

CASE STUDY (GROUP)

Second Generation to Holocaust Survivors: Enhanced Differentiation of Trauma Transmission

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"Second generation to Holocaust Survivors" is a description of a segment of society, as well as an attempt at characterizing these individuals. It is common to speak of mechanisms of transmission of trauma as characterizing the dynamics of the second generation. This paper intends to advance differentiation between two kinds of transmission of trauma: direct transmission (also called transposition) and indirect transmission. There seems to be some confusion in this realm, since there is some discrepancy between clinical and the experimental publications: Whereas the first usually presents evidence of direct transmission of trauma in the second generation, the second mostly demonstrates indirect transmission. We shall present a clinical account of group therapy demonstrating indirect transmission, proposing a distinction between second-generation individuals owing to the relative dominance of each of the mechanisms in their mental structuring. This distinction has significant clinical consequences.

"The Holocaust has touched us all, making us all its survivors, but the offspring of those who were there have *intimate knowledge* of the meaning of being victims and triumphant at one." Professor Dasberg, psychiatrist and survivor (in *Memorial Candles* [1]).

The *essence* of this intimate knowledge of the second generation as survivors is under considerable controversy. On the one hand, Kestenberg (2), and recently Kogan (3), identify the second generation as being immersed in their parents' trauma, as a result of a process of transposition of trauma. This means a process by which the members of the second generation live aspects of their parents' trauma as if they were their own.

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On the other hand, Hazan (4) claims that relating to someone according to his/her generational belonging amounts to stereotyping, which is the result of the difficulty in grasping the complexity of the human situation.

Between these two, there is a sense among the second generation, and among the professionals dealing with their difficulties, that members of the second generation, though having various things in common, are far from being homogeneous.

Already in Wardi's (1) influential book in Israel, though not stressed, there is a differentiation between two kinds of the second generation: The "memorial candles," that carry their parents' Holocaust trauma within themselves, and their siblings who are not identified as "memorial candles." Wardi does refer to differences among the second generation and their emotional well-being, stating that it is connected to several variables, such as age of the parents during the Holocaust, their background, the type of traumas they endured, and the emotional disposition and assets of the second generation.

Nevertheless, while referring to intergenerational transmission of the trauma and its effects, these differences get blurred, and the mechanism of transmission becomes homogeneous. Danieli (5) proposed a nomenclature of members of the second generation, according to their parents' kind of Holocaust experience. This effort of differentiating within the second generation shows that children of partisan survivors differ from children of camp survivors who, in turn, differ still from those whose parents had been in hiding.

Schwartz et al. (6), in their study of transmission of psychiatric symptomatology from Holocaust survivors to their offspring, attempt to distinguish between two kinds of nongenetic transmission: Direct specific transmission and indirect general transmission.

DIRECT SPECIFIC TRANSMISSION

The children learn to think and behave in disturbed ways, similar to their parents. Their world of associations is that of the Holocaust, and at times one gets the impression as if they themselves had been there. This is the kind of transmission that Kestenberg (2), Kogan (3), and to a considerable extent Wardi (1) describe.

INDIRECT GENERAL TRANSMISSION

Here, what is transmitted is not the trauma itself, but that, as a result of having being traumatized, the first generations' parenting abilities were diminished. These parental weaknesses affected their children.

Felsen (7), in an overview of the state of knowledge on the subject of transmission of trauma among Holocaust survivors, states that this differentiation between direct and indirect transmission seems to be valuable not only for the understanding of the transmission of psychiatric symptoms, but also as a conceptualization that enhances our understanding of transmission in all its varieties.

Davidson (8), attempting to track the *way* in which *direct transmission* occurs, points to the mechanism of projective identification as one of the ways in which the survivor parents try to rid themselves of the terrible memories and the feelings associated with them. In effect, through the mechanism of projective identification, experiences of their parents can become mental properties of the son or daughter. Davidson notes that there were members of the second generation that arrived for treatment and looked as though they themselves had endured the Holocaust.

Kogan (3), following Kestenberg (2), demonstrates in her case presentations how members of the second generation unconsciously live their parents' Holocaust trauma in their own lives.

An example could be a patient named Gabrielle (3, pp. 6-28), who lived out in her life the trauma of being abandoned, and of abandoning (her child, and for a while also her therapy), feeling depression and guilt, as a result of her mother's ridding herself unconsciously of *her* depression and guilt. This is an example of direct transmission, or "transposition of trauma" in Kestenberg's terms.

Concerning indirect transmission, Felsen (7) concludes that research has made possible the mapping of characteristics of parenthood that had been affected as a result of the Holocaust trauma, as, for example, difficulties in allowing the unfolding of the process of separation-individuation. This kind of research of indirect transmission is illustrated in the studies of Boszormenyi-Nagi et al. (9), followed by Shafat (10). Their thesis is that as a result of the many losses of the survivors, and their inability to mourn them, their children were burdened by unconscious expectations to compensate for these extremely painful losses. These expectations put the children in the situation of being unable to fulfill "loyal obligations" to the survivor parents. This failure might be perceived by the children as reflecting their own failure rather than the parents' unresolved mourning, and has been found to influence self-esteem, capacity for intimacy, and even sexual life in the second generation.

It seems, then, that conceptualization of distinctions between different kinds of members of the second generation in the professional literature concerning trauma transmission is not well consolidated. Felsen (7) adds a

further complication. She points out a discrepancy between research findings and clinical presentations in the professional literature: whereas the first usually find evidence of indirect transmission, most of the clinical reports describe instances of direct transmission.

The reason for this discrepancy seems to be the fact that it is hard to trace experimental evidence of direct transmission, because it is more in the intrapsychic mode of "being" (11), and is frequently unconscious. Experimental tools trace instances of indirect transmission, which tend to be more easily revealed through these tools. Clinical reports, however, are usually presented by psychoanalysts, and demonstrate more often manifestations of direct transmission that correlate with classic psychoanalytic thinking.

This somewhat confusing inconsistency, added to the overwhelming character of the Holocaust trauma, and the emotional weight that it places on the researchers and the clinicians themselves, creates difficulties in the effort of reaching differential conceptualizations among the second generation. It resembles the difficulty of differentiating between the survivors themselves concerning the type and the magnitude of the trauma they had endured.

We would like to demonstrate, through clinical material that was obtained in group work with therapists at the AMCHA Tel-Aviv branch, the existence mainly of indirect transmission. We shall discuss the findings in an effort of enhancing differentiation among the second generation.

THE GROUP STORY

The group was planned as a dynamic group for therapists who are themselves members of the second generation. The treatment objective was to expand their understanding of the meaning of their being members of the second generation.

The group met once every two weeks throughout one calendar year, for meetings lasting two and a half hours. The group started with nine and stabilized around six members. Most of the members had families, and were between 40-52 years of age.

Beginning

From the first meeting through Danny's exposure of his complex relationship with his parents, the main theme of the group became crystallized: The compound meaning of being the offspring of the Holocaust survivors.

Danny was flooded by his exposition, and decided not to proceed with the group, while the others hesitantly began to share their wish to get in touch with their "fragile interior." Doubts were raised—are we able to get in touch with ourselves? Do we really want to? Danny's departure, added to

unstable attendance at the first meetings, heightened the anxiety of being abandoned. Members of the group began to check whether it was a safe place, were the others committed, would it be possible to entrust the group with one's fragile mental possessions.

There was a premature effort to feel together and connected to one another. When this process was interpreted, the anxieties were released, among them the question if the group leaders will be more present, safe, and emotionally available than the parents had been.

These themes: *the present-absent parents, the anger, the disappointment, the pain, and the feelings of guilt*, gradually became the main themes that thread through the life and the story of the group.

The process of the *psychological* birth of the group into one entity took time, and during quite a few meetings there was much caution, the atmosphere remained tense, with the members addressing the leaders for direction and demanding clear tasks.

Gradually, members began to cautiously open up. Gali shared her pain and grief following the death of a beloved uncle, triggering related issues in the others. The dominant theme that reverberated was the joint journey with the parents to the sites of the Holocaust, e.g., the camps, and the parents' birthplace. (maybe symbolically representing an analogy to the concept of the "primal scene" in classical psychoanalytic theory [12]). At this point, the underlying meaning could be understood as a metaphor of the group's journey to the realms of the Holocaust from within. Yet, the members' choice was to explore their harsh childhood experiences. Gali told of the death of her father when she was two, and thereafter moving between foster homes, due to her mother's inability to provide for her. Gali attacks her mother, who has been unable to confront the hard questions Gali posed about her childhood, with the mother demanding exclusiveness of suffering. The expression of rage towards the mother raised divided reactions in the group, between those who identified with Gali's pain, and those whose concern was for the well-being of the mother who had survived the Holocaust. The leaders interpreted these two reactions as being two parts of a hard and inhibiting conflict within each of the group members, a conflict so commonly found among the second generation.

At this point, halfway into the group process, Sima, the coleader, was unexpectedly absent for one session before and another after the summer holiday. At first, the group ignored her absence, but reacted with tension that became replaced by a lot of anger directed towards Anney. The group accused her of being unpredictable, uncommitted, and disappointing after her being absent for one session. When the leader interpreted the anger as

being related to *her* absence, she opened in the group a path of exploring various emotional reactions among the participants. It began with a naive question by Hava about the possibility of receiving fiscal compensation for the absence of one of the leaders, otherwise it would be unjust. It continued with feelings expressed by Rachel who confronted the leader and asked her if she cared at all about the group. This related to Rachel's life story, whose father, a child survivor himself, had deserted the family when Rachel was three years old. She had to take care of herself because her mother had to go to work to provide for the family.

These feelings of connecting to the experience of a disappointing or absent parent arose in a powerful and direct fashion, and enabled the members to touch upon this wound that exists in different formations within themselves. Touching this wound, this absent place, as if it opened a stream of memories and emotions, led to what will occupy the following sessions, the *fantasy of compensation*. It began with Hava's question about fiscal compensation due to the leader's absence, and proceeded to a fantasy of demanding payments as second generation from the Germans.

This fantasy led on to a fascinating story by Hava. Her son, who traveled the east for a year, met a charming local orphan his age, fell in love, and a few days before the session Hava had heard that he was bringing her back with him. Hava, who has two sons, and all her life longed for a daughter, was flooded with uncontrollable emotions, actually a "mania" according to her, about a "ready-made daughter." All her efforts to calm herself were unsuccessful. The dramatic story excited us all, filling us with the expectation and the craving incorporated in the fantasy of compensation. This provided energy, a sense of aliveness, and cohesiveness to the members of the group.

The fantasy of compensation is also central to Anney, who expressed the wish that the group itself will develop into a sort of a benefitting family, headed by the leaders. This "family" will be better, warmer, and more containing than the real family. Anney is the only member in the group that has not yet built her own family. When she felt that her wishes were not fulfilled, her reaction became aggressive and demanding. She found it difficult to proceed with the group in the process of relinquishing fantasies, and decided to end her participation in the group.

As expected, Hava came to the meeting after the eagerly expected event, and shared her disappointment that rather than a "ready-made daughter," just her son's girlfriend, who is a stranger to her, had arrived. This made a shattering impact on the group and the atmosphere became tense and "depressive." The story raised in the leaders an association to the

“Bureau for the search for relatives” in the 1950s, when the survivors were glued to the radio in the futile search for their lost relatives. The yearning to find lost relatives was combined with a fantasy of undoing the losses. The association was offered to the group, but no use was made of it.

The oppressive atmosphere, following the shattering of the fantasy, brought about a deeper sharing among the participants, with the group having a better tolerance to contain these strong emotions.

Tali spoke about the struggle between her and her mother-in-law, a Holocaust survivor, concerning her ten-year-old daughter. The grandmother, who is consumed by anxiety and dread, draws her granddaughter into her horrified world, with Tali helplessly watching her daughter being immersed in fears, and stuffed with food. The account was presented as a story of sacrificing a daughter to a demanding Holocaust survivor, and raised intense reactions in the group.

Following Tali’s story, Gali shared a painful confrontation she had had that week with her mother. During a conversation about her childhood with her mother, Gali, who had moved between various foster homes after her father’s death, tried to attain her mother’s recognition that her childhood was harsh, that she too has her pains. The mother’s reaction, “I had better not stayed alive. . . (after the Holocaust),” left Gali feeling isolated and empty. Our understanding was that the mother’s inability to empathize with her daughter’s pain in the present, as in the past, is the result of the survivor mother’s difficulties in allowing the existence of pain other than her own, and of avoiding getting in touch with feelings of guilt that are intolerable.

Hagit reacted, “We are the product of *deformed love*.” This statement was experienced as precise by the group members, and helped to contain the difficult experiences that were brought up. The story of the group continued to unfold, and at this stage allowed an intense experience.

Gali did not manage to drag herself to the following session, out of the need to “lick her wound” by herself. This echoed in the group and raised in Hagit a painful memory at the age of five. She was in a huge parking lot outside her father’s workplace, trying, on her mother’s insistence, to find his car, while he tried to avoid her. The description of the helpless little girl in the huge parking lot touched everybody, and allowed Hagit, who is rather reserved emotionally, to get in touch with her pain and cry over her wounds. Hagit’s father’s extreme emotional detachment from his daughter, of which we had occasionally heard in the group, is an extreme example of the lack of ability we meet in some of the child-survivors to identify with their parental roles.

The group at this stage was highly cohesive, with its members feeling they could count on one another. For us, the conductors, these were exciting sessions, at times deeply touching us. We observed that we had not experienced such emotional vividness in previous groups, which made us wonder about the difference. In our processing of the sessions, being second generation ourselves, personal themes arose, and hopefully got worked through.

We noticed that each parent's Holocaust story did not receive a central place in the group, and came up as a supplement to something in the life story of a group member. We wondered how much it was influenced by our subjective feelings, being ourselves from families in which the parents' Holocaust was not spoken about. This fact, the scarce use of the parents' Holocaust story, is unusual in these kinds of groups, where the assumption is about the centrality and the importance of the parents' story.

With termination near, the process of differentiation deepened. Following the better differentiation between the first and the second generation, better differentiation was also made *between* the members themselves. The group members realized that they are not all the same, and began to define the individual and the different beyond the shared and the uniting.

The group approached its final meetings. During the last three sessions, memories and associations, related to stages in separation, were raised. It began with Tali sharing a difficult experience. A close friend had fallen ill with cancer, and Tali, in her shock and her emotional paralysis, almost suffocated the potential life their relationship still held. Tali's voice also symbolically reflected a voice concerning the group, that of the expected separation threatening to feel premature and unexpected. It was possible to discern at that point the resemblance of this emotional paradigm to the basic experience of the survivors concerning *their* unexpected losses.

It continued in the next meeting with one of the members sharing, for the first time in her life, the tragic event of her giving birth, years before, to a dead baby in the sixth month. The atmosphere in the group was of sorrow and participation, with an ability to allow space for grief and loss. We stressed their ability to make place for *their* personal tragedies, unshadowed by those of their parents.

From the vantage point of the group, even with associations concerning the coming separation being hard and even premature, the group members allowed themselves the space to digest and process it.

At the end of the group, two voices could be discerned: One, that of accomplishments, of better differentiation, that had its outlet in expressed satisfaction, in the refreshments brought in, and in their plans to meet

independently later on. The other voice was that of the frustration of the fantasy of compensation, and of the unrequited expectation that their parents will finally understand their side. This voice found expression mainly in their inability to express gratitude towards the leaders about the meaningful journey we had gone through together.

DISCUSSION

The starting point of the discussion was the impression of a deep and meaningful experience that the group had gone through—members and leaders alike. We observed that attendance in the group was meaningful for each one of the participants, even though there were significant variations as to their focus of concern.

The second point, already mentioned, was the fact that in essence, the parents' Holocaust experiences were not the focus of the group.

At the beginning, each of the participants told of the parents' Holocaust experience, and during the group work, the parents' trauma appeared when relevant to the participant's story. Nevertheless the group's focus throughout was on the participants' *subjective experience* concerning *their traumatic childhood experiences*!

This is in contrast to the technique usually described in the professional literature concerning the work with the second generation, where the starting point is the concept of "transgenerational transposition of trauma." This concept, first formulated by Kestenberg (2), states that the parents transferred to their offspring through unconscious communication *their* sometimes unspoken of trauma!

Accordingly, the therapeutic work needs to concentrate on identifying the presence of the parents' trauma in the life of the second generation, in order to proceed to establishing differentiation between that trauma and the internal world of the second generation. To attain that, the therapeutic stance aims at getting to intimately know the parents' trauma, followed by the search of similar themes in the internal world and its derivatives, in the life of the second generation.

The group-work technique is to interpret the group process as a kind of a "journey" through the Holocaust realm, enabling the participants, all members of the second generation, to see how, through their associations, they join in creating a group story that demonstrates how their parents' Holocaust story is embedded in *their* own mental structure. The aim of this symbolic journey is to advance the expulsion of their parents' trauma, in order to assess and redefine *their* identity as those *not directly exposed* to the Holocaust. This theoretical and technical stance is dominant in the

individual work of Kogan (3), and exists with variations in the group work of Wardi (1), among others. As we stated before, we *did not* undertake this “journey,” but, on the contrary, stressed as central the subjective experience of the second generation *vis-a-vis* that of the parents. One can notice in retrospect junctions in the group work and in the leaders’ choices that gave impetus to the direction that the group took. For example, at the beginning of the group, where the theme was the trip to the parents’ Holocaust site, it might have been possible to promote the theme of the Holocaust within each of the participants. What happened in effect was an intensive and productive probing into the members’ childhood pains as a result of their parents’ diminished ability to offer a safe and nurturing environment, because of their traumatization.

Another example, among many possible others, when approaching termination, was that we could have interpreted the weighty themes that were brought up, as an expression of the way the second generation live out in their own lives their parents’ horrendous and untimely separations. We chose to amplify the permission the members gave themselves to mourn their harsh experiences, unshadowed by their parents’ Holocaust traumas.

This stance, which we assume to have been influenced by our subjective attitudes, being ourselves members of the second generation, and which was probably affected by the members sharing the same profession with us, enabled amplification and emphasis of the differential position of the children of the survivors versus the survivors themselves. This approach also illuminates *the differences* between the trauma of the parents, and that of their offspring, differences that are evident, but tend to get blurred through theoretical conceptualizations, such as “transposition of trauma” and the like. This way of working brings out the *differentiation* between the generations. Terms, such as “Deformed Love,” as a representation of the second generation’s trauma, exemplify this. From this point of view, one might say that the very word “trauma,” to relate both to the Holocaust survivors’ experience, and to the second generation’s ordeal, can be misleading. To our best professional impression, working with this position and technique enabled differentiation and strengthening.

The basic premise that underlies this approach, unlike that of the “transposition of trauma,” is that the suffering of the second generation is *not necessarily* the result of transgenerational transmission of the trauma. It is the outcome of the tragedy of the second generation being raised by the survivors, who were swamped with feelings of suffering and bereavement, that interfered with their parental abilities. This is a fundamentally *different* dynamics!

A question probably comes to one's mind at this point: What then is the most appropriate way to conceptualize the second generation's situation, the transposition of trauma approach, or the secondary-transmission approach? In our view neither is inclusive. Our approach is, that in order to "capture" the complex reality of trauma transmission, both conceptualizations are helpful if used appropriately.

From our experience of treating the second generation, it seems that there are those whose problems can validly be conceptualized as being mainly the result of "transposition of trauma" (direct transmission). Nonetheless, there are also those whose problems are better conceptualized under the heading of secondary transmission.

This distinction is important because it entails a different therapeutic attitude: When one is dealing with direct transmission, the therapeutic stance aims at identifying and encouraging a process of regression in order to uncover a "near"-identicalness between the inner experience of the second generation and that of the survivor parents. The objective of this process is to enhance awareness of the existence of direct transmission in order to further differentiation. When one is dealing with secondary transmission, the method, as we demonstrated through our group, is to amplify and stress differentiation and separateness.

Our position is that in effect, both types of transmission of trauma appear to be present in the mental structure of the second generation, but it seems to us that it is possible to differentiate between individuals according to the *relative dominance* of one of these mechanisms. One can describe the two modes of transmission as two circles, an external one and an internal one. The external one is the circle of the secondary transmission, where the influence of the "deformed love" occurs. The effects can be dramatic to the life of the member of the second generation, but from a structural point of view, one is speaking of the influence of "whole objects" through mechanisms of internalization. This kind of transmission is qualitatively not different from other kinds of complex parental influences, except for the *specific themes* common to this group. An example of common specific themes is difficulties with separation, problems with the vicissitudes of aggression, etc. (6).

The internal circle consists of direct transmission. This type of transmission is a result of the infiltration of mental themes and affects from the parents' mental structure into that of the second generation. In order for that to occur, there needed to be a more coercive encounter between less than "whole objects." The conditions for this arose when the parents' trauma was not at all confinable, either as a result of the nature of the

trauma, or as a result of the parents' mental structure. Under these unconscious coercive conditions, the unfolding of the child's development towards maturation and differentiation was impaired. From our experience, the probability is higher to find manifestations of direct transmission within members of the second generation who were born in the years close to the war, within those who are only children, and those who are children of child-survivors, who had absorbed the trauma in their own formative years. In particular cases, when parents lost a family and *children* in the Holocaust, the probability of finding derivatives of direct transmission in the second generation is higher. Some of these members of the second generation have not managed to build a family of their own, and often the intensity of their immersion in their parents' Holocaust is evident, even to themselves.

Diagnostically, these persons usually suffer from the cluster of personality disorders, and sometimes more severe pathologies, with weak defense mechanisms, and differentiation between self and objects not yet fully established. This mental structure is related, and may have been created, as suggested by Davidson (8), by parenting that is beset by mechanisms of externalization, such as projective-identification. Such upbringing interfered with the development of better differentiation and autonomy. Conversely, there are those of the second generation who succeeded better in their individuation process, have managed to build up their separate lives, but nevertheless suffer the consequences of being affected by "deformed love," using our group's terminology. This is the result of being raised by parents who are survivors of horrendous circumstances. In these cases, the concept of "transposition of trauma" is less helpful to the understanding of the suffering of this group, which is much better explained through terms of deficiency and narcissistic wounds.

It seems to us that for the first group, the therapeutic procedure described in the literature would be the treatment of choice, whereas for the second group, the technique we described with our group would be the most appropriate. It might be that this could offer an explanation for Anney's leaving the group, due to her being identified, in our opinion, with the first group.

We find it important in our concluding remarks to stress our point of view that the two kinds of transmission of trauma may, and often do exist, within the same individuals. Nevertheless, it seems to us that members of the second generation *can be* differentiated among themselves through the relative *dominance* of either of the two mechanisms of transmission. From our experience, this differentiation is helpful in assessing the kind of

treatment that is needed, and may sharpen the clinician's ability to discriminate between the different modes of transmission, in various stages of the treatment.

In the assessment phase, decisions can be made concerning the kind of treatment, its estimated length, and the recommended therapeutic stance, according to the dominant mode of transmission that is identified. When that is direct transmission, the treatment of choice would be a longer, regression-promoting treatment. The therapeutic strategy would aim to expose the lack of differentiation between patient and the survivor parents, due to massive direct transmission derivatives, in order to initiate the process of individuation.

When assessment defines indirect transmission as the main mode of transmission, usually a shorter treatment modality may be suitable, with a therapeutic aim of enhancing differentiation. Sharpening the distinction between these two modes of transmission allows a better attuned attentiveness to the transition of the patient between phases of the treatment in which indirect transmission is apparent, and phases of existing lacunae of direct transmission derivatives that have a distinct clinical quality.

We hope that in this article, we have been able to open up a professional avenue of systematic differential thinking concerning the second generation of the Holocaust survivors, that to our best impression are not homogenous. We find this avenue to be productive, and believe it may afford us a better fit between our therapeutic tools and our patients' needs.

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