



The Holocaust Instilled this Psychological Imprint on Survivors Which Has Transcended Through to Their Offspring

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Introduction

The Holocaust is without a doubt, one of the worst tragedies to occur in European history. The experiences, traumas, and memories from the Holocaust have psychologically affected survivors and their offspring. Those who were victims of the Holocaust endured harsh conditions that humans were not meant to sustain. The trauma that these survivors endured was often times suppressed during the Holocaust. However, survivors are continually haunted by the memories and experiences, which has psychologically affected their mental health along with their daily life. As a result, survivors’ children, if they had any, also became victims of this psychological aspect because their parents may have influenced their developing mental health and social skills. It is clear to say that Holocaust victims suffered through much trauma where it continues to haunt them, which led to a psychological disconnect for them and their offspring.

Survivor Psychological Effects

- Survivor’s Silence
 - Victims suppressed their feelings and emotions in order to harden themselves and cope with the losses of life they were constantly surrounded by. (Remaining quiet represented the idea of peace and protection from the world)
 - Signify only psychological or political repression and the “unspeakability” of traumatic pasts. Widely accepted that everyday lives of trauma victims and their descendants entail the “absence of presence” of the past and the absence of descendant knowledge of that past.
- Survivor’s Guilt
 - A psychological battle that survivors themselves faced, where they would continually question their existence.
 - Sleepless nights questioning ‘why my life was spared and not killed versus my friend, brother, sister, mom, dad, etc.’ was an ongoing mental battle survivors and some second-generation individuals faced.
- PTSD (Post Traumatic Stress Disorder)
 - The prevalence of PTSD in the aging Holocaust survivor community between 46 percent to 55 percent. Most common mental health condition.
 - Disconnection! Survivors felt like outsiders or foreigners after they returned home. (stigma of PTSD symptoms—including a withdrawal from life, relationships, etc.)

Objective

To understand how Holocaust survivors have been psychologically impacted through their traumas, experiences, and memories, which can also be seen through their offspring.

Figure 1: Parental traumatization has been associated with increased risk for expression of psychopathology in offspring, and maternal post traumatic stresses disorder (PTSD) appears to increase the risk for the development of offspring PTSD. In this study, Holocaust related-maternal age of exposure and PTSD were evaluated for their association with offspring ambient cortisol and PTSD-associated symptom expression.

	Maternal PTSD status		F_{df}, p or χ^2_{df}, p
	PTSD+ (n=42)	PTSD– (n=26)	
Offspring age	47.6 ± 7.5	48.7 ± 7.1	$F_{1,66} = 0.41, ns$
Maternal age at offspring birth	29.6 ± 5.2	29.7 ± 6.5	$F_{1,61} = 0.01, ns$
Gender (males)	16 (38.1%)	7 (26.9%)	$\chi^2_1 = 0.90, ns$
Number of years of education	17.2 ± 2.7	17.1 ± 3.7	$F_{1,66} = 0.04, ns$
Body mass index (kg/m ²)	24.7 ± 4.1	24.4 ± 4.9	$F_{1,66} = 0.07, ns$
Psychological scars and stress sensitivity ^a	6.8 ± 2.7	4.6 ± 2.4	$F_{1,62} = 11.70, p = 0.001$
Beck Depression Inventory	9.6 ± 7.9	6.3 ± 5.2	$F_{1,46} = 2.88, p = 0.097$
Spielberger STAI-T ^b	25.5 ± 10.2	16.1 ± 9.7	$F_{1,42} = 9.77, p = 0.003$
Spielberger STAI-S ^b	19.6 ± 12.8	13.1 ± 11.7	$F_{2,46} = 3.20, p = 0.080$
CTQ total score ^c	46.8 ± 13.9	32.2 ± 7.1	$F_{1,61} = 22.64, p < 0.0005$
CAPS total score – current ^d	19.6 ± 24.5	6.7 ± 9.7	$F_{1,61} = 6.04, p = 0.017$
CAPS total score – lifetime ^d	31.7 ± 29.5	11.9 ± 14.6	$F_{1,61} = 9.42, p = 0.003$
Depressive disorder – current ^e	10 (23.8%)	3 (11.5%)	$\chi^2_1 = 1.56, ns$
Depressive disorder – lifetime ^e	23 (54.8%)	9 (34.6%)	$\chi^2_1 = 2.62, ns$
Anxiety disorder – current ^e	10 (23.8%)	11 (42.3%)	$\chi^2_1 = 2.67, ns$
Anxiety disorder – lifetime ^e	17 (40.5%)	14 (53.8%)	$\chi^2_1 = 1.16, ns$
PTSD – current ^f	4 (9.5%)	0 (0.0%)	$\chi^2_1 = 2.63, ns$
PTSD – lifetime ^f	12 (28.6%)	1 (3.8%)	$\chi^2_1 = 6.35, p = 0.012$
Urinary cortisol (RIA; µg/day)	46.7 ± 23.7	59.3 ± 32.1	$F_{1,66} = 3.42, (p = 0.069)^g$

^aComposite score of two self-report items on the Parental PTSD Questionnaire (PPQ); ^bSpielberger State-Trait Anxiety Inventory (STAI); ^cChildhood Trauma Questionnaire (CTQ); ^dClinician-Administered PTSD Scale (CAPS) ratings for PTSD-related symptom severity; ^eDiagnoses according to DSM-IV criteria based on clinical interview; ^fDiagnoses according to CAPS criteria for current and lifetime PTSD; ^gComparison made without covariates as in text.

Figure 2: Group of Survivors pick themselves out from the famous photo taken at the liberation of Auschwitz.



Second-Generation Effects

- Social, Psychological, & Emotional Impacts
 - Affected their upbringing, personal relationships, and perspective on life. Affects identity, self-esteem, interpersonal interactions, and worldview.
 - As these children mature and develop, their cognitive and psychological functionality is influenced by their parents experience since it instills a preconceived trauma and vulnerability to their offspring. (Inhibits children from learning new communication skills, cognitive skills, etc.)
- Over Involvement within Children’s Life
 - Survivor-parents have also shown a tendency to be over-involved in their children's lives, even to the point of suffocation. (Survivors feel that their children exist to replace what was so traumatically lost)
- Psychological Separation-Individuation from Parent
 - A child who manages to separate may be seen as betraying or abandoning the family. Anyone who encourages children to separate may be seen as a threat or persecutor.
 - Challenges the idea of the family bond and how the children must always be connected or tied to their whole family and their counterparts. (Positive & Negative)

Measures	Holocaust group n=430	Comparison group n=417	Holocaust vs Comparison group	Holocaust vs Comparison group, education adjusted
GHQ, Mean (SE)	17.4 (0.3)	17.5 (0.3)	F=0.08; df=1; p=.78	F=0.03; df=1; p=.86
	% (n)	% (n)	OR (95% CI)	OR (95% CI)
AMAD,* 12 months	6.7 (29)	4.2 (17)	1.6 (0.9–3.0)	1.7 (0.9–3.1)
AMAD, onset (before age 18)	3.8 (19)	2.9 (13)	1.2 (0.9–1.7)	1.2 (0.8–1.6)
AMAD, lifetime	12.6 (56)	11.2 (48)	1.2 (0.8–1.8)	1.1 (0.7–1.7)
Self-appraisal of mental and physical health	67.2 (281)	59.2 (232)	1.4 (1.1–1.9)	1.3 (1.0–1.7)
Suicidal behavior (ideation, planning or attempt), lifetime	3.6 (16)	2.4 (10)	1.5 (0.7–3.5)	1.7 (0.8–4.0)
Smoking	18.8 (81)	18.3 (76)	1.0 (0.7–1.5)	1.1 (0.8–1.6)
Sleep problems	26.2 (116)	24.9 (105)	1.1 (0.8–1.5)	1.1 (0.8–1.6)
Mental health treatment, last 12 months	13.6 (60)	12.1 (53)	1.1 (0.8–1.7)	1.2 (0.8–1.8)
All other respondents thought of seeking mental health treatment, last 12 months **	4.7 (18)	5.1 (18)	0.9 (0.5–1.8)	0.8 (0.4–1.8)
Any health service treatment, lifetime	26.7 (120)	21.4 (91)	1.3 (1.0–1.9)	1.3 (0.9–1.7)

* AMAD: any anxiety or mood disorder
** N refers to respondents that did not receive mental health treatment. Offspring of Holocaust survivors, n=380; Comparison group, n=386.

Final Thoughts

- Do you think the concept of nurture vs. nature plays a vital role for offspring being predisposed to psychological problems from their parents?
- Do you think the trauma survivors endured influenced or persuaded their decision to have kids?
- How would you cope with the trauma survivors endured?

Literature Cited

See attached pages