

The Effects of the Survival Characteristics of Parent Holocaust Survivors on Offsprings' Anxiety and Depression Symptoms

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ABSTRACT

Aim: This paper examines symptoms of anxiety and depression of Holocaust survivors' (HS) offspring as a function of their parents' age, gender, and survival situation (whether the survivor parent was alone or with a relative during the war).

Method: The 180 adults (142 with two parent survivors; 38 with a single parent survivor) who participated in this study completed (a) a measure of state-trait anxiety, (b) a measure of depression symptoms, (c) a socio-demographic questionnaire was divided into three sections: information about the participant, about his mother and about his father.

Results: Participants whose mothers were aged 18 or younger during the war and survived alone report more symptoms of anxiety and depression than participants whose mothers were the same age yet survived in the company of relatives. Participants whose mothers were aged 19 or older and survived either alone or in the company of relatives, exhibited fewer symptoms of anxiety and depression. The survival situation was the only predictor related to the fathers. There were no significant differences between participants with one or two HS parents.

Discussion: Although this study is based on a relatively small sample, it highlights the relationship between the parents' survival situation and symptoms of anxiety and depression among their offspring.

INTRODUCTION

In the decades following WWII evidence emerged demonstrating that Holocaust trauma and its consequences had affected not only the survivors themselves, but also their offspring. This evidence triggered many studies, conducted mainly by therapists, on clinical populations of the "second generation," who came for psychotherapy because they had experienced problems or emotional difficulties (1, 2). Freyberg (3) noted that most of their complaints involved phobias, depression, increased anxiety, psychosomatic disorders, and identity confusion. Many empirical studies have since been conducted on non-clinical populations. Recent studies indicate that several mood disorders, most of which fall into the normal range of personality and behavior, clearly distinguish between the "second generation" and control groups. These disorders are mainly a tendency towards post-traumatic disorder (4, 5), difficulties with separation-individuation (6), difficulties with coping under pressure, personality problems, neurotic conflicts, anxiety, and depression (1, 2). However, such studies have not produced conclusive findings.

One explanation for the inconsistent findings may be the fact that the second generation, as well as the survivors themselves, cannot be considered homogeneous groups (7, 8). In fact, the term "second generation," which refers to children who were born after 1945 and who have (or had) at least one parent who is a Holocaust survivor, encompasses diverse personal situations and subgroups (9).

In acknowledgement of this heterogeneity, researchers have begun to study cross-sections of the second generation. The findings are more clearly identifiable when focusing on subgroups of Holocaust survivor offspring

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(HSO). Solomon (10) emphasized that research based on a differential distinction between subgroups may provide a clearer picture. Thus, Okner and Flaherty (11) found lower levels of anxiety, depression, and demoralization in families where parents spoke to their children about their experiences during the Holocaust, compared to children whose parents did not share their Holocaust experiences. Scharf (12) also found higher levels of psychological symptoms among adolescents with two Holocaust survivor (HS) parents, compared to adolescents with only one HS parent. DeGraf (13) found that HSO Israeli soldiers showed higher levels of personality disorders and criminal tendencies than other soldiers. Yehuda et al. (14) found that members of the second generation who develop PTSD are children of survivors who themselves suffer from PTSD.

Additional studies examined the relationship between survivors' gender and their level of functioning in later life and the impact on the "second generation syndrome." The results showed that male survivors experienced the war period differently than female survivors. Therefore, we assume that HS parents' gender will have a different impact on their offspring (15, 16).

In recent years, the relationship between survivors' age and level of functioning in life was examined as well. The findings show a direct relationship between survivors' young age and high levels of vulnerability, reflected in high levels of anxiety, a tendency to pessimism, and distrust human beings (17-19).

These conclusions served as the rationale for the current study. The study attempts to trace the different influences of parents' survival situation (whether the survivor parent was alone or with a relative during the war) on the second generation's symptoms of anxiety and depression, based as stated on the assumption that if we focus on subgroups of the second generation (and not on the second generation as a single unit) we will be able to arrive at more meaningful findings. We assume that the combination of the following factors: age, survival situation, and gender of survivor parents, will have a different effect on the psychological vulnerability of their children.

Therefore, we hypothesized that HSO of survivors who were 18 years old or younger by the end of the war will exhibit higher levels of anxiety and depression than HSO of survivors who were older. We assume that the younger the parent, the emotional trauma of their offspring will be greater. Another hypothesis is that HSO whose HS parent was alone will exhibit higher levels of anxiety and depression than HSO whose HS parent was in the

company of a relative during the war. We assume that the presence of a significant other during the war helped survivors feel more secure, enabling them to get through the survival situation in a better emotional state. We also hypothesized that HSO whose mothers were HS will exhibit higher levels of anxiety and depression than HSO whose fathers were HS. We assume that because traditionally the mother is the principal caregiver and she has also more interactions with the children, her impact on the HSO will be higher.

METHOD

PARTICIPANTS

The sample included 180 adult HSO. Respondents were sampled in a number of ways. Most of the participants were sampled at conferences and meetings related to the Holocaust during the years 2006 to 2008. They were also contacted through the researcher's social connections, and the researcher personally contacted suitable participants, presenting the research and suggesting that they take part in it. The response was maximal. Questionnaires were mailed to Members of the Second Generation Organization's home, completed there and mailed back to the researchers (approximately 10%). We did not distribute questionnaires through organizations that treat pathological cases (such as "Amcha"). This is a random sample that does not represent the entire Second Generation population. Respondents volunteered to take part in the research based on their personal interest and with no compensation.

The subjects represent a relatively wide range of demographic characteristics: 142 participants (78.9%) had two survivor parents, while 38 participants (21.1%) had a single survivor parent. Some participants lacked the requested information about their parents (two mothers and 12 fathers).

Participants were between the ages of 23 and 64 ($M = 51.47$, $SD = 7.30$); 125 were female (69.4%) and 55 male (30.6%). Most participants were born in Israel ($N = 147$, 81.7%). The distribution of participants' schooling was as follows: high school ($N = 29$, 17.6%), Bachelor's degree ($N = 91$, 55.1), Master's or PhD degree ($N = 45$, 27.3%). Most lived in cities ($N = 143$, 86.7%), while a minority lived in rural areas ($N = 22$, 13.3%). Most participants were married ($N = 135$, 77.1%). Approximately one fourth were either single ($N = 18$, 10.3%), divorced, or widowed ($N = 22$, 12.6%). Participants had up to seven children ($M = 2.72$, $SD = 1.33$).

MEASURES

Participants were asked to complete three questionnaires:

- The State-Trait Anxiety Inventory (20). The inventory comprises two sets of 20 items each. The trait scale addresses how the respondent generally feels and the state scale addresses the respondent's feelings at that moment. According to studies, test-retest correlations were calculated at .54 for the state scale and .86 for the trait scale. The questionnaire was translated into Hebrew (21) and was found valid and reliable. In the Hebrew version, the two scales showed satisfactory Cronbach's internal reliabilities (state scale: $\alpha=.89$; trait scale: $\alpha=.88$). In the current study, both scales show a high degree of homogeneity in terms of inter-item correlation coefficients (state anxiety: $\alpha=.94$; trait anxiety: $\alpha=.92$).
- The Beck Depression Inventory (22), designed to assess the severity of depression in adolescents and adults. Responses to the 21 items are scored on a rating scale ranging from 0 to 3. The inventory was translated into Hebrew (23) and validated for use in Israel. The internal reliability of the original version was $\alpha=.83$, and of the Hebrew version $\alpha=.76$. In the current study, internal reliability was $\alpha=.84$.
- A socio-demographic questionnaire, divided into three sections: information on the participants, and two sections focusing on participants' mother and father survival characteristics like: age at the end of the war, whereabouts during the war (ghetto, in hiding, Siberia, concentration camp) and survival condition (whether the survivor parent was alone or with a relative during the war).

PROCEDURE

Most of the participants completed the questionnaires individually at meetings or conferences. Participants, who received the questionnaires by mail, received also a letter with the invitation to participate in the research. They were told that the goal of the study was to understand better the Second Generation Syndrome. They were asked to answer the questions sincerely and honestly. The instructions were written in the questionnaires themselves; however, respondents were given the possibility of asking questions or e-mailing the researchers regarding the clarity of the instructions. Respondents returned the completed questionnaires in a sealed envelope with no identifying details. In this way anonymity was maintained.

The study was approved by the Ethical Committee of Bar-Ilan University, which also conform to those of the American Psychological Association.

STATISTICAL ANALYSES

First, the study variables were examined and were found to be positively skewed, with right tails. Departure from the normal distribution was acceptable (skewness = 0.74 to 1.41, $SE=0.18$). State and trait anxiety ranged from 1 to 4 with acceptable standard deviations (0.59 and 0.55 respectively), while depression ranged from 0 and 1.57, with a mean of 0.34 ($SD=0.30$). The three dependent variables were highly correlated ($r=.73$ to $r=.83$, $p<.001$), yet serving as dependent variables in the two analyses of variance multicollinearity did not pose a problem. Second, correlations between the dependent variables (state anxiety, trait anxiety, and depression symptoms) and major demographic variables were examined, showing the need to control for participants' age while testing the research hypotheses. Age was used as a covariate, and thus hypotheses were examined with MANCOVAs. The two MANCOVAs used the parents' age group during the Holocaust and family companions during the Holocaust as two independent variables (2x2 two way MANCOVA), and Bonferroni adjustment for multiple comparisons was used as well. In all cases dependent variables were state anxiety, trait anxiety, and depression. Planned post hoc comparisons for significant interactions used Estimated Marginal Means.

RESULTS

The maximum age of participants' parents during the Holocaust was 48, with a mean age of 16.48 years ($SD = 7.79$) for mothers and 21.68 years ($SD = 8.44$) for fathers (parents' age was calculated as their mean age in 1939 and 1945); 103 mothers (57.2%) and 62 fathers (34.4%) were still alive at the time of the study. Over one half of survivor parents, 55% of mothers and 55% of fathers, had a chronic illness, and 11.7% of mothers and 5.6% of fathers had a psychiatric illness.

Of the mothers, approximately 30% had been during the war in the company of their siblings, slightly over one quarter with their parents, and slightly over one quarter alone. Of the fathers, nearly one half survived alone, and approximately one fifth survived in the company of a sibling.

Trait anxiety was found to correlate inversely with age ($r = -.20$, $p < .01$): Younger participants experienced more symptoms of anxiety. Neither respondents'

nor the parents' schooling was related to the research variables, and neither was parents' whereabouts during the Holocaust (ghetto, in hiding, Siberia, concentration camp). Similarly, no differences were found between HSO with one or two survivor parents. In light of these relationships, the research hypotheses were examined, controlling for participants' age.

When the mother is the survivor. Table 1 shows means and standard deviations for offspring's symptoms of anxiety and depression by mother's age and survival situation (whether the survivor parent was alone or with a relative during the war). MANCOVA was significant for the interaction between mother's survival situation and age ($F(3,135) = 2.66, p < .05, \eta^2 = .06$). Post hoc analyses showed that the multivariate difference was significant for children whose mothers were 18 or younger ($F(3,135) = 4.12, p < .01, \eta^2 = .08$), but did not reach significance for children whose mothers were aged 19 or older ($F(3,135) = 0.26, ns, \eta^2 = .01$).

A univariate analysis of the differences revealed that for each variable, HSO whose mothers were aged 18 or younger and survived alone scored higher on symptoms of state anxiety ($F(1,137) = 12.02, p < .001, \eta^2 = .08$), trait anxiety ($F(1,137) = 8.04, p < .01, \eta^2 = .06$) and depression ($F(1,137) = 8.55, p < .01, \eta^2 = .05$) than HSO whose mothers were the same age but survived in the company of a relative. Table 2 shows F tests for offspring's symptoms of anxiety and depression by mother's age and survival situation. No other analyses were significant.

In summary, HSO whose mothers were 18 years old or younger and survived alone had more symptoms of anxiety and depression, while HSO whose mothers were 18 years old or younger and who survived in the company of a relative had significantly fewer symptoms of anxiety and depression. HSO whose mothers were 18 years old or younger and who survived alone reported having more symptoms of depression than all HSO subgroups.

Table 1. Means and standard deviations for offspring's symptoms of anxiety and depression by HS mothers' age and survival situation (N=142)

	18 years old and younger				19 years old and older			
	Alone (n=23)		With family (n=61)		Alone (n=24)		With family (n=34)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
State anxiety	2.23	0.56	1.76	0.51	1.85	0.51	1.92	0.64
Trait anxiety	2.09	0.53	1.75	0.46	1.82	0.43	1.91	0.60
Depression	0.48	0.33	0.27	0.27	0.32	0.27	0.39	0.31

Table 2. F tests for offspring's symptoms of anxiety and depression by HS mothers' age and survival situation

	Survival Situation		Age		Survival Situation X Age	
	F	η^2	F	η^2	F	η^2
State anxiety	3.99*	.03	0.01	.001	7.24**	.05
Trait anxiety	1.95	.01	0.72	.005	5.93*	.04
Depression	1.94	.01	0.01	.001	6.57*	.05

* $p < .05$, ** $p < .01$
 $F_{\text{companions}}(3,135) = 1.39, n.s., \eta^2 = .03$; $F_{\text{age}}(3,135) = 0.98, n.s., \eta^2 = .02$;
 $F_{\text{companions} \times \text{age}}(3,135) = 2.66, p < .05, \eta^2 = .06$.

When the father is the survivor. Table 3 shows means and standard deviations for Offspring's symptoms of Anxiety and Depression by Paternal's Age and survival situation (whether the survivor parent was alone or with a relative during the war). MANCOVA was found significant for the main effect of survival in the company of a family member ($F(3,147) = 3.79, p < .05, \eta^2 = .07$).

Univariate analyses showed significant differences for state and trait anxiety, as well as for depression. Adult HSO whose fathers survived with others scored lower on all three variables than adult HSO whose fathers survived alone. Table 4 shows F tests for offspring's symptoms of anxiety and depression by father's age and survival situation. No other analyses were significant.

Table 3. Means and standard deviations for offspring's symptoms of anxiety and depression by HS fathers' age and survival situation (N=154)

	18 years old or younger				19 years old or older			
	Alone (n=26)		With family (n=33)		Alone (n=60)		With family (n=35)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
State anxiety	2.14	0.63	1.78	0.58	1.91	0.61	1.72	0.42
Trait anxiety	2.11	0.63	1.74	0.51	1.89	0.53	1.66	0.35
Depression	0.41	0.34	0.29	0.25	0.35	0.30	0.23	0.20

Table 4. F tests for offspring's symptoms of anxiety and depression by HS fathers' age and survival situation

	Survival Situation		Age		Survival Situation X Age	
	F	η^2	F	η^2	F	η^2
State anxiety	7.84**	.05	1.20	.01	0.91	.01
Trait anxiety	11.28***	.07	0.41	.003	0.75	.01
Depression	7.26**	.05	3.58	.02	0.01	.001

* $p < .05$, ** $p < .01$, *** $p < .001$
 $F_{\text{companions}}(3,147) = 3.79, p < .05, \eta^2 = .07$; $F_{\text{age}}(3,147) = 1.55, n.s., \eta^2 = .03$;
 $F_{\text{companions} \times \text{age}}(3,147) = 0.65, n.s., \eta^2 = .01$.

DISCUSSION

Results show that adult offspring whose mothers were aged 18 or younger and survived alone reported more symptoms of anxiety and depression, while HSO whose mothers were 18 or younger but survived in the company of a family member reported fewer symptoms of anxiety and depression. HSO whose father survived alone reported more symptoms of anxiety and depression than HSO whose fathers survived in the company of a family member. These findings are expanded below.

EFFECTS OF THE MOTHER'S AGE AND SURVIVAL SITUATION AND THE HSO'S SYMPTOMS OF ANXIETY AND DEPRESSION

The atrocities and cruelty of the Holocaust shattered children's and adolescents' world view and made it difficult for them to build their own identities (24). Although children's ability to care for themselves increases when they reach adolescence, the Holocaust forced many adolescents to assume disproportionate responsibility for themselves and others, far beyond their abilities (25).

Several researchers (26) believe that HS who were 18 or younger during the Holocaust should be considered children because they spent most of their childhood in the shadow of the war. During the Holocaust, adolescents assumed responsibility for their own lives and, in some cases, for the lives of their siblings as well, bearing a heavy burden for their age (25). Moreover, at this age, adolescents still need their parents to guide them and help them build their self-identity (27).

Some researchers have suggested that young children may respond to trauma differently than adults due to their psychological immaturity, and consequently they seem to suffer less intensely from trauma compared to adults (28). Sigal and Weinfield (28), as well as other trauma studies not necessarily related to the Holocaust (e.g., 29), show that children sustain less injury from trauma than do adults. The explanation is that children have less intellectual or social maturity that would enable them to understand what happens to them in real time (28).

Although young children may have experienced the trauma of the Holocaust less intensely than older children at the time, their experiences may still influence them later on in life. A series of studies found that survivors who experienced childhood trauma have adjustment difficulties as adults (e.g., 30, 31). Moreover, Mazor et al. (32) stated that many survivors who were children during the Holocaust maintain distinct levels of quality of life in different areas of their lives. Most appear to suc-

cessfully maintain a normal life, but beneath the surface they constantly struggle to cope with their traumatic memories and emotions from the past.

Until the final decade of the 20th century, there was a biased assumption in Israel that survivors who were children during the Holocaust were "too young" to remember the traumatic events they lived through and therefore did not suffer from the consequences of the trauma (33). Therapists and adults typically sought to persuade children to forget their memories; children who wished to speak about their past and share their feelings were silenced (17, 18). This policy of forced denial stemmed from the desire to help children forget their traumatic past and focus on the future, and from the difficulties of other adults to cope with the memories of child survivors (26). In response, child survivors were forced to repress their own Holocaust memories and feelings (34).

As a result of the therapeutic application of forced denial, young HS did not receive appropriate attention, treatment, or psychological assistance after the war. They grew to be adults and parents with unprocessed memories and feelings. Studies showed that children survivors of trauma become adults who lack a sense of pleasure or joy and lack a sense of vitality (35). It is conceivable that young HS became parents who passed this lifestyle on to their children.

Nonetheless, it is important to remember that the findings of this study show that the parent's age was significant only among HSO whose mother survivor was aged 18 or younger and survived the Holocaust alone: This HSO's group reported higher symptoms of anxiety and depression. A study by Hogman (36) offers partial support for this finding. Hogman's study (36) found that children (boys and girls between the ages of 0 and 11) who were in the company of their parents during the Holocaust showed higher levels of adjustment than children who were not. So, we can assume that children who receive support in times of crisis will be better psychologically equipped to deal with crisis in the future (37), and will usually apply these resources to future challenges (such as raising their own children). However, the mere presence of a family member is not sufficient to prevent severe emotional consequences. This may be the reason that even children of survivors who were in the company of a relative reported anxiety and depression symptoms, albeit at a lower level.

Anxiety and depression symptoms of HSO whose mothers were aged 19 or older were not affected by mothers' Holocaust survival circumstances. Probably, at age

19 the survivor is sufficiently mature and self-sufficient and no longer has an essential need to be with her family (38). At the age of 19, girls no longer have illusions about their parents' omnipotence, and they understand that they must take care of themselves. At this age, survivors were more mature and able to take care of themselves (39).

EFFECTS OF FATHERS' SURVIVAL SITUATION ON THEIR OFFSPRING'S SYMPTOMS OF ANXIETY AND DEPRESSION

Studies indicate that traumas influence boys and girls differently. For example, research conducted by Hardin et al. (40) following a severe hurricane revealed that adolescent girls showed a higher level of psychological distress than adolescent boys one year after the trauma. Koopman et al. (41) found that women's psychological responses to a huge fire incident were more intense than men's responses to the same event. Wright et al. (42) compared the physical and psychological responses of adolescent boys and girls to stress and found that boys respond better than girls to stress related to academic and social achievements.

Rim (15) found that boys and girls experienced the events of the Holocaust differently. Davidson (43) found that adolescent male survivors of concentration camps (who survived in the company of other adolescents boys) perceived the harsh conditions as a challenge and an opportunity to prove their independence and autonomy.

Guilt feelings and a guilty conscience are prevalent among survivors. Survivors suffered from guilt for surviving the events while others did not (7, 19, 44). We assume that this element of guilt is stronger among boys, as boys are socialized to be strong and courageous (45), avoid expressing their feelings, and help their families when needed (46). In Israeli society, known for its "macho" culture, boys of a young age develop an ideal image of men as physically and mentally strong, self-controlled, and successful individuals who are expected to do everything to save their families in a crisis.

Although this requires further examination, it seems that boys had guilt feelings not only because they survived while others did not, but also because they believed that they failed to help their families in an active and direct manner. Similar guilt feelings are found among survivors of other disasters (7, 46). During the Holocaust, sons assumed enormous responsibility for their family (36), based on the belief that it was their duty to protect their family. Men who failed to support their family suffered from disappointment that had a detrimental effect on their self-image (46). These feelings grew stronger fol-

lowing HS immigration to Israel, because Israeli society in the 1940s and 1950s, unaware of the extent of the Holocaust, accused survivors of allowing themselves to be led to their deaths "like sheep to the slaughter" (24, 47). Moreover, male survivors in particular found themselves struggling to survive in Israel because of the War of Independence, as well as because of the difficult physical conditions in Israel at the time. Despite their hope for a "better life" in Israel, they had to deal with many stressful situations, loss, terror attacks, and wars. All these stress factors may have made it more difficult for survivors to recover from the trauma of the Holocaust.

In contrast, social norms allow and expect females to be "weak," sentimental, and unrestrained. Women who have a mental breakdown or cease to function in times of crisis do not invite harsh social criticism (45). Internalization of feminine stereotypes and masculine stereotypes is also supported by Lichtman's research (16).

Thus, regardless of their age, boys who survived without the company of a family member suffered from guilt resulting from their failure to save their family. Those who survived in the company of a relative benefited from the same sense of security as did female survivors, but also from the feeling that they did not leave their relatives to die.

Furthermore, if the survivor was a young male in the company of an older male, the younger survivor could attribute responsibility for his "failure" (to save other family members) to the adult relative or at least share the blame or responsibility with him. DeGraf (13) found that soldiers whose parent Holocaust survivors did not suffer personally from the persecution of the Holocaust, yet lost family members in the Holocaust, exhibited a higher level of neuroticism than soldiers whose parents has been concentration camp internees.

In summary, the findings of this study show that symptoms of anxiety and depression among the second generation differed as a function of their parents' survival circumstances. An important practical conclusion that arises from this study is the need to provide support and assistance to children who experience trauma and to prevent neglect of very young survivors of trauma.

This conclusion is relevant today. We must remember that trauma victims of all ages, even when they seem to "function" and continue with their lives, may still be suffering from the effects of the trauma under the surface, and this could have an impact on their own children many years later.

Although this study is a preliminary study based on a relatively small sample, it urges greater understanding of the relationship between parents' childhood experiences

and their impact on relationships with their loved ones, particularly their offspring. In view of the significance of the conclusions and their practical implications, further research is recommended.

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