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An Investigation of the Effect of Holocaust Survivor Parents on Their Children

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AN INVESTIGATION OF
THE EFFECT OF HOLOCAUST SURVIVOR PARENTS
ON THEIR CHILDREN

BY
CYNTHIA BUDICK

A DISSERTATION SUBMITTED
IN PARTIAL FULFILLMENT OF THE
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IN
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UNIVERSITY OF RHODE ISLAND

1985

Abstract

Studies of the Holocaust have shown that the Concentration Camp victims were traumatized in so massive a fashion as to make a permanent and irreversible change in their character.

The purpose of the present research was to make a direct inquiry into whether the character traits and symptoms of the survivors had an effect on the character structure and personality of their children. Further, it was an attempt to distinguish two groups of survivors' children: children of survivors who were adolescents in the Concentration Camps and children of survivors who were adults in the Concentration Camps.

The subjects in this study comprised a total sample of 64 Jewish individuals. The sample was apportioned into four groups of subjects: two experimental and two control groups. There were 16 individuals in each group, an equal number of males and females. The two experimental groups consisted of children of survivors who were either adolescents or adults in the Concentration Camps. The two control groups consisted of children of Jews who escaped from Europe just prior to the Holocaust, and who were either adolescents or adults during the Second World War. All the subjects were provided with a brief description of the study, and their consent was obtained.

There were three sources of data in this investigation: the Life History Questionnaire (Appendix I), the Personal Attributes Inventory (PAI)-- a composite of scales and subscales in booklet form that assess eleven personality variables (Appendix VI) and the Structured Interview (Appendix IV).

Each of the dependent variables evaluated in the PAI and examined in the Structured Interview was analyzed using a 2x2x2 analysis of variance. The three-way ANOVA assessed the effects of Camp Experience (children of survivors and controls), Sex (male and female), and Developmental Level (children of parents who were adolescents during WWII and children of parents who were adults during WWII). The responses to the Life History Questionnaire furnished demographic data and other descriptive information pertaining to the backgrounds of the subjects and their parents, and added a qualitative dimension to the study.

The analysis of variance yielded a main effect for Camp Experience (children of survivors differed from controls) on eleven of the twenty personality attributes assessed.

The analysis of variance also revealed that children of survivors whose parents were adolescents in the Concentration Camps were no different from children of survivors whose parents were adults in the Concentration Camps on the majority of dependent variables assessed. Only three interaction effects (Camp Experience x Developmental Level) were obtained that could shed light on the differences between the two groups.

Other main effects and interactions were obtained that are of heuristic value only, but have no direct relation to the Concentration Camp experience.

The results from this study demonstrated that despite measurable differences between children of survivors and controls, the mean scores obtained by both groups on all dependent variables were within the normal range. The fact that children of survivors obtained normal mean scores is strong evidence for their normality. The findings encouraged the concept of a "survivor child's complex," which acknowledges the impact of the

survivor parent on his/her child, but visualizes this impact as producing a constellation of outstanding personality attributes, within the normal range that is unique to children of survivors.

The findings also showed that if there was any indication of a difference between children of survivors who were adults in the Concentration Camps and children of survivors who were adolescents in the Concentration Camps, the children of survivors who were adults were more affected by their parents' trauma.

A qualitative examination of the Structured Interview and the Life History Questionnaire data indicates that on most of the informal measures of Jewish identification, there is little or no difference between the experimental and control subjects. However, additional findings also revealed that children of survivors express themselves more intensely about their Jewishness than controls, view themselves as Jewish in a religious sense more than controls, and are more active in Jewish causes and issues than are controls.

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Thanks, of course, also go to all of the individuals who graciously participated in this investigation.

Most of all, thanks, appreciation and love go to my husband, Burton, for his endurance, help, encouragement and constancy throughout my entire graduate training, and most especially, during the course of this research project. Without him the road to the completion of this endeavor would have been much lonelier and bleaker.

Finally, my children, Ariella and Seth, need to be thanked for their good humor and understanding. Exchanges with Ariella provided the germs of some of the ideas explored in this study.

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CHAPTER I

INTRODUCTION AND RATIONALE OF THE STUDY

INTRODUCTION:

The major justification for undertaking this study lies in the vital need for the empirical investigation of children of survivors of massive trauma, and particularly the trauma of the Holocaust. Interest in the psychological consequences of the Holocaust has resulted in many studies of the survivors themselves, but has produced relatively limited and fragmented research on the families and children of survivors. In the study of long term effects of the Holocaust, there is a great need for objective data rather than merely subjective clinical observations.

The small number of empirically based studies that do exist generally lack scientific rigor. Research findings are mainly based on small clinical ("pathological") samples and methodology is often uncertain. Problems of bias, matching and definition of terms prevail.

It is only recently that the children of Holocaust survivors have matured, and have begun to present the mental health community with their unique issues, problems and vulnerabilities. About ten years ago, psychotherapists began to notice a relatively large number of children of Holocaust survivors among their patients. The common issues that have been presented and the specific problems that have been reported raise questions concerning the effects of Concentration Camp survival on the second generation.

This study is concerned with two issues, one general, the other specific. The general issue is that of the massive trauma of the Holocaust as transmitted to the second generation. The specific issue is the differential effect on the second generation of the age of the

parents when they were traumatized.

Research on the specific issue of the age at which the parent was traumatized is important for several reasons. First, it can provide answers to important questions in developmental psychology. Second, it can confirm or deny the hypotheses set forth. Third, it can aid in the generation of new hypotheses concerning the effects of trauma and their transmission. Fourth, the research results can reveal the personality characteristics of the adolescent and the adult that are most affected by trauma. Fifth, the results of this study can affect the current thought concerning the timing and type (discussion groups, brief therapy groups, multi-family groups, multi-generational mixed or homogenous groups, family, individual, residential treatment, etc.) of psychotherapeutic intervention, and ideally could aid in preventing transmission of pathogenic traits from one generation to the next. The conclusions of this research can help to clearly define the issues that need to be focused on in psychotherapy with children of Holocaust survivors.

Research on the general issue of the effect on the second generation of trauma due to the Holocaust will deepen our understanding of the consequences of other types of trauma and possibly aid in the prevention of those consequences.

The issues of prevention and treatment are especially significant.

As emphasized by Barocas (1973), "The process by which the Concentration Camp Syndrome is transmitted and perpetuated in children of survivors is highly complex and fascinating ... it is hoped that research in this area will generate a clearer understanding of the dynamics and suggest treatment possibilities for children of survivors."

"Professional help still remains one of the most potent ways of attempting

to halt the transmission of destructive and malignant residues of the Holocaust from one generation to the next." (Barocas & Barocas, 1973).

And stressed by Sigal (1971): "We can often retrospectively trace the effect of psychopathological functioning of one family through two or three generations. It is therefore quite possible that the consequences of both massive and cumulative trauma will not stop with the second generation, but will continue to be felt for an unknown number of subsequent generations unless some preventative measures can be found." ⁴

Danieli (1980(b)) says that "Understanding the transmission of pathological intergenerational processes should contribute to our finding effective ways for preventing their transmission to succeeding generations." Solkoff (1981) notes: "The implicit goal for investigators in this area is the introduction of primary and secondary prevention programs."

Russell (1974), Sigal (1971) again, Lepkowitz (1973), Newman (1979) and Barocas & Barocas (1979) concur with Danieli and the others.

RATIONALE FOR THIS STUDY:

Studies of the Nazi Holocaust have shown that Concentration Camp victims were traumatized in so massive a fashion as to make a permanent and irreversible change in their character. The qualitative change in personality was a relatively consistent one (although the degree of change varied) and took place irrespective of character structures or personalities prior to Concentration Camp experience. This change in personality or character, and typical accompanying symptoms were termed the Concentration Camp Syndrome. Research on the effects of the Concentration Camp experience on survivors, and on the Concentration Camp Syndrome itself, has emphasized both that adolescents were more profoundly affected by the Concentration Camp experience than adults, and that they evidenced the Concentration Camp Syndrome to a more obvious degree. Theories of adolescence confirm that the emotional upheaval and sensitivity characteristic of that developmental stage predispose the adolescent to react to environmental change in a more lasting, deeper, and intense manner than adults.

crisis
of
different

This study is an attempt to make a direct inquiry into whether character traits and symptoms of the survivors had an effect on the character structure and personality of their children. Further, it is an attempt to distinguish between two groups of survivors' children: children of survivors who were adolescents in the Concentration Camps, and children of survivors who were adults in the Concentration Camps. It is the researcher's hypothesis that children of adolescent survivors will display less adaptive ways of coping than children of adult sur-

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vivors as measured by the majority of those personality variables found worthy of direct study in both groups. On several of the variables selected for study (interpersonal affect, creativity and social activism), however, the adaptive mechanisms of the children of adolescent survivors may equal or surpass those of adult survivors.

A second hypothesis is that both survivor groups will be significantly different from control groups on the variables studied. This study will be in addition an indirect effort at questioning the premise that there is a personality difference after the Concentration Camp experience, between adult and adolescent survivors. It will also be an indirect exploration of differences in personality functioning between survivor parents and control parents.

Although this researcher's hypotheses are based on the body of literature on Holocaust survivors and their children, previous research has provided us with a limited number of well-controlled methodologically sound studies on non-clinical populations. Because few studies bear resemblance to this research, full-blown predictions based on the hypotheses cannot be made. Differences among the groups are expected on the various variables, but precisely what they will be cannot be predicted. The differences can emerge only from the research.

The variables to be studied were chosen on the basis of a number of indicators. First, a study was made of the characteristics of the post-trauma personality of the adolescent and adult survivor. On the basis of this study and guided by psychodynamic theory, those traits that survivors' children would be more likely to have were decided upon. In addition, familiarity with the general characteristics of the adolescents' personality, facilitated the highlighting of those aspects of his/her personality most vulnerable to trauma. The major assumption is

that the traumatized adolescent would then, as a parent, transmit the effect of trauma to his/her offspring.

The examination of the very few studies done on children of survivors aided in the final selection of variables for consideration. The variables that were selected for study were 1) alienation, 2) social activism, 3) faith in people (trust), 4) depression, 5) succorance (dependence), 6) autonomy, 7) interpersonal affect (empathy and capacity for warm interpersonal relations), 8) innovation (creativity), 9) hypochondriasis (somatization and bodily preoccupations), 10) abasement (guilt and masochism), 11) hostility, 12) anxiety, 13) fear (phobias), and 14) sexual identity.

A. Alienation

For many reasons (inability to face guilt, discomfort, etc.) accounts of the Holocaust by survivors were not attended to by the society around them. This intensified their already established sense of isolation. To ameliorate this feeling of isolation, survivors attempted to form bonds with others like themselves. This, however, only separated them from the general society, and tended to isolate them even further (Danieli, 1980). Mistrust and fear of the outside world, as a result of Concentration Camp experiences also increased their alienation (Danieli, 1980(a)). There are indications that this feeling of alienation was communicated to the survivors' children (Kinsler, 1981). The child, it was thought, was made to feel distrustful of the outside world, and comfortable only in his/her home. Identification of the child with the parent must also be taken into account. It is easy to see how a child might have identified with an alienated parent, and in turn become alienated. Sigal, Silver, Rakoff & Ellin (1973) found the survivor child high

on anomie and alienation scales.

B. Anxiety

issues to provoke anxiety & achievement

Chronic, sometimes overwhelming anxiety (Niederland, 1968; Krystal & Niederland, 1968; Newman, 1979) is part of the symptomatology of Concentration Camp survivors. In addition, survivors are documented to have been overly anxious, overly concerned parents (Newman, 1979). In identifying with their parents, it is rather likely that survivors' children identified with their parents' anxiety. While overprotective of their children in some areas, survivors were known to often be neglectful of their children's emotional needs. They also tended not to set sufficient limits on their children's behavior (Russell, 1974). Both these attitudes might have easily provoked anxiety in their children. Finally, it has been discovered that survivor parents held very high expectations for their children (Trossman, 1968). Children often suffered under these expectations, becoming anxious at being unable to meet them.

C. Interpersonal Affect (Empathy, Capacity for Warm Interpersonal Relations)

The survivors' children were brought up to be concerned not to hurt their parents. As children they were exquisitely sensitive to their parents' pain and mood changes (Danieli, 1980). They have shown extraordinary sympathy for their parents' unexpressed guilt and suffering (Newman, 1979).

lots of sympathy

As adults, a large percentage of survivors' children have gone into the helping professions (Danieli, 1980; Savran, Bella, personal communication). We might guess, then, that survivors' children are

more empathic than average.

D. Hypochondriasis (Somatization and Bodily Preoccupations)

Physical and material survival were chief concerns in survivor parents' lives. Nutrition and body care were frequent preoccupations of theirs. Illness, actual or fantasized, was in the air. Somatization became an unconscious expression of the survivors' chronic rage and grief, and was often used to control and manipulate other family members (Danieli, 1980). So pervasive a style of coping likely filtered down to survivors' children, and became one of their preferred modes of handling depression and aggression, and of achieving power over others.

E. Faith in People (Trust)

"Disaster smart" survivor parents prepared their children for any eventuality of living. The children were usually taught never to be caught off-guard or defenseless in any way. It is reported that they were taught to distrust others and to be fearful of the outside world so as to keep the family a closed system (Danieli, 1980). Thus survivor parents in many cases maintained a suspicious and hostile attitude towards the Gentile world around them, and expected their children to do the same. The child, then, may have become mistrustful and suspicious like his/her parents. A further reason why the survivors' child may be unable to trust others is related to the fact that the Concentration Camp survivor parent was often depressed and withdrawn during his/her child's infancy. This parent therefore did not have the capacity to inspire basic trust in his/her child (Lipkowitz, 1973).

F. Fear (Phobias)

The generally overprotective survivor parents are said to have consistently warned their children of impending danger. Although this is understandable since many had lost previous children and had witnessed death so frequently (and were therefore constantly aware of their vulnerability and how close they had come to death (Barocas, 1973)), many survivors' children may have become moderately phobic (Trossman, 1968).

G. Abasement (Guilt and Masochism)

The survivors' guilt ('Why did I live and others die?') was ever-present, and was somehow communicated to their children. Major and minor setbacks, frustrations and failures in achievement of their goals frequently precipitated disproportionate guilt reactions in survivors' children. The survivor family atmosphere facilitated this experience of intense guilt feelings and depressive reactions on the part of the children in general (guilt was often used as a means of control), and in particular, failure meant to the child that he/she was incapable of the task of validating his/her parents existence with his/her accomplishments (Barocas & Barocas, 1979; Barocas, 1973; Kinsler, 1961).

Children of survivors have been discovered to often feel guilty about their behavior towards their parents. They feel guilty for being "ungrateful" to parents who, in their own way, gave their children a great deal (Danielli, 1980; Sigal, 1971). They frequently feel guilty for not living up to their parents' excessive expectations, and for rebelling, and becoming different from what their parents wanted them to be. In an attempt to undo the Holocaust for their parents, survivors'

children often find that they cannot comfort their parents enough and cannot possibly compensate for all of the losses their parents have had to endure (Fogelman, 1979). This results in a pervasive sense of guilt. In order to relieve themselves of guilt, says Newman (1979), many survivors' children take on the need to suffer, and even attempt to rival the parent in the extent of their suffering.

Finally, Kestenberg (1972) noted that guilt and shame were major reactions of survivors' children to their parents' persecution. *

H. Depression

The home of the child of the survivor was, in many cases, characterized by pervasive depression. Conditions in the camp had made it impossible for the survivors to mourn, and a consequence of the failure to mourn was a never ending depression. As a result, the children of survivors found themselves mourning on behalf of two generations: their parents and themselves (for loss of their closest relatives other than their parents). Survivor mothers, then, were frequently depressed. In addition, studies found, they were so preoccupied with themselves and their past (Sigal, 1971) that they were unable to give time and attention to their children. They were often unable to tolerate the emotional demands made on them by their children. The combination of these two elements impaired the ability of many survivors to nurture their children. These children who suffered from affective neglect tended to become depressed adults (Niederland & Krystal, 1968).

Two other factors may account for depression in the child of survivors. The first, relating to identification, is that the process of normal development allows for the identification of the child with his/

Zandvings kids iden of dep parents -11- *Stories make kids dep*

her parents. If the parents are depressed and emotionally depleted as the survivor parents are alleged to have been, the child will also be depressed (Sigal, 1971). The second factor concerns the response of the survivor child to tales from his/her parents' past. It has been suggested that continual exposure to Holocaust stories results in depression on the part of the survivor child (Trossman, 1968).

What the children of survivors may often experience as depression is, in fact, blocked aggression. As previously mentioned, the survivors' children had difficulty rebelling against their parents and have trouble rejecting unfair parental expectations. Frustrated and angry, they tend to turn the aggression inward and become depressed (Newman, 1979).

Barocas (1973) confirms this view.

I. Autonomy and J. Succorance (Dependency)

Lipkowitz (1973) in his discussion of separation-individuation mentions that an infant must gradually progress from the original symbiotic relationship with his/her mother, to the separation-individuation phase. (The separation-individuation phase must then be properly negotiated to insure that the individual's development proceed normally.) For this to occur, normal cueing between mother and child must take place. It is in this area that the survivor mother is said to have been greatly handicapped. Burdened by guilt, tension and fear, she could not aid in another separation (separations were frequent traumatic occurrences in the Concentration Camps) and cued for symbiosis (Bergmann, 1982). In addition, from an Eriksonian point of view, the chronically depressed and withdrawn survivor mother was unable to inspire basic trust in her infant. Without a sense of basic trust, the capacity will not develop in the child to

Eric

progress unhindered, beyond symbiosis with the mother.

We see, then, that because of the many losses that survivor parents have sustained, relationships with their children often become very dependent and clinging. The separation that accompanies adulthood is especially difficult (Fogelman, 1979) because of their overinvolvement with each other (Newman, 1979).

In adulthood the survivors' children often seek a degree of oneness (similar to their relationship with the survivor parents), which is inappropriate and handicaps them in their interpersonal relations. Moreover they are extremely "sensitive to real or imagined loss experiences, and many difficulties arise when they attempt to enter into and sustain close relationships outside of the family." (Barocas & Barocas, 1979).

The survivor's family, therefore, was characterized according to researchers by enmeshment. Survivor parents for whom overly close parent-child relationships compensated for abandonment by their (the survivors') parents (Krystal & Niederland, 1968) regarded the establishment of boundaries of any kind by their children as a severe threat to the intactness of the family. For survivors, separation was synonymous with total and permanent loss. Therefore, their children were discouraged from and condemned for any assertion of autonomy (Kinsler, 1981), independence, healthy rebellion, or desire for privacy. Intrusive survivor parents responded to this normal and appropriate behavior as acts of disloyalty, ingratitude, betrayal and abandonment (Danieli, 1980; Krystal & Niederland, 1968). As a result of this discouragement of initiative, survivors' children are often unable to face basic adult responsibilities (Fogelman, 1979).

Kids can't be adults

K. Aggression

Management of rage and aggression has been an enormous problem for the survivors. The survivors' rage has several sources: firstly, during the war, aggression against the enemy had to be controlled; secondly, the survivors felt rage toward their parents because they felt abandoned by them; and finally, as a regressive defensive measure, they frequently identified with the aggressor. After the war the outlets for the survivors' bottled-up aggression were inadequate. Frightened of their rage, it was manifested partially and indirectly through hatred of the non-Jewish world, somatization, compulsive work, some outbursts at home, and encouragement of their children to act out their denied aggression. Parents who were conflicted about aggression often didn't set normal limits for their children (Sigal, Silver, Rakoff & Ellin, 1973), didn't provide them with reasonable discipline or constructive channels for the expression of normal aggression, and often communicated subtle cues for their children to act it out. Thus survivors' children vicariously gratified their parents' wishes (Barocas, 1973; Sigal, Silver, Rakoff & Ellin, 1973; Sigal, 1971; Krystal & Niederland, 1968). Krystal & Niederland (1968) succinctly said "The repression of aggression (in Concentration Camp survivors) tends to produce problems of aggression in the next generation."

List of resentments - Indeed, the children of survivors have been found to have a great deal of conscious and unconscious resentment: 1) at the Nazis and against mankind, 2) for their not having grandparents and relatives, 3) for having been cheated of normal parents and a normal childhood, 4) for feeling different and isolated, 5) for fearing that love will mean potential loss (Danicli, 1980), 6) towards parents for (a) using the war as a

controlling instrument, (b) in some cases never sharing war experiences with the children, letting them develop their own fantasies of survival, (c) providing a role model of all work and no play (and are envious of American born families who lived a more relaxed, leisurely, and happy life), (d) placing such a high expectation on the children and not accepting them for who they really are, (e) not understanding them, (f) not being emotionally available (Kinsler, 1981), (g) being easily irritable and for (h) being overly dependent, (i) not allowing them to express their own pain, (j) the use of violence on the part of some parents, and finally for (k) sometimes not providing them with consistent Jewish role models and a Jewish education.

L. Innovation (Creativity)

In surveying the professional and avocational pursuits of children of survivors, the possibility arose that a group of highly talented, gifted and creative people was being investigated. Indeed, the survivor parents themselves, in order to survive and adjust both to the camps and then to new lives in new places, likely developed some unusual strengths and gifts that later influenced their children. It is therefore worthwhile assessing creativity in this very special group.

M. Social Activism

Lucy Steinitz in a speech at the First International Conference on Children of the Holocaust Survivors, stressed that survivors' children as a group have a much broader sense of social responsibility than is usually found in people of their age and economic background. Because they bore the brunt of social injustice, they are able, claimed Ms.

Steinitz, to respond to other socially deprived groups. In the light of these statements, it becomes imperative to evaluate social activism in the children of survivors.

N. Sex Role Identity

Sexual identity may be an issue for survivors' children (especially males). Because of the male survivor's experiences during the war (which have been interpreted as being more damaging to men than to women), and because of his slowness in adjusting to his new country and achieving psychological recovery, he had difficulty in establishing his traditional role as head of the family. In a typical survivor family, the husband took a subsidiary position in the emotional and interpersonal life of the family. As a result, boys could only identify with a weak and ineffectual father, while the mother was the 'strong' and effective parent. This created difficulties in establishing a viable identity for the male child (Trossman, 1968). According to Trossman, if either parent was severely debilitated by the Concentration Camp Syndrome and did not fully participate in homelife, there were difficulties in store for the survivor's child in the sphere of identity formation.~~*~~ This was especially so, Trossman feels, when the emotionally absent parent was of the same sex.

The evidence cited above comes mainly from descriptive, methodologically questionable studies, and shows us only that children of survivors may exhibit salient personality characteristics. A concerted effort was made in this study to examine each of the variables objectively under conditions of solid methodology and carefully conceived experimental design. Prior research was used as a point of departure from which to

explore, in an unbiased manner, various notions that had already acquired the status of facts; although they had yet to be proven.

CHAPTER II

REVIEW OF THE LITERATURE

The review of the literature falls into six broad categories: the effect of the trauma of the Concentration Camp experience on the survivors; the nature of adolescence and the susceptibility of adolescents to Holocaust trauma; the inter-generational transmission of trauma; investigations of survivor families and children; the psychopathology/normality of the survivor child and notions of his/her uniqueness; and the methodology of earlier studies.

Most of the existing studies and inquiries on survivors and their children are strongly psychodynamic and clinical in orientation. Since this researcher's basic outlook is psychoanalytic in nature, the psychodynamic theories and interpretations offered in the literature are not criticized in this review. At the end of the review of the literature, however, a critique of the methodology of previous investigations is offered. The present research, which examines "normal" children of survivors, is only the fourth study attempted on a non-clinical population. Furthermore, the methodology of the present investigation is more rigorous than that of previous research studies.

X THE EFFECT OF THE TRAUMA OF THE CONCENTRATION CAMP EXPERIENCE
ON THE SURVIVORS

Acute psychic trauma, as experienced by the individual can be understood as some overwhelming experience in reality that results in shock and disorganization within the individual's psyche (Krystal, 1971).
Trauma overwhelms the psyche. As a result, the individual's behavior

and thought processes tend to regress to more primitive levels (Klein, 1974). The effect of trauma is also determined by a) the quantitative and qualitative stimuli overwhelming the stimulus barrier of the individual, b) the resulting dynamic changes and disarrangements of the psyche with which the individual finds himself or herself unable to cope, rather than by the external situation itself (Klein, 1974). In what is termed "ordinary trauma", or "acute shock trauma" (Niederland, 1971), there is usually a sudden single traumatic experience which destroys the defenses against "excitation". On the other hand, oppression of the Holocaust is a long series of traumatic experiences aimed not only against the life and physical integrity of the individual, but also likely to impair most essential and fundamental psychological, biological and social functions. They are thus likely to shake the emotional basis of the individual's existence (Klein, 1974). In these cases the organism may develop a raised stimulus barrier (a protective shield against traumatization) without which the individual could not continue to exist. Klein hypothesizes that changes of the sort mentioned could, with the return of peacetime conditions become permanent acquisitions of personality: Klein feels that the Holocaust, because of its nature, structure and prolonged duration, was particularly traumatic to anyone exposed to it (Klein, 1974).

Holocaust trauma for all

The repeated brutal and sadistic trauma inflicted on the Holocaust victims, which produce similar effects in individuals of different personality structures (Chodoff, 1966), are characterized by a) a prolonged state of total helplessness, b) constant pervasive threats and reality of torture and death, c) chronic starvation in conjunction with forced labor, d) total degradation to the point of dehumanization, e) recurrent terror episodes, selections in which one's own survival often depended

on a family member or another co-prisoner being killed, f) total or almost total family loss, loss of society, reference group, occupational status, possessions, language and rights, g) the necessity to maintain absolute control and the suppression of any aggressive or altruistic reaction, h) explicit denial of causality, i) the immersion in and confrontation with death in its most ghastly and grotesque forms as a factor of daily experience, j) assaults on and impairment of identity with changes of self-image: self estrangement. Changes of the body image were effected by requiring that the inmates be fully shaved, dressed in prisoner's garb and depriving them of everything human including their names. These changes of body and self image led to severe identity problems. k) The above picture was accompanied by regression to primitive forms of functioning with some identification with the aggressor (Chodoff, 1966). This cumulative survivor experience usually leaves a permanent psychological mark in subjects exposed to such massive traumatization (Niederland, 1968, 1971). Trautman (1971) agrees that Concentration Camp traumatization had lasting after-effects as does Meerlo (in Krystal, 1968), Bychowski (in Krystal, 1968) and Chodoff (1966). Jaffe (in Winnik, 1967) concluded that a biopsychic, irreversible alteration of the whole personality takes place which is caused by the impact of chronic somatic and psychic traumatization. This suggests a pathologically altered constitution with newly acquired tendencies to neurotic reactions and behavior. Gumbel (in Winnik, 1967) also comments on the syndrome's irreversibility as does Winnik (1967) who feels that prolonged trauma may lead to severe impairment of the fundamental biopsychology of the victim. This may, he says, sometimes result in progressive disorders which may resist any treatment ... "the regenerative

capacity of the human psyche may be severely impaired." Nathan et al. (1964) also comment on the syndrome's chronic character.

Krystal (1971) feels that Concentration Camp traumatization has caused the survivors to develop a chronic disturbance of affect, i.e., they tend to overreact physiologically to anxiety and depression. They manifest "affect regression" in which affect is manifested in an undifferentiated, preverbal way -- in a somatic fashion, with increase in some psychosomatic symptoms.

Personality changes in the Concentration Camp survivors due to prolonged traumatization are related to quantitative factors says W. Niderland (1968) who examined hundreds of camp survivors. Massive traumatic experiences of this sort have devastating effects on the psyche. Most survivors suffer from chronic or recurrent depressive reactions, often accompanied by states of anxiety, phobic fears, nightmares, somatization (as a symptom of chronic stress, anxiety and rage), and brooding ruminations about the past and lost love objects. The sequelae of massive and repeated traumatization (which are not necessarily distinct entities and may overlap) are 1) anxiety, often associated with phobic or hypochondriacal fears, alone or in combination, 2) disturbances of cognition and memory, 3) chronic depressive reactions characterized by guilt (about their own survival when others were destroyed), seclusion, isolation, lack of affect (emotional constriction), and apathy, 4) psychosomatic symptoms or disorders, 5) psychosis-like or psychotic manifestations, 6) lifelong sense of heightened vulnerability to and increased awareness of dangerous situations, 7) disturbances of sense of identity, body-image, and self-image, 8) permanent personality changes, or radical disruption in maturation, especially those who were imprisoned at an

early age. The personality characteristics associated with these changes are: masochism (with or without concomitant clinical features of depression is the most common after-effect of persecution), passive-aggressive personality, inhibition of sexual initiative and potency, inhibition of intellectual functioning, memory and outside interests, problems of identification with the aggressor, self-hatred, inability to trust others, disturbance in object-relations (inability to express affection, spontaneity, and awareness of emotional investment for fear of loss of love objects). This clinical picture became known as the Survivor Syndrome (Niederland, 1971, 1968; Niederland & Krystal, 1968; Chodoff, 1966; Jaffe (in Winnik, 1967); Winnik, 1967). Tuteur (1966) also gives a general description of the syndrome, as does Nathan (1964). Nathan (1964) insists that the Holocaust survivors manifest an idiosyncratic syndrome, not amenable to classification according to the accepted psychiatric nosological entities. Eitinger (1971, 1963) generally describes the Concentration Camp Syndrome as do other researchers, but he poses an organic etiology for it (starvation, head trauma, severity of torture). He feels that it was only physical traumatization in Concentration Camp treatment that was responsible for the Concentration Camp Syndrome. Chodoff (1966) agrees with some of Eitinger's points. Trautman (1971) describes the syndrome in a similar fashion, and calls it the Traumatic Anxiety Syndrome. This syndrome is associated with grief reactions, psychosomatic complaints, maladaptive behavior reactions and personality problems in practical life and in social interactions.

Krystal and Niederland (1968) include "chronic reactive aggression" as a post-trauma symptom. They feel that since it was necessary to repress the aggression during the persecution, the survivors act as though

they had to deal with an inordinate amount of aggression subsequent to their liberation. Problems of aggression are also related to the mechanism of identification with the aggressor, and an inability to undo this identification. Awareness of this identification may add to the survivor's enormous burden of unconscious guilt. Krystal and Niederland note that this problem is handled in many ways: 1) affect lameness -- suppression of all affect, 2) turning the aggression against the self, which potentiates the tendency to depression already caused by survivor guilt ... survivor guilt being ambivalence and repressed aggression against the lost parents for abandoning their children, 3) somatization, 4) loss of ability to enjoy life, 5) general blocking of all affects, and 6) projection. Bychowski (1968) reminds us that Concentration Camp survivors were unable to accomplish the work of mourning. The repressed aggression toward the lost object prevents the completion of mourning. Hidden in the self-reproach of many younger patients who are Concentration Camp survivors is their repressed rage against the now murdered parents who failed to protect them from the persecutions to which they were subjected. As a result the survivors still remain emotionally attached to the lost love objects (who had died at Nazi hands), and their lives are experienced as empty and lonely. The survivors appear to be constantly grieving and feeling desolate. They yearn for a reunion with their early lost love objects (mother, father, siblings).

Klein (1972) in his studies of Israeli survivors in kibbutzim described a similar syndrome (though not so severe because of the ameliorating effects of kibbutz life in particular, and participation in Israeli culture in general).

Hoppe (1966), a psychoanalyst, described the psychopathology of

the survivor syndrome in more analytic terms. 1) A lack of basic trust, a hopelessness and helplessness, apathy, and a feeling of time standing still, 2) regression to infantile behavior, 3) fixation upon early identifications, idealization of one's childhood and lost family, 4) severe guilt feelings against which one defends with avoidance, denial, repression and regression, 5) deep-rooted disturbances of body image (depersonalization, somatization), 6) disturbances in the development of the superego through destruction of the ego-ideal and a fixation upon a masochistic-submissive attitude. Here aggression is turned against the self, with resulting depression, or is focused on the outside world, with a "hate addiction". 7) Frequently, failure to adapt to a new country or culture.

In order to investigate late effects of Concentration Camp traumatization, Dor-Shav, in 1978, examined "normal" Concentration Camp survivors who had never requested psychiatric help. She experimentally confirmed the fact that these survivors generally had more impoverished and constricted personalities than those who escaped internment. They also had more difficulty in social relationships and tended to maintain detachment from others. In addition, Dor-Shav found that the Concentration Camp survivors' perceptual-cognitive functioning was less complex and more poorly differentiated than non-survivors.

THE NATURE OF ADOLESCENCE AND THE SUSCEPTIBILITY
OF ADOLESCENTS TO HOLOCAUST TRAUMA

What were the effects of Concentration Camp living on the development of those individuals who were entering or who were already in adolescence at the time of their experiences? It is apparent that the Concentration Camp life complicated an already difficult, vulnerable and complex phase of development.

Adolescence is a period in which regressive behavior makes its appearance. This regression is in the service of progression to a mature, well-integrated adulthood. The goal of adolescence is to achieve "identity", a stable sense of self. It is an achievement of self-awareness in which the individual accepts his/her inner complexity and is able to relate this individuality to others. The adolescent quietly experiments in living until he/she attains his/her goal of selfhood.

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When adolescence begins the youngster finds his/her self-esteem under relentless attack. He/she suddenly finds himself/herself experiencing strange and disconcerting changes in his/her body (and his/her body image), a sudden increase of forbidden aggressive and sexual impulses, and a need to devalue (and separate from) his/her parents, thereby losing a valued part of himself/herself. His/her usual response to these experiences is vague anxiety and a sense of inner loss. At this point the adolescent is hungry for new relationships to help relieve him/her from these disturbing feelings. He/she needs people to identify with (to help him/her formulate his/her identity) and his/her relationships to others is usually determined by his/her own needs.

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In order to achieve autonomy and a clear sense of identity, the adolescent needs to relinquish his/her parents and many aspects of his/her

childhood self. In a sense, death and mourning are an immediate part of the adolescent experience.

Other intense feelings that the adolescent is suffering from are 1) guilt inspired by a superego that is feeling overinvolvement by aggressive and sexual impulses, 2) the need to loosen dependent and erotic ties to parents in order to prepare for independence and mature love, 3) the absence of a real sense of identity and the anxiety of the struggle to determine a sense of self.

Adolescence then is the period when final individuation takes place. A re-evaluation of the self occurs, in the light of new physical powers and sensations. The psyche of the youngster is in constant flux, and continual restructuring takes place. Infantile conflicts are settled (or not, resulting in permanent symptoms or character disorders), and the foundation for enduring personality characteristics is formed. Adolescence is often a beneficial period, when the adolescent has an opportunity to rectify and modify negative childhood experiences through new identifications. In addition, an ego ideal is formed (friends, superiors). The ego ideal is a controlling agent, similar to the superego, but not primitive. It gives life meaning and a new direction. It is also able to regulate self-esteem. The ego ideal also influences heterosexual object choice (Blos, 1962; Freud, 1949; Freud, 1958; Meeks, 1971; Furman, 1973).

Krystal (1971) implies that adolescent survivors were more profoundly affected by Concentration Camp traumatization than were adult survivors. He tells us that adolescent survivors had a much higher rate of psychosomatic disease than adult survivors (vulnerability to somatization is greater in adolescence). Krystal feels that the high rate of psychosomatic disease in individuals traumatized in their adolescence is related to the interference in the development and regression of

affect expression, with a corresponding deverbalization and resomatization. The psychosomatic diseases develop instead of emotion. Krystal concludes that adolescent survivors' rate of affective disturbance is very high in relation to adult survivors (40% vs. 20%), as is anxiety (75% vs. 26%). The effects of traumatization in adolescence is to foster a fear of affects, says Krystal, and to cause an arrest in their evolution into the mature type.

In 1964, Koenig examined 25 individuals who had been subjected to persecution in ghettos and Concentration Camps during their adolescence. Koenig refers to Erikson's theory on identity crises, and especially on acute identity diffusion at the end of adolescence. In his discussion of adolescent survivors of the Holocaust, Koenig postulated that most characteristic of the personality of adolescent Concentration Camp survivors is chronic identity diffusion beyond adolescence (an extension of Erikson's concept). Because the victims were forced to witness extreme brutalities, their traditional principles were shattered. Morals once considered desirable and good were declared invalid by the Nazis. The upheaval, dissolution of the family and eradication of their homes destroyed any chance for these youths to identify with the value systems of their parents. These youths did not have an opportunity to establish an independent identity (which would ordinarily be established at the end of adolescence). They all still carry on an almost desperate forced attempt to attain identifications for themselves through their children.

Hoppe (1971) says that based on Erikson's concept, he finds that adolescents in Concentration Camps were blocked in their identity formation. Due to the enforced regression and loss of basic trust, a diffusion of time perspective may cause in turn a continuous identity dif-

fusion.

The problem of identity and the quest to give up the parents, according to Kestenberg (1982), are the most important adolescent tasks. When the adolescents' parents were degraded and killed by the Nazis, the adolescent identified with the aggressor. The characteristic adolescent regression can combine with the repression during persecution to make their respective influences unclear and to "hinder the process of adolescent reorganization of the ego and superego."

Edith Sterba (1968) wrote on the effect of persecutions on adolescents. She was a consultant for the placement of youngsters after World War II. She examined and studied 25 cases between the ages of 12 and 20. She found the following: 1) the youngsters continually felt like strangers or outsiders, 2) they continually expected or demanded more than they got or were entitled to, 3) they spoke about their pasts with utter hopelessness and depression, 4) many children had symptoms of insomnia, restlessness, nervousness, stomachaches, headaches, constant fatigue, and feelings of general weakness. They were frequently so depressed that they refused to get help for their symptoms. 5) They had vast problems concerning separation and symbiotic needs, 6) these young people were hypersensitive, restless, aggressive, and difficult to handle. Sterba feels that we must explore what destructive influence these mass traumatizations may have had on the adolescent phase of development. She feels that emotional maturity had been made impossible for them.

Danto (1968) and Fink (1968) mention that one of the most important jobs to be performed by the child in adolescence is to master his or her Oedipal conflicts, meanwhile breaking ties with his Oedipal and pre-

Oedipal objects. They wonder how this could have been accomplished in the camps in the light of the adolescent's forced regression to anal-retentive levels of dealing with his/her separation from his/her parents. The camp stress forced a regression from the Oedipal level of development to an anal-retentive and sadistic one, and this process of separation from 'objects' (parents, siblings) took place at a time when they were actually gruesomely and inhumanely exterminated. The only 'new' objects the adolescent could identify with were the sadistic-aggressor Nazis. The overall result was an inhibition or arrest of further development of the ego towards autonomy and the achievement of an independent identity. Danto and Fink assume that the damage to the psyche tended to be permanent.

In 1968 Krystal and Niederland wrote that the repressed aggressive impulses reactive to the persecution, made the normal evolution, maturation and mastery of death wish derivatives in adolescents, impossible. In view of the wholesale destruction, it became too threatening to discover their own destructive urges, especially towards their parents, because of the dread of the omnipotent power of those urges. Thus, much of the symptomatology of the survivor can be traced to the maladaptive handling of aggression.

In a similar vein, Danto said, "Of prime importance is the need of the adolescent to deal with his ambivalent feelings and conflicts." Ambivalent fantasies and feelings frequently involve murderous wishes. The resolution and successful repression of such conflicts is materially aided by the fact that the objects of such feelings are living and present, and this offers a necessary reassurance as well as a basis for reality testing. Adolescent survivors did not have the presence of

their parents for reassurance against the fears of their destructive wishes. This resulted in enormous feelings of guilt.

Expressing similar concerns as Krystal and Niederland, and Fink and Danto, Dr. V. Bental (in Winnik, 1967) uses clinical case observations to make her point. "Both patients were still in their pubertal process when they came to the Camp, where they lost their families. At this stage of development the Oedipal striving, together with the ambivalence conflict, awaken again. The experiences of the Camp regressed them to the sado-masochistic stage, and by the dreadful fulfillment of the death wishes towards the parents, the feeling of guilt became so overwhelming that there was no way out of this conflict." H. Klein (1974) concurs.

Hoppe (1971) reports that Paul and Herberg examined 49 survivors of persecution who were born between 1923 and 1943. The former adolescent inmates of Concentration Camps suffer from especially severe and permanent psychotraumatic disorders.

The loss of love and rejection by the predominant social group was particularly detrimental to adolescent survivors, wrote Kestenberg (1972). They were exiled and publicly degraded. The self-image of the adolescents suffered greatly and self-hatred was generated.

Paul Chodoff (1966) reports that one factor accounting for differences in the type of symptoms is the age of the victim when he/she was under Nazi influence. Young people (survivors) have manifested, principally, emotional maldevelopment and character deformation. Survivors aged 20 to 30 during the war have chiefly manifested anxiety states; in those aged 30 to 40, chronic depression has been most prominent.

Hillel Klein (1971) took pains to conduct his studies on the families of adolescent survivors. He clearly felt that children of survivors

who were adolescents during the Holocaust was the group whose study demanded the most attention. In 1974 he mentioned that the adolescent survivor often went through emotional crises "with depressive features, suicidal thoughts and psychosomatic symptoms, experiencing repetitive dreams of death and death situations."

Hoppe (1962), in discussing psychological damage due to the Holocaust, intentionally chose three adolescent patients as representative of the survivor group.

Kestenberg (1972) emphasizes that of the variables that are of importance in the survivors' childrearing practices, developmental level of the victim when the trauma took place is vital. Barag (in Winnik, 1967), in speaking of adolescent survivors, said that their development was apparently arrested during their years of internment, where they spent the years in a sort of continuous dreamstate. Their reality testing remained deficient.

The personality changes that took place as a result of massive traumatization, writes Niederland (1968), show a radical disruption of the entire maturational development, behavior, and outlook, especially in patients who were taken into Concentration Camps in early life (but not entirely lacking in adults subjected to the stress of prolonged persecution). At a talk given at the First International Conference on Children of Holocaust Survivors in November, 1979, Eitinger stated that in Czech studies, those survivors who were persecuted as children were more anxious, variable, tired and depressed. Those persecuted as children had more pathology than those persecuted as adults. In 1971, Eitinger himself wrote that it was the youngest survivors who developed most intense anxiety after the camp traumatization. Danieli (1980)

stresses the need to know the age of the survivor during the Holocaust, while Hoppe (1971) mentions that H. Strauss reported a "disturbance in the growing up process in survivors who were incarcerated at the age of 5 to 15 years." Robinson (1979) finds a significant correlation between the age of the individual at the beginning of Nazi persecution and psychological damage, which was much more serious in the very young.

Rustin (1980) writes that adolescent survivors had to deal with a different kind of survivor guilt than adult survivors. The younger survivors had lost parents, grandparents and siblings -- they didn't have spouses or children killed. "Their emotional investments were in the primary nuclear family, which may have exacerbated feelings of abandonment and anxiety. Because of relatively early separation from their parents they may have more (than adult survivors) of a tendency to suffer from emotional impoverishment and may find it more difficult to identify themselves with the parental role."

Bychowski (1968) insisted that it is quite important for us to realize that the effects of massive traumatization depends to a large extent on the age at which the individual became affected by the persecution. It is significant that the most deeply affected may be the person who was subjected to the Holocaust when he/she was a child. Winnik (1967) agrees with the major importance attributed to the age when persecutions were experienced, as does Dor Shav (1978) and Hertz (in Winnik, 1967) who points out that the age of the experience of trauma determines the fate of basic ego development.

The deliberate traumatization of a young person by an authority is termed "soul murder" by Shengold. This results in a person, according to Shengold, who is robbed of his identity and of the ability to main-

tain authentic feelings. Fink (1968) states: "the unique immensity of the concentration camp experience during the developmental phase of adolescence is responsible for an emotional illness which cannot be completely understood within the conventional framework of the aetiology of traumatic neuroses It is my conviction that emotional illness cannot (in this case) be explained primarily as the result of unresolved, unconscious infantile conflicts."

Chodoff (1980) concludes that adolescent concentration camp survivors were subject to 'severe and basic' deprivations in development. Their formative years were spent under Nazi rule which was characterized by losses, brutality, interference with nurturing, companionship, education and an immersion in an atmosphere of fear and suspicion. He feels that early years endured in this manner would often result in maladaptive ways of living so completely bound into the fabric of personality, that future favorable life experience -- even psychotherapy -- would have limited positive effects.

Although it seems clear from the above discussion that those parental interactions which were ordained to be most disturbed were those involving parents who were exposed to the Concentration Camp trauma as adolescents, we must also remember the adolescents' surprising resilience, pliability and capacity for adapting to changing circumstances. Thoughtful speculation as to how these characteristics influenced his/her adjustment both to the Holocaust trauma and subsequent parenting is in order.

THE INTER-GENERATIONAL TRANSMISSION OF TRAUMA

The nature of the parent-child interaction presumes the transmission of personality characteristics from one generation to the next. Barocas (1975) mentions that the process by which the trauma of the Concentration Camps is transmitted to children of survivors is highly complex and needs 'considerable clinical exploration'. Herzog (1982) asks "How does what the parents endured or escaped make its way into the child's mind? Are the modes of transmission conscious and intended, or do they occur through the unconscious channel? Can a general model for the transmission of trauma be constructed?" Only within the last few years have researchers and theorists begun to tackle the mechanism of transmission in a serious manner. Although the notion of transmission of trauma had emerged twenty years ago, most thinkers echoed thoughts similar to Heller's (1982) that "although further study is essential, transmission of the meaning of the Holocaust across generations is too complex a phenomenon ever to be fully comprehended." The fact that the transmission of trauma and personality characteristics did indeed occur was suggested as early as 1966 by Tuteur (1966) who declared "only the future can tell about the emotional development of children who have matured under the image of a parent who had faced death for several years and then shows the unavoidable psychiatric ramifications."

Sachs and Titievsky (1967) offered an article illustrating the transmission of personality characteristics caused by trauma. The authors described a mother who used the defense mechanisms of identification with the aggressor to master anxiety. She used it when hiding from the Nazis in the woods, identifying with her Nazi perse-

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cutors, and later in aggressive behavior toward her son. As a result, her son became overtly aggressive. In addition, he turned some of the aggression back on himself (in masochistic behavior). We see that this defense mechanism is now found in two generations. It appears that the mother's original identification with the Nazi regime is "handed down" to the son. The boy, though born in the United States long after the Nazi terrors have come to an end, is suffering from the Nazi persecution in the forms of first mother-induced, then self-induced, aggression. This process, when continued, could result in handing down of group aggression to many succeeding generations.

Trossman (1968) frankly stated, "Nazi death camps scarred not only the survivors, but also some of the next generation."

Brody (1973) described how even mild trauma to the parent can be transmitted to the second generation, and Newman (1979) noted that some children who were born after 1945 recapitulate their parents' symptoms and behave like survivors too. They may incorporate their parents' survivor guilt and deep shame as their own.

Krell (1979) was the first to attempt to offer an explication, however vague, of the process of transmission. He contends that a child of survivors is open to a fabric of ideas and emotions both voiced and unvoiced, that affects all the major themes of life; "the preciousness and precariousness of existence; the relevance or irrelevance of material goods; separations and death; grief and mourning; religion and identity." He writes that no child of survivors can be exempted from the influence of the Holocaust. Disguised and hidden allusions are frequently made by survivor parents to "the odds against them surviving the death camps and having children." Eventually, the

fabric
of ideas

offspring experiences his/her life the same way, because by all odds neither he/she nor the parent were supposed to exist. The comprehension of that facilitates the feeling of being a survivor in the child. Gampel (1982) writes "All children (of survivors) act out a scenario of which they have no knowledge, a scenario that is not theirs but, in fact, belongs to the history of their families and especially of those that have survived the Holocaust."

Bergmann and Jucovy (1982) try giving some explanations for the transmission of Holocaust trauma, but their interpretations also remain somewhat nebulous. They say that some survivors transfer the trauma of the Holocaust to their children simply because "they continue to live in its shadow." Other survivors constantly compare and contrast their living children with those who died in the Holocaust, forcing these 'replacements' to live almost two lives; one in the present and one in the past in identification with the dead children. Another group of survivors "unconsciously equates the child with the persecutor," while yet another cluster asks their children to act as parents to them, often because their own parents disappointed them and were unable to guard them from victimization. The authors conclude that survivors have perhaps "transformed the Holocaust into a personal myth, and transmit the myth to their children." In survivor families in which parents have not spoken about their Holocaust experiences, children tend to create these myths based on their fantasies of their parents' experiences.

Kinsler (1981) quotes Richard Rabkin's more specific notions about Holocaust transmission. He thinks that "pain and evil as social processes" are transmitted "when the opportunity for full mourning is un-

available." According to Rabkin, the "infliction of suffering from one victim to another (survivor parent to his/her child) provides relief rather than remorse." Rabkin feels that if pain and suffering are imparted from one generation to the next, survival mechanisms such as healthy skepticism, ambition and zeal are also transmitted.

Grubrich-Simitis (1981) attempts to provide a theory for the transmission of the effects of trauma. She says that the massive traumatization of the survivors effected the second generation in the form of a "cumulative trauma." She insists that the young child requires its mother to protect him/her from too much inner or outer excitation, and to be empathic with him/her in a flexible manner. Although there were no gross violations in maternal caretaking, the survivor parent was frequently emotionally unavailable and there were intervals when empathy was lacking. Over an extended period of time, frequent periods of lack of empathy have a traumatic effect. The survivor's child, Grubrich-Simitis hypothesizes, in order to communicate on an emotional level with his/her mother, tried empathizing (and identifying) with her (instead of the more appropriate process of the parent empathizing with her child). This strained the child both physically and emotionally and this is what constituted the trauma in the child of survivors and resulted in distorted emotional development.

Kestenberg (1982) developed her theory for the transmission of parental trauma from her psychoanalyses of Holocaust survivors and their children. In an introduction to her theory, Kestenberg notes that parents pass down to their children what their own parents have done to them. Children also are influenced by their parents re-enactment of traumatic experiences that occurred to them when they were

young. She also says that no matter what age they were when they were traumatized, survivor parents "introduce into their parenthood" not only the usual identifications with living or deceased parents and siblings, but also various people who were part of their persecution experience. "Through the extension of the usual types of identification to include perpetrators and victims, they recreate the atmosphere of the Holocaust in their homes."

Kestenberg (1982) presents her theory for the cross-generational transmission of the effects of trauma in a clear and thoughtful fashion. She suggests that as the child's development proceeds from stage to stage, a parent regresses with the child in an adaptive manner. Via this regression the parent is better able to understand the child, and can help him/her resolve the issues of a particular phase. The parent usually progresses ahead of the child and guides the way toward solving the problems of that phase. Analyses of children of survivors reveal that survivor parents placed the major responsibility on the child to advance from a phase that was particularly meaningful to the parents with regard to their Holocaust experiences. The parental behavior was not merely normal parental regression; it drew the child into the traumatic world of the Holocaust. Children, therefore, according to the particular concerns and tasks of each developmental stage, "were especially receptive to the transmission of the main traumas in their parents' history of persecution; more specifically, to the distorting, pathogenic influence of the parental attitudes resulting from these traumas" (Grubrich, 1981). For example, Holocaust themes that concerned themselves with body-functioning began to be transmitted at birth, and persisted. Other survival themes, for instance, revealed

themselves in the feeding concerns of the oral phase (a mother whose principal trauma during the Holocaust was the danger of starvation might have envisioned feeding her child as a life and death issue and conveyed this notion to it); while still others evidenced themselves during the anal phase or the oedipal phase (identifying with parents either as victim or persecutor) or in latency (a father who was convinced that he survived only by his endurance for hard labor may have transmitted to his child during latency that only work is life preserving and reacted with abnormal worry when the child found the developmental transition from play to work difficult (Grubrich, 1981)). Not all Holocaust themes are present in each survivor child -- yet, Kestenberg says, there seems to be a sort of survival complex that is transmitted to all offspring of survivors. She feels that most, if not all, developmental phases are tinged with survival issues. Kestenberg goes on to wonder whether this 'survival complex' is as universal as the Oedipus complex, and is, as is the Oedipus complex, a source of both adaptation and psychopathology. She poses the idea that this complex may be latent in most individuals, and is activated only under conditions of disaster.

Herzog (1982) has been studying early family development, and how "caretaker conflict and content" is transmitted to children at the Clinic for the Development of Young Children and Parents at the Children's Hospital in Boston. He has developed some thoughts on cross-generational transmission in general, and cross-generational transmission among Holocaust survivors and their children, in particular. He feels that the issues of greatest potential disturbance to the young child are those that "cannot be contained in the adult-adult interaction between the parents, and that thus overflow onto the child. The

parental protective envelope that optimally functions to shield the developing child from potentially harmful influences and intrapsychic and external forces is forged by a parentogenic alliance between the spouses, designed to provide a safe space for the optimal development of their child or children. This safe space permits not only titration, expression and containment of libidinal and aggressive impulses and their derivatives, whose direct application might prove deleterious and over-stimulating to a child, but also a mourning and restitutive place where prior and current mortifications, hurts and discontents can be healed and handled." If the parents' conflicts, problems and strong feelings are not "held" within the parentogenic alliance, they will be communicated and transmitted to the child.

Herzog raises some questions concerning post-Holocaust marriages and the resultant parenting. He wonders whether survivors were able to provide circumstances favorable to the creation of a safe space in which both the horrors of the past and the needs of the present could be shared. He asks whether survivors were able to construct marital relationships that fostered 'therapeutic understanding'. He is curious as to whether survivors (if married to other survivors) were able to endure each other's grief, pain, etc.? He comes to some conclusions:

- 1) It appears that 1st marriages of survivors -- marriages that were unencumbered by exterminated spouses and children -- could more easily maintain a safe space in which the trauma they lived through could be shared and metabolized and only minimally impinged on their childrens' development.
- 2) Survivor-fathers (husbands) seemed to be more impaired in the ability to set up safe spaces than were survivor-mothers (wives).

Gender difference with regard to the survivor parents seemed to disappear

when both parents were survivors. The woman's capacity for closeness frequently encouraged her to help her husband construct their safe space.

Herzog's experience with survivor parents lends strong evidence to the notion that there was a range, perhaps a normal distribution, of the ability of survivor parents to create a safe space within their relationships. "The more constricted the shared safe space between the parents, the less the opportunity for healing and containment of the parental trauma within the relationship and the more the child (or children) of survivors was asked to serve as a special kind of self-object whose job was to share, undo, ameliorate and retribute." (Herzog, 1982). If the parental trauma is not metabolized and integrated and remains unbound and attended by powerful emotion, it is inevitable that the thoughts and feelings associated with it will overflow onto the children. The overflow will express itself maximally in the area of caretaking. "The very act of caretaking, as well as the affective climate, then become the medium for the message." Caretaking became then, the vehicle for the transmission of trauma. Herzog ends his paper by saying "Without intervention, a relatively stable chain of transmission can occur. We are seeing not only survivors' children but also their grandchildren in whom there are manifestations of such a legacy."

INVESTIGATIONS OF SURVIVOR FAMILIES AND CHILDREN

About eighteen years ago, studies began appearing on the incidence of disturbance among children of Holocaust survivors. The survivors' children were now becoming adolescents and young adults and appeared to be "overrepresented" in psychiatric treatment (Trossman, 1968). Questions regarding the effects of trauma on the second generation began to be asked.

Judith Kestenberg (1972) reported on the results of a questionnaire circulated to 320 members of the American Association for Child Psychoanalysis. The questionnaire was aimed at compiling information about the analysis of children of survivors. Particular questions of importance were: 1) do the children of survivors share common emotional difficulties?, 2) are survivor parents' Holocaust experiences transmitted to the second generation?, 3) if they are, how do they influence children of survivors? Kestenberg disclosed that at least 20 analyses of children of survivors have been conducted, with many more psychotherapies and consultations. Because of the personal difficulties they had in listening to Concentration Camp stories, many analysts themselves showed some resistance to examining the relationship between their patients' problems and the survivor parents' experiences.

On the basis of her preliminary data, Kestenberg arrived at the conclusion that there are many variables affecting the survivor parent that are relevant in considering possible effects on childrearing. It is important, for example, to assess the extent of psychological damage to the patient in relation to his/her age, type and duration of persecution, traumatization, and pre- and post-Holocaust experiences. It is therefore of great importance to understand and define the terms "survivor's

child" and "survivor parents". Kestenberg suggests that the term "survivor's child" applies to an individual, not necessarily a child, who was born after the Holocaust, and, while not himself/herself subject to persecution, is the child of at least one parent who was subject to persecution.

Her definition of "survivor parent" is more complex. She includes people who survived the Nazi Holocaust in either Concentration Camps, ghettos, or through difficult hiding, and who, as a result, share some psychological characteristics relevant to raising children (Wanderman, 1976).

The issue of the definition of the word "survivor" merits attention and frequently has not received the consideration it deserves. This is an appropriate point at which to address this question. Kestenberg (1972) argues for a broad definition that would even include refugees and their children. Sonnenberg (1974) also defines a "survivor" in a more general way as a "person who lost his property, his homeland, was branded a sinner (for being Jewish), was rejected by his social group and condemned to die." Robinson (1979), in Jerusalem, examined the psychological adjustment of hospitalized children and adolescent survivors of the Holocaust, and found no differences between the psychopathologies of those who were in Concentration Camps and those who were in hiding. One possible conclusion to be reached from this finding, is that both survivor parents who were in hiding and those who were in Concentration Camps suffered similar trauma. Robinson, thus, has narrowed his definition of "survivor parents" to those who were either survivors of the camps or survivors who hid out during the Holocaust. Krell (1979) prefers a more stringent definition of "survivor". He

defines a "survivor family" as one in which "one or both parents survived a Concentration Camp." He feels that these families are unique, and can't be compared with other survivors and their families. He says that survivors who were fighting as partisans didn't necessarily suffer degradation, separation from families or starvation. Those in hiding were not at forced labor and were in touch with the outside world and had access to information. Those in hiding or those who were partisans therefore retained a greater level of self-respect and dignity and were not starved, humiliated and tortured like those in Concentration Camps.

For the purposes of this investigation a "survivor" is defined as an individual who survived the incarceration in a Concentration Camp during the Holocaust for a period of six months or more. The persecutions in the camps with their resulting enduring trauma were fundamentally different from any other sort of persecutions during the Holocaust. The effects of the Concentration Camps were uniformly more consistently brutal, horrific and traumatic than the effects and torments of any other uniform experience during the Holocaust (experiences of loss, cultural isolation, etc.). According to Kestenberg, all survivor parents have experienced extreme rejection and denigration by their environment, frequently resulting in feelings of self-hatred. This repudiation and derogation may have been especially detrimental to adolescents and may have affected their roles as parents of adolescents. If this self-hatred is not somehow countered by greater self-esteem, survivor parents may present themselves to their children as "worthless", (and expect their children to redeem their degraded identity through special deeds). The exposure to barbarous realities (concentration camps, Nazis) and incomplete mourning for important lost objects, in-

stitutions, and a past self (as he/she was before the Holocaust) may also interfere with certain functions necessary for appropriate child rearing.

When survivor parents witnessed the degradation of their own parents (Kestenberg, 1982) they lost faith in them and transferred their belief in 'parental omnipotence' onto the Nazis who they put into the role of vengeful, punishing parents. The shift from identification with parents to identification with persecutors was aided by defensive identification with the aggressor. Both identifications with their parents and with their persecutors became part of the identity of survivor parents. Children of these survivors were then often treated as though they were incarnations of the Nazi oppressors. The result was often the survivors' hate of their children and an estrangement from them. Counterbalancing this often was the child's and parent's yearning for reconciliation.

In an observational study, Trossman (1968) reports on the psychopathology of adolescent children of survivors treated at the McGill Student Mental Health Clinic. He indicates that in families where at least one parent exhibits even a mild form of the survivor syndrome, unfavorable effects on the child are to be expected. Trossman describes the prevalent characteristics of the parent-child interaction, and the possible effect of these on the child. The survivor parents appear extremely overprotective and in response, the children become either somewhat phobic or rebel. Trossman also surmises that the parents' relating of Holocaust memories may be related to depressive symptomatology in their children.

Survivor parents usually expect their children to display an orientation of hostile vigilance toward the surrounding world, much

like their own. When the child realizes the irrationality of this attitude as well as the suffering and pain that prompted it, conflict develops. Another parental attitude which Trossman describes is the anticipation that children give meaning to their parents' empty lives. They compensate for lost objects, goals, and ideals, and justify the suffering that the parents have endured. Thus, the child is invested with excessive meanings and expectations and is not treated as an individual but as a symbol of all the parents lack in their own lives and hope to secure through the child. Such expectations, of course, can't be fulfilled, and many of the children either make repetitive, fruitless attempts or rebel and give up (Wanderman, 1976).

Barocas and Barocas (1973) discuss their clinical observations of adolescent children of survivors in psychotherapy. They refer to similar problems and patterns of interaction within the families of survivors as Trossman. They cite Koenig (1964) and hypothesize that survivor parents "carry on almost desperate, forced attempts to obtain their own identifications through their children." The parents look upon their children as extensions of themselves and use them to satisfy their own conscious or unconscious needs. In this way parents may undermine autonomous growth. Barocas and Barocas postulate that since survivors have much difficulty in handling their own aggressive impulses, they may unconsciously facilitate the expression of aggression in their children. This is perhaps related to reports of uncontrolled aggression erupting in adolescent children of survivors. The authors believe that severe depression in children of survivors results from the internalization of anger originally supported by the parents. They also conjecture that the survivors' repeated confrontations with death

during the Holocaust are communicated to children in the form of excessive overprotectiveness and paranoid fears regarding most activities. Finally, the authors discuss the place of survivor guilt in raising children. They hypothesize that the survivors attempt to assuage their feelings of guilt and explain questions of self-worth (i.e., why did I survive, while others died) by becoming overidentified with their children. The offspring of survivors must carry the additional burden of making up for their parents' sense of worthlessness so that the survivor can say "I am worthy of having lived." As a result, these children often show unusually adverse reactions to even trivial setbacks and failures. Such failures or frustrations in accomplishment in part indicate that the child is not fulfilling the task of confirming the parents' sense of worth (Wanderman, 1976).

Sigal, Silver, Rakoff and Ellin (1973) undertook a comprehensive study. In this research study the authors compared 25 families of survivors to 20 families of controls (i.e., parents not under Nazi persecution during the Holocaust). All were families who had applied for psychological help. All parents were Jewish immigrants from Central Europe. The survivor group included families in which one or both parents were survivors of a Nazi Concentration Camp, and/or had lost their own parents in a Camp. The control group parents met neither of these two criteria. The authors hypothesized that children of survivors would differ from controls in the areas of 1) impulse control (particularly the control of aggression); and 2) in a sense of anomie and alienation. The study disclosed that children of Holocaust survivors tended to relate a greater sense of anomie and feelings of alienation than did children of the control groups. The study also

revealed that survivor parents rated their adolescent children significantly higher in conduct problems, personality problems, inadequacy, immaturity, excessive dependence, limit testing, and poor coping behavior. Thus, survivor parents perceive their adolescent children as being significantly more disturbed than control parents see their children. In the discussion of their results, the authors conjecture that some of the problems of children of survivors become especially noticeable in adolescence. Many of their emotional difficulties were taken by the authors to be a result of parental preoccupation (with continual mourning for lost family and with various illnesses, both physical and psychological that have plagued them since the war). Already burdened resources make it very difficult for these parents to provide adequate and appropriate feedback to their children, or to accept their normal activity or normal need for control. The children, as a result, become tense and unmanageable, and have particular difficulties in the control of aggression and in identification (Wanderman, 1976). Sigal's et al. 1973 study, says Solkoff (1979) was an effort at methodologically sound results, but

"The biases produced by including only subjects who asked for treatment and by the high rate of refusals to participate (66.3%); the significant age differences between survivor and control parents; and the fact that the survivor families were more recent immigrants to Canada than were the controls, are a few of the methodological flaws in this study and raise serious questions about the meaningfulness of the results." In addition, Solkoff (1979) felt that the measures used were inappropriate and inadequate.

Sigal (1971) characterizes the typical dynamics of the families

of survivors. He also attempts to provide us with a theoretical explanation for these dynamics.

He states that the parents' relationship to the children is too powerfully influenced by the past, and is not adequately determined by the child's needs. This is true for a number of reasons: 1) children represent a last hope for renewed existence and family survival. They must complete and develop the potential of the lives of those who died in the Holocaust. They are venerated, overvalued and coaxed into making efforts that may not be related to their capacities and talents. All faults or maladjustments in the child are denied. At the same time, the children are assailed for any departure from parental standards. 2) Parents are so preoccupied with the continuous mourning process that they are unable to respond to the children's needs, or react with flexibility. The children's demands are seen by the parents as depriving them of their already restricted and strained affective resources. The parents attack their children for not understanding, for demanding, for not listening. The children usually have difficulty coping with the continuously anxious responses of their parents to their actions, and either go out of control or withdraw into fantasy or depression.

Another factor that influences children's behavior, is the sense of guilt aroused in them when they feel any hostility towards their parents, or refuse to honor their requests. They then ask themselves, "How can I attack someone who has suffered so much?"

Survivors' children lack identity and are depressed. The child who is used as a plaything, to comfort and gratify the overwhelming needs of another person, had difficulty in asserting his own individu-

ality.

Sigal feels that it is not the Concentration Camp experience *per se* that is pivotal in determining the second generation effects. He speculates that the decisive element is the feeling of great deprivation through loss of important figures in the past (the survivor's loss). Sigal declares that children of families of survivors suffer from parental deprivation of a very specific type. He believes that the parental deprivation suffered by children in these families stems from a massive psychic trauma experienced by the parents that has as one of its consequences a guilt-ridden preoccupation with former, ir-retrievably lost, love objects.

Slipp (1979) mentions that clinicians who have worked with survivors have frequently found that survivors felt that giving of themselves to their children in their second family meant being disloyal to their former dead family. A kind of emotional constriction and distancing also occurred because investing in the new family meant to be open and vulnerable to the trauma of again losing loved ones.

Klein (1971), in Israel, undertook a study of survivor families who lived in kibbutz settings. The research was done with 25 families of survivors living in three kibbutzim inhabited mainly by Holocaust survivors. It was conducted from 1967-1969. The parents had been adolescents at the time of the Holocaust. Open, unstructured interviews were conducted with parents and children, and the T.A.T. and the Wechsler were administered to first-born children (these children were interviewed by a psychologist), and finally psychoanalytically oriented psychotherapy with a small group (3 persons) was conducted to gain deeper insight into the psychodynamics. Klein found that even

before their birth, the children of survivor parents were viewed as a source of security and fulfillment, an undoing of extermination, and reestablishment of lost family. Many survivor mothers had fantasies of damage about themselves and their child during pregnancy. Some fears of damage continued into the early mother-child relationship. Especially during the infancy of the child, both parents seemed to be fearful of something happening to it. They were overprotective and tended to identify the first-born children with lost members of their original family.

Unconscious as well as conscious fears of separation are apparent in both parents and children. These become more noticeable in danger situations such as war or children's illnesses, when parents compulsively check their children at frequent intervals during the night. The parents have repetitive nightmares of Concentration Camp experiences in which the children are also present, and are in danger of being separated from them. The children clearly also fear separation. They spend significantly more time with their families than the average kibbutz child. Overt expression of hostility toward parents is evaded. When confronted with open aggression or danger, these children do not respond in an active, aggressive manner. Instead, they tend to react passively by escaping, hiding, holding onto other children, or seeking adult help. With regard to their parents' experiences, children of survivors tend to emphasize the valorous aspects of the parents' past, nullifying or denying the agony. The child appears to wish to protect the survivor parent -- to take special care of him/her and to avoid asking questions that might hurt him/her (Wanderman, 1976).

Solkoff (1980) noted several problems with Klein's research. Klein does not indicate the sources of many of his conclusions (interviews,

psychological tests), and does not provide any psychological test data. No systematic comparisons are made between survivors on kibbutzim and those living in other situations. Finally, Solkoff felt that the biases introduced by a sole Israeli psychiatrist interviewing all subjects cannot be overlooked.

Russell (1974) treated and studied 36 survivor families in a private practice setting in Ontario. These were lower middle-class families in which both parents had been in camps or had undergone "similar dire experiences." His clinical impressions were the following: 1) survivor mothers felt themselves unable to nurture their children and wanted to be nurtured and helped by their children. 2) Survivor mothers were very overprotective, obviously absorbed with the past, and overwhelmed their children with tormenting memories. 3) Mothers were the tyrannical, "stronger" parent, while fathers were "weak", retiring and passive. 4) Children were not encouraged to establish an individual identity, but were expected to give meaning to their parents' barren lives and to replace what was lost. The parents therefore had exaggerated expectations regarding their children's scholastic achievements. 5) Limits set by the parents were either inflexible and rigid, or nonexistent. As a result, the children tended to be aggressive, overindulged, and spoiled. 6) The families tended to live an isolated life, without commitment to society. An aura of depression, apathy, gloom and emptiness pervaded the family atmosphere.

Russell viewed the survivors' children, who were then adolescents, as having serious separation-individuation problems (they had difficulty separating from their parents). He was also cognizant of the constant guilt these adolescents felt at being angry with their parents. Their

awareness of their parents' suffering made open rebellion nearly impossible.

Fogelman and Savran (1979), who have been organizing and leading groups for Holocaust survivors' children, mention the specific problems and issues that have been brought up in group sessions: a) the survivors' children's sense of isolation, b) their negative self-images, c) their lack of a separate identity from their parents, d) their difficulties in facing loss and separation, e) their symptoms of depression, anxiety and guilt, f) their inability to express anger appropriately, g) their mistrustfulness, h) their unresolved feelings towards their parents (especially anger, and guilt feelings resulting from that anger), and i) their conflicts concerning their Jewish identity. Lisa Newman (1979) mentions similar issues.

Yael Danieli (1980) has done recent research on children of survivors. Her study is based on the approximately 50 survivors and 200 children of survivors who participated in the "Group Project for Holocaust Survivors and their Children", located in New York City. She isolates characteristics that identify survivors' children as a group. Membership in this group is composed of individuals who use somatization as an unconscious expression of rage and grief, and control and manipulate others with it; who are guarded and isolated; who have extremely close contact with their parents, even in adulthood, and have little sense of independence and autonomy; who have difficulties in decision-making; who suffer from unmet dependency needs; who have difficulty in asserting themselves and expressing anger; who use guilt as a defense (it operates as a vehicle of loyalty to the dead, and keeps the survivors' children engaged in a relationship with those who

perished. It also maintains a semblance of familial continuity.); whose major identity is being a child (of survivors) and who dread being on their own and becoming adults (which is equal to being isolated, empty or dead); who are generally wary of hurting others and are keenly sensitive to others' pain and mood changes.

Danieli feels that survivors' children have consciously and unconsciously absorbed their parents' Holocaust experiences into their lives almost en toto. Holocaust parents, in the attempt to give their best, taught their children how to survive. In the process, however, they transmitted to them the life conditions under which they had survived the war.

At the First International Conference of Holocaust Survivors, in early November, 1979, L. Eitinger reported on numerous international studies of survivors' children. In general, he has concluded that children of survivors suffer from "severe and special difficulties." Slipp (1979) reports that Shamai Davidson, Director of the Shalvata Hospital in Tel-Aviv, where a large number of children of survivors have been seen, stated: "The trauma of the Nazi Concentration Camp is re-experienced in the lives of the children and even the grandchildren of camp survivors. The effects of systematic dehumanization are being transmitted from one generation to the next through severe disturbances in the parent-child relationship."

To date, the research done on children of survivors and their families has concentrated on clinical populations. There are a few studies, however, which have looked at "normal" populations of children and families of Holocaust survivors.

In one of the very few fairly carefully controlled studies of the

behavior of children of survivors, Solkoff (1979) reports that Rustin (1971) compared 77 late adolescent children of survivors (43 females and 34 males) with an equal number of similarly matched second and third generation late adolescent Jews (these were not clinical populations). "In contrast to previous research findings and clinical reports, Rustin found no evidence that effects of traumatic experiences of survivors generated psychopathology in their offspring. No significant differences emerged between the two groups on measures of guilt and hostility."

One of the most recent studies comparing current psychological functioning in survivors and their children with a 'reasonably matched' (Solkoff, 1982) control group was conducted by Leon, Butcher, Kleinman, Goldberg and Almagor (1981). The investigation, an objective personality evaluation, used a normal sample -- not based on individuals identified as having psychological problems, and the children were from the same families as the participating survivor parents. All of the findings were compared to those obtained with a control group, whose parents emigrated to the United States prior to the beginning of World War II (between 1937 and 1939). (The 24 control families were of a higher socio-economic status than the experimental group, and most came from Germany -- whereas the place of birth was equally distributed between Poland and Germany for the survivor women, and more than half the survivor men were from Poland. Also, the survivor group was older when they came to the U.S.)

The researchers divided the 47 survivor families into two subgroups: 32 in which at least one of the parents was in a Concentration Camp, plus two female survivors; and 13 in which at least one parent

survived in Europe but not in a Concentration Camp. The MMPI was administered to all participants. The adults completed the Parent Version of the Current Life Functioning Form, an instrument measuring attitudes and behavior constructed for this investigation. It included 21 items evaluating Mental Health Status used in the Midtown Manhattan Study. The children's version of the Current Life Functioning Form measured the child's perception of parental attitudes and behavior plus the Midtown Manhattan items. The mean MMPI profiles for both the males and females of all three groups of parents were well within normal limits as were the profiles for the three male and female offspring groups. There were no important differences among the groups (both children and adult) on the mental health rating scores. Although because of the small numbers in each subgroup, the results of the study may not be regarded as conclusive, this is one of the few demonstrations based on controlled research, that survivor parents do not substantially differ in psychological adjustment from the general population of American Jews (Solkoff, 1982). The findings of this investigation indicate that Concentration Camp and other survivors of World War II and their children, as a group, do not manifest serious psychological impairment. Leon, et al. claim, on the basis of this study, that it is erroneous to assume that all children of survivors "bear the indelible scars of their parents' experience and therefore exhibit significant psychological disturbances because of the trauma undergone by the parents." They feel that it is a great disservice to children of survivors "to automatically assume that they, as a group, are psychologically impaired because of their parents' experiences." An additional impression that these authors had was that "pervasive survivor

guilt as an extremely influential psychodynamic factor in Concentration Camp survivors, although not specifically assessed, didn't appear evident in the findings of this study."

The latest, and quite complex study looking at individual and family functioning of children of survivors was done by Zlotogorski in 1983. He compared 73 normal functioning offspring of survivors from a uniformly high socio-economic background to 63 controls who were of similar socio-economic status, family size and birth order. The children of the Holocaust survivor group were born after their parents had been repatriated. They were children of Concentration Camp survivors and/or parents who were held captive in a slave labor camp during the period of June 1940 through May 1945. The control group were "Jewish individuals" who live in major metropolitan areas of the United States (there was no further description of this control group). Each member of both groups was administered the Washington University Sentence Completion Test (WUSCT), the Satisfaction with Well-Being Questionnaire and the Family Adaptability and Cohesion Evaluation Scales (FACES). The Satisfaction with Well-Being scale represented cognitive and affective assessments of a wide range of life areas. The WUSCT was used to ascertain level of ego development. All subjects were rated at either the conformist, self-aware or conscientious level. Conformists are characterized by superficial niceness, obedience to rules, emphasis on the need to belong and concern with issues of social appearance. Their cognitive style is characterized by conceptual simplicity and stereotyped cliches. Self-aware subjects evidence a differentiation of norms and goals. Their interpersonal style is characterized by awareness of self in relation to the group. Conscientious subjects are characterized

by their self-evaluative standards, formulation of long-term goals, and concern for responsibility. They show concern for patterns of communication with others and are conceptually complex. FACES is a self-report scale designed to systematically assess levels of family cohesion and adaptability. Cohesion is defined as "the emotional bonding that family members have toward each other and the degree of individual autonomy a person feels in the family system." The four levels of cohesion range from extremely high (enmeshed) to moderately high (connected) to moderately low (separated) to extremely low (disengaged). Family adaptability is defined as "the ability of a marital/family system to change its power structure, role relationships and relationship rules in response to situations and developmental stress." The four levels of adaptability range from extremely high (chaotic) to moderately high (flexible) to moderately low (structured) to extremely low (rigid). After the administration of all the tests, it was found that there was no significant difference between the groups in ego development or in well-being. All subjects were then divided into high, average and low functioning groups on the basis of these two criteria measures (which were significantly correlated with each other). Deviation scores were calculated for each subject for both the cohesion and adaptability dimensions.

The analysis of the data indicated that perceptions of family adaptability and cohesion were significantly related to level of functioning. Holocaust families did not differ from comparison families on either the cohesion dimension or the adaptability dimension and deviations from the optimal levels (in individual cases) were a function of the offsprings' sense of well-being and ego development.

The results of this research revealed a wide range of family structures within Holocaust survivor families and controls. The average Holocaust survivor family was characterized by 'structured-separateness'. This sort of family functioning represents moderate scores on both family cohesion and adaptability. 'Structured separateness' is very unlike the picture that has been previously drawn of the Holocaust family. This depiction has included: a high degree of enmeshment, symbiotic dedication, blurring of boundaries, and disturbances in the communication of emotion. The outcome of this study does not support these notions.

The author says:

"The different pattern of results obtained here as compared to previous studies may be attributable to the issue of sampling (the difference in the level of functioning of subjects in this study as compared to subjects in past studies). Until now, most of the studies have focused on Holocaust families who sought therapeutic intervention. The present sample consists of normal functioning individuals from a uniformly high socio-economic background. The results, therefore, of the earlier studies can be seen as a predicted outcome of, for example, the significant relationship between levels of functioning and perceptions of family cohesion. A clinical sample, which may be operationally defined as low-level functioning would be expected to have extreme perceptions of family cohesion (enmeshed or disengaged). However

these extreme perceptions are not a function of family type as has been generally hypothesized.

Rather, these perceptions are related to the lower level of ego functioning expected in a patient sample."

In general, the reasoning involved in this paper is circular and the main conclusion that the survivors' families are characterized by 'structured-separateness' appears to be unjustified and contradictory. However, something of a case is made for the notion that family structures and levels of ego development are quite varied among children of normal Holocaust survivors. The variation within the children of survivors group is as marked, in this study, as the variation within the control group. On the basis of this paper, an argument can be constructed for the heterogeneity of the group of Holocaust survivors and their children as regards individual personality and family structure.

It was suggested by Sigal, in 1971, that the effect of trauma on second generation "normal" and "psychiatric" populations will not differ in quality, but in degree. He reported on a limited sample of people who had not sought psychiatric help, and who were being interviewed as a preliminary to a study on survivors' families. Only one survivor family of the many interviewed appeared to be functioning in a healthy way, with no sign of pathology in the children. The others showed maladjustment to some degree. This may be so, but indications from results of recent studies on normal populations support the notion that children of survivors are no different in psychological makeup from control groups. Their parents experience of trauma, these researchers claim, had no general pathogenic effect on their children.

In the light of recent research being carried out on children of survivors, it will be interesting to evaluate the results of the present investigation, also carried out on normally functioning children of survivors. While it is a non-clinical population that is being examined, this study is finely tuning into the subtle differences between two subgroups of the same "normal" population. Within this sample of individuals are children of both adult and adolescent survivors who were subjected to massive trauma. It is assumed that the age, or the developmental level of the individual mediates the effect of trauma. Despite recent evidence, this investigator feels that, regardless of the developmental stage or age of the survivor when he/she experienced trauma, the trauma should show a residual effect in the second generation. The effect of the age or the developmental stage may manifest itself as a difference in the magnitude and type of residual effect.

THE PSYCHOPATHOLOGY/'NORMALITY' OF THE SURVIVOR CHILD AND
NOTIONS OF HIS OR HER UNIQUENESS

The issue of the "normality" of the Holocaust survivors' children, which was alluded to in the previous section, deserves further consideration. Is there a syndrome, comparable to the Survivor Syndrome, that manifests itself in children of survivors and which attests to the basic uniformity of survivor parenting? If these children do not suffer from a full blown "survivors' child syndrome" do they still in some way bear the marks of their parents' Holocaust trauma? Are there pathological aspects to their functioning that set them apart from any other group? Axelrod (1980) asks whether in cases of obvious psychopathology: "Would similar psychopathology be found in children whose parents were Hiroshima survivors, political prisoners, victims of child abuse or survivors of natural or other disasters? How much did Judaic history and culture detract from or aid the (survivor) parents of the children in adapting to massive psychic trauma?" Related to these questions is the matter of the uniqueness and specialness of the children born to Holocaust survivors. Are they a psychologically unique group? Can they be considered homogeneous with respect to basic personality characteristics, or is every child of a survivor very much an individual with his/her particular personality, dissimilar from all other survivor offspring?

Is there a "survivor-child syndrome" that afflicts all offspring of Holocaust survivors parallel to the "survivor syndrome"? Opinions appear to be divided, with more investigators favoring the notion that the child's "syndrome" either does not exist, or is attenuated to the point where it becomes a "complex" which is only sometimes in

evidence. Other researchers who are in the minority still insist that these inherited personality characteristics and psychopathology that are termed "the survivor syndrome" occur with full force in survivor progeny.

Rustin (1980) mentions that since all survivors clearly did not suffer from the "survivor syndrome", it is fallacious to think that all survivor children might evidence a comparable syndrome. Danieli (1980) also suggests that it is too simple to assume that all survivors will manifest the "survivor syndrome" and that children of survivors will exhibit a 'transmitted-parallel-symptomatology'. She feels that the responses to Holocaust and post-Holocaust experiences are varied and heterogeneous -- "too much so for quick categorization or easy generalization."

Ilse Grubrich Simitis (1981) writes that from her clinical experience there does not appear to be a clear-cut "survivor's child syndrome", and that clinical patterns seen in the second generation are quite diverse. She says that while "the earlier expectation of a thorough going parallel between the psychic disturbances in the first and second generation has not been confirmed, certain similarities in symptoms, fantasies and defensive structure based on the children's identification with their parents are nevertheless discernible." Reflectively, Kestenberg (1982) states that while there is general agreement that a definitive survivor's child syndrome has not emerged, there appears to be a similarity "both in content and in metapsychological features" that goes beyond the individuality and universality of themes in the analyses of survivor's children. For example, the issue of how the parent survived becomes a central

theme in the analyses of survivors' children. Another motif is the preoccupation with the Holocaust experiences of the parents such as starvation, loss of family and specifics of persecution. Instead of a survivor child's syndrome, Kestenberg feels that mental health professionals treating children of survivors may be noting a "complex or constellation of features which differ in quantity and importance from patient to patient. To call it a syndrome rather than a "complex" would imply a pathology that is not always in evidence." Kestenberg goes on to say that many of the features of this "complex" are not pathological and some are even demonstrations of strength and adaptability. Kestenberg warns that her thoughts about survivor's children are based on analytic evidence, and should not be generalized to include all survivor's offspring.

Porter (1981) feels that there are not enough data to assert with certainty, but that it is extremely unlikely that a pathological syndrome exists. He thinks, however, that a mild (as compared to survivor parents) guilt syndrome may appear in some cases. This "guilt syndrome", according to Porter, is worthy of study and evaluation, but Porter believes that it is essentially benign.

On the other hand, Barocas and Barocas (1979, 1980) emphatically state that children of survivors show symptoms that would be expected if they actually lived through the Holocaust. They say "The children seen in our practice present a picture of impaired object relations, low self-esteem, negative identity formation and considerable personality constriction. They also exhibit increased vulnerability in stress situations, pathological regression and some temporary blurring of ego boundaries when confronted with experiences reminiscent of the

Holocaust." Although Kinsler (1981) is aware of the achievements and general adequacy of a great many survivor offspring, she notes that when psychopathology is present in children of survivors it frequently resembles that of survivor parents. She enumerates the psychopathological features and then says: "Although these symptoms alone are not unusual, it is the intensity and frequency with which they appear that seems to form an identifiable and recognizable complex."

Do all children of survivors manifest some sort of psychopathological functioning due to their parents perhaps idiosyncratic methods of childrearing? The majority of writers in this area of study of children of survivors feel that there is as much adaptive behavior in this group as in any other group. Porter (1981) writes, "Researchers in the past too often emphasized severe pathology not only of the first generation, but the second generation of survivors as well....I do not believe that a pathology exists." Rustin (1980) asserts, "Despite the trauma of the Holocaust, many of the second generation of survivors do not reflect extraordinary psychopathology, and manifest adaptive coping behaviors."

In his position at the Clinic of Bellevue Hospital, Samuel Slipp (1979) had the opportunity to notice that there existed a group of children of Holocaust survivors (young adults) who seemed to suffer from emotional disorders characterized by depression, conflict in emancipating themselves from their parents, guilt, and being self-defeating in their behavior. In contrast to this group, he became aware of a number of children of survivors who were functioning at a good to superior level, and were socially adjusted, growing in their careers and developing families. Slipp then conducted a pilot

study to attempt to discover which factors contributed to the "inter-generational transmission of psychopathology." He was interested in knowing what sort of parental behavior distinguished these two groups. Slipp's results suggested that the parents of the first group imparted to their children a negative view of the world, a distrust of others and a continual anticipation of catastrophe. The children in this group, in addition to those characteristics already mentioned, felt responsible for their parents' emotional distress and had ambivalent attitudes towards success. The parents of the second group, the higher functioning one, communicated their camp experiences openly, fostered an open and confrontative approach to life, pressed less for achievement and rewarded their children's successes. According to Slipp, the combination of a negative world view and the denial and avoidance of unpleasant realities, in addition to greater pressure and less gratification for achievement seemed to contribute to the emotional difficulties in the first, less functional group. Therefore, not all survivor's children, according to Slipp, have psychological difficulties. Much depends on the emotional environment of the home. Axelrod, et al. (1980) reported findings similar to Slipp's. These researchers were engaged in an ongoing study of hospitalized children of Holocaust survivors. They found that "one major difference between functional children of survivors (some are on hospital staff) and their hospitalized patients seemed to be that their families, far from being social isolates, were involved in survivor organizations and the children, while growing up, were exposed to fairly open discussions of parents' camp experiences in 'non-frightening' ways." Again, the existence of psychopathology is not an across the board

phenomenon, according to Axelrod, et al., but is dependent on the psychological atmosphere of the individual survivor home.

Bergmann and Jucovy (1982) insist that some psychopathology must exist as a result of being an offspring of a survivor. They say: "So far as our own experience goes, 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..."

When psychopathology does occur, are its manifestations unique to children of survivors? Rosenberger (1973), after working in the Child Guidance Clinic at Shalvata Hospital in Tel Aviv, Israel and after analyzing two adolescent children of survivors, is convinced that children of survivors "show no distinctive psychopathology," and that differences between them should be imputed to the unique parenting behavior of the survivors -- which is mainly influenced by their particular personalities. Disagreeing with this point of view is Laufer (1973) who emphasized, in a case presentation, the 'special areas of vulnerability' that were characteristic of children of survivors.

Are children of survivors homogeneous as a group? This query has stimulated thought among many investigators of Holocaust phenomena. Almost all researchers answer 'no' to this question. Most observers have focused on the heterogeneity of the survivors as a group and their consequently dissimilar childrearing practices. A great variety of survivor parents each with different parenting techniques and behaviors will necessarily produce a diverse group of offspring.

Solkoff (1982) in speaking about the survivors themselves, argues

that they are not and should not be considered a homogeneous group (as does Sigal, 1973). He feels that important differences in variables such as the age when incarcerated, length of imprisonment, type of camp in which incarcerated, intensity and types of stress exposed to, whether brain damage was sustained and post-liberation experiences (and factors such as education and skills) cannot be overlooked as potential contributors to the degree of trauma experienced. These differences also effect the varying success of survivors' adaptation efforts and the varieties of parenting behaviors. Rustin (1980) also insists that survivors and their children are not a homogeneous group but unique individuals. In addition to those variables mentioned by Solkoff which might have influenced childrearing behaviors of the survivors, Rustin says the quality of parenting the survivor child experienced also depended on: 1) the extent of the parents' loss; 2) the depth of the parents' depression, 3) the relative investment in the child by the parents, 4) the level of affective constriction of the parents, 5) the level of the parents' anxiety, 6) the degree of the parents' overprotectiveness, and 7) the parents ability to separate from the Holocaust and reinvest in their new lives and family. He goes on to say that, "The survivor's coping mechanisms varied, their languages were dissimilar, their educational backgrounds were different; in short, they were anything but homogeneous." He continues, "... no generalization regarding the survivor and his family is a safe generalization ... any therapeutic work being done with the survivor and the Second Generation must start with setting aside stereotyping and prejudging of the survivor and his child."

Erna Furman (1973) very powerfully states:

"Each individual came to the camp with a different personality, and at a different point in his development, each underwent different experiences in the camp, and each has lived under different circumstances since then. The more anyone has worked with people exposed to a camp experience, the more he is aware of these enormous individual differences and the resulting difficulty in making meaningful comparisons. Perhaps the only shared factors are those of having experienced a stressful interference of more or less traumatic proportions and the task of coming to terms with having survived it."

The survivors had to integrate their traumatic experiences into the fabric of their lives. The process of integration is itself a highly individual one, and affected different survivors' personality functioning in different ways.

"The specific, direct effects on the child of his parents' camp experiences are therefore not only difficult to isolate but may become meaningless unless seen in the context of the parents' and child's individual personalities and their interactions....I stress the need to study individual cases intensively, avoiding tempting generalizations in order to understand ... the children of survivors."

In a 1974 report of a joint workshop of the American Psychoanalytic Association and the Association of Child Psychoanalysis that took place in December, 1971, Sonnenberg (1974) stressed that the experts emphasized that "no special difficulty with specific war

experiences" influenced the maternal behavior of survivor mothers whose children had some emotional disturbance. The ability of these women to be successful mothers was determined by a combination of factors: by personality development prior to the Holocaust, experiences after the Holocaust as well as war experiences. Sonnenberg's statement encourages us to envisage the multitude of possible variations in the survivor mothers' maternal attitudes and behavior as a result of all the variables that influence caretaking behavior.

Aleksandrowicz (1973) did an impressionistic study of 25 outwardly "well-adjusted" survivor families. This group, on the basis of interviews and psychological tests, did not appear to be diagnostically different from other families of similar backgrounds (but not exposed to Nazi occupation). They were not a homogeneous group marked by a uniform clinical diagnosis.

Russell (1980) mentions that Rakoff (1978) stressed that the majority of survivors normalized their lives and achieved prosperity and even happiness. Rakoff felt that the children of these 'adjusted' survivors had become much like other children of first-generation immigrants, "some enjoying dazzling success," but most "at least a decent run of mediocrity." Rakoff is certainly not describing a homogeneous group.

Is the individual survivor child, then, a person more different from than similar to others in his cohort?

Sonnenberg (1974) says that clinical evidence supports the position that "every child of a survivor is unique, and responds to life experiences uniquely." Generalizations do not appear to be justified. Williams (1973) insists that each child of survivors needs to be

looked at individually. Solnit (1973) also emphasizes the "many different kinds of children of survivors." Prince (1980), while recognizing the individuality of the offspring of Holocaust survivors, emphasizes that the Holocaust must have a profound influence on the identity of all children of survivors. He says that the dynamic forces that we know shape the human personality combine with Holocaust imagery (which exists as a result of their parents' survivorhood) to form what he calls a "psycho-historical identity." The result, he goes on to say, is a set of organizing themes and metaphors that define the individual's sense of who he/she is and the nature of his/her relation to the world. Images from the Holocaust provide the material for unconscious fantasy.

Although Kestenberg (1982) is aware of the uniqueness of the survivor child, she feels that his/her personality is strongly influenced by "the stress imposed by being born under the shadow of the Holocaust." There is a balance, in the survivor child, between unusual ego strength and some pathology. The choice of strength or pathology depends on a number of variables (that are not discussed). From the desire to care for parents and proceed in one's development, symptoms such as anorexia, anxiety, phobias and obsessions may develop. On the other hand, from the same origin come adaptive solutions, so that the survivor's child may nurture others, be active, creative, join the helping professions and be socially conscious.

METHODOLOGY OF EARLIER STUDIES

The research done so far on survivors and children of survivors has frequently been criticized as generally being methodologically unsound.

The most thorough critique of research methods was written by Solkoff (1979, 1982), while other recent investigators have also commented on the necessity of a more rigorous methodological approach.

The focus of many researchers' criticisms has been on the fact that many variables relevant to childrearing practices of survivor parents have rarely been given notice in the literature. (A number of these variables were mentioned in the previous section and the discussion will be somewhat expanded here.) Many of these variables can "produce differences in types and degrees of pathology (in the child) independent of the effects of parental traumatization" (Solkoff, 1979). An awareness of these variables is essential for the design and replication of experiments.

Factors that Indirectly Influenced Children of Survivors

The first group of variables that needs to be taken into account are those that directly affected the quality of the adjustment of the survivor to Holocaust and post-Holocaust experiences and indirectly affected the children of survivors. As has been suggested, "the degree of parental trauma may be positively correlated with the degree of psychopathology in the child" (Axelrod, et al., 1980). The following variables mediated parental trauma: 1) The prewar personality and the level of emotional maturity of the survivor parent (Herzog,

1982; Barocas & Barocas, 1979; Porter, 1981; Barocas & Barocas, 1975).

2) Constitutional factors and genetic endowment (Barocas & Barocas, 1975; Barocas & Barocas, 1979). 3) The prewar background of the survivor parent (Rustin, 1980; Porter, 1981). The background of the survivor prior to World War II, says Rustin, is quite relevant to the degree of adjustment made after the war. The ego strengths and weaknesses of divergent cultural and national groups and the knowledge of history they each brought to the Holocaust experience varied greatly. Different cultural groups varied in education, religiosity, socio-economic status, assimilation and other factors (Porter, 1981). 4) Age of the survivor parent during incarceration in the camps (Barocas & Barocas, 1979; Grubrich-Simitis, 1981; Prince, 1980; Rustin, 1980; Herzog, 1982; Barocas & Barocas, 1975), and the extent of his loss (Axelrod, 1980; Prince, 1980; Herzog, 1982). Rustin writes that the problems for the survivors who were older when interned in the Concentration Camp were more complicated than for those who were younger. In addition to the loss of the primary nuclear family there was frequently the loss of spouse and children. The survivors trying to compensate for this loss of family overinvested in new children. 5) Length of time a survivor parent was imprisoned (Prince, 1980; Barocas & Barocas, 1975; Prince, 1980; Axelrod, et al., 1980). 6) The differences among internment in a slave labor camp, in a concentration camp or in an extermination camp (Rustin, 1980). There were important differences between camps and a consequent difference in the treatment of prisoners and the degree of trauma experienced by them. 7) The nature of the experiences in the camp (Barocas & Barocas, 1975; Axelrod, et al., 1980; Prince, 1980); the supports available during imprisonment, including the capacity for fantasy; the experiences

that were actually endured; and the capacity to live a sort of dual existence -- not only to exist in the camp, but at the same time to be "grounded" in one's pre-war existence (Herzog, 1982). 8) Whether survivors participated in "Wars of Liberation" may have influenced survivors (and their children) (Porter, 1981). Taking part in either the regular Army, the World War II resistance movement or the Israeli wars seems to have had a beneficial effect on survivor families. "The channeling of feelings of powerlessness and worthlessness against a common enemy, either Nazis or Arabs, was beneficial for mental health" (Porter, 1981). 9) Finally, the survivors' post-war experiences were crucial to their adaptation to life in this country and to their functioning as a parent (Rustin, 1980; Barocas & Barocas, 1979; Barocas & Barocas, 1975; Porter, 1981; Solkoff, 1979). The shock of the European Liberation to the survivor; his/her displacement from a previous home; his/her time spent in Displaced Persons Camps; his/her trip to the new country; his/her forming of new families (Porter, 1981); his/her adjustment to the hardships, language, lifestyle, and culture of the new country (Rustin, 1980); the degree to which he/she perpetuated pre-Holocaust forms and values, and the social matrix he/she established for himself/herself in his adopted country (Prince, 1980); are all vital elements influencing both the survivors' and the second generation's adjustments.

Barocas and Barocas (1975) feel that the post-Holocaust experiences interacting with predisposing strengths and weaknesses may be responsible for some of the features of the final symptomatic picture of Holocaust survivors, and for whether this picture fades or is perpetuated in the children of Concentration Camp survivors. They fail to emphasize, however, the effect of the interaction between all of

the above variables, and the central, traumatic Holocaust experience on the survivors and their children.

Variables that Directly Affected Children of Survivors

There are still other variables related to the Holocaust to consider which directly affected the child in a survivor family.

- 1) Axelrod, et al. (1980), Grubrich-Simitis (1981) and Prince (1980) feel that the degree to which family discussions of the Holocaust and of parents' pre-Holocaust lives have been banned and considered taboo may influence the survivor child (and contribute to pathology).
- 2) The numerical size of the extended surviving family may affect the adjustment of the survivor child, says Axelrod et al. (1980). The size may be inversely related to pathology; the smaller the extended family the greater the disturbance.
- 3) Whether one or both parents are survivors may have an effect on the survivor progeny's adaptation (Grubrich-Simitis, 1981).
- 4) The order of birth of the survivor children within a family may be an important variable to ponder. Kinsler (1981) says, "There appears to be additional stress on the first-born or only child born to survivor parents. Later siblings seem to have been less affected." Porter (1981) confirms this statement, but adds, "While the first-born may carry extra burdens, it may also be far more ambitious, successful and creative precisely because it has been imbued with special needs and hopes of the parents. Children born subsequently may suffer less than the first-born, but may also achieve less."
- 5) Another significant variable may be when and where the child was born (Porter, 1981).
- 6) Finally, the sex of the parent who is the survivor may be of consequence (Kestenberg, 1982). Kestenberg's

impression is that the image of a victimized mother is much less threatening than that of a persecuted, helpless father. Mothers appear to be less ashamed of the debasement they experienced than fathers, and may therefore be in less need of being exonerated by their children.

Critique of Research Studies

Researchers, especially Solkoff (1979), have harshly criticized the general methodology of research done on children of survivors. They feel that research designs have been inadequate, and that methods used are not replicable and often inappropriate. Findings are judged to have been anecdotal and unsupported. Results are felt to have unnecessarily stigmatized a substantial group of children of survivors on the basis of "generally unreliable data, gathered from biased samples in poorly designed experiments" (Solkoff, 1979). Solkoff (1979) has examined the two broad areas of current research: 1) single and multiple case studies and inquiries carried out without appropriate control groups, and 2) experimental studies "in which attempts were made to constitute control groups designed to determine whether different kinds of stressful environments would produce distortions in parent-child relationships that could in turn account for a common set of behavior disorders among the children."

With most studies in the first group, Solkoff found that: 1) It was impossible to generalize the findings to all children of Holocaust survivors. Most of this research examined a biased sample of children of survivors who had required psychological help and didn't possess the range of adaptations and coping mechanisms that many children of survivors use (Rustin, 1980; Kuperstein, 1981; Axel-

rod et al., 1980; Prince, 1980; Heller, 1982). In addition, there was a prevailing absence of statistical data that also disallowed generalization. Descriptions tended to be sketchy and impressionistic. 2) No control groups were used so that meaningful comparisons could not be made with other patients. 3) Psychoanalytic concepts and theory, without the support of data, were frequently used to justify the various effects of survivor parents on their children. According to Solkoff, the psychoanalytic explanations are little more than speculations. 4) Psychoanalytic studies of survivors are pervaded by psychopathology. This focus on patterns of psychopathology (Heller, 1982; Porter, 1981) deemphasizes adaptive mechanisms of children of survivors, and doesn't consider the possibility that the emotional problems ascribed to children of survivors are "neither as severe, ubiquitous nor uniform as would be predicted by psychoanalytic theory" (Solkoff, 1979). Being a child of a survivor, says Solkoff, "is not necessarily a significant, predisposing condition for the development of psychopathology." In fact "it might be argued that many of these children have become less psychologically vulnerable, more competent and more creative as a result of their intra-familial experiences."

Solkoff (1979) and others also amply criticize the experimental studies done to date. Solkoff notes that: 1) The instruments and measures used are often inadequate (there is a relative absence of multiple measuring instruments (Heller, 1982)). Assessment instruments frequently do not have proven validity and reliability. 2) Studies performed until now generally have not been carefully controlled, and comparison groups have not been appropriate or matched

on relevant variables. There has been a tendency not to supply vital information about and descriptions of the experimental and control groups. This discourages replication. 3) Samples have not been carefully selected to represent the populations about which generalizations are to be made, nor have confounding biases been avoided. 4) Sample sizes have been too small (Heller, 1982; Porter, 1981; Kuperstein, 1981). 5) Huge theoretical leaps have been made, regularly, from inadequately gathered data (Solokoff, 1979).

"If we are to draw (useful diagnostic and therapeutic) implications from (future research) for other groups of offspring of chronically traumatized parents, and if we are to develop realistic intervention and prevention programs, it will be important to adhere, as closely as possible, to the canons of good experimental design" (Solokoff, 1979). In addition to correcting the methodological errors that were enumerated above, Solokoff (1979) feels that a few additional points must be made. He is concerned that by researchers insisting that the Holocaust survivor is unique and different from all other survivors of trauma and their offspring, that "this attitude precludes the composition of adequate comparison groups, which are imperative if one is eventually to be able to demonstrate intergenerational effects of severe psychic stress."

If it is presumed that traumatized parents can adversely affect their children, Solokoff suggests that careful descriptions of family interactions be provided and that both healthy and emotionally upset children within a given family be studied.

Finally, Solokoff (1979) warns that "Investigations cannot con-

tinue to wear psychoanalytic theoretical blinders. The relatively low explanatory power of psychoanalytic theory, with its focus on psychopathology, will have to be complemented with or even replaced by more empirically grounded behavior theories."

CHAPTER III

SUBJECTS, PROCEDURES, AND MEASUREMENT INSTRUMENTS

A - SUBJECTS

The subjects in this study comprised a total sample of 64 individuals. The sample was apportioned into four groups of subjects: two experimental and two control groups. There were sixteen individuals in each group, an equal number of males and females. At least one of the parents in all groups were former German Jewish nationals, or Jewish Nationals of Nazi-occupied countries. Group I (survivor group) consisted of children of at least one survivor of the Concentration Camps. The survivor parent(s) was/were an adolescent(s) (between thirteen and eighteen years of age) when he/she/they entered the Camp between the years 1939 and 1945. Group II (survivor group) also consisted of children of at least one survivor of the Concentration Camps. The parent(s) in question was/were already adult(s) (nineteen years and beyond) when they entered the Concentration Camp in the period 1939 to 1945. If, in Group I, both parents were Concentration Camp survivors, and one parent was an adult while the other was an adolescent at the time of their internment, the age of the mother determined whether the subject would be assigned to Group I or not. The parents of subjects in Group II were all adults when they entered Concentration Camps. In order to qualify as a member of Group I or Group II, the subjects' survivor parent had to have been subjected to at least six months of Concentration Camp internment. A minimum of six months incarceration was chosen in order to be certain that the survivor parent had had significant exposure

to the massive traumatic experience, and to enhance the detection of his/her response to that experience. The data on the periods of imprisonment of Group I parents and Group II parents are presented in Table 1. Subjects in these two groups were selected from several sources. 1) A membership list of a Children of Survivors' Group was obtained from an executive of the organization, and permission was granted to contact individuals on the mailing list. 2) A parents' group affiliated with a New York City Jewish day school was informed of the project, and a number of parents who were children of Holocaust survivors volunteered to participate in the study. 3) Relatives and friends of subjects and contacts with colleagues and acquaintances provided the remainder of the subjects in these two groups. Of the children of survivors who were contacted and met the criteria of the study, 84% agreed to participate. 100% of this group completed all the forms and were interviewed. Those who declined to participate in the study were either pressed for time and were unable to involve themselves in the study because of extensive time commitment necessary, or were doubtful about the use to which the results would be put.

Group III (control group) consisted of at least one parent who left Europe approximately between 1934 and 1941, just prior to the "Final Solution". (Many parents in the control groups spent significant amounts of time in other countries, en route from their homeland.) The parent(s) was/were adolescent(s) (from thirteen to eighteen years of age), between the years 1939 and 1945. Group IV (control group) consisted of children of parent(s) who have the same characteristics as Group I, except that the parent(s) in question was/were already

Table 1

Descriptive Information About the Survivor Parents

| | Subjects' Parents who were Adolescents in Concentration Camps | Subjects' Parents who were Adults in Concentration Camps |
|--------------------------------|---|--|
| <hr/> | | |
| Age Entered Camp (years) | | |
| Range | 13-18 | 19-41 |
| Mean | 15.23 | 24.6 |
| <hr/> | | |
| Length of Stay in Camp (years) | | |
| Range | .5-6.0 | .67-4.5 |
| Mean | 2.69 | 2.24 |
| <hr/> | | |
| In D.P. Camps (%)* | 57.14 | 76.2 |

* The D.P. Camps were organized and run by the United Nations to deal with post-WW II refugees. These camps provided temporary shelter for them. The U.N. supplied legal protection and rehabilitation services (medical and vocational) while the uprooted refugees awaited resettlement.

adult(s) (nineteen years and beyond) in the period 1939 to 1945.

If in Group III, both parents were emigrants from Europe prior to World War II, and one parent was an adolescent between the years 1939 and 1945, while the other parent was an adult during that time period, the age of the mother determined whether the subject would be assigned to Group III or not. The immigrant parents in Group IV were all adults between the years 1939 and 1945.

None of the parents of subjects in either control group was a Concentration Camp survivor. Some of the subjects in the survivor group, however, did have one immigrant parent. The overriding and determining factor as to which group the subject belonged in, in these cases, was the fact that the other parent was a Concentration Camp survivor.

The data comparing control parents and survivor parents are presented in Table 2.

The subjects in the two control groups were solicited from a number of sources. 1) A membership list of the younger members of a Jewish Reformed Congregation in New York City was obtained from the Rabbi of the congregation. After being informed of the general nature of the study, the Rabbi encouraged these members to take part. 2) Friends and relatives of participating subjects and contacts with colleagues, friends and acquaintances were another source of subjects for the comparison groups. 3) Finally, the parents group associated with the Jewish day school that helped supply experimental subjects provided the remainder of the control subjects.

Table 2

Descriptive Data for the Survivor Parents and the Control Group Parents in the Study

| | <u>Adolescents During WW II</u> | | <u>Adults During WW II</u> | |
|----------------------------|---------------------------------|-----------|----------------------------|-----------|
| | Survivor | Control | Survivor | Control |
| <u>Age (years)</u> | | | | |
| Range | 54-63 | 55-61 | 59-81 | 62-83 |
| Mean | 57.9 | 58.35 | 67.0 | 71.48 |
| <u>Birthplace</u> | | | | |
| Central Europe (%) | 14.28 | 90.48 | 19.04 | 82.76 |
| Eastern Europe (%) | 80.95 | --- | 80.95 | 6.90 |
| Other (%) | 4.76 | 9.52 | --- | 10.34 |
| <u>Year Came to U.S.A.</u> | | | | |
| Range | 1947-1957 | 1938-1949 | 1947-1951 | 1934-1941 |
| Mean | 1949 | 1940 | 1948 | 1936 |

Of the potential control subjects who were contacted and met the criteria of the study, 77% agreed to cooperate. 87.5% of this group completed all the forms and were interviewed. An additional three more possible control subjects were contacted to replace those who had dropped out, and all three agreed to take part in the study. These three subjects completed all the forms and were interviewed.

Those individuals who chose not to participate either after the first contact or after they had received the test materials, stated that their work schedules did not allow for their involvement in so time-consuming a project, or that they did not want to indiscriminately reveal themselves to someone they didn't know. Implicit in several of the refusals was the notion that the study and its conclusions were not pertinent to children of those who had not experienced the Holocaust.

The subjects all shared certain background elements. Their parents were products of a relatively common European cultural background, and they all experienced problems of adjustment when they immigrated to the U.S. The subjects themselves were all drawn from large urban areas in the Northeast. Although a much greater proportion of the comparison group parents were Central rather than Eastern European, the match between groups was the closest that could be made. Most of the Jews who emigrated from Europe prior to the Second World War were Central European (mainly German and Austrian). Even this group of Jews is not easy to locate in significant numbers. Comparison of the experimental group with the predominately Central European-origin control group was better than any of the alternatives; i.e., comparison with those who have American-Jewish roots or with those

who have non-Jewish immigrant backgrounds.

The subject selection procedure randomized all the subjects with respect to the following experiential and background factors: the age of the subjects, country of birth, birth order, marital status, education, religious background, location and environments of the subjects' parents after immigration to the U.S., other traumatic experiences in the post-war lives of the subjects' parents or in the lives of the subjects, existence of extended family of the subjects, and the emotional well-being of the subjects and their psychotherapy experiences. The survivor-child subjects were selected randomly with regard to the presence or absence of a D.P. camp in their parents' background, and whether one or both parents endured a Concentration Camp experience. The characteristics of and the descriptive data concerning the experimental and comparison groups are presented in Tables 3, 4, 5 and 6.

Post-hoc analysis of the data revealed that the background factors of education, income, birth order and parents' country of origin did not "confound" the study, i.e., effect the outcome of the study. The presence or absence of a D.P. camp in the background of the survivor childrens' parents, and whether one or both parents were in a Concentration Camp, were examined post-hoc as possible confounding factors as well. It was discovered that these factors also did not influence the results of the study.

Adequately functioning individuals were chosen who were not undergoing any out-of-the-ordinary stress (i.e., death of a loved one, loss of a job, etc.) in order to reduce the possibility that their temporary emotional state would interfere with measurement of the

Table 3

Descriptive Information About Children of Survivors and Control Group Subjects in the Study Sample

| | <u>Parents were Adolescents During WW II</u> | | | | <u>Parents were Adults During WW II</u> | | | |
|---|--|-------|-----------------|-------|---|-------|-----------------|-------|
| | <u>Children of Survivors</u> | | <u>Controls</u> | | <u>Children of Survivors</u> | | <u>Controls</u> | |
| | M* | F* | M* | F* | M* | F* | M* | F* |
| Age (years) | | | | | | | | |
| M | 31.5 | 26.6 | 27.5 | 30.0 | 32.38 | 31.5 | 34.5 | 35.5 |
| Range | 24-36 | 21-32 | 17-37 | 21-33 | 24-37 | 25-36 | 25-41 | 23-43 |
| Live In or Near Cities (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Born in U.S. (%) | 75 | 100 | 100 | 100 | 50 | 50 | 100 | 100 |
| Level of Education Reached | | | | | | | | |
| H.S. Grad. (%) | --- | 12.5 | --- | 12.5 | --- | 12.5 | --- | --- |
| In College (%) | --- | 25 | 12.5 | --- | --- | --- | --- | --- |
| B.A. (%) | 25 | 25 | 50 | 50 | 50 | 12.5 | 25 | 37.5 |
| M.A. (%) | 25 | 25 | 25 | 25 | 37.5 | 62.5 | 50 | 50 |
| Ph.D., M.D. or J.D. (%) | 50 | 12.5 | 12.5 | 12.5 | 12.5 | 12.5 | 25 | 12.5 |
| Income | | | | | | | | |
| Income over 50,000 (%) | 50 | 25 | 37.5 | 37.5 | 0 | 50 | 37.5 | 75 |
| Income of those earn- ing less than 50,000 | | | | | | | | |
| M | 22.5 | 27.5 | 40 | 25.5 | 31.8 | 32.5 | 27.5 | 32.5 |
| S.D. | 4.1 | 4.1 | 8.7 | 7.6 | 8.4 | 13.2 | 12.9 | 14.1 |

*
n = 8

(cont'd...)

Parents were Adolescents During WW II

Parents were Adults During WW II

| | Children of Survivors | | Controls | | Children of Survivors | | Controls | |
|-------------------------------|-----------------------|-------|----------|-------|-----------------------|-----------|----------|-------|
| | M* | F* | M* | F* | M* | F* | M* | F* |
| | M | F | M | F | M | F | M | F |
| # of Siblings | | | | | | | | |
| M | 1.63 | 1.63 | 1.38 | 1.13 | 1.25 | .75 | 1.13 | 1.38 |
| Range | 1-3 | 0-3 | 1-3 | 0-2 | 0-3 | 0-2 | 0-2 | 0-3 |
| Birth Order | | | | | | | | |
| Only Children (%) | ---- | 12.5 | --- | 12.5 | 33.3 | 50 | 12.5 | 25 |
| Youngest (%) | 12.5 | 50 | 42.86 | 12.5 | 16.67 | 12.5 | 37.5 | 37.5 |
| Middle (%) | 12.5 | 25 | 14.29 | --- | 16.67 | 12.5 | --- | 25 |
| Oldest (%) | 75 | 12.5 | 42.86 | 75 | 33.3 | 25.0 | 50 | 12.5 |
| Marital Status | | | | | | | | |
| Married (%) | 37.5 | 25 | 75 | 62.5 | 37.5 | 75 | 50 | 75 |
| Single (%) | 62.5 | 62.5 | 25 | 37.5 | 62.5 | 12.5 | 37.5 | 12.5 |
| Divorced (%) | --- | 12.5 | --- | --- | --- | 12.5 | 12.5 | 12.5 |
| Age Married | | | | | | | | |
| M | 27.5 | 26.0 | 26.5 | 24.8 | 24 | 21.9 | 27 | 25 |
| Range | 24-34 | 21-31 | 24-29 | 21-30 | 23-25 | 18.5-24.5 | 23-31 | 21-29 |
| Are Parents (%) | 25 | 12.5 | 12.5 | 37.5 | 25 | 50 | 50 | 62.5 |
| Are/Were in Psychotherapy (%) | 50 | 25 | 37.5 | 25 | 37.5 | 25 | 37.5 | 62.5 |
| Emotionally Well (%) | 100 | 100 | 75 | 87.5 | 62.5 | 62.5 | 75 | 75 |
| Stressed (%) | 87.5 | 37.5 | 62.5 | 37.5 | 62.5 | 50 | 50 | 62.5 |

*
n = 8

Table 4

Descriptive Data for Children of Survivors and Control Group Children Irrespective of Sex

| | Children of Survivors | | Control Group Children | |
|--|--|---|--|-----------------------------------|
| | Parents were Adolescents in Concentration Camps* | Parents were Adults in Concentration Camps* | Parents were Adolescents During WW II* | Parents were Adults During WW II* |
| Age (years) | | | | |
| M | 29.1 | 31.94 | 28.75 | 35.0 |
| Range | 21-36 | 24-37 | 17-37 | 23-43 |
| Born in U.S. (%) | 87.5 | 50 | 100 | 100 |
| Level of Education Reached | | | | |
| H.S. Grad. (%) | 6.25 | 6.25 | 6.25 | --- |
| In College (%) | 12.5 | --- | 6.25 | --- |
| B.A. (%) | 25 | 31.25 | 50 | 31.25 |
| M.A. (%) | 25 | 50 | 25 | 50 |
| Ph.D., M.D. or J.D. (%) | 31.25 | 12.5 | 12.5 | 18.75 |
| Income | | | | |
| Income over \$50,000 (%) | 37.5 | 25 | 37.5 | 56.25 |
| Income of those earning less than \$50,000 | | | | |
| M | 25 | 31.5 | 31.9 | 27.5 |
| S.D. | 4.6 | 10.2 | 10.7 | 10 |
| # of Siblings | | | | |
| M | 1.63 | 1.0 | 1.26 | 1.23 |
| Range | 0-3 | 0-3 | 0-3 | 0-3 |
| Birth Order | | | | |
| Only Children (%) | 6.25 | 42.86 | 6.67 | 18.75 |
| Youngest (%) | 31.25 | 14.29 | 26.67 | 37.5 |
| Middle (%) | 18.75 | 14.29 | 6.67 | 12.5 |
| Oldest (%) | 43.75 | 28.57 | 60 | 31.25 |
| Marital Status | | | | |
| Married (%) | 31.25 | 56.25 | 43.75 | 62.5 |
| Single (%) | 62.5 | 37.5 | 56.25 | 25 |
| Divorced (%) | 6.25 | 6.25 | --- | 12.5 |
| Age Married | | | | |
| M | 26.86 | 22.5 | 25.29 | 25.91 |
| Range | 21-34 | 18.5-25 | 21-30 | 21-31 |
| Are Parents (%) | 18.75 | 37.5 | 25 | 56.25 |
| Are/Were in Psychotherapy (%) | 37.5 | 31.25 | 31.25 | 50 |
| Emotionally Well (%) | 100 | 62.5 | 81.25 | 75 |
| Stressed (%) | 62.5 | 56.25 | 50 | 56.25 |

* n = 16

Table 5

Descriptive Data for Children of Survivors and Control Group Irrespective of Sex and Age of Parent During WW II

| | Children of Survivors* | Control Group Children* |
|--|------------------------|-------------------------|
| Age (years) | | |
| M | 30.52 | 31.88 |
| Range | 21-37 | 17-43 |
| Born in U.S.A. (%) | 68.75 | 100 |
| Level of Education Reached | | |
| H.S. Grad. (%) | 6.25 | 3.13 |
| In College (%) | 6.25 | 3.13 |
| B.A. (%) | 28.13 | 40.63 |
| M.A. (%) | 37.5 | 37.5 |
| Ph.D., M.D. or J.D. (%) | 21.88 | 15.63 |
| Income | | |
| Income over \$50,000 (%) | 31.25 | 46.88 |
| Income of Those Earning Less than \$50,000 | | |
| M | 28.6 | 30.2 |
| S.D. | 8.7 | 10.3 |
| # of Siblings | | |
| M | 1.32 | 1.25 |
| Range | 0-3 | 0-3 |
| Birth Order | | |
| Only Children (%) | 25.56 | 12.71 |
| Youngest (%) | 22.77 | 32.09 |
| Middle (%) | 16.52 | 9.59 |
| Oldest (%) | 36.16 | 45.63 |
| Marital Status | | |
| Married (%) | 43.75 | 53.13 |
| Single (%) | 50 | 40.63 |
| Divorced (%) | 6.25 | 6.25 |
| Age Married | | |
| M | 24.68 | 25.6 |
| Range | 18.5-34 | 21-31 |
| Are Parents (%) | 28.13 | 40.63 |
| Are/Were in Psychotherapy (%) | 34.38 | 40.63 |
| Emotionally Well (%) | 81.25 | 78.13 |
| Stressed (%) | 59.38 | 53.13 |

* n = 32

Table 6

Distribution of Subjects According to Whether One or Both
Parents Were in Concentration Camps

| | Children of Survivor Parents who were Adolescents in the Concentration Camps* | Children of Survivor Parents who were Adults in the Con- centration Camp* |
|--|--|--|
| Children whose Mother Only was in a Camp (%) | 25.0 (n = 4) | 31.25 (n = 5) |
| Children whose Father Only was in a Camp (%) | 12.5 (n = 2) | 37.5 (n = 6) |
| Children whose Both Parents were in a Camp (%) | 62.5 (n = 10) | 31.25 (n = 5) |

*
n = 16

dependent variables. The similarity of the percentages for experimental and control groups with regard to psychotherapy experience, emotional well-being and feelings of stress testify to the apparent similar level of adjustment of all the subjects.

Issues surrounding the parenting of Holocaust survivors' children have recently been receiving much attention. Many survivors' children, for example, are familiar with Helen Epstein's book Children of the Holocaust which appeared in 1979. This book and related materials may have alerted the subjects to the personality traits associated with being an offspring of a survivor, and to the special problems confronting them. In fact, 69% of the survivor progeny in this study admitted to being familiar with the current literature. A post-hoc analysis of the data showed that children of survivors were only marginally more familiar with Holocaust literature than controls ($p < .10$), and so acquaintance with the material poses no threat to internal validity. This familiarity, however, may be the source of a threat to external validity, which concerns the generalizability of the study to other settings and populations. Had this study been conducted before the publication of Epstein's book and the consequent dissemination of information concerning survivors' children, there might be less concern about whether the results can be generalized to the entire population of offspring of survivors (and not merely to those who, prior to this study, may have been sensitized to issues concerning children of survivors).

An additional threat to external validity is the Hawthorne Effect. This "effect" refers to the subject's tendency to offer a socially desirable test response. In order to protect their parents as well

as themselves, the experimental subjects in this study might have tried to make a strong conscious attempt to cast themselves as "normal", despite any possible differences in their upbringing. So as to minimize this effect and to try to prevent this kind of defensive effort to portray normality (to prove with a vengeance how emotionally healthy they are), the subjects' normality and emotional health were emphasized at all stages of the study.

A final statement is required concerning this study's "population validity" (external validity). Since the experimental groups were selected from a large population of children of survivors, the results can be utilized to provide information about and insights into the general population of survivors' children.

B - PROCEDURE

The potential subjects were initially contacted by telephone, and given a brief description of the study and its purpose. They were informed of the approximate time commitment they would have to make, and that there was no payment for participation in the study. No detailed questions concerning the hypotheses and design of the study were answered. Instead, the prospective participants were promised that when the study was completed, they would be given a summary of the results. They were also informed that should they want to discontinue participation at any point during the study, they were free to do so. The telephone discussion adhered to a standard format as closely as possible.

If the potential subject consented to participate, an interview was arranged for some time during the next several weeks, at a time and location convenient to him/her. The subject was informed that as part of the procedure, the Life History Questionnaire as well as the Personal Attributes Inventory must be completed. They would be mailed to him/her and would reach him/her within the next few days. The subject was requested to complete both measures by the interview date. At the beginning of the interview session, any general questions concerning the study or the assessment devices were addressed. Each subject was required to sign a consent form (Appendix II and III) indicating his/her understanding of the content and purpose of the investigation.

The structured interviews, which were audiotaped and then transcribed, took place at the appointed date, and the assessment devices were collected. Those individuals who had not completed the written

forms by the interview date were requested to finish them as soon as possible. Reminder phone calls were made every two weeks to those who hadn't returned the forms. When the forms were collected an identifying code number was placed on each of them as well as on the transcribed interviews.

C - MEASUREMENT INSTRUMENTS

There were three sources of data in this investigation: the Life History Questionnaire (Appendix I), the Personal Attributes Inventory -- a composite of scales and subscales in booklet form that assess eleven personality variables (Appendix VI) and the Structured Interview (Appendix IV).

LIFE HISTORY QUESTIONNAIRE

The Life History Questionnaire is a variation of the University of Rhode Island's Clinic questionnaire. Many of the original questions were refined and others added in order to meet the needs of this study. The responses to this questionnaire furnished demographic data and other descriptive information pertaining to the background of the subjects and their parents, and added a qualitative dimension to this study.

PERSONAL ATTRIBUTES INVENTORY (PAI)

The following eleven variables were assessed as follows:

- 1) Depression - Subscale, Jackson's Basic Personality Inventory
(20 true-false items)
- 2) Succorance - Subscale, Jackson's Personality Research Form
(20 true-false items)
- 3) Autonomy - Subscale, Jackson's Personality Research Form
(20 true-false items)
- 4) Interpersonal Affect - Subscale, Jackson's Personality Inventory (20 true-false items)

- 5) Innovation - Subscale, Jackson's Personality Inventory (20 true-false items)
- 6) Hypochondriasis - Subscale, Jackson's Basic Personality Inventory (20 true-false items)
- 7) Abasement - Subscale, Jackson's Personality Research Form (20 true-false items)
- 8) Hostility - Buss-Durkee Hostility Guilt Scale (75 true-false items)
- 9) Anxiety - Subscale, Jackson's Personality Inventory (20 true-false items)
- 10) Fear - Geer Fear Survey Schedule (51 items, five point scale), and
- 11) Sexual Identity (masculinity-femininity) - Spence-Helmreich Stapp Personal Attributes Questionnaire (55 items, five choices).

All the true-false questions were randomized, and then broken up into two blocks. Each of the remaining two inventories were given in their entirety, with a block of true-false questions separating these two inventories.

A description of the instruments which comprise the Personal Attributes Inventory and a discussion of the psychometric properties follows.

a) Jackson Personality Inventory (JPI)

1. General Description

The JPI, an objective, self-report personality inventory, was developed to provide a set of measures of personality which have im-

portant implications for an individual's functioning. Jackson chose those personality variables that he considered to be both interesting and useful. In addition, he thought these variables would have the potential for furthering an understanding of the personality functioning of the normal or non-psychopathologically disturbed individual (Jackson, 1976, McReynolds, 1978). Some of the variables resemble those defined by personality and social psychologists after considerable research effort. Others, however, have not been well-investigated.

The JPI was designed for use with non-psychiatric, non-clinical populations of average or above average intelligence and education. Norms for the JPI were established using the responses of 4,000 students, half male and half female, drawn from a total of 43 American institutions of higher learning.

2. Scoring

The JPI is comprised of 320 true-false items divided equally into sixteen 20-item scales. The respondents' task is simply to answer true or false, based on whether they consider the item true of themselves or agree with its content. For each of the 16 scales, $\frac{1}{2}$ of the items are keyed true and $\frac{1}{2}$ are keyed false. The scales were designed in this way in order to minimize the role of a 'yea saying' response set, and to allow definition of each pole of the bipolar scale dimensions with positively worded content (Jackson, 1976). The scales were developed to be bipolar. The direction of scoring for a scale was arbitrarily chosen to be in a particular direction (anxiety could just as easily have been labeled freedom from anxiety). For each scale, then, ten items represent the positive pole of the dimension and ten

items represent the negative pole. The higher the testee's score on a particular scale, the higher his/her position on the dimension underlying the scale. Scores may range from 0 to 20 on each scale. All individuals are believed to possess the personality trait or characteristic to some degree. The higher the score, the greater the probability that the individual will show behavior relevant to the characteristic underlying the score.

With regard to faking and motivated distortion, the characteristics assessed by the JPI are not nearly so evaluative as are the scales found in many personality questionnaires -- particularly those designed to assess psychopathology -- and thus do not lend themselves readily to faking. In addition, in the construction of the test, the desirability component of each item was suppressed in relation to its content component. Items were selected which were considerably more heavily saturated with content variance than with desirability variance. Hence, the relatively lower proportion of desirability variance in JPI items makes "faking good" or "faking bad" more difficult (Jackson, 1976).

3. Psychometric Properties

Jackson provides evidence for the convergent and discriminant validity of the JPI. In particular, the three JPI scales employed in this study, Interpersonal Affect, Innovation and Anxiety, have high validity coefficients, i.e., they correlate well with other measures of these traits.

The reliabilities of the JPI have been investigated. Internal consistency reliability (homogeneity) estimates for the JPI were obtained in two studies. The reliability coefficients for Anxiety

were 0.95 and 0.90, for Innovation, 0.94 and 0.93, and for Interpersonal Affect, 0.92 and 0.90. These values were high.

The Anxiety, Interpersonal Affect and Innovation scales of the JPI (Appendix VII) were used in the researcher's Personal Attributes Inventory (PAI). Following are definitions and descriptions of each of these three variables.

Anxiety: The JPI Anxiety Scale is designed to differentiate individuals in the normal range of anxiety rather than to diagnose severe psychopathology. High scorers on this scale tend to show symptoms often associated with anxiety: worry, apprehension, the state of being easily upset, preoccupation, fearfulness and physical complaints associated with tension. People low on Anxiety are able to remain calm even in stressful situations and are described as easy going, relaxed, composed and collected (McReynolds, 1978). This scale assesses the essentially consistent level of anxiety as it has developed over the course of an individual's lifetime.

Interpersonal Affect: Individuals attaining high scores on this scale are frequently described as identifying closely with other people and their problems, valuing close emotional ties with others, and being concerned about others. They are characterized by defining trait adjectives such as emotional, tender, kind, affectionate, demonstrative, warm-hearted, sympathetic and compassionate (Jackson, 1976). Persons obtaining low scores sometimes have difficulty relating to people, being regarded as emotionally unresponsive to others and aloof. Usually they

prefer impersonal to personal relationships and report little concern or compassion for other people's problems. They may be characterized as unresponsive, distant, hard-hearted, taciturn, unemotional, indifferent and cold (McReynolds, 1978).

Innovation: The purpose of this scale is "to identify a personality dimension that might predispose an individual to seek novel solutions in a variety of situations" (McReynolds, 1978). People receiving high scores often are characterized as persons who tend towards originality of thought, are motivated to develop novel solutions to problems, value new ideas and like to improvise. Defining trait adjectives include original, innovative, ingenious, productive and imaginative. Low scorers usually report little creative motivation, conservative thinking and a partiality towards routine activities. Low scorers are defined as routine, literal, prosaic, sober, practical, deliberate and unimaginative (McReynolds, 1978).

b) Personality Research Form (PRF)

1. General Description

The PRF is another self-report personality inventory developed by Jackson. It was designed to produce a set of scores for personality traits which are broadly applicable to the functioning of persons in many different situations. This device, like the JPI, focuses on the normally functioning individual rather than the psychopathologically disturbed one. The origin of the personality concepts for the PRF was Murray's Variables of Personality. Murray's notions were modified by Jackson in the light of new research evidence and his own redefinitions. The bipolar scales were thus developed by carefully defined, theoretically based conceptions of what each scale should measure (Jackson, 1974).

Norms for the PRF are based upon separate samples of over 1,000 male and over 1,000 female college students. These groups were assembled from over 30 North American colleges and universities.

2. Scoring

The PRF form AA is comprised of 440 true-false items divided equally into twenty-two 20-item scales. The higher the respondent's score on a particular scale, the higher his/her position on the dimension underlying the scale. Scores range from 0 to 20 on each scale. The rationale for the design of the PRF scales is indistinguishable from that of the JPI. (The nature of the personality variables measured in the PRF is different from the JPI, and the JPI has more refined and developed strategies for scale development than the PRF.) In the PRF, as in the JPI, every item is more heavily saturated with content variance than with desirability variance.

3. Psychometric Properties

Evidence is provided by Jackson for the discriminant and convergent validity of the PRF. Specifically, the three PRF scales used in this study; Succorance, Autonomy and Abasement, have high validity coefficients. As a result of discriminant and convergent validity studies, it is possible to treat each PRF scale as distinct, and to have confidence that each is providing a unique contribution to assessment (Jackson, 1974).

Jackson examined the PRF (form AA) scales for stability (test-retest) and for homogeneity (Kuder-Richardson) reliabilities. For Succorance, Autonomy and Abasement the Kuder-Richardson yielded reliability coefficients of 0.80, 0.78 and 0.65 respectively for one sample of 71 subjects, and 0.78, 0.69 and 0.63 respectively for a sample of 202 subjects. The test-retest reliabilities for these same scales were 0.84, 0.77 and 0.75 respectively.

The Succorance, Autonomy and Abasement scales of the PRF (Appendix VIII) were employed in the Personal Attributes Inventory (PAI). The descriptions of these three variables follow.

Succorance: Those achieving high scores on this scale frequently seek the sympathy, protection, love, advice and reassurance of other people; and may feel insecure and helpless without such support. They readily confide difficulties to receptive individuals. The following adjectives are characteristic of the high scorer: trusting, ingratiating, defenseless, help-seeking, pleading, craves affection, requesting, needs protection, confiding, helpless, wants advice, seeks support, appealing for

help, entreating and dependent (Jackson, 1974).

Autonomy: High scorers on Autonomy try to break away from restraints, confinement or restrictions of any kind. They enjoy being unattached and free, and not tied to people, places or obligations. They may be rebellious when faced with restraints. Descriptive adjectives for high scorers include unmanageable, free, self-reliant, independent, autonomous, rebellious, unconstrained, individualistic, ungovernable, self-determined, non-conforming, uncompliant, undominated, resistant, lone-wolf (Jackson, 1974).

Abasement: Persons scoring high on Abasement show a high degree of humility. They accept blame and criticism even when not deserved, and expose themselves to situations where they are in an inferior position. They tend to be self-effacing. Defining trait adjectives are: meek, self-accusing, self-blaming, obsequious, self-belittling, surrendering, resigned, self-critical, humble, apologizing, subservient, obedient, yielding, deferential, and self-subordinating (Jackson, 1974).

c) Basic Personality Inventory (BPI)

1. General Description

The BPI is a structured self-report inventory recently developed by Jackson to be used in clinical settings. The inventory was designed to measure twelve independent personality dimensions that are relevant to psychopathological behavior. The twelve BPI scales were derived from the MMPI and DPI. Jackson asserts that the twelve BPI constructs "represent the important dimensions or basic sources of variation in the general domain of personality dysfunction" (Kilduff and Velicer, undated). Norms for the BPI are currently being established.

2. Scoring

The BPI consists of 240 items divided equally into twelve 20-item bipolar scales. Each scale was balanced for true-false keying (for each scale $\frac{1}{2}$ the items are keyed true and $\frac{1}{2}$ the items are keyed false). The higher the testee's score on a scale, the higher his/her position on the dimension underlying the scale. Scores may range from 0 to 20 on each scale. The relatively low proportion of desirability variance in BPI items was achieved by including in the final scales only those items demonstrating a low association with social desirability.

3. Psychometric Properties

The results regarding the discriminant validity of the BPI scales were mixed (Kilduff and Velicer, undated) and need to be assessed further; especially in the context of a clinical population.

The reliabilities of the BPI have begun to be examined. Internal consistency reliability (homogeneity) estimates were obtained for two samples. The internal consistency coefficients (KR-20) for Hypochon-

driasis were 0.77 for a sample of 124 Junior College subjects and 0.76 for a sample of 168 University subjects. The test-retest reliability coefficient for Hypochondriasis was 0.74. The homogeneity coefficients (KR-20) for Depression were 0.78 for the sample of 124 Junior College subjects and 0.79 for the sample of 168 University subjects. The test-retest reliability coefficient for Depression was 0.85. Adequate reliability for these two variables was demonstrated, and there is reason to believe that it would be even higher for a clinical population. BPI scales, in general, compare favorably with the reliability reported for the MMPI scales (Kilduff and Velicer, undated).

The researcher's Personal Attributes Inventory (PAI) contains two scales from the BPI: Hypochondriasis and Depression (Appendix IX). The descriptions of these variables follow.

Depression: High scorers incline to be down-hearted and show extreme despondency. They consider themselves inadequate, and may be listless and preoccupied. They look at their futures pessimistically. Low scorers, on the other hand, report a usual feeling of confidence, cheerfulness, and persistence, even when experiencing disappointment. They have an optimistic attitude about their futures.

Hypochondriasis: High scorers on Hypochondriasis frequently think they are sick. They complain regularly of peculiar pains or bodily dysfunctions. They discuss such topics, and frequently reveal a preoccupation with their complaints. Low scorers are without excessive bodily concern or preoccupation with physical complaints. Absenteeism due to ill health is likely to be below average.

d) Geer Fear Survey Schedule (FSS-II)

1. General Description

The FSS-II is a self-assessment inventory that refers to specific fear inducing stimuli. It was designed primarily as a research tool, and is modeled after Akutagawa's Fear Survey developed in 1956. The Akutagawa scale was constructed by selecting 50 items that were felt to cover most commonly occurring fears.

FSS-II items were selected on an empirical basis. 76 male and 48 female subjects were administered an open-ended questionnaire on which they were to list their fears. The subjects were instructed to note the intensity of their fears on a 3-point scale, and include fears that involved no actual danger or pain. Altogether the subjects recorded 111 fears. 51 of these fears occurred two or more times. These 51 fears were selected to make up the item pool for the development of the FSS-II. There were eighteen fears in common between this pool and Akutagawa's original list (Geer, 1965).

2. Scoring

The FSS-II consists of the 51 fears that were found two or more times, plus a rating scale for each fear. The rating scale for each item consists of seven descriptions of different intensities of fear. The respondents are instructed to circle, for each item, the word that most nearly describes the amount of fear they feel toward the object or situation noted in the item. The descriptions of intensity are: none, very little, a little, some, much, very much and terror (1=none, 7=terror). Scores may range from 51 to 375. There is a low negative

relation between the FSS-II and social desirability. Most of the variance associated with the FSS-II is not accounted for by social desirability.

3. Psychometric Properties

The author of the inventory analyzed the reliabilities and validities of his instrument using a sample of 161 male and 109 female subjects. The Kuder-Richardson formula was applied, and the overall internal consistency reliability of the FSS-II was 0.939. The female r was 0.928 and the male r was 0.934. Geer's Fear Survey Schedule has high internal consistency reliability. It also correlates significantly (r 's from .39 to .57) with the Taylor Manifest Anxiety Scale and the Welsh A Scale. The studies validating a number of individual items also indicate that the Fear Schedule has good validity (Geer, 1965).

For the purpose of the Geer FSS-II, "fear is considered to be a negative emotional response evoked by a relatively specific stimulus. The difference between fear and anxiety is thus conceptualized as a difference in the specificity of the eliciting stimulus. Fear is a response to a specific stimulus and anxiety a response to a more general or pervasive stimulus" (Geer, 1965). Fears, as measured by the FSS-II, are relatively stable phenomena. According to McReynolds (1968, Vol. I), total scores on the FSS-II reflect overall anxiety. (See Appendix VI. The Geer FSS-II is part I of the PAI.)

e) Buss-Durkee Hostility-Guilt Inventory

1. General Description

Most authors have constructed global tests of hostility or aggression, and while a 'Total Hostility' score is obtainable from this inventory, Buss and Durkee's main intention was to construct a measure evaluating several different types of hostile and aggressive behavior. In addition, they felt that a scale that assesses guilt as a result of the expression of hostility would be useful to include in the inventory.

The items comprising the final form of the inventory were either constructed by the authors, or borrowed from previous inventories and then modified.

The only norms available are for the 85 college males and 88 college females to whom the inventory was first administered. Norms are being collected for clinical populations (Buss & Durkee, 1957).

2. Scoring

The inventory contains 75 items: 60 true items and 15 false items, a ratio of four to one. (The items comprising the inventory are listed in Appendix X; each item is grouped with other items in its scale, and false items are marked "F".) The higher the testee's score on a particular hostility subscale (and on Total Hostility), the higher his position on the dimension underlying the scale.

Social desirability was found to have only a small (but significant) effect on the direction of responding. The smallness of the effect is due to the effort of the constructors of the test to minimize it by a) assuming that anger was present, and inquiring only how it is

expressed, b) providing justification for admitting aggressive acts, and c) including clichés and idioms that would find ready acceptance. The effort was to reduce the influence of social desirability by reducing or eliminating it at the source: the actual wording of the item (Buss & Durkee, 1957).

3. Psychometric Properties

Megargee and Menzies in McReynolds (1971, Vol. II) are of the view that the Buss-Durkee Inventory rests on a stronger foundation than most of the other instruments measuring hostility that have been surveyed. With regard to the validity of the inventory, some correlational studies have been carried out (McReynolds, 1971).

Factor analyses of the scales indicated that there are two principal factors involved, which Buss identifies as aggressiveness and hostility. Others prefer to interpret them as reflecting overt and covert hostility (McReynolds, 1971).

The subclasses of hostility are defined by Buss and Durkee (1957) in the following ways:

- a) Assault: Physical violence against others. This includes getting into fights with others but not destroying objects (10 items).
- b) Indirect Hostility: Both oblique (i.e., gossip and practical jokes) and undirected aggression (i.e., temper tantrums and slamming doors) (9 items).
- c) Irritability: A readiness to explode with negative affect at the least provocation (i.e., quick temper, grouchiness, exasperation and rudeness) (11 items).

- d) Negativism: Oppositional behavior usually directed against authority. There is a refusal to cooperate that varies from passive noncompliance to open rebellion against rules and conventions (5 items).
- e) Resentment: Jealousy, envy, and hatred of others. This refers to a feeling of anger at the world and people over real or fantasied mistreatment (8 items).
- f) Suspicion: Projection of hostility onto others. This ranges from being distrustful and wary of people to beliefs that others are being depreciatory or are planning injury (10 items).
- g) Verbal Hostility: Negative affect expressed in both style and content of speech. Style includes arguing, shouting, and screaming; content includes threats, curses, and being hypercritical (13 items).

Guilt is defined by Buss and Durkee (1957) as: feelings of being bad, having done wrong, or suffering pangs of conscience (9 items).

f) The Spence-Helmreich-Stapp Personal Attributes Questionnaire (PAQ)

1. General Description

The PAQ assesses sex-role stereotypes and masculinity and femininity. Only the portion of the PAQ determining masculinity-femininity (the Self Scale) was administered.

The PAQ is a revision of the Rosencrantz, et al. Sex Role Stereotype Questionnaire (SRSQ). The SRSQ consists of 122 bipolar attributes. Spence et al. found significant sex-role stereotypes (the belief that men and women differ in some specified characteristic) for both male and female subjects on 66 of the SRSQ items. 55 of these were arbitrarily chosen for the PAQ. The self-rating scale is broken down into three subscales: the Male-Valued subscale (23 items), the Female-Valued subscale (18 items), and the Sex-Specific subscale (13 items). The inclusion of Male-Valued and Female-Valued subscales reflects Spence et al.'s notion of masculinity and femininity as being separate dimensions rather than a single bipolar continuum. The Sex-Specific subscale refers to the subjects' conception of the ideal male or female.

Normative data for the PAQ was obtained by administering it to 248 males and 282 female college students at the University of Texas at Austin.

2. Scoring

Respondents were instructed to rate themselves on each of 55 bipolar items (the Self Scale). Each item is presented on a five-point scale and no mention of sex differences is made (this minimizes the subject's stereotypes from influencing self reports). The self-ratings

are scored by first identifying for each item the stereotypically "masculine" pole. Choice of the extreme masculine choice is scored 4. Choice of the adjacent scale point is scored 3, and so on, down to zero.

Correlations with the Marlowe-Crowne Social Desirability Scale were low (Spence et al., 1974).

3. Psychometric Properties

Alpha coefficients were computed for the Total Self score as a measure of internal consistency. Values of 0.73 and 0.91 were obtained for men and women, respectively, on the Self scale. The PAQ has satisfactory homogeneity. Test-retest reliability data are available based on a sample of 31 subjects who retook the PAQ after an interval of approximately 13 weeks. The reliabilities were 0.80 and 0.91 for men and women, respectively, on the Self scale.

After carrying out an analysis of the PAQ, Spence et al. came to the conclusion that the concept of masculinity-femininity is more complex than it has heretofore appeared to be. The previous assumption was that a single bipolar dimension is involved, with masculine behaviors at one extreme and feminine behaviors at the opposite. Spence et al. feel that while men and women differ significantly in masculine/feminine attributes, men differ from women in that they are somewhat more "masculine" on some attributes and somewhat less "feminine" on others. They suggest that femininity and masculinity are separate dimensions which tend to be positively rather than negatively correlated.

As mentioned, the PAQ is composed of three different types of items; Male-Valued, Female-Valued and Sex-Specific. The Male-Valued items are

mainly descriptive of instrumental behaviors and are said to characterize stereotypic men. These "masculine" behaviors concern methods of coping with the external environment and getting things done. The Female-Valued items are descriptive of expressive behaviors, and are more stereotypically characteristic of women. These items concern emotional reactivity and concern for others (Spence et al., 1974). The Sex-Specific items are mixed in content (instrumental and expressive) and assess how stereotypically masculine the ideal male is perceived as being and how stereotypically feminine the ideal female is conceived of being. (The PAQ is reproduced in Appendix VI (PAI), Part III.)

THE STRUCTURED INTERVIEW

1. General Description

The attitudinal variables Alienation, Social Activism and Trust in People were investigated via an approximately hour-long structured interview conducted by the investigator (this potential source of bias was unavoidable) (Appendix IV). Many of the interview questions were adapted from pre-existing attitude scales (found in Robinson & Shaver's Measures of Social Psychological Attitudes, 1973). The rest were constructed by the researcher in order to comprehensively examine the subtleties of the variables in question. In designing the questions, priority was given to clarity of expression and pleasing conversational style. The variable Alienation was conceived of as being made up of four components: powerlessness, social isolation, anomie, and meaninglessness of life (Robinson & Shaver, 1973). Questions were developed to investigate all four elements, and were derived from a wide variety of attitude measures of Alienation. The questions used to explore Trust in People originated mainly in Rosenberg's (1957) Faith in People Scale (Robinson & Shaver, 1973). The Social Activism queries were formulated after examining attitude scales evaluating social responsibility, and abstracting the factors that this attitude variable appeared to be comprised of.

2. Scoring

The Structured Interview is made up of 24 open-ended questions (with follow-up questions designed as probes) which examine the variables. Alienation is investigated by thirteen interview items: Anomie is assayed by four questions and Powerlessness, Meaninglessness of

Life, and Social Isolation are each examined by three questions. Social Activism is explored by six queries, and Faith in People by five. Each of the responses was rated by two independent scorers on a bipolar scale of 100-500 according to carefully designed scoring criteria (Appendix V). The scale for each item consists of five descriptions of how close the response comes to reflecting the variable being assessed. The descriptions are: very little, a little, some, much, very much (100 = very little, 500 = very much).

After all the Alienation responses were independently scored, each component of Alienation (e.g. Anomie) was given a rating by each scorer (by computing the mean of the scores on the responses comprising the component). The mean of these four components was that rater's Alienation score (for a particular subject). Social Activism and Faith in People scores were arrived at by computing the mean of the scores on the responses that make up the attitudinal variable. After scoring was completed by both scorers, deviations in their scoring of more than one hundred scale points on a response, which occurred in only 3.7% of the responses, were discussed in order to arrive at a compromise final score on that response. When the two evaluators differed on a response by one hundred points or less, the mean of the scale scores that each assigned to the response was taken as the final score on the response. Final scores for all the variables and components were recomputed using the final scores for each response.

Scoring using a double-blind paradigm to mitigate the effects of bias were not possible. Firstly, both of the scorers were aware of the purposes of the research. Secondly, although the interview transcriptions were labeled simply by numbers, the Children of Survivors

were asked a probing question that controls were not. (This immediately identified them as Survivors' Children. One of the scorers, however, was ignorant of which Experimental group the subject was in.)

3. Psychometric Properties

The investigator and her dissertation supervisor agreed on the content validity of the questions after they independently examined them (content validity refers to whether the selected test items are truly representative of all possible items in the content area of the property being measured). All the Alienation questions and Trust in People items, and many of the Social Activism queries, were adapted from items on existing measures of social psychological attitudes. The validities of those measures had been previously established.

The internal consistency of the Structured Interview was not formally investigated. The variables were defined systematically, however, and much attention was given to question writing, revising, and editing.

Reliability between the scorers was assessed. The scores independently arrived at by the individual raters on each of the three variables and on each of the components of Alienation were compared. The interrater reliabilities were uniformly high. The Pearson correlations between the two rater's scores for the seven dependent variables were significant at $p < .0009$. The lowest correlation was for Anomie and was .7850. The highest was for Social Activism and was .8849.

Following are descriptions of the attitude variables investigated. The variable Alienation is defined and measured through four different components.

Faith in People (Trust): An individual who has faith in people has confidence in the trustworthiness, honesty, goodness, generosity and brotherliness of people in general (Robinson & Shaver, 1973).

Alienation: An alienated person often feels estranged from the society and the culture that it carries (Robinson & Shaver, 1973).

Anomie: The person who is in a state of anomie experiences normlessness in our society and feels that the norms of proper conduct are not recognized or subscribed to (Robinson & Shaver, 1973).

Powerlessness: People who feel powerless have low expectancies for the control of events. They feel as though they have little control over the occurrences in their environments (Robinson & Shaver, 1973).

Meaninglessness of Life: The person who finds life meaningless experiences existence as senseless, without significance or value.

Social Activism: An individual who scores high on Social Activism is a person who has a sense of social responsibility and an orientation towards helping others even when there is nothing to be gained from them. This individual considers those activities which involve service and help to others as extremely worthwhile. Defining adjectives for Social Activism include: social responsibility, participation-activism, selflessness for a cause, civic-minded, and questioning of authority.

CHAPTER IV

RESULTS

Each of the dependent variables evaluated in the PAI and examined in the Structured Interview was analyzed using a $2 \times 2 \times 2$ analysis of variance. The three-way ANOVA assessed the effects of Camp Experience (Children of Survivors and Controls), Sex (Male and Female), and Developmental Level (Children of parents who were Adolescents during WW II and Children of parents who were Adults during WW II). See Figure 1 for a sketch of this design. Tables 7 and 8 present the means and standard deviations for all the dependent variables investigated at each level of each of the independent variables. Tables 9 and 10 show the means and standard deviations for all the dependent variables at each of the two Developmental Levels and each of the two levels of Camp Experience. Tables 11 and 12 list the means and standard deviations of all the dependent variables at each of the levels of Camp Experience. Tables 13 and 14 give the means and standard deviations of those dependent variables for which a significant main effect other than Camp Experience was found.

The results of the analyses of variance performed on each of the PAI variables are presented first. They are followed by the results for the Structured Interview variables. Results statistically significant at the $<.10$ level are found in Table 15. The $.10$ level of probability was used to evaluate the relevant F-ratios because, in addition to statistically significant differences (at the $.05$ level of significance), the researcher was interested in identifying strong trends. Results which didn't attain the conventional level of signifi-

cance may provide a foundation for follow-up studies. Furthermore, the independent variable, Concentration Camp Experience, is quite complex, and may be affected by a number of other variables. The complicated nature of the independent variable is an additional reason for adopting the .10 significance level.

Of the twenty personality attributes investigated, Children of Survivors were different from Controls on eleven. The investigator's expectation of the direction of the difference was confirmed. In addition, the mean scores on the measures (dependent variables) for which normative data exist, fell within the normal range.

| | | Developmental Level (B) | | | |
|---------------------|--------------------------|--|------------------------|---|------------------------|
| | | <u>B₁</u> (Parents were Adolescents During WW II) | | <u>B₂</u> (Parents were Adults During WW II) | |
| Camp Experience (C) | | <u>C₁</u> | <u>C₂</u> | <u>C₁</u> | <u>C₂</u> |
| | | Children of Survivors | Children of Immigrants | Children of Survivors | Children of Immigrants |
| Sex (A) | A ₁ Male | | | | |
| | A ₂ Female | | | | |

Note: n per cell = 8

Fig. 1. Design Sketch for Three-way ANOVA, for Developmental Level, Camp Experience, and Sex.

Table 7

Means and Standard Deviations of Scores on Personality Measures by Developmental Level, Camp Experience and Sex

| Dependent Variable | Parents were Adolescents During WW II (n = 32) | | | | | | | | Parents were Adults During WW II (n = 32) | | | | | | | |
|----------------------|--|-------|-----------|-------|-------------------|-------|-----------|-------|---|-------|-----------|-------|-------------------|-------|-----------|-------|
| | Children of Survivors (n = 16) | | | | Controls (n = 16) | | | | Children of Survivors (n = 16) | | | | Controls (n = 16) | | | |
| | M (n = 8) | | F (n = 8) | | M (n = 8) | | F (n = 8) | | M (n = 8) | | F (n = 8) | | M (n = 8) | | F (n = 8) | |
| | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. |
| Depression | 2.625 | 2.924 | 2.375 | 1.505 | 3.000 | 2.976 | 1.625 | 2.065 | 3.750 | 2.492 | 3.375 | 3.997 | 2.375 | 1.922 | 2.125 | 2.531 |
| Succorance | 6.250 | 3.615 | 9.500 | 3.545 | 11.25 | 3.284 | 11.00 | 3.338 | 9.375 | 4.240 | 9.129 | 5.540 | 7.375 | 2.445 | 13.00 | 3.116 |
| Autonomy | 6.000 | 3.070 | 5.250 | 3.494 | 4.125 | 3.182 | 2.375 | 1.060 | 8.375 | 4.470 | 5.500 | 3.070 | 6.500 | 4.070 | 3.625 | 1.558 |
| Interpersonal Affect | 11.25 | 3.412 | 13.37 | 5.804 | 11.50 | 3.116 | 15.25 | 2.434 | 11.87 | 3.907 | 14.50 | 3.625 | 10.12 | 3.226 | 12.37 | 3.204 |
| Innovation | 16.37 | 3.502 | 16.37 | 3.248 | 12.12 | 3.399 | 12.50 | 3.891 | 13.62 | 7.405 | 11.62 | 3.739 | 13.50 | 5.424 | 10.12 | 5.055 |
| Hypochondriasis | 2.875 | 1.726 | 4.625 | 4.596 | 3.125 | 2.748 | 1.375 | 2.065 | 4.875 | 2.474 | 6.375 | 4.779 | 3.375 | 2.973 | 3.625 | 2.722 |
| Abasement | 5.125 | 2.031 | 4.750 | 3.453 | 6.375 | 3.583 | 6.250 | 3.575 | 5.625 | 2.722 | 5.750 | 2.712 | 6.625 | 2.875 | 4.625 | 1.767 |
| Anxiety | 11.12 | 3.044 | 9.625 | 3.204 | 7.625 | 3.335 | 12.12 | 3.204 | 11.00 | 3.891 | 10.87 | 4.389 | 9.125 | 3.399 | 9.625 | 2.263 |
| Fear | 145.7 | 46.18 | 132.7 | 32.73 | 151.8 | 15.66 | 170.0 | 43.28 | 161.2 | 36.92 | 168.8 | 42.12 | 148.8 | 37.82 | 163.7 | 24.82 |
| Hostility | 30.62 | 10.29 | 29.25 | 7.245 | 20.37 | 9.117 | 27.25 | 5.946 | 30.62 | 14.48 | 28.12 | 12.29 | 20.37 | 8.863 | 24.25 | 5.238 |
| Assault | 4.375 | 2.199 | 4.000 | 2.070 | 2.500 | 1.414 | 2.500 | 1.603 | 3.875 | 2.295 | 4.125 | 2.416 | 2.125 | 1.385 | 3.500 | 2.203 |
| Indirect | 4.250 | 2.187 | 3.875 | 2.416 | 3.500 | 1.603 | 4.500 | 2.203 | 4.875 | 1.642 | 4.125 | 1.552 | 3.750 | 2.121 | 4.000 | 2.507 |
| Irritability | 5.875 | 2.356 | 5.250 | 2.187 | 3.875 | 1.885 | 5.750 | 2.052 | 6.250 | 4.832 | 5.500 | 3.023 | 4.125 | 2.850 | 5.875 | 1.726 |
| Negativism | 2.000 | 1.603 | 2.625 | 1.407 | 2.000 | 0.925 | 2.000 | 1.414 | 2.625 | 0.916 | 2.625 | 1.685 | 2.000 | 0.755 | 1.500 | 0.534 |
| Resentment | 2.875 | 2.167 | 2.000 | 1.309 | 0.875 | 1.356 | 2.000 | 0.755 | 3.125 | 2.295 | 2.125 | 2.474 | 1.500 | 1.195 | 1.750 | 1.669 |
| Suspicion | 3.500 | 2.000 | 3.500 | 1.690 | 2.125 | 2.100 | 3.125 | 1.552 | 3.875 | 2.167 | 3.000 | 2.828 | 2.000 | 1.309 | 2.500 | 1.414 |
| Verbal | 7.750 | 2.549 | 8.000 | 2.138 | 5.500 | 2.878 | 7.375 | 2.199 | 6.000 | 3.422 | 6.625 | 2.503 | 4.875 | 3.356 | 5.125 | 2.900 |
| Guilt | 3.500 | 1.414 | 2.375 | 1.407 | 2.250 | 1.488 | 3.375 | 2.263 | 3.500 | 2.203 | 4.000 | 1.851 | 2.625 | 1.685 | 3.375 | 1.302 |
| M/F | | | | | | | | | | | | | | | | |
| Male-valued | 67.25 | 9.392 | 64.75 | 8.464 | 58.25 | 8.259 | 63.00 | 7.050 | 59.62 | 9.288 | 54.00 | 7.191 | 69.75 | 7.440 | 59.37 | 11.68 |
| Female-valued | 20.87 | 6.577 | 19.37 | 9.531 | 22.87 | 6.379 | 12.25 | 5.338 | 20.62 | 6.209 | 17.50 | 5.879 | 21.87 | 11.43 | 17.25 | 7.592 |
| Ser-specific | 28.87 | 5.938 | 26.25 | 4.773 | 27.00 | 4.780 | 24.75 | 6.088 | 23.75 | 3.693 | 21.25 | 6.296 | 30.62 | 3.739 | 21.87 | 5.221 |

Table 8

Means and Standard Deviations of Scores on Variables Investigated by Structured Interview by Developmental Level, Camp Experience and Sex

| Dependent Variable | <u>Parents were Adolescents During WW II (n = 32)</u> | | | | | | | | <u>Parents were Adults During WW II (n = 32)</u> | | | | | | | |
|-------------------------|---|-------|------------------|-------|-------------------|-------|------------------|-------|--|-------|------------------|-------|-------------------|-------|------------------|-------|
| | Children of Survivors (n = 16) | | | | Controls (n = 16) | | | | Children of Survivors (n = 16) | | | | Controls (n = 16) | | | |
| | <u>M</u> (n = 8) | | <u>F</u> (n = 8) | | <u>M</u> (n = 8) | | <u>F</u> (n = 8) | | <u>M</u> (n = 8) | | <u>F</u> (n = 8) | | <u>M</u> (n = 8) | | <u>F</u> (n = 8) | |
| | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. |
| Alienation | 257.3 | 40.60 | 275.3 | 35.16 | 239.3 | 31.75 | 266.8 | 60.33 | 311.8 | 36.21 | 269.0 | 68.80 | 261.6 | 22.92 | 267.0 | 45.72 |
| Anomie | 269.1 | 45.63 | 280.6 | 61.63 | 221.2 | 25.22 | 267.2 | 53.52 | 288.5 | 59.23 | 261.8 | 90.93 | 237.7 | 61.44 | 259.6 | 39.92 |
| Powerlessness | 260.3 | 83.35 | 287.3 | 92.01 | 239.5 | 45.59 | 278.1 | 51.38 | 326.3 | 43.60 | 277.0 | 70.51 | 327.1 | 52.82 | 298.1 | 50.99 |
| Isolation | 271.8 | 67.87 | 286.3 | 53.89 | 281.2 | 71.45 | 275.0 | 78.24 | 321.8 | 59.53 | 283.3 | 98.65 | 247.0 | 82.52 | 262.0 | 133.0 |
| Meaninglessness of Life | 227.0 | 72.31 | 245.7 | 34.41 | 215.7 | 52.24 | 247.0 | 98.41 | 310.5 | 116.3 | 249.0 | 55.79 | 234.3 | 69.39 | 247.7 | 75.61 |
| Social Activism | 264.0 | 90.27 | 278.2 | 73.38 | 339.3 | 64.30 | 283.2 | 87.12 | 306.3 | 90.56 | 290.7 | 73.16 | 277.6 | 69.73 | 252.2 | 119.1 |
| Trust | 240.0 | 45.35 | 255.0 | 64.36 | 325.0 | 43.09 | 244.3 | 35.39 | 251.5 | 82.04 | 256.2 | 48.67 | 292.1 | 53.71 | 277.5 | 93.46 |

Table 9

Means and Standard Deviations of Scores on Personality Measures by Developmental Level and Camp Experience

| Dependent Variable | <u>Children of Survivors*</u> | | | | <u>Control Group Children*</u> | | | |
|----------------------|--|-------|---|-------|---|-------|--|-------|
| | Parents were Adolescents in Concentration Camp** | | Parents were Adults in Concentration Camp** | | Parents were Adolescents During WW II** | | Parents were Adults During WW II** | |
| | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. |
| Depression | 2.500 | 2.250 | 3.562 | 3.224 | 2.312 | 2.574 | 2.250 | 2.175 |
| Succorance | 7.875 | 3.844 | 9.250 | 4.767 | 11.12 | 3.201 | 10.18 | 3.970 |
| Autonomy | 5.625 | 3.201 | 6.937 | 3.991 | 3.250 | 2.463 | 5.062 | 2.986 |
| Interpersonal Affect | 12.31 | 4.728 | 13.18 | 3.885 | 13.37 | 3.324 | 11.25 | 3.316 |
| Innovation | 16.37 | 3.263 | 12.67 | 5.750 | 12.31 | 3.535 | 11.81 | 5.356 |
| Hypochondriasis | 3.750 | 3.473 | 5.625 | 3.757 | 2.250 | 2.516 | 3.500 | 2.756 |
| Ahasement | 4.937 | 2.743 | 5.687 | 2.626 | 6.312 | 3.458 | 5.625 | 2.526 |
| Anxiety | 10.37 | 3.117 | 10.99 | 4.007 | 9.875 | 3.922 | 9.375 | 2.801 |
| Fear | 139.2 | 39.25 | 165.1 | 38.46 | 160.9 | 32.80 | 156.3 | 31.84 |
| Hostility | 29.93 | 8.629 | 29.37 | 13.04 | 23.81 | 8.239 | 22.31 | 8.971 |
| Assault | 4.187 | 2.072 | 4.000 | 2.280 | 2.500 | 1.460 | 2.812 | 2.104 |
| Indirect | 4.062 | 2.235 | 4.500 | 1.591 | 4.000 | 1.932 | 3.875 | 2.247 |
| Irritability | 5.562 | 2.220 | 5.875 | 3.913 | 4.812 | 2.136 | 5.000 | 2.449 |
| Negativism | 2.312 | 1.493 | 2.625 | 1.310 | 2.000 | 1.154 | 1.750 | 0.683 |
| Resentment | 2.437 | 1.787 | 2.625 | 2.362 | 1.437 | 1.209 | 1.625 | 1.408 |
| Suspicion | 3.500 | 1.788 | 3.437 | 2.475 | 2.625 | 1.857 | 2.250 | 1.341 |
| Verbal | 7.875 | 2.276 | 6.312 | 2.914 | 6.437 | 2.657 | 5.000 | 3.033 |
| Guilt | 2.937 | 1.481 | 3.750 | 1.983 | 2.812 | 1.939 | 3.000 | 1.505 |
| M/F | | | | | | | | |
| Male-Valued | 66.00 | 8.733 | 56.81 | 8.534 | 60.62 | 7.813 | 64.56 | 10.87 |
| Female-Valued | 20.12 | 7.948 | 19.06 | 6.060 | 17.56 | 7.899 | 19.56 | 9.674 |
| Sex-Specific | 27.68 | 5.347 | 22.41 | 5.128 | 25.87 | 5.414 | 26.25 | 6.298 |

* n = 32

** n = 16

Table 10

Means and Standard Deviations of Scores on Variables Investigated by
Structured Interview by Developmental Level and Camp Experience

| Dependent Variable | <u>Children of Survivors</u> [*] | | | | <u>Control Group Children</u> [*] | | | |
|-------------------------|--|--------|---|--------|---|--------|--|--------|
| | Parents were Adolescents in Concentration Camp ^{**} | | Parents were Adults in Concentration Camp ^{**} | | Parents were Adolescents During WW II ^{**} | | Parents were Adults During WW II ^{**} | |
| | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. | \bar{X} | S.D. |
| Alienation | 266.37 | 37.852 | 290.43 | 57.545 | 253.12 | 48.692 | 264.31 | 35.049 |
| Anomie | 274.87 | 52.728 | 275.18 | 75.402 | 244.25 | 46.883 | 248.68 | 51.315 |
| Powerlessness | 273.87 | 85.953 | 301.68 | 62.109 | 258.81 | 50.990 | 312.62 | 56.624 |
| Isolation | 279.12 | 56.679 | 302.62 | 81.187 | 278.12 | 72.459 | 254.81 | 90.523 |
| Meaninglessness of life | 236.37 | 55.556 | 279.75 | 93.691 | 231.37 | 77.808 | 241.06 | 70.953 |
| Social Activism | 271.12 | 79.813 | 298.56 | 79.941 | 311.31 | 79.473 | 284.93 | 94.611 |
| Trust | 247.50 | 54.344 | 253.37 | 65.804 | 284.68 | 56.418 | 287.81 | 74.408 |

*
n = 32

**
n = 16

Table 11

Means and Standard Deviations of Scores on
Personality Measures by Camp Experience

| Dependent Variable | <u>Children of Survivors*</u> | | <u>Control Group Children*</u> | |
|----------------------|-------------------------------|-------|--------------------------------|-------|
| | \bar{X} | S.D. | \bar{X} | S.D. |
| Depression | 3.031 | 2.788 | 2.281 | 2.345 |
| Succorance | 8.562 | 4.317 | 10.65 | 3.579 |
| Autonomy | 6.281 | 3.621 | 4.156 | 3.027 |
| Interpersonal Affect | 12.75 | 4.280 | 12.31 | 3.440 |
| Innovation | 14.50 | 4.983 | 12.06 | 4.471 |
| Hypochondriasis | 4.687 | 3.684 | 2.875 | 2.673 |
| Abasement | 5.312 | 2.669 | 5.968 | 2.999 |
| Anxiety | 10.65 | 3.543 | 9.625 | 3.362 |
| Fear | 152.1 | 40.41 | 158.6 | 31.89 |
| Hostility | 29.65 | 10.88 | 23.06 | 8.507 |
| Assault | 4.093 | 2.145 | 2.656 | 1.789 |
| Indirect | 4.281 | 1.921 | 3.937 | 2.062 |
| Irritability | 5.718 | 3.133 | 4.906 | 2.262 |
| Negativism | 2.468 | 1.390 | 1.875 | 0.941 |
| Resentment | 2.531 | 2.063 | 1.531 | 1.294 |
| Suspicion | 3.468 | 2.124 | 2.437 | 1.605 |
| Verbal | 7.093 | 2.692 | 5.718 | 2.898 |
| Guilt | 3.343 | 1.770 | 2.906 | 1.710 |
| M/F | | | | |
| Male-Valued | 61.40 | 9.692 | 62.59 | 9.527 |
| Female-Valued | 19.59 | 6.974 | 18.56 | 8.747 |
| Sex-Specific | 25.04 | 5.810 | 26.06 | 5.781 |

*
n = 32

Table 12

Means and Standard Deviations of Scores on Variables Investigated by Structured Interview by Camp Experience

| Dependent Variable | <u>Children of Survivors</u> * | | <u>Control Group Children</u> * | |
|----------------------------|--------------------------------|--------|---------------------------------|--------|
| | \bar{X} | S.D. | \bar{X} | S.D. |
| Alienation | 278.40 | 49.447 | 258.71 | 42.118 |
| Anomie | 275.03 | 64.002 | 246.46 | 48.402 |
| Powerlessness | 287.78 | 75.106 | 285.71 | 59.639 |
| Isolation | 290.87 | 71.100 | 266.46 | 81.521 |
| Meaninglessness of life | 258.06 | 78.907 | 236.21 | 73.413 |
| Social Activism | 284.84 | 79.805 | 298.12 | 86.988 |
| Trust | 250.68 | 59.454 | 286.25 | 64.974 |

*
n = 32

Table 13

Means and Standard Deviations of Scores on Personality Measures for which a Significant Main Effect of Sex was Found

| Dependent Variable | Male Subjects* | | Female Subjects* | |
|----------------------|----------------|-------|------------------|-------|
| | \bar{X} | S.D. | \bar{X} | S.D. |
| Succorance | 8.563 | 3.818 | 10.65 | 3.575 |
| Autonomy | 6.250 | 3.877 | 4.188 | 2.717 |
| Interpersonal Affect | 11.18 | 3.326 | 13.87 | 3.933 |
| Female-Valued (M/F) | 21.56 | 7.616 | 16.59 | 7.415 |
| Sex-Specific (M/F) | 27.56 | 5.105 | 23.53 | 5.742 |

*
n = 32

Table 14

Means and Standard Deviations of Scores on Personality Measures for which a Significant Main Effect of Developmental Level was Found

| Dependent Variable | Children of Parents who were Adolescents During WW II* | | Children of Parents who were Adults During WW II* | |
|--------------------|--|-------|---|-------|
| | \bar{X} | S.D. | \bar{X} | S.D. |
| Autonomy | 4.438 | 3.058 | 6.000 | 3.742 |
| Innovation | 14.34 | 3.932 | 12.21 | 5.488 |
| Verbal (Hostility) | 7.156 | 2.541 | 5.656 | 3.001 |
| Hypochondriasis | 3.000 | 3.079 | 4.563 | 3.417 |
| Sex-Specific (M/F) | 26.71 | 5.378 | 24.37 | 5.972 |
| Powerlessness | 266.3 | 69.93 | 307.1 | 58.72 |

*
n = 32

Table 15

Results Statistically Significant at Less than the .10 Level*

| Dependent Variables | Independent Variables** | F | P-Value |
|----------------------|-------------------------|-------|---------|
| Autonomy | A | 6.687 | .012 |
| | B | 3.838 | .055 |
| | C | 7.098 | .010 |
| Succorance | A | 5.012 | .029 |
| | C | 5.012 | .029 |
| | A × B × C | 6.281 | .015 |
| Innovation | B | 3.335 | .073 |
| | C | 4.388 | .041 |
| Interpersonal Affect | A | 8.399 | .005 |
| Hostility | C | 6.941 | .011 |
| Assault | C | 7.963 | .007 |
| Irritability | A × C | 3.241 | .077 |
| Negativism | C | 3.777 | .057 |
| Resentment | C | 5.240 | .026 |
| | A × C | 3.459 | .068 |
| | C | 4.524 | .038 |
| Suspicion | C | 4.524 | .038 |
| Verbal | B | 4.656 | .035 |
| | C | 3.912 | .053 |
| Hypochondriasis | B | 3.851 | .055 |
| | C | 5.182 | .027 |
| Anxiety | A × C | 3.516 | .066 |
| Male-valued | A × B | 4.385 | .041 |
| | B × C | 9.071 | .004 |
| Female-valued | A | 6.799 | .012 |
| Sex-specific | A | 9.788 | .003 |
| | B | 3.309 | .074 |
| | B × C | 4.452 | .039 |
| Alienation | C | 3.063 | .086 |
| | A × B | 3.403 | .070 |
| Anomie | C | 3.936 | .052 |
| Powerlessness | B | 6.384 | .014 |
| | A × B | 4.967 | .030 |
| Trust | C | 5.361 | .024 |
| | A × C | 3.879 | .054 |
| Fear | B × C | 2.907 | .094 |

* The degrees of freedom for the F statistic are 1 and 56.

** The main effect of the independent variable Sex is represented by A.
 The main effect of the independent variable Developmental Level is represented by B.
 The main effect of the independent variable Camp Experience is represented by C.
 Interactions are represented by X.

DEPENDENT VARIABLES COMPRISING THE PAI

Autonomy

A significant main effect was obtained for Camp Experience ($F = 7.098$, $df = 1/56$, $p = .01$), Sex ($F = 6.687$, $df = 1/56$, $p < .05$). A main effect trend was present for Developmental Level ($F = 3.838$, $df = 1/56$, $p < .06$). Children of Concentration Camp Survivors were significantly more autonomous than Controls. Males were more autonomous than Females, and Children of parents who were Adults during WW II were somewhat more autonomous than Children of those who were Adolescents during WW II (see Appendix XI).

Succorance

The three-way ANOVA revealed a significant main effect for Camp Experience ($F = 5.012$, $df = 1/56$, $p < .05$) and Sex ($F = 5.02$, $df = 1/56$, $p < .05$). Children of Concentration Camp Survivors had a significantly lower mean on succorance than Control group children. Women had a higher mean than men on succorance. The second-order interaction of Camp Experience, Sex and Developmental Level was also significant ($F = 6.281$, $df = 1/56$, $p < .05$) (see Appendix XI).

An investigation of simple effects was conducted by using independent samples t-tests to compare the means for eight groups (each of which constitutes a cell in the basic experimental design): Male Children of Survivors whose parents were Adolescents during WW II, Male Controls whose parents were Adolescents during WW II, Male Children of Survivors whose parents were Adults during WW II, Male Controls whose parents were Adults during WW II, Female Children of Survivors whose

parents were Adults during WW II, Female Children of Survivors whose parents were Adolescents during WW II, Female Controls whose parents were Adults during WW II, and Female Controls whose parents were Adolescents during WW II. Tables 16, 17 and 18 summarize the data upon which the various t-tests were performed.

Table 16

Mean Succorance Scores for Children of Survivors and Controls at Each Level of Sex and Developmental Level

| Sex | <u>Parents were Adults During WW II (n = 32)</u> | | <u>Parents were Adolescents During WW II (n = 32)</u> | |
|---------|--|-------------------|---|-------------------|
| | Children of Survivors (n = 16) | Controls (n = 16) | Children of Survivors (n = 16) | Controls (n = 16) |
| Males | 9.38 | 7.38 | 6.25 | 11.25 |
| Females | 9.13 | 13.00 | 9.50 | 11.00 |

Note: n per cell = 8

Table 17

Mean Succorance Scores for Males and Females at Each Level of Camp Experience and Developmental Level

| Camp Experience | <u>Parents were Adults During WW II (n = 32)</u> | | <u>Parents were Adolescents During WW II (n = 32)</u> | |
|-----------------------|--|------------------|---|------------------|
| | Males (n = 16) | Females (n = 16) | Males (n = 16) | Females (n = 16) |
| Children of Survivors | 9.38 | 9.13 | 6.25 | 9.50 |
| Controls | 7.38 | 13.00 | 11.25 | 11.00 |

Note: n per cell = 8

Table 18

Mean Succorance Scores for Developmental Level
at Each Level of Camp Experience and Sex

| Camp Experience | <u>MALES (n = 32)</u> | | <u>FEMALES (n = 32)</u> | |
|-----------------------|---|--|---|--|
| | Parents were Adults During WW II (n = 16) | Parents were Adolescents During WW II (n = 16) | Parents were Adults During WW II (n = 16) | Parents were Adolescents During WW II (n = 16) |
| Children of Survivors | 9.38 | 6.25 | 9.13 | 9.50 |
| Controls | 7.38 | 11.25 | 13.00 | 11.00 |

Note: n per cell = 8

The tests revealed a simple effect ($p < .01$) of Camp Experience for male children of individuals who were adolescents during WW II. Male Children of Survivors whose parents were Adolescents during WW II had significantly lower scores on Succorance than Male Controls whose parents were Adolescents during WW II. No other significant simple effects of Camp Experience were found (see Table 16, Figure 2, and Table 19). The significant difference between the means of Male Children of Survivors whose parents were Adolescents during WW II and Male Controls whose parents were Adolescents during WW II accounts for the main effect of Camp Experience.

In addition, there is a significant simple effect ($p < .001$) of Sex for Controls whose parents were Adults during WW II (see Table 17, Figure 3, and Table 19). Females had a significantly higher mean than Males. Since no other significant simple effects of Sex were obtained,

Table 19

Simple Effects Tests on the Second-Order Interaction
of Camp Experience × Sex × Developmental Level
for the Dependent Variable Succorance

| Comparison of Groups on Mean Succorance Score* | t | Probability |
|---|------|-------------|
| M S Adults and M C Adults | 1.08 | N.S. |
| F S Adults and F C Adults | 1.61 | N.S. |
| M S Adolesc. and M C Adolesc. | 2.71 | p < .01 |
| F S Adolesc. and F C Adolesc. | 0.82 | N.S. |
| M S Adults and F S Adults | 0.09 | N.S. |
| M C Adults and F C Adults | 3.76 | p < .001 |
| M S Adolesc. and F S Adolesc. | 1.70 | N.S. |
| M C Adolesc. and F C Adolesc. | 0.14 | N.S. |
| M S Adults and M S Adolesc. | 1.48 | N.S. |
| M C Adults and M C Adolesc. | 2.50 | p < .05 |
| F S Adults and F S Adolesc. | 0.15 | N.S. |
| F C Adults and F C Adolesc. | 1.16 | N.S. |

Note: d.f. = 14
n per cell = 8

- *
M S Adults = Male Children of Survivors whose parents were Adults during WW II.
M C Adults = Male Controls whose parents were Adults during WW II.
F S Adults = Female Children of Survivors whose parents were Adults during WW II.
F C Adults = Female Controls whose parents were Adults during WW II.
M S Adolesc. = Male Children of Survivors whose parents were Adolescents during WW II.
M C Adolesc. = Male Controls whose parents were Adolescents during WW II.
F S Adolesc. = Female Children of Survivors whose parents were Adolescents during WW II.
F C Adolesc. = Female Controls whose parents were Adolescents during WW II.

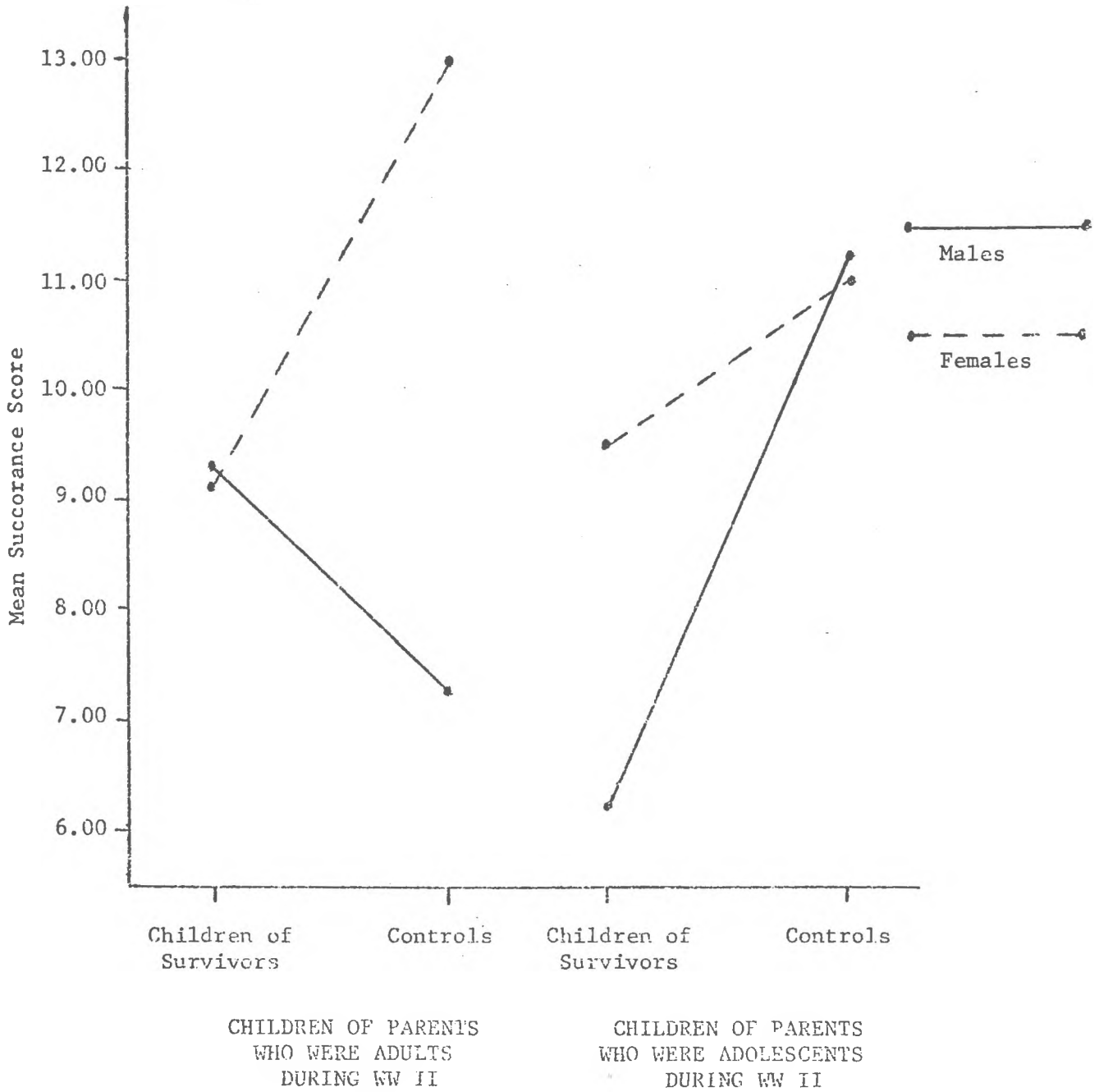


Figure 2. Succorance scores as a function of Camp Experience and Sex at both Developmental Levels.

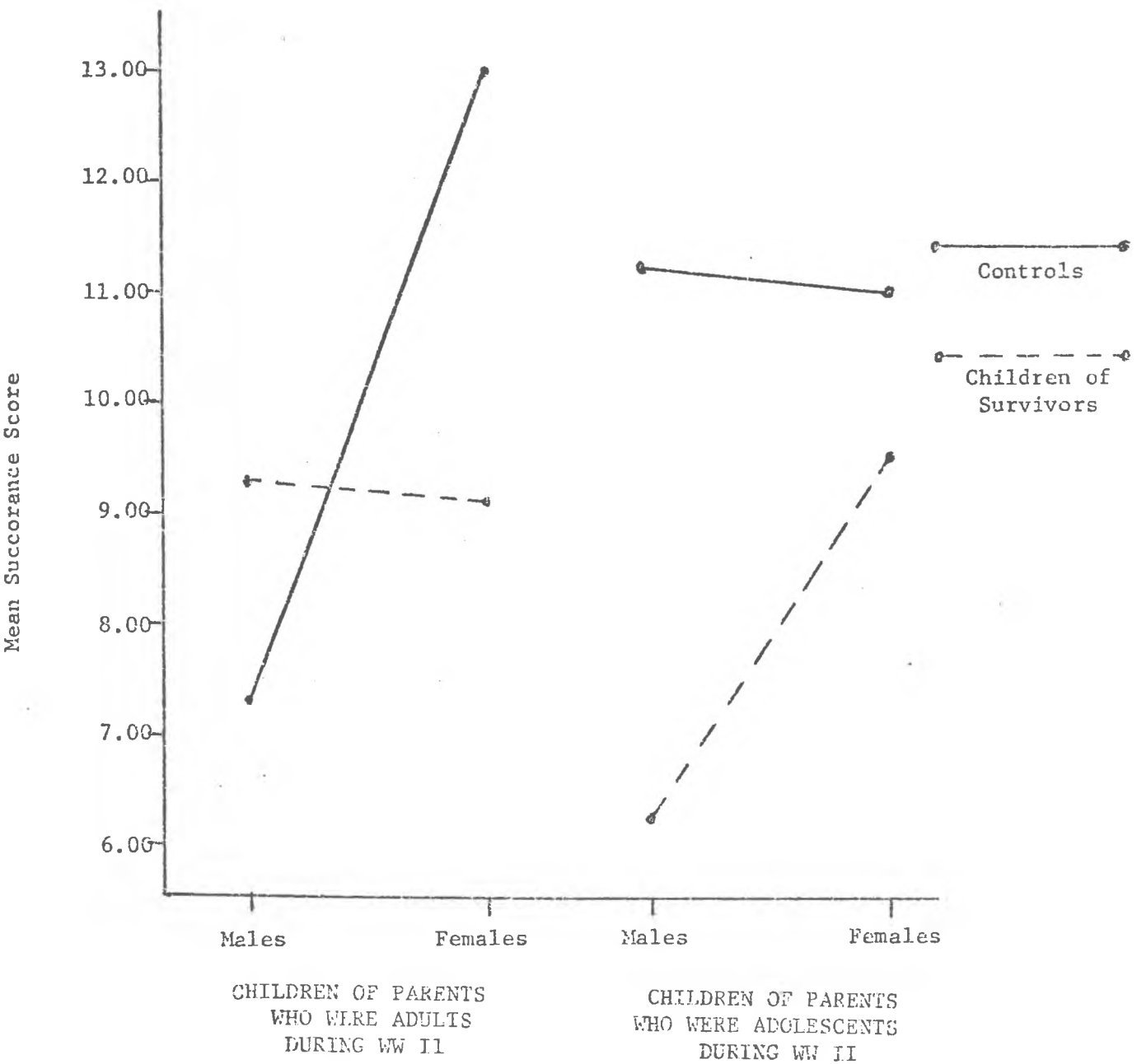


Figure 3. Succorance scores as a function of Sex and Camp Experience at both Developmental Levels.

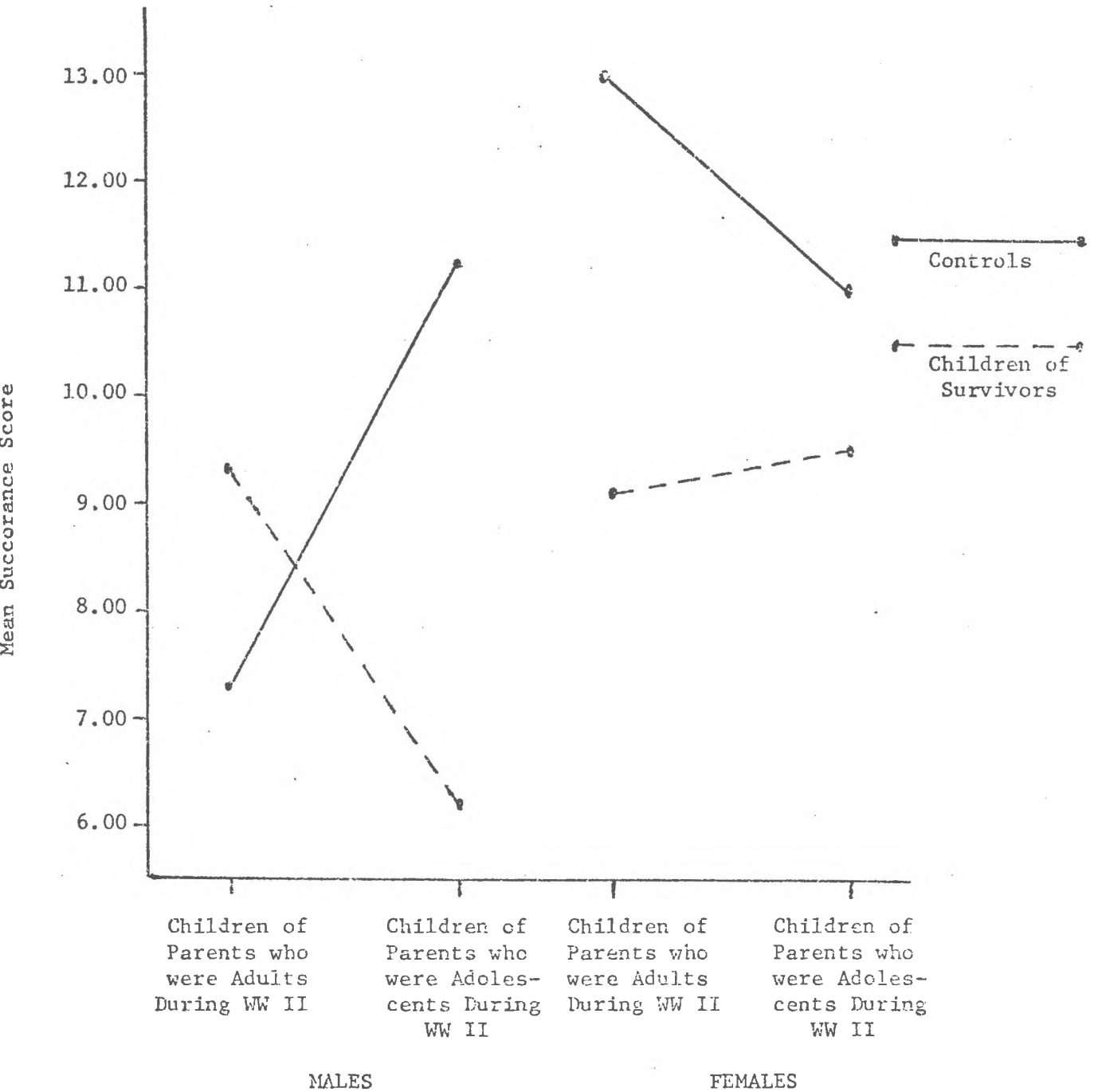


Figure 4. Succorance scores as a function of Developmental Level and Camp Experience at each Level of Sex.

the large difference between the means of Male and Female Controls whose parents were Adults during WW II accounts for the main effect of Sex.

Finally, the analysis of the second-order interaction showed a significant simple effect ($p < .05$) of Developmental Level for Male Controls. Male Controls whose parents were Adolescents during WW II had a significantly higher mean on Succorance than Male Controls whose parents were Adults during WW II. No other significant simple effects of Developmental Level were obtained (see Table 18, Figure 4, Table 19).

Innovation

A significant main effect was obtained for Camp Experience ($F = 4.388$, $df = 1/56$, $p < .05$). This indicated that Concentration Camp Survivors' Children were more innovative than Controls. A main effect trend was present for Developmental Level ($F = 3.325$, $df = 1/56$, $p < .1$). Children of parents who were Adolescents during WW II were marginally more innovative than Children of parents who were Adults during WW II (see Appendix XI).

Interpersonal Affect

A significant main effect was obtained for Sex ($F = 8.399$, $df = 1/56$, $p < .01$). Women had a higher mean than men on interpersonal affect (see Appendix XI).

Hostility

A significant main effect was obtained for Camp Experience ($F = 6.941$, $df = 1/56$, $p < .05$). Children of Concentration Camp Survivors were more hostile than controls (see Appendix XI).

Assault (Hostility Subscale)

A significant main effect was obtained for Camp Experience ($F = 7.963$, $df = 1/56$, $p < .01$). Children of Concentration Camp Survivors had a higher mean than controls on assault (see Appendix XII).

Irritability (Hostility Subscale)

A marginal Sex \times Camp Experience interaction was obtained ($F = 3.241$, $df = 1/56$, $p < .1$) (see Appendix XII).

Negativism (Hostility Subscale)

A main effect trend was present for Camp Experience ($F = 3.777$, $df = 1/56$, $p < .06$). Children of Concentration Camp Survivors were somewhat more oppositional than controls (see Appendix XII).

Resentment (Hostility Subscale)

A significant main effect was obtained for Camp Experience ($F = 5.240$, $df = 1/56$, $p < .05$). Children of Survivors were more resentful of others than controls. A marginal Sex \times Camp Experience interaction was obtained ($F = 3.459$, $df = 1/56$, $p < .1$) (see Appendix XII).

Suspicion (Hostility Subscale)

A significant main effect was obtained for Camp Experience ($F = 4.524$, $df = 1/56$, $p < .05$). Children of Concentration Camp Survivors are more wary and suspicious than controls (see Appendix XII).

Verbal (Hostility Subscale)

A main effect trend was present for Camp Experience ($F = 3.912$, $df = 1/56$, $p < .06$). Children of Concentration Camp Survivors expressed somewhat more verbal hostility than controls (see Appendix XII).

Hypochondriasis

A significant main effect was obtained for Camp Experience ($F = 5.182$, $df = 1/56$, $p < .05$). Children of Concentration Camp Survivors are more hypochondriacal than Controls. A main effect trend was present for Developmental Level ($F = 3.851$, $df = 1/56$, $p < .06$). Children of parents who were Adults during WW II were somewhat more hypochondriacal than Children of those who were Adolescents during WW II (see Appendix XI).

Anxiety

A Sex \times Camp Experience interaction trend was obtained ($F = 3.516$, $df = 1/56$, $p < .07$). An investigation of simple effects was conducted by using independent samples t-tests to compare the means for the four groups: Male Children of Survivors, Male Controls, Female Children of Survivors, and Female Controls. The tests revealed a significant simple main effect ($p < .05$) of Camp Experience for Males, but not for Females (see Table 20 and Figure 5). Male Children of Survivors are significantly more anxious than Male Controls. In addition, there is a significant simple main effect ($p < .05$) of Sex for Control subjects, but not for Survivors' Children (see Table 21 and Figure 6). Female Controls were significantly more anxious than Male Controls (see Appendix XI).

Table 20

Simple Effects Tests on the Interaction of Camp Experience at Each Level of Sex for the Dependent Variable Anxiety

| Camp Experience | Sex | t | Probability |
|---|---------|-------|-------------|
| Across Children of Survivors and Controls | Males | 2.190 | <.05 |
| | Females | .469 | N.S. |

Note: d.f. = 30
n per cell = 16

Table 21

Simple Effects Tests on the Interaction of Sex at Each Level of Camp Experience for the Dependent Variable Anxiety

| Sex | Camp Experience | t | Probability |
|---------------------------|-----------------------|-------|-------------|
| Across Male and Female | Children of Survivors | .605 | N.S. |
| | Controls | 1.988 | <.05 |

Note: d.f. = 30
n per cell = 16

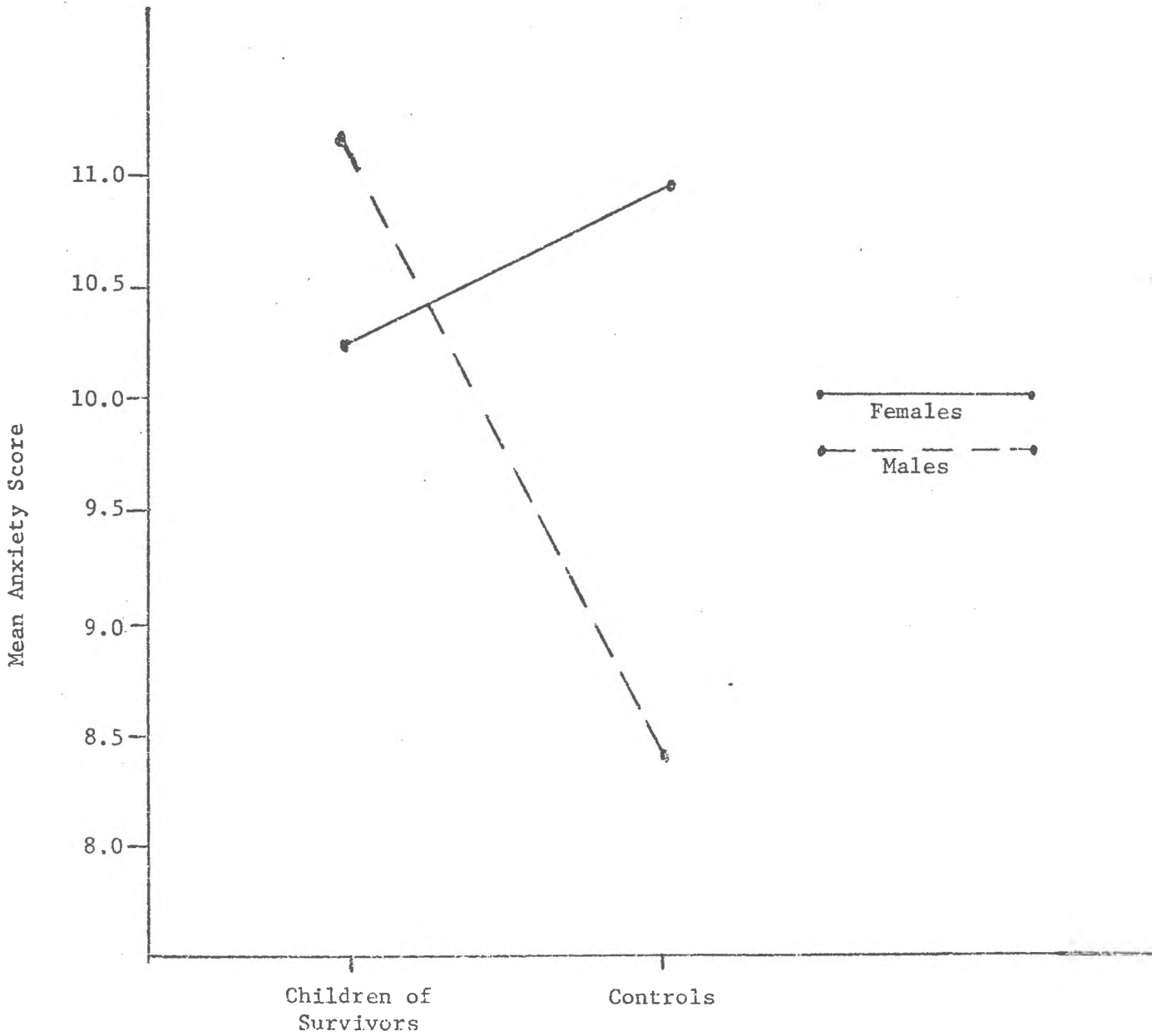


Figure 5. Anxiety scores as a function of Camp Experience and Sex.

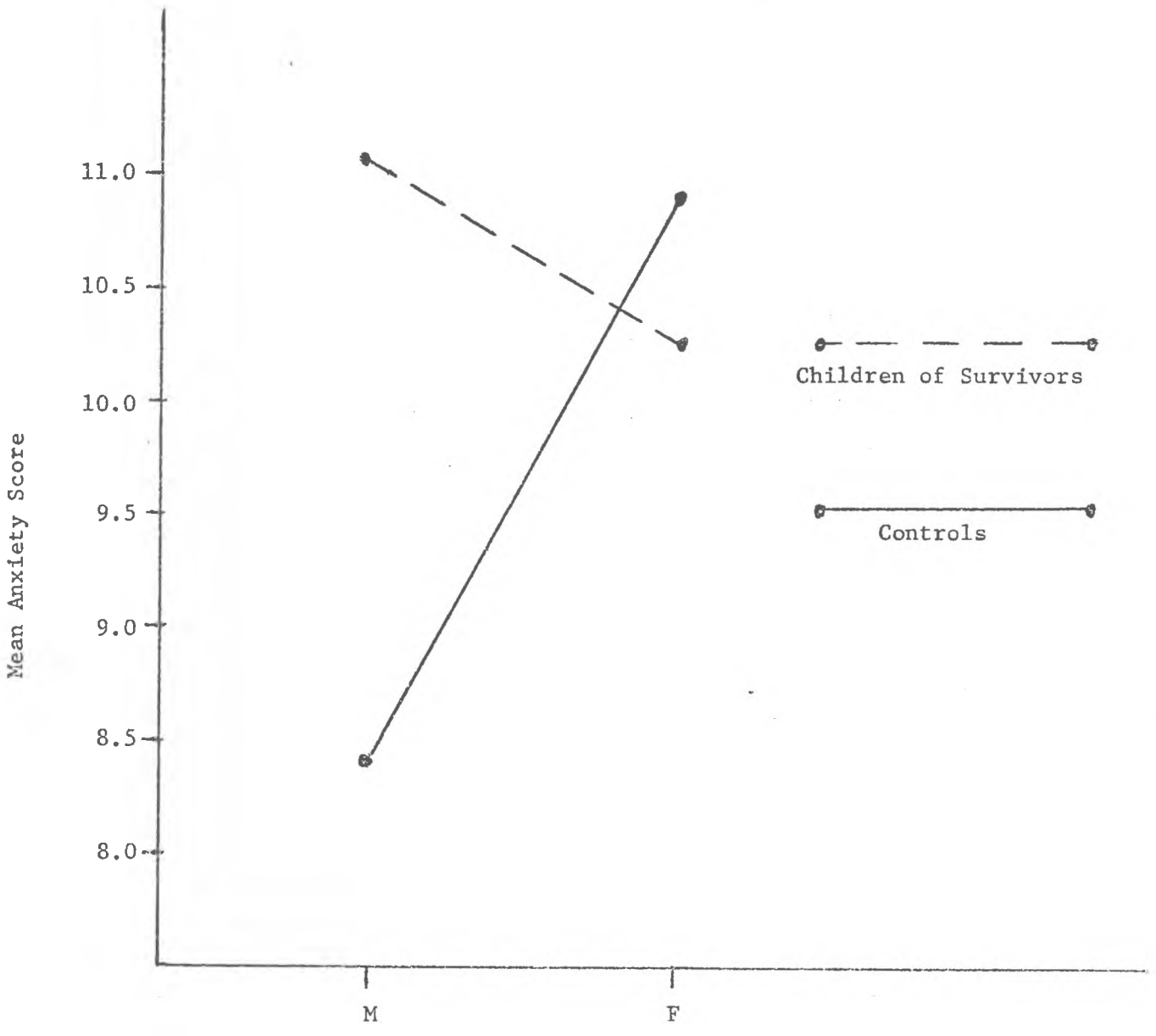


Figure 6. Anxiety scores as a function of Sex and Camp Experience.

Fear

A Camp Experience \times Developmental Level interaction trend was obtained ($F=2.907$, $df=1/56$, $p<.1$). An investigation of simple effects was conducted by using independent samples t-tests to compare the means for the four groups: Children of Survivors whose parents were Adults during WW II, Controls whose parents were Adults during WW II, Children of Survivors whose parents were Adolescents during WW II and Controls whose parents were Adolescents during WW II. The tests revealed a significant simple main effect ($p<.05$) of Developmental Level for the Survivors' Children, but not for the Controls (see Tables 22 and 23 and Figures 7 and 8). Survivors' Children whose parents were Adolescents during WW II were significantly less fearful than Survivors' Children whose parents were Adults during WW II (see Appendix XI).

Table 22

Simple Effects Tests on the Interaction of Developmental Level at Each Level of Camp Experience for the Dependent Variable Fear

| Developmental Level | Camp Experience | t | Probability |
|---------------------|-----------------------|-------|-------------|
| Across | Children of Survivors | 1.819 | <.05 |
| Developmental Level | Controls | .392 | N.S. |

Note: d.f. = 30
n per cell = 16

Table 23

Simple Effects Tests on the Interaction of Camp Experience at Each Level of Developmental Level for the Dependent Variable Fear

| Camp Experience | Developmental Level | t | Probability |
|---------------------------------|---|-------|-------------|
| Across Children of Survivors | Children of Parents who were Adults During WW II | .679 | N.S. |
| and Controls | Children of Parents who were Adolescents During WW II | 1.642 | N.S. |

Note: d.f. = 30
n per cell = 16

Male-Valued (M/F Subscale)

A significant Camp Experience \times Developmental Level interaction was obtained ($F = 9.071$, $df = 1/56$, $p < .005$). An investigation of simple effects was conducted by using independent samples t-tests to compare the means for the four groups: Children of Survivors whose parents were Adolescents during WW II, Children of Survivors whose parents were Adults during WW II, Controls whose parents were Adolescents during WW II and Controls whose parents were Adults during WW II. The tests revealed significant simple main effects ($p < .05$) of Camp Experience for both individuals whose parents were Adolescents during WW II and for individuals whose parents were Adults during WW II, but in different directions. Children of Survivors whose parents were Adolescents during

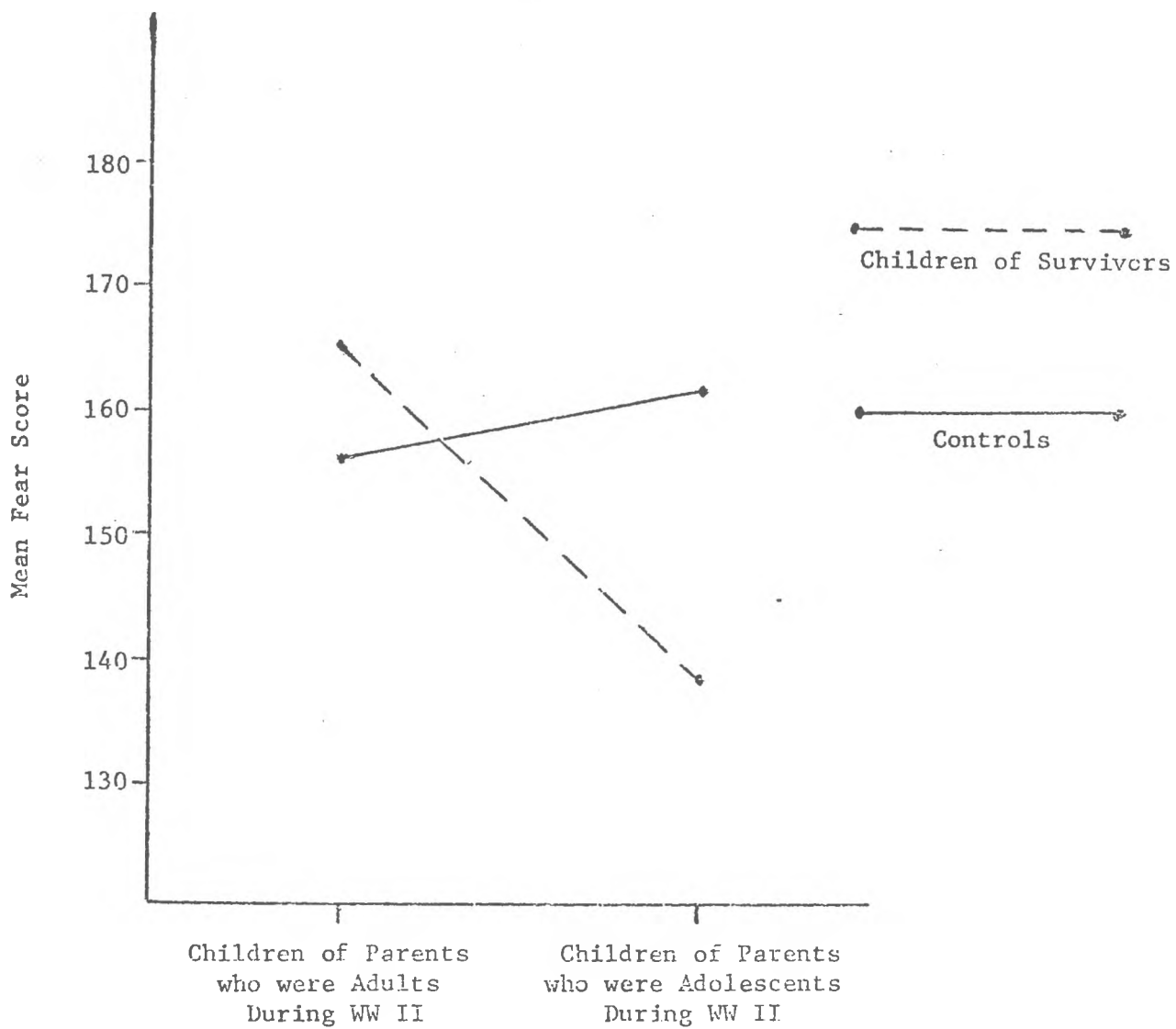


Figure 7. Fear scores as a function of Developmental Level and Camp Experience

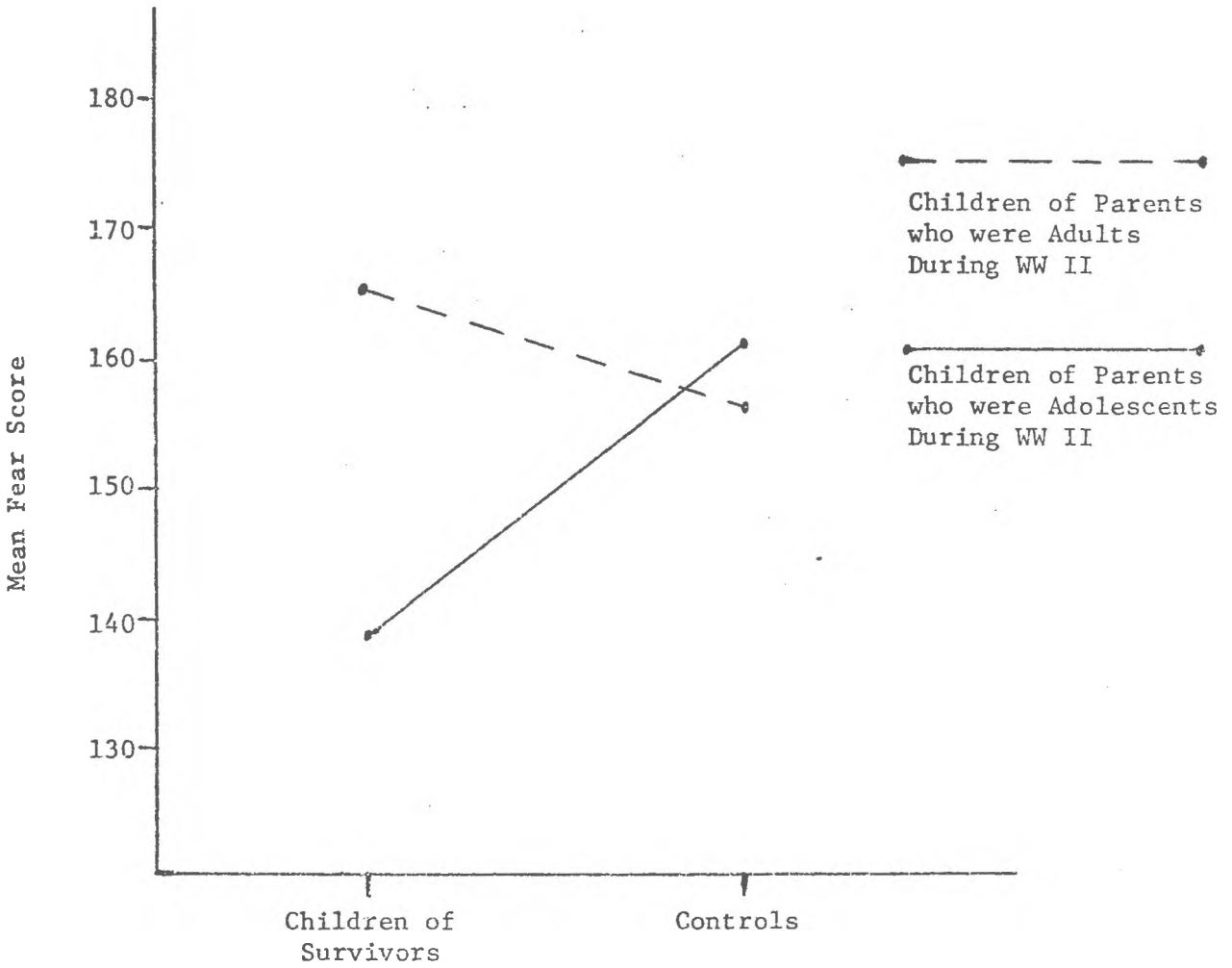


Figure 8. Fear scores as a function of Camp Experience and Developmental Level

WW II had significantly higher male-valued scores than Controls whose parents were Adolescents during WW II. On the other hand, Children of Survivors whose parents were Adults during WW II had significantly lower male-valued scores than Controls whose parents were Adults during WW II. These results preclude the observation of a main effect for Camp Experience. The t-tests also revealed a significant simple main effect ($p < .005$) of Developmental Level for Children of Survivors but not for Controls. Children of Survivors whose parents were Adults during WW II have significantly lower male-valued scores than Children of Survivors whose parents were Adolescents during WW II. See Tables 24 and 25 and Figures 9 and 10.

Table 24

Simple Effects Tests on the Interaction of Developmental Level at Each Level of Camp Experience for the Dependent Variable Male-Valued (M/F)

| Developmental Level | Camp Experience | t | Probability |
|---------------------|-----------------------|------|-------------|
| Across | Children of Survivors | 2.91 | <.005 |
| Developmental Level | Controls | 1.14 | N.S. |

Note: d.f. = 30
n per cell = 16

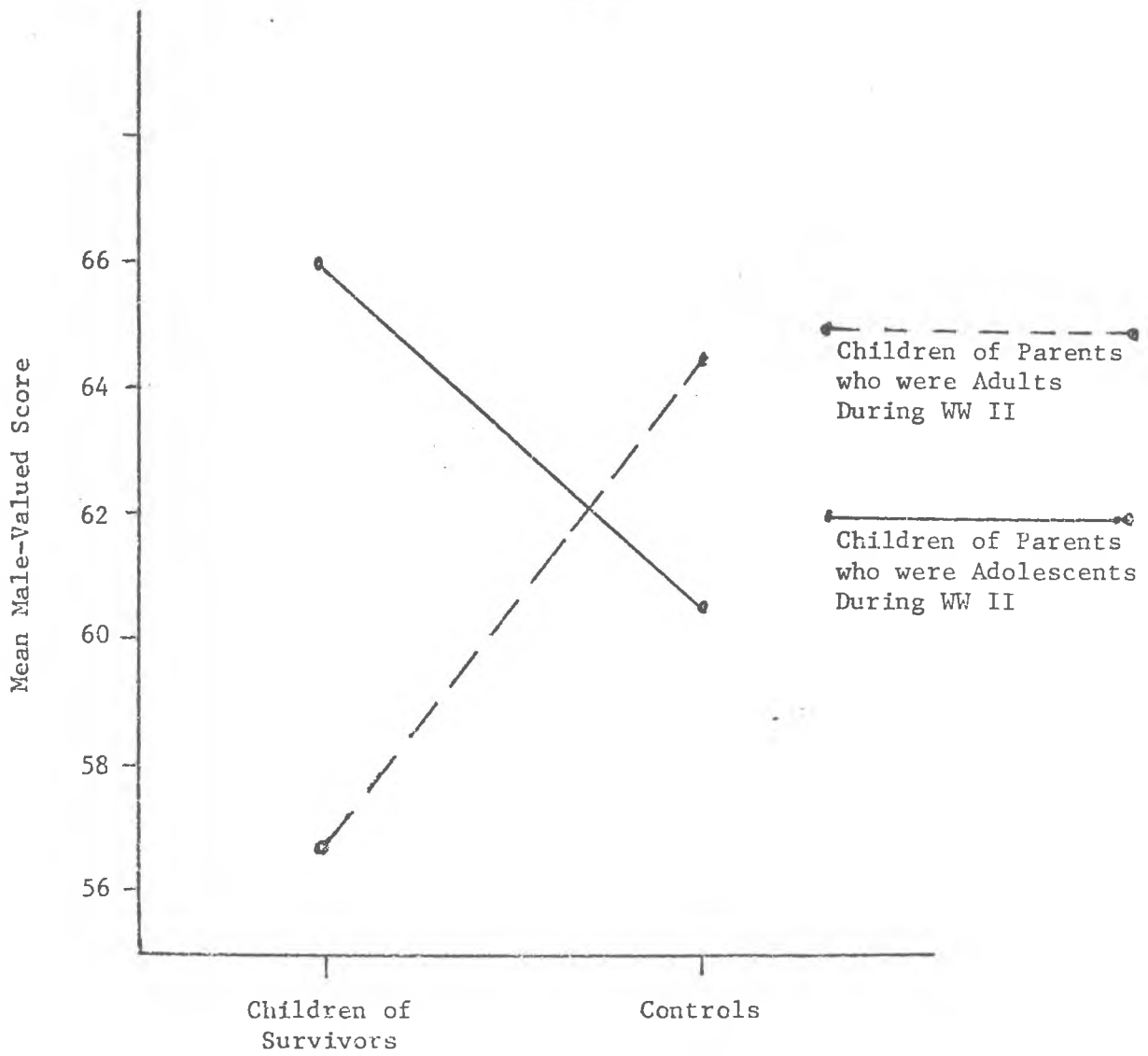


Figure 9. Male-Valued (M/F) scores as a function of Camp Experience and Developmental Level

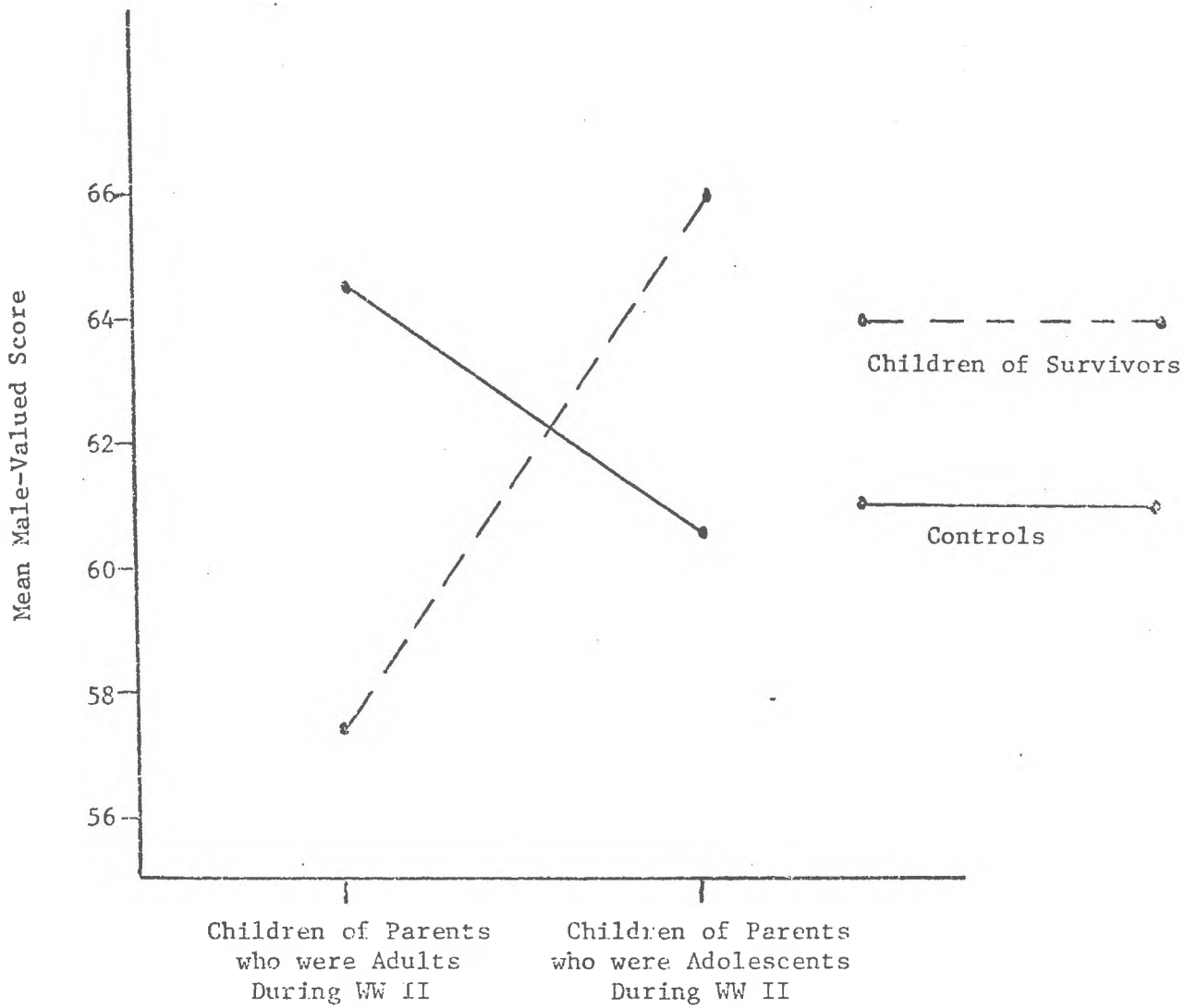


Figure 10. Male-Valued (M/F) scores as a function of Developmental Level and Camp Experience

Table 25

Simple Effects Tests on the Interaction of Camp Experience at Each Level of Developmental Level for the Dependent Variable Male-Valued (M/F)

| Camp Experience | Developmental Level | t | Probability |
|---|---|------|-------------|
| Across Children of Survivors and Controls | Children of Parents who were Adults During WW II | 2.17 | <.05 |
| | Children of Parents who were Adolescents During WW II | 1.78 | <.05 |

Note: d.f. = 30
n per cell = 16

A significant Sex \times Developmental Level interaction was obtained ($F = 4.385$, $df = 1/56$, $p < .05$). An investigation of simple effects was conducted by using independent samples t -tests to compare the means for the four groups: Males whose parents were Adolescents during WW II, Males whose parents were Adults during WW II, Females whose parents were Adolescents during WW II and Females whose parents were Adults during WW II. Although there was no main Sex effect, the tests revealed a significant simple main effect ($p < .05$) of Sex for individuals whose parents were Adults during WW II. Female children of individuals who were Adults during WW II have a significantly lower mean on male-valued items than Male children of individuals who were Adults during WW II. The t -tests revealed no significant difference between the Males whose parents were Adolescents during WW II and Females whose parents were Adolescents during WW II. (There was no simple main sex

effect for individuals whose parents were adolescents during WW II.) With regard to this result, however, it is worthwhile mentioning that the means obtained on the male-valued items by both the Male and Female children of individuals who were Adolescents during WW II are higher than the means obtained by Spence et al. for their male and female subjects (see Table 36, page 171). In particular, the mean achieved by the Female children of individuals who were Adolescents during WW II was markedly higher than the mean for female subjects obtained by Spence et al. (see Table 36, page 171). This high mean score for Female Children of individuals who were Adolescents during WW II explains the absence of a main effect of sex. See Table 26 and Figure 11.

Table 26

Simple Effects Tests on the Interaction of Sex at Each Level of Developmental Level for the Dependent Variable Male-Valued (M/F)

| Sex | Developmental Level | t | Probability |
|--------|----------------------|------|-------------|
| Across | Children of Parents | | |
| Male | who were Adults | 2.25 | <.05 |
| and | During WW II | | |
| Female | Children of Parents | .353 | N.S. |
| | who were Adolescents | | |
| | During WW II | | |

Note: d.f. = 30
n per cell = 16

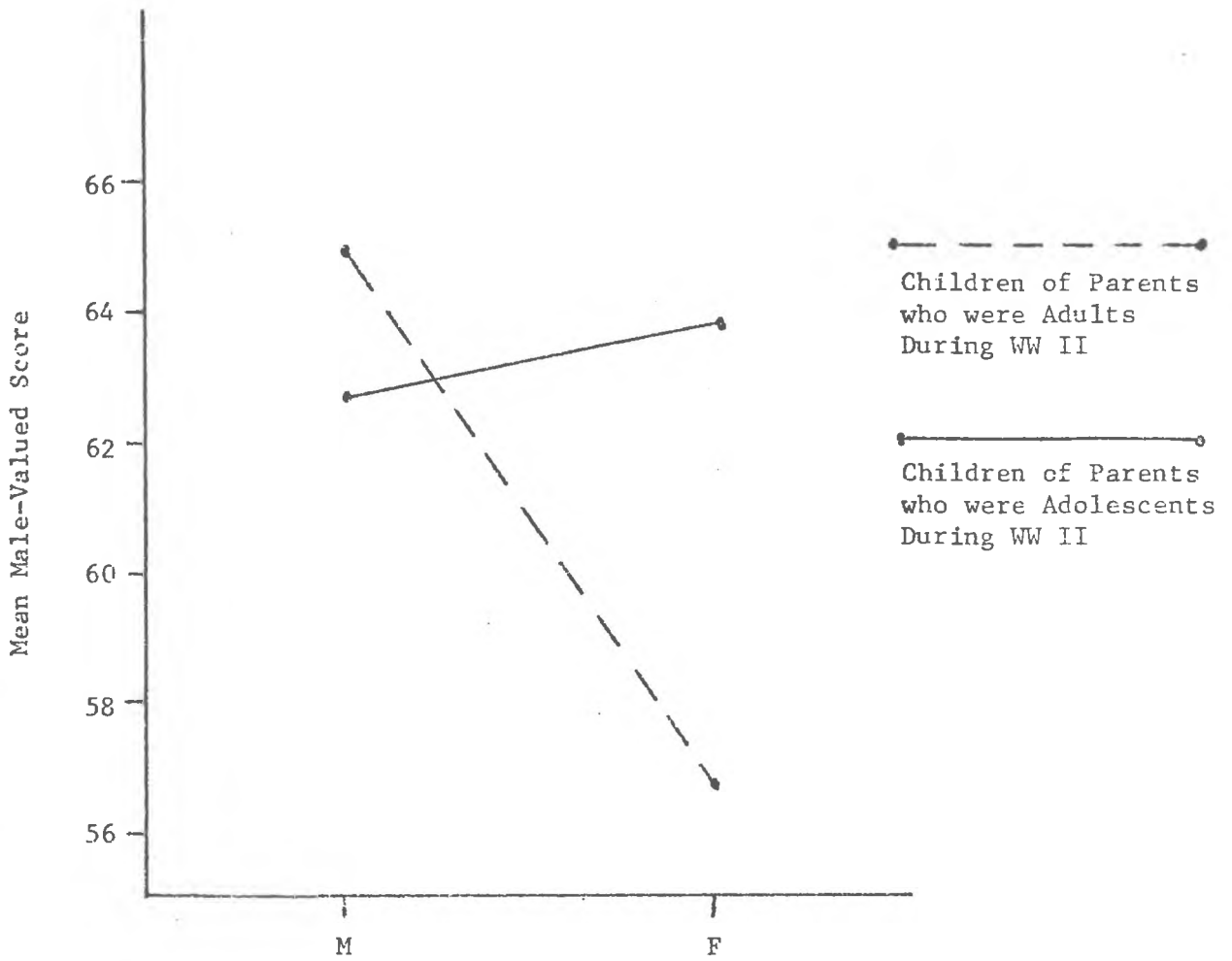


Figure 11. Male-Valued (M/F) scores as a function of Sex and Developmental Level

The t-tests also revealed a significant simple main effect ($p < .05$) of Developmental Level for Females, but not for Males. Female children of individuals who were Adolescents during WW II have a significantly higher mean on male-valued items than Female children of individuals who were Adults during WW II. See Table 27 and Figure 12.

Table 27

Simple Effects Tests on the Interaction of Developmental Level at Each Level of Sex for the Dependent Variable Male-Valued (M/F)

| Developmental Level | Sex | t | Probability |
|----------------------------------|---------|------|-------------|
| Across Developmental Level | Males | .83 | N.S. |
| | Females | 2.25 | <.05 |

Note: d.f. = 30
n per cell = 16

The means for Males whose parents were Adolescents during WW II, Males whose parents were Adults during WW II and Females whose parents were Adolescents during WW II are all similar to each other and high compared to the means obtained by Spence-Helmreich (see Table 36, page 171). The mean of the Females whose parents were Adults during WW II, on the other hand, was considerably lower than the means for the other three groups, and even below the mean for females on male-valued items obtained by Spence-Helmreich (see Table 36 and Appendix XIII).

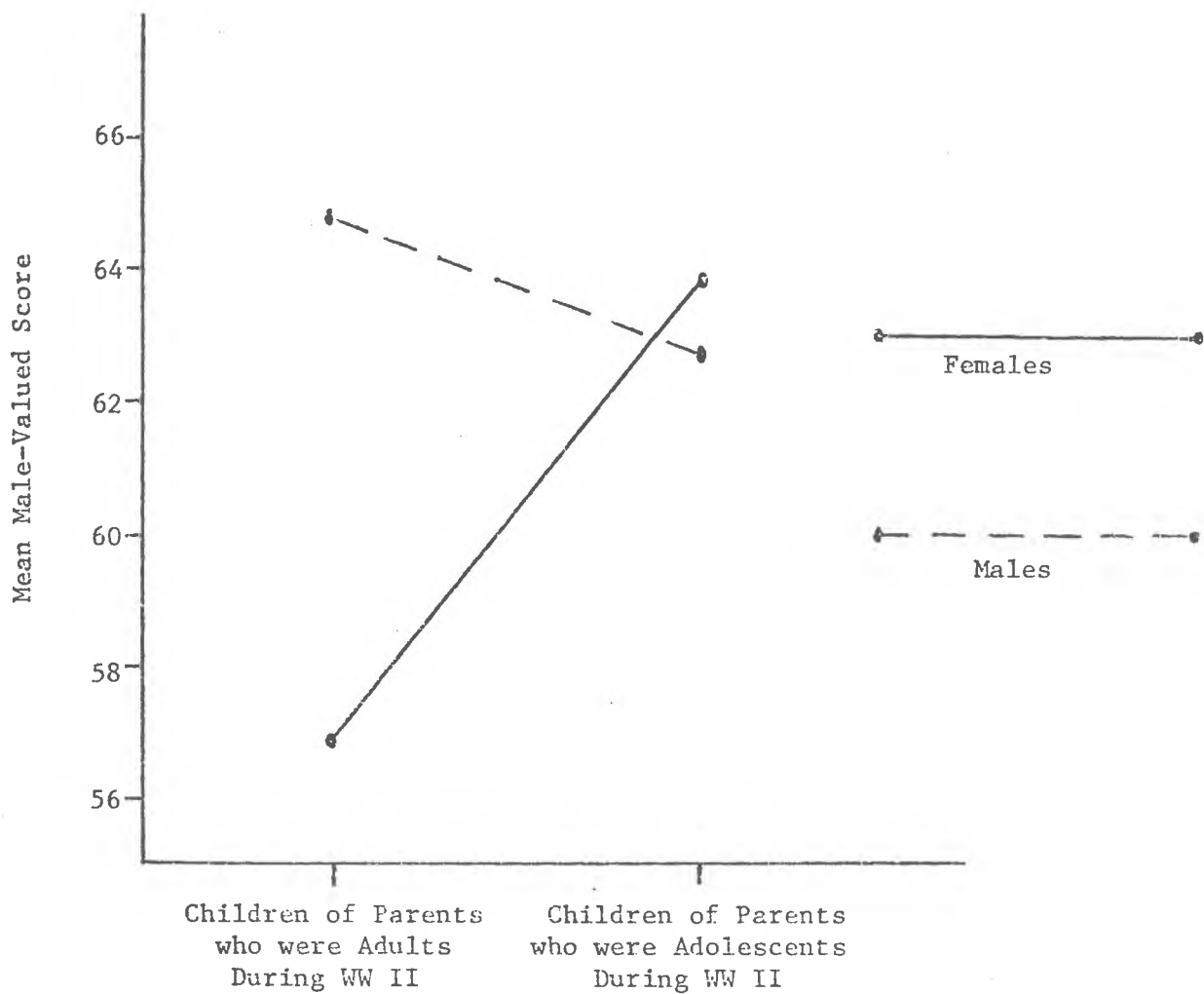


Figure 12. Male-Valued (M/F) scores as a function of Developmental Level and Sex

Female-Valued (M/F Subscale)

A significant main effect was obtained for Sex ($F = 6.799$, $df = 1/56$, $p < .05$). Males had a higher mean than Females on female-valued items (see Appendix XIII).

Sex-Specific (M/F Subscale)

A significant main effect was obtained for Sex ($F = 9.788$, $df = 1/56$, $p < .005$). Males had a higher mean than Females on sex-specific items.

A main effect trend was present for Developmental Level ($F = 3.309$, $df = 1/56$, $p < .1$). Children of individuals who were Adolescents during WW II had a marginally higher mean than Children of individuals who were Adults during WW II.

A significant Developmental Level \times Camp Experience interaction was obtained on the sex-specific items of the PAQ ($F = 4.452$, $df = 1/56$, $p < .05$). This is extremely difficult to conceptualize since the test measures the individual's conception of the ideal male and ideal female on a bipolar scale, and to analyze the interaction effect, we must collapse over sex. To gain insight into the meaning of the interaction effect, the means are compared for each sex separately (see Tables 28, 29, 30, 31 and Figures 13, 14, 15, 16). Independent samples t-tests revealed that the mean for Male Children of Survivors whose parents were Adults during WW II was considerably lower than any other Male group (i.e., these subjects tended to see the ideal male as possessing more stereotypically feminine characteristics). For example, the simple main effect of Developmental Level for the Male Children of Survivors was significant at the .05 level, while the simple main

Table 28

Simple Effects Tests on the Interaction of
Developmental Level at Each Level of Camp Experience
for the Dependent Variable Sex-Specific (M/F). Females Only.

| Developmental Level | Camp Experience | t | Probability |
|----------------------------------|--------------------------|------|-------------|
| Across Developmental Level | Children of Survivors | 1.67 | N.S. |
| | Controls | .95 | N.S. |

Note: d.f. = 14
n per cell = 8

Table 29

Simple Effects Tests on the Interaction of
Camp Experience at Each Level of Developmental Level for
the Dependent Variable Sex-Specific (M/F). Females Only.

| Camp Experience | Developmental Level | t | Probability |
|--|---|-----|-------------|
| Across Children of Survivors and Controls | Children of Parents who were Adults During WW II | .20 | N.S. |
| | Children of Parents who were Adolescents During WW II | .51 | N.S. |

Note: d.f. = 14
n per cell = 8

Table 30

Simple Effects Tests on the Interaction of Developmental Level at Each Level of Camp Experience for the Dependent Variable Sex-Specific (M/F). Males Only.

| Developmental Level | Camp Experience | t | Probability |
|---------------------|-----------------------|------|-------------|
| Across | Children of Survivors | 1.94 | <.05 |
| Developmental Level | Controls | 1.58 | N.S. |

Note: d.f. = 14
n per cell = 8

Table 31

Simple Effects Tests on the Interaction of Camp Experience at Each Level of Developmental Level for the Dependent Variable Sex-Specific (M/F). Males Only.

| Camp Experience | Developmental Level | t | Probability |
|------------------------------------|---|------|-------------|
| Across | Children of Parents who were Adults During WW II | 3.46 | <.005 |
| Children of Survivors and Controls | Children of Parents who were Adolescents During WW II | .65 | N.S. |

Note: d.f. = 14
n per cell = 8

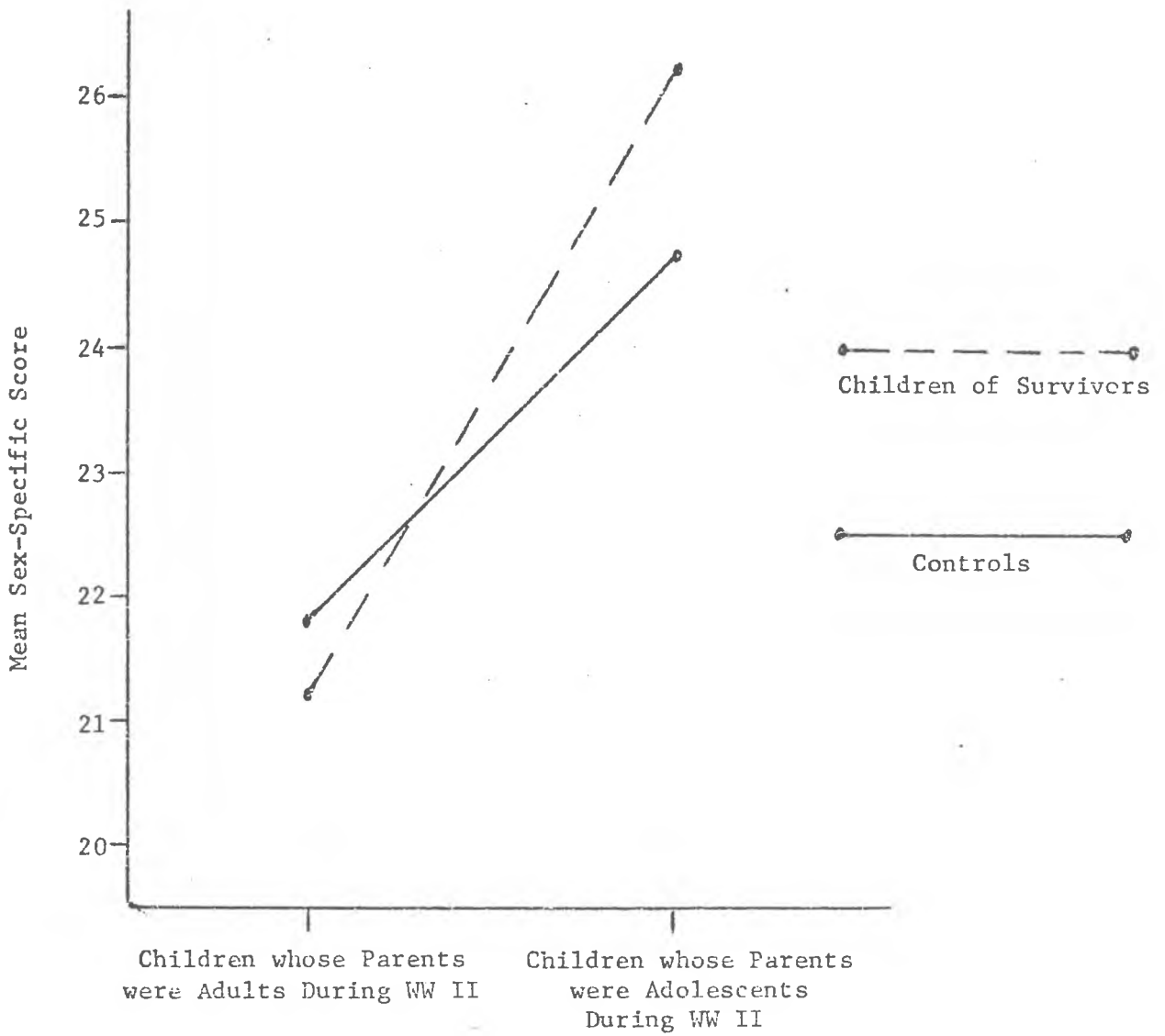


Figure 13. Sex-Specific (M/F) scores as a function of Developmental Level and Camp Experience. Females only.

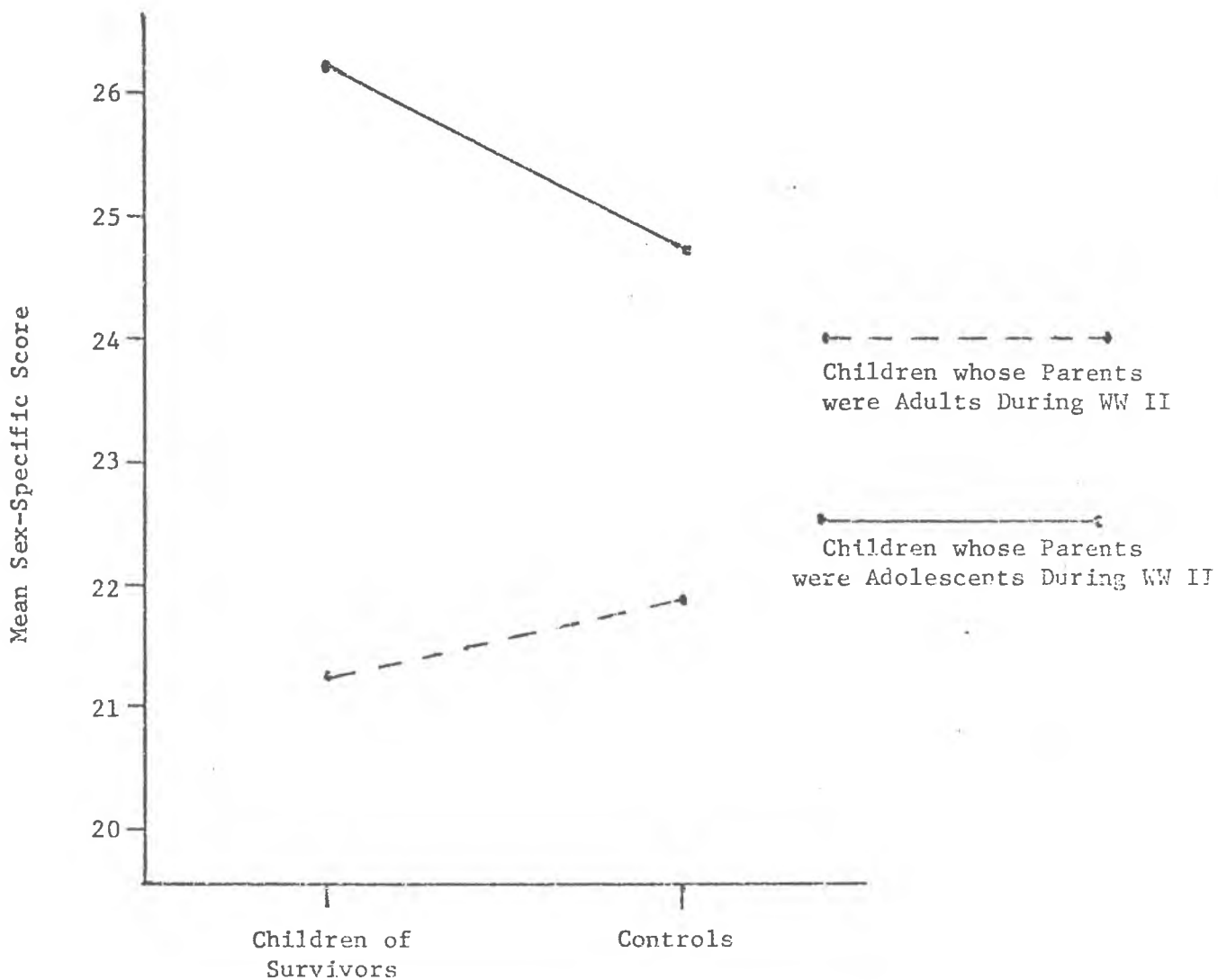


Figure 14. Sex-Specific (M/F) scores as a function of Camp Experience and Developmental Level. Females only.

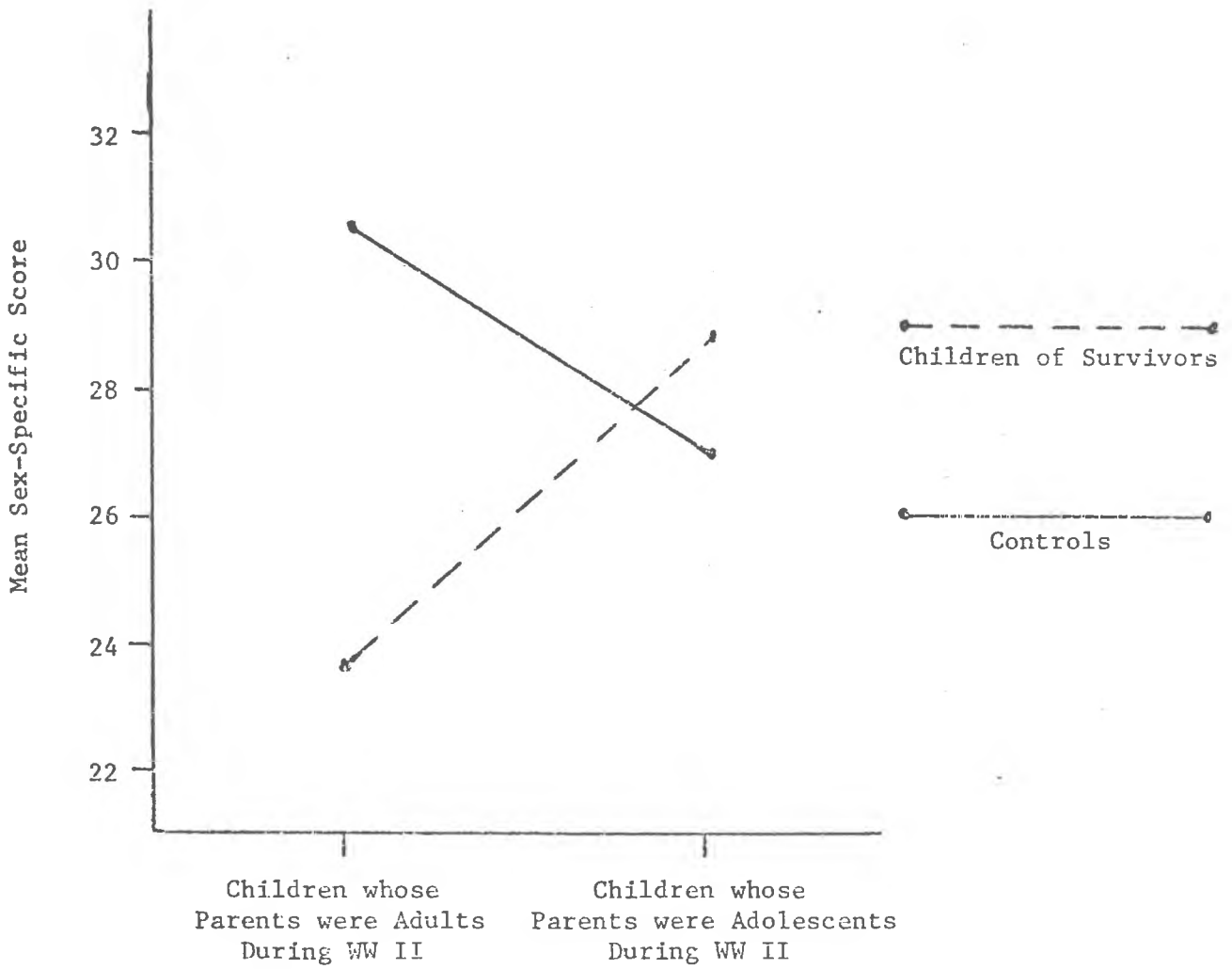


Figure 15. Sex-Specific (M/F) scores as a function of Developmental Level and Camp Experience. Males only.

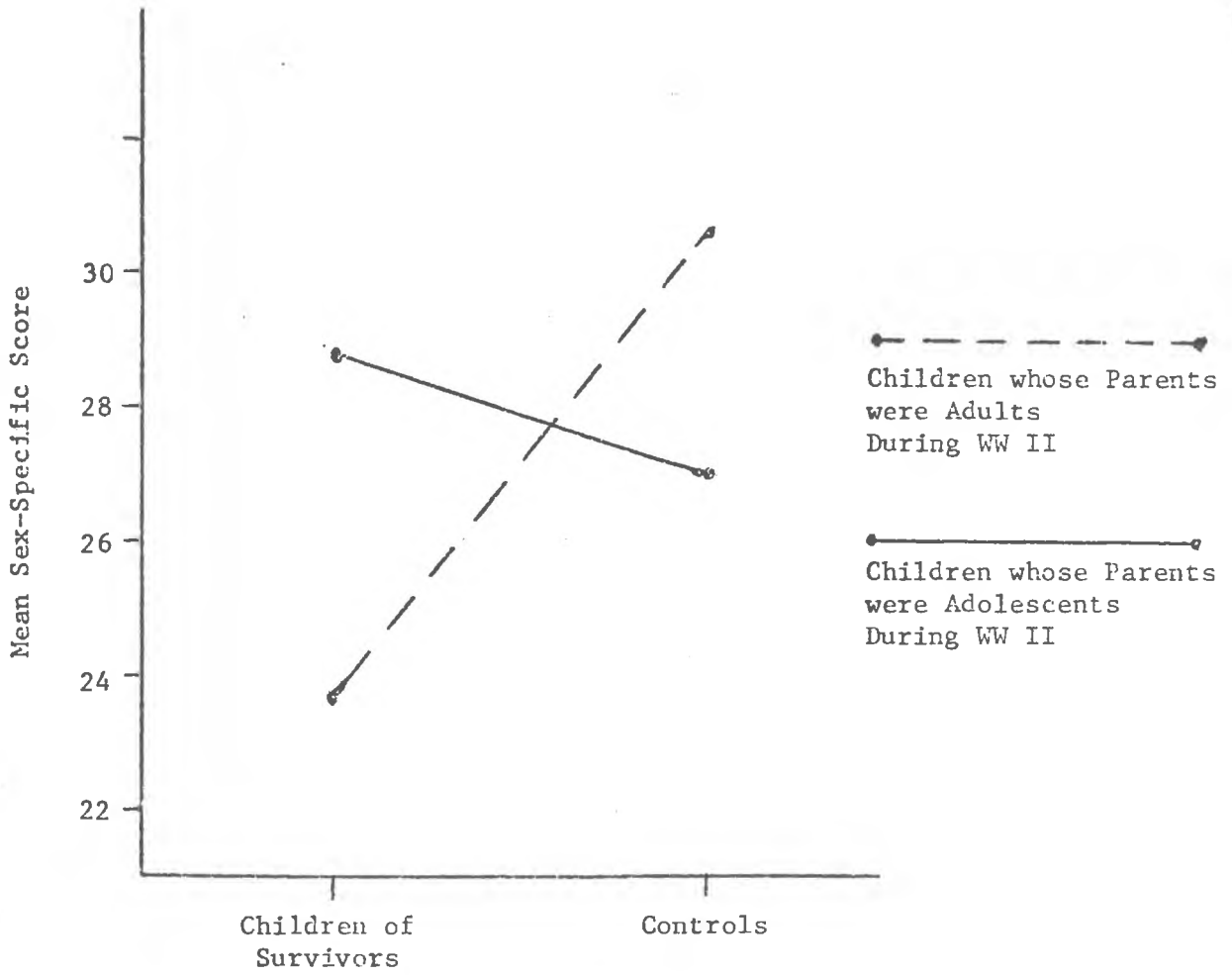


Figure 16. Sex-Specific (M/F) scores as a function of Camp Experience and Developmental Level. Males only.

effect of Camp Experience for the Male Children of individuals who were Adults during WW II was significant at the .005 level. The mean for the Male Children of Survivors who were Adults during WW II, combined with the somewhat lower mean for the Female Children of Survivors who were Adults during WW II, produces the low mean for the group of Children of Survivors whose parents were Adults during WW II when it is collapsed over sex.

The final independent samples t-tests were used to investigate the primary Camp Experience \times Developmental Level interaction (see Tables 32, 33 and Figures 17, 18). An exploration of simple effects was conducted to compare the means for the four groups: Children of Survivors whose parents were Adolescents during WW II, Children of Survivors whose parents were Adults during WW II, Controls whose parents were Adolescents during WW II and Controls whose parents were Adults during WW II. The tests revealed a significant simple main effect ($p < .05$) of Camp Experience for individuals whose parents were Adults during WW II, but not for individuals whose parents were Adolescents during WW II. Children of Survivors whose parents were Adults during WW II had significantly lower sex-specific scores than Controls whose parents were Adults during WW II. In addition, the t-tests revealed a simple main effect ($p < .005$) of Developmental Level for Children of Survivors, but not for Controls. Children of Survivors whose parents were Adolescents during WW II had significantly higher sex-specific scores than Children of Survivors whose parents were Adults during WW II.

The means on the sex-specific items for Children of Survivors whose parents were Adolescents during WW II, Controls whose parents were Adolescents during WW II and Controls whose parents were Adults

Table 32

Simple Effects Tests on the Interaction of
Developmental Level at Each Level of Camp Experience for
the Dependent Variable Sex-Specific (M/F). Males and Females.

| Developmental Level | Camp Experience | t | Probability |
|----------------------------------|--------------------------|------|-------------|
| Across Developmental Level | Children of Survivors | 2.76 | <.005 |
| | Controls | .17 | N.S. |

Note: d.f. = 30
n per cell = 16

Table 33

Simple Effects Tests on the Interaction of
Camp Experience at Each Level of Developmental Level for
the Dependent Variable Sex-Specific (M/F). Males and Females.

| Camp Experience | Developmental Level | t | Probability |
|--|---|------|-------------|
| Across Children of Survivors and Controls | Children of Parents who were Adults During WW II | 1.83 | <.05 |
| | Children of Parents who were Adolescents During WW II | .923 | N.S. |

Note: d.f. = 30
n per cell = 16

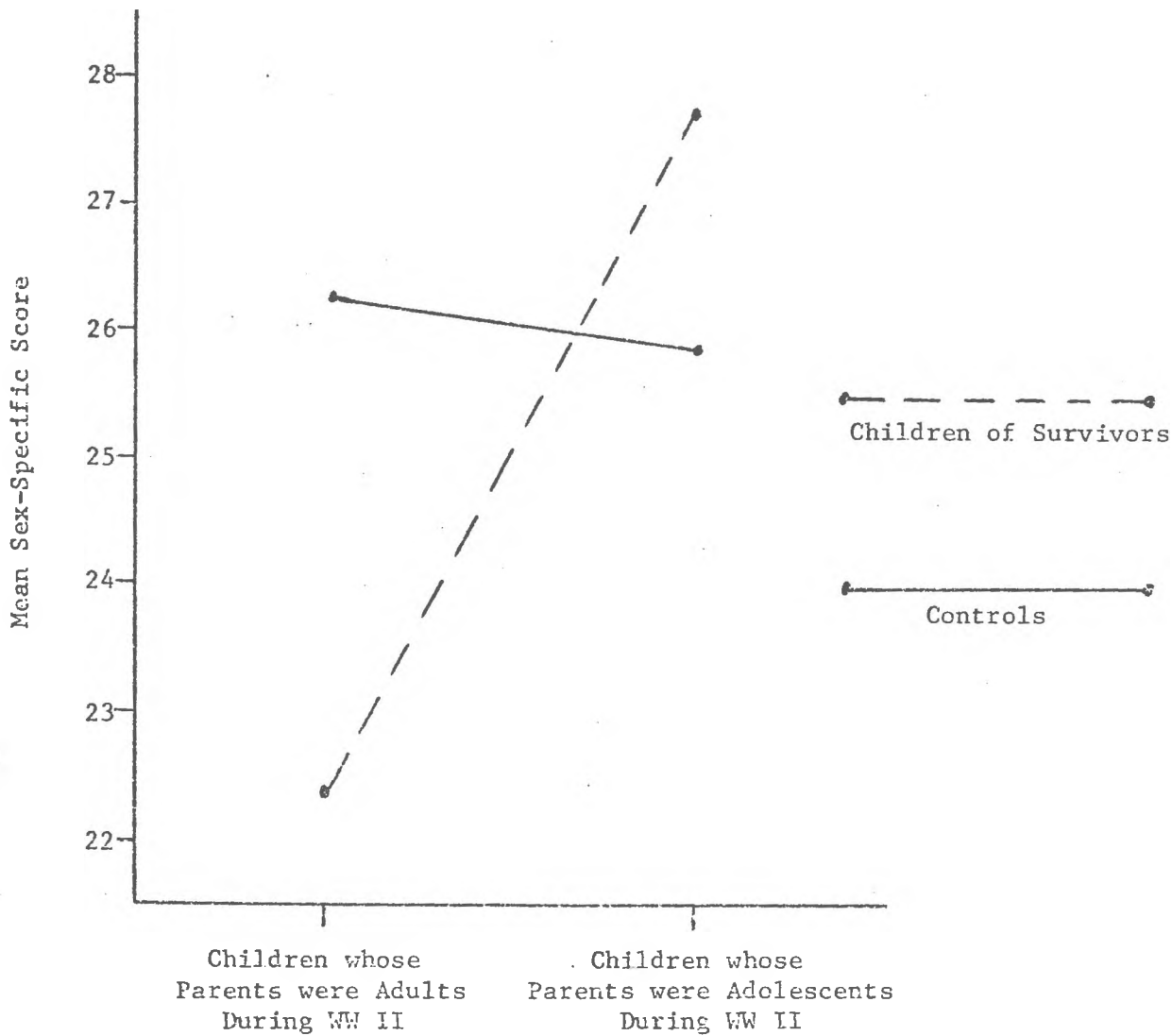


Figure 17. Sex-Specific (M/F) scores as a function of Developmental Level and Camp Experience. Males and Females.

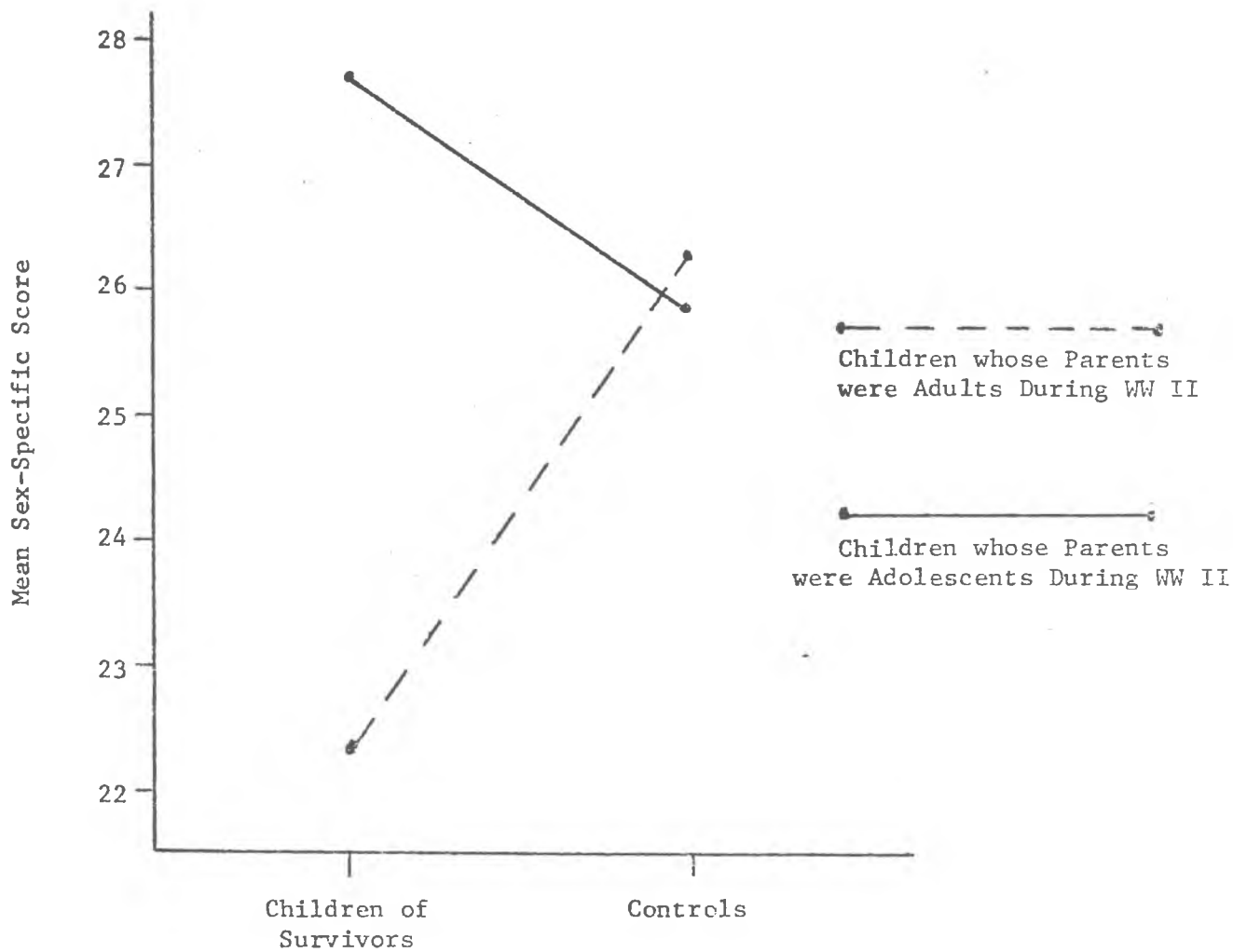


Figure 18. Sex-Specific (M/F) scores as a function of Camp Experience and Developmental Level. Males and Females.

during WW II are all similar to each other. The mean on the sex-specific items for the Children of Survivors whose parents were Adults during WW II, on the other hand, was considerably lower than the means for the other three groups, and resembled the mean obtained by Spence et al. for their female subjects on the sex-specific items. The marginal main effect of Developmental Level, in fact, was obtained as a result of this exceptionally low mean on the sex-specific items for the Children of Survivors whose parents were Adults during WW II (see Appendix XIII).

DEPENDENT VARIABLES EXAMINED BY STRUCTURED INTERVIEW

Alienation

A main effect trend was present for Camp Experience ($F = 3.063$, $df = 1/56$, $p < .1$). Children of Concentration Camp Survivors were marginally more alienated than Controls. A marginal Sex \times Developmental Level interaction was also obtained ($F = 3.403$, $df = 1/56$, $p < .1$) (see Appendix XIV).

Anomie (Alienation Subscale)

A main effect trend was present for Camp Experience ($F = 3.936$, $df = 1/56$, $p < .06$). Children of Concentration Camp Survivors experience somewhat more normlessness than Controls (see Appendix XIV).

Powerlessness (Alienation Subscale)

A significant main effect was obtained for Developmental Level ($F = 6.384$, $df = 1/56$, $p < .05$). Children of Parents who were Adults during WW II feel more powerless than Children of Parents who were Adolescents during WW II. A significant Sex \times Developmental Level interaction was also obtained ($F = 4.967$, $df = 1/56$, $p < .05$) (see Appendix XIV).

Trust

A significant main effect was obtained for Camp Experience ($F = 5.361$, $df = 1/56$, $p < .05$). Children of Concentration Camp Survivors were less trusting than Controls. A Sex \times Camp Experience interaction trend was also obtained ($F = 3.879$, $df = 1/56$, $p < .06$). An investiga-

tion of simple effects was conducted by using independent samples t-tests to compare the means for the four groups: Male Children of Survivors, Male Controls, Female Children of Survivors, and Female Controls. The tests revealed a significant main effect ($p < .005$) of Camp Experience for Males, but not for Females (see Table 34 and Figure 19). Male Children of Survivors are significantly less trusting than Male Controls. In addition, there is a simple main effect ($p < .05$) of Sex for Control subjects, but not for Survivors' Children (see Table 35 and Figure 20). Male Controls are significantly more trusting than Female Controls (see Appendix XIV).

Table 34

Simple Effects Tests on the Interaction of Camp Experience
at Each Level of Sex for the Dependent Variable Trust

| Camp Experience | Sex | t | Probability |
|---|---------|--------|-------------|
| Across Children of Survivors and Controls | Males | 3.3419 | <.005 |
| | Females | .23 | N.S. |

Note: d.f. = 30
n per cell = 16

Table 35

Simple Effects Tests on the Interaction of Sex at Each Level
of Camp Experience for the Dependent Variable Trust

| Sex | Camp Experience | t | Probability |
|-------------|-----------------------|-------|-------------|
| Across Male | Children of Survivors | .449 | N.S. |
| and Female | Controls | 2.286 | <.05 |

Note: d.f. = 30
n per cell = 16

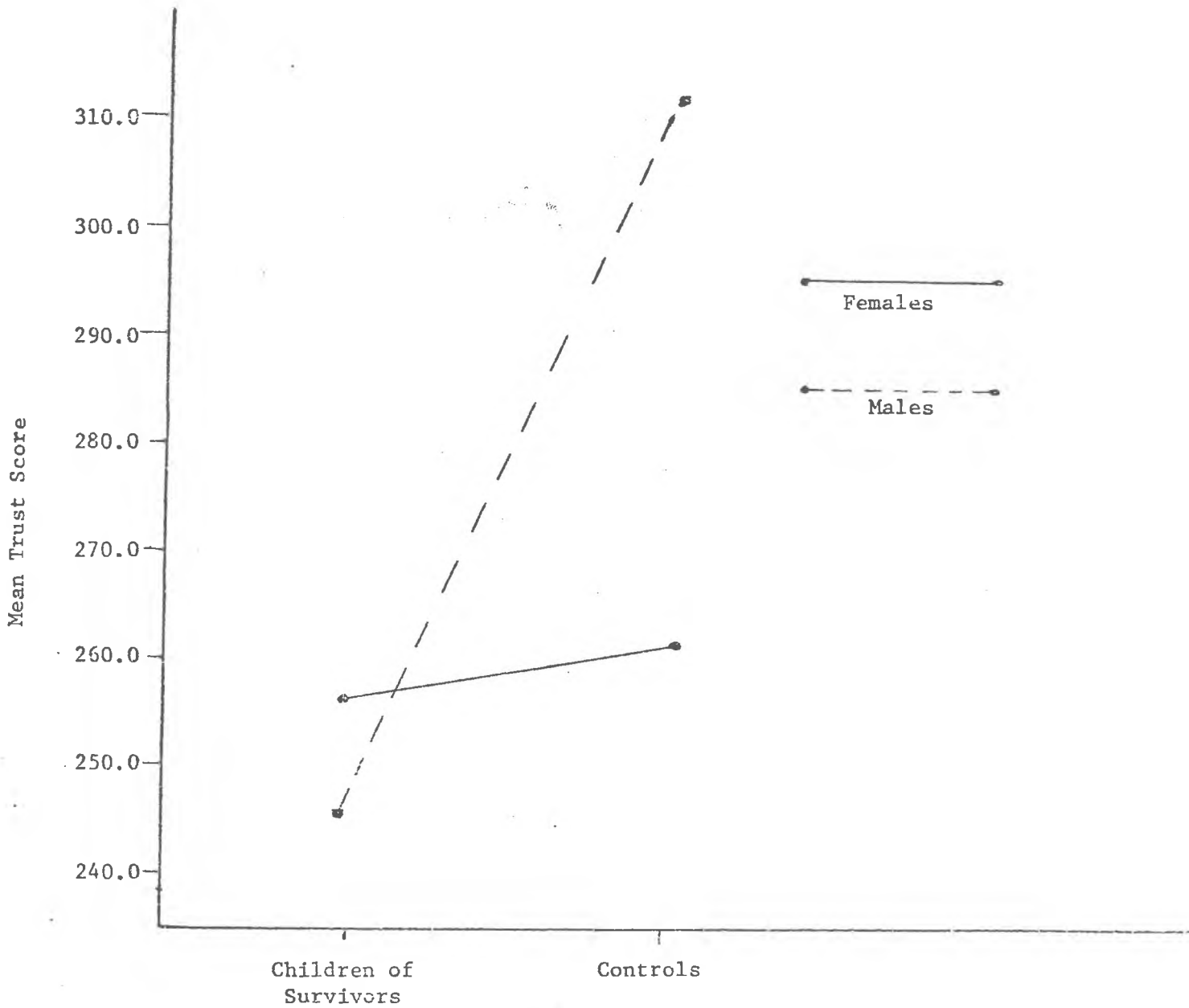


Figure 19. Trust scores as a function of Camp Experience and Sex.

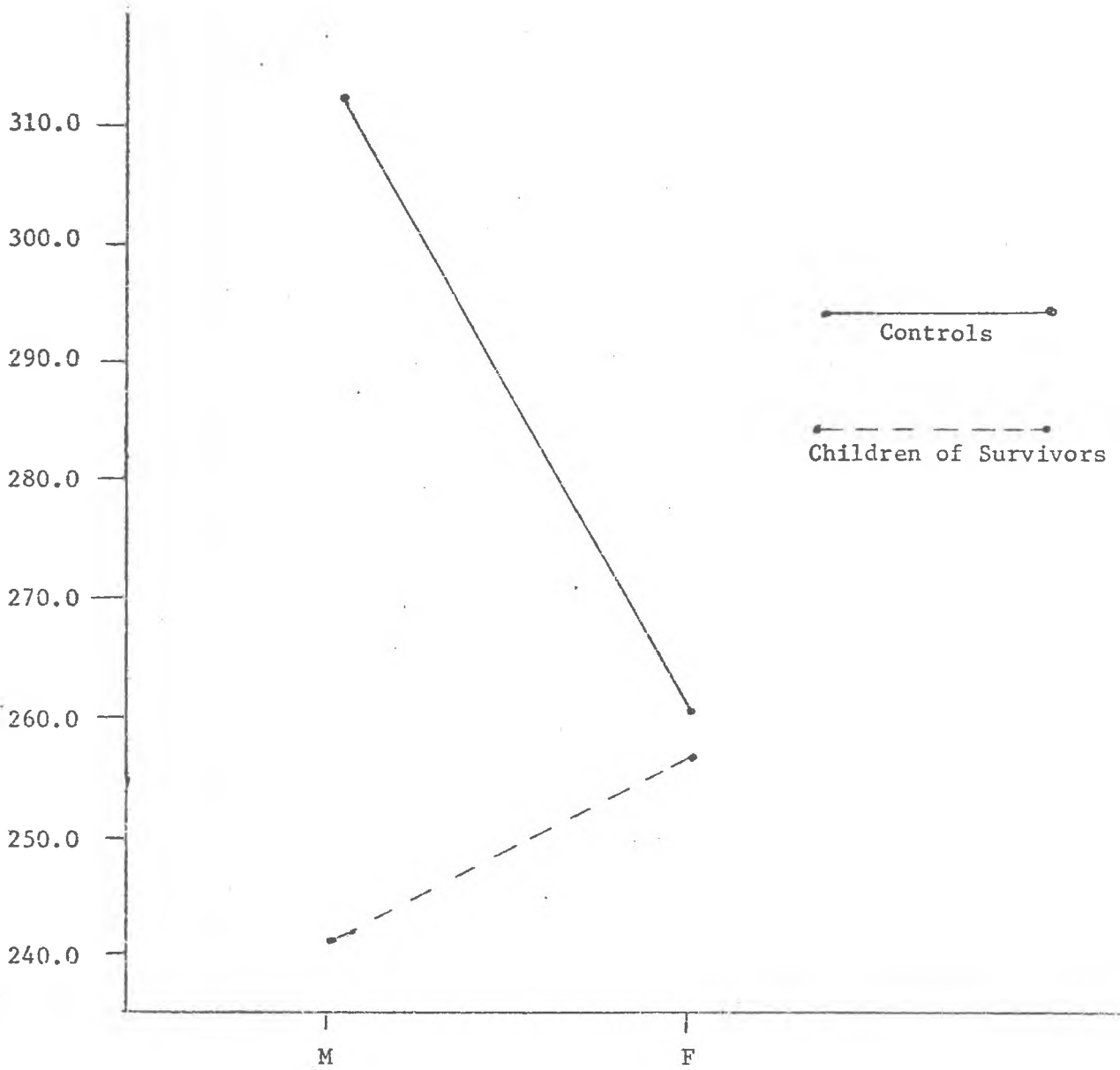


Figure 20. Trust scores as a function of Sex and Camp Experience.

Table 36

Normative Data for Scales Comprising the PAI
(Personal Attributes Inventory)

| Dependent Variable | Scale | Males | | Females | |
|----------------------|---------------------------------------|------------|----------------|----------------|----------------|
| | | \bar{X} | S.D. | \bar{X} | S.D. |
| Abasement | Jackson's PRF (Form AA) | 6.22 | 2.92 | 7.27 | 3.07 |
| Autonomy | Jackson's PRF (Form AA) | 8.62 | 3.12 | 7.08 | 3.43 |
| Succorance | Jackson's PRF (Form AA) | 7.88 | 3.50 | 11.19 | 4.23 |
| Anxiety | Jackson Personality Inventory | 10.38 | 4.43 | 12.42 | 4.24 |
| Innovation | Jackson Personality Inventory | 13.09 | 4.48 | 11.68 | 5.21 |
| Interpersonal Affect | Jackson Personality Inventory | 10.97 | 4.35 | 13.71 | 4.02 |
| Fear | Geer Fear Survey Schedule(FSS-II) | 75.78 | 33.84 | 100.16 | 36.11 |
| Male-Valued | Spence-Helmreich-Stapp PAQ | 60.61 | 10.39 | 57.73 | 10.87 |
| Female-Valued | Spence-Helmreich-Stapp PAQ | 23.27 | 7.60 | 18.85 | 6.55 |
| Sex-Specific | Spence-Helmreich-Stapp PAQ | 27.21 | 5.24 | 22.34 | 5.66 |
| Total Hostility | Buss-Durkee Hostility-Guilt Inventory | 30.87 | 10.24 | 27.74 | 8.75 |
| Assault | Buss-Durkee Hostility-Guilt Inventory | 5.07 | 2.48 | 3.27 | 2.31 |
| Indirect Hostility | Buss-Durkee Hostility-Guilt Inventory | 4.47 | 2.23 | 5.17 | 1.96 |
| Irritability | Buss-Durkee Hostility-Guilt Inventory | 5.94 | 2.65 | 6.14 | 2.78 |
| Negativism | Buss-Durkee Hostility-Guilt Inventory | 2.19 | 1.34 | 2.30 | 1.20 |
| Resentment | Buss-Durkee Hostility-Guilt Inventory | 2.26 | 1.89 | 1.78 | 1.62 |
| Suspicion | Buss-Durkee Hostility-Guilt Inventory | 3.33 | 2.07 | 2.26 | 1.81 |
| Verbal Hostility | Buss-Durkee Hostility-Guilt Inventory | 7.61 | 2.74 | 6.82 | 2.59 |
| Guilt | Buss-Durkee Hostility-Guilt Inventory | 5.34 | 1.88 | 4.41 | 2.31 |
| | | University | Sample (N=168) | Junior College | Sample (N=124) |
| | | \bar{X} | S.D. | \bar{X} | S.D. |
| Depression | Jackson's BPI | 3.01 | 2.84 | 2.93 | 3.04 |
| Hypochondriasis | Jackson's BPI | 4.64 | 3.39 | 4.81 | 3.51 |

CHAPTER V

DISCUSSION

A. Personality Measures Affected by the Concentration Camp Experience of the Parent

The results of this study reveal that Children of Survivors differ from Controls on eleven of the twenty personality attributes assessed. The difference was always in the direction anticipated by the investigator. Moreover, the mean scores of both Children of Survivors and Controls fell within the normal range for those measures for which normative data exist.

The findings of this investigation will be discussed in the following manner. First, the results for each of the variables will be interpreted in a methodical fashion. Next, several broader issues which emerged from this study will be comprehensively examined, and the results will be integrated in such a way as to shed light on these issues. Finally, the qualitative data will be discussed and interpreted from the point of view of the cultural and religious identification of survivor progeny.

Autonomy and Succorance

According to the findings, Children of Survivors are more autonomous than Controls, and their Succorance scores are lower. Male Children of Survivors whose parents were Adolescents during WWII had significantly lower scores on Succorance than Male Controls whose parents were Adolescents during WWII (see discussion of Children of Adolescent Survivors in

Section D, below). These results contradict the notion that Children of Survivors tend to be overly dependent, and have so many difficulties asserting their autonomy that their interpersonal adjustment is impeded. (Because of losses that survivor parents sustained, survivor child-parent relations are said to have been abnormally dependent and clinging, and that survivor parents discouraged their children from assertion of independence and autonomy.) Two immediate possibilities for these findings come to mind. The first, and most straightforward, is that the survivor parent valued those self-reliant, independent and individualistic traits within himself/herself that helped him/her to survive in the Concentration Camps and encouraged these characteristics in his/her children. The second, more psychodynamically based interpretation, is that the survivor child's relative autonomy may be a defensive reaction-formation against unconscious strivings which he/she must not admit to himself/herself. The survivor child may be denying needs to seek other peoples' reassurance and advice and be unwilling to admit to feelings of helplessness and dependency.

Innovation

The results disclose that Children of Survivors are more innovative and creative than Controls. An explanation for this has its origin in the fact that in order for the survivors to survive and adjust to the Concentration Camps and then to new lives after liberation, they needed to develop and employ creative solutions to these problems. The parental emphasis on, by now, highly valued imaginative and inventive solutions, probably influenced their children to develop traits associated with imagination and creativity.

Hostility*

The findings reveal that Children of Survivors are significantly more hostile than Controls. It has been said (see Chapter I) that management of rage and aggression has been a tremendous problem for survivors. Outlets were not available for aggressive feelings which accumulated within them during the war. It has been hypothesized that one of the maladaptive ways that survivors dealt with their aggression was to encourage their children to act out the hostile feelings that they denied that existed within themselves. In this way survivor children vicariously gratified their parents' hostile impulses by manifesting aggression in one form or another. The foregoing may serve as an explanation for the survivor child's greater Hostility (than controls). Other explanations were offered in Chapter I (pp. 13, 14), by Danieli, who, while enumerating many resentments harbored by survivor offspring, identified three basic sources of the survivors child's anger; 1) rage towards the Nazis, 2) anger at mankind as a whole, and 3) resentment towards parents for not being better caretakers.

Hypochondriasis

Children of Survivors, according to the obtained findings, are significantly more hypochondriacal than Controls. This is so for a number of possible reasons. Because of the survivors' experience in the Concentration Camp where their physical needs had been so thoroughly neglected, body preoccupations were subsequently frequent among them.

* Since the means of five of the seven subhostilities and the mean of Total Hostility were significantly larger for Children of Survivors than for Controls, only Total Hostility will be referred to in the discussion of the Hostility variable.

Further, somatization (the expression of unconscious conflicts via body dysfunction) might be thought of as an unconscious expression of their rage and grief (see discussion of depression), and was, additionally, used as a manipulative device within the family constellation. These attitudes towards and uses of bodily complaints, preoccupations and malfunctions by the survivors might have easily filtered down to their children. Somatization and attention to bodily functioning may be one of the survivor children's preferred ways of handling aggression and depression, and achieving domination over others.

Anxiety

This investigator's findings revealed that while Children of Survivors as a whole were not more anxious than controls, male Children of Survivors were, to a large extent, more anxious than male Controls. Discussion of these results is more fully undertaken in Section E, below. It should be kept in mind, however, that in general, survivors were reported to be overly anxious and concerned parents who frequently neglected to provide limits for their children's behavior. In addition, their parenting was said to be inconsistent, varying erratically from overprotective attitudes to neglectful ones. The foregoing parental characteristics and childrearing techniques must have contributed to their sons' relatively high anxiety level.

Trust

Research results reveal that Children of Survivors are significantly less trusting than Controls, and that male Children of Survivors are markedly less trusting than male Controls (see discussion of male Sur-

vivor Children in Section E, below). On the dependent variable of trust, then, both a significant main effect of Camp Experience (Children of Survivors are different from Controls on the dependent variable, trust) as well as a significant Sex \times Camp Experience interaction (male Children of Survivors are different from male Controls on the dependent variable, trust) were present. The large difference between the means of the male Children of Survivors and male Controls accounts for the main effect of Camp Experience. Although female Children of Survivors were not significantly less trusting than female Controls, a comparison of the means showed that the differences between them were in the same direction as for the males.

It was also found that on the subhostility scale, Suspicion, Children of Survivors are significantly more suspicious than Controls. The two findings reinforce one another, and strongly indicate that Children of Survivors, as a group, are wary of outsiders and lack confidence in the goodness of people. How can we understand these findings? Firstly, it has been reported that survivor parents taught their children to distrust others and be suspicious of the outside world. Secondly, it has been noted that the survivor parent was often depressed and withdrawn when the child was an infant. During this period when basic trust is typically established, the parent didn't have the capacity to inspire basic trust in his/her child. This lack of basic trust is manifested in the Adult Survivor Child's relative lack of faith in others.

Alienation

The findings of this inquiry revealed that there was an inclination for Children of Survivors to be more alienated than Controls. According

to other investigations, the survivors (who already felt isolated and estranged from European society) arrived in this country and felt both ignored and that U.S. citizens did not take their accounts of their traumatic experiences seriously. An explanation for the Children of Survivors' sense of alienation is that their survivor parents communicated their feelings of isolation and alienation to them.

Anomie

A finding from this present study, in agreement with Sigal et al. (1973), is that Children of Survivors have a stronger tendency than Controls to experience our society as relatively normless. They are more likely to feel that norms of proper conduct are not recognized or subscribed to. Since anomie is one aspect of alienation, this result is consistent with the findings on that variable. The result can be explained by the influence of the survivor parents' attitudes and experiences on their children (that society is chaotic and guided by inconsistent values and principles).

Sex-Specific and Male-Valued Items (M/F Scale)

The research revealed that Children of Survivors as an entire group were not different from Controls on sex-specific and male-valued items. Sex-specific items assess how stereotypically masculine or feminine the ideal male or female is conceived of as being. Male-valued items assess the degree of identification with stereotypically male traits. However, Children of Survivors whose Parents were Adults during WW II had significantly lower sex-specific scores than their corresponding Controls, i.e., Male children of Adult Survivors perceive the ideal male as being

more stereotypically feminine than corresponding Controls, and Female children of Adult Survivors conceive of the ideal female as being more stereotypically feminine than their corresponding Controls. Similarly, Children of Survivors whose Parents were Adults during WW II had significantly lower scores on male-valued items than their corresponding Controls, i.e., Children of Survivors whose Parents were Adults during WW II have not identified with behaviors and traits that are regarded as stereotypically masculine to the degree that their corresponding Controls have. On the other hand, Children of Survivors whose Parents were Adolescents during WW II had significantly higher scores on male-valued items than their corresponding Controls. These findings will be discussed in detail in Sections D and E, below, which deal with the differences between Children of Survivors whose Parents were Adolescents in the Concentration Camps and Children of Survivors whose Parents were Adults in the Concentration Camps, and the issue of the vulnerability of the Concentration Camp Survivor Father, respectively.

B. Personality Measures Not Affected by the Concentration Camp Experience of the Parent

There was no difference between Children of Survivors and Controls on nine of the personality characteristics assessed. While it is difficult to find justifications for some of these findings, others may be somewhat more comprehensible.

Interpersonal Affect

There was no significant difference between the Children of Survivors and Controls on this variable which assesses empathy, sympathy and compassion for others. The Children of Survivors might have scored higher on interpersonal affect than Controls, since they were aware of their parents' suffering and were said to be determined to protect them from further pain. Their characteristic concern for their parents might have generalized to all individuals but there is no evidence for this from the data.

Female-Valued Items (M/F Scale)

Children of Survivors and Controls show no difference in scores on female-valued items, which assess the extent to which individuals have incorporated, as part of their identity, behaviors and traits that are regarded as stereotypically female. Since these traits represent identification with feminine characteristics as exhibited by the mother, this finding implies that survivor mothers were as available for sex-identification as mothers of controls.

Fear

There is no difference between Children of Survivors and Controls

in the scores on this variable. Total Fear reflects, according to McReynolds (1968) who described the FSS-II, overall anxiety. (There is a difference in scores on this variable between Children of Survivors whose Parents were Adults during WW II and Children of Survivors whose Parents were Adolescents during WW II, but this is discussed in Section D). Fear and Anxiety (see the foregoing discussion of Anxiety) both seem to assess similar personality dimensions. The Anxiety variable looks at the "consistent level of anxiety as it has developed over the course of an individual's lifetime" (Jackson, 1976). There is a difference on Anxiety between the Children of Survivors and Controls (male Children of Survivors are more anxious than male Controls), while there is no difference between the two groups on Fear. A possible explanation for this disparity is that Fear, as measured by Geer, "refers to specific responses to specific stimuli" (Geer, 1965). Anxiety, as conceived of by Jackson, and Fear, as understood by Geer, may be somewhat different concepts, and it is this disparity that may be accounting for the lack of difference between the experimental subjects and controls on Fear, and the difference between the two groups on Anxiety.

Abasement

There was no difference between the Children of Survivors and Controls on this variable, which assesses guilt in an indirect manner by examining self-blaming and self-critical attitudes. There was also no difference between the experimental and control groups on the variable Guilt (part of the Buss-Durkee scale). The Guilt scale looks at feelings of being bad, having done wrong, and suffering pangs of conscience. These findings are most surprising (even though they agree with Rustin,

1971) since the survivor parents' Survivor Guilt ("Why did I live while others died?") pervaded every aspect of the survivor child's family life. How could this atmosphere not have facilitated the experience of intense guilt feelings on the part of Survivor Children?

Depression

The findings revealed no difference between the Children of Survivors and Controls on Depression. These results, like the guilt findings, are unexpected. According to prior research, an atmosphere of depression permeated most survivor homes. Survivors were unable to mourn in the Concentration Camps, and the result of this failure to mourn was a continuing depression. In order to relieve their parents' depression, Children of Survivors are said to have attempted to do their parents' mourning for them (in addition to their own mourning for lost relatives). The foregoing would surely have contributed to the survivor child's depression. In addition, it has been suggested that the survivor parents' preoccupation with the past resulted in their inability to be emotionally available to their children (Sigal, 1971). The child of survivors is assumed to have reacted to this emotional neglect by becoming depressed. Also, as part of the natural identification process, it has been proposed that the survivor child identified with (a) depressed parent(s) (Sigal, 1971). This would likely have contributed to the survivor child's depression, as would his/her turning of his/her aggression inward (Newman, 1979) and his/her continued exposure to Holocaust stories (Trossman, 1968). The obtained results on Depression challenge one of the most strongly held notions concerning the character of Children of Survivors.

How can we understand the findings we have obtained on Guilt and Depression? There are three possible explanations, two of which are intertwined.

For the moment, let us make the assumption that the survivor child (although unconsciously guilty and depressed), has both consciously and unconsciously decided to deny Hitler a posthumous victory. At no cost must the Nazis (or the world) be allowed to witness more than they already have, the horrific effects of the Concentration Camps and of Nazi extermination policies on the Jews. This theme of indomitability is emphasized in post-Holocaust literature, and in songs written by Jews for Jews during and after World War II. Let us further assume that Children of Holocaust Survivors have by now been so sensitized to their own "issues" that they are aware that guilt and depression are the hallmarks of the survivor child, and either mark him/her as "psychopathological" or otherwise demean him/her. By revealing his/her depression and guilt he/she will acknowledge that Hitler has won; that the Nazis have maimed the Jews in general, and himself/herself in particular.

By his/her displaying guilt and depression the survivor child might also be labeling his/her parents as depressed and guilty themselves (he/she might be simply identifying with a depressed parent), or indirectly be accusing them of being poor parents (by raising a depressed and guilty child). Both of these actions would mark the survivors themselves as being further crippled by Hitler. Furthermore, the Children of Survivors may be wary of admitting to depression and guilt, fearful of hurting their parents who have already suffered so much. In addition, were the parents to experience pain at their child's unhappiness, the Child of Survivors would feel even more guilty.

As a consequence of his reluctance to manifest guilt or depression, the survivor child may be quick to identify items in these two areas, and 'fix' them to show little or no depression or guilt. The recognition of the intent of the question and the motivation behind the response would likely be subconscious. On the other hand, it could legitimately be argued that test construction was such as to suppress the desirability component of each item. 'Fixing' responses to achieve a particular socially desirable outcome is difficult. It should be noted, however, that the items assessing Depression, Guilt and Abasement are somewhat obvious in their intent.

Because guilt and depression are Holocaust stigmata, and because the experience of these affects is painful, it may be that the survivor child deals with them in yet another way. He/she might unconsciously alter his/her feelings of guilt and depression so that they emerge as hostility (hostility, guilt and depression are all psychodynamically closely related). In this connection, note the Child of Survivors relatively high mean score on Hostility. In addition, much of the depression might be expressed somatically (note the high Hypochondriasis score for Survivor Children).

Social Activism

This study revealed that Children of Survivors and Controls did not obtain significantly different scores on Social Activism. It was thought that because survivors bore the brunt of social injustice in the Concentration Camps and communicated their suffering in this area to their children, that Children of Survivors would have a deeper sense of social responsibility and more of an orientation towards helping

others than Controls. It may be that Children of Survivors are less socially responsible than expected. The fact that both the experimental and control groups achieved relatively similar scores on Social Activism may be due to low or mid-range scores on the part of both groups. Or, it may be that the Controls' score was higher than expected, and that both groups were relatively high scorers. Since norms weren't established for this Structured Interview variable, it is impossible to say which is the case. If the Controls scored higher on this variable than anticipated, it may be that as former residents of Nazi-occupied countries, their parents also experienced the humiliation associated with social injustice. These refugee parents may have imbued their children with strong feelings of social responsibility which might be as intense as the Survivor Childrens'.

Powerlessness, Meaninglessness of Life and Isolation

The findings showed that Children of Survivors and Controls did not obtain significantly different scores on any of these three Structured Interview variables (Alienation sub-variables). The mean scores for the Survivors' Children on each of these three variables were higher than the Control's, and assures us that they contributed positively toward the main effect trend of Camp Experience for Alienation (Children of Survivors are somewhat more alienated than Controls) noted above.

C. Personality Measures Affected by Sex and Developmental Level, but not Concentration Camp Experience

Results were obtained in the study that have no direct relation to the Concentration Camp Experience, but are worthwhile mentioning for their heuristic value.

Interpersonal Affect

On this scale, which assesses empathy and compassion for others, the Females scored significantly higher than the Males. The relation of female scores to male scores was the same as for the population used to establish the instrument's norms (JPI).

Succorance

The Females scored significantly higher on this scale, which appraises helplessness and dependency, than the Males. The relation of female scores to male scores was the same as for the population used to establish the instrument's norms (PRF, Form AA). In addition, a significant Second-Order interaction was obtained on Succorance (Sex \times Developmental Level \times Camp Experience). The analysis of this interaction revealed that the main effect of Sex can be traced to the fact that Female Controls whose parents were Adults during WW II had higher Succorance scores than the corresponding Male Controls (this was discussed in detail in the Results Section). The analysis also showed that Male Controls whose parents were Adolescents during WW II scored higher on Succorance than Male Controls whose parents were Adults during WW II.

Autonomy

On Autonomy, the Males scored significantly higher than the Females. The relation of the male scores to the female scores in this study was the same as for the population used to establish the instrument's norms (PRF, Form AA). In addition, the Children of Parents who were Adults during WW II had significantly higher means on this scale, which assesses self-reliance and independence, than the Children of Parents who were Adolescents during WW II.

Sex-Specific (M/F Scale)

Males scored significantly higher than Females on the sex-specific items which appraise how stereotypically masculine or feminine the ideal male or female is conceived of as being. The relation of the male scores to the female scores was the same as for the population used to establish the instrument's reliabilities and validities (PAQ).

The origin of the main effect trend of Developmental Level (i.e., that the Children of Parents who were Adolescents during WW II, in this study, had significantly different sex-specific scores than the Children of Parents who were Adults during WW II), lies in the fact that Children of Survivors whose Parents were Adults during WW II, had significantly lower sex-specific scores (this was discussed in detail in the Results section).

Female-Valued (M/F Scale)

Females scored significantly lower than Males on the female-valued items which evaluate the degree of identification with stereotypically

female traits. The relation of the female scores to the male scores was the same as for the population used to establish the instrument's reliabilities and validities (PAQ).

Male-Valued (M/F Scale)

The absence of an expected main Sex effect on this variable (which assesses the extent of identification with stereotypically male traits), i.e., that Male subjects did not score significantly higher than Female subjects, can be traced to the fact that Female Children of individuals who were Adolescents during WW II attained scores that were somewhat higher than Male Children of individuals who were Adolescents during WW II. (There was a significant Male-Female difference in Male-valued scores for the Children of individuals who were Adults during WW II. Males scored higher than Females.) (See discussion in Results section.)

Hypochondriasis

The Children of Parents who were Adults during World War II had significantly higher mean scores on this scale, which assesses bodily concern, and preoccupation with physical complaints, than Children of Parents who were Adolescents during World War II.

Innovation

The Children of Parents who were Adolescents during WW II are significantly more innovative and imaginative, according to the findings of this study, than Children of Parents who were Adults during WW II.

Alienation and Powerlessness

The Children of Parents who were Adults during WW II were found to feel significantly more powerless than the Children of Parents who were Adolescents during WW II.

A significant Sex \times Developmental Level interaction was obtained for Powerlessness and a marginal Sex \times Developmental Level interaction was obtained for Alienation. These interactions were not analyzed because they were not directly relevant to this study (levels of Camp Experience were not involved).

D. Children of Adolescent Survivors vs. Children of Adult Survivors

This study revealed no indication that Children of Survivors who were Adolescents in the Concentration Camps were more affected by their parents' Concentration Camp experience and cope less effectively than Children of Survivors who were Adults in the Concentration Camps. In fact, if there is any indication of a difference between the two groups, it would have to be that the Children of Survivors who were Adults in the Concentration Camps were more affected by their parents' trauma.

On the majority of the dependent variables assessed, no difference between Children of Survivors whose parents were Adults in the Concentration Camps and Children of Survivors whose parents were Adolescents in the Concentration Camps were noted. Only three interaction (Camp Experience \times Developmental Level) effects on the three variables: Fear, Male-Valued behaviors and Sex-Specific behaviors were obtained that could shed light on the differences between these two groups. On the dependent variable, Fear, Children of Survivors whose parents were Adults in the Concentration Camps were somewhat more fearful than Children of Survivors whose parents were Adolescents in the Concentration Camps. The Children of Survivors whose parents were Adults in the Concentration Camps appear to cope less well with specific stimuli that elicit fear.

Children of Survivors whose parents were Adults in the Concentration Camps had lower mean scores on the variable Male-Valued (M/F scale) than Children of Survivors whose parents were Adolescents in the Concentration Camps (shortened, for convenience, to Children of Adolescent Survivors). This may mean that Children of Survivors whose parents were Adults in the Concentration Camps (shortened, for convenience, to Children of Adult Survivors) have not incorporated, as part of their identity, behaviors

and traits that are regarded as stereotypically male to the degree that Children of Adolescent Survivors have. These behaviors and traits have to do with methods of coping with the external environment, competence, and accomplishing things. These results may indicate a tendency on the part of Children of Adult Survivors to possess somewhat less adaptive mechanisms for coping with the external environment.

Finally, the two groups differed on the Sex-Specific (M/F scale) variable. Children of Adult Survivors had lower scores on these items than Children of Adolescent Survivors. This indicates that Male Children of Adult Survivors perceive the ideal male as being distinctly more stereotypically feminine than Male Children of Adolescent Survivors, and that Female Children of Adult Survivors conceive of the ideal female as being more stereotypically feminine than Female Children of Adolescent Survivors. It appears that Male Children of Adult Survivors may, in some measure, be uncertain of their male identities (see the discussion below), while Female Children of Adult Survivors approach the stereotyped view of femininity a bit too closely. These conceptions of their sexual identities on the part of Male and Female Children of Adult Survivors (particularly the Males) could conceivably cause some adjustment difficulties in our society.

When looking at the differences between Children of Survivors and Controls on the male-valued items, one's attention is drawn to the fact that the mean for Children of Adolescent Survivors is higher than the mean for their corresponding Controls, while the mean for Children of Adult Survivors is lower than the mean for their corresponding Controls. From this perspective as well, then, there is support for the notion that Children of Adolescent Survivors have more than adequate means of

coping with the external world.

Upon examination of the differences between Children of Survivors and Controls on the sex-specific items, one becomes aware that Children of Adult Survivors had significantly lower sex-specific scores than their corresponding Controls. This finding, in conjunction with the earlier result that Children of Adult Survivors have lower mean scores on sex-specific items than Children of Adolescent Survivors, is further evidence that male and female Children of Adult Survivors have ideals for males and females that don't conform to society's ideals for the two sexes.

The second-order interaction (Camp Experience \times Sex \times Developmental Level) obtained for Succorance, revealed that Male Children of Adolescent Survivors had significantly lower scores on this dependent variable than their corresponding Controls. The main effect of Camp Experience for Succorance is in fact determined by the difference in mean scores between these two groups. The Male Children of Adolescent Survivors are relatively independent, show less need of sympathy and support, and seek less reassurance from others. This is further evidence for the contention that Children of Adolescent Survivors were not necessarily affected in an adverse manner by their parent's Concentration Camp experience. Certainly the Male Children of Adolescent Survivors appear to be a relatively confident, secure, and self-sufficient group. By contrast, there was no significant difference between mean Succorance scores achieved by Male Children of Adult Survivors and their corresponding Controls.

What is the explanation for the fact that Children of Adolescent Survivors were not as negatively affected by their parents' camp experiences as was hypothesized, and that, conversely, Children of Adult Sur-

vivors may have been influenced more? Why were the survivor parents' effects on their children different from expectations?

The explanation may lie in the fact that adolescents are more resilient than has been supposed -- more adaptive even than adults -- to trauma. Adolescents may be less vulnerable to temporally bounded trauma (as exemplified by the Concentration Camp) than adults. Or, we may find the explanation in the fact that adults generally experienced a greater degree of loss than adolescents did (not only did adult survivors lose parents and siblings, but they also lost spouses and children). It is possible to explicate the findings by asserting that while the adolescent was more vulnerable to trauma (than the adults), his/her vulnerability was balanced and even superceded by the adults' enormous losses. Finally, we might understand the findings by supposing that there may, in fact, have been a more destructive effect of the Concentration Camps on the adolescent, but that in the process of the transmission of the effects of trauma from one generation to the next, this effect was attenuated. The stronger effect of the experience of the Concentration Camps (as opposed to no camp), was visible, but the more subtle effects -- the differences between different groups of survivors -- were not.

E. Vulnerability of Male Survivors: Male Identity

There are four variables: Trust, Anxiety, Male-Valued behaviors and Sex-Specific behaviors which proved to be especially sensitive to the influence of the Concentration Camp Survivor Father. As the clinical literature has indicated, the male who experienced the trauma of the Concentration Camp was more profoundly affected than the female. His traumatization expressed itself in an exacerbation of symptoms associated with the Survivor Syndrome, and in an exaggeration of personality characteristics generated by the Concentration Camp experience. In attempting to cope with psychic remnants of the Concentration Camp experience, the father emotionally and physically withdrew from his family by throwing himself into his work. Even when he was physically present, he maintained his emotional distance from his family.

As has already been mentioned, Children of Concentration Camp Survivors are less trusting than Controls. Closer examination of the data revealed that male Children of Survivors were markedly less trusting than male Controls, while female Children of Survivors and Controls exhibited approximately the same amount of trust in people. To explain this result in the light of the foregoing discussion, we might hypothesize that the Survivor Father was noticeably distrustful. The male child of this parent would likely identify with his suspicious father. The male Child of Survivors' low trust in people may have an additional source. We have already discussed the general low level of trust in the survivor home. This wary attitude towards others becomes more pronounced with males. They may be, for the most part, required to involve themselves in dealings with a sometimes threatening and hostile business world (67% of the males in this study are businessman or lawyers) which strains their

limited reserves of trust. Females, on the other hand, may more frequently either assume a protected domestic role, or be employed in the service sector (25% of the females in this study are housewives, 21% are business-women or lawyers, and 31% provide services).

The results of this study disclosed that male Children of Survivors were considerably more anxious than male Controls, while female Children of Survivors and Controls were anxious to the same degree. With regard to the role of the survivor father already alluded to, we might conjecture that the survivor father was very anxious. The son of this father would be inclined to identify with his fearful parent. An additional origin of anxiety in the male Child of Concentration Camp survivors may lie in the survivor parents' overly high expectations for their children. Survivor parents likely have especially high hopes (professional and academic) for their sons.

The issue of male identity for the survivor children, and the influence of the survivor child's father are effectively probed by two M/F scale variables: Male-Valued behaviors and Sex-Specific behaviors. Both male and female Children of Adult Survivors had low means on male-valued items. Since these items assess the degree of identification with stereotypically male traits, the implication is that these two groups possess relatively fewer male characteristics, and perhaps cope less actively with the external environment. This phenomenon also appears to be related to the relative emotional distance of the Adult Survivor father. Again, the children (both male and female) of this survivor parent had only an emotionally distant father figure with whom to identify.

It must be noted, however, that the low means on male-valued items

were obtained for the Children of Adult Survivors only, and not for Adolescent Survivors (or the Controls whose parents were Adults during WW II). This would indicate that males who were adults in the Concentration Camps were more deeply affected by the experience than males who were adolescents in the Concentration Camps. The reasons for adult vulnerability to trauma were mentioned above. This vulnerability on the part of Adult Survivors appears to be greater for males. On the sex-specific items, as on the male-valued items, both male and female Children of Adult Survivors achieved lower means than male and female Children of Adolescent Survivors, and male and female children of Controls whose parents were Adults during WW II.

As noted earlier, these results imply that both male and female Children of Adult Survivors -- but particularly males -- have atypical perceptions of the ideal member of their respective sexes. Male Children of Adult Survivors conceive of the ideal male as embodying many more feminine characteristics than the males in either of the aforesaid groups. This finding suggests that the male Children of Adult Survivors may have more androgynous sexual identities. The cause of this phenomenon may be traced to the emotionally uninvolved and physically unavailable father who was an Adult in the Concentration Camps.

As with male-valued items, only the Children of Adult Survivors were different from the other groups. Again, the implication is that Adult Male Survivors were more negatively influenced by the Concentration Camp experience.

F. Normality of Children of Survivors

One of the most important results of this investigation was the discovery that despite measurable differences between Children of Survivors and Controls, the mean scores obtained by both groups on all the dependent variables (but one^{*}) were within the normal range. The normal range is here defined as the mean score obtained on the standardization sample of normal subjects ± 1 S.D. (see Table 36). This is of particular relevance to the Children of Survivors, who have until now been mainly thought of as a "psychopathological group." The fact that Children of Survivors obtained normal mean scores is strong evidence for their normality.

This finding, that Children of Survivors are within the normal range (at least on the variables examined), contradicts almost all the previous research (except Rustin, 1971; Leon, Butcher, et al., 1981; and Zlotogorski, 1983), which had emphasized the psychopathology of the survivor child. The prevalent view, that the survivor child was indelibly stamped as emotionally deviant originated primarily from two sources: 1) Case studies conducted by psychoanalysts (whose orientation is towards psychopathology) emphasized the psychic dysfunction of the children of survivor patients, and 2) Most of the previous empirical research had been conducted on clinical samples (and generalized to the entire population

* The mean Fear scores obtained by all the subjects in this sample were greater than the mean scores for males and females obtained by Geer (FSS-II). The difference exceeded one S.D. for the females and two S.D.'s for the males. The means and S.D.'s for the FSS-II are based on a sample of 161 male and 109 female subjects. On the well-standardized Jackson scale (JPI), which assesses the consistent level of anxiety as it has developed over the course of a person's lifetime, all the subjects scored in the normal range. The FSS-II scores also reflect overall anxiety, yet all subjects scored above and outside the normal range. While it is not within the scope of this study to explore this discrepancy, in this connection it should be pointed out that the JPI was standardized on a sample of 2,000 males and 2,000 females.

of survivor children). The earlier work stands in marked contrast to the present study which was conducted on a carefully drawn sample of "normal" Children of Survivors and Controls, and is conspicuously free of sample bias.

From this perspective, then, is it useful to talk about a "Survivor-Child's Syndrome," since the assessment of those personality characteristics which might be influenced by the parents' camp experience shows them not to be different from that of normal individuals? This investigator believes in the utility of the idea of a "Survivor-Child's complex" (Kestenberg, 1982). This concept acknowledges the impact of the survivor parent on his/her child, but visualizes this impact as producing a constellation of outstanding personality attributes, within the normal range, that is unique to children of survivors.

The tacit assumption underlying this study and previous investigations, has been that personality characteristics caused by the trauma of the Holocaust are transmitted from one generation to the next. How then is it possible to explain the "normality" of the survivors' children given this supposition? More specifically, why do the personality characteristics associated with the survivors' pathological response to the Holocaust appear in their children in an attenuated and "normal" form?

The difference between parents and children with regard to Holocaust-related characteristics might be due to the fact that the parents' Concentration Camp trauma was experienced in a relatively acute time-limited manner, while the child's experience of his/her parents' questionable child-rearing techniques was more in the form of a chronic "cumulative trauma" (as described by Grubrich-Simitis on p. 36). The parents' trauma

resulted in the severe symptoms termed the Survivor Syndrome, but the survivor childrens' trauma resulted in a significantly attenuated form of the Survivor Syndrome; already referred to as the "Survivor Child's complex."

Another plausible explanation for the results obtained for the survivor children is the hypothesis that the survivors themselves were affected, but not in so profound a way as has been supposed. The majority of the investigations carried out on the survivors were geared to the determination and exploration of psychopathology. Most studies were done on survivors who had filed restitution claims with the German government, and were undertaken by psychoanalysts whose orientation was, almost by definition, toward psychopathology. Is it possible that these studies exaggerated the survivor's maladaptive characteristics? If this is so, then the survivors would have transmitted a much milder form of the syndrome to their offspring. This would also account for the differences between Children of Survivors and Controls on the forementioned constellation of personality traits. The normality of this constellation is also comprehensible in the light of this hypothesis.

G. Heterogeneity of Survivors and of Children of Survivors as Accounted for in the Research Design

A lingering question in the Holocaust literature has been whether studies on the effects of the Concentration Camp on survivors and their children are worth undertaking, since both groups, survivors and survivors' children, are so heterogeneous. How can we, some researchers argue, look for a common effect of the Concentration Camp on survivors' children in the light of the facts that: 1) The individuals (survivors) who entered the Concentration Camps were so varied (in terms of personality, cultural background, etc.); 2) The camp experiences themselves were so diverse (ages during incarceration differed, intensity of type of stress varied, the length of time spent in the camps was not the same, types of losses varied, etc.); 3) The post-Camp experiences of the survivors were so different? How is it possible, they question, that the experience of the Concentration Camp ultimately had a uniform effect on all Children of Survivors when not only were the survivors' pre-Camp, Camp and post-Camp experiences unique, but their reactions to their experiences -- the ways that they dealt with the Concentration Camp trauma -- were unique as well? Finally, these researchers query, how, considering the forementioned, can the child-rearing techniques of the Holocaust survivor parents resemble each other enough, and how can other family variables (numerical size of family, order of birth, sex of parent who was a survivor) be sufficiently similar to reveal the traumatic effect of the Concentration Camp on the parents as the cause of a common effect on the children? Isn't it so, these doubters might say, that the questionable "effect" of the Concentration Camp on the Survivor Children is a fluctuating interaction of all the possible factors mentioned above with

the experience of the Concentration Camps? And if this is so, then a uniform effect on the child of survivors of his/her parent's Concentration Camp experience cannot exist.

What these skeptics fail to recognize is the overwhelming impact of the Concentration Camp experience and its profound traumatic and stressful effect -- an effect that transcends the influences or combinations of influences of all the above factors on the survivor and his child. What they are also insufficiently aware of is that the Concentration Camp experience is the only experience that all the Concentration Camp survivors and their children (in an indirect manner) share.

This brings us to a discussion of the present study. This investigator was fully cognizant of the primary impact of the trauma of the Concentration Camp on both the survivor and his/her child, and accounted for the abundant factors mentioned above by randomizing the subjects on these factors. According to Kerlinger (1973) "... randomization is the only method of controlling all possible extraneous variables." (We can consider all the factors mentioned in the above argument as extraneous variables.) "... control of the extraneous variance by randomization is a powerful method of control." In other words, by controlling the extraneous variables, we are assuring ourselves that the effect we have obtained is due to the experimental condition and not to confounding, uncontrolled independent variables.

After the study was completed, inspection of the data revealed the possibility that certain extraneous variables might be "confounding" the study, i.e., having an effect on the outcome of the study. The variables that appeared to be possible confounds for all the subjects were: their level of education, income, birth-order, their parents' country of origin,

their relative amount of freedom during childhood and whether they were allowed to be on their own, the ability of parent and child to confide in one another, their familiarity with the Holocaust literature, their parents' physical health, whether they had experience in psychotherapy, and the state of their emotional well-being. Possible confounding variables for the Children of Survivors were: presence or absence of a D.P. Camp in the survivor parents' post-Concentration Camp experiences, and whether one or both parents were Concentration Camp survivors. Regression analyses of the data revealed no significant effect for these factors -- these extraneous "independent" variables did not influence the dependent variables in this study.

A word must be said here concerning those researchers who emphasize the heterogeneity aspect of the survivor and children of survivor groups. These investigators feel, particularly for psychotherapy purposes, that these affected individuals have been frequently treated without enough regard for their individuality. Furman (1973) speaks for this group of investigators by stating, "Any therapeutic work must put aside stereotyping of the survivor and his children," and "I stress the need to study individual cases intensively, avoiding tempting generalizations in order to understand ... the children of survivors."

H. Discussion of Qualitative Data

Both logic and previous research (Porter, 1981; Kuperstein, 1981; Heller, 1982; Krell, 1979) aid in the prediction of various attitudes and behaviors of children of survivors with regard to issues of Jewish cultural and religious identification. It is reasonable to expect that children of Holocaust survivors would be so affected by their parents' direct and indirect accounts of their traumatic experiences that they would express in both thought and deed the resolve that the Jewish people would never be destroyed. This need to prevent extinction of the Jewish people might be expressed by children of survivors in various ways: 1) in an interest in Israel and the need to preserve it for the continued survival of the Jews; 2) in agitating for freedom from persecution for the Soviet Union's Jewish population; 3) in being Jewish activists, organizing and involving themselves in Jewish communal groups (religious, political, Holocaust-related), editing Jewish magazines, etc. The commitment to Judaism might also reveal itself in strong responses to anti-semitism, great interest in Jewish-related issues, religious lifestyles and strong feelings of Jewish identity (pride, uniqueness and the sense of being a link in the chain of a long history and culture).

A qualitative examination of the data discloses some interesting findings. Not only would it have been expected that children of Holocaust survivors would manifest the feelings and behaviors cited above, but that they would exhibit them to a greater degree than children of non-survivors. This expectation was not consistently borne out in the present study.

RELIGIOUS TRAINING

It might have been considered likely that Holocaust survivors' children would have had more religious training than the controls, considering their parents' history and experiences. A question was inserted into the Life History Questionnaire to investigate this issue. While the experimental groups had more Orthodox training than the control groups, the percentages of both groups (experimentals and controls) who had had religious training of some kind were about the same (59% for the experimental groups, 62% for the control groups).

FEELINGS ABOUT JEWISHNESS

The Life History Questionnaire query "Describe the feelings your Jewishness engenders in you" brought forth some telling responses. Of the controls, approximately 78% had positive thoughts about Judaism, 3% negative thoughts and 19% mixed or neutral ones. In the experimental groups, about 84% had positive feelings, 0% negative feelings and 9% neutral or mixed (7% did not respond). Although the experimental and control subjects both had basically positive feelings about their identity, children of survivors generally seemed to be more passionate in their expression. Nearly 41% of the children of survivors expressed very strong, deeply felt emotions regarding their Jewish identity, while 30% of the controls revealed these intense sentiments.

The positive thoughts that Jewishness produces in subjects include:

1) Pride in being Jewish. One experimental subject responded "A deep sense of pride and obligation -- warmth and joy for the traditions of the religion and sometimes even comfort for the guidance of Judaic Law."

2) Jewishness being a strong source of personal identity. "Sometimes I feel I exist just to be Jewish," said another subject. 3) The separateness and distinction of being Jewish. "A sense of being different, proud ... special," added a control subject. 4) The notion of being tied to a significant history and tradition. "A sense of pride -- meaningful continuity with the past and meaningful direction for the future," mentioned an adult experimental subject. 5) Jewishness bound up with feelings of commitment. Said one survivor's child, "I am deeply committed to Judaism." For children of Holocaust survivors, Judaism often has a special, positive meaning. One adolescent child of a survivor poignantly stated: "It is my touchstone. It is bound up with being a second-generation survivor. Together they form my heritage, and it is the heritage I want to pass on to my daughter." Positive sentiments about Jewishness often include the desire to transmit the Jewish legacy to one's children. "... I am very proud of my heritage and hope to instill my feelings in my children," emphasizes a control subject. The passing on of the Jewish heritage is seen as accomplished by formal education in the Jewish tradition. "I keep a very traditional home," says an adult survivor's child, "and send my daughter to a Jewish day school."

Some subjects' statements concerning Jewish identity suggested the fragility of the future for Jews. "I have ... a worrisome attitude about what will eventually happen to the Jewish people," stated an adult control. Other statements conveyed a lack of trust of the gentile world. One subject confided: "There is a certain sense of defensiveness associated with feeling like a part of a people that has a history of being discriminated against." While another said: "I'm somewhat

paranoid about anti-semitism and less comfortable in an atmosphere that is predominantly gentile."

Only about 16% of the controls (two Orthodox, two Reformed, one Conservative) view themselves as Jews in the religious sense, and 13% feel that allegiance to Israel is an important part of their Jewishness. 84% see themselves as Jewish in the traditional, cultural conception of the term. They recognize the importance of the Jewish heritage and prize the ethics and values of Judaism. A control subject stated: "My Jewishness has always been a fundamental and strong force in my life. Not so much the religion itself, but the heritage and belief in Jews." They feel comfort in being with and having a tie to other Jews, and in having religio-cultural roots. Another control subject reported: "I try to live by Jewish values. But I always feel a lot of pride in being a Jew. I am also conscious of our history and tradition, and try to use today, our lessons of the past. I am very comfortable with Jewish beliefs and customs."

Almost 44% of the children of survivors (twelve Orthodox, two Conservative) regard themselves as Jews in the religious as well as in the traditional, cultural sense. 6% claim that the most important aspect of their definition as Jew is their Zionism.

6% of the controls intermarried, whereas there was no intermarriage among the experimental subjects.

INVOLVEMENT IN JEWISH COMMUNITY AFFAIRS

Responses to the Structured Interview Question: "People have different ideas and experiences of just how they fit into the affairs of the community. Would you say that you contribute to community decisions

or that you are not part of the community at all, or perhaps, somewhere between these two poles?" were scrutinized for the extent of the subjects' involvement in Jewish community affairs. It was conjectured that responses to this query would help gauge the degree of cultural and religious identification.

The percentage of controls and the percentage of the experimental group subjects who were not involved in the Jewish community was the same: approximately 56%. The percentage of the experimental subjects fully involved in the Jewish community was close to 41%, and the percentage of the experimental subjects somewhat involved was about 3%. Approximately 34% of controls were deeply involved in the Jewish community and about 9% were somewhat involved. The percentages of the controls and the experimental groups at all involved in Jewish community affairs is remarkably similar.

The control's Jewish community work included fundraising, involvement in synagogues, Zionist organizations, and political groups. In addition to those community functions already mentioned, experimental subjects took part in Holocaust survivors' and survivors' children groups, Jewish school teaching, Soviet Jewry lobbying and contributing to Jewish communal publications.

COMMITMENT TO JEWISH CAUSES AND ISSUES

Responses to the questions assessing Social Activism in the Structured Interview were informally examined for Jewish-related content. More specifically, how different or similar were the experimental and control subjects in their commitment to Jewish causes and issues? The degree of their sense of obligation to things Jewish would suggest the

strength of their Jewish identity.

The percentage of the experimental subjects that mentioned significant commitment to Jewish issues and causes in their responses was around 56%. The percentage of experimental subjects that suggested but a little commitment to Jewish activities was around 16%. Only approximately 23% of the experimental subjects mentioned no involvement in Jewish causes. Approximately 28% of controls cited a significant involvement in Jewish causes and activities and about 9% stated a little commitment to Jewish causes. A whopping 63% of the controls specified no engagement in Jewish causes and issues.

The issues and activities which the control group subjects indicated commitment to included Russian Jewry, Israel, Jews in foreign lands (anti-semitic activities), matters of social injustice and discrimination as they relate to Jews, Jewish political groups, Jewish (women's) organizations, Jewish feminism, Jewish community service, and "general Jewish issues." The experimental subjects cited all the areas of Jewish interest mentioned by the controls, and in addition, stressed involvement in educational and consciousness-raising activities connected with the Holocaust, and active participation in Holocaust organizations.

CONCLUSIONS AND EXPLANATIONS

The data provided here indicate that on most of the informal measures of Jewish religious and cultural identification, there is little or no difference between the experimental and control subjects. It was expected that children of survivors would have stronger Jewish identifications than controls. There are two possible explanations for

this phenomenon. Firstly, the parents of control subjects are themselves, in a sense, survivors. They too were victims of Nazi persecution and suffered geographic displacement and many losses [of some relatives (but not nearly to the extent of Concentration Camp survivors), homeland, culture, etc.]. It is likely that these immigrant parents (parents of control group subjects) were, like survivors of Concentration Camps, aware of their vulnerability as Jews, and communicated this feeling of vulnerability to their children. This influenced the controls to contribute their efforts to the cultural preservation of the Jews. In addition, a large percentage of the controls' parents are or were members of a well-known Reformed synagogue in New York City. By virtue of their involvement in the synagogue, we might hypothesize that the controls' parents themselves were more deeply committed to Judaism, say, than a group of refugees from Germany who had not been attached to a synagogue. It is highly possible, then, that the parents of the controls inculcated Jewish values and the need for Jewish survival into their children.

Although similar positive feelings about their Jewishness were expressed by members of the experimental and control groups, the children of survivors expressed themselves in a more intense and forceful way. The strong emotionality of their responses seemed to indicate how deeply their Jewishness was connected to their parents' Holocaust experiences.

A much larger proportion of children of survivors than controls identify themselves as Jewish in a religious sense. The explanation for this may be two-fold. In the first place, the children of survivors are mainly Eastern European in ancestry, and have more Orthodox roots than controls, whose origins are mostly Reformed and Central

European. The survivor children may have found, in religiosity, a vehicle for the expression of their Jewish identity that is not available to the controls. Religiosity, moreover, serves, for the children of survivors, as a tie to relatives and ancestors lost in the Holocaust.

There appears to be a very large difference between the controls and the experimental subjects in the amount of active participation in Jewish causes and issues. This finding was in fact expected, but may seem puzzling in view of the fact that there was little difference between children of survivors and controls in their involvement in the Jewish community. The explanation may lie in the fact that community involvement requires significantly less activity than that necessary for a strong active commitment to social causes and religious issues. It is the vigorous activity that differentiates the controls from the experimental subjects with regard to involvement in Jewish causes and issues. A large proportion of children of survivors, because of their Holocaust history, refuse to accept less than a definite and active response to their environment. They are particularly aware that a passive relation to the world might result in another Holocaust. Their active stance in Jewish life is a way of preventing it from ever happening again.

I. Suggestions for Further Research and the Practical Implications of this Research

1) Additional research should be done on non-psychopathological samples of survivor children in order to better understand them. Larger samples might be used to investigate other dependent variables as well as other independent variables.

2) "Normal" survivors (rather than clinical samples) themselves need to be investigated, as Dor Shav (1978) has begun to do, in order to throw further light on the effect of Concentration Camps on survivors and their progeny.

3) Study of the "third generation" survivor must begin, in order to more fully understand the nature of the transmission of trauma and of personality characteristics from parent to child.

4) The comparison of the effects of Holocaust trauma with other types of severe trauma must be undertaken in order to gain further insight into the nature of trauma. (One must always keep in mind the unique nature of the Holocaust.)

5) This study might encourage psychotherapists to grapple with the unique dynamics of the survivor offspring rather than with his or her "psychopathology." Special issues do exist for these children of survivors, but they need to be viewed as more "normal" characterological issues rather than deviant ones.

6) Finally, by utilizing the results of this study, intervention programs for survivors and their children may be facilitated.

Appendix I

Life History Questionnaire

Purpose of this Questionnaire:

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and as accurately as you can, you can facilitate the progress of this study. This questionnaire will save us both time. You are requested to answer these routine questions in your own time instead of using up our time together.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. These records are strictly confidential. No outsider, not even your closest relative, is permitted to see this questionnaire without your written permission.

If you do not desire to answer any question, merely write "Do not care to answer."

Please use the back of the sheets if your response requires more space.

Date _____

1. GENERAL

Name _____

Address _____

Telephone Numbers _____

Age _____

Occupation _____

With whom are you living? (List people) _____

Do your parents live nearby? _____

Marital Status: single, engaged, married, remarried, separated, divorced,
widowed (Circle one).

2. PERSONAL DATA

Date of Birth _____ Place _____

Did you have a happy childhood? _____ Explain. _____

Health during childhood? _____

List major illnesses if any: _____

What is your height? _____ Your weight? _____

Have you been feeling emotionally well recently? _____ If not, explain. _____

Have you been feeling physically well recently? _____ If not, explain. _____

Have life circumstances been unusually stressful recently? _____ If so, explain. _____

Games and interests during childhood and adolescence (including make-believe)? _____

Present interests, hobbies, activities? _____

How is most of your free time occupied? _____

Highest advanced level of schooling reached? _____

In general, what was your relationship with peers in school? _____

What subjects did you do well in? _____

What subjects gave you trouble? _____

Do you make friends easily? _____ Do you keep them? _____

Are you familiar with the recent literature and issues concerning children of survivors? _____ Which materials are you familiar with? _____

3. OCCUPATIONAL DATA

Age of starting work? _____

List your last three jobs and how long you worked at them: _____

Does your present work satisfy you? _____ If not, in what ways are you dissatisfied? _____

What is your family income in thousands of dollars?

10-15 ___ 15-20 ___ 20-25 ___ 25-30 ___ 30-35 ___ 35-40 ___
40-45 ___ 45-50 ___ 50 or more ___

Is the management of money an issue in your family? ___ Explain. _____

4. MARITAL HISTORY

How long did you know your spouse before engagement? _____

For how long were you engaged? _____ Age of spouse? _____

How old were you when you married? _____

In what areas is there most compatibility between you? _____

Occupation of spouse? _____

Briefly describe your marriage partner's personality: _____

Is there any incompatibility between you? ___ If so, in what areas? _____

How do you get along with your in-laws (this includes brothers and sisters-in-law)? _____

How many children have you? _____ Please list them in chronological order with names, ages and sex. Give a brief personality description of each. _____

Are any of the above children from a former marriage? _____

5. FAMILY DATA

Father

Date of birth? _____

If deceased, date, cause of death, and your age at the time: _____

His health? _____

Religion? _____ Country of birth? _____

City or town lived in prior to Second World War? _____

Approximate population of city or town? _____

Occupation prior to Second World War? _____

When did father immigrate to U.S.A. (if he is a naturalized citizen)? _____

Was father in Concentration Camp(s)? _____ Which one(s)? _____

For how long? _____

How old was he when he first entered a camp? _____

If he was in a Concentration Camp, was he also in a Displaced Persons Camp? _____ If yes, for how long? _____

What kinds of problems did father have in adjusting to life in the U.S.A.? _____

Mother

Date of birth? _____

If deceased, date, cause of death, and your age at the time: _____

Her health? _____
Religion? _____ Country of birth? _____
City or town lived in prior to Second World War? _____
Approximate population of city or town? _____
Occupation prior to Second World War? _____
When did mother immigrate to U.S.A. (if she is a naturalized citizen)? _____
Was mother in Concentration Camp(s)? _____ Which one(s)? _____
_____ For how long? _____
How old was she when she first entered a camp? _____
If she was in a Concentration Camp, was she also in a Displaced Persons
Camp? _____ If yes, for how long? _____
What kinds of problems did mother have in adjusting to life in the U.S.A.? _____

Siblings

Brothers (Names, ages, occupations. Also indicate whether they are single, married, divorced, etc.): _____

Sisters (Names, ages, occupations. Also indicate whether they are single, married, divorced, etc.): _____

Past relationship with brothers and sisters? _____

Present relationship with brothers and sisters? _____

Extended Family

Do you have many uncles, aunts, cousins? _____ How many of each on mother's side? _____

On father's side? _____

Do you come from a close knit family? _____ Detail. _____

Give a description of your father's personality and of his attitude towards you (past and present): _____

Give a description of your mother's personality and of her attitude towards you (past and present): _____

Do you feel that your parents gave you enough freedom? _____

Were you able to be on your own as much as you would have liked to be? _____

If no, explain. _____

In what ways were you punished by your parents as a child? _____

Give an impression of your home atmosphere, i.e. the home in which you grew up. Mention the compatibility between parents and children. _____

If you are living with your parents at present, how do you feel about leaving home? _____

If you have already left home, was it difficult leaving home when you
a) went away to college _____ b) got a job _____ c) got married _____? Explain.

Note something that is personally important to you and mention how your parents feel about the same issue. _____

In what ways are you similar to and different from your parents? _____

Were you able to confide in your parents? _____ Explain. _____

Were your parents able to confide in you? _____ Explain. _____

If either parent was a survivor, was he/she able to communicate openly about his/her Holocaust experiences? What was the nature of the description? Excessive? Sketchy? Emotional? Detached? etc. _____

How much do you know of your parents' experiences during the period of the Second World War? _____ Explain. _____

If you have a step-parent, give your age when your parent remarried. _____
Give an outline of your religious training. _____

Describe the feelings your Jewishness engenders in you. _____

Have you ever been in psychotherapy? _____

When, and for how long? _____

If you were not brought up by your parents, who did bring you up, and between what years? _____

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? _____ If yes, explain. _____

Who are the most important people in your life? _____

Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder?" _____

Are there any other members of the family about whom information regarding illness, etc. is relevant? _____

Please make note here of any experiences or information you regard as important which has not already been mentioned. _____

Use the remaining space, and the blank sides of these pages to describe yourself first as you see yourself, and then as your parents see you. _____

Appendix II

As has been discussed with you on the phone, the major purpose of this study is to investigate the differences (if any) between normal, healthy children of Holocaust survivors and children of non-survivors (children who have an immigrant parent who did not experience the Holocaust). It is hoped that we will gain information about the nature of the survivor's child's experience and insight into the long range effects of human suffering.

You will be asked to fill out a questionnaire concerning your life experiences. This will take approximately one hour and may be filled out privately at your convenience in your own home. Then, a personality inventory, geared to detect individual differences in a normal population will be administered. This should take approximately one hour and a half. Finally, you will be personally interviewed about certain of your attitudes and beliefs. This will require from one half to one hour of your time. The interview can take place in your home at a time convenient to you.

Although it is hoped that you will continue until the end of the study, you are free to withdraw your participation at any time should the investigation be too uncomfortable or time consuming for you. You may also feel free to ask any questions you may have at any point during the study and to decline to answer questions that you feel are too stressful or personal.

The information that you provide will be recorded and added to that received from other survivors' children. We will not identify you. All information will remain confidential. In the event of publication or reporting, you and your family will not be identified by name.

Cynthia Budick has described to me what is going to be done, how it is going to be done, the risks, hazards and benefits involved, and will be available for questions at 212-362-4527. In the use of information generated from these studies, my identity will remain anonymous. I am aware that I may withdraw from this study at any time. I volunteer to participate in this project.

Signature _____ Age _____ Date _____

Parent or Guardian Signature _____
(if subject is a minor)

Witnessed by _____ Date _____
(signature of Project Investigator)

Appendix III

As has been discussed with you on the phone, the major purpose of this study is to investigate the differences (if any) between normal, healthy children of Holocaust survivors and children of non-survivors (children who have an immigrant parent who did not experience the Holocaust). It is hoped that we will gain information about the nature of the survivor's child's experience.

You will be asked to fill out a questionnaire concerning your life experiences. This will take approximately one hour and may be filled out privately at your convenience in your own home. Then, a personality inventory, geared to detect individual differences in a normal population will be administered. This should take approximately one hour and a half. Finally, you will be personally interviewed about certain of your attitudes and beliefs. This will require from one half to one hour of your time. The interview can take place in your home at a time convenient to you.

Although it is hoped that you will continue until the end of the study, you are free to withdraw your participation at any time should the investigation be too uncomfortable or time consuming for you. You may also feel free to ask any questions you may have at any point during the study and to decline to answer questions that you feel are too stressful or personal.

The information that you provide will be recorded and added to that received from other children of immigrant parents. We will not identify you. All information will remain confidential. In the event of publication or reporting, you and your family will not be identified by name.

Cynthia Budick has described to me what is going to be done, how it is going to be done, the risks, hazards and benefits involved, and will be available for questions at 212-362-4527. In the use of information generated from these studies, my identity will remain anonymous. I am aware that I may withdraw from this study at any time. I volunteer to participate in this project.

Signature _____ Age _____ Date _____

Parent or Guardian Signature _____
(if subject is a minor)

Witnessed by _____ Date _____
(signature of Project Investigator)

Appendix IV

Structured Interview Questions

I. Alienation

A. Anomie - 4 Interview Items

1. Do you feel that the dependable nature of friendship has changed over the years? If yes, how? Please tell me what you mean. If no, please tell me what you mean.

Do you feel you have strong, enduring friendships? Please explain. Can you elaborate a little more?

(For Experimental Groups Only):

Are you friendly with other children of survivors? Have you always been? What is the general nature of these friendships? Does it differ from your relationships or friendships with people who had no indirect experience with the Holocaust?

2. In general, do you feel that true friendship is difficult to attain? Why? Please explain.
3. Many times we hear a common complaint that values are changing so rapidly in our society that we can be certain of virtually nothing. How do you feel about this?
4. Do you feel that there are still some absolute guides to conduct? Explain.

B. Isolation - 3 Interview Items

1. We periodically hear it said that many people in our society are lonely and separated from their fellow human beings. Yet we also hear that people today seldom feel lonely. How do you feel about this? Where would you place yourself or your own life with regard to these observations?

2. I guess there are times when we all feel isolated and alone in the world. When do you experience these feelings? How do you deal with them?
3. In general, are you comfortable at social gatherings, or do you sometimes feel awkward and out of place?

C. Powerlessness - 3 Interview Items

1. There are those who believe that people have a great deal of freedom to make their own choices, while others feel that the person is severely restricted in his or her freedom. How do you feel about this issue? Can you give me some examples from your life?
2. Some say that the world is run by the few people in power and there is not much the average person can do about it. Yet others say that the average citizen can have an impact on government decisions. How do you feel about this?
3. People have different ideas and experiences of just how they fit into the affairs of the community. Would you say that you contribute to community decisions or that you are not part of the community at all, or perhaps, somewhere between these two poles? Please explain.

D. Meaning of Life - 3 Interview Items

1. Every so often we hear a social commentator talk about the increasing complexity and meaninglessness of our lives. How do you feel about this? Do you feel they are right or wrong? Why?
2. Do you yourself find your personal life full and purposeful or do you wish it had more meaning? Please explain.
3. Do you find yourself wondering about the meaning of life? Frequently, almost never? Do you feel you do this more than

most people? Why? Please explain.

II. Social Activism - 6 Interview Items

1. Some people feel that we should support the policies of our national leaders on social and political issues regardless of our own political views. How do you feel about this?
2. In cases where your views differ from those of individuals in power, what do you do? Why do you choose these particular alternatives?
3. Have you ever been directly involved in activities associated with political or social movements? Name of organizations or issues. What have you done, what is your role? Satisfaction, dissatisfaction and why?
4. Do you feel that you have particularly strong reactions to social injustice? Particular issues or times. How do you generally react? Do you feel any personal responsibility to help correct or improve the life situation of those who are socially deprived or exploited?
5. Do you feel it necessary to inform or teach others about social injustice, to make them as aware and as informed as you are?
6. Do you attempt to set an example for the behavior of others in matters of social conscience? How? Please explain.

III. Faith in People (Trust) - 5 Interview Items

1. Do you feel that most people can be trusted? Can you give me some personal examples?
2. Would you say that most people tend to help others or are they more inclined to look out for themselves? Can you explain a little more?
3. Do you think that people who don't watch out for themselves will

be taken advantage of? Why? How?

4. Do you believe that when you get right down to it, no one is going to care much what happens to you?
5. From your point of view, do you feel that human nature is basically cooperative or fundamentally competitive? Please explain.

Appendix V

SCORING CRITERIA AND GUIDE

I. Alienation is made up of four sub-areas: Anomie, Social Isolation, Powerlessness and Meaninglessness of Life. Each of the responses in each of the subgroups will be rated on a scale of 1 to 5: 1 = very little, 5 = very much. After scoring individual responses, do a global rating on each of the four sub-areas. Average these four sub-area scores to arrive at a total score on Alienation.

A. Anomie: In a state of anomie

- 1) One does not need friends as much as one used to in the past. Friends are not as important. Friends are no longer so dependable or one is not dependent on friendships. Friendships, in a state of anomie, are neither particularly strong nor enduring.
- 2) In a state of anomie the notion would occur that friendship is either very difficult or impossible to attain.
- 3) In a state of anomie, the feeling is that there is no certainty in society, and that values are rapidly changing.
- 4) In a condition of anomie, the tendency is to feel that few absolute guides to conduct exist.

Each Anomie question is to be scored: 1) meaning very little anomie, 2) a little, 3) some, 4) much, 5) very much.

B. Social Isolation

- 1) Question 1 is composed of two parts: an isolated individual would tend to see people as lonely and separated from their fellows. In addition, the isolated individual would, himself/herself, tend to feel lonely rather than not.
- 2) This response is difficult to score. A high scorer on this question tends to emphasize a general loneliness -- a loneliness that is ever present -- and a manner of obtaining relief from lonely feelings that do not utilize other people. A high scorer might also emphasize the emotional paralysis that results from loneliness, and which prevents relief of any kind.
- 3) The more generally uncomfortable at social gatherings the individual is, the higher the isolation score. If, for example, an individual says that he/she is comfortable at smaller gatherings, his/her score should be somewhere in the middle.

Each Social Isolation question is to be scored: 1) very little isolated, 2) a little, 3) some, 4) much, 5) very much.

C. Powerlessness:

- 1) The person who feels powerless feels that he/she is very limited in his/her ability to make choices, and feels that his/her freedom is restricted by externals. Attend here to the examples given, as they can modify the scoring of the question.
- 2) The individual who feels powerless will imply that the

average citizen has little or no impact on government decisions.

- 3) The person who feels powerless will rarely involve himself/herself in community affairs, since he/she feels that he/she can have very little impact on the community. If he/she does venture into community affairs, he/she will rarely have an impact-making position. He/she feels weak and powerless.

Each Powerlessness question is to be scored: 1) very little feelings of powerlessness, 2) a little, 3) some, 4) much, 5) very much.

D. Meaninglessness of Life:

- 1) The individual who finds little meaning in his/her life will strongly agree with this statement. One frequently finds, in the response, a divorce between the ideas of complexity and meaninglessness. The scorer should focus, then, on that part of the response that discusses meaninglessness.
- 2) The person who leads a meaningful existence finds his/her life meaningful and purposeful. One should look carefully at the response to the question of whether he/she wishes his/her life had more meaning. That an individual wishes his/her life had more meaning does not necessarily justify a low score on this question. This may be a fairly fulfilled individual who would simply like his/her life to be even fuller.
- 3) If a person wonders about the meaning of life because life appears relatively meaningless to him/her, his/her

score should be low. If, on the other hand, he/she wonders about the meaning of life in a positive context, his/her score should be high. The score is not based on whether he/she wonders, but on the content of that wondering. If the response is "no, I don't wonder", estimate the score on the basis of responses to Questions 1 and 2.

Each Meaning of Life question is to be scored: 1) very little feeling that there is little meaning in life (very much meaning), 2) a little (much meaning), 3) some (some meaning), 4) much (little meaning), 5) very much (very little meaning).

II. Social Activism: Judge each of the responses on a 1-5 scale, and then do a global rating.

- 1) People low on the social activism scale would feel that we should support the policies of leaders regardless of our own political views.
- 2) People scoring low on this response would do little when their views differed from those in power. People scoring higher on the response tend to take a more active and definite role.
- 3) People low on this response have not been involved in activities. Individuals scoring somewhat higher have taken part in those activities that most others of their age and class have participated in. Those scoring highest are those involved in more distinctive and unusual activities. Important in scoring here is the

role played: whether a leadership position or not.

Satisfaction is not so important since most respondents indicate satisfaction.

- 4) People scoring low don't have strong reactions, or don't have a real sense of what social injustice is. The low scorer feels little personal responsibility to help the socially deprived. The higher the score, the stronger the reaction, the greater the specificity of issues, the greater the personal responsibility felt, and the larger the contribution.
- 5) The low scorer tends not to feel it necessary that he/she inform or teach others about social injustice. The higher scorer feels this necessity.
- 6) An individual scores high on this question if he/she attempts to set an example.

Each Social Activism question is to be scored: 1) very little social activism, 2) a little, 3) some, 4) much, 5) very much.

III. Faith in People (Trust): Judge each of the responses on a 1-5 scale, and then do a global rating.

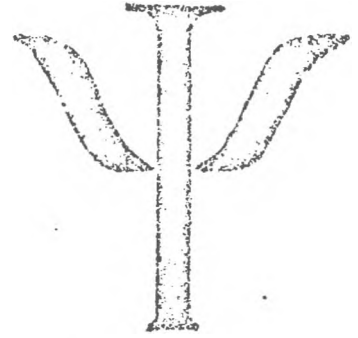
- 1) For a high score, the respondent must unequivocally feel that most people can be trusted. The weaker the response, the lower the score. Keep in mind that the personal examples should support the initial responses.
- 2) For a high score, the respondent should feel that people tend to help others. The stronger the tendency to helping others, the higher the score.

- 3) A high score here if the respondent feels that people who don't watch out for themselves won't be taken advantage of.
- 4) A high score on this question is achieved when the respondent denies that no one outside of the immediate family is going to care much what happens to you.
- 5) A high score if the respondent believes that human nature is basically cooperative.

Each Faith in People question is to be scored: 1) very little faith in people, 2) a little, 3) some, 4) much, 5) very much.

Appendix VI

Department of Psychology
University of Rhode Island



PERSONAL ATTRIBUTES INVENTORY

INFORMED CONSENT

You have already been informed of the rationale and goals of this research. Your responses to this inventory are strictly confidential. You signify your informed consent by completing and returning this inventory.

Instructions: PLEASE CIRCLE, FOR EACH ITEM, THE WORD THAT MOST NEARLY DESCRIBES THE AMOUNT OF FEAR YOU FEEL TOWARD THE OBJECT OR SITUATION NOTED IN THE ITEM.

- | | | | | | | | |
|--|------|-------------|----------|------|------|-----------|--------|
| 1. Sharp objects | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 2. Being a passenger in a car | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 3. Dead bodies | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 4. Suffocating | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 5. Failing a test | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 6. Looking foolish | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 7. Being a passenger in an airplane | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 8. Worms | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 9. Arguing with parents | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 10. Rats and mice | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 11. Life after death | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 12. Hypodermic needles | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 13. Being criticized | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 14. Meeting someone for the first time | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 15. Roller coasters | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 16. Being alone | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 17. Making mistakes | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 18. Being misunderstood | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 19. Death | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 20. Being in a fight | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 21. Crowded places | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 22. Blood | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 23. Heights | None | Very Little | A Little | Some | Much | Very Much | Terror |

| | | | | | | | | |
|-----|---|------|-------------|----------|------|------|-----------|--------|
| 24. | Being a leader | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 25. | Swimming alone | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 26. | Illness | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 27. | Being with drunks | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 28. | Illness or injury to loved ones | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 29. | Being self-conscious | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 30. | Driving a car | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 31. | Meeting authority | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 32. | Mental illness | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 33. | Closed places | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 34. | Boating | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 35. | Spiders | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 36. | Thunderstorms | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 37. | Not being a success | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 38. | God | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 39. | Snakes | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 40. | Cemeteries | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 41. | Speaking before a group | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 42. | Seeing a fight | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 43. | Death of a loved one | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 44. | Dark places | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 45. | Strange dogs | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 46. | Deep water | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 47. | Being with a member of the opposite sex | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 48. | Stinging insects | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 49. | Untimely or early death | None | Very Little | A Little | Some | Much | Very Much | Terror |

| | | | | | | | |
|-----|----------------|-------------|----------|------|------|-----------|--------|
| | Losing a job | | | | | | |
| | None | Very Little | A Little | Some | Much | Very Much | Terror |
| 31. | Auto accidents | | | | | | |
| | None | Very Little | A Little | Some | Much | Very Much | Terror |

PART II

Instructions: ON THE FOLLOWING PAGES YOU WILL FIND A SERIES OF STATEMENTS WHICH A PERSON MIGHT USE TO DESCRIBE HIMSELF. READ EACH STATEMENT AND DECIDE WHETHER OR NOT IT DESCRIBES YOU. THEN INDICATE YOUR RESPONSE BY CIRCLING T FOR TRUE OR F FOR FALSE. IF YOU AGREE WITH A STATEMENT OR DECIDE THAT IT DOES DESCRIBE YOU, ANSWER TRUE. IF YOU DISAGREE WITH A STATEMENT OR FEEL THAT IT IS NOT DESCRIPTIVE OF YOU, ANSWER FALSE. ANSWER EVERY STATEMENT EITHER TRUE OR FALSE, EVEN IF YOU ARE NOT COMPLETELY SURE OF YOUR ANSWER.

1. When someone makes a rule I don't like I am tempted to break it. T F
2. When people try to make me feel important, I feel guilty and uncomfortable about it. T F
3. Even when my anger is aroused, I don't use "strong language". T F
4. I spend a lot of time visiting friends. T F
5. I commonly wonder what hidden reason another person may have for doing something nice for me. T F
6. I often feel like a powder keg ready to explode. T F
7. I am not a "high strung" person. T F
8. When arguing, I tend to raise my voice. T F
9. I become upset when something interferes with my schedule. T F
10. I am a calm, easy going type of person. T F
11. I am only worthy of an inferior position in most groups. T F
12. I do everything in my power not to have to admit defeat. T F
13. I believe that a person who is incapable of enjoying the people around him misses much in life. T F
14. I often have trouble sleeping because I feel so sad. T F
15. It depresses me that I did not do more for my parents. T F
16. I live a very happy and satisfying life. T F
17. I always look forward to a new day. T F
18. I generally feel warm enough. T F
19. I seem to worry about things less than other people do. T F
20. I frequently worry about whether I'm doing my work well. T F
21. I have a good deal of energy. T F
22. I don't know any people that I downright hate. T F
23. I go out of my way to meet people. T F
24. I always appreciate it when people are concerned about me. T F
25. Whoever insults me or my family is asking for a fight. T F
26. I am the kind of person who is always doing errands for others. T F
27. Occasionally I feel so nervous that I begin to get all choked up. T F
28. I seldom go out of my way to do something just to make others happy. T F
29. I am depressed most of the time. T F

- | | |
|---|-----|
| 30. I have poor blood circulation. | T F |
| 31. If I let people see the way I feel, I'd be considered a hard person to get along with. | T F |
| 32. I don't worry very much about the future. | T F |
| 33. People have told me that I have very steady nerves. | T F |
| 34. I often find myself disagreeing with people. | T F |
| 35. Sometimes my legs feel so weak that I can't walk. | T F |
| 36. I usually solve any problems I may have and then forget them. | T F |
| 37. There are a number of people who seem to dislike me very much. | T F |
| 38. I seldom get "butterflies" in my stomach. | T F |
| 39. My stomach is easily upset. | T F |
| 40. I could not put someone in his place, even if he needed it. | T F |
| 41. Sometimes I get upset about financial matters. | T F |
| 42. I am considered friendly. | T F |
| 43. I like to be with people who assume a protective attitude toward me. | T F |
| 44. Once in a while my stomach feels as if it were tied in knots. | T F |
| 45. I get embarrassed for a speaker who makes a mistake. | T F |
| 46. I would feel discouraged and unhappy if someone I know lost his job. | T F |
| 47. I seldom bother to think of original ways of doing a task. | T F |
| 48. I would never apologize if someone bumped into me and it was his fault. | T F |
| 49. After I get to know most people, I decide that they would make poor friends. | T F |
| 50. When I need money, it makes me feel good to know that someone can help me out. | T F |
| 51. When I look back on what's happened to me, I can't help feeling mildly resentful. | T F |
| 52. I generally cover up my poor opinion of others. | T F |
| 53. I usually make decisions without consulting others. | T F |
| 54. I think I could keep myself from worrying if a friend became ill. | T F |
| 55. I usually continue doing a new job in exactly the way it was taught to me. | T F |
| 56. I rarely get upset when someone else makes a fool of himself. | T F |
| 57. My present situation seems quite hopeless. | T F |
| 58. I can't help getting into arguments when people disagree with me. | T F |
| 59. I can't help being a little rude to people I don't like. | T F |
| 60. I tend to be on my guard with people who are somewhat more friendly than I expected. | T F |
| 61. Once in a while, I get very upset about things that have happened in the past. | T F |
| 62. I sometimes feel jittery. | T F |
| 63. I am not a very excitable person. | T F |
| 64. I often seek out other people's advice. | T F |
| 65. I am quite content with my life as it is now. | T F |
| 66. When someone is bossy, I do the opposite of what he asks. | T F |
| 67. I prefer not to spend a lot of time worrying about a person whose condition can't be helped. | T F |
| 68. I seldom have pains in odd parts of my body. | T F |
| 69. I have relatively few friends. | T F |
| 70. At times I feel I get a raw deal out of life. | T F |
| 71. I am quite independent of the people I know. | T F |
| 72. When I was a child, I usually went to an adult for protection if another child threatened me. | T F |
| 73. When I was a child I allowed other children to take my toys away from me. | T F |
| 74. Most people think I am warm-hearted and sociable. | T F |

75. I never get mad enough to throw things. T F
76. I am irritated a great deal more than people are aware of. T F
77. Since the age of ten, I have never had a temper tantrum. T F
78. I don't let a lot of unimportant things irritate me. T F
79. When I do wrong my conscience punishes me severely. T F
80. I try to be in the company of friends as much as possible. T F
81. Lately, I have been kind of grouchy. T F
82. Something has to be very important before I worry much about it. T F
83. People who continually pester you are asking for a punch in the nose. T F
84. Sometimes I get so dizzy I can hardly stand up. T F
85. I would never be the "low man on the totem pole" if I could help it. T F
86. I truly enjoy myself at social functions. T F
87. I don't waste my sympathy on people who have caused their own problems. T F
88. I seldom have a cough or sore throat. T F
89. I would enjoy the chance to make up plots for television programs. T F
90. I seldom feel that people are trying to anger or insult me. T F
91. When I am mad, I sometimes slam doors. T F
92. I enjoy almost everything I do. T F
93. If I feel sick, I don't like to have friends or relatives fuss over me. T F
94. I don't think things will ever get any better for me. T F
95. I often have eye strain upon completing a day's work. T F
96. I have no patience with someone who is just looking for a shoulder to cry on. T F
97. Unless someone asks me in a nice way, I won't do what they want. T F
98. I dislike almost everything I do. T F
99. I prefer to take care of things for myself, rather than have others watch out for me. T F
100. I sometimes pout when I don't get my own way. T F
101. I would never allow someone to blame me for something which was not my fault. T F
102. I am free of aches and pains. T F
103. My bends give me no trouble. T F
104. I sometimes have the feeling that others are laughing at me. T F
105. Loyalty to my friends is quite important to me. T F
106. There are a number of people who seem to be jealous of me. T F
107. When I am waiting for anything, I usually get very anxious. T F
108. Almost every week I see someone I dislike. T F
109. I believe that life is worth living. T F
110. I try to keep out of other people's problems. T F
111. I enjoy being neighborly. T F
112. I can remember being so angry that I picked up the nearest thing and broke it. T F
113. I often think about the possibility of an accident. T F
114. I am perfectly capable of solving my personal problems without consulting anyone. T F
115. When I see someone I know from a distance, I don't go out of my way to say "Hello". T F
116. When I talk about someone I like very much, I have a very hard time hiding my feelings. T F
117. If someone doesn't treat me right, I don't let it annoy me. T F

PART III

Instructions: ON THE FOLLOWING PAGES ARE A SERIES OF 5-POINT SCALES WHICH DESCRIBE A VARIETY OF PSYCHOLOGICAL CHARACTERISTICS. FOR EACH ONE, YOU ARE TO RATE YOURSELF ON THAT CHARACTERISTIC. FOR EXAMPLE, HOW ARTISTIC ARE YOU? ON THE SCALE BELOW VERY ARTISTIC IS INDICATED AT THE FAR RIGHT AND NOT AT ALL ARTISTIC AT THE FAR LEFT.

Not at all artistic A....B....C....D....E....Very artistic

IF YOU THINK YOU ARE MODERATELY ARTISTIC, YOUR ANSWER MIGHT BE D; IF YOU ARE VERY UNARTISTIC, YOU SHOULD CHOOSE A, ETC.

FOR EACH SCALE, SELECT THE LETTER ON THE SCALE THAT BEST DESCRIBES YOU AND CIRCLE THAT LETTER. PLEASE BE SURE TO ANSWER EVERY ITEM.

- 1. Not at all aggressive A....B....C....D....E....Very aggressive
- 2. Not at all independent A....B....C....D....E....Very independent
- 3. Not at all emotional A....B....C....D....E....Very emotional
- 4. Does not hide emotions at all A....B....C....D....E....Almost always hides emotions
- 5. Nonconforming to social expectations A....B....C....D....E....Conforming to social expectations
- 6. Not at all considerate A....B....C....D....E....Very considerate
- 7. Not at all easily influenced A....B....C....D....E....Very easily influenced
- 8. Very ungrateful A....B....C....D....E....Very grateful
- 9. Very submissive A....B....C....D....E....Very dominant
- 10. Dislikes math and science very much A....B....C....D....E....Likes math and science very much
- 11. Poor at sports A....B....C....D....E....Good at sports
- 12. Not at all excitable in a major crisis A....B....C....D....E....Very excitable in a major crisis
- 13. Not at all excitable in a minor crisis A....B....C....D....E....Very excitable in a minor crisis
- 14. Very passive A....B....C....D....E....Very active
- 15. Not at all able to devote self completely to others A....B....C....D....E....Able to devote self completely to others
- 16. Very blunt A....B....C....D....E....Very tactful
- 17. Weak conscience A....B....C....D....E....Very strong conscience
- 18. Very rough A....B....C....D....E....Very gentle
- 19. Not at all helpful to others A....B....C....D....E....Very helpful to others
- 20. Not at all competitive A....B....C....D....E....Very competitive
- 21. Very home oriented A....B....C....D....E....Very worldly
- 22. Not at all skilled in business A....B....C....D....E....Very skilled in business
- 23. Knows the way of the world A....B....C....D....E....Does not know the way of the world
- 24. Not at all kind A....B....C....D....E....Very kind
- 25. Low mechanical aptitude A....B....C....D....E....High mechanical aptitude

26. Indifferent to other's approvalA....B....C....E....E....Highly needful of other's approval
27. Feelings not easily hurtA....B....C....D....E....Feelings easily hurt
28. Not at all adventurousA....B....C....D....E....Very adventurous
29. Not at all aware of feelings of othersA....B....C....D....E....Very aware of feelings of others
30. Not at all religiousA....B....C....D....E....Very religious
31. Not at all outspokenA....B....C....D....E....Very outspoken
32. Not at all interested in sexA....B....C....D....E....Very interested in sex
33. Can make decisions easilyA....B....C....D....E....Has difficulty making decisions
34. Gives up very easilyA....B....C....D....E....Never gives up easily
35. Very shyA....B....C....D....E....Very outgoing
36. Never criesA....B....C....D....E....Cries very easily
37. Almost never acts as a leaderA....B....C....D....E....Almost always acts as a leader
38. Very neat in habitsA....E....C....D....E....Very sloppy in habits
39. Very quietA....B....C....D....E....Very loud
40. Not at all intellectualA....E....C....D....E....Very intellectual
41. Not at all self-confidentA....B....C....D....E....Very self-confident
42. Feels very inferiorA....B....C....D....E....Feels very superior
43. Not at all creativeA....B....C....D....E....Very creative
44. Always sees self as running the show....A....E....C....D....E....Never sees self as running the show
45. Always takes a standA....B....C....D....E....Never takes a stand
46. Not at all understanding of others....A....B....C....D....E....Very understanding of others
47. Very cold in relations with others....A....B....C....D....E....Very warm in relations with others
48. Very little need for securityA....B....C....D....E....Very strong need for security
49. Not at all ambitiousA....B....C....D....E....Very ambitious
50. Dislikes childrenA....B....C....D....E....Likes children
51. Does not enjoy art and music at allA....B....C....D....E....Enjoys art and music very much
52. Easily expresses tender feelingsA....B....C....D....E....Does not express tender feelings at all
53. Goes to pieces under pressureA....B....C....D....E....Stands up well under pressure
54. RetiringA....B....C....D....E....Forward
55. Not at all timidA....B....C....D....E....Very timid

PART IV

Instructions: ON THE FOLLOWING PAGES YOU WILL FIND A SERIES OF STATEMENTS WHICH A PERSON MIGHT USE TO DESCRIBE HIMSELF. READ EACH STATEMENT AND DECIDE WHETHER OR NOT IT DESCRIBES YOU. THEN INDICATE YOUR RESPONSE BY CIRCLING T FOR TRUE OR F FOR FALSE. IF YOU AGREE WITH A STATEMENT OR DECIDE THAT IT DOES DESCRIBE YOU, ANSWER TRUE. IF YOU DISAGREE WITH A STATEMENT OR FEEL THAT IT IS NOT DESCRIPTIVE OF YOU, ANSWER FALSE. ANSWER EVERY STATEMENT EITHER TRUE OR FALSE, EVEN IF YOU ARE NOT COMPLETELY SURE OF YOUR ANSWER.

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| 1. I prefer to face my problems by myself. | T F |
| 2. People who shirk on the job must feel very guilty. | T F |
| 3. When I get mad, I say nasty things. | T F |
| 4. I used to think that most people told the truth, but now I know otherwise. | T F |
| 5. I demand that people respect my rights. | T F |
| 6. I am always patient with others. | T F |
| 7. If somebody annoys me, I am apt to tell him what I think of him. | T F |
| 8. I usually feel insecure unless I am near someone whom I can ask for support. | T F |
| 9. I am concerned about being forgiven for my sins. | T F |
| 10. I rarely dwell on past mistakes. | T F |
| 11. I am usually a happy person. | T F |
| 12. I get short of breath easily. | T F |
| 13. Life holds no interest for me. | T F |
| 14. I sometimes have bad thoughts which make me feel ashamed of myself. | T F |
| 15. If I have had an accident, I want sympathy from no one. | T F |
| 16. When I am angry, I sometimes sulk. | T F |
| 17. I often make threats I don't really mean to carry out. | T F |
| 18. Trying to please people is a waste of time. | T F |
| 19. I wouldn't know where to begin if I had to design a boat. | T F |
| 20. I tend to get strongly attached to people. | T F |
| 21. I never play practical jokes. | T F |
| 22. I hardly ever have "splitting" headaches. | T F |
| 23. When I was a child, I disliked it if my mother was always fussing over me. | T F |
| 24. I sometimes carry a chip on my shoulder. | T F |
| 25. I resent being punished. | T F |
| 26. I get worried when I am expecting someone and he does not arrive on time. | T F |
| 27. I would rather concede a point than get into an argument about it. | T F |
| 28. I like to experiment with various ways of doing the same thing. | T F |
| 29. I would rather let others have their way with me than try to protest. | T F |
| 30. My motto is "Never trust strangers". | T F |
| 31. Each day has some event which holds my interest. | T F |
| 32. I have no enemies who really wish to harm me. | T F |
| 33. The thought of being alone in the world frightens me. | T F |
| 34. I lose my temper easily but get over it quickly. | T F |
| 35. To love and be loved is of greatest importance to me. | T F |
| 36. I never get too upset about other people's misfortunes. | T F |
| 37. I am so sensitive to the moods of my friends that I can almost feel what they are feeling. | T F |
| 38. My days seem gloomy and dull. | T F |

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|---|---|---|
| 39. I tend to get quite involved in other people's problems. | T | F |
| 40. It makes my blood boil to have somebody make fun of me. | T | F |
| 41. Sometimes people bother me just by being around. | T | F |
| 42. I want to remain unhampered by obligations to friends. | T | F |
| 43. I often surprise people with my novel ideas. | T | F |
| 44. I am not a very emotional person. | T | F |
| 45. I am quite affectionate toward people. | T | F |
| 46. I don't usually contribute many new ideas to a project. | T | F |
| 47. I sometimes spread gossip about people I don't like. | T | F |
| 48. I don't really care if my friends follow my advice or not. | T | F |
| 49. I think it would be best to marry someone who is more mature and less dependent than I. | T | F |
| 50. I usually tell others of my misfortunes because they might be able to assist me. | T | F |
| 51. I do not suffer from backaches. | T | F |
| 52. Sometimes I let people push me around so they can feel important. | T | F |
| 53. Once in a while I cannot control my urge to harm others. | T | F |
| 54. I don't particularly enjoy being the object of someone's jokes. | T | F |
| 55. I am often very sentimental where my friends are concerned. | T | F |
| 56. Although I don't show it, I am sometimes eaten up with jealousy. | T | F |
| 57. I get into fights about as often as the next person. | T | F |
| 58. It's easy for me to keep physically healthy. | T | F |
| 59. Failure gives me a feeling of remorse. | T | F |
| 60. I don't seem to get what's coming to me. | T | F |
| 61. I try not to let anyone else take credit for my work. | T | F |
| 62. I am usually very self-sufficient. | T | F |
| 63. I can think of no good reason for ever hitting anyone. | T | F |
| 64. I hope to develop a new technique in my field of work. | T | F |
| 65. I prefer not being dependent on anyone for assistance. | T | F |
| 66. If someone hits me first, I let him have it. | T | F |
| 67. I like to be the first to apologize after an argument. | T | F |
| 68. Most of my relationships with people are business-like rather than friendly. | T | F |
| 69. I would not like to be married to a protective person. | T | F |
| 70. I would like to spend a great deal of my time helping less fortunate people. | T | F |
| 71. I never seem to be really happy. | T | F |
| 72. My future is bright. | T | F |
| 73. I prefer work which requires original thinking. | T | F |
| 74. Other people always seem to get the breaks. | T | F |
| 75. I usually feel very sad when a movie has an unhappy ending. | T | F |
| 76. I often try to invent new uses for everyday objects. | T | F |
| 77. I rarely feel disappointed. | T | F |
| 78. I know that people tend to talk about me behind my back. | T | F |
| 79. I pay little attention to the interests of people I know. | T | F |
| 80. I never feel faint. | T | F |
| 81. Usually I would rather go somewhere alone than go to a party. | T | F |
| 82. Original ideas have occurred to me at almost any time of the day or night. | T | F |
| 83. I often have infections in odd parts of my body. | T | F |
| 84. I enjoy thinking of original plans on which to work. | T | F |
| 85. If my house were robbed, I would insist that the police make every effort to catch the thief. | T | F |
| 86. There is not much to be interested in anymore. | T | F |

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| 87. Occasionally when I am mad at someone I will give him the "silent treatment". | T F |
| 88. Several people have embarrassed me publicly but I always take it like a sport. | T F |
| 89. When I disapprove of my friends' behavior, I let them know it. | T F |
| 90. I obtain more satisfaction from mastering a skill than coming up with a new idea. | T F |
| 91. I seldom strike back, even if someone hits me first. | T F |
| 92. My skin is often red and inflamed. | T F |
| 93. I often feel that I have not lived the right kind of life. | T F |
| 94. When people are bossy, I take my time just to show them. | T F |
| 95. I let people get ahead of me when waiting in line since they probably have something more important to do than I do. | T F |
| 96. If I ever think that I am in danger, my first reaction is to look for help from someone. | T F |
| 97. I sometimes show my anger by banging on the table. | T F |
| 98. I like a job which demands skill and practice rather than inventiveness. | T F |
| 99. Whenever I am worried about something I get cramps. | T F |
| 100. I have known people who push me so far that we came to blows. | T F |
| 101. I am always seeking new ways to look at things. | T F |
| 102. When people yell at me, I yell back. | T F |
| 103. I avoid situations which would make me seem inferior. | T F |
| 104. When I really lose my temper, I am capable of slapping someone. | T F |
| 105. I would dislike having to think of new toys and games for children. | T F |
| 106. I do not have an especially vivid imagination. | T F |
| 107. I often get headaches. | T F |
| 108. I don't really think of myself as a creative person. | T F |
| 109. People often ask me for help in creative activities. | T F |
| 110. The few times I have cheated I have suffered from unbearable feelings of remorse. | T F |
| 111. Others always seem to enjoy life more than I. | T F |
| 112. I try to keep my feelings toward people rather neutral. | T F |
| 113. If I have to resort to physical violence to defend my rights, I will. | T F |
| 114. I sometimes take the blame for things that aren't really my fault in order to make someone else feel better. | T F |
| 115. I believe that I shall have my share of good luck. | T F |
| 116. I do many things that make me feel remorseful afterwards. | T F |
| 117. I might be at a loss if I had to design a new book cover. | T F |
| 118. I would resist anyone who tried to bully me. | T F |

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Appendix VII

INNOVATION - Jackson JPI

- T 1. I prefer work which requires original thinking.
- F 2. I would dislike having to think of new toys and games for children.
- T 3. I am always seeking new ways to look at things.
- F 4. I might be at a loss if I had to design a new book cover.
- T 5. Original ideas have occurred to me at almost any time of the day or night.
- F 6. I do not have an especially vivid imagination.
- T 7. I enjoy thinking of original plans on which to work.
- F 8. I obtain more satisfaction from mastering a skill than coming up with a new idea.
- T 9. People often ask me for help in creative activities.
- F 10. I don't really think of myself as a creative person.
- T 11. I often surprise people with my novel ideas.
- F 12. I don't usually contribute many new ideas to a project.
- T 13. I often try to invent new uses for everyday objects.
- F 14. I like a job which demands skill and practice rather than inventiveness.
- T 15. I would enjoy the chance to make up plots for television programs.
- F 16. I seldom bother to think of original ways of doing a task.
- T 17. I like to experiment with various ways of doing the same thing.
- F 18. I wouldn't know where to begin if I had to design a boat.
- T 19. I hope to develop a new technique in my field of work.
- F 20. I usually continue doing a new job in exactly the way it was taught to me.

INTERPERSONAL AFFECT - Jackson JPI

- F 1. I prefer not to spend a lot of time worrying about a person whose condition can't be helped.
- T 2. I would feel discouraged and unhappy if someone I know lost his job.
- F 3. I don't really care if my friends follow my advice or not.
- T 4. I am so sensitive to the moods of my friends that I can almost feel what they are feeling.
- F 5. I try to keep my feelings toward people rather neutral.
- T 6. I would like to spend a great deal of my time helping less fortunate people.
- F 7. I think I could keep myself from worrying if a friend became ill.
- T 8. I am often very sentimental where my friends are concerned.
- F 9. I don't waste my sympathy on people who have caused their own problems.
- T 10. I am quite affectionate toward people.
- F 11. I have no patience with someone who is just looking for a shoulder to cry on.
- T 12. I tend to get strongly attached to people.
- F 13. I rarely get upset when someone else makes a fool of himself.
- T 14. I tend to get quite involved in other people's problems.
- F 15. I never get too upset about other people's misfortunes.
- T 16. When I talk about someone I like very much, I have a very hard time hiding my feelings.
- F 17. I try to keep out of other people's problems.
- T 18. I usually feel very sad when a movie has an unhappy ending.
- F 19. I am not a very emotional person.
- T 20. I get embarrassed for a speaker who makes a mistake.

ANXIETY - Jackson JPI

- F 1. I am a calm, easy going type of person.
- T 2. When I am waiting for anything, I usually get very anxious.
- F 3. Something has to be very important before I worry much about it.
- T 4. I get worried when I am expecting someone and he does not arrive on time.
- F 5. People have told me that I have very steady nerves.
- T 6. Occasionally I feel so nervous that I begin to get all choked up.
- F 7. I rarely dwell on past mistakes.
- T 8. I frequently worry about whether I'm doing my work well.
- F 9. I usually solve any problems I may have and then forget them.
- T 10. I become upset when something interferes with my schedule.
- F 11. I am not a "high strung" person.
- T 12. Once in a while my stomach feels as if it were tied in knots.
- F 13. I don't worry very much about the future.
- T 14. Once in a while, I get very upset about things that have happened in the past.
- F 15. I am not a very excitable person.
- T 16. Sometimes I get upset about financial matters.
- F 17. I seem to worry about things less than other people do.
- T 18. I often think about the possibility of an accident.
- F 19. I seldom get "butterflies in my stomach".
- T 20. I sometimes feel jittery.

Appendix VIII

ABASEMENT - PRF-Form AA

- T 1. I like to be the first to apologize after an argument.
- F 2. I would never apologize if someone bumped into me and it was his fault.
- T 3. Several people have embarrassed me publicly but I always take it like a good sport.
- F 4. I do everything in my power not to have to admit defeat.
- T 5. I sometimes take the blame for things that aren't really my fault in order to make someone else feel better.
- F 6. I resent being punished.
- T 7. I would rather let others have their way with me than try to protest.
- F 8. I would never allow someone to blame me for something which was not my fault.
- T 9. I am the kind of person who is always doing errands for others.
- F 10. I avoid situations which would make me seem inferior.
- T 11. When people try to make me feel important, I feel guilty and uncomfortable about it.
- F 12. I try not to let anyone else take credit for my work.
- T 13. When I was a child I allowed other children to take my toys away from me.
- F 14. I would resist anyone who tried to bully me.
- T 15. Sometimes I let people push me around so they can feel important.
- F 16. I would never be the "low man on the totem pole" if I could help it.
- T 17. I let people get ahead of me when waiting in a line since they probably have something more important to do than I do.
- F 18. I don't particularly enjoy being the object of someone's jokes.

AUTONOMY - PRF-Form AA

- T 1. I pay little attention to the interests of people I know.
- F 2. I believe that a person who is incapable of enjoying the people around him misses much in life.
- T 3. Trying to please people is a waste of time.
- F 4. Loyalty to my friends is quite important to me.
- T 5. Most of my relationships with people are business-like rather than friendly.
- F 6. I am considered friendly.
- T 7. After I get to know most people, I decide that they would make poor friends.
- F 8. I enjoy being neighborly.
- T 9. Usually I would rather go somewhere alone than go to a party.
- F 10. I try to be in the company of friends as much as possible.
- T 11. I have relatively few friends.
- F 12. To love and be loved is of greatest importance to me.
- T 13. I seldom go out of my way to do something just to make others happy.
- F 14. Most people think I am warm-hearted and sociable.
- T 15. When I see someone I know from a distance, I don't go out of my way to say 'Hello'.
- F 16. I truly enjoy myself at social functions.
- T 17. I want to remain unhampered by obligations to friends.
- F 18. I spend a lot of time visiting friends.
- T 19. I am quite independent of the people I know.
- F 20. I go out of my way to meet people.

- T 19. I am only worthy of an inferior position in most groups.
- F 20. If my house were robbed, I would insist that the police make every effort to catch the thief.

SUCCORANCE - PRF-Form AA

- F 1. If I have had an accident, I want sympathy from no one.
- T 2. I always appreciate it when people are concerned about me.
- F 3. I am perfectly capable of solving my personal problems without consulting anyone.
- T 4. I often seek out other people's advice.
- F 5. I would not like to be married to a protective person.
- T 6. When I need money, it makes me feel good to know that someone can help me out.
- F 7. If I feel sick, I don't like to have friends or relatives fuss over me.
- T 8. I think it would be best to marry someone who is more mature and less dependent than I.
- F 9. I usually make decisions without consulting others.
- T 10. I usually tell others of my misfortunes because they might be able to assist me.
- F 11. I prefer not being dependent on anyone for assistance.
- T 12. The thought of being alone in the world frightens me.
- F 13. I prefer to face my problems by myself.
- T 14. If I ever think that I am in danger, my first reaction is to look for help from someone.
- F 15. When I was a child, I disliked it if my mother was always fussing over me.
- T 16. I like to be with people who assume a protective attitude toward me.
- F 17. I am usually very self-sufficient.
- T 18. When I was a child, I usually went to an adult for protection if another child threatened me.
- F 19. I prefer to take care of things for myself, rather than have others watch out for me.

T 20. I usually feel insecure unless I am near someone whom I can ask for support.

Appendix IX

HYPOCHONDRAISIS - BPI-Jackson

- F 1. It's easy for me to keep physically healthy.
- T 2. Sometimes my legs feel so weak that I can't walk.
- F 3. I am free of aches and pains.
- T 4. My stomach is easily upset.
- F 5. I seldom have pains in odd parts of my body.
- T 6. I often have eye strain upon completing a day's work.
- F 7. I do not suffer from backaches.
- T 8. Whenever I am worried about something I get cramps.
- F 9. I seldom have a cough or sore throat.
- T 10. I often have infections in odd parts of my body.
- F 11. I hardly ever have "splitting" headaches.
- T 12. Sometimes I get so dizzy I can hardly stand up.
- F 13. I generally feel warm enough.
- T 14. My skin is often red and inflamed.
- F 15. My bones give me no trouble.
- T 16. I have poor blood circulation.
- F 17. I have a good deal of energy.
- T 18. I get short of breath easily.
- F 19. I never feel faint.
- T 20. I often get headaches.

DEPRESSION - BPI-Jackson

- T 1. My present situation seems quite hopeless.
- F 2. I rarely feel disappointed.
- T 3. There is not much to be interested in any more.
- F 4. My future is bright.
- T 5. My days seem gloomy and dull.
- F 6. I enjoy almost everything I do.
- T 7. Others always seem to enjoy life more than I.
- F 8. Each day has some event which holds my interest.
- T 9. Life holds no interest for me.
- F 10. I live a very happy and satisfying life.
- T 11. I often have trouble sleeping because I feel so sad.
- F 12. I always look forward to a new day.
- T 13. I don't think things will ever get any better for me.
- F 14. I believe that life is worth living.
- T 15. I am depressed most of the time.
- F 16. I am quite content with my life as it is now.
- T 17. I dislike almost everything I do.
- F 18. I am usually a happy person.
- T 19. I never seem to be really happy.
- F 20. I believe that I shall have my share of good luck.

Appendix X

ITEMS COMPRISING BUSS-DURKEE HOSTILITY-GUILT INVENTORY

(F = false items)

Assault

1. Once in a while I cannot control my urge to harm others.
- F 2. I can think of no good reason for ever hitting anyone.
3. If somebody hits me first, I let him have it.
4. Whoever insults me or my family is asking for a fight.
5. People who continually pester you are asking for a punch in the nose.
- F 6. I seldom strike back, even if someone hits me first.
7. When I really lose my temper, I am capable of slapping someone.
8. I get into fights about as often as the next person.
9. If I have to resort to physical violence to defend my rights, I will.
10. I have known people who pushed me so far that we came to blows.

Indirect

1. I sometimes spread gossip about people I don't like.
- F 2. I never get mad enough to throw things.
3. When I am mad, I sometimes slam doors.
- F 4. I never play practical jokes.
5. When I am angry, I sometimes sulk.
6. I sometimes pout when I don't get my own way.
- F 7. Since the age of ten, I have never had a temper tantrum.
8. I can remember being so angry that I picked up the nearest thing and broke it.
9. I sometimes show my anger by banging on the table.

Irritability

1. I lose my temper easily but get over it quickly.
- F 2. I am always patient with others.
3. I am irritated a great deal more than people are aware of.
4. It makes my blood boil to have somebody make fun of me.
- F 5. If someone doesn't treat me right, I don't let it annoy me.
6. Sometimes people bother me just by being around.
7. I often feel like a powder keg ready to explode.
8. I sometimes carry a chip on my shoulder.
9. I can't help being a little rude to people I don't like.
- F 10. I don't let a lot of unimportant things irritate me.
11. Lately, I have been kind of grouchy.

Negativism

1. Unless somebody asks me in a nice way, I won't do what they want.
2. When someone makes a rule I don't like I am tempted to break it.
3. When someone is bossy, I do the opposite of what he asks.
4. When people are bossy, I take my time just to show them.
5. Occasionally when I am mad at someone I will give him the "silent treatment".

Resentment

1. I don't seem to get what's coming to me.
2. Other people always seem to get the breaks.
3. When I look back on what's happened to me, I can't help feeling mildly resentful.
4. Almost every week I see someone I dislike.
5. Although I don't show it, I am sometimes eaten up with jealousy.

- F 6. I don't know any people that I downright hate.
7. If I let people see the way I feel, I'd be considered a hard person to get along with.
8. At times I feel I get a raw deal out of life.

Suspicion

1. I know that people tend to talk about me behind my back.
2. I tend to be on my guard with people who are somewhat more friendly than I expected.
3. There are a number of people who seem to dislike me very much.
4. There are a number of people who seem to be jealous of me.
5. I sometimes have the feeling that others are laughing at me.
6. My motto is "Never trust strangers."
7. I commonly wonder what hidden reason another person may have for doing something nice for me.
8. I used to think that most people told the truth but now I know otherwise.
- F 9. I have no enemies who really wish to harm me.
- F 10. I seldom feel that people are trying to anger or insult me.

Verbal

1. When I disapprove of my friends' behavior, I let them know it.
2. I often find myself disagreeing with people.
3. I can't help getting into arguments when people disagree with me.
4. I demand that people respect my rights.
- F 5. Even when my anger is aroused, I don't use "strong language".
6. If somebody annoys me, I am apt to tell him what I think of him.
7. When people yell at me, I yell back.

8. When I get mad, I say nasty things.
- F 9. I could not put someone in his place, even if he needed it.
10. I often make threats I don't really mean to carry out.
11. When arguing, I tend to raise my voice.
- F 12. I generally cover up my poor opinion of others.
- F 13. I would rather concede a point than get into an argument about it.

Guilt

1. The few times I have cheated, I have suffered unbearable feelings of remorse.
2. I sometimes have bad thoughts which make me feel ashamed of myself.
3. People who shirk on the job must feel very guilty.
4. It depresses me that I did not do more for my parents.
5. I am concerned about being forgiven for my sins.
6. I do many things that make me feel remorseful afterward.
7. Failure gives me a feeling of remorse.
8. When I do wrong, my conscience punishes me severely.
9. I often feel that I have not lived the right kind of life.

Appendix XI

Analysis of Variance Summaries for Depression, Succorance, Autonomy, Interpersonal Affect, Innovation, Hypochondriasis, Abasement, Anxiety, Fear and Hostility Scales as a Function of Developmental Level, Sex and Camp Experience

| Source of Variation | df | Depression MS | F | Succorance MS | F | Autonomy MS | F | Interpersonal Affect MS | F | Innovation MS | F |
|-------------------------|----|---------------|-------|---------------|--------|-------------|----------|-------------------------|---------|---------------|----------|
| Sex (A) | 1 | 3.063 | .720 | 70.141 | 5.012* | 66.063 | 6.687*** | 115.563 | 8.399** | 25.000 | 1.154 |
| Developmental Level (B) | 1 | 4.000 | .569 | .766 | .816 | 39.063 | 3.838** | 6.250 | .454 | 72.250 | 3.355*** |
| Camp Experience (C) | 1 | 9.000 | 1.280 | 70.141 | 5.012* | 72.250 | 7.098** | 3.063 | .223 | 95.063 | 4.388* |
| A x B | 1 | 1.000 | .142 | 5.641 | .403 | 10.563 | 1.038 | 1.000 | .073 | 33.063 | 1.526 |
| A x C | 1 | 1.000 | .142 | 5.641 | .403 | 1.000 | .098 | 1.563 | .114 | 1.000 | .046 |
| B x C | 1 | 5.063 | .720 | 21.391 | 1.529 | 1.000 | .098 | 36.000 | 2.617 | 42.250 | 1.950 |
| A x B x C | 1 | 1.563 | .222 | 87.891 | 6.281* | 1.000 | .098 | 4.000 | .291 | 3.063 | .141 |
| Error | 56 | | | | | | | | | | |
| Total | 63 | | | | | | | | | | |

* p < .05 ** p < .01 *** p < .10

| Source of Variation | df | Hypochondriasis MS | F | Abasement MS | F | Anxiety MS | F | Fear MS | F | Hostility MS | F |
|-------------------------|----|--------------------|----------|--------------|------|------------|----------|----------|---------|--------------|--------|
| Sex (A) | 1 | 3.063 | .302 | 5.641 | .665 | 11.391 | .912 | 612.563 | .487 | 47.266 | .472 |
| Developmental Level (B) | 1 | 39.063 | 3.851*** | .016 | .002 | .016 | .001 | 1701.563 | 1.351 | 17.016 | .170 |
| Camp Experience (C) | 1 | 52.563 | 5.182* | 6.891 | .813 | 17.016 | 1.363 | 529.000 | .420 | 695.641 | 6.941* |
| A x B | 1 | 3.063 | .302 | 1.891 | .223 | 6.891 | .552 | 390.063 | .310 | 17.016 | .170 |
| A x C | 1 | 22.563 | 2.224 | 3.516 | .415 | 43.891 | 3.516*** | 1296.000 | 1.029 | 213.891 | 2.134 |
| B x C | 1 | 1.563 | .154 | 8.266 | .975 | 4.516 | .362 | 3660.250 | 2.907** | 3.516 | .035 |
| A x B x C | 1 | 5.063 | .499 | 5.641 | .665 | 28.891 | 2.314 | 576.000 | .457 | 3.516 | .035 |
| Error | 56 | | | | | | | | | | |
| Total | 63 | | | | | | | | | | |

* p < .05 ** p < .01 *** p < .10

Appendix XII

Analysis of Variance Summaries for Hostility Subscales and Guilt Subscale
as a Function of Developmental Level, Sex and Camp Experience

| Source of Variation | df | Assault MS | F | Indirect MS | F | Irritability MS | F | Negativism MS | F |
|-------------------------|----|------------|----------------------|-------------|-------|-----------------|----------------------|---------------|----------------------|
| Sex (A) | 1 | 1.563 | .376 | .016 | .004 | 5.063 | .656 | .016 | .010 |
| Developmental Level (B) | 1 | .063 | .015 | .391 | .092 | 1.000 | .130 | .015 | .010 |
| Camp Experience (C) | 1 | 33.063 | 7.963 ^{***} | 1.891 | .446 | 10.563 | 1.369 | 5.641 | 3.777 ^{***} |
| A × B | 1 | 4.000 | .963 | 1.266 | .298 | .063 | .008 | 1.266 | .848 |
| A × C | 1 | 2.250 | .542 | 5.641 | 1.323 | 25.000 | 3.241 ^{***} | 1.266 | .848 |
| B × C | 1 | 1.000 | .241 | 1.266 | .298 | .063 | .008 | 1.266 | .848 |
| A × B × C | 1 | .563 | .135 | .141 | .033 | 0.0 | 0.0 | .016 | .010 |
| Error | 56 | | | | | | | | |
| Total | 63 | | | | | | | | |

* p < .05 ** p < .01 *** p < .10

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| Source of Variation | df | Suspicion MS | F | Verbal MS | F | Guilt MS | F | Resentment MS | F |
|-------------------------|----|--------------|--------------------|-----------|----------------------|----------|-------|---------------|----------------------|
| Sex (A) | 1 | .391 | .104 | 9.000 | 1.164 | 1.563 | .518 | .250 | .082 |
| Developmental Level (B) | 1 | .766 | .204 | 36.000 | 4.656 [*] | 4.000 | 1.325 | .563 | .184 |
| Camp Experience (C) | 1 | 17.016 | 4.524 [*] | 30.250 | 3.912 ^{***} | 3.063 | 1.015 | 16.000 | 5.240 [*] |
| A × B | 1 | 1.891 | .503 | 1.563 | .202 | 1.563 | .518 | 1.000 | .327 |
| A × C | 1 | 5.641 | 1.500 | 1.563 | .202 | 6.250 | 2.071 | 10.563 | 3.459 ^{***} |
| B × C | 1 | .391 | .104 | .063 | .008 | 1.563 | .518 | 0.0 | 0.0 |
| A × B × C | 1 | .141 | .037 | 4.000 | .517 | 4.000 | 1.325 | .563 | .184 |
| Error | 56 | | | | | | | | |
| Total | 63 | | | | | | | | |

* p < .05 ** p < .01 *** p < .10

Appendix XIII

Analysis of Variance Summaries for Masculinity-Femininity Subscales: Male-Valued, Female-Valued
and Sex-Specific as a Function of Developmental Level, Sex and Camp Experience

| Source of Variation | df | Male-Valued MS | F | Female-Valued MS | F | Sex-Specific MS | F |
|-------------------------|----|----------------|---------|------------------|--------|-----------------|----------|
| Sex (A) | 1 | 189.063 | 2.489 | 395.016 | 6.799* | 260.016 | 9.788** |
| Developmental Level (B) | 1 | 110.250 | 1.451 | 3.516 | .061 | 87.891 | 3.309*** |
| Camp Experience (C) | 1 | 22.563 | .297 | 17.016 | .293 | 17.016 | .641 |
| A × B | 1 | 333.063 | 4.385* | 19.141 | .329 | 40.641 | 1.530 |
| A × C | 1 | 6.250 | .082 | 112.891 | 1.943 | 34.516 | 1.299 |
| B × C | 1 | 689.063 | 9.071** | 37.516 | .646 | 118.266 | 4.452* |
| A × B × C | 1 | 144.000 | 1.896 | 58.141 | 1.001 | 43.891 | 1.652 |
| Error | 56 | | | | | | |
| Total | 63 | | | | | | |

* p < .05

** p < .01

*** p < .10

Appendix XIV

Analysis of Variance Summaries for Structured Interview Variables
as a Function of Developmental Level, Sex and Camp Experience

| Source of Variation | df | Alienation MS | F | Anomic MS | F | Powerlessness MS | F | Isolation MS | F |
|-------------------------|----|---------------|----------|-----------|----------|------------------|--------|--------------|-------|
| Sex (A) | 1 | 64.000 | .032 | 2782.563 | .839 | 162.563 | .039 | 213.391 | .035 |
| Developmental Level (B) | 1 | 4970.250 | 2.455 | 90.250 | .027 | 26650.563 | 6.384* | .141 | 0.0 |
| Camp Experience (C) | 1 | 5201.563 | 3.063*** | 13053.063 | 3.936*** | 68.063 | .016 | 9530.641 | 1.542 |
| A × B | 1 | 6889.000 | 3.403*** | 3875.063 | 1.168 | 20736.000 | 4.967* | 968.766 | .157 |
| A × C | 1 | 3335.063 | 1.647 | 6899.000 | 2.077 | 1024.000 | .245 | 1113.891 | .180 |
| B × C | 1 | 663.063 | .328 | 68.063 | .021 | 2704.000 | .648 | 8765.541 | 1.418 |
| A × B × C | 1 | 1501.563 | .742 | 196.000 | .059 | 76.563 | .018 | 5606.266 | .907 |
| Error | 56 | | | | | | | | |
| Total | 63 | | | | | | | | |

* p < .05 ** p < .01 *** p < .10

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| Source of Variation | df | Meaninglessness of Life MS | F | Social Activism MS | F | Trust MS | F |
|-------------------------|----|----------------------------|-------|--------------------|-------|-----------|----------|
| Sex (A) | 1 | 3.516 | .001 | 1838.266 | .254 | 6642.250 | 1.760 |
| Developmental Level (B) | 1 | 1252.516 | 1.952 | 4.516 | .001 | 351.000 | .096 |
| Camp Experience (C) | 1 | 7634.391 | 1.323 | 2822.266 | .390 | 20235.063 | 5.351* |
| A × B | 1 | 9628.516 | 1.669 | 1670.766 | .231 | 2475.063 | .656 |
| A × C | 1 | 7634.391 | 1.323 | 1610.016 | .223 | 14641.000 | 3.879*** |
| B × C | 1 | 4539.391 | .787 | 11583.141 | 1.601 | 42.250 | .011 |
| A × B × C | 1 | 3890.641 | .674 | 10125.391 | 1.399 | 4935.063 | 1.307 |
| Error | 56 | | | | | | |
| Total | 63 | | | | | | |

* p < .05 ** p < .01 *** p < .10

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