

ARTICLE

Intergenerational Transmission of Trauma across Three Generations

A Preliminary Study

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ABSTRACT

This qualitative study reports a preliminary investigation of the intergenerational transmission of trauma across three generations, and across three types of trauma. Representatives of three families in which the first generation had experienced a trauma were examined. Trauma included experiencing the Holocaust, being placed in a transit camp following immigration from Morocco, and being forced to dislocate as the result of a war. The representatives of successive generations were administered qualitative, open-ended interviews regarding their life as survivors or victims, or as the second/third generation of survivors/victims. A content analysis revealed that the intergenerational transmission of three types of trauma was perpetuated across three generations.

KEY WORDS:

intergenerational
transmission

three family
generations

trauma

INTRODUCTION

Traumatic events often have severe negative consequences for those who were directly exposed to them as well as to others, particularly family members, who were not directly exposed to that event (e.g. Figley, 1995). The issue of the intergenerational transmission of trauma has been widely investigated in the context of parent-to-child transmission (e.g. Weiss and Weiss, 2000). However, the latter's impact might persist beyond the second generation and in fact affect multiple generations. In light of the fact that information about the transmission of trauma across generations might assist mental health professionals in helping families resolve traumas and maybe develop different approaches to different types of traumas, the current pilot qualitative study sought to preliminarily investigate the intergenerational transmission of different types of trauma across three generations.

According to the DSM-IV (American Psychiatric Association, 1994), a traumatic event is a non-ordinary human experience consisting of a serious harm or threat to oneself or relatives, or to one's property or community. Trauma defined by Gagne (1998: 356) as a 'shock that is deemed emotional, and substantially damages over a long time period', can have long-lasting effects such as post-traumatic stress disorder (PTSD), depression and somatic symptoms (e.g. Lev-Wiesel and Amir, 2000), not only on the individual who experienced it, but also on later generations of that individual's family.

The Concept of Intergenerational Transmission

An individual's identity involves interplay of many dimensions (e.g. biological, psychological, philosophical, interpersonal relations) that dynamically coexist throughout a lifetime. According to Danieli (1998), exposure to trauma is likely to cause a rupture in one's life routine, demanding coping and adaptation. The fixity (a state of being stuck) as well as post victimization responses will determine later vulnerability or resilience and to what extent the individual's life will change. The impact of a trauma, therefore, its contagion, such as behaviour patterns, symptoms and values that appeared in one generation, will affect not only the generation that was victimized but also the next one. Danieli (1998) suggested that the trauma will be passed down as the family legacy, whether or not survivors talked or kept silent, even to children born after the trauma.

Family and individual development are basic building blocks within a multigenerational theoretical perspective. Theories focusing on multigenerational, intergenerational or transgenerational transmission typically emphasize two distinct processes in family development: multigenerational family patterns, and family life cycle events and processes (Boszormenyi-Nagy and Spark, 1973; Bowen, 1978; Framo, 1981; Williamson, 1982).

A common theme underlying the majority of theories on how family patterns are transmitted, centres on psychological transference mechanisms at both conscious and unconscious levels (e.g. Framo, 1981; Paul, 1981). Along this line, Williamson and Bray (1988) suggested that family patterns are developed through the process of projection both within the nuclear family's emotional system, and across generations. In a related perspective, Boszormenyi-Nagy and Ulrich (1981) maintained that emotional issues are developed and transmitted through family members' loyalty and indebtedness to each other. These invisible loyalties mould and direct the individual behaviour. Loyalty implies a certain amount of trust and commitment to the parents (in the case of a family) and to the family of origin. Differentiation of self is defined as the degree to which a person or a family operates in an autonomous and self-directed manner (Bowen, 1978). Children are likely to take on certain emotional issues that originate in older generations in order to allow that generation to gain closure through them. Yet, certain issues within a family tend to be reproduced in younger generations sometimes out of lack of closure in the older generation. In this view, paying off one's emotional debt to the parents as well as differentiation of self reflect similar processes of dealing with the unresolved emotional attachments to the parental system and hence, the transgenerational patterns and mandates (Williamson, 1982). Fusion with parents, invisible loyalties, and transmitted grief reactions are therefore an expression of the unending payment of multi-generational debts and ongoing emotional attachments to the family, which result in a sacrifice of autonomy and selfhood (Williamson and Bray, 1988).

Intergenerational Transmission of Trauma

The long-range generational effects of trauma have been reported in the literature, especially regarding war experiences such as the Holocaust (e.g. Danieli, 1998). Yet, studies focused on transmission to the third generation are scarce as most studies focused on the transmission and relationship between first and second generation. In spite of methodological problems including lack of separate analysis of data for men and women, reliability or validity of some instruments, and sometimes biased sampling procedures (Solkoff, 1992), research conducted on the effects of the Holocaust (e.g. Bar-On et al., 1998; Rowland-Klein and Dunlop, 1998) suggests that war trauma experienced by Holocaust survivors may be transferred to the third generation. These studies identified four super-ordinate themes that characterized the second and even third generations: heightened awareness of the parents'/grandparents' Holocaust survivor status; parenting style; over identification with parents'/grandparents' experiences; and, general fear and mistrust of people. Other work suggests that children of Holocaust survivors may be implicitly assigned the role of their parents' protectors against depression, a role bound to cause unsolvable psychological conflicts and

a sense of failure to meet one's duty, often passed on to the third generation (Shafet, 1994).

Adelman (1995) who investigated the roles of affect regulation, narrative cohesion, and symbolic representation in the intergenerational transmission of the Holocaust experience through first and second generation narratives, found that the quality of the survivor parent's organization and integration of affect predicted their child's capacity to tolerate and express painful emotions. Other work examining the associations between childhood trauma and PTSD in adult children of Holocaust survivors vs adult children of non-Holocaust survivors has found that the latter reported significantly lower levels of childhood trauma, particularly emotional abuse and neglect. The emotional abuse and neglect is largely attributable to the PTSD of the survivor parents transmitted to the children (Baranowsky et al., 1998; Yehuda et al., 2001).

In another study (Sigel and Weinfeld, 1989), the well-being of a clinical group of children, third generation to the Holocaust, was compared with that of their parents. It was found that the third generation had a higher level of psychological well-being as compared to the second generation, but also evidenced a higher level of identification with the first generation. Those investigators suggested that because the grandchildren felt more secure in their own sense of self, they could allow themselves to identify with their grandparents' identity and background. Thus, the effects of Holocaust trauma appeared to affect the third generation less than the second generation.

Other studies on different populations have reported contrasting results on the issue of the transmission of war trauma. Kupelian et al. (1998), for instance, examined intergenerational issues among Armenian survivors of the Turkish genocide in 1915. They found that the third generation to survivors exhibited more pathological symptoms than did the second generation. Rosenheck and Fontana (1998) who studied the intergenerational transmission in Vietnam veterans whose fathers were Second World War veterans, found that the grandchildren suffered from secondary traumatization associated with the combat-related post-traumatic stress symptomatology. A different trend was reported by Davidson and Mellor (2001), who examined the intergenerational transmission across two generations of PTSD among Australian Vietnam veterans. In that study, no significant differences were observed in terms of self-esteem and PTSD symptomatology between veterans and their non-veteran offspring.

To date, the relatively scarce reports carried out on the transmission of trauma to the third generation have been inconsistent. Thus, a central objective of the present study is to contribute to current knowledge on this issue. A second aim is to examine whether the type of trauma experienced influences the degree to which the effects of trauma are perpetuated in subsequent generations.

METHOD

Participants

The participants included representatives of three successive generations of three Israeli families in which the first generation had experienced a significant life trauma – defined as a trauma acknowledged publicly as such (e.g. Ben-Sira, 1993) as well as by the first generation participant himself/herself. Each family was characterized by a different type of trauma, each of which is considered to be major by researchers as well as by the Israel public. Two families were of Jewish origin, and one was of Arab-Muslim origin. In one Jewish family, the first generation had experienced the Holocaust. In the second, the first generation had lived in a transit camp following immigration from Morocco. In the Arab family, the grandparents had been forced to relocate from their home in Ikrit, in Israel.

Although only three families actually participated in the study, we started with five Jewish families who were suggested to the author by graduate social work students. In two families, the first generation was a Holocaust child survivor, while in the other three families the first generation emigrated from Morocco. The Arab families were approached by recommendation of the Ikrit Community Organization. After explaining the purpose and procedure of the study to the candidates, first-generation candidates were administered the PTSD self-report questionnaire (Shalev, 1992) that assesses the extent to which different post-traumatic symptoms relating to the specified trauma have occurred during the month preceding the evaluation. The symptoms are based on criteria stipulated in the DSM III-R (American Psychiatric Association, 1987), and include three groups of symptoms: Intrusiveness (items 1–4), Avoidance (items 5–11), and Arousal (items 12–17). A score of 3 or 4 on an item is considered to be complete confirmation of the presence of the symptom, and a score of 2 is considered to be threshold level. Three families, in which the first generation survivors suffered PTSD, were selected to participate in the study. Each family decided who would be its representatives (beside the survivor) for the interviews. All participants were asked to sign a consent form in which they were promised confidentiality as well as being entitled to receive their own transcribed interview. The following describes the historical and personal background of each family.

Family 1: Holocaust Survivors

Historical Background

The Holocaust involved the intentional and planned massacre of six million Jews by the Nazis during the Second World War (1939–45). In addition to physical genocide, psychological warfare was employed, aimed at the annihilation of the Jewish people by destroying the individual's personality and identity,

both as a person and as a Jew (e.g. Krell, 1993). The Nazi persecution of the Jews and the circumstances of war caused severe physical and psychological suffering. The memories of survivors are usually filled with painful scenes of being separated from their families, becoming orphaned, being abandoned, experiencing starvation, feeling cold, being unable to move physically for long periods of time, experiencing humiliation and violence, and continually witnessing cruelty (e.g. Lev-Wiesel and Amir, 2000). Most of the children who managed to survive were hidden within Christian families, convents, monasteries, orphanages, or joined the partisans.

Family Background

A, the grandmother, is a Holocaust child survivor. She is 70 years of age and was born in Romania. During the Second World War, at the age of nine, she was given by her mother to a Catholic family. For three years she was hidden alone in their barn, suffering hunger, cold and loneliness. In 1951, she immigrated to Israel with her mother who survived the concentration camp. She later married a man who was also a Holocaust survivor. She and her husband had 3 children, and later, 10 grandchildren and 2 great-grandchildren, according to the data. Before retiring, A worked in a laboratory. Her daughter, C, is aged 49 and is a teacher in a kindergarten. C is the mother of three children and the grandmother of two. L, C's daughter, is aged 27. She is the mother of one and works as a saleswoman in a photo shop.

Family 2: Forced Dislocation

Historical Background

The Arab residents of two villages, Ikrit and Biram, were uprooted from their homes in 1948 (Kenig, 2003). In 1951, the Israeli High Court ruled that the villagers would be allowed to return as long as no emergency decree against it had been issued. The Israeli government hastened to issue such a decree against the Ikrit evacuees, and two months later the Israel Defense Forces blew up the houses in that village. In 1953, the houses in Biram were also blown up. Only the churches of the two former villages were left untouched. Two years later, the lands of the two villages (16,000 dunam in Ikrit and 12,000 dunam in Biram) were expropriated for establishing Jewish settlements. In 1997 the evacuees petitioned the High Court of Justice, which gave the government time to examine the issue. In mid-1998, the court issued a temporary injunction ordering the government to report its position within 90 days. Since then, the government has received three further delays. One was due to the change of government, one because of the situation on the Northern border, and the last because of the negotiation with the Palestinians and the question of the Israeli Arabs (Ha'aretz Daily, 2001).

Family Background

M, aged 74, is the father of 7 children and has 22 grandchildren. He was forcibly dislocated from his home in Ikrit together with his wife and their three children at the time. A, M's son, is aged 51 and is employed as a construction worker. He is married and the father of five children. M's granddaughter, L, is aged 22. She is a college student and engaged to be married. The extended family lives in two combined buildings in the city nearest to Ikrit.

Family 3: Living in a Transit Camp*Historical Background*

With the gates wide open after the declaration of Israel's statehood (1948) and the Law of Return (1950) granting every Jew the automatic right to immigrate to Israel and become a citizen of the state, a wave of mass immigration brought 687,000 Jews to Israel's shores. By 1951, the number of immigrants more than doubled the Jewish population present in the country in 1948. The immigrants included survivors of the Holocaust from displaced persons' camps in Europe, and nearly all of the Jewish communities of Africa and Asia. New immigrants were first put to live in *ma'abarot*, or transit camps, comprised of tin shacks and tents. Many immigrants from African regions found it difficult to move later to better housing locations (e.g. Samooha, 1979). In general, immigrants encountered many problems in adjustment. The fledgling state had just emerged from the bruising War of Independence, was in a grievous economic condition, and found it difficult to provide hundreds of thousands of immigrants with housing and jobs. During the 1950s, immigrants from Asia and Africa generally began their life in Israel at a considerable social and economic disadvantage compared to the veteran Ashkenazi (Western born) population. A large proportion of the latter seized the opportunities offered as the result of the mass migration to advance from the working class to the middle class. However, the new immigrants often lacked marketable skills, advanced education and connections with the authorities. Consequently, they had to accept lower paying jobs, often in marginal neighbourhoods and settlements that offered little economic promise. This effect was compounded among the Moroccan Jews, who tended to have larger families. In many homes, parents were unable to provide necessary educational support and assistance for their children, who also lacked the space and resources needed for study. As a result, the first generation of Israeli-born Jews of Asian and African parents typically grew up under disadvantaged circumstances. The socio-economic gap between the Eastern-born and both the Western-born immigrants and the veteran population of the 1950s continued to widen into the 1970s, and fairly well into the 1990s. This gap can still be seen in the areas of income, occupational status, education and social influence (Kaplan, 2002). For many Moroccan families, living in the *ma'abarot*

still symbolizes the beginning of their humiliation by the Ashkenazi (Western-born) Jews in Israel.

Family Background

Y, the grandmother, is 69-years old and has an elementary school education. She immigrated from Morocco to Israel at the age of 23 with her husband and 6 children. Three additional children were born in Israel in the transit camp. N, Y's daughter, is aged 50. She is a high school graduate and works as a secretary. She is married and the mother of three children. P, Y's granddaughter, is aged 25 years. She is unmarried and is a social work student.

Procedure

The representatives of each generation of the three families were qualitatively interviewed by two Jewish female graduate students of social work. The Jewish interviewers each had grandparents and parents of both European and North African descent. The interviews were open-ended. First-generation participants were asked first to describe their own life history and their family history, then to address the issue of what it is for them to be a Holocaust survivor/former resident in the transit camp/refugee. The second-generation participants were asked to address the issue of what it is for them to be the sons or daughters of parents who had experienced the trauma. Third-generation participants were asked to address the issue of what it is for them to be the third generation (grandson or granddaughter) to grandparents who had experienced the trauma. Interviewers avoided asking any further questions, except for the purpose of clarifying the interviewees' previous responses. The interviews were conducted in the interviewers' homes by two graduate students; each participant was interviewed separately. Upon completion of the interview, the interviewers questioned the participants about any concerns or feelings they may have experienced. Those participants who expressed distress were given the opportunity to talk about their experience and reminded of available therapeutic services such as AMCHA – a centre for Holocaust survivors and families. In general, interviewees expressed satisfaction and relief at having been interviewed. All interviews were tape-recorded on audio cassette. Each interview lasted between one and two hours; interviews of the first generation took about two hours while the two successive generations took less.

Data Analysis

A content analysis was conducted on the transcripts of each interview by two social workers. Tutty et al.'s (1996) guidelines were used to analyse the interviews, according to which units of meaning are categorically classified, and relevant themes are identified. This was based on Coffey and Atkinson's (1996) concept that the narrative quality of qualitative textual data enable the researcher

to consider how social actors order and tell their experiences, feelings, and thoughts, and hence can be analysed alongside meanings and motives. The author and her research assistant analysed the data separately. They read the entire transcript, made tentative interpretations, and coded the central ideas scattered throughout the data. As they familiarized themselves with the text, while keeping the purpose of the study in mind, several themes emerged. The author and assistant separately collected and defined the 'major themes' and 'sub-themes'. Finally, those themes that were found to be identical in the analyses of both the researcher and her assistant were selected for this study.

RESULTS

In accordance with the objective of this study, an intergenerational comparison was carried out for each family regarding the central themes identified. The data is presented in the form of a 'family portrait', in which the common themes of each family triad are shown.

Family Portrait 1: Holocaust Survivor

As indicated in Table 1, the main themes found for this family reveal that the trauma of the Holocaust haunts each of the three generations, though some positive outcomes seemed to also be transmitted (e.g. bonding existed among the three generations). The Holocaust child survivor of the first generation reported symptoms of post-traumatic stress such as intrusive thoughts (painful memories throughout the day and nightmares), anxious behaviour (being frightened in the presence of strangers or new places), and avoidance behaviours (avoiding bus or train stations, avoiding new acquaintances, etc.). Both the second and third generations expressed high levels of empathy and identification with the survivor's suffering. This was manifested in a tendency to cry whenever being exposed to subjects related to the Holocaust, along with curiosity about the Holocaust. Each of the three generations emphasized the importance of the family, stressing that only family members can be trusted. Each perceived life as fragile and temporary, and therefore something to be appreciated. Each member of the three generations expressed a common mission, which was to remember the Holocaust, never forget what happened, and to transmit this charge to coming generations.

Family Portrait 2: Forced Dislocation

As Table 2 shows, the main themes identified across the three generations in the dislocated refugee family reveal a strong sense of belonging to their former home in Ikrit. This is expressed by feelings of longing and yearning, cherishing and preserving the cohesion of the former community, initiating demonstrations, and appeals to judicial authorities in order to allow their return. The

Table 1 FAMILY PORTRAIT ACROSS THREE GENERATIONS OF THE HOLOCAUST SURVIVOR'S FAMILY

	First Generation	Second Generation	Third Generation
The Holocaust trauma still haunts	'It's so difficult, there are no words to describe the horrors.' 'I see the scenes every night.'	'I often have nightmares in which I am in a concentration camp . . .' 'I am haunted by the atrocities my parents had to endure.'	'I dare not throw away leftover food . . .' 'I often cry thinking of my grandparents' suffering.' 'I can't watch movies dealing with the Holocaust.'
The impact on family relations	'I tried to give my children everything I didn't have.' 'I need to know where they are all the time.'	'I have obsessive parents' 'Mom needs to compensate us for her losses.' 'I was choked with love.' 'We are all very concerned about each other.'	'If Granny cries, I do too.' 'Granny is my best friend. We tell each other everything.' 'My mother and Granny are all mine.'
The importance of remembering – Never forget	'It's important that it will never be forgotten.' 'People should be told and be aware of what happened.'	'I tell my family the story so they will be able to tell their children . . .' 'Whenever my children need to choose a subject in school, I urge them to write on the Holocaust.'	'I will tell my children about the Holocaust.' 'The Holocaust as a subject should be transmitted from generation to generation.'
Lessons drawn from the Holocaust (e.g., the value of family, food, life)	'The only thing a person has is the family.' 'Life is fragile and temporary.'	'You can only trust your family.' 'Never depend on others.' 'Be independent.'	'One should bless one's good fortune if one has enough food.' 'Family is the most important thing in my life.'

Table 2 FAMILY PORTRAIT ACROSS THREE GENERATIONS OF THE IKRIT REFUGEE FAMILY

	First Generation	Second Generation	Third Generation
Sense of belonging to Ikrit	'I would show my family the land, so they will remember.' 'I want to my children to inherit it.'	'People belong to Ikrit. They still have the will to go back.'	'I should have been born there.' 'I am from Ikrit.' 'I still belong to Ikrit.'
Actual struggle to return to Ikrit	'We are all together in demonstrations.' 'We are all together in protesting.'	'We are all active in this issue.' 'We demonstrate.' 'If I don't continue this struggle, who will?'	'I continue my grandfather's struggle, and my father's.' 'I have struggled since I was born.'
The will to return	'We asked to come back. My hope is to return to live there.' 'If not me, at least my son or grandchildren.'	'We always wanted to return.'	'We are deadly serious about returning.' 'We need to return.'
Maintaining community cohesion	'We bury our dead together.'	We have a sense of collectivism.' 'We are all united. If someone quits, it hurts.'	'We meet every holiday in Ikrit.' 'We need to be together with the others, all the village residents together.'
The story of Ikrit and Biram is sad	'This is a sad story. We were cheated'	'This story is so sad. I suffer constantly.'	'Such a sad story.'
The mission is to return to Ikrit	'I taught my son and raised him in light of this story.' 'My son was breast-fed on our story.'	'It's very important that the next generation do not give it up.'	'I will fight to return. My fiancé already loves the place and will return with me.'

content analysis indicated that the family mission, transmitted from generation to generation, is to return to their former home in Ikrit and regain their homeland.

Family Portrait 3: Placement in a Transit Camp

Table 3 shows the main themes identified across the three generations of Oriental immigrants placed in a transit camp. These themes included a strong feeling of inferiority, and a sense of having been discriminated against by Western-born (Ashkenazi) residents both within and outside the transit camp. In addition, the transit camp (*maabara*) symbolized the starting point of a long-lasting and painful gap between Western and Eastern socio-economic status. Another theme centred on the change in family roles following immigration:

Table 3 FAMILY PORTRAIT ACROSS THREE GENERATIONS OF THE TRANSIT CAMP IMMIGRANT

	First Generation	Second Generation	Third Generation
Loss of property, social status, and respect	'At my mother's house in Morocco I used to be so spoiled.' 'Our families broke apart. We could no longer live as an extended family.' 'People thought we were illiterate.'	'The conditions were bad, not like we had in Morocco.' 'My father was very respected in Morocco. Here he didn't have a job. He could not provide.' 'Treated as lower class.'	'My grandparents were poor here, not as they used to be in Morocco.' 'I never received any presents, just love.' 'If only they could have brought their money with them . . .'
Devaluation by Ashkenazi	'Those who came from Europe received better jobs.' 'Everyone preferred Ashkenazim.' 'They used to laugh at us.'	'People were devalued.' 'We were treated as unworthy.' 'Those who came from Europe thought they were better than us.'	'As a child I was proud of my other grandparents, who were partisans in the war.' 'They were discriminated against.' 'They were different, less . . .'

continued

Table 3 continued

	First Generation	Second Generation	Third Generation
Family crisis, change of roles	<p>'My husband was lazy . . . did not want to work . . . only me.'</p> <p>'We quarreled constantly. He was very frustrated and wanted to return to Morocco.'</p>	<p>'My parents quarreled all the time . . . violently sometimes . . .'</p> <p>'Mother had to work . . . she did everything . . . at home and outside.'</p>	<p>'My grandmother worked in the fields . . . she didn't have any choice. . .'</p> <p>'Granny had to work like a man . . . he was angry at her . . . she didn't deserve his attitude.'</p>
Memories of living in the transit camp	<p>'I cried, cried, cried . . .'</p> <p>'We suffered a lot.'</p> <p>'I didn't have any choice.'</p>	<p>'That was a difficult period.'</p> <p>'A short period . . . but too long.'</p> <p>'I don't remember . . . it doesn't concern me.'</p>	<p>'They told me how they had suffered.'</p> <p>'They did not have any money . . . poor . . . not enough food . . .'</p>
Long-term effects of living in the transit camp	<p>'Living there had a great influence.'</p> <p>'It's hard to forget that period.'</p> <p>'I try to repress the bad past.'</p> <p>'I learned to take care of myself, not to trust others, Ashkenazim in particular.'</p>	<p>'It did not affect me.'</p> <p>'I can't relate to it.'</p> <p>'According to the papers, it influenced people.'</p> <p>'I had to prove that to be born in Morocco does not necessary imply uneducated.'</p>	<p>'I will never work in a low-level job.'</p> <p>'To live in the transit camp was a crisis.'</p> <p>'Emphasis on abilities and achievement.'</p> <p>'A combination between depression and the will to succeed.'</p>

prior to immigration the woman was expected to fill the roles of a wife and a mother. Following immigration she also became the family provider. Conversely, whereas the father was previously highly regarded and perceived as the head of the family prior to immigration, he subsequently became dependent, frustrated and violent. The family mission was defined by the third generation alone, in personal terms. The granddaughter seemed determined to improve her social status by acquiring a higher education and a respected job.

A Comparison of Trauma Type

In order to examine the similarities and differences between the effects of the different types of trauma experienced, a comparison was conducted of the data from the interviews on the basis of the following categories: the meaning of the trauma (historical/personal, collective/individual); family relationships (parent/child, grandparent/grandchild, men/women), psychological well-being (post-traumatic stress reaction/coping), losses and gains following the trauma, and the mission to be transmitted to the next generation. The results of this comparison are presented in Table 4.

As indicated in Table 4, the family issues following the trauma of the Holocaust and forced relocation from Ikrit differ from the trauma of living in the transit camp on two main dimensions: The significance of the personal trauma as part of a wider collective or national trauma, and the type of mission transmitted from one generation to the next. In the former, intergenerational missions were clearly expressed (e.g. never forget and return home, respectively). In the latter, a clear mission was not transmitted from the first generation to subsequent ones. Rather, feelings of inferiority, low self-esteem, and a sense of discrimination were transmitted, resulting in the third generation's decision to acquire a higher social status through education. The Moroccan family representatives did not see their difficulties as part of a collective trauma, but rather as a social problem in the sense that they perceived all Moroccan Jews as being discriminated against. Therefore, it had not been translated into a mission *per se* but rather, the simple aspiration to reach a higher social status.

DISCUSSION

Within this small sample size of the current study, despite differences between traumatic events across cases, lack of knowledge about other personal and familial traumatic experience of each participant and family, the results revealed that in general the intergenerational transmission of three types of trauma was perpetuated across three generations. Both the children and the grandchildren of people who had undergone significant life traumas appeared to be affected by the negative experiences of the first generation. This was evidenced in the finding that in each family, central themes surrounding the traumatic event recurred in the interviews of each generation. This finding might suggest that a major life trauma can have lasting effects on subsequent generations.

Another outcome of this study was the finding that the intergenerational transmission of trauma appeared to be differentially affected by the type of trauma experienced. An interesting finding was that the nature of the family and life mission transmitted by both the Holocaust survivor and the Ikrit refugee to second and third generations was clear and defined, whereas this was not the case in the Moroccan immigrant's family. In the former two families, loyalty to

Table 4 INTERGENERATIONAL TRANSMISSION OF TRAUMA IN THE THREE FAMILIES: A COMPARISON

Categories	Holocaust Survivor's Family	Ikrit Refugee's Family	Transit Camp Family
Meaning of the trauma	Personal – personal lesson regarding human kind Historical – significant for the whole world Collective – significant for all Jewish people	Personal – loss and injustice Collective – significant for the whole community (village residents)	Personal – sense of inferiority in contrast to Westerners
Family relationships	Strong ties between all three generations Overprotection Strong emotional ties between grandparents and grandchildren	Strong ties between all three generations Strong emotional ties between grandparents and grandchildren	Ambivalence toward the first generation's spousal relationship Empathy toward the first generation's difficulties, yet criticism and an attempt to detach
Psychological impact	PTSD in the first generation Secondary traumatization in second and third generations	Feelings of longing, pain, loss, yearning, frustration, anger, insult, mixed with self-determination.	Personal conflict between the desire to be appreciated by Westerners and loyalty to the family of origin
Losses	Loss of roots and family members	Loss of homeland, property, assets	Loss of self esteem
Main emotional theme	Sadness	Anger	Shame
Mission for the next generations	To remember – never forget	To return to their homeland	Improve their social status

their ancestors' heritage seemed to be expected and was overtly communicated. In the family of the Holocaust survivor, subsequent generations were expected to remember the atrocities committed. While it was apparent that the wound of the Holocaust would never heal, it had to be evoked and remembered out of loyalty. This remembrance seemed to be a debt paid for the suffering of the first generation, and was a lesson to be learned and taught for the sake of future generations.

In the case of the Ikrit refugee family, the debt to be paid by later generations for the suffering of the first was not only remembrance but also an actual physical action, namely, to return to Ikrit as soon as possible. The wounds of the first generation would be healed only when this mission was accomplished.

Unlike the former two families, no clear mission was expressed by the family of the Moroccan immigrant. Although each generation referred to the humiliation and discrimination of living in a transit camp, no mission was explicitly stated regarding regaining the family's lost social and economic status. On the surface, it appears that the decision of the third generation to improve her social status through acquiring a higher education was based on her own judgment, rather than a sense of family loyalty and a desire to compensate her ancestors. Yet, even though not overtly stated, it might be that this desire stemmed from an unconscious attempt to repair and restore the prior social status of the first generation, thereby healing the wound. This interpretation would be consistent with Boszormenyi-Nagy and Spark (1973), who suggested that invisible loyalties do not mean commitment to repeat the first generation's mistakes but rather to repair bad or disrupted habits or states.

Despite the limited sample size, the difference between the intergenerational transmission of the three types of trauma might also be examined from the viewpoint of the extent to which secondary traumatization is experienced. The behaviours and emotions associated with secondary traumatic stress are a normal outcome of knowing about a traumatizing event experienced by a significant other (Figley, 1995; Rosenheck and Nathan, 1985). According to Figley (1995), secondary traumatic stress disorder (STSD) is characterized by symptoms nearly identical to those of PTSD. Consistent with previous work on this issue (e.g. Shafet, 1994; Weiss and Weiss, 2000), STSD was clearly exhibited by the second and third generations of the Holocaust survivor family. These later generations reported having nightmares of themselves being chased by Nazis, as well as intensive preoccupation with the Holocaust. Similarly, the two later generations of the Ikrit refugee talked of being preoccupied and haunted by the dislocation, and cried throughout the interview. In contrast, the second and third generations of the Moroccan immigrant did not consider living in the transit camp itself to be traumatic, regardless of the loss of social and economic status. It was the experience of being discriminated against by others that was hard to bear. Thus, on the basis of the cases examined here, it

might be suggested that the degree to which a trauma is passed on to future generations is influenced by the level of the secondary traumatization experienced by the later generation.

In addition, the degree to which a trauma is passed on may also be influenced by the extent of vulnerability or resilience of the individual. It has been suggested that there are individual differences in response to trauma (i.e. the severity of parental traumatization), and that exposure to massive trauma may overwhelm predispositions (Felsen, 1998). Recognizing the important role of personal and social resources in adaptation (Ancharoff et al., 1998), as well as understanding that vulnerability and resilience may be viewed within a multidimensional framework for multiple levels of post-traumatic adaptation (Danieli, 1998), it can be assumed, that the extent of the trauma transmission would differ among individuals and families who were exposed to a similar traumatic event. The findings of this study should therefore be cautiously regarded, based on its sample size, and the fact that only one representative of each generation participated.

Each family in the study is typified by a different emotional theme: the Holocaust family – sadness; the Ikrit family – anger; and the Moroccan family – shame. According to Plutchik's (1989) theory of emotions, each emotion tends to have different effects: sadness often causes people to close themselves up from the world; anger often motivates action; and, shame can either motivate people to effect changes or conversely, to dissociate themselves from what they perceive to be shameful. Thus, in view of these three emotional themes, a wider perspective of the effects of these three types of trauma can be gained when viewing them against the backdrop of current Israeli society. As mentioned earlier, the Holocaust is a major event in the history of the Jews and the State of Israel. As such, knowledge of this event is transmitted from generation to generation on a wider cultural and political level. The family mission, as stated by the Holocaust survivor's family, is consistent with the official Israeli stance.

The forced dislocation from Ikrit is also considered to be a major event by the Arab population of the region. This population either remained in Israel, escaped to neighbouring Arab countries, or was expelled from Israel/Palestine during Israel's War of Independence in 1948. The issue of refugees returning to their homeland has become one of the central conflicts between the Arab and Jewish societies. Thus, returning to Ikrit is not only the mission of the family interviewed for this study, but also represents the shared hope of many Arab refugees.

The trauma of the Morocco immigrant is considered by some of the Sephardic leaders to be an ongoing negative life event. This belief that the trauma is continuous and current has also influenced Israeli society. For example, on the basis of feelings of humiliation and discrimination shared by Israelis of Sephardic descent, the Shas party (consisting of Orthodox Sephardic politicians)

achieved 17 parliament electoral seats in the last national elections. Thus, it is possible that wider social support for the long-term effects of a trauma would, to a certain degree, affect the clarity and cohesiveness of the family mission.

If family narratives do, indeed, exist surrounding a particular trauma, several questions arise. One is, what are the mechanisms through which family missions are transmitted across generations? Another is, what happens when the family mission is accomplished, does the family find another mission or does the mission take another direction? When the mission requires an actual action, and this is completed, does the family mission then become a commitment to remember? Future work will clarify these and other questions surrounding the effects and characteristics of the intergenerational transmission of trauma.

There are probably clinical implications. For example, the findings indicate that trauma experienced by an older generation is likely to be transmitted to successive generations, thus influencing subsequent generations' psychological well-being. This highlights the need for social workers and clinicians to be aware of clients' trauma-related background and its possible implications, even when the client may not present this as relevant. It is necessary that clinicians understand the clients' perceptions of their parents' trauma-related past and its role in relationships within the family. With that in mind, the evidence from this study about family mission may repay further inquiry by therapists, to re-evaluate its appropriateness and impact on clients' own lives and the lives of their offspring.

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