDIX H: FORMAT FOR SEMI-STRUCTURED INTERVIEW FOR
SECOND AND THIRD GENERATIONS

Examples of questions to be addressed to the Second Generation

1. **Significance of the Holocaust – Experience of the Holocaust.**
   **Ways of becoming aware.**
   
   - How did you find out about the Holocaust? (parents, books, school) How old were you?
   - What was told to you about it - actually said?
   - By whom? Did your parents (mother) speak to you about it? (or was it ‘unspoken’?)
   - Can you recall the affect this had on you – how it made you feel?
   - What does the word ‘grandparents’ conjure up for you?
   - Were there other ways you became aware of the Holocaust? – (tattoos, mother/parents behaviours, words or expressions they used, conversations with relatives, friends? things in the home, dreams, family rules? etc.,)

   - How do you feel today when the word ‘Holocaust’ is mentioned? Are you interested in knowing about it? To what extent?
   - How does the Holocaust relate to your feelings of being Jewish? Australian? Do you feel equally as comfortable in Jewish and non-Jewish company?
   - How do you react to watching films or reading literature about the Holocaust?

2. **Mother’s behaviours and attitudes**

   - With specific reference to your mother, are you aware of any other aspects of her behaviour that you think may have been Holocaust-related? (e.g. obsessive behaviours around food, showers, reactions to specific situations, dreams, nightmares, screaming in her sleep? Attitudes to the world and others – distrust etc.
   - Can you describe these? How did she react? Can you recall how you felt at the time? How did you deal with it?
   - Were these responses stimulated by specific triggers? (brown sugar, rain)

   - Did your mother use any **particular words** or expressions in regard to dealing with emotions, particularly pain, suffering and loss that you consider were Holocaust-related? (e.g., “I have suffered for your children and your children’s children”. “I want to take away all your pain”. “I wish I could suffer for you”. “Things could be worse”. “You would never have survived”.)
• What things in your home (while growing up) do you attribute to the Holocaust? (e.g., cleanliness, order, attitudes to money, possessions)

3. Perception of parenting received

• How would you describe the way you were brought up compared to children whose parents were not survivors? How did this make you feel?
• Do you think the Holocaust led you to perform a specific role in the family structure? (Did you feel a need to protect your mother?)
• Do you feel you have missed out on anything/ been deprived of anything?
  How available do you think your parents were? In what way?

• Do you think the Holocaust had any effect on the way you were brought up with regard to:
  Food: (e.g., were you made to eat up everything on your plate? Was there any wastage?)
  Risk-taking: (e.g., were you encouraged to try new experiences, situations etc.?)
  Freedom: (e.g., did you have freedom to come and go as you pleased? Would you describe your mother as overprotective? How did this manifest itself?)
  Expectations: (e.g., are you aware that your parents had a need for you to fulfil certain expectations? do well at school; pursue a particular career; achieve generally; marry a certain type of person, to behave in a certain way socially?)
  Were these expectations communicated to you?
  What sort of effects did they have for you?

Intrusiveness

• Compared to your friends, particularly those from Australian backgrounds, do you think your mother intruded on your privacy when you were growing up? (Did she ask you millions of questions before you went out?)
• How do you think your parents coped with the fact that you were getting older and needed your own space?

• What were the most prevalent words/themes communicated to you in your childhood?

• Would you say that over the course of time things have changed for you? (At some level is there still a sense that your mother/parents control you in the same way/ still treat you as a child?)
• How do you view your mother/parents now? Has your attitude towards them changed in any way over time? (e.g., do you resent them, forgive them, feel a need to protect them, detach from them?)

4. Home environment

• Generally speaking, how would you define the mood in your house as you were growing up? (Tense/anxious/relaxed/suffocating, humorous etc.) Was there shouting? Laughter? Silence?

• What part did your father have in all that?
• What kinds of situations evoked strong emotions? (anger, laughter, panic, sadness, depression?)
• How did your parent/s deal with each of these?

• How did you manage these emotions?
• How were feelings of affection expressed in your home? (Between you and your parents, between your parents).
• Do you connect any of these emotional responses/behaviours to the Holocaust? Can you explain these connections?
• How were your problems dealt with in your family? Did you solve them alone or confide in friends, discuss them with your parents etc.?
• How did you treat your mother? (e.g., tenderly, impatiently, blocking out, etc). Were you conscious of doing things not to hurt her?

5. Relationship with mother

• What are your earliest recollections of your mother?
• How would you describe your relationship with your mother when you were growing up? Did you consider her to be your friend? Did you confide in her? Did she share her intimate feelings with you?
• What were the good things about your relationship with your mother? What things were problematic?
• How did this affect the way you saw yourself?
• What of this, if any, do you see this as related to the Holocaust?

• What is your relationship with your mother like now? In what ways has it changed? (If applicable)

6. Parenting of own children

• What do you see as the main factors in your approach to parenting your children?
• Do you think this has been influenced by the way you were brought up?/How does your experience of the way in which you were parented impact on your parenting of your own children?
• Are there things you consciously choose to duplicate? Describe.
• Are things other things you consciously react against regarding your upbringing and do differently with your children? (e.g., do you allow your children freedoms you never had?) Do you overcompensate in regards to your children’s behaviour as a reaction to your own upbringing? How?
• Are you aware of things that you consciously try not to pass on to your children or would like to do differently but are unable to prevent filtering through? What sorts of things? (e.g., anxiety, values, over-protectiveness, accountability for their actions).

• Would you consider yourself to be over-protective? How?
• Do you have the same expectations for your children that your parents had for you? Do you expect your children to fulfil them? Do you have an expectation that your children should treat you as you treated your parents?

• How do you deal with your children growing up and separating from you?

• Do you tell your children not to throw away food? Do you tell them to eat up? Do you encourage them to take risks? Do you shield them from pain?

• Do you feel competent in your role as a mother? How would you rate yourself as a mother? What would you attribute this to? Who were your role models? Do you feel the lack of a role-model in your parenting? Would you to consider this to be Holocaust-related?

• When it comes to your children’s pain and problems, how do you deal with it? – (e.g., try and shield them from it or allow them to make their own mistakes/learn from it?)

• Does your mother tell you how to bring up your children? How do you react to this? How do you compare your mothering abilities?

• How would you describe the mood in your own home now? Are you aware of making any sort of conscious decision to ‘do things differently’ or create a different sort of mood in your own home?

• How do you manage emotions – anger, pain etc., with your own children and in the home?

• How would you describe your relationship with your husband? Do you see your upbringing/home environment as contributing in any way to your choice of marriage partner or the way you manage your relationship?

7. On-going effects, Identity and Readjustment.

• What would you say were the ongoing effects on your life? Do you have any negative reactions, guilt, depression etc. that you think may be connected to the Holocaust? How do they manifest?

• Do you have other fears, anxieties and, obsessions which you consider may be Holocaust-related? (e.g., checking that doors are locked, the gas turned off, something terrible happening to children).

• How do you cope with it? Do you talk to your parents about it? Do they show an appreciation of your feelings?

• What is your worst fear?

• How do you deal with health problems? (Panic, seek help immediately, procrastinate etc.)

• What is your attitude towards death? Do you think this has in any way been shaped by your mother’s Holocaust experience?

• Do you avoid taking risks and dangerous situations?
• Do you have dreams or nightmares which you would consider to be Holocaust-related?
• Do you still feel like a child and unable or unwilling to grow up? Do you feel debilitated in certain aspects of your life? (Do you feel as if you are able to detach from your parents? Conversely, do you feel a need to parent them?)
• How have you integrated your mother’s/parents’ traumatic war-time experiences into your own life? Do you feel you have resolved these experiences or are you still a victim of them? (What prevents you going there? Have you been able to move on?)
• Do you see yourself as being “different” from your friends as a result of your Holocaust background? In what way?
• Have you ever sought psychological help? Just in general or related to some aspect of the Holocaust?

Ending
I’ve concentrated on the things I’m interested in. Is there anything else about the effects of the Holocaust or your upbringing that you would like to add or make further comment about that I have not mentioned?

Examples of questions addressed to the Third generation

1. Significance of Holocaust
   • How did you find out about the Holocaust?
   • What was told to you about it? What was actually said?
   • Who talked about it? Did your parents (mother) speak to you about it? Your grandparents (grandmother)?
   • What were your reactions? Can you describe how it made you feel?
   • How does the Holocaust relate to your feelings of being Jewish? Australian? Do you feel equally as comfortable in Jewish and non-Jewish company? What does the word ‘German(s)’ conjure up for you?
   • How do you feel today when the word ‘Holocaust’ is mentioned? Are you interested in knowing about it? To what extent?
   • How do you react to watching films or reading literature about the Holocaust? Do you avoid it/seek it out?

2. Perception of Parenting
   • How would you describe the way you were brought up?
   • Do you think the Holocaust had any effect on the way you were brought up with regard to:
   Food: (Does your mother hassle you about it? Is there any wastage?)
   Risk-taking: (Are you overwhelmed by dangerous situations?)
Freedom: (Are you allowed to come and go and go out as you please? Would you describe your mother as overprotective?)

Expectations: Are you aware that your parents had a need for you to fulfil certain expectations? (e.g., do well at school, pursue a particular career, achieve generally, behave in a certain way socially, with regard to your relationships).

Were/Are these expectations communicated to you?

What sort of effects do/did they have for you?

Intrusiveness

- Compared to your friends, particularly those from Australian backgrounds, how do you think your parents cope(d) with the fact that you are getting older and need your own space? Does/did your mother intrude on your privacy? (e.g., ask you millions of questions before you go out?)
- Did your mother display any specific behaviours, responses or use words which you would consider to be Holocaust related?

3. **Relationship with mother**

- How would you describe your relationship with your mother? (Would you consider her to be your friend? Do you confide in her?)
- What are the good things about your relationship with your mother? What things are problematic?
- How does this affect the way you see yourself?
- What of this, if any, do you see as related to the Holocaust?
- Do you feel as if you are able to detach from your mother and be independent? Conversely, do you feel a need to parent her?

4. **Relationship with grandmother**

- How would you describe your relationship with your grandmother?
- What are the good things about your relationship with your grandmother? What things are problematic?
- How does this affect the way you see yourself?
- What of this, if any, do you see as related to the Holocaust?

5. **Relationship between mother and grandmother**

- How would you describe the relationship between your mother and her own mother? (Or imagine the relationship was liked based on the way your mother speaks about her mother?)
- In what ways do you see your mother as being similar to your grandmother? (e.g., in aspects of parenting, social behaviour, attitudes to work etc.) What do you see as being the major differences?
- Whom do you view as more dominant – your mother or your grandmother?
- Do you see any parallels between your relationship with your mother and her relationship with her own mother?
6. Home environment

- Generally speaking, how would you define the mood in your house? (Tense/anxious/relaxed etc.)
- How are positive and negative emotions dealt with in your family?
- How are feelings of affection expressed in your home? (Between you and your parents, between your mother and father, towards their own parents?)
- How is anger dealt with? Loss?
- How do you manage these emotions both on your own behalf and in response to your family?
- Do you connect any of these emotional responses/behaviours to the Holocaust? Can you explain these connections?

7. On-going effects, Identity and Readjustment

- Do you see yourself as the grand-daughter of a Holocaust survivor?
- How have you integrated your family’s traumatic war-time experiences into your own life? Do you feel you have resolved these experiences or are they on-going? (What prevents you going there? Have you moved on?)
- Do you see yourself as being ‘different’ from your friends as a result of your Holocaust background? In what way?
- Do you think you have any on-going effects that may be connected to your Holocaust background? (e.g., negative reactions, fear, guilt, depression etc.) How do they manifest?
- Do you have other specific fears or anxieties which you consider may be Holocaust-related? (This may include things like checking that doors are locked, the gas turned off, that something terrible may happen).
- How do you cope with it? Do you talk to your parents about it? Do they show an appreciation of your feelings?
- What is your worst fear?
- How do you deal with health problems? (e.g., panic, seek help immediately, procrastinate etc.)
- What is your attitude towards death? Do you think this has in any way been shaped by your family’s Holocaust experience?
- Do you avoid taking risks and dangerous situations?
- Do you have dreams or nightmares which you would consider to be Holocaust-related?
- Do you feel debilitated in certain aspects of your life which you connect to your Holocaust background?
- Have you ever sought psychological help? (For general issues or related to some aspect of the Holocaust?)

Ending
I’ve concentrated on the things I’m interested in. Is there anything else about the effects of the Holocaust or your upbringing that you would like to add or make further comment about that I have not mentioned?
APPENDIX I: FURTHER QUOTES FROM THE SECOND GENERATION

Processes

First awareness of Holocaust background
Anna: “When we first came to Australia, I was about five and I got sick and I remember my mother went out to a migrant woman who lived across the road to borrow a thermometer and I broke it. I was beside myself with terror because I thought my mother would have to go back to Europe, back to Poland to get another thermometer, because this was a Polish one, and that she would die. So I knew then about the Holocaust”.

Frances: “She lit a remembrance candle to commemorate the day that she was liberated from the camp. So I knew about it I suppose from the time that I was seven or eight. We came to Australia when I was about 10 and it must have been before then because I have a very clear memory of my mother saying to me that this is like my birthday because that was the day that she was liberated. And her liberation followed very closely on the anniversary of “Actually not dying”. She was one of two out of 700 who were not killed and she commemorates both those days. The other woman is still alive and they're still in touch”.

Eva “It was a feeling that I could physically feel as far back as I can remember… something gigantic had happened. There was a pervading feeling of sorrow and loss and I wasn’t allowed to do things”.

Ruth: “I only became aware of my father’s story when I was much older. One night I was called by the hospital because he (father) had pulled out all his tubes and he was screaming "that they were coming to get him". He was hallucinating and he wouldn’t let the nurse give him an injection. He wouldn’t allow them to check his oxygen. We went over to see him and he was talking all about the Germans coming to get him and how they were tricking him and how he wanted to jump out of the window. That was the first time that I ever heard dad talk about the bad parts of the war and that was 10 years ago so I must have been at least 40. I remember so vividly the fear in his eyes. It really got to me. The hospital staff offered me a cup of coffee and my father said to me not to drink it and that it was poison. So it suddenly all surfaced and I had never heard it or seen signs of it before”.

Non-verbal communication about the Holocaust

Sadness
Eva “It was the way she breathed. There were these sighs and there were times when she would just be gazing into the distance. She would have a cup of tea and she would just be looking as if she was looking at all her dead relatives”.

Claustrophobia
Marilyn: “She was obsessive about not having doors closed on her. She couldn’t be in a closed room, she had to have a house with large big windows, she would never wear clothes which were tight around the neck and never wore polo necks. That I believe was a direct result of being in a very, very tight black claustrophobic underground
cellar for 18 months. She only saw fresh air in the evenings when she was allowed out for a couple of hours”.

**Explosive outbursts**
Tammy: “It came from nowhere. To me it was a complete switch. She became a witch. Something made her angry but the way she manifested the anger was demonic”.

**Verbal communication**
Sandra “My father had a number (tattoo) on his hand and he had a bullet wound under his arm which was quite a deep hole. He would delight in telling me about how he escaped from the camp, how he was captured, how he had the good fortune to be in the barracks with a doctor and how the doctor took the bullet out. He spoke of how he had had a family, how he saw his wife and children killed and how he spent time in concentration camps. I was told how he survived the death camp and how he survived the march back through Germany”.

Edith: “She’d tell me about little stories that had happened and things that had happened to her – they were in the Lodz Ghetto the whole time. She’d tell me how my father made a hiding hole for his whole family… and she’d tell me lots of stories of what happened in the Ghetto, how they’d have purges and how they hid children under piles of shit and how the Germans would laugh at them. And then she told me about them dropping babies, and the starvation and how my father brought home horse one day and they fed it to my grandmother. They had to tell her that it was kosher because they didn’t eat non-kosher food”.

Frances: “She always had money and she was young and smart. She told us once how she bribed a German officer to let her sister out of the line that was being taken away to the death camps. She said looking back on it, he could have taken the diamond and taken her into the line but she didn’t think about that at the time”.

Eva: “They didn’t actually talk about it in a methodical way, it was just bits and pieces and atmosphere and saying things like "you have to succeed, you have to do well at school because they (the Nazis) can’t take that from you”.

Vera: “She used to always tell us about her dreams. She told us that she dreamt she saw her mother last night. And this one was here and that one was there. She said she looked forward to going to bed because that’s when she could see them. She lost the faces I suppose in the day to day yet they came back to her in her sleep. In that way she really enjoyed sleep. So it was almost a comfort”.

**Overhearing parents’ conversations**
Marilyn: “… it wasn’t just stories that I heard of my own parents, I heard stories of other peoples tragedies which gave it much a much more conscious and direct dimension of experience. I remember walking into the kitchen on a Sunday afternoon in the middle of studying and hearing someone say ‘And that’s when they took my mother away’. And then I’d hear my mother saying ‘Yes, but they tore my mother out of my arms and I knew that she went on the train to Treblinka and I couldn’t save her’
and then someone else would make a comment and then I’d get my cup of tea and go back to my study books. It was pervasive”.

**Secrets**

Ruth: “There were amazing family secrets. My father was married before the war and had a child, a daughter who was lost in the war. Now I didn't find that out until I went to Israel and met my auntie who blabbed it out. I wrote to my brother and asked whether he knew that our father had had a family and he said ‘yes he had found out, my auntie had told him too’. I felt really angry that he hadn't told us. I remember one day after I was married going back home to visit my parents and on my old desk there was a photo of a girl who my mother told me was my father's daughter. I felt really betrayed and said to my mother "how could he do this". I couldn't understand why my mother or father had never said anything about it before.”

**Identification**

Eva: “In fact when I saw ‘Schindler's List’, I felt so much pain when I saw the little girl in the red coat. She was me, and she was my sister, she was my daughter and she was my niece, she was every little girl in every child. I felt such pain and that was reflected in the way that I parented. I always thought about children and how they can easily be lost and I have to look after them and I have to make it better. That's come directly from my parents.”

Lola: “I went reluctantly to Poland a couple of years ago and took a train from Warsaw to Krakow. We were sitting in the train carriage and there is a fellow in the corner- blond, crew-cut, wearing khaki shorts and there’s a fellow on the other side who had dirty finger-nails and is reading a book saying the words out loud and there was a woman with a French knot. And I had my kraut and I had my Polish peasant and I had my Polish woman in this carriage and I thought ‘G-d, I hope they don’t know I’m Jewish’ and what’s going to happen and where’s the conductor and then I got a grip on my self. As we were going to the hotel I started to get agitated and hyperventilate and I’m not a very hysterical person. My heart started to palpitate and I was thinking ‘what am I doing here, what am I doing here, this is just terrible’ and I remember my husband putting his arm around me and saying ‘darling the war is over’. It was such a funny thing for me to be taking on. I knew Poland was going to be difficult and I know a lot of it was due to my mother’s response to it that I’d taken on but I didn’t expect to be reacting the way that I did”.

**Lack of grandparents and extended family**

Marilyn: “My parents were always sad when it was time to have a family Simcha (celebration) or celebrate Passover or something like that. They always felt that there was this emptiness and no family to invite. And so I married into a huge family and my parents were thrilled and more than once would say to me how wonderful it was and that ‘we had families like this before the war’, ‘we all had huge families, it’s not an unusual thing, it’s unusual for you but it’s not unusual for us because we grew up with this.’ They were very happy that my kids had aunts, uncles and cousins etc.”

Adele: “Some years ago I found out from this religious uncle living in Melbourne, who is no longer alive that my father had sisters and brothers. I thought he only had one brother. And that cracked me up totally. I’ll never forget crying and crying. And
he told me that my father had two daughters before the war, one of whom was severely handicapped. The Nazis couldn’t wait to get rid of her in the camps – there was no way they were going to let her survive. I knew that my father had two daughters but I never knew that one was mentally and physically handicapped”.

**Mother’s messages**

**Food**
Anna: “She wanted us to eat and she would get nervous if we didn’t eat. She used to work at a home for the aged and she would take the scraps of food from the old people’s plates and bring it home for us to eat. I couldn’t eat that and I wouldn’t eat. Sometimes I’d put it in my mouth and run somewhere and spit it out. I couldn’t eat it”.

Frances: “My mother still does not throw out anything. She’ll come to me and if I’m about to throw something out, she’ll eat it. My mother will take things off my plate. There’s no such thing as bread that’s too old to eat. She’ll toast it. My memory as a child around food is that I remember my governess baking a cake and putting salt in it instead of sugar, so you can imagine a cake with a cup and a half of salt instead of sugar. We had to eat that cake which was like something that makes you want to vomit. When my mother makes chicken soup, we divide it up, she’ll take the chicken and meat from the soup and then the dog gets the stuff off the bone but there’s absolutely no wastage. She gets very upset when I throw things away”.

Marilyn: “We always had to buy things in bulk so there was always a lot of food in the house and it wasn’t necessarily that the fridge had to be full but there had to be provisions. There was always flour and sugar and basic provisions. We always used to laugh that my mother had a siege mentality and we’d stock up. There was always ample food and she hated waste of food. You didn’t waste. I know that was a result of the war because she said that when she was a child before the war and growing up in a very affluent home that wastage was very common. If food was left over it was thrown out or given to the maids to take so that was a direct result of the Holocaust. She couldn’t stand to throw food away and she always made sure that we had plenty of what she said were the luxury foods. There was plenty of meat and good fruit and vegetables. I think that was very much a result of her experiences. I was made to eat up everything from the plate even if I had to sit there for 2 hours. They were big meat eaters and I’m not but I would still have to sit there till all the meat was eaten up. It had to be finished and I had to clean my plate before I left the table. And that was from when I was very young”.

Julie: “I think she reacted against that camp-mentality. The fact that she pronounces ‘I never eat up after somebody’ she must have decided at some point that I’m never going to live like that again. So it was a reaction to what she experienced in camp”.

**Distrust**
Roz: “She distrusts absolutely everybody. In her everyday dealings with people she is sure that people are out to cheat you or to betray you. She doesn't trust anybody. She's very frightened of germs. She is super-clean and washes her hands when she goes to restaurants. She would never go to a public toilet. She's very self-consciou
and has no confidence in herself. She is suspicious of people. I can always remember when we were growing up that people couldn't just come and drop into the house. It would be a big deal - the house had to be clean and they had to work out what to serve people. You had to impress others”.

Sandra: “The only person that my mother trusts is herself. The only person my mother believes in is herself. She doesn’t believe in the abstract. She doesn’t trust anybody. She will go to the doctor and tell him what she wants. She will tell everybody how to do things”.

Diane: “She always ascribed motives to people and until this day, people can never be generous or genuine for the sake of it but everybody has a motive”.

**Personal Safety**

Rose: “I was never allowed to learn to ride a bike. I was not allowed….she didn’t like anyone going to camps…or anything that was the slightest bit rough where you could get hurt. When everyone was being encouraged, my mother was saying ‘don’t do sports, you might hurt yourself, or bruise your knee. I was picked up and collected and I had to be home early at 10.30 while my friends stayed out till midnight”.

Edith: “She wouldn’t let me learn how to swim because she thought I was going to drown. So I had to make this arrangement with a woman next door where I would come back from school at lunchtime and pick up my bathers, towel, swimming bag etc. and I would go swimming and then I would bring them to her and she would wash them. Then when my mother would go out on Saturday morning I would sneak it back in”.

**Loss**

Anna “My mother was always concerned with death - her death, my death. This fear of loss was so great so that if I came home late I was already dead and she was already having a panic attack and I panicked to see those panic attacks so I didn't want her to have one”

Sharon: “I was born six weeks premature and spent the first five weeks of my life in hospital. I remember my mother saying that she didn't come to visit me in the first few weeks of my life because she didn't want to get close to me for fear of losing me. So there were a lot of messages about loss that came through.”

**Cleanliness**

Sharon: “She would wash things in the laundry sink, and this is something I don't do, so that the kitchen sink would look clean”.

**Personal hygiene**

Sandra “You had to go to the toilet every day and if you didn’t she would make you drink boiling water. You had to clean yourself out every day. I’m sure it was related to the Holocaust because we know from the stories of the camps the terrible toilet conditions….there was a lot of shame around toilet stuff”.
**Being productive**
Jenny: “Time couldn’t be wasted. That was huge. And I've got that too and I hate it. There were lots of issues around time and not wasting it because something may happen in the interim. You always had to be moving onto the next thing”.

**Appearance**
Diane: “During the war she had her hair died blond and she was wearing clothes that made her look like a Polish, non-Jewish woman. The clothes and the hair had to stand out but not the person because she was frightened of being discovered as being Jewish. I think there was always a tendency to want to look Aryan as a means of hiding which she kept on after the war. During the war she had four different pseudonyms and she masqueraded as a Pole. She told me that the only time that she felt safe was when she went to Church pretending that she was Christian. She felt always under suspicion and as if she was being looked at. She was in a camp for a very short period of time but was able to get out through her wits. I think she used her appearance to escape. She used her appearances on lots of occasions to rescue my father who’d been arrested”.

Julie: “She had to develop devices to preserve herself. There is a very superficial layer there of great hostess. She is very charming. She developed a mask of protection. Appearance and grooming were very important to her. You can’t tell her anything. Vanity and superficiality are big things for her.

**Survivorship**
Frances: “I remember when my stepfather was dying and we were waiting in the hospital and they took him downstairs to do a procedure and I turned and said to my mother that I didn't think it would work. She said ‘you'll see, I'll speak to the doctor, he’ll do what he can’ and she called the doctor and she said to him ‘I know you will do the best you can, I know you will do everything for him’ and five minutes later they brought him back up to the room and he died. But she still thought that if the doctor liked her he would do more for my stepfather than he would otherwise have done. There was a belief in some way of changing fate”.

Adele: “My mother used to tell me ‘I wanted to live. I was determined to get through it”

Sharon: “Later in life I heard her [mother] make comments like ‘Susie [daughter] is not strong enough to survive if there was a war”.

**Being happy**
Jenny: “She’d always ask if I was happy. I remember when I first got married she’d say to me ‘are you happy, are you happy? Is everything all right? Is he good to you?’ Because she’d had such a painful past she just wanted everyone to be happy and everything to be perfect. She really made a big deal out of this happiness thing. In the end I didn't want to disappoint her with anything so I'd always say ‘yes, everything is fine’ and that created more superficiality because I was protecting her”.

Eva: “It was like a message that they wanted me to be happy and that things will go well for me and I actually thought that I will always be happy and that nothing bad
will ever happen and everything will be perfect and I will always have this perfect life. The reality is that life is about crises. I used to think that all I had to do was hope for something and it would turn out that way”.

**Emotional climate of home**

Roz: “It was always very tense. She made it like that because she magnified problems. Everything would become a huge crisis and she would become sick. This would go on for weeks and she would take a long time to recover. She was always sick, there was always some disaster. That’s what our home life was all about”.

Adele: “The mood was very empty. My brother got married very young and left the house early. We always had a cleaning lady, big Hungarian lady, and a nanny. Mum was at work a lot and traveled a lot. It was not a normal household. It was not balanced. I don’t know a normal house with happiness”.

**Mother-daughter relationship**

**Dealing with problems**

Diane: “Problems weren’t resolved. I remember begging her for attention and she was never available to sit down and discuss the problem. I don’t ever remember my mother really hearing me, really listening to me. I don’t remember her validating me. She was always busy with different things and she never had the time, the interest or the patience to hear what I really had to say. If on the occasion she did listen, her response was always to be very critical of me. She was never very empathic”

Roz: “I would make the mistake of discussing it and it would always end up to be her problem. And she would be the one to get sick about it, and I would somehow have to work out a way to make her feel better when it was my problem. She would never help me in that way. She thought she was helping me but straight away the problem became hers and I was hurting her by whatever I was doing”.

Sharon: “I felt that I had to protect her from worrying about my brother and myself. I needed to protect her from getting upset. She wanted my brother’s and my life to be perfect because her life was so tragic. Whenever she felt that things weren't going as well as she would have wanted, she would get depressed. In fact one night she said to me ‘one night I go to bed with your problems and one night I go to bed with Martin's (brother) problems’ and I thought to myself ‘what a way to live, she wants to live our problems out’. She couldn't cope with the fact that we could have problems. She was living through us and I thought that whatever happened to us she was going to suffer. I thought ‘what does she need it for? She’s had enough of her own problems’, so that made me very aware of the fact that I couldn't tell her my problems. Our life had to be perfect so I remember that after that I thought I'm not going to tell her anything. I knew that was a terrible thing to do but I couldn't bear the thought of her worrying the whole night about my problems. So while she thought she was protecting me I was really protecting her….. I don't tell her my problems now and neither does my brother”.
**Lack of availability**

Diane: “As a child I remember my mother turning her back towards me and being preoccupied with her own needs and me standing behind her with my arms outstretched and her not even knowing that my needs were not being met….if I went to kiss my mother she would turn her face away. She found intimacy very difficult. She could only think about herself and was not the least bit interested in who I am or in my life. I had a very mixed relationship with her. I wanted her approval at times and I was prepared to do anything to get her to notice me, to be proud of me, but the other side of me hated her because she was so involved with this superficial world that she’d not nourished me at all. I was dying for nourishment and she was not able to give it. I was always waiting for the approval and the validation that I needed but it never came. I was never valued by her. Her social arrangements were always more important to her than me. It was more important to meet friends for coffee than to pick me up from school. It was as if she was preoccupied with all these social arrangements. She would never talk to me about my problems. It was as if she needed constant distractions from the reality of pain in life – she didn’t want to touch anything that was in any way unpleasant. So she immersed herself in a world of superficiality, jewellery etc., rather than talk to her children, so I had a very complex relationship with her”.

Sandra: “I once tried to get my mothers sympathy because I hadn’t done well on a test at school and I was very frightened of how she’d react so I decided that I would commit suicide, but I really didn’t want to die. I think I was about 14. But I wanted to make myself so sick that she would be upset rather than angry. So I decided to take everything in our medicine cabinet which wasn’t terribly much, and I staged this whole elaborate thing where I would take all these pills and then be sick in the bathroom and she would feel so sorry for me that she would love me and hug me. Anyway, nothing happened- I didn’t get sick because I’ve got a cast iron stomach, she never noticed the medication was missing. Those were thoughts I had though”.

**Role reversal**

Roz: “She almost becomes childlike and then I reflect that her whole life has been a cry for attention because she was wanted to be mothered. I suppose you could say she was attention seeking because she never really had that. Everything is for my mother. We had to do this in order to keep her well. Everything revolved around her”.

Eva: “I became strong and powerful and took on a lot of the responsibility of bringing up my sister. I helped her with her home work and explained the world to her when I was about 10 years old. I looked after her at school and watched if anyone did anything to her. I became this pseudo parent and I think I felt responsible for my sister’s emotional well-being. I think the Holocaust had forced this role upon me because my parents were unable to deal with it. There were things that I could see myself feeling sad about so I would think that I have to fix it up for my sister so that she won't feel sad. I felt I had to make things better for her. I was like a therapist-parent –everything. It was not surprising that I became a social worker, a fixer”.

Sharon: “We knew if there was anything sad that we didn't want to tell her because she would be totally devastated. I remember we got a call one night to say that
someone who was not even particularly close to us had died and she reacted by moaning and crying so I always knew to protect her.”

**Blurred boundaries**
Diane: “My mother would go absent. Often she would have an appointment to meet me at a certain time and she would arrive half an hour late. And if I expressed my anger, she would be in total denial. It would be my fault, I got the time wrong, she wasn’t that late, she would shout back but there was no acknowledgement of any responsibility on her part. It was pretty fiery and then afterwards, after I lost my temper and she lost hers, she would retreat into the bathroom and cry. She would lock the door so that I wouldn’t see her but I could hear her sobbing and I would be left with the most overwhelming guilt and I would feel like I’d done such a terrible thing. She had been through so much and now I had added to her burden. So whenever anger was expressed, there would be guilt as well”.

**Separation issues**
Diane: “I don’t really think that I did grow up and separate from her. I had fused with her and I didn’t have boundaries so I didn’t really move away”.

Marilyn: “When I finished uni and got married there was a bit of resentment at losing the connection. She would expect me to ring her every night and I didn’t want to ring her every night. She got very angry if I didn’t ring her. I would have loved to live in a house with friends when I was at Uni – it was unheard of. I would have loved that independence.”

**Control**
Adele: “I remember her taking me to Grace Brothers and I was told to get what I had to get. I was not allowed to choose anything. I remember begging her for bell-bottoms (flairs) and heels and she wouldn’t let me. I was the second-last girl in the class to get a bra because she didn’t think I needed it. Everything was just waved – away. It was just too trivial for mum”.

Rose: “She just felt that was her right. If she was going to do your ironing then she was entitled to go through your cupboards and put everything away”

Jenny: “In an attempt to enter my private world mum would make attacking remarks such as “everybody talks to me except you. You keep everything from me”.

Eva: “I don't think I had as much freedom as I wanted. I certainly couldn't go out with whomever I wanted and I knew that I had to follow a certain path. When I was 15, I had a part-time job and I met this young boy from Melbourne High who fancied me and gave me a box of chocolates. My mother discovered them and became quite hysterical and threw the chocolates out. She wouldn’t let me go out with him because he wasn't Jewish. My mother would have these types of episodes from time to time which were above and beyond anything else. I understood where it came from but it was out of all proportion. I said to her ‘I'm not going to marry him, I'm just going to eat the chocolates’. I did what she asked”.
**Infantilizing**
Adele: “She’ll still ask me if I need to go to the toilet. And she’ll say ‘finish that or do this or put your coat on’. I’ll always be her child. It annoys me but I do it to my children too. It’s the way it’s always been. You’re always your mother’s daughter”

Jenny: “She didn’t want me to grow up. She always treated me like I was a child and she still would if she could”.

Sharon: She’ll still say things today like "it's very cold outside, why aren’t you wearing a cardigan"?

Tammy: “The moment my mother returns from Israel, I’m the little girl again. I slip right back into the role. I’m not myself. There has been no change over the years”.

**Parental expectations**
Tammy: “I was very aware of their expectations. School – heaven forbid if I didn’t do well. And one time when I didn’t, when I failed year 10, that was the end of the world and I didn’t see sunshine for 2 months. I stayed in my room – it was a total collapse of all my systems. I was petrified of not doing well at school”.

Lola: “I remember being very conscious about not going out with a non-Jewish boy. I remember I went out with just one non-Jewish boy. I knew that I would never marry out. You just knew that to marry out would have been an abomination”.

**Outcomes**

**Reaction in parenting of own children**
Sharon: “I’ve tried to encourage her [daughter] to feel that whatever she does is right rather than her feeling obliged to fulfill my expectations. That’s very different to my relationship with my own mother. My mother criticized me all the time but I consciously try and refrain from doing that with my own daughter. It’s weird but I feel guilty if I criticize my mother or say anything against her but my mother had this habit of always correcting me.”

Anna: “I don't want to duplicate my mother. I don't want to tell them [children] things about me. I also don't want to be too self-centred and talk about my issues at the expense of theirs in the way that my mother did”.

Frances: “I don't force-feed them in the way that my mother did…..When I was young if I didn't eat something up at night for dinner I would get it the following morning for breakfast. Well, I won't do that with my kids”.

**Involuntary replication**
Ruth: “When I drove out to Epping everyday, when I was teaching, I used to have to ring her [mother] every day to say that I’d arrived safely. Now I know I do that with my kids too. It's very over -protective behaviour. I always ask the kids and expect them to ring me when they've arrived somewhere also…We always ring when we
arrive somewhere. There’s just this sense of wanting to know that everyone is well and safe and I guess that it is a Holocaust thing”.

Anna: “She’d [mother] talk about getting murdered and getting robbed and I must have transmitted this to my daughter because she is now living alone and she told me that she carries a knife when she goes up the street because she is frightened. She said that I have made her frightened. She said that her grandmother is more responsible for making her frightened but I have played a part also. She said my mother has had a direct effect on creating so much fear and anxiety because she is so anxious”.

Fear

Anna: “I remember saying to my mother ‘I've got the fears, I’ve got the fears’. My mother had a breakdown about that time. I don't know what came first her breakdown or my fears but it was very connected. We had a Polish lady who came to cook for us at that time and I used to tell her about my fears because I was so enveloped in them. They would come to me in the night and I had a terrible headache for about a year. It's a wonder I didn't end up like my mother but I was very scared. In the end I think it subsided. It was there and later on in life it came back a few times. If I'm physically not well that seems to aggravate the fears. After I had my son and after my haemorrhage, I became very agoraphobic. I just couldn't go outside. I was very fearful because I didn't have the strength….. I need to be so robust because I've always relied on myself. I needed that robustness in order to survive. When I feel myself not robust, there's nobody else. When my mother had that break down and went to hospital, they put her on that terrible sleep therapy. They put her to sleep for about a month. I was working in the restaurant during that time and I got very sick. I had a terrible flu and that’s when all the fears started because I was sick and my mother was sick and that's when the Polish lady came to help. I couldn’t even be sick because my father couldn't cope with a sick kid. I had to be self-reliant and take care of myself”.

Frances: “Well I think that I let a lot of opportunities go by because I was too frightened to take them and I think there is a mental attitude of ‘this path is all right, it’s safe, let’s stick to it’. The other thing is that it never occurred to me that if I wasn’t happy at school that I could change schools or that if I didn't like pharmacy I could change to another course. It never occurred to me. I think that is part of that upbringing and trying to be safe so I think that I missed chances because I was frightened”.

Ruth: “I remember that when I was younger, I was terrified of going on trains over bridges. We used to travel to the city by train a few times a year on the St Kilda line and that used to go over a bridge over the Yarra just before it hit Flinders Street Station. I had this permanent childhood feeling that the bridge was going to collapse and that we were all going to die and fall into the river. I remember expressing that one day to my mother and she said to me that I should remember that ‘when your time is up, your time is up and nothing can stop that and there is no point worrying about it’. I was very shocked by that remark and I imagine that it was based on her own experiences”
**Obsessive behaviours**

Diane: “I’m getting better with it now. I used to have to have the whole house locked up all the time. I used to drive away from the house and then come back to check that the garage door was shut even though I knew that it was. I still make sure that the house is locked when I leave. I am trying to dilute the habit. I’m aware that it’s come from my background – from a fear of people breaking in and that sort of thing. It moved from the unconscious to the conscious and my husband has tried through saying things like ‘the Germans are coming’ to get me to drop it. He is very aware of how abnormal it is”

Marilyn: “I sometimes check the back-seat of the car to see if someone is there, always check my rear-vision mirror, always lock my car when I go out. I always lock all the doors and windows of the house when I go out. I often drive home and think someone may have broken in. I’m always checking that I switched off the gas oven. I have a list of things I have to check and double check, and that’s one of them”.

**Burden of the Past**

Frances: “From a point of view of what I have really experienced, I don't think that I'm carefree. I don't think children of Holocaust survivors can really let go. I think there's a parcel that we carry, it's like it's stitched to our backs. It is not a rucksack that you can take off, it becomes part of you and I think it stops me from being totally carefree and throwing away my inhibitions. That's one thing, and I think the other thing is that we feel a responsibility towards our parents that we just can't let go of. Even though my father was out of my life in many years and we lived on different continents he expected the utmost respect from us and that we owed him. Even though he is no longer alive I still feel guilty and is not something that I can just get rid off. I think that is somehow a tie that is part of the legacy of the Holocaust and you can't cut it”.

**Guilt**

Marilyn: “I think it’s [guilt] because they were Holocaust survivors and the fact that they had suffered so much and in the last years of their life all they had was us and their grandchildren. But I just couldn’t look after them and deal with the emotional abuse. There’s always the burden of suffering and you can never get rid of it. I suppose there’s a lot of guilt associated with my mother’s death that my husband for example wouldn’t feel. His mother died 3 years ago and they miss her terribly but there is no sense of guilt. I feel the guilt baggage all the time. I think part of my work at the Holocaust centre is exorcising of my own pain, trying to have a positive outcome from something that was very negative.

**Feelings of obligation and needing to please**

Diane: “The Holocaust caused me to put her needs before my own, putting what she wanted first. Seeing people she wanted to see, making phone calls that she wanted me to make. Doing what she called ‘the right thing’. Her interpretation of reality was the only interpretation of reality and if I wanted to do something different I was going against her and what she had experienced in her life and it was a further pressure against her and she’d already had enough pressure
Marilyn: “I always felt that I had to do well and to marry well not so much to get their approval but to make up for things that hadn’t been”.

Frances: “I definitely consider myself a Holocaust child. I would not be doing a lot of the things that I’m doing now otherwise. I wouldn’t be as entwined with my mother the way I am. I can't go a day without speaking to her, doing something with her, doing something for her. It's not normal. I'm a woman in her 50s with children, with a life, with a career, with community involvements but a big chunk of my life revolves around my mother”.

Roz: “Every decision I made had to be made in order to keep her happy. I was consciously seeking her approval unconsciously all the time because it was disastrous if you didn't. She was just so involved in everything I did. Everywhere I went had to be discussed and dissected and analysed and then she would get angry with me. Every decision I've ever made, what I was going to do at Uni, who I was going to marry ultimately. Everything was geared towards what would be the best outcome for her.”

Nightmares
Edith: I used to have a repetitve dream for many years. Once I was at a 21st birthday party and we were all sitting around and discussing our dreams. My mother was there, and when I described my dream, she said ‘oh, I know what that is’ and after she explained it, I never had it again. It was war-related. Coming out of Poland we had taken a train and we got stopped at the border and I was asleep in the bunk and there was a little light above me…. I used to wake up in absolute terror – I couldn't understand this. I didn't see this bunk or anything. I saw this light above me. I was about 2 at the time and she told me that I was asleep in the bunk and the light was on above me and the Polish soldiers broke into our compartment and started screaming at my parents ‘where are the jewels, where are the dollars?’ They saw me with my teddy bear, took the bear, ripped it open to see if there was anything hidden there, I got a fright and that was the dream. I had the dream until I was 22. After my mother explained to me it never happened again”.

Attitude to Germans
Frances: “My reactions are very mixed because my father lived in Germany his whole life and died in Germany. My reaction is coloured by my complicated feelings towards my father. When I go back to Germany I feel like I’m in one of those movies where I'm walking and the set is frozen. It’s not reality. I have cousins still in Germany and none of them have managed to integrate into German society and make friends with Germans”.

Food
Frances: “I think I got a dog because I felt bad about the leftovers and at least I could shove it onto the dog’s plate…. I have great difficulty and I certainly won’t throw food out in front of my mother. I'm very good at turning food into something else. If I have left over watermelon, I’ll make juice from it. If I have left over bread, I’ll toast it or I’ll make breadcrumbs comes from it. It seems to be very wrong from a number of points of view to throw food out.
Marilyn: “I still have to finish everything on the plate now which manifests in that I have a weight problem. I still have to finish everything on the plate”.

Diane: “I think the food to some extent filled the hole but it was more about anger, at getting back at her for not being available for me. This was then manifested in my needing to fill myself up with food. The weight was a substitute for the things which she didn’t satisfy, the nurturing which I didn’t get. It wasn’t about being hungry. I often looked for food when I wasn’t hungry. I was angry with my mother for not being there and the food was shoved in to fight back at her and to spoil something for her”.

Detaching from the burden
Adele: “I was jealous of my brother – he married into a big family and I remember thinking that I wish someone could take me away from it all like that”.

Understanding the burden
Marilyn: “My parents wouldn’t have understood why I wanted to study it [Holocaust]. They would have said ‘what do you know about it’? And the other side of it would have been – ‘we tried to protect you from all these horrors’. But of course they couldn’t protect me from it, how could they? You’ve lived in it, grown up in it. You can’t. And I didn’t want to know about it because it was too painful. I didn’t analyze it at the time. I’m analyzing it now and questioning why I’m interested. I think part of my interest is that my parents never discussed it with me. The seed was planted by their subjective stories and the horrible stuff and the emotional stuff but there is so much they didn’t tell me. They didn’t give me the narrative of the Holocaust. So I’m trying to fill in the gaps”.

Despair

Void
Ruth: “I’ve travelled through Europe and America and I loved seeing my father’s eyes in a cousin whom I had never met in Paris. It’s so precious. The knowledge that the immediate family is not here is a fall-out of the Holocaust. I feel sorry for my children and my husband also. My husband had no grandparents or extended family at all. It’s about loss. I suppose that’s how you are different to the non-survivors because they have huge families, lots of cousins. They are a dynasty, an empire, these old Australian families. That’s something I really do miss. That’s one of the reasons we had a lot of kids – a form of repopulation. We said ‘we lost so many so we will try and replace them’.

Katie: “You know when it hit me? Now when I went on this March of the Living, we were finishing our time in Birkinau after the march and there were people everywhere and people were rushing because the buses were leaving. There were 7000 people involved in this so there was a lot of turmoil in getting to our group and our bus. Just before our group finished we joined with the kids’ group and one of the leaders of the children’s group were taking the names of people whose family had perished to give to the archives there at Auschwitz. So she was busy writing down all the names of people and there was a queue. I was in the queue waiting my turn and then it was my turn and I was giving many, many names because my father as well as my mother had
also lost seven brothers and sisters and his parents and all his extended family and I rattled off all these names that I had written down on both my father’s and mother’s side of the family and these people behind me said ‘why are you taking so long?’ and the woman who was writing the names looked up at me…… and that look, she couldn't believe that there were that many names, that that many people had been lost. And that hit me. I’m 52 years old and it took till that small detail for it to hit me, the enormity of it and how much life had been lost”.

Vulnerability
Anna: “I often asked myself what I would do in similar circumstances, would I save someone who came to the door, would I survive in a concentration camp. I believe I wouldn't. I really believe I wouldn't survive in a concentration camp. I couldn't fight for a piece of bread. I know in life that I step back because I can't bear to fight for it and to be seen to want something that someone else wants. Maybe that has to do with the Holocaust. I resent my sister because she is able to say ‘I want this’ and take it and I can't. And I think she takes advantage of that in me. I have difficulty taking up the space caused by someone else wanting the same thing as me. It’s easier for me to just give it to them. It causes me pain because I know that I can't have it if someone else wants it. It has to do with inhuman behaviour and people being aggressive in the pursuit of survival. I know people who are very pushy and can operate in the world and it goes through my mind that they would have survived in the camps. I don't like them less but somehow I can't get that close to them because I feel pushed around and I can't cope with being pushed around and trespassed. If people don't respect my time or my space or my possessions then I can't be friends with them. I move away from relationships where I find people very aggressive because they know that I’m not going to say ‘no’. Perhaps it is my own vulnerability that causes me to back off. If people behave in a certain way I don't want to have those base arguments with them. Maybe it's a revulsion of that part of me that wants to fight for it and can't”.

Diminished sense of self
Anna: “It's not just that you will be loved because you exist, it is rather you will be loved because of what you can give to somebody and whether somebody is pleased by your appearance and whether you can feel good about yourself. Some people just exist and they feel good about themselves. They are robust in the world. I never felt that way”.

Holocaust Identity
Eva: “I would have loved to have had a glamorous mother with painted nails. My mother was very understated and drab. I used to feel very embarrassed about her appearance because somehow it enhanced my difference to all the other girls. She looked old at 35. I longed to have a mother who was blonde and who could understand the world and explain it to me. I used to have to ring up estate agents and banks on my parent's behalf because their English wasn't good enough. It was the classic migrant experience and very much the result of the Holocaust. How could they look after me when they couldn’t look after themselves? I saw them as victims”.

Anna: “I was very aware of all the kids in the same position as myself who lived in St Kilda and how damaged their parents were and how damaged the kids were. We were all really damaged people. People had come together for God knows what reason
after the war and there was no love and there was only damage and there was living through the children but in a perverse sort of way. There was unhappiness, misery, depression and people going to lunatic asylums. The Australian girls at school like Julie Davis, they had a boat and they would go waterskiing -it was in sharp distinction to the reality that I knew..... I saw them as having contained parents whereas my parents were mad. When I was growing up I thought my parents were crazy and my home was crazy and their homes were normal”.

Roz: “I had this close girlfriend and I really wished strongly that I had Australian parents. I perceived a big difference. As pressured as I was in my upbringing, they were unpressured.

Adele: “It’s [Holocaust] part of my life, part of my make-up and part of my anxieties. I don’t know any other way. I’ve got used to it. It’s always under the surface”.

Marilyn: “I mentioned to one of the guides, also a son of survivors, I work with at the Holocaust museum that ‘we’re completely screwed up aren’t we? And he said ‘oh yeah, totally’ and we’d start laughing. I think we were brought up in such a strange environment that had a semblance of normality but it really wasn’t. I think we were brought up in the strangest constraints and we were operating and living in the weirdest parameters with parents who were emotionally damaged. Irreparably. So I’m absolutely sure that in may ways that I may not even be aware of, and that even in my children and maybe even in the fourth generation there will be a ripple effect of the Holocaust. I have absolutely no doubt that we are damaged. I think that having had parents who were Holocaust survivors has really had an enormous impact on shaping the person I am. Whether I’ve reacted against those things they’ve transmitted to me or taken them on board consciously, I think it’s a mixture of both and I am the product of my background genetically and environmentally. I have no doubt that any child of survivors is affected in a variety of ways”.
APPENDIX J: FURTHER QUOTES FROM THE THIRD GENERATION

Processes

First awareness of Holocaust background
Rebecca: “My knowledge of it [Holocaust] probably even preceded mum telling me about it. Maybe it was a feeling from interactions with grandparents but I know that it was there from very early on. I would say that I became consciously aware of it through mum’s involvement with Jewish issues and the Holocaust Centre when I was about eight and I think my sense of the Holocaust from knowing how small my family was probably occurred when I was about six”.

Patty: “As a kid you are always asked the size of your family, cousins and everything and it was always ‘well, I’ve got a really small family because my grandparents don’t have any brothers or sisters because they were killed in the war.’

Taryn: “My grandfather would start speaking about his war-time experiences and everyone would stop him because I was too young. It wasn’t a detailed exposure and I had no idea of what it really was but I sensed that it was something bad and that everyone was unhappy”.

Jodie: “There were probably a lot of things that I didn’t pick up on. All I did pick up on was that there was this big thing that happened to my grandparents that they don’t talk about. This big bad thing. I didn’t know what concentration camp meant or anything like that – all I knew was that there were certain things that had been caused by this big bad thing such as my grandparents having no parents, brothers, sisters or extended family because they had all died in this big bad thing but that it was a big no-no to bring it up”.

Louise: “It’s a long story but my grandmother was actually friends with a British soldier who was photographing the camps when they were liberated and she had access to a lot of full on photos. I remember her showing them to me or stumbling across them because they were kept in the kitchen in this little drawer and they were literally A4 photos of the bodies in the pits. I think to just see it was one thing but as a child under 10 years old to know the context of it is another.”

Verbal communication from mothers and grandmothers

Rose: “She [mother] mentioned what her parents had gone through and she would say how much it hurt her to think that her mother had suffered so much and she would perhaps excuse some of her parents behaviour during her childhood by saying it’s understandable because of what they went through”

Taryn “I overheard my mother saying on the phone that her mother was hidden in a very small cellar during the war and that the Catholic lady who hid her was not a very nice lady. This didn’t make sense to me because I thought she must be a nice lady if she is saving her life. When you’re little you have a very clear sense of good and evil
and I remember thinking that this good lady hid my grandmother and that’s how she survived”.

Dina: “There are still references to it [Holocaust] – we talk about ant-Semitism every Friday night. It’s overt. My grandfather recently turned 90 and he had a big party and gave a speech to a room of predominantly Holocaust survivors and he said in his speech ‘my wife and I came here after the Holocaust and if Hitler could see 90 or 100 Holocaust survivors celebrating a 90th birthday, he would turn in his grave’. It was so powerful and coming from a man who doesn’t talk about it often. I was sitting there feeling so guilty. It really made me wonder what I was doing going out with a non-Jewish boy. I think it’s hard to articulate.”

Lisa: “My grandmother told me how she was shot, how she jumped from a train….all these sorts of things, quite detailed, how she was shot in the head and how she landed in the snow and she lost her baby and how a Nazi at that point actually helped her to get the bullet out of her head. Another one came along and helped her find the baby and escape back into the forest. All those things…the traumas …what it was like to just be married and then suddenly find out that your husband has been killed and not to have him there, and the impact of having no mum and dad suddenly when you are young and not knowing whether they were alive or not and always wondering”.

Ilana: “My grandfather spoke about the concentration camps and I didn’t understand what it was but I knew it was something negative and then the word ‘concentration’ took on negative connotations after that…..When I was young and used to go on school camp we played a game that went ‘concentration, elimination….’ – it had nothing to do with concentration camps but that was my immediate association. It’s a game with boys and girls names and based on a beat, but whenever I heard the word concentration, I always thought of concentration camps.

**Messages from mother and grandmother**

**Food**

Louise: “I remember my grandmother saying she absolutely would never leave anything on the plate even if she was full and she would always say ‘I couldn’t possibly leave food on the plate because there was a time that we didn’t have food’. She survived on potatoes during the war”.

Carol: “My grandmother doesn’t like to waste food and she doesn’t let me. Once there was a piece of cake left and I had already had 3 pieces and I couldn’t eat any more and she became quite angry because I couldn’t eat it and she said she would never make it again if we wasted it”.

Rose: “My grandmother always stocked up, she had tins and tins in her cupboards even though there was no war. She had peppercorns like there was no tomorrow. She would put things away just in case…. My mother would put in extra snacks in my school lunch – she would say ‘what if you feel hungry by the afternoon’? Those things weighed on her mind”.
Patty: “We were force-fed, all the time. Mum told me that once she came to pick me up from grandma’s house and she was literally shoving food down my throat as a baby. In our home it wasn’t such an issue because J [brother] and I had very big appetites as kids and so we were never forced to eat because we always ate everything off our plates anyway. Mum doesn’t like to waste food but I don’t have a sense that there was rotting food in the fridge like there is at grandma’s house. I’m disgusted at the amount of rotting food and expired cans”.

Distrust

Natalie: “She’s [mother] very sceptical of people particularly non-Jewish people. When I was younger if I wanted to go to a boy’s party that they didn’t know they would ask ‘is he Jewish?’ We would have this argument and I would say ‘what does it matter? Don’t discriminate’, and they would say ‘if it’s a Jewish party I can trust them, I know who they are, I’ve heard of their last names, I’ve heard of their parents, they’ll be good kids and I’ll know’. There was a reverse discrimination”.

Louise: “I think that the emphasis on the anti-Semitism is another way in which the Holocaust has been translated to the next generation. There is even a general paranoia about non-Jewish people – ‘you don’t know what they think of Jews. They could be anti-Semitic’. I don’t think it’s motivated from a fear of me being hurt from them. I think, whether she’d [mother] admit it or not that she thinks of them as slightly lesser people in a way in this day and age”.

Carol: “My mother is overly suspicious of people, the authenticity of others and whether they’re lying. She thinks a lot of the things my friends say are bullshit. Even though I know she’s wrong, she won’t accept it”.

Physical safety

Taryn: “My mother would say things like ‘What? You’re just going to walk down the street? What if some yahoos come and park the car and drag you into the back seat of the car and drive off? We’ll never see you again. That’s it’.

Dina: “Messages were given in every single way possible. Countless lectures about cars and buses and planes and what could possibly happen to you. My father who’s a doctor would continually tell us stories about people who didn’t wear seatbelts and had their intestines crushed. When we were riding our bikes we had to wear helmets and ride on the footpath. G-d forbid that we forgot to wear a helmet. If we fly somewhere, to this day, half the family goes on one plane and the other half of the family on another. Dad wants us to wear helmets in the car. We drive around Australia because dad is afraid of planes”.

Patty: “A few years ago when I was going away to Vietnam and Cambodia with some girls, their parents were fine, it really wasn’t questioned but everyone in my family was talking about land-mines, all these disasters that were going to happen. And when I was there, the girls had to keep telling me ‘Patty, chill out, your bag’s not going to be stolen, someone’s not behind you and going to pickpocket you at every minute’. And I knew they were right and that I wouldn’t enjoy the trip unless I chilled out. That’s what I mean about having to get past this. It’s been a constant challenge for me throughout my life to try to overcome these fears”.
Rose: “My grandmother would say ‘swimming…you don’t need to swim. What for to swim? You know, you swim, you could drown. It’s not safe’. And to this day I can’t swim. Even when I went to ballet they said to me ‘why do you need to go to ballet for, it’s not necessary, you might injure yourself’. They were always worried about falling over, hurting, injuring and suggested ‘Perhaps you should concentrate on your studies’.

Natalie: “My parents are neurotic, they are paranoid about everything. They are scared of getting hit by buses. We can’t take planes, we can’t travel. They think things will go wrong. It’s not that it might go wrong, it will go wrong. I think that’s informed by their distrust of wider society and I think that’s due to current climate with the rise in anti-Semitism. It’s a general theme not trusting society and being Jewish is another reason for it. I think there is a direct association between that and the Holocaust.

**Hoardings**

Dina: “They can’t throw anything out. We save everything. If you walk around our house everything is so cluttered. A piece of paper that has not been used on one side is not rubbish. It’s something that will be used again”.

Patty: “I tried to clean up her [grandmother’s] house because she is moving out soon and she just won’t throw anything out until it comes to be ridiculous. She has 20 rolls of sticky tape in the one room. There are 25 rolls of aluminium foil that I counted. I just walk around the house laughing at the amount of stuff she is hoarding”.

**Perpetuate Judaism**

Rose: “They [grandparents] would always say to me ‘we’re here in the hope that you will rebuild a future, we fought to survive to recreate another generation. I thought that all of that ‘want’ that you have is all upon my back, if I do the wrong thing it is all going to come crumbling down. They felt because I was the next generation that was going to keep it going. That if they didn’t give that message to me it was going to end there”.

**Emotional climate of home**

Taryn: “It was totally my mother. She determined the mood of the home, particularly when she was working. It was ‘don’t say the wrong thing’, ‘don’t tread on mum’s toes’. There were a lot of egg-shells. It was often a strained environment”

Natalie: “There was no depression or sadness in the house that I could attribute to Holocaust stuff. Whenever I was at my dad's mother's house everything was always depressing and I attributed that to the Holocaust. When I was growing up and my mother used to tell me stories of when she was growing up I always formed pictures in my head of a depressive household even if they were happy or funny stories. I always thought in my head ‘Holocaust survivors, sad environment and mood’. That’s how I imagined her childhood to be even though she never said that at all”.

Jackie: “Everyone is emotional in the day to day and then when something real occurs no-one wants to talk to each-other. It’s the complete opposite. Like when there’s a
death, no-one will want to speak rather than people holding and hugging each-other. We don’t know how to act. We don’t know how to be. I think in terms of pain and loss, they’re dealt with very privately and alone by different people. I’m thinking of when my grandfather died, I wasn’t told he was sick until weeks afterwards or what was happening. I used to hear my dad crying from down-stairs and then he’d come up-stairs and I’d hide in my room and I didn’t want him to know that I had seen him. It was those things. It was too uncomfortable. It was very awkward. It was not talked about. Pain is not discussed”.

**Mother-daughter relationship**

**Overprotectiveness**

Carol: “By the time I was 12 or 13, I still wasn’t allowed to walk to the park or to walk down the street or go down to the milk bar by myself— I had to have someone with me. If on a very rare occasion I was allowed to go by myself it would have been in broad daylight where there was no chance of danger”.

Dina: “I wasn’t allowed to go out at night for a long time and we had babysitters for a lot longer than most people that I knew. I had friends who were babysitting while I was still being baby-sat. I’d go to other people’s houses and babysit their siblings whilst there was a babysitter at my own house”.

**Control**

Eliza: “Everyone started going to under-age discos and I was one of the last people who was allowed to go. I’ve dated some non-Jewish boys in my time, mainly when I was much younger and it caused a lot of bad vibes between me and my mother for a good few years. They were very restrictive about what time I came home”.

Taryn: “Most of my friends had dramatically more freedom than I had which is what bothered me so much. If it had been the same for all my friends I wouldn’t have felt it. Only one of my friend’s parents was the same and I think her mother was from a Holocaust survivor background. The rest of them did what they wanted. From what I know now, the non-Jewish kids I’ve met had a much larger degree of freedom than I ever did. Their parents didn’t seem so anxious about things. There wasn’t this ‘what if this happens to you’, there wasn’t the same ‘what if’.

**Intrusiveness**

Louise: “My mother went through my bag at one stage and found cigarettes in there when I was in high school. I love to buy myself nice underwear but rather than send it home in the laundry, I hand-wash it here rather than face twenty questions and convince her that I’m not having sex with someone who is not Jewish. When I was younger she would always quiz me on who I was going out with. A lot of the time I was lying to her so that I could go out with non-Jewish friends and guys but there’s nothing wrong with that and it’s kind of hurt me later in life.”

**Parental expectations**

Eliza: “I definitely felt that university wasn’t a choice – it was mandatory. To be academic, to further yourself was strongly emphasized. There was a lot of emphasis
particularly from my mother that the Jewish people were educated and you had to gain a good education. There was definitely pressure to succeed”

**Relationship with grandmother**

Rose: “I really didn’t want to let my grandmother down. I thought she suffered so much that I really can’t let her down. I think I felt obligated to her. I was really torn. So much so that I had a non-Jewish boyfriend and till the day she died she never knew”.

Penny “It was all about how I could please her [grandmother]. By eating more or putting on weight or losing weight or getting a boyfriend or not getting a boyfriend. Doing well at school or not doing well at school. It was a checklist”.

**Outcomes**

**Fear**

Patty: “I think they passed on a lot of their fears and paranoia onto me. I’m living by myself at the moment and I keep having these nightmares that someone is going to break into the house. Any bad dreams that I’ve had throughout my life have to do with someone breaking in and kidnapping me. I’m terrified to walk down the street at night-time because I’ve always been told, ‘you can’t do that, you can’t do that’. I could be around the corner from home and I’ll take a cab rather than walk. I’m really trying to break past it. I keep telling myself ‘it’s OK you can walk home in the dark, the boogey man is not hiding behind every tree’. I feel that the world is an unsafe place and that my personal safety is at risk”.

Taryn: “I fear failing. Not succeeding at something or letting someone down. That's a very scary thing for me”.

Nicole “When I’m at home by myself I’m very scared that someone is going to break in. I make sure lights are on everywhere and I used to have pots and pans by the door at night if I was staying at home by myself. Or if I hear a helicopter close to my house I’ll think there is a raid on near my house. I’ll think there’s someone running in my back garden to transport drugs. I never think anyone’s out to kill me although I do feel targeted”.

Rose: “I worry that something has happened to my mother. ‘Mum, I rang you, it’s 6.00pm. It’s getting dark, where’ve you been?’ Historically I can remember my grandparents doing the same from when I was very young and I will probably do it with my daughter even though I don’t want to”.

Ilana: “My worst fear is definitely that another Holocaust would happen again and that I would be involved in it. Selfishly if it happens again, I don’t want to see it”.
Rebecca: “People are anti-Semitic and that's just how it is. It terrifies me. I've heard people talk in the street and I know that Jews don't have very strong support. Even if it [Holocaust] doesn't happen in my lifetime, how about my children's…”

**Burden of the past**

**Food**
Patty: “I remember when I first started working in hospitality that I was just horrified that you could throw out so much food. I don’t think I made a connection with the starvation of the Holocaust at a conscious level”

Penny: “I can throw away food. No problem. If it’s off it goes out. I don’t think of starving millions”

Rose: “Another bad trait that I picked up is that I cook too much food. My grandmother used to cook for 50 even thought there were only 5. My mother does the same. She always cooks one more dish and then she sends it home with me. Whenever I go she is packing up food for me. She does it in the same way as her mother used to do it for her. I’m finding myself doing very similar things”

**Needing to please**

Jackie: “I was never a child who was pressured but I never wanted to disappoint them, definitely not. They didn’t want to be strict but if I would have done something terrible they would have freaked out”.

**Nightmares**
Patty: “I remember once or twice having a nightmare about the Holocaust...... I dreamt that something was going on in Australia and we all had to hide because we were Jewish and it wasn’t camps or anything but the pre-war atmosphere where we had to be careful, where you weren’t allowed to tell that you were Jewish. You had to try and cover up. I was probably about 10 at the time”.

Carol: “I did have nightmares when I was young and I would get really scared. I would be in it and I would wake up terrified. When my father came in to see why I was upset I told him that I had had a dream about the Holocaust and he said ‘be glad it was just a dream, imagine how bad it was for those who actually lived through the Holocaust’.

**Guilt**
Penny: “If I don’t ring them I feel bad that they would be worrying that something had happened to me and also there’s the expectation that I should ring them and I would be letting them down if I didn’t”.

**Identification**

Lauren: “It frightens me to read books about the Holocaust because I am Jewish. If I was reading a book about Bosnia and it had pictures of skeletons in it I wouldn’t be as scared looking at it. Because I identify more readily, it scares me”.
**Attitude to Germans**

Rachelle: “There was a documentary last week on television about a German man who was a Nazi and had killed quite lot of people. I thought to myself, ‘may this man rot in hell because I don’t have any great-grandparents or family history because of people like him’.

Lauren: “My immediate response to meeting Germans is ‘what were your parents and grandparents doing during the war’.

Taryn: “I think the first thing that comes to mind is Nazi. I have a very close friend at Uni who told me she was German and whilst I didn’t look at her and think ‘Nazi’, when she told me that her grandfather fought in WWII, the first thing I thought was I wonder if he was in the SS. So whenever I think ‘German’, I always associate it with the Nazis and anti-Semitism”.

Ilana: “When my sister was little, she was introduced to my aunt’s mother whom she had been told was German. Her first question to her was ‘are you a Nazi?’ German was Nazi and she came from Germany, therefore she had to be a Nazi. She was very young when she said that, the connection had come at a very early age”.

**Detaching from the burden**

Taryn: “If I’ve had a lengthy exposure to it such as after a long discussion or when I visited the Holocaust museum in Israel, there was a feeling that it’s enough – that we can’t live in the shadow of the Holocaust anymore that we are not going to talk about it anymore. That’s not a permanent state of mind but it occurs sporadically”.

Ilana: “I don’t like seeing movies although I force myself to see them and then I can’t sleep afterwards. I won’t see a movie about the Holocaust alone and I can’t sleep the night after”…. And I hate watching movies about the Holocaust on television.”

Dina: “I can’t watch movies. I’ve seen a few foreign movies that aren’t as direct in the way they deal with the actual substance of what happened in the Holocaust. From grade 5 when I had to miss class when we studied that book that I mentioned on the Holocaust, I’ve just censored anything like that. I read a book ‘Brothers’ about 4 generations of Jewish brothers and one chapter deals with the brothers during the Holocaust and I just skipped the entire chapter – that’s what I would always do. I just couldn’t deal with it. I would never read it. I couldn’t expose myself to it”.

**Duty to perpetuate Judaism**

Dina: “The guilt is informed by the need for continuity, the sense that I need to be proud as a Jew, I can’t give the Germans a posthumous victory, I need to love Israel”.

Rebecca: “I feel a very strong need to perpetuate being Jewish and to have children who will identify with being Jewish and will know the traditions. By not doing so my grandparents might as well have died in a way. It's a responsibility that I put on myself, to connect up with my family's identity and to pass on a part of them to the next generation”.
Vulnerability

Penny: “I don’t push issues with my friends. I’d never say ‘you hurt me the other day. I don’t like the way that you behave’. That’s part of the paradigm. If you confront them you’ll lose them and then where will you be? You’ll be alone and you won’t have anything or anyone and then you’ll be in big strife. It’s a spin-off from how I dealt with my parents”.

Holocaust Identity

Feeling different

Jackie: “My friends from survivor backgrounds seem to have similar issues with their grandmothers as I have which is another binding force”.

Louise: “I always have to remember who I am and I always have to be slightly wary of everybody and what their attitudes to Jews might be”.

Dina: “The majority of the friends I grew up with were from Holocaust backgrounds – they had the same backgrounds as me. It was almost parallel realities. It was very much my reality that we all had this same identity”.

Ilana: “I feel more comfortable with Jews. I’ve had non-Jewish friends and I don’t mind having a non-Jewish friend but I do feel differently towards them. I feel I have more in common with other Jews....My Jewish friends from non-Holocaust backgrounds don’t seem to be as affected by their backgrounds as me. I have one friend from a non-Holocaust background and I remember her saying in one conversation that the Holocaust didn’t mean anything to her. And from then on I hated her. I feel my friends from non-Holocaust backgrounds are freer than I am”.

Rebecca: “When I was younger I think that it made me feel slightly different to most people, that somehow that whole experience was so horrendous that it changed our family dynamic and made me be different to other people. I can remember being wary about telling people that I was Jewish, and when people would ask me why I didn't have a big family, having to tell them that they all died in the Holocaust. I can remember feeling awkward talking about the Holocaust to people who weren’t Jewish and wondering what they would think and how they would view me”.

Dina: “When I’m physically in Carlton or Brunswick St. I can happily leave the Jewish world behind but every time I come to Caulfield I go through an emotional transition where I’m reminded that I am different. There is a guilt that I carry. I’m working through the whole process at the moment of which milieu I feel more comfortable in. I remember when I first went to Uni I had this impulse of wanting to apologize for being Jewish. I would tell people upon meeting them. I’d had no exposure prior to that time to people who weren’t Jewish. I was very conscious of being different. I had a complex of being inferior which was definitely informed by the Holocaust and memories of the Holocaust. Your grandparents are a living testimony to that.
**Jewish identity versus Holocaust identity**

Jackie: “When I went to study in Israel I found myself aligning a lot of my Jewish identity with the Holocaust and a lot of people were negative to that and that made me very defensive. I didn’t realize that for personal reasons to base your Jewish identity on something so traumatic and horrible is only to have a defensive response to Judaism. At school we had different sorts of commemorations and I identified with the Holocaust very personally”.

Dina: “It’s [Holocaust identity] very strong. That in itself has been a journey. There’s always been guilt and I’ve always been involved in a big way in Jewish communal life….I was quite angry that certain guilt was imposed upon us because of the Holocaust. I thought that was a really negative way to define one’s Jewish identity and a really negative reason for Zionism, Jewish continuity etc. I have lots of logical and rational reasons as to why it’s OK to assimilate but there is an irrational reason which is the Holocaust which makes it very difficult for me to do it…. I have a partner at present who is not Jewish, and I find that I am struggling with that. I seem to arrive at the Holocaust often and it doesn’t make it easier to make a decision”.

Patty: “When I was a kid and I went through a phase of not wanting to mix with any Jewish kids my dad would always say but ‘don’t you feel because of the Holocaust and the way grandma suffered that you want your kids to know about that’. And I think that has really stuck with me. That has given me a reason I think not to reject the whole thing”.

Rebecca: “I think it used to be a lot more important. I think when I first became aware of my Jewish identity, a big part of that was defining it in terms of the Holocaust and my family's experiences but I think it's become less so. As I become more of an adult my identity has broadened out and the Holocaust is a part of it but it's not the only part. It's come to mean more personal things to me whereas when I was younger it was very much the experiences of my grandparents and of my mother”.

**View to the Future**

Jodie “There are things in the way my mother brought me up that I feel I am going to do differently with my own children. My mother was very protective. She didn’t respect my curiosity. I would be more open to that with my own children. I hope I won’t be as hysterical as my mother about certain things. There are things I regret telling her about because she reacts so hysterically. I resolved not to tell her things in the future on the basis that if she doesn’t know then she won’t be upset. I would definitely not do this with my children. I’ll want to know what’s going on but I’ll have to react more calmly in those situations”.