

AWARENESS GROUPS FOR CHILDREN OF
SURVIVORS OF THE NAZI HOLOCAUST:
AN APPLICATION OF CONTROL-MASTERY THEORY

Norman Melvin Sohn

1979

SOCIETY FOR CLINICAL SOCIAL WORK

#1

AWARENESS GROUPS FOR CHILDREN OF SURVIVORS
OF THE NAZI HOLOCAUST:
AN APPLICATION OF CONTROL-MASTERY THEORY

A DISSERTATION SUBMITTED TO
THE INSTITUTE FOR CLINICAL SOCIAL WORK
IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY
IN
CLINICAL SOCIAL WORK

BY

NORMAN MELVIN SOHN

SACRAMENTO, CALIFORNIA

JUNE 1979

Copyright © 1979 by Norman Melvin Sohn
All rights reserved

INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the Dissertation

Awareness Groups for Children of Survivors
of the Nazi Holocaust:
An Application of Control-Mastery Theory

by

Norman Melvin Sohn

Candidate for the degree of

Doctor of Philosophy
in
Clinical Social Work

Signed: Verneice D. Thompson Ph.D.
Animateur, Chair

Doctoral Committee:

Peter F. O'Hall
Mentor

Marshall Bush, Ph.D.
External Member

Date: May 1, 1979

DEDICATION

To the memory of my father, Joseph

ACKNOWLEDGEMENTS

I am very grateful to a number of people who have enabled me to bring this work to fruition:

Verneice Thompson was a dynamic force whose confidence in me was extremely helpful. Her observations on the learning process both individually and in the colloquium she led contributed immensely to my professional development.

Chester Villalba gave encouragement, trust, and guidance as my mentor. His collegial friendship of warmth, humor, and generosity together with constructive criticism in crucial situations enabled me to develop my own learning style. He continues to serve as a model for me of what a professional social worker should be.

Marshall Bush provided clarity of thought and perceptiveness regarding the theoretical and clinical material. He continues to be a source of support, encouragement, and enlightenment.

Suzanne Brumer brought more than clinical insights into our consultations. Her personal viewpoints as a child of survivors were immensely helpful. She offered useful observations during the course of the awareness groups, assisted in the development of the outcome measure, and was always a valuable sounding board for my ideas.

Jacob Ofman and Ingrid Tauber, doctoral students at the California School of Professional Psychology, are owed a special debt of gratitude for their having shared with me their wish to form these awareness groups. As children of survivors, they were a continuous source of information and personal recollections. Without them, this project would not have taken place.

Alan Rosenberg of the Anti-Defamation League of B'nai Brith provided his time and expertise in the publicizing of the panel discussion.

Jewish Family and Children's Services and its then Executive Director, David Crystal, gave me the opportunity to conduct the groups and this study.

Many friends extended their patience, understanding, and encouragement, and they were a sustaining force for me. Among them were professional colleagues who shared their own learning experiences at needed times. Those in my clinical study group were always very supportive, especially Judith Nelson and Elizabeth Eisenhuth.

Elizabeth Benton contributed valuable editing assistance in what looked like an impossible task.

Janet Bergman not only provided efficient typing skills, but was helpful in making final manuscript changes.

My deepest gratitude is owed to the awareness group participants themselves. Their trust, openness, and optimism allowed us to work together toward a better understanding of their experience.

AWARENESS GROUPS FOR CHILDREN OF SURVIVORS
OF THE NAZI HOLOCAUST:
AN APPLICATION OF CONTROL-MASTERY THEORY

Norman Melvin Sohn

ABSTRACT

This study applies a psychoanalytic theory of personality to a naturalistic clinical investigation of awareness groups for children of survivors (COS) of the Nazi holocaust. Control-mastery theory purports to explain not only the therapeutic process, but how people use everyday relationships and experiences to master unconscious conflicts.

Eleven women and four men, all COS and aged 25-32, participated in two separate groups. Each group was led by an experienced clinician and a graduate student, the latter also a COS. The groups met for eight 1½-hour sessions. The participants were highly educated and functioning well in many areas of their lives. They came to the groups because they felt that various experiences, including the groups, could further their mastery of the COS experience and its ultimate integration into a meaningful definition of who they are.

Membership in the awareness group was determined by self-selection, following an open panel discussion on the impact of the holocaust on COS. Each person was given a pregroup and postgroup interview, which were tape-recorded. The interviews were used to determine each person's unconscious plan for mastery, and to assess the accuracy of the initial prediction as well as the degree to which the plan was carried out and goals were achieved.

This exploratory study has yielded hypotheses which give a clinically meaningful explanation of the process and outcome of an awareness group, and thus more rigorous investigation is warranted. First, since people will make use of any opportunity they get to master unconscious conflicts, it is reasonable to assume that although these awareness groups were not set up as a treatment situation, the COS will use the experience to make further gains toward mastery of certain unconscious conflicts. Second, because of the parents' holocaust experiences, the COS will have exaggerated feelings of omnipotence and exaggerated feelings of importance to their parents. Third, the COS will behave in awareness groups by testing the leaders and the group to determine if it is safe to attempt to gain further mastery over these unconscious conflicts, by turning passive into active and exhibiting aspects of transferring. Safety develops when the leaders and/or others are not traumatized by COS behaviors which when done to COS in childhood were traumatic; and when the leaders and/or others refrain from traumatizing the COS when COS behave similar to times in childhood when their parents traumatized them.

Findings reveal that the retelling of their parents' stories is not as crucial to COS as is focusing on the group process and the participants' own experiences. Another important factor for COS is the degree to which they feel free of guilt to involve and uninvolve themselves with COS issues in order to gain further mastery. This point applies equally to those individuals who chose to drop out of the groups; that is, refusal to participate may also be an appropriate phase in a plan for mastery.

COS often feel exaggerated responsibility toward their parents, and thus fear to hurt them by separating. Often they cope with these feelings of omnipotence and guilt by identifying with the very characteristics of their parents that they unconsciously view as weak. If the leader or therapist treats them with "kid gloves," it conveys that he is worried about hurting them, just as their parents were worried.

This study contributes to knowledge about treatment of COS, and treatment of others whose parents have experienced massive psychic trauma, as well as to knowledge about the developmental tasks of young adults. Moreover, it further substantiates the value of an innovative theory of personality.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iv
Chapter	
I. INTRODUCTION	1
Overview	1
The Survivor	3
Children of Survivors	6
COS Groups	16
Control-Mastery Theory and This Study	21
II. METHODS AND PROCEDURES	25
The Panel	25
Pregroup Interviews	27
The Groups	29
Postgroup Interviews	30
Questionnaires	31
Pregroup-Postgroup Comparison	32
III. RESULTS: CASE HISTORIES	33
Betty	35
Fran	39
Irene	43
Judy	48
IV. DISCUSSION	54
The Need for Awareness Groups	54
COS Issues	56
The Group Process	61
Outcome Measures	66
Postgroup Evaluations	66
Questionnaire Results	73
Implications of the Research	74
Limitations	77
COS Critiques	77
Directions for Future Research	78

Appendices

I. SUPPLEMENTARY EVALUATIONS	80
II. EFFECTIVENESS SCALE	105
III. OPEN-ENDED RESPONSES	109
IV. MISCELLANEOUS FORMS	118
LIST OF REFERENCES	123

CHAPTER I

INTRODUCTION

Overview

This study applies an innovative psychoanalytic theory to understanding the experience of participation in awareness groups for children of survivors (COS) of the Nazi holocaust. The groups were conducted under the auspices of Jewish Family and Children's Services of San Francisco. They were formed on the assumption that there were a substantial number of COS in the non-clinical population who could benefit from a brief group experience; the specific task of the groups was to explore how the Holocaust experiences of parents have affected the children. It was anticipated that the group could be used to reduce feelings of isolation and peculiarity; be of cathartic value; be a first step toward recognition of unconscious conflicts; and/or be an opportunity to reflect upon being COS in relation to other parts of their identity. In essence, the function of these groups was to provide an opportunity to initiate movement toward whatever next phase each needed to resolve COS conflicts.

The groups were deliberately designated time-limited awareness groups, and not psychotherapy groups, for several reasons. We sought a non-clinical population, which we presumed have different needs from those reported clinically. It was not known who, if anyone, would need psychotherapy. Another consideration was to avoid the label "patient" for these people, who had certain common issues to deal with, since aspects of these issues were also reflected in the general non-clinical population. In

addition, we felt that awareness groups would be safer for some people, as a starting point to discussing their experiences, than making an immediate commitment to psychotherapy.

Awareness groups vary according to the leaders. In this study the group means a safe environment in which the focus on a specific topic may enable its participants to understand better how that area has affected their lives.

Since there is no contract for treatment, these groups differ significantly from traditional forms of group psychotherapy. In long-term outpatient groups, the goal is for members to achieve characterologic change (Yalom, 1970), while in short-term group psychotherapy the aim is to help individuals in crisis quickly resume normal functioning (Imber, Levis, & Loisele, 1979).

However, certain concepts from short-term psychotherapy are useful here. Wolf (1965) noted that it is an advantage in short-term group therapy to have people homogeneously grouped. This helps to delimit the focus, which Barten (1971) viewed as a critical operation of brief therapy. In Malan's research (1963, 1976) on brief psychotherapy, he used the focus to form the basis of interpretations and the means by which he conducted his postgroup outcome research. Whatever brief intervention is used may provide ". . . the individual with both the realization that improvement is possible for him and with the motivation to continue to search and work for it" (Bellak & Small, 1965, p. 9).

For approximately 250,000 COS in the United States (Fogelman & Savran, 1979), this project is of immediate import. Now that COS have grown to adulthood, many feel it is time to seek further understanding of their experiences through groups exclusively for this purpose. Such groups were

formed in several metropolitan areas largely at the instigation of social workers or other mental health professionals who are COS or survivors themselves. COS need to do this so that they can better understand the challenges of building their first "stable life structure," a developmental task of the period of early adulthood (Levinson, 1978). They need to continue the processes of separation/individuation so that they can be freer to form lasting relationships, and to start families of their own, secure in their abilities to navigate those challenges (Mahler, Pine, & Bergman, 1975).

To provide background on how COS conflicts developed, the rest of this chapter reviews the relevant clinical literature on their parents, the survivors; the available research on COS themselves; and reports of clinicians who have used the awareness group approach. Then I will discuss control-mastery theory, and its relevance to this study.

The Survivor

There is ample evidence that anyone who survived the ravages of the holocaust was weakened psychologically by that experience. This has been clearly documented from clinical interviews with those seeking restitution claims or psychiatric treatment. Other confirmation comes from clinicians who were survivors themselves (E. Cohen, 1953, 1973; Bettelheim, 1960; Frankl, 1959).

In order to protect themselves from brutalizing psychological pressures, "psychic closing off" was a common response (Bettelheim, 1960; Eitinger, 1961; Jaffe, 1968; and Davidowicz, 1976). This phenomenon was characterized by a lowering of consciousness and a hyper-alertness which was confined to the need for self-preservation. As a result, these people were often dulled and indifferent to daily events, and prone to daydreaming.

Lifton (1968), in his classic study of survivors of the A-bomb at Hiroshima, noted the same response in that massive psychic trauma.

This numbness was replaced by other manifestations after liberation. When the survivors could no longer maintain hope of lost ones returning, and when they had overcome the hardships of immigration (Niederland, 1968b), the emotional impact of the traumatic events could then be felt. Survivors were often in a state of delayed mourning and preoccupied with loss. Any new loss could trigger a delayed mourning reaction (Meerloo, 1968), or a feeling that the holocaust had returned (Krystal, 1968). The fixation on past memories and events represents, in many cases, unconscious guilt at forgetting those lost (Chodoff, 1966). This condition tends to perpetuate itself, because the effort required to reduce the flood of stimulation from past traumas can drain the survivors of energy, and keep them from being fully open to here-and-now stimulation (Koranyi, 1969).

In its most acute form, the clinical symptomatology has been summarized in a "survivor syndrome":

1. Anxiety--phobias, nightmares, and insomnia
2. Disturbances of cognition and memory
3. Chronic depressive states
4. Tendency to isolation, withdrawal, and brooding; seclusion; tenuous object relations; ambivalence
5. Psychotic-like or psychotic manifestations
6. Alterations of personal identity
7. Psychosomatic conditions related to chronic tension
8. "Living corpse" appearance
9. Hypervigilance and vulnerability to dangerous situations (Niederland, 1968a, p. 313).

For those whose adolescence was spent in the war, the normal progress of separation/individuation was impeded, making healthy attachment to other

persons difficult (Fink, 1968). The heightened narcissism normal for this period was also limited, resulting in self-image and self-esteem problems (Danto, 1968). Hasty marriages after the war, often to other survivors, were attempts to avoid further loneliness and loss (Koenig, 1964).

Treatment for survivors poses a number of unique problems. According to Appleberg, many will not seek treatment at all because of their fear that this might confirm the Nazi assertion that Jews were by nature damaged and inferior, or at least that the Nazis had succeeded in permanently damaging them. Seeking treatment might also mean giving up the idea that they had survived because of their omnipotence, as well as facing feelings of guilt for having survived when so many perished. Others had lost their capacity for trust (1972).

Lack of motivation for therapy could also be due to the fear that the therapist would be aggressive and cruel, or to the unrealistic expectation that the therapist would continuously give and forgive in an effort to make up for the irretrievable losses (Klein, 1966, 1968). The use of denial, isolation, and somatization also keeps the survivor from awareness of psychological problems (Tanay, 1968).

When survivors do seek treatment, therapists often find that they themselves must overcome intense countertransference reactions to treat the survivors successfully. There is a tendency to act out guilt feelings, to be the good mother who constantly gives rather than relating to the patient's problems of aggression and guilt (Klein, 1968). The therapist who so overidentifies may be reviving his own hero rescue fantasies (Hoppe, 1972).

Krystal, in discussing a paper by Hoppe (1972) on psychiatrist's reactions to survivors, warned that the transference may be so intense as to threaten the emotional balance of both patient and therapist; for example,

when the therapist is identified with the aggressor (Hoppe, 1966; Krystal, 1968). In other cases, when the survivor is devoid of narcissistic attributes, he is often treated as though he deserved no better than his own undervaluation leads him to expect (Eissler, 1967). Krystal (1971) recommended that treatment be focused directly on the trauma because many survivors do not raise these issues independently. Both Krystal (1971) and Niederland (1964) agreed that some aspects of trauma are best dealt with on a group level where the survivors could provide mutual support.

Children of Survivors

Krystal (1968) stated that every survivor is permanently scarred psychologically by his experience. In contrast, the extent to which COS have been affected by their parents' experiences has only begun to be examined. Sigal (1973) pointed out that it would be a mistake to assume that COS are in fact a homogeneous population.

The workshop report of the American Psychoanalytic Association on COS (Sonnenberg, 1974) could not define any specific traits. This report did, however, note how the parents behaved in relationship to their children: They had anxiety over exposing the child to suffering; they identified the child with lost relatives; they were enraged at their own parents for abandoning them; their overcloseness triggered teen delinquency; and they were deficient in the ego functions necessary for parenthood. These parents ". . . carry on an almost desperate forced attempt to attain identifications for themselves through their children" (Koenig, 1964, p. 1082). Tuteur (1966, p. 83) added that the survivor kept close to his family: "The children mean everything."

Russel (1974) studied 34 survivor families in family therapy for six months. He found that the parents were either too rigid or too lax in setting limits. The majority of teens could not openly rebel; they felt

guilt about being angry at their parents, because the parents had already suffered so much. Every major life crisis brought old conflicts to the surface, paralyzing the family. Russel recommended family therapy in these cases. Axelrod also reported family therapy to be effective with psychiatrically hospitalized COS teens, whom she found were often overwhelmed, overprotected, and expected to justify their parents' survival, while compensating them for the loss of others (Timnick, 1978).

The guilt and shame engendered in the child by alternating over-indulgence and excessive punishment can lead to disruptive and often explosive behavior. This is sometimes unconsciously encouraged by the parents themselves, who cannot express their own rage. Trossman (1968), observing COS college students who came to a campus mental health clinic, noted a high incidence of examination anxiety, depression, and impotence, which he associated to their parents' weaknesses and the child's guilt at succeeding.

Perhaps the most influential research has been carried out by a team of Canadians, Sigal and Rakoff. Thirty-two families were selected from the files of a hospital out-patient psychiatric department; in these families, at least one parent had been in a concentration camp, or had parents or siblings die there. These were compared to 24 other Jewish immigrant families who had no such experience (Sigal & Rakoff, 1971).

The researchers were looking for a typical survivor family syndrome, which they predicted would consist of problems in controlling themselves or their children; dysphoric mood in the home; overvaluation of the child in treatment; school problems, and complaints of excessive sibling fighting. Dysphoria and school problems were not significant, but the other hypotheses were.

Sigal and Rakoff suggest that it is the parents' preoccupation with their past losses which makes them inflexible to the changing demands of their children. While the parents fail to stop the children from making demands on their already over-burdened affective resources, the children react with disorganization of ego functioning, depressive affects, and guilt.

The researchers acknowledged limitations in their study, due to records not being disguised and to the fact that the subjects represented a clinical population only. This work does suggest, however, that future generations might be adversely affected.

In a related work, Sigal (1971) noted that any parental preoccupation with acute or chronic physical or psychological problems may have similar implications. The children are overvalued, revered, or exhorted to succeed so as to complete the unfinished lives of those who were killed. The child feels guilty expressing anger at his parents for deprivation, and displaces it onto others.

Where only one parent was preoccupied, the other could often ameliorate the situation. However, when this was not successful, the parent who attempted it might react with resentment, bewilderment, and despairing withdrawal. This may include, at times, unconsciously encouraging the child to act out his aggression (Sigal, 1972). Here, neither party is affectively available, and the children will then often fight with each other (Sigal, 1973).

In a subsequent study (Sigal et al., 1973), the following statement was taken as the hypotheses:

People experiencing the same or similar chronic deprivation, or distortions of other kinds in their psychological environment, will subsequently develop distortion in their capacity for human relations similar to others having had the same experience; the distortion in this capacity will produce distortions common to this group in their relationship to their children; and the distortions common to the parent/child relationship of these people will produce distortions in behavior common to their children (p. 321).

The researchers specifically hypothesized that COS would manifest behavior distortions in control of aggressive impulses, a sense of anomie, and alienation. They studied two groups of children; one aged 8 to 14, and the other 15 to 17. Only 25 of the 70 survivor families contacted agreed to participate, while 20 non-survivor families were a control group. The Nettler Alienation Scale and the Srole Anomie Scale were used, as were the Behavior Problem Checklist and the Child Behavior Inventory.

The results of this study must be seen in the light of its limitation to a clinical population, and of the high rate of refusal to participate. However, the results confirmed the researchers' earlier observations. The COS reported a higher degree of anomie and feelings of alienation. In the 15- to 17-year-old group, there were significant differences in conduct problems, personality problems, immaturity-inadequacy, and level of personal functioning, as well as dependency, limit-testing and coping behavior. In the 8 to 14 age group, differences were found only in conduct problems. Survivors perceived their children as more disturbed and less able to cope. Unexpected results were that survivors also saw their children as more dependent and more immature.

The researchers concluded that parental preoccupation with unresolved mourning for past losses, and with present psychological and physical stresses, prevents them from responding normally to their children's demands; they are unable to set reasonable limits and be affectively available. If the COS identify with their parents, it leads to anomie and depression; and if they do not, they also feel guilty.

Since the COS is often viewed as a replacement for lost relatives (Russel, 1974 and Krystal, 1968), separation or illness may engender a recrudescence of old feelings of loss (de Graaf, 1975; Krystal, 1968). Not only may the COS not be allowed to develop an individual identity, but he

may have to remain within sight of his parents to allay their anxiety (Krystal, 1968). The parent may unconsciously equate his own wish for separation from his parents with their actual death at the point of separation, and so seek to prevent this from happening with his children who are identified with the lost parents (de Graaf, 1975). De Graaf also noted that the parent may develop illnesses when the child moves toward separation, and that the child's first symptoms may appear when he reaches the age at which his parent became physically separated from his own family.

Survivors often justify not telling the child about their holocaust experiences by claiming it is to protect him. In some cases, discussion does engender anxiety in the child; for example, after being told of his father's experiences, a boy subjected inanimate objects to similar aggression, and later developed guilt over his fantasies resulting in sleep disturbances and learning difficulties (Winnick, 1968). Tutuer (1966) reported that most of the 100 survivors he interviewed did not openly discuss the holocaust with their children. However, as Kestenberg stated, "Open or latent horror has been found in survivors' children whether they have been told or deliberately not told what happened to their parents" (1973, p. 360).

When interviewed, Axelrod stated that the most significant factor accounting for the better adjustment of certain COS was ". . . the degree to which parents have discussed their pre-holocaust lives, lost family members, and holocaust experiences in a non-frightening way" (Timnick, 1978). She also noted that those who had been most protected from any painful discussion of the holocaust felt cut off from a sense of identity. Goodman (1978) also saw the importance of dealing with the holocaust. By comparing 30 COS who had had psychotherapy with 31 who had not, he found trends to support the hypothesis that those who had an opportunity to actively mourn the holocaust had a more positive life adjustment.

Addressing himself to the difficulties of research, Davidson, an Israeli psychiatrist, was quoted by Epstein, ". . . it is hard to find the non-clinical population because many parents do not want their children disturbed. Most people tend to deny a problem exists . . ." (Epstein, 1977, p. 14). Perhaps this partly explains why 30% of the parents Karr (1973) approached refused to have their children contacted; why 64% of the families Sigal et al., (1973) contacted refused participation; and why 57% of the COS who had agreed to return Goodman's (1978) questionnaire did not.

In an earlier study in the San Francisco area, Karr (1973) sought a non-clinical population primarily through the use of the local Jewish resettlement agency. He administered the MMPI, the Nettler Alienation Scale, the Srole Anomie Scale, and the Brenner Scale of Jewish Identification. He also held group discussions with COS, lasting one to two hours, in which they were asked their feelings about their parents' experiences and how those experiences may have affected themselves. Karr recommended that Jewish social service agencies provide ongoing COS discussion groups to deal with the issues identified in their meeting with him. He compared those whose parents both were in concentration or labor camps, those who had only one parent so involved, and those whose parents both escaped. He found that children of two survivors tend to be less educated, live closer to their parents, seek more psychotherapy, and have more difficulty in impulse control. The child of two survivors also tends to be more anxious, depressed, and alienated from society.

Some individual case reports merit attention. Furman (1973) reported on the analysis of a 3½ year old son of two survivors where the mother ". . . maintained an intense primitive relationship with him, characterized by tyrannical and violent mutual control in some areas, and in others by treating him as a part of herself" (p. 380). Furman stressed

the need to view each case individually with focus on the parent/child interaction. Lauffer (1973) reported the treatment of an adolescent male from age 14 to age 18, whose father died in a concentration camp before his birth and whose mother died while he was in therapy. Of importance here was the child's damaged sense of normal infantile omnipotence, a factor which might affect other COS whose parents were massively traumatized. The case of a 16-year-old son of two survivors reported by Lipkowitz (1973) yielded two important considerations: that though an infant may be a drain for a parent who is still in mourning for a lost family, it may also briefly provide a symbiotic restitution of the lost ones; and that such mothers are unable to help the child in separating because they are so burdened with guilt and worry. Phillips' (1978) treatment of a young man revealed how parents can doublebind the COS by demanding he succeed for them, and yet view growth toward separation as a threat, resulting in guilt and depression in the child.

Israeli investigators have studied COS in clinics and on kibbutzim. Rosenberger (1973) found no differences of psychopathology in COS from others seen in her child guidance clinic, and suggested that the parents' personalities were the decisive factors. She found two types of survivor parents: those obsessed with providing goods to avoid deprivations previously experienced, but out of touch with the child's emotional needs; and those who used the child to relive their own life or as a replacement for lost parents.

Aleksandrowicz (1973) found that as a group COS are similar to others of similar socio-economic backgrounds. Where there were phobias, neurotic character disorders, or a combination, he noted parental attitudes of alternating ". . . pampering with inconsistent discipline because of unresolved guilt and/or overcompensated aggression" (p. 387).

Aleksandrowicz also noted three typical familial constellations: "the family with 'parental disequilibrium' where the survivor parent married below his level of intellect, social status and strength so that he was 'respected and admired and the other one rejected and despised'; . . . the 'affective deficiency syndrome and hyperrepression' where there is affective flatness due to massive repression of traumas; . . . and 'other parental attitudes' not found in Israel such as a pressure to merge with the alien culture and perpetuate the old life" (pp. 388-391). Survivors are more easily acculturated into Israeli life, and the pressure to give meaning to their lives is a function of the state itself.

Klein has studied various aspects of kibbutz influence on COS. He and Reinhartz found the parents' overvaluation of their children to be common (1972). Klein also observed how both the parent and child shared fears of separation (1971). His judgment was that the overprotectiveness and overcathexis that he found was adaptive in defending against dangers such as those posed by the surrounding Arab countries (1973). The parental emotional and affective unavailability which Sigal et al. (1973) reported in their clinical population was not observed in the kibbutzim (Klein, 1971).

A number of factors may account for the differences. The kibbutz acts as a replacement for the lost family structure. Even when the parents are at work, there is a capable mother-substitute in the "metapelet" who takes care of a group of children. Other kibbutz members act as extended family, too. Parental overanxiety is thus mitigated. In addition, the constancy of this structure allows the expression of adolescent strivings without arousing great parental worry (Klein & Reinhartz, 1972).

Individual aggression can be legitimately channeled through group expression toward the Arab as enemy (Klein, 1972). The collective also provides a forum for expressing mourning on national days of commemoration,

and in the kibbutz' own pageantry ". . . individuals and families [together] work through feelings of shame, anger, and fear and . . . release dynamic emotional energy that is otherwise misdirected (Klein, 1973, p. 408).

The fact that Israeli society denied the psychological impact of the holocaust for ten years after the war because the society was too close to that trauma is of great significance (Davidson, 1977). While this allowed survivors to be accepted into society and not be viewed as aberrations, it hindered opportunities for COS to deal with the impact of their parents' experiences on themselves. Davidson noted that COS even began to look like survivors themselves in adolescence in cases where, like their parents, they derived no satisfaction from achievements.

Treatment of COS raises a number of considerations. Kestenberg (1972) found most analysts indifferent to her inquiry in treating COS, and many never linked the parents' experiences to the problems of the child. Epstein (1977) reported that many COS stated that their therapists never asked about the holocaust. Appleberg (1972, p. 110) observed that ". . . it is the rare worker who picks up on the concentration camp experience and helps parents and their children to deal with this trauma and its consequences."

This failure on the therapist's part, Newman (1979) surmised, may account for the persistence of difficulties in COS. In an interview with Epstein (1977, p. 14), Davidson stated that people ". . . want to avoid confrontation with pain of this extremity, and psychiatrists and psychoanalysts are no exception." Timnick (1978) reported that staff omitted references to the holocaust in the charts of psychiatrically hospitalized COS, and ignored it in treatment. Kestenberg (1972) admonished us to be aware of collusion between therapist, COS, and parent when the holocaust is not broached.

Another factor complicating treatment of COS is that the therapist may not be aware that COS fear their omnipotence, which makes expression of aggression toward the therapist difficult, and fear that their guilt will force them to repay the therapist by staying close to him and feeling obliged to take care of his needs (de Graaf, 1975). Because he is unaware, the therapist cannot help the COS to resolve this central conflict.

The needs of the parents also add another dimension to the problem of treatment of COS. Kestenberg (1972) posed the question of the therapist assessing the parents' reaction to their child's treatment without fear of reactivating their own trauma. Rosenberger (1973) raised a similar issue, in asking what would happen to the parents once the child is helped to be free of the family dynamics. Kestenberg (1972) suggested that parents are more likely to entrust the treatment of their children to institutions which represent survival beyond the lifespan of an individual.

Many COS have now written about their experiences. For example, one entire issue of a Jewish publication was devoted to the second generation (S. Cohen, 1975), and it was the foundation of a later book (Steinitz & Szonyi, 1976). In its forward, Steinitz says, "Psychologically, the trauma of the holocaust continues. There is a part of all of us [COS] that is survivor . . ." (p. iii).

Most COS were named after relatives about whom the most wonderful or heroic stories were told; the child found it difficult to fill that role. Moreover, the child never asked who would fill his or her needs for a mother or father (Mostysser, 1976). When Mostysser tried to protect herself from "wave after wave of pain and rage", her mother accused her of not caring.

Wanderman (1976) added, ". . . the child is excessively nagged and excessively humored, always with the view that he must be hammered into an

identity useful to the parents [whose] self-preservation makes aggression against them by the child difficult and guilt-inducing" (p. 121-122). She went on to note the special difficulty COS have in separating from their parents and being dependent on them partly because the outside world is presented as dangerous and untrustworthy. Another COS was quoted as saying, ". . .when we think of moving away, we think of the losses our parents have had. How many losses can you impose on them?" (Steinitz and Szonyi, 1976, p. 499). "You always felt you were life for them" (a COS quoted by Hendrix, 1978). Steinitz and Szonyi stated that only other COS can understand this dilemma and not judge COS for being so close to their families, not as independent as others.

COS Groups

There is no systematic research which attests to the efficacy of the short-term group in its application to children of survivors. There are, however, a few articles which by their descriptive nature demonstrate the value of this modality, while offering important clues about the dynamics of this population. In almost every report, the author, or one of the co-authors, is a COS himself. One common goal of these groups was that of finding positive ways of incorporating their legacy into their lives (Fogelman, 1978; Trachtenberg & Davis, 1978; Pomerantz, 1978; Kinsler, 1978b).

The first of these groups was formed in 1976 by Fogelman and Savran (1979). The group consisted of well-functioning adults who wanted an opportunity to share their experiences. This enabled participants to focus directly upon their COS issues, something which had not been discussed even by those already in individual or group treatment. These "awareness" groups were used for support and mutual identification, and were thus helpful in reducing the sense of isolation and increasing self-image.

Fogelman and Savran began work on a college campus in Boston. Their population was one-third students, two-thirds professionals; most lived far from home. More than half were the oldest or only child. They presented the proposed experience as a therapeutically-oriented awareness group where the focus would be on personal feelings, concerns, and shared experiences. They were not concerned with changing dysfunctional patterns.

The researchers screened each member in a preliminary interview, to formulate tentative impressions and goals. One-third of those applying rejected the group because of the fact that the leaders were paid and the sessions were tape recorded. A pre-group questionnaire was administered, and was later compared to the post-group questionnaire to determine effectiveness. Prospective members were asked in the interview to describe briefly their current lives, their pasts, their parents' lives during and after the war, how their parents related the holocaust experience to them, what aspects they wished to focus on, and what fears and anxieties they had about the group. Members contracted to come to all eight sessions, to be on time, to be honest and open, to honor the confidences of others, and to report outside discussions of the holocaust with other members.

Intimacy and cohesiveness developed more quickly than in heterogeneous groups. Since both leaders were COS themselves, they answered limited personal questions in the screening interview, but refrained in the group so as to focus on the members. This lack of sharing engendered accusations regarding the leaders' objectivity, reliability, hidden motives, and exploitation of COS for purposes of research. When the leaders reacted with more sharing, the group became less angry and proceeded to deal with other COS problems. When the leaders were more interpretative or silent, more anger was expressed which the leaders used to promote deeper levels of

awareness; for example, they inquired whether this reaction was similar to interaction with the COS' parents. The group leaders steered the discussion back to any COS issues the group was avoiding by making comments and observations, rather than attempting to interpret the avoidance.

The group leaders reported encountering many countertransference problems, such as overinvolvement and overidentification, because they were both COS. The problems of group members consisted mainly of difficulty in expressing anger, because of the wish to spare their parents further suffering. They also felt guilty for not living up to parental expectations, for rebelling, and for being different from what their parents wished. They overidentified with their parents out of guilt, avoided Jewish identification for fear of vulnerability, and had a hard time deciding to leave home. The authors found individual personality factors and the coping mechanisms of parents and COS to be the most crucial factors in personal development.

At the end of the group experience, many had a hard time dealing with the loss and separation that entailed. The difficulty manifested itself in members denying the importance and meaningfulness of the group experience, or in resolving to continue in a group without leaders. The researchers concluded that many had found more positive ways of identifying as COS, ". . . and have found a variety of ways to continue--if and when they choose to do so--the process which began in the group" (p. 17).

In Los Angeles, Pomerantz (1978b) and Kinsler (1978b) reported on similar groups at Jewish Family Service. The vast majority were semi-professional or professional. Out of 47 who participated, only 7 had children. Women members out-numbered men 2 to 1. Half had had some form of psychotherapy. They screened each person to assess ego strength, motivation, and suitability for short-term psychotherapy. which they

considered their groups to be. The screening interview also gave the participant an opportunity to assess the comfort and expertise of the leaders with holocaust material.

Pomerantz and Kinsler did not deal with underlying conflict, but referred individuals for treatment where indicated (Pomerantz, 1978a). The purpose of the group was similar to that of Fogelman and Savran. They, too, noticed the rapid development of cohesiveness. Their focus seemed more content-oriented: discussions centered usually on two or three individuals for an evening, out of the eight or ten there. At the conclusion, a questionnaire was sent out. About two-thirds returned the questions, the majority rating it a positive experience. Here, too, some groups continued without the leaders.

Pomerantz (1978a) noted that it is important for the group to sense the therapist's comfort, and that both therapists and group members can be concerned that the other will be overwhelmed by the material. Using a COS and non-COS therapy team, they found the COS therapist as the "one who understands", and the other as the "impartial voice of clarity" (Pomerantz, 1978b, p. 8). Kinsler (1978c) reported, as the non-COS therapist, her feeling that the COS felt "as if they owned the holocaust, and I was an interloper" (p. 11). Pomerantz (1978a) noted this difficulty in sharing the group with a non-COS co-therapist.

In the Chicago area, Trachtenberg and Davis (1978) offered a rationale for the COS and non-COS co-leadership. This included the judgment that the COS leader, while facilitating trust, and acting as a role model in verbalizing feelings and detecting subtleties not apparent to a non-COS, can also lack sufficient objectivity at times, and can fail to distinguish which feelings and perceptions may be external to being a COS. Their groups

lasted for approximately six months; they had "no contract for behavioral change," (p. 301) and regarded the group purely as supportive, although many participants later requested a treatment situation. As in the other groups, separation from parents was the major issue. All stressed how ". . . as a group they have generally found healthy ways of dealing with their lives" (p. 296).

At the Detroit Jewish Family Service, Weiner (1979) used a 10-week contract with an option for a 10-week renewal. Of the two-person therapy team, the COS focused on content, and the non-COS on process. All six members of their first group had had therapy, which they found helpful, but as in all the other groups reported above, the holocaust had not been dealt with mainly because of the COS feeling that the therapist did not want to hear about it.

Pincus, as reported in Behavior Today (1978), began with an eight-session group, and since 1977 has had an ongoing therapy group. She reported "fantasies or nightmares of being trapped in sadomasochistic 'captor-captive' situations." She saw no evidence of a "second generation syndrome," although COS do have particular problems.

Fenigstein was cited by Gray (1978) as having lead weekend marathon groups called "Holocaust Workshops" in Toronto for the past two years. These workshops include bringing together COS and survivors. The confrontation, he averred, brings out resentment, sadness, and pain, which is then dealt with (Fenigstein, 1978). He screens each person by asking them to write a short autobiography. He asks about their problems and goals, and if he feels it is warranted, he will ask for an interview. There is no fee, for it is ". . . my way of repaying my debt for surviving." He estimated that 75% of the participants benefitted from the experience, while 25% returned for a

second weekend experience. For those who wish more, Fenigstein arranges heterogeneous openended groups.

All of the authors on COS group experiences report similar findings: COS feel overburdened by parental demands, guilty, isolated, and peculiarly unique, and find separating from their parents to be difficult. The authors reported that participants felt relieved through the group experiences, less isolated, and more understanding and accepting of their parents (Kinsler, 1978a, Fogelman & Savran, 1979).

Control-Mastery Theory and This Study

Control-mastery theory is a psychoanalytic theory of personality which purports to explain not only therapeutic processes, but how people use relationships and everyday experiences to master their unconscious conflicts. It is based on the clinical investigations of Weiss (1967, 1971) and Sampson (1976), and has been further substantiated by a psychoanalytic study group in San Francisco (e.g., Weiss, Sampson, Caston, Silberschatz, & Gassner, 1977). Their work focuses on how trauma creates problems with omnipotence, and the techniques patients use to master trauma.

These researchers define omnipotence as a person's exaggerated idea of his own power to help or hurt people, and a corresponding intense sense of obligation to use that power to help others. Trauma is engendered in childhood when parents act as though the child has inordinate responsibility; the parents use the child to save their own self-esteem by absolving them of guilt. When the child does not receive the help he needs from his parents to achieve certain developmental goals, he sets aside his efforts to attain those goals, a decision which is then repressed, along with the attendant loss of confidence in his parents and the trauma itself. This concept differs from that of object relations theory, which regards omnipotence as

a regression to a certain phase of the parent-child relationship in order to defend against feelings of loss, impotence, or narcissistic mortification.

Control-mastery theory states that the patient's chief activity, both conscious and unconscious, is working to solve his problems. The therapist is enlisted as an ally in this struggle for resolution. The patient is able to work unconsciously because he exerts at least a crude control over his unconscious mental life. The patient's strategy is to bring into consciousness previously warded-off mental contents, so that he can master and control them. He will do so when he has confidence that this is safe. The patient will unconsciously test the therapist to assure himself that it is in fact safe: that he will not be traumatized as he was in childhood.

The patient tests the therapist in two ways. He will unconsciously turn passive into active, doing to the therapist what was done to him in childhood. If the therapist is not hurt, not traumatized, the patient feels confident that it is possible and acceptable to achieve this capacity himself. The second way is to unconsciously express transferences which reflect the way his relationship to his parents caused the trauma. The patient wants the therapist to not react as the parents had, for then he will feel safer to lift his defenses and allow the previously defended-against contents to emerge. The therapist's neutrality reassures the patient and thus makes it safe to tackle new conflicts in a bolder manner. The most helpful therapeutic approach, therefore, is to clinically infer the patient's unconscious plan for mastery, and then help him achieve it by successfully passing the tests.

This theory has recently been applied to understanding processes in non-therapy training groups by Gustafson and Cooper (1978). They noted that

a group would make prominent those issues which had to be resolved in order for it to accomplish its task, and that the group would resolve those issues when the consultant (leader) passed certain tests. They are also in the process of developing special Thematic Apperception Test cards for use in pre-group interviews for psychotherapy groups in order to help determine what each member's plan is (Cooper, 1979).

The application of control-mastery theory to issues of the COS lies in its explanation of how continuing attachment to infantile objects and gratifications results from intense unconscious guilt about wanting to turn away from early objects, to exercise self-control, and to run their own lives. The awareness group is a process wherein participants can experiment with the possibilities of overcoming their guilt about wanting to be mature, independent, and autonomous, as well as overcoming their omnipotent fantasies about destroying early objects by no longer needing them.

When this study began I had no preconceived idea of the potential the awareness group format held for research. Therefore, I allowed myself wide latitude as the work developed. With respect to this approach, most of the hypotheses and concepts derived from the data were, in the words of Glaser and Strauss, ". . . systematically worked out in relation to the data during the course of the research" (1967, p. 6). It was only by my involvement in the process in an exploratory and experimental way that certain ideas occurred.

My familiarity with the ideas of the San Francisco study group, my knowledge of the literature on holocaust survivors and their children, as well as my past work with them enabled me to form a framework by which the data could be organized. While it forms the focus of this study, it is only one perspective from which to look at the behavior of the COS in

these groups. The following chapters describe the methods and procedures used, present the hypotheses derived from the study with sample case illustrations which helped to generate them, and discuss the findings.

CHAPTER II

METHODS AND PROCEDURES

The Panel

On October 18, 1978, two graduate students and myself presented "A Forum: The Impact of the Holocaust on Children of Survivors" under the auspices of Jewish Family and Children's Services (JFCS), and co-sponsored by the Anti-Defamation League of B'nai Brith and the United Jewish Community Centers.

The program, held at JFCS, was exclusively for COS because we felt it would be more conducive to discussing personal reflections; we felt that having non-COS attend might be an inhibiting factor. We also felt that confidentiality would be an important consideration in providing a safe atmosphere. In this forum, we hoped to demonstrate the potential for such personal discussions, so that at the end of the one and one-half hour meeting, enough COS would volunteer to continue in the two awareness groups we hoped to form. In this way we hoped to attract a non-clinical population which the research literature had largely failed to describe. There was no admission charge, and light refreshments were served in order to create a casual, low-key atmosphere.

Seventeen COS attended. About a dozen non-COS came, and were turned away at the door. For them, as well as others who are interested in the subject, we plan to have a program open to the general public at a later date.

The evening opened with discussion of our purpose by the two graduate students in psychology, themselves COS, and myself. We noted that, for various reasons, many of the COS have not talked about the holocaust with their parents, and that we hoped to open up a dialogue to see what interest there was. We asked them to feel free to talk about their own experiences, and to think about where they might like to go from this point. We hoped this experience would allow them to more easily integrate their COS experience in an identity-affirming way.

We also described how the idea for this program had originated. My co-panelists spoke of their COS heritage and their personal and professional interests in relating to other COS. I reflected on my work at JFCS with survivors and COS over the past ten years. I spoke of how the holocaust had been discussed in my own family when I was a child, and how that affected my life. I also noted the influence of a recent lecture by Dr. Shamai Davidson, an Israeli psychiatrist. When the graduate students came to me with the idea of forming an awareness group, I was already thinking that JFCS should be providing some service to this population.

We also explained to the audience how we had struggled with many questions, as a group and individually, about what we were going to do here tonight. We were at first going to report research on COS, but felt the audience would be more interested in relating to each other's experiences. Through this discussion of our own experiences and thoughts on the subject, we provided a model for the audience to emulate. We stressed the importance of their regarding themselves as the experts on the COS experience, rather than looking to others. We then invited the audience to describe their own experiences. As discussion proceeded, we raised some issues which we felt were relevant but which had not yet been addressed by the audience.

As we ended the program, we asked people if they would be interested in continuing this discussion in smaller groups over an eight-week period. I made it clear that I would be gathering data for a research project through my participation in the groups. We handed out forms (see Appendix IV) for people who wished to sign up. Everyone who was there wished to continue. We announced that we would contact each of them for an individual interview. As a "group intake," the panel discussion enabled us to evaluate how each person might react in a small group as well as to alert us to the processes and issues which might be replicated in the groups.

Pregroup Interviews

Within two weeks of the panel, we arranged to interview each participant separately at JFCS for thirty to forty minutes. From the responses on the forms handed out at the panel, we divided the COS groups into two groups, according to the evening they preferred to attend. In addition, we balanced the groups as to sex by placing two of the four men in each group. The student who was to co-lead each group interviewed its prospective members along with me.

The research procedures were explained, and each person signed the research consent form (see Appendix IV). All the interviews were tape-recorded, with the exception of one. In this instance, the COS had changed her mind about continuing and did not want to be taped as she discussed her reasons with us. We concurred that withdrawing was the best decision for her. We also screened out a 14-year-old boy as being too young and having different needs from the others, who were at least eleven years older. A third person withdrew, ostensibly because of a time conflict with her job. Therefore, two others who had contacted us subsequent to the panel were interviewed and accepted.

Each person was asked the following questions:

1. What should the group goals be?
2. What are you interested in discussing?
3. What directions do you hope the group will take?
4. How can the group meet your objectives?
5. What do you feel you will need to do in the group to meet your objectives?
6. What anxieties do you have about the group? What is the worst thing that could happen?
7. Will you tell other members of your family about your involvement here? What do you anticipate their reaction might be?
8. Are you now in treatment? If so, does the therapist know that you are participating in this group?
9. Has your experience as a COS been discussed with your current therapist, or in any previous therapy?
10. Have any other members of your family been in treatment?

We explained our goals and answered any questions. Each person was asked to commit himself to coming for eight weeks. We asked that each person pay a fee on a sliding scale from one to five dollars per meeting, according to income, and we stated that no one would be denied participation if unable to pay.

The pregroup interview was clinically helpful in several ways. We used it to gather information for understanding what each COS "plan" was for the group as part of his long-standing plan, and to screen out those for whom this experience might not be appropriate at this time. The COS could use this as an opportunity to more clearly focus their goals; to discuss their anxieties about the group; and to ask questions pertinent to their participation. It also reinforced the idea that we regarded each COS as an individual with unique concerns and goals.

The Groups

The groups met for eight consecutive sessions, one evening a week for one and one-half hours. All meetings were tape-recorded. We met in a JFCS building away from the usual client-centered services where there was a spacious living-room-type atmosphere. Coffee and tea were available.

The two co-leaders of each group met together after each group meeting, and all three leaders met weekly to monitor the work. In addition, I kept notes on my personal reactions to the groups in an effort to deal with my own biases. The groups consisted of fifteen COS, eight in one group and seven in the other. There were eleven women and four men whose ages ranged from 25 to 32, an average age of 28. One was married, two were divorced, and none had children. While one had only a high school education, seven had a B.A., five had an M.A., or professional degree, and two had a Ph.D. Only two were not professionally or semi-professionally employed.

Ten were first-born, four of whom were the only child. Two were the younger of two children; and one the second of three. Two were the youngest of three. All were born in the United States, except for two who were born in Europe and one who was born in Israel. All participants lived away from their parents. In three situations, the parents lived in the Bay Area. Otherwise, the parents did not live within 500 miles; and in over half the cases, within 3,000 miles of the participants.

Four had no psychotherapy experience. One had a single therapy interview, as a teenager, and one had ongoing family therapy at that age, with a sibling as the identified patient. One had three sessions in a college counseling center, while eight had had individual long-term therapy, including one presently so engaged. Five had various group experiences, including one presently in another group. Of these, four had both individual and group therapy.

Their parents ranged in age from 48 to 77, with an average age of 59. Seventeen came from Poland and five from Germany, two from Russia, two from Rumania, and one from Austria. Three parents were American-born. Their educational levels revealed that ten were grade-school or below; COS indicated that four parents were thought to have had no schooling. Two were high school graduates, while five had their B.A., and five had a professional or doctoral degree. The occupations of the parents of the eleven COS who reported this information were as follows: Seven mothers were designated house wife and/or "works with father"; two were semi-professional; one a craftsperson; and one a salesperson. Four fathers had their own businesses, mostly small; four were professionals; one a semi-professional; one a craftsperson; and one a retired factory worker.

Several of the fifteen sets of parents had multiple experiences during World War II. These included eleven on-the-run, nine in concentration camps; eight in slave labor, five in hiding, four escaped, and one in the resistance. Three of the parents were born and raised in America.

The parents of only one COS were divorced and remarried. One set of parents had individual therapy, both were analyzed. One set of parents brought the whole family for family therapy, and two sets of parents attended between one and three sessions with their adult child's therapist.

Postgroup Interviews

Each COS was contacted by phone to schedule a postgroup interview. These were held at JFCS with myself and the co-leader of the group in which that individual had participated. We asked them to assess the extent to which the goals expressed in the pregroup interview had been realized. We also asked them to elaborate on certain answers in the questionnaires which had drawn our attention. They were free to discuss any aspect of the entire

program. We were also available to answer questions. Those who wished to have the results were encouraged to contact me when the results had been organized.

This interview had specific clinical values. It was an opportunity to put the total experience into perspective. Several weeks had elapsed since the last group session; therefore, each person had had ample time to experiment further with concepts coming out of the group experience, and to reflect on how the group experience was helpful. This could be evaluated in interpersonal terms, in relationship to family and friends, and intrapsychically in their subjective feelings. The postgroup interview was also used to help formulate further goals and directions; in other words, to indicate that this experience was only one step in their developmental strivings. Finally, for many, it served as a termination interview, an acknowledgement of the end of our collaborative relationship.

Questionnaires

Two questionnaires were sent to each participant several weeks after the conclusion of the eight-week groups. One measure was a seven-point "Curative Factors" Scale adapted from the Q-sort developed by Yalom (1970) in which group participants were asked to rate how useful twelve basic factors were to the curative process. The second questionnaire, an Effectiveness Scale, sought to assess how the group process affected participants in several key areas focused on in the group sessions (see Appendix II). Both were administered as heuristic devices, to see whether they could provide clues for possible use in a later outcome study. Therefore, data from those measures will not be reported here in full.

The questionnaires were clinically useful in acting as a catalyst in helping the COS to reflect on their experience in the groups, and in

providing them with a forum for expressing both positive and negative feelings about that experience. It also indicated our willingness and capacity to accept those expressions without being hurt.

Pregroup-Postgroup Comparison

The research function of the pregroup interview was to analyze the information and formulate the "plan" each person had for the group, according to the concepts of control-mastery theory. In addition to answers to the specific questions, the participant's behavior in the pregroup interview was evaluated, with special attention to how that individual sought to "test" the leaders for safety.

In the postgroup interview, a similar process was used; answers to questions were evaluated along with how that participant now presented himself or herself to us. A comparison was then made to the "plan" hypothesized for that person from the pregroup interview. This yielded data which would support or reject the validity of the pregroup evaluation.

Where the original evaluation was valid, this comparison also determined the extent to which the "plan" was furthered through the awareness group. Where the hypothesized "plan" was not valid, the postgroup interview provided data by which we could now understand what the actual "plan" might have been. Moreover, this interview could also reveal any "new themes" which had emerged during the awareness group. The group was helpful to an individual to the extent it provided a "safe" environment where the "plan" for experimenting with new behavior could be realized.

CHAPTER III

RESULTS: CASE HISTORIES

This naturalistic clinical study has produced hypotheses which were found useful in giving a clinically meaningful explanation about what burdened COS and how they used the awareness groups to gain more mastery over those issues. They are:

1. Since people will make use of any opportunity they get to master unconscious conflicts, it is reasonable to assume that although these awareness groups were not set up as a treatment situation, the COS would use the experience to make further gains toward mastery of certain unconscious conflicts.
2. Because of the parents' holocaust experiences the COS would have exaggerated feelings of omnipotence and exaggerated feelings of importance to their parents. The exaggerated feelings of omnipotence derive from their parents' attempts to master their own trauma over loss by becoming overly possessive, and making their children overly valued. The exaggerated feelings of importance are engendered by the parents' attempts to master feelings of blame, based on guilt over their helplessness to save those who perished, by unreasonably blaming their children for hurting them when they are so weak.
3. In an attempt to gain further mastery over the unconscious conflicts which related to their parents' holocaust experiences, the COS would behave in the groups by:

- (A) Turning passive into active; e.g., by complaining to the leaders about such things as the setting of firm time limits on the sessions, the refusal to grant special requests, and the leaders' insensitivity to them. Here, they would be identifying with their parents as weak victims in order to test whether the leaders would feel guilty just as they felt when their parents blamed them. When the leaders do not react with guilt to this blaming, the COS will identify with the leaders' capacity to handle unreasonable blame and to feel non-guilty.
- (B) Exhibiting aspects of transferring; e.g., by finding fault with the leaders, not from a position of weakness, but from a position of strength. In this case, they would be testing whether the leaders would be easily hurt by rejection as were their parents. If the leaders are not hurt, the COS will feel confident that it is acceptable to be assertive and autonomous.

It is crucial to note that clinical inference must be used to determine whether a test is either turning passive into active, or exhibiting aspects of transferring. It is possible that behavior one time will have a different meaning at a later time.

The following four examples illustrate the usefulness of these hypotheses as pregroup interviews are compared to postgroup interviews. In the former, I formulated the person's plan according to control-mastery theory concepts; in the latter, I evaluated the accuracy of that formulation, and how much of that plan was realized. Two COS from each group have been chosen to illustrate the use of control-mastery theory, and to demonstrate different phases of involvement COS may go through in dealing with the impact of their parents' experiences on their lives. The eleven other COS pregroup-postgroup comparisons can be found in Appendix I.

Betty

Betty is a 30-year-old single woman born in Europe, the older of two children, who now works as an editor. Both parents were in concentration camps, in slave labor camps, and on-the-run. They now work together in their own business. My formulation of Betty's plan derives from the following pregroup interview information:

Pregroup Interview

Statements

(She spoke nonstop for the full interview in an excited and driven manner.)

"Are you exhausted? You look like you went through a lot of interviews tonight."

"There's a lot I haven't resolved in my head."

She feels different from others attending the panel, whom she saw as being bizarre because of their questions and responses.

She claims not to need an intense group experience.

Her parents were extremely nervous and worried, and they wanted her to be aware of this when she got angry at them.

Her parents' constant conflicts with each other reflected their nervousness.

Her parents' anger would come out at her also; she was told, "You're just another little Hitler."

She feels that her parents lived for her, that they stated, "Our life doesn't count." She wanted to be removed from that burden from a young age, and "ran away to college" and left home during the summers, "but I also had to deal with the guilt when I came home because they didn't have a bigger family to deal with it."

"I felt some of their feelings as a survivor, [having] to do what I had to do to make my own life in the best way I could."

It gets to her when she thinks how poorly organized and powerless her parents were. As a child, she wanted to be an Israeli spy, to track down all the Nazis for revenge. Now she'd like to put that energy into something useful and not into self-pity.

Her parents "were frightened about how they presented themselves in society" lest they create a scene which would engender another holocaust.

Her sister had it easier growing up because her parents were more relaxed, were more part of the culture, and her father could be around more now that he was better established in business, she felt.

Father, as a child, had left home and made his way in the world quite early, and thus he got through the war easier than mother, she reflected.

Betty helped a family friend write an autobiography of the war years. Her parents were proud, and wondered why she didn't want to do more with it. "I didn't want to be more involved with it. It was painful in parts."

She tried to do her own writing, "but it hasn't jelled yet. It's a real professional and personal interest."

She was in therapy several years ago. Her father saw the therapist twice, and her parents went together once, after which the therapist told her that they were very frightened people. "He probably shouldn't have said that to me, but it struck a nerve."

She wants her involvement in the group anonymous, so as not to upset her parents.

Her parents will worry a little about her being in this group, though mother will be delighted because it's Jewish, she feels.

"I hope I didn't take too long."

"Did anyone say anything different? Because I want to come into the group--because I wanted to think about things so I could come to the sessions with some things in mind to say."

Goals

(This was not a specific question that was asked, for Betty, in rapid-fire statements, covered virtually all questions before we asked them.)

She said that she would be outspoken in the group to those who veer from dealing with feelings and focus on facts instead.

The group should focus on the sense of guilt that parents put on them: "The guilt of not being there is not a guilt for me."

The worst thing that could happen in the group is that someone would feel isolated; run out of the room; or have nothing to share or give to others.

Analysis

She views her parents as worried and nervous people. In turn, she acts worried and nervous and identifies herself in part as a survivor. However, she is coping fairly well, and evinces a great deal of insight about her parents and herself. Her survivor-identification is used as a strength to help her make her way in the world, and is not an identification as a helpless victim. Her feeling different from the other COS here is indicative of a more separate identity and less guilt about that. She becomes involved and uninvolved in holocaust issues at her own choice, but not without some feelings of guilt.

Plan

She has thought about these things for a long time and now wishes to use the group as an opportunity to safely say all of them. She would like not to worry so much about her parents and to feel less guilty about being away from them; in essence, to feel less responsible for them. She is looking for permission not to worry so much and to feel okay leaving her parents behind. Having already achieved to some degree the capacity to involve and uninvolve herself in holocaust issues by her own choice, the next step is to be able to do this without feeling guilty. This will allow her to master other parts of that experience when she is ready.

Postgroup Evaluation

Betty was thought to have been further along than most other participants. The final interview confirmed this. She reported having had a very positive experience where she achieved "the sense of being articulate about [my]

feelings" that was missing in childhood. She also stated how much clearer things were. Thus, the group was used to safely say many of the things she had been thinking about. Her ability to worry less was evidenced in her opening question to me about being able to pay a fraction or nothing of the fee for the groups. When I calmly stated that a fraction would be fine, she immediately dropped the anxious, worried look, brightened markedly, and said, "Fine. I'll mail a check in." This identification with the leader's capacity not to worry but instead to take a slow, measured look at things helped her to stop behaving so much like her parents. When I was not bothered by her being worried, she quickly converted the situation into experimenting with her own capacity not to worry.

She also stated that I was helpful in quietly going back to look at how people felt about things in the group. I did not let things get glossed over. It helped her be more aware that there were others to be considered, for they were not "one being with a lot of legs--all part of the same continuous person" as her family had acted. She could see her "emotional jumpiness and jerkiness" and developed "a sense of pace." She can see when being dramatic and extreme is not called for, and can see this behavior in her parents now. When they came here recently, she had a wonderful time, "not nearly as nerve-wracking, and [it was] emotional in a positive way."

She could now follow through on her instincts in moderation, rather than miss out by waiting for things at home to calm down. This experimenting with not worrying about being separate from her parents was also seen in their recent visit, when she demanded and got her own motel room when they went traveling together.

For the first time, her parents did not worry about her being in San Francisco, for she approached them differently by being strong about her

plan. To her, this was the test of the group's help. She stated that making up her mind, being determined, not changing her mind by giving in to her parents at all "seemed to be very helpful for some reason." She did not worry about hurting their feelings.

She noted how she was not as upset as the others when the COS co-leader refused to answer personal questions--it was fine with her. "I have a hard time doing it, so it was important to see someone else doing it. I have trouble saying 'no' and evading people."

Her increased capacity to be separate can also be seen in her trying to have a sense of perspective about being a COS and other parts of her identity. She could state how important the group had been, but now she is not sure whether she will continue, as some others have, in a leaderless COS group. She has also been able to turn down a job offer on holocaust-related material, but she may at a later time decide to do that without fear of it being so depressing. "Maybe the group helped with that." She noted how her previous holocaust work was tough. She can leave the holocaust and go back when she is ready to master more, and not feel so guilty at leaving it and her parents behind.

Fran

Fran is a single woman in her mid-twenties, the older of two children, who has had various part-time journalism jobs since college. Both parents were on-the-run, and are fairly well educated. The statement of Fran's plan derives from the following factors expressed in the pre-group interview;

Pregroup Interview

Statements

(Fran had phoned prior to the panel to ask about that program. When told of the pregroup interview as a prelude to being in an awareness group, she wondered whether she would be appropriate because of her propensity to stir things up. It was at this time that she gave as an example her writing a letter to the editor of a newspaper which was subsequently published and seen by her parents which had caused a great deal of upset in the family.)

Both parents are "victims of that kind of physical debilitation that is experienced years after [the holocaust]."

From age five (coincident with the beginning of school and the onset of mother's disability) to age twelve, she was home-bound with asthma.

At 15, her parents briefly took her for therapy when she rebelled. "It was of no help." At the same time, she began a relationship with a non-Jew which lasted nine years. After seven years, she was finally able to make a demand on him.

"The difficulties I have in knowing what I have to put up with in people and what I don't [comes from] my parents' 'take me as I am' ethic. If you rebel, it doesn't work because you are made to feel guilty; and if you accept them, you still feel tumultuous, but at least you have actively accepted something."

Her parents often fought, and she wondered why they stayed together.

Reading a New York Times article on COS (Epstein, June 1977) made her feel relieved that there were others like herself, yet "trapped" as to how to work it out.

When she told her mother of her being in this group, mother replied that it was self-searching and self-indulging. "We don't fit in that category; it's all wrong. It's not going to work."

Goals

Fran wants the leaders to keep the group focused on the COS, and only on their parents' experiences insofar as it is reflected in them now.

Her first relationship with a Jew just broke up after "a feisty and stormy" period, and she wants to understand how her parents' relationship contributed to that break-up.

Analysis

She viewed her parents as very weak, and she worried about them. This resulted in her giving up some of her own developmental strivings, and she stayed close to them. In fact, she virtually did not leave home from ages 5 to 12. Any show of independence was equated with rebelliousness, which upset her parents very much. Her pregroup phone call was a test to see if I would be hurt by her assertiveness, and she gave me an opportunity to reject her for that.

Plan

She wants to feel comfortable fighting and disagreeing so that she can then feel comfortable being close to people without feeling she has to submit to them. She would like then to gain control over her feelings of omnipotence and guilt over assertiveness. Moreover, she wants to use the group to help put her recent intimate relationship into perspective in relation to her parents' experiences.

Postgroup Evaluation

Fran was critical and complaining in this interview, in the questionnaire, and in a phone call concerning the bill prior to her coming in. She felt we should have prepared the group for the questionnaires and not charged them to be "research subjects." In this phone call, when I calmly accepted her feelings and showed appreciation for her having returned the questionnaires,

she immediately became calm and said that it really was not a big issue and that she would see me at the interview.

In the interview, she said that she felt we might be embarrassed by her stating that she got more from the group than from the leaders: "I expected the leadership to be more involved." She had never been in a group with a leader, and she said that maybe our separation from the group bothered her. "Emotionally, I don't think much happened for me. A lot of my revelations were intellectual."

She then related an important experience that had taken place recently when she was visiting her parents. When she returned after being out late with friends, her mother ran out to the car, screaming that Fran was a horrible person for staying out so late when she knew that her parents were sick. In the past, Fran would have screamed along with her mother; but this time she told her mother calmly to turn around and walk into the house, which her mother did. She contrasted this with her anorexic, sullen, silent, and withdrawn behavior of the past which had alternated with hysterical and explosive outbursts. This was the first time she felt at home with her peers. "I realized that, by [my] not joining mother in her hysteria, dis-involving myself from her problems, my friends would think, 'Her mother has a problem'"; whereas before she would join her mother in hysteria, and friends would think, "Oh, they're both crazy."

She clearly experimented with identifying herself with the leaders' capacity to be uninvolved without guilt over hurting others, though she had been critical of just that thing. This made her more optimistic about developing closer relationships to other people. She is also working on not demanding so much space and feeling less defensive in the ongoing COS group, she reported. She found the group helpful in dealing with the break-up

of her first Jewish relationship of any great duration, in which she had bared all her feelings and been hurt by criticism, when rejected. She felt very good that I had "zeroed in," and "smelled out the intelligence in my humor." It scared her, but it was also pleasurable to have her associations taken seriously. This was a new theme which emerged in the course of the group. She uses humor to dismiss her serious ideas in anticipation of having them criticized when she is being assertive.

At the conclusion of this interview, she asked, "You weren't hurt by what I said in the questionnaire, were you?" Then, giving us an opportunity to be critical of her, she apologized for paying so little. However, when I stated that it was what we agreed upon, and that it was acceptable in every way, she left feeling very good.

Irene

Irene is a single woman in her mid-twenties, the only child of a survivor mother and non-survivor American-born father. Her parents were divorced in her early childhood; her mother remarried another American-born Jew several years later. Mother works as a retail salesperson. In the initial interview, she reported the following:

Pregroup Interview

Statements

(Irene had missed the panel because she had just moved into her own apartment, and the publicity had not been forwarded in time from her parents' home, where she had lived up until now. She had also just taken a new secretarial job, despite having a teaching credential.)

She wonders how one can get an understanding of what happened, since everyone she's talked to, including those interviewed in the New York Times article (Epstein, June 1977), has had such different experiences.

She spent much time with an aunt who told her of the holocaust, whereas her mother was protective and said little. There were no "gory" stories, but she knows there are some, for mother was 11 years old at the time of the holocaust and lost 10 siblings.

Neither she nor her mother have had therapy.

She might tell mother of her involvement in this group, but she worries that it might upset her: "What do you need that for?" she might say. But she might also feel that it's important to keep the holocaust in mind.

Goals

Irene said that it is really important to talk to people about their experiences and what they are going through because there is little consciousness of what other Jews are going through.

She added that "Unexpected rewards of the group would be a new understanding of why I do certain things, as how I've been affected by my mother's experiences--would be wonderful."

"Do you have a particular focus for helping people become aware of their experiences?"

She feels the focus should be on COS experiences and not on those of their parents: "I think people whose parents have gone through an experience like that--there's no way it can be duplicated in their own lives--tend to feel sort of 'well, I really haven't passed the test; I really haven't done anything like my parents did to give me a real strong sense of personality and my own character,' which I think is a problem, a real problem."

In response to our asking what was the worst thing that could happen in the group, she said that she does not think displays of emotion or painful experiences would make it bad, but she added that anyone who has not been in a group and does not know its processes would have anxiety.

"The idea of exposing myself to other people is not one I look forward to with zeal, but I don't think there will be problems." When asked to elaborate, she told of how she was interviewed by a psychiatrist for a friend's holocaust research project. The report which the friend subsequently related to her stated, "I think she has the potential to be paranoid-schizophrenic." This upset her for quite a while. "There must have been something to it, even if overall it was an erroneous conclusion." She likened it to a Sartre play where a person exposes her innermost feelings, and people yawn. "I didn't take that seriously--I wasn't about to commit myself to a local hospital. Even if it bothered me, I probably wouldn't want to admit it--how awful," she laughed, feigning self-mockery.

Analysis

Irene has had some very positive changes in her life recently: leaving home, having a close relationship with a man, starting a new job, and searching to understand herself. Since her mother is protective, she feels she has to stay around, lest mother worry and have nothing to do. She worries, as does her mother, that emotions can get out of hand, and this is why she has not confronted her COS experience before. She has a very engaging sense of humor and is quite perceptive and articulate. There is a certain child-like quality about her presentation. She is puzzled about how to attain her own sense of identity without going through what her mother did; and she seems to feel guilty about having a separate identity, without having suffered to the same extent.

Plan

Irene is interested in learning how her mother's experiences have impacted on her own life; for example, why she does certain things. She is trying to figure out how different she is from other COS as well. She wants to achieve a better sense of identity, with the COS aspect only a part of that. She, therefore, wants to separate further from her mother without worrying about hurting her. This will also allow her to become more successful in her relationship with her boyfriend.

Postgroup Evaluation

Irene used the group experience well in experimenting with new behavior relevant to her plan. She noted how her goals became clearer as the group proceeded and how her relationship to her mother became clearer, "but by no means resolved." She felt a lot of time was wasted, ". . . and selfishly speaking, there were things I wasn't interested in and got no

insights out of." She wanted more on why it is so difficult to use her potential rather than protect her mother, and more on her relationships to others. She noted that her mother's unwillingness to talk about her war experiences had stopped her from asking group members to talk, when they were unwilling, for fear of hurting them: "If someone isn't ready to hear it, it doesn't do much good to tell them."

However, Irene felt just as responsible as the leaders for not bringing up the topics she had wanted to discuss. As a further indication of her progress, she said, "This experience gave me a lot of insights that have helped me. If I hadn't found it so useful, I wouldn't be complaining about not getting more."

Irene vividly described a recent event when I asked if she had now been able to ask her mother to relate more of what happened in her past, without worrying about what this would do to mother. She began to cry as she recalled how her mother had taped her life story for a friend a few years ago and asked Irene to type it. She put it off, fearing being overwhelmed. Last year, she typed up to the war, but stopped, again fearing being overwhelmed. After the group, she resumed her typing, and found nothing horrible. She asked her mother, who said, "Those were things I felt were too horrible to put into the interview." Irene added, "It was a real great feeling to have felt I could confront [it]--and yet, I still don't know what she went through, and haven't confronted that." Her mother said that she did not want to talk about it now, but to ask her later. "I haven't done it yet." This is elegant testimony to the process of mastery. She was able to confront the tapes without fear of being overwhelmed for the first time; and when she is ready, when it is under her control, she will ask more. She is confident that this will happen very shortly.

Irene was equally confident in stating that many issues having to do with her relationship to her mother have not surfaced yet, but will in time. She sees her mother as worried that she cannot handle the problems. "It's almost like she sees me as this 9-year-old kid who can't handle it." Later she said, "She really doesn't have a lot of faith in my judgment as a person. She feels she has to protect me from what I do." Irene's relationship with her boyfriend, for instance, upsets her mother. She then wondered if her mother's anger at her own parents for not protecting her and for deserting her at age 11--something which she thinks her mother has not dealt with--might account for mother's overprotectiveness now. She noted that her mother describes her own parents in "super-human terms and never says anything bad. . . I'm sure she's idealized them and would feel guilty if she remembered bad things about them. It's a very liberating feeling to realize this."

She questioned the COS co-leader about whether she had been hurt by the group's criticism about her lack of participation, but added that she could see the co-leader not being hurt by it just as well. She expressed her frustration at not knowing what we were trying to get at sometimes, and at my not answering one of the group member's questions. She guessed we had reasons for that, "like the question wasn't the issue--something else was." These expressions indicate her capacity to see that things in the group were not perfect without letting it bother her or detract from getting what she needed out of it.

The worst thing that could have happened would have been if nothing had happened, "and something did happen." She is interested now in pursuing individual therapy as further evidence of her optimism about her capacity to confront issues.

Judy

Judy is a single woman in her late twenties who at this time was teaching school while working on her doctorate in a mental health field. She was born in Israel, while her older sister, who is also a survivor, was born in Europe. Both parents were in slave labor camps. They have a high school education or less.

Several weeks prior to this interview, Judy had requested a student placement at JFCS. She was told we had already filled our openings. Subsequently, she dropped in for an interview, hoping to convince me to make a special place for her. She expressed interest in leading a COS group, but was told others had already been selected as COS leaders. She was told that she could re-apply for a placement for the following year. When the COS leader, a woman, phoned to arrange the pregroup interview after Judy had come to the panel discussion, she expressed her anger and envy at having to be in a group in which she had sought to be co-leader herself.

My formulation of her plan derives from the above, and from the following exchanges in the pregroup interview:

Pregroup Interview

Statements

She spoke of her feeling humiliated by my "rejection."

She agreed when I asked if her feeling special as an Israeli made her feel she could have gotten a placement. She laughed good-naturedly, and said, "You got my number--or one of them." She went on to state how helpful it was to have been rejected, for she was then able to look at that behavior in her own individual therapy,

She is worried about being "older" and more knowledgeable than other COS here,

She has written papers and done research on the COS experience, and has led groups before. She is also in her own individual therapy. She feels this makes her look superior and healthier, and she cited articles that suggest that Israeli COS are healthier. She gains strength from this, but also knows that this is a defense against vulnerability. "I'm smart enough to know that, and it's why I'm here."

She spoke of herself as being special and different from the others.

Her parents are craftspersons who once took her for family therapy, where her father stated, "If she'll be okay, we'll be okay--we don't need therapy."

Although they are aware of her individual therapy, she is not sure she will tell her parents of this group, for her father would regard it as a waste of time, and she would not want them to feel guilty. "Now she needs a group! We suffered so much; we wanted your life to be easy."

Goals

She wants to separate what is attributable to being a COS from other things. She feels influenced by having read the holocaust literature and has educated her therapist in the articles that she brought to her. It helped her gain perspective, which reduced her blaming of her parents. She said that she then began to take charge of her life for the first time.

Analysis

Judy has been overinvolved in the holocaust through reading, writing, and "educating" her therapist. Her Israeli birth adds to this, for she feels guilty for leaving that behind, too. However, she also has some perspective on this. Her involvement has been helpful in dealing with the holocaust to a point. Now she wants to leave that behind, but feels guilty. She also has feelings of omnipotence and fears that her parents will be hurt by her involvement in a COS group. In essence then, she does not feel free to involve and uninvolve herself as befits her needs without feeling guilty that she is hurting her parents.

Plan

Her plan is to be less involved in the holocaust, put it in perspective, see it as part of herself, and put it behind her. She would really like to be more like others and be different only in more positive, self-affirming ways.

Postgroup Evaluation

There is evidence to suggest that Judy experimented with much new behavior after the group. Her parents had just visited from the East; "This visit is the best that's ever been. . . They were really pleased with my house, my life style. . . It went much better than I thought [it would]." After she told them of quitting her Ph.D. program, which she felt she had originally undertaken to please her father, she realized he was not that concerned, and it was more her issue than his. This was a realization which she extended to other issues as well, for example, losing weight. She exuberantly spoke of her parents' visit: "I love them and I could show them this, this time, and I got it from them. I know they love me, but usually they don't show it. They did this time, much more so than ever."

She did not recall what her goals for the group had been at the start, as was the case with many, but guessed she wanted more literature on the symptoms and how she compares. She would not participate in a leaderless COS group now--"I'm not there any more;" nor would she write a paper on it. She told of walking with her mother in the park when the latter complained about the mud, which reminded her of her holocaust experiences. Mother also told her how her father hates the forest because of his experiences there in the war. This was the first time Judy had heard this. Judy wondered how this might have affected her, and decided she no longer needs to separate this as a holocaust issue; for it cannot be extracted, and she is

not sure it is even a legitimate pursuit. She now sees her mother as "incredibly strong" and does not know to what this strength is due.

Judy continued to put things into perspective. "The COS is a part of me, but I no longer would describe that as my identity any more; and I don't see my parents as [survivors] any more either." Now she is asking her mother about other parts of her life, something both find rewarding. She has "let go of it a lot and. . . let go of the pain and the victim, and also the goodies of being a COS. . ." by having people see how far she has gotten, despite that heritage.

This led to her expressing anger over the questionnaires, which she had brought with her because she had been too busy to fill them out earlier. She felt indignant that the questionnaires did not cover her experiences, and she did not want to answer the questions. About the Curative Factors questionnaire, she remarked, ". . . the audacity and arrogance in assuming that the group did all these things for me. . . How could you ask these questions--so you could hand this in to a dissertation committee and show how I answered?"

It became apparent in the ensuing discussion that the reason the questions made her angry was that she had used the group to experiment with becoming less involved with the holocaust, and she felt our questions suggested that she should have been more involved, which then aroused her guilt. She felt as though "the professor had given a final in Greek when the course she studied for was biology." It was as if she was saying, "I'm trying to leave and your questions are trying to keep me here."

Her pleasure in uninvolvedness was further expanded in the following way: "The group wasn't all that great. . . I forgot about it--I didn't carry it around--I didn't miss it. I never felt the group was a group."

She felt that the members were guarded, and the leadership not as good as her own abilities. The group was helpful to her, she said, because she subsequently brought up in individual therapy issues that she had never felt safe enough to discuss in the group. It also helped her to see how her relationship to me was similar to her relationships to other Jewish men and reflected her fear of her father's critical judgments. "It gave me material to work with--it was valid--that was its strong point."

The worst thing that happened in the group, she said, was her disappointment: the group wasn't a "big deal" in her life. However, her answer to another question indicated that the group was indeed important in her life. I asked how different her group experience would have been, had the group been a "big deal." She replied that she would have been excited for the eight weeks and maybe she would have continued, whereas now she has had an opportunity to join a leaderless COS group, and decided not to. In addition, she is no longer thinking of leading one herself. It is clear that her complaint is really a kind of praise, for she is optimistic about her capacity to uninvolve herself and put the holocaust into perspective.

The best thing in the group, Judy said, was "I felt good about me, being able to express myself; that's nothing new, it just feels good. But it could also be the worst thing--being teacher's pet, etc." She said that, had the group been a more advanced one, she would have had to do a lot of learning in order to catch up, which would have been better for her. This statement indicates her increased perceptiveness about being special, and the price she pays when she succeeds. It also indicates that, when the leaders made anti-plan interventions, such as treating her as special in the group, it hindered her progress.

Judy asked at the end of this interview if we were leading more groups, and what we had learned in the process. She would like to know the results. When I told her that it would be possible to phone me in a few months to get the results, she said that she would do so. Then, just before leaving, she said, "I may call you or I may not. It depends on where I am at the time." This indicates that her capacity to be involved or uninvolved is more under her control, and that she is experimenting with it as being "no big deal" one way or the other. However, the fact that she twice referred to COS as survivors when asking of our results seems to indicate some continued overidentification with her parents out of guilt in separating herself from them.

CHAPTER IV

DISCUSSION

The Need for Awareness Groups

In discussing how COS were affected by their parents' holocaust experiences, it is well to keep in mind Kestenberg's admonition, ". . . that although survivor-parents can and do behave pathogenically, they can also manifest a surprising vitality, stability, and strength in the upbringing of their children" (1973, p. 360). The COS in this study function well in many areas of their lives. They represent a highly educated group, far outdistancing the academic accomplishments of their parents in most instances.

These are also very strong COS who decided to come because they were optimistic that through various experiences such as these groups they could further master their COS experience, whereas others who did not choose to come may be dealing with it by repressive measures. The COS came to these groups to discuss and understand, not to be treated. To paraphrase Kestenberg, it was the COS's alliance with us in the interest of our scientific undertaking, as well as our focus on the influence of their parents' experiences on their inner lives which brought out in a matter of a few weeks what had lain dormant for years (1972).

Foremost in COS concerns was to be able to talk about their experiences in a safe setting where they did not have to worry about the reaction of others. This worry is engendered by their parents, who are in an

intolerable bind: they cannot bear either to remember or to forget their holocaust experiences. As a result, they do not want their children to remind them of it, but they also do not want them to forget about it. This gives the holocaust a special sense of presence even though it may not be openly talked about. For these reasons, it is unlikely that individual psychotherapy would be a starting-place for COS to begin work on these problems, but it is clear that they do want to bring all these issues into consciousness.

The group gives them permission and moral support to do that, and takes them out of their bind. The members share the responsibility with each other and with the leaders for making this taboo subject public. The fact that the awareness group is presented openly as an opportunity to explore the impact of holocaust issues on COS is also a clear statement that it is acceptable, at least by some segment of the Jewish community, to do this. It implies that the leaders are not only willing to listen to their painful stories, but more importantly will not be overwhelmed by them. The feedback they receive from others in the group also allays anxiety about overwhelming other people.

Some of these advantages may obtain irrespective of the leadership of an awareness group; that is, whether the group is leaderless, led by inexperienced leaders, or led by knowledgeable therapists. Any of these can start a positive process in motion. By contrast, in individual psychotherapy, COS may fear that someone unfamiliar with the holocaust will not understand their issues; they may fear overwhelming the therapist with their stories; they may feel too guilty to talk about the forbidden subject; or, they may feel that the therapist is not interested in it.

Often, the COS would tell and retell stories of their parents' experiences to friends. This may be viewed as turning passive into active,

for a COS who was traumatized by his parents' telling of their experiences may expose these stories to the world in order to defend against the feeling of helplessness experienced when they first heard the stories. It may be an identification with their parents as victims, as well as aggression on a society which gave their parents and relatives no help.

The eagerness with which the COS welcomed the opportunity to talk about their experiences in a structured, "safe" environment attests to their recognition that their parents' holocaust experiences have powerfully affected their lives. Almost all expressed concerns over omnipotence and guilt over assertiveness to varying degrees. As a result of these concerns, they have not been able to bring to maturity certain developmental goals, particularly separating from their parents and establishing their own unique identities. Though the issues are similar, individual COS differ in how they are affected by and deal with them. An analysis of the pre-group interviews and the "plans" derived from them indicates in almost all cases the importance of these issues.

COS Issues

Two examples from the groups illustrate the genetic development of omnipotent ideas and feelings of guilt over assertiveness with regard to separation from their parents. The first is a clear example of a COS who viewed her parents as weak, and thus gave up certain developmental strivings in order to take care of them. When Fran began school, her mother became seriously ill; Fran developed asthma, which caused her to be homebound for the next seven years. This also meant giving up the development of peer relationships. She looked out her window forlornly at peers playing together.

Fran developed the idea that her leaving home and going to school had caused her mother's illness, and she felt that ever leaving home would have similarly disastrous results. In later years, she felt she had to submit to her parents' "take me as I am" ethic or feel guilty. This interfered with other interpersonal relationships, ". . . in knowing what I have to put up with in people and what I don't. . . ." In this case, Fran's problems with omnipotence are demonstrated by her memory of going to school and relating that to her mother's illness.

Melanie's case is somewhat different (see Appendix I). She is the youngest of three children, and her parents, both survivors, lost a daughter and many family members in the holocaust. When she returned home from her first trip to California, her parents took her for treatment because they did not know how to handle her. She interprets this memory of leaving her parents and subsequently being "punished" by being taken for treatment as meaning that it is wrong to leave home because it hurts her parents and makes them feel helpless.

Melanie's worry about her parents and excessive sense of responsibility toward them is also exhibited by her feeling that she is the one who mediates their fights. She feels that her parents are mismatched, but are unable to separate because of the family losses they shared. She consciously worries whether she could stay if she were in such a relationship; unconsciously, she worries whether she could be free enough of guilt to leave.

She expressed difficulty in separating from her parents because she is the last child, so she visits them every year. "Life there is still a survival type of trip." Thus, it was no surprise that one of her first questions in the pregroup interview was, "Why are we meeting

separately, as opposed to the whole group?" Melanie obviously feels guilty about having anything for herself.

COS cope with their difficulty in separating by identifying with characteristics of their parents, whom they unconsciously view as weak. To give up these identifications is to be different from their parents, and would signify separation and independence, acts which they unconsciously feel would hurt their parents.

This method of coping with omnipotent feelings by identification is illustrated by a number of instances from the pregroup interviews: Nancy told of the recurrent nightmares her parents had. She would wake them and they would relate the nightmares to her. Then she would lie awake, imagining herself in their stories.

Charlies's mother, beset with psychosomatic illnesses, refused psychotherapy because she did not feel she could open up. Charlie stated, "We're alike, and can be open with each other." He went for individual treatment several years ago, but could not open up.

Alice is very sensitive to class differences because her mother never regained the prewar status she had enjoyed as a professional. This is the mother's issue, not Alice's, for she is a highly respected professional herself; but she identifies with the issue for her mother's sake.

In Eli's case, his style gives us the clue: "I'm usually not this jumpy. I don't like being on-the-run like this." His mother had narrowly escaped to a neutral country during the holocaust.

The conflict that COS have in establishing their own identity and uniqueness is that on the one hand they recognize the impact of the holocaust on their parents' lives and on their own, and on the other hand they want very much not to deal with the events of the holocaust, but to establish

a separate identity which would not include being a COS. This is another aspect of separating from parents and leaving them and their past behind. Their ultimate goal, however, is to integrate these experiences into a meaningful definition of who they are.

An example of this dilemma is Irene's poignant statement that COS feel they "really haven't passed the test," that they haven't really done anything equivalent to what their parents did to give them a strong sense of personality and their own character. Irene actually sees her mother as weak, and unconsciously holds back developing her own uniqueness in order to protect the mother.

An example of the extreme sense of concern and responsibility both COS and their parents have for each other is demonstrated by the participants' responses to the question of how they feel their parents would react to learning of their involvement in our groups. In ten of eleven responses, the participant voiced some concern about the parents' anticipated reaction, which entailed the parents worrying about the child. Alice, for example, is in her late twenties, divorced, and the only child of parents who are both survivors. She said that her parents would ask, "Why do it?" and that they would feel scared and guilty; they would wonder what they'd done to her.

Diane, a single woman in her mid-twenties, felt her father viewed her as normal, and would be amazed at her being in the group, as he had been at her being in individual treatment. In contrast, Gloria, also single and in her mid-twenties, thought her parents would wonder whether she was indeed well-adjusted, and would ask, "Why did she [need to] do that?" Irene said that her mother might be upset, and would ask, "What do you need that for?"; but she might also feel that it was important to keep the holocaust in mind.

Judy said her father would regard it as a waste of time. Her parents might say, "Now she needs a group! We suffered so much; we want your life to be easy." She also said that she would not want her parents to feel guilty. Ken, a married man in his late twenties whose father had lost his first family in the holocaust, said that his father's attitude would be, "Let's forget it."

Another area of concern was communication about the parents' holocaust experiences. It seemed that parents either told or did not tell holocaust stories to their children with the same justification: that their action was meant to protect the children, either by alerting them to the dangers of a hostile world or by shielding them from the knowledge of horrors. Fran's parents, for example, said, "We've done everything we could to protect you from ever having to go through anything like what we had to go through."

Parental attempts at protection manifested themselves in other ways. Diane's father claimed that the holocaust had no permanent effect on him, and thus he was different from the other survivors. This meant ostensibly that his children were protected from psychological damage which other survivors transmitted to their children. He also claimed his children were different than other COS because he protected them by marrying an American and not another survivor.

The issues raised in our groups are very similar to those reported in other awareness groups. Pomerantz (1978b) and Fogelman and Savran (1979) found difficulties in separating from parents, because of guilt, to be predominant. These reports also noted feelings of alienation and isolation from other Jews, as well as attendant identity conflicts. Guilt over expressing opposition or anger toward parents was very common. Viewing

their parents as weak was ubiquitous. The COS in our sample, however, were not unduly fearful of another holocaust.

These reports tend to confirm the hypothesis that COS have feelings of omnipotence and guilt over assertiveness. The importance of this assessment is that it can help leaders to facilitate the resolution of such conflicts, when they can recognize and pass the relevant tests of safety. Otherwise, leaders may get sidetracked from the major task and confuse COS issues with those of their parents.

Another pitfall is not understanding how the group process reflects the issues COS are dealing with. Focusing only on content ignores the important fact that COS are presenting the leaders and the group with important tests which, if passed, can and do yield significant changes.

The Group Process

Concerns over omnipotence and guilt about assertiveness were manifested throughout the eight sessions, as the COS tested the leaders and other group members by turning passive into active and by transferring.

Although COS may present themselves as weak and helpless, just as their parents do, this is a defense against feelings of omnipotence and guilt over assertiveness, which can be discerned from the following group vignette:

Eli, a single man in his early thirties who is the only child of two survivors, complained about the leaders having ended the group session promptly the previous week, after he had asked for more time to deal with his feelings. He accused the leaders of insensitivity. He did not feel he had had the room to deal with the feelings generated the previous week, and he recommend that time be set aside at the beginning and end of each session for this. He acted injured, as if he could not take care of himself and make room for himself in the group.

Eli was testing the leaders, to see whether they would feel as responsible for him as he felt for his parents. Later, he asked the leaders how they felt about his criticism. He was almost incredulous but relieved when we indicated he had not hurt our feelings. This indicates how a COS tests for safety. Eli tested for safety through turning passive into active by presenting himself as hurt, and through transferring by criticizing us. We were neither worried nor hurt--we were not traumatized. These reactions helped to further his progress as well as that of the group as a whole.

Eli's demands and subsequent behavior resulted in a variety of reactions from other participants, including discussion of how they protected others. Betty and Fran were having a satisfactory discussion with Diane, when Eli suddenly complained about "spacing out." Eli was actually testing to see whether being uninvolved in someone else's problems was acceptable, but the three women took this action as a complaint about them, and immediately felt responsible for taking care of him and his needs.

Diane later reflected on this. ". . . I would rather not see someone else hurt, and at my own expense, I'll let someone else be soothed. . . I always look to someone else to be nurtured, not me."

Fran was able to see that she protects people by not making her needs known, because she feels they are too great and cannot be met. She identifies protecting men with her mother, "the stalwart," who protected Fran's "ailing and depressed" father.

Betty realized that her way of protecting others is to wait until others' needs are met. She said she felt powerless to keep attention on herself when Eli wanted attention, especially ". . . because I was floundering; I wasn't sure where I wanted to go with it [the discussion]." She

felt guilty for taking group time to explore what it is she needs to work on, as though she were not offering the group anything. Each of these three women acted helpless to get their needs met as a defense against the fear of hurting others by their assertiveness.

A few sessions later, derivatives of these issues became manifest. Fran informed the group that she could not be at the last meeting: she was going to visit her parents. The group responded by wanting to extend the group's life so she would not be left out. In the ensuing discussion, the leaders asked how the group felt when others had been absent. This intervention came close to failing a test: it could have engendered a sense of guilt, as if they should be concerned about those missing, just as their parents worried about them when they were gone.

Diane hesitatingly stated that one session when several members were absent had been particularly productive. When asked how she felt about it, she wondered whether, ". . . in being selfish, we got something out of it?" Fran followed that with, "Somehow or another we're tentative about doing that [being selfish]. Is it that we don't get anything out of it if we're not selfish?" She said that she had felt selfish asking the group to meet after she returned from vacation.

Fran then elaborated on her previous discovery that she makes demands as though there is always going to be an obstacle to fulfilling them, ". . . which I know I can relate directly to the way my parents responded to any kind of reasonable demands that I ever made--somehow or another, they were very gigantic, whether the demands were reasonable or not. I feel I haven't been demanding lately, and somehow I haven't been getting a whole lot--as in our last meeting. . ."

When the leaders were not resolute about the decision to maintain the integrity of the contract concerning the time limits, the group became bogged down in trying to figure out how to take care of all of its members. The attempt to extend the time boundaries was a response to their concern that Fran would be left out and would have nowhere to go with feelings engendered by the visit to her parents: she might be hurt, and they would be responsible.

Here, as in the ensuing discussion, participants spoke of their guilt over assertiveness in the form of selfishness. When the leaders eventually indicated that they did not feel responsible for how Fran might feel, but were firm about maintaining the group's boundary limits, the group was able to abandon its worry, and resumed dealing with other issues.

This instance illustrates one of the most subtle processes that took place in the groups: the development of the leaders' attitudes toward, and relationships with, the participants. At first, the leaders thought that these people were all clinically disturbed and that they therefore had to be handled with "kid gloves." Moreover, we thought of them as a special group, to be treated specially. These considerations arose from three sources: the unbalanced portrayal in the literature; the participants' own feelings of specialness; and the leaders' biases including our intense interest in this group as research subjects. Once the leaders understood what had caused these attitudes, and that they were counterproductive for the groups, they were brought under more control. To treat COS with "kid gloves" because of their experience is to undermine their capacity to confront the important issues, because it conveys to them that the leader is worried about them. This only repeats the trauma engendered by their parents' worry about hurting them.

To create a safe ambience, the leaders must not be traumatized by either the holocaust stories or the testing processes by which these and the attendant childhood experiences unfold. What emerged in the groups was that the COS were not as concerned with their parents' experiences per se, as with how they were affected by their parents' lack of mastery over these events. It appeared that the better the parents had mastered their own holocaust experiences, the less they felt concerned over omnipotence and assertiveness, and the less concerned their children were over these issues. The group rule that the focus be on their own experiences and not on their parents' helped to accomplish one goal from the start; that is, to acknowledge the separateness of their own experiences. This gave sanction to leaving the parents and their experiences consigned to their appropriate places.

In trying to understand why four participants (two in each group) decided to leave after a few sessions, the pregroup interviews were studied more closely. It was felt that these people had made the decision to leave because they did not perceive the group as a "safe" situation in which to deal with the topic. Participants modulate how, when, and to what degree they will be involved in such discussions. It may be that leaving the group was a progressive step in that these people had made a decision not to deal with this issue at this time, which for those individuals represents a bold move towards independence. It is also possible that they want to deny that there is a problem. Perhaps in certain instances the use of this kind of denial is necessary because it is not yet safe to deal with these issues. Since the focus of the group is solely on those issues, it does not allow the defense to operate freely. Ideally, given opportunity to use that defense at will, those individuals might later have been able safely to give it up.

Outcome Measures

Postgroup Evaluations

The participants' perceptions of the usefulness of the groups were expressed in the individual postgroup interviews. In many instances, a COS was able to do something after the group that he or she had never been able to do before. From the following vignettes, it appears likely that this resulted from the COS using the group experience to experiment with overcoming feelings of omnipotence and/or guilt over assertiveness:

Gloria averred that one of the most important things she learned was why assertiveness was so difficult. ". . . something in the group helped me see how hard it was, because of [my parents'] experiences, to complain, to make them worry, or to ask for things. . . It made me feel better to hear [other COS] say the same thing."

This, Gloria stated, helped better her relationship to her parents. Whereas up to three years ago she felt the need to tell her parents everything about herself, she no longer feels that is important. As an example, she did not feel she had to tell them about the group. Furthermore, she is able to leave the group and the holocaust behind. "That group is over. . . Now I have other things to do and think about, and it's not on my mind."

One of those "other things" is a new job which requires Gloria to work with groups, an experience which in the past caused her considerable anxiety. She alluded to an episode in our group, when my drawing attention to someone cutting her off gave her a chance to express how she felt about it. Now she can say something if she feels it, without worrying. This has helped her enjoy the challenges of her new job.

Similarly, Diane noted that in the group she expressed her feelings, whereas previously she protected other people. As a result, her relationship with her parents improved, by ". . . just stating ideas and plans, and not being so worried meeting their expectations." With her boyfriend, she "cautiously" began to protect him less and began to think more of herself. This was a result of both group and individual treatment, she reported.

When Betty and her visiting parents took a trip together, she was able to think of herself when she demanded and got her own motel room. Referring to our refusal to allow the group to intrude on us with personal questions, she said, "I have a hard time doing it; so it was important to see someone else doing it. I have trouble saying no and evading people." She, like Diane, was strong about her plans with her parents, and, as a result, for the first time they did not worry about her being in San Francisco. She felt that this was the test of the group's help.

Worry about hurting one's parents also came up with respect to asking them about the holocaust. Irene noted that her fear of hurting group members by asking them to talk when they were reticent was derived from her mother's unwillingness to talk about her war experiences. She has since been able to ask her mother about that period.

Ken was another who feared hurting his parents by asking questions. He felt the group gave him "a little extra kick to continue" delving into his past, rather than forget it as his father wished. The safety derived from this experience enabled him to write his parents: ". . . I asked them for more information which I have never really done before, because I knew how hesitant they are. . . I even made a note to my father, which I've never done, asking him to put some things together which I know would be difficult for him, and I expressed that in the letter."

Ken had never talked about the holocaust with other COS, either. "I didn't have a ton of friends. . . I was always very shy." He used the group to find out if he had common experiences with other COS and expressed his ambivalence in the following way: "I don't want to be different. I want to be like other people, which is the flip-side of the uniqueness thing we talked about [in the group]. But there's a part of me that wants to have something in common with other people. . . I grew up feeling this difference--I just want to be--I hate to use this word--normal, to be just like other people." He feels, now, that he is.

Alice gained perspective as she compared feelings about her parents with other COS-parent relationships, something she had also had little exposure to previously. "Behaviorally there were no major changes in terms of what my interaction with my parents looked like, but my own feelings about myself, and what I was doing, changed some in terms of me feeling more confident about it . . . I no longer feel responsible for them, and that's helped me to feel better about my relationship to them."

Gaining insight into identifications with their parents weaknesses was another way that COS were able to demonstrate the utility of their group experience. Alice raised class differences as a major issue in the pregroup interview. This was an identification with her mother, who was also concerned about class differences because she had lost prestige as a result of the war. She had been a professional, and after the war became a common laborer. At the postgroup interview, Alice mentioned that she had made a decision not to confront another group member who continually flaunted her own father's professional status. This behavior was clearly different from that of her mother, who would have felt threatened by the situation. Alice was now able to focus on more positive aspects of her mother; for example,

how mother's struggle for sexual equality had been instilled in her, and how this made it easier for her to consider various alternative lifestyles, and not be restricted by the conventional.

Irene's mother was extremely protective and worried about her. As a result of her identification with the mother, Irene was also extremely protective and worried about others; for example, she did not generally confront her mother on important issues, and instead behaved like a little girl, allowing her mother to make decisions in her life. During the post-group interview, she gained the following insight: She wondered if her mother's anger at her own parents for not protecting her, but deserting her at age 11, might account for her mother's overprotectiveness now. "I'm sure she's idealized them and would feel guilty if she remembered bad things about them. It's a very liberating feeling to realize this."

Mother had never looked at this, and Irene had not looked at their relationship like this before either. In essence, she was protecting mother by not asking questions and by acting like a little girl who would not worry mother. After the group, she reported being able for the first time to hear about her mother's experiences during the war without fear of being overwhelmed, a reaction her mother had worried about.

In the most flagrant COS-parent identification, Charlie had spoken of how alike he and his mother were. In the postgroup interview, though he still identified with his parents' attitude that things cannot change, he evinced some insight into his problem. Referring to a romance ended five years ago, he spoke of his inability to accept feelings of total loss, for, "I never saw my parents dealing with loss . . . It prevents me from looking for other relationships." When we suggested that he might want to look at loss some time, he agreed and said he needs ". . . to give up that stupid thing."

Two women COS in similar situations were able to gain insight into their identification with their parents' hysterical behavior. Fran reported having more mastery over her mother's irrationality: "I realized that by not joining mother in her hysteria, disinvolving myself from her problems, my friends would think, 'Her mother has a problem'," whereas formerly she would have joined her mother in screaming, leading her friends to think that they were both crazy. Betty could see her own "emotional jumpiness and jerkiness" and developed "a sense of pace." She could now see when being dramatic and extreme was not called for, and can see this as inappropriate behavior in her parents.

Just as COS presented tests of safety to the leaders in the pregroup interview and in the group, they did it in the postgroup interview as well. In a few situations, they tested through turning passive into active by presenting themselves as helpless to see if the leaders would feel guilty. Betty, for example, acted worried when she came in for the interview, stating she was no longer working and could not pay the full fee. She knew that our agreement was that she could set her own fee. When I matter-of-factly agreed to her paying a lesser amount, she dropped her anxiousness at once and went on to describe how successfully she had been relating to her parents and how strong a stand she had been able to take with them.

In addition, there were transference tests to see if the leaders would be easily hurt by rejection. The most dramatic example also involved Eli. He responded to a question by unexpectedly exploding, "You're either a fool or you're deliberately trying to make me angry." When I was not traumatized by this outburst and calmly clarified what I had meant, he quickly regained his civility and was quite cooperative. Later, he told of how traumatized he had been as a child when his father unpredictably exploded

in anger at him. In the group sessions, he had related how his mother also had a volatile temperament.

In critiquing the groups, COS turned passive into active through complaining and blaming the leaders for their disappointments. This was a re-enactment of their being blamed when they had not met their parents' expectations. Since the parents' losses were often so great as to be unfillable, the parents showed no real appreciation for their children's efforts: nothing was ever enough. Thus, as the COS turned passive into active, nothing the leaders could have done would have been enough. They were testing to see if we would feel as responsible for them as they felt for their parents.

It may be further speculated that their parents blaming them was in itself a turning passive into active of their own trauma; that is, the parents felt responsible for what happened to their lost family and, to some extent, for what the Nazis did to the parents themselves. Sterba (1968), writing about teenage survivors placed in foster homes after the war, noted that as soon as they felt safe, the teens turned their aggression indiscriminately upon their foster parents. Nothing these people could do was enough. In the light of control-mastery concepts, it can now be speculated that the foster parents needed to tolerate the accusations of this passive-into-active test so that these children could identify with not feeling guilty, and give up their own feelings of responsibility for what had happened to loved ones and themselves.

Most of the COS participants wanted to develop the capacity to be critical, for they felt too guilty to do this with parents they perceived as weak. They wanted the group leaders not to be hurt by their criticism, so that they could stop being hurt by the criticism of their parents.

As we passed this transference test by not being upset, the COS began to feel optimistic about identifying with this capacity, and hopeful about overcoming their feelings of omnipotence.

Another facet of criticism is that some COS had had overambitious goals for such a brief group. The ensuing disappointment and blaming of the leaders may be viewed as a defense against the wish to be uninvolved with the group, and thus with their parents. It may also be noted that some COS acted involved by complaining about the group's not continuing in order to defend against guilt at being uninvolved. Others needed to devalue the group so that they could feel freer to leave without experiencing guilt or sadness. Overall, their ability to criticize in the postgroup interview, in which the complaints were often without substance, supports the hypothesis that COS feel guilty over assertiveness. The group experience helped them to experiment with overcoming these feelings as it became safer to express themselves.

Sometimes complaints were actually disguised praise. After Fran complained, "I expected the leadership to be more involved," she went on to tell of being able to be uninvolved in her mother's hysteria for the first time in her life. An analogous theme was voiced by Judy, who said, "The group wasn't all that great. . . I forgot about it. . . It wasn't a big deal." She went on to state that she no longer wanted to lead a COS group, nor write a paper, nor join the leaderless group. An astute observation came from Irene, after she complained that time had been wasted and the topic of other relationships was not dealt with enough: "This experience gave me a lot of insights that have helped me. If I hadn't found it so useful, I wouldn't be complaining about not getting more."

Questionnaire Results

Data from the open-ended questions of the Effectiveness Scale indicate that the COS felt there had been significant change in an overall way and in specific behavior. (See Appendix III for complete data.)* Alice stated, "Participation in the group made me more aware of the experiences I share with other COS. It also made me more aware of the ways in which the life experiences of COS differ. Developing this perspective on the experience of coming from a survivor family is important to me in my personal development, and it helped me especially in my relationship to my parents."

Diane wrote, "The group was a positive experience for me. I have begun to develop a more direct and clear relationship with my family. I am aware of aspects of my relationship with my parents which are related to the holocaust. . . Before I would suppress my yearning for information on the war. Now I am less willing to hold back, and I find myself asking questions without wondering, 'How difficult will it be for this person to respond?'"

In his questionnaire, Charlie wrote, "I think the experience of the group gave me a better perspective on personal feelings and experiences I felt while growing up. I always felt there was a real difference between my parents and myself and the rest of the community. However, those feelings were never explored either with my parents or with those of similar backgrounds. This group allowed me to explore those feelings--and put them in some perspective, albeit it only scratched the surface of some of the experience."

*Since the Effectiveness Scale itself was used as a heuristic device to provide clues for possible use in a later outcome study, only responses from the open-ended questions will be evaluated here.

Implications of the Research

This study contributes to our knowledge of treatment of COS, specifically; and, in general, to treatment of any individuals whose parents have experienced massive psychic trauma. It helps to understand how the psychological effects of that trauma are transmitted to succeeding generations. It also contributes to knowledge about the developmental tasks of young adults in general, and the psychosocial variables of this particular population. This study has implications for social policy planning in the fields of education and social welfare, as well as for mental health treatment programs. It also lends further data to substantiate an innovative theory of therapy, the control-mastery theory, and it represents one of the first attempts to confirm the predictive value of this theory using a group intervention.

From the viewpoint of research on groups, the procedures used in this study deal with a common complaint about group outcome studies, namely, that outcome is not individualized (Yalom, 1970). Here, the pregroup interview was used to formulate each person's conscious or unconscious "plan" for the group. It also enabled the leader to use his understanding of each participant's objectives in formulating interventions to facilitate their achievement. The postgroup interview was used to determine if that formulation was correct, and if so, how much of the person's "plan" was realized. This method of assessment may enable leaders or therapists to plan a more reasonable time-frame in which to accomplish the participants' objectives. It may also help delineate whether a group or another method might be best at that particular point for a specific person.

In outcome research, it is important to understand the attrition or dropout rate. This rate may or may not indicate failure of the treatment

or procedures. Previous discussion of the dropout rate alluded to the fact that this was seen as a progressive movement for some of the individuals who left the group. In certain other instances, the individuals' defensive structures dictated their leaving the group.

Caution must also be used when evaluating outcome data. COS answered questions in terms of their "plan," so that some may represent progress by answering questions one way, while others may represent progress by an opposite response. Whether or not a given response indicates progress depends on where along the continuum of resolution a person might be on that issue at that particular time.

Control-mastery theory helps to clarify the client-therapist contract. Often, the client's stated goals and/or objectives are not his or her unconscious "plan." This approach allows the therapist to clinically infer the plan and then use appropriate interventions. For a population such as COS, this theory works very well because of its emphasis on the issue of guilt. Use of the more traditional psychoanalytic theory, while acknowledging guilt as important, would tend to use interventions which encourage COS to be more involved with their parents and the holocaust. The control-mastery approach allows them to be less involved first; then they can be more involved later when they are ready and feel able safely to master it. They may become less involved again, and again return to it later, in a progression which allows for greater and greater mastery as dealing with the issue becomes safe.

The control-mastery approach may have its developmental underpinnings in the process of separation/individuation, where the child ventures forth to discover and master his expanding world only to return to the safety of the parent when anxiety tolerance reaches its limits. Once secure, the child ventures forth once again to master newer worlds.

Control-mastery theory is more than a theory of psychotherapy. It is a psychoanalytic theory of personality which purports to explain how people utilize various experiences to master previous traumas and gain control over traumatic events. This explains how COS attempt to gain mastery. For some, it may be important to read everything there is about the holocaust, and thus gain cognitive mastery. For some, mastery is achieved through participation in holocaust-related social-action programs; for example, advocating the extension of the statute of limitations for prosecution of war criminals in West Germany. Some can achieve mastery through socializing with other COS, whereas before they felt isolated. Being a COS research participant, or being a researcher, can also be effective means to mastery. Various forms of psychotherapy can also be used to master their conflicts.

The awareness group, which stands somewhere between how people use the unique relationship in therapy and how they use other relationships, represents yet another means. COS can now make sense of past events through interpersonal experiences with other COS in a structured milieu, something previously unavailable. In this setting, they are able to bring forth new insights about issues relating to their parents' exposure to the holocaust, and thus advance their long-standing plan. Their ultimate goal is of integrating the COS experience into a meaningful definition of who they are. The awareness group is a relatively small but significant process to this end.

Limitations

The findings of this study are subject to various limitations. As with any self-selected population, the participants in these groups may not represent a random sample of the non-clinical population. A related factor is the small number of subjects who participated. Thus, caution must be used in generalizing to the entire COS population from this study sample.

Another limitation concerns data interpretation. The same person who did the pregroup interview and co-led the groups also did the postgroup interview. This may have inhibited the participants' candidness. There is also no inter-rater reliability on those interviews, since only one person did the rating.

A third limiting factor is that several weeks elapsed between the end of the group sessions and the postgroup interviews, so that those who continued in the leaderless COS group may have discussed their experiences in that forum. In fact, several stated this to be the case when they complained about leadership inadequacies in the original groups.

Despite these limitations, this study does provide useful information on COS. More rigorous future testing is needed to formally examine the ideas presented in this preliminary exploratory study.

COS Critiques

The COS participants felt the groups could have been improved in a number of ways. Several felt that there should have been more focus on how their COS experiences affected their relationships with others. Their concerns here are for developing the capacity to have committed involvements without the encumbrances characteristic of their parents' relationships.

The COS often viewed their parents as mismatched but unable to separate. The parents' inability to mourn their losses also deprived their children of role models for this task. COS wanted more focus on how to deal with losses in their own lives. They also wanted more focus on values, and Jewish identification.

To deal with these issues, almost all wanted longer groups. It appears that they could make this kind of statement after the limited time-frame of the awareness groups helped them defend against fears of submission and overinvolvement. They wanted to explore personal feelings and those of other members further than the limited framework allowed. More attention to how group members perceived and experienced each other was also desired.

Another issue on which almost all voiced an opinion regarded the COS as co-leader. It is now clear that COS co-leaders had not fully dealt with their own experiences and were unclear about their role, and that at times this became confusing to the group members.

Directions for Future Research

Other COS groups are planned. We plan to extend the time to 16 weeks. A pregroup questionnaire will be given so that it can be directly correlated with postgroup findings. In order to achieve inter-rater reliability, we plan to have three or more clinicians knowledgeable in control-mastery theory either listen to tapes or read transcripts from the pregroup interview to determine the predictive value of each participant's "plan" for the group. A similar process will be used for the postgroup interview. In addition, we might hypothesize how traditional psychoanalytic theory would predict the "plan," by having several traditional clinicians listen to the tapes in the same manner.

Another aspect of future research will be to study the group process in more detail. This can increase understanding of how specific interventions affect the group process. Programs for younger COS who still live at home might be designed for the whole family. The issue of guilt over separation may then be addressed at the time when the COS are facing the adolescent task of beginning to separate from their families. It may also help the survivor-parents cope with the resurgence of feelings that the impending losses may engender in time.

As these interventions make their impact, the possibility of perpetuating the agony of the holocaust into the third generation can be minimized.

APPENDIX I

SUPPLEMENTARY PREGROUP AND POSTGROUP

INTERVIEW EVALUATIONS

Alice

Alice is a divorced mental health worker in her late twenties, the only child of parents who are both survivors. Her plan derives from the following factors expressed in the pregroup interview:

Pregroup Interview

Statements

"What are the leaders' expectations?" She wants the leaders to draw her out. "I might need help with this." She wants the leaders to protect her confidences.

She is very sensitive to class differences, as her parents, despite her mother's prewar eminence, are engaged in lower to lower middle class occupations. She would feel safe talking about this if people would not take it personally in a group.

She would not tell her parents about the group, just as she kept her previous years of therapy from them. They would probably react with, "Why do it?" "They'd feel scared and guilty--what did they do to me?" Her parents do not understand her job, "But if I'm doing it, it must be okay. . . They place a lot of respect on me and rely on me heavily." "I'm a coper."

She had to explain to her therapists how the war affected her. It is difficult to take the feedback from someone who is unfamiliar with things, but she is comforted by someone who knows his limitations.

Goals

She wants a short-term, small group with others of similar experience to help her figure herself out. She wants to get support to talk about what is going on with her; to value herself; and to understand what is going on with her. She might

like a long-term group for other reasons, but she will go from here. She does not want to have to explain herself as in the past. If the group is not as important to others, she feared being unable to "connect" with them.

Analysis

She sees her parents as very weak and she gave up some developmental strivings because of her worry for them. They, in turn, worry about what they have done to her. She is overinvolved in their lives and fears they will be hurt if she is not. This is a defense against being uninvolved and separate. She asks leaders to draw her out, yet she is capable of that herself. At the panel she was comforted by the fact that I acknowledged my limitations due to the fact that I was not a COS myself.

Plan

She would like not to take care of people so much and not worry about people; for example, class differences are her parents' problem, not hers. She would like to make her own demands known, but fears hurting people and feels omnipotent. She wants to be uninvolved with her parents first so that later she can work out that relationship. She had an over-ambitious plan, but feels safer in a short-term group. She would like to acknowledge her limitations as has the leader, and be able to say no and not feel omnipotent.

Postgroup Interview

Alice stated that she is at the point where she has an independent life while maintaining a close connection with her parents. This came after she went through years of other phases, including having no contact with them at all. "The issue of separation is important--the ability to make independent decisions, have independent judgments, and develop an independent life style not based on doing for your parents, or based on that particular entanglement called 'Why are you going to go?'"

She found the group most helpful in putting her feelings about her parents into perspective as she compared herself to other COS-parent relationships, something she had little exposure to previously. "Behaviorally, there were no major changes in terms of what my interaction with my parents looked like, but my own feelings about myself, and what I was doing changed some in terms of me feeling more confident about it . . ."

Alice feels less guilty being separate from them, about how she behaves toward them, and how she feels, even though it might make them unhappy. "I no longer feel responsible for them, and that's helped me to feel better about my relationships to them." She wishes they had more than one child, because to them, she is "the sun and the moon." The group did help diminish her feelings of "individual inadequacy" in meeting her parents' needs as she saw others feeling similarly. Clearly, she feels more optimistic about developing the capacity to overcome feelings about omnipotence.

She views herself as different from the others in a positive way, for prior to the war, her mother was a professional and anti-revolutionary who instilled in her an outlook of sexual equality. Alice purposely did not confront another group member who continually raised the issue of class differences, although in the pregroup interview this was a major concern. This confirms her experimenting with being different from her mother, for whom this is a bitter issue; she does not have to fight her mother's battles.

Despite her initial request to be drawn out in the group, she can now state explicitly what she wanted and not worry as much about hurting us with her criticism, which is, in fact, given in a constructive way, and reveals her ability as a competent group leader herself. She felt my approach was better suited to a long-term group. I should have done more facilitating, synthesizing, drawing people out, mirroring, etc. She thought one of the dynamics was that because people wanted to identify so much with each other, it was helpful to have someone with whom they could not, that is, a non-COS leader. She felt that it would take 16 to 32 weeks to work through this false sense of unity, so that people could then look at their differences and deal with their deprivation. She also felt that the non-COS leader was able to facilitate no matter the subject without being over-involved.

Had this been a treatment group, she would have expressed more feelings. "I felt pretty comfortable getting out of the group what I did. The contract was not to do treatment or to change things, but to do other things for me." Had it been treatment, "I may not have felt the need for it." The fact that she knows me professionally might have precluded her choosing to be in my treatment group. This was the first opportunity that she has had to talk about the holocaust in a structured way. This is an obvious reference to her feeling safe in the group to deal with her issues.

Alice is already ahead of the others in having gone through the stage of no contact with her parents, and she can now begin to look at the impact of the holocaust in a mature and controlled way. She is freer to choose the degree and timing of this kind of involvement.

Charlie

Charlie is a single attorney/businessman in his early thirties, the older of two children. Both parents are survivors. His plan can be evaluated in how he presents himself at the pregroup interview:

Pregroup Interview

Statements

His parents stuck together despite much fighting. He is confused whether his uniqueness comes from being a COS or a child of immigrants. He never got close to other COS. His parents were never close to any friends, "They showed us to be independent and show a face of independence and not needing."

They said, "Don't expose your problems to other people because they don't give a damn."

His mother has psychosomatic illnesses. "She's sort of depressed, worries a lot, has a lot of inner turmoil that probably brings on her illnesses." Doctors have recommended therapy, but she refuses because she does not feel she can open up. "We're alike and can be open with each other." She reacted positively to being told of the group. He talks less with his father.

He had had therapy a few years ago, over a period of months, when he broke up with a non-Jewish woman with whom he had a good relationship, he reported. He could never introduce her to his family, for they were orthodox. He could not open up to the therapist--"It's a family thing"--and would sit and often stare for long periods of time.

He has fears of losing control and being embarrassed in the group.

Goals

"I haven't thought of any particular goals--it's more an area of interest." There are certain areas that he would find it hard to talk about, but did not specify. "Wherever the group goes is okay with me."

"Do people have similar relationship problems?"

"How long will this last anyway?"

Analysis

Charlie is very depressed, passive, and stubborn in identification with his mother from whom he is fearful to separate lest she fall apart and he feel guilty. He attempted to be less involved with his family by having a relationship with a non-Jew, but he gave her up in a submission out of guilt at hurting his parents. His move from the Midwest to San Francisco was another attempt at separation.

Plan

Charlie wants to overcome his pathological identification with his mother, but this cannot happen in a short-term group. He has to feel safe that the group is not threatened by his passivity and will not humiliate him. He may then stop turning passive into active and give up this identification. He wants to be separate from his mother so he can be more active and have better object relations, and not worry. He will then have to see how very sad she is without fear of that overwhelming him with guilt.

Postgroup Interview

Charlie's passivity was not threatening to the group. They did not humiliate him, so he remained the full eight weeks. He attended the leaderless COS group which began following the end of our group, but he is not sure he will continue there because of the lack of a leader. He is still identifying with his parents' attitude that things cannot change: "I've accepted that's how I am--it'll never change." Referring to a romance that ended five years ago, he identified with his parents' chronic inability to mourn losses, "I can't accept the feelings of total loss of her. It prevents me from looking for other relationships." However, he does have more insight into this problem. "I never saw my parents dealing with loss." When we recommended that he might want to look at loss sometime, he agreed, and optimistically stated that he ". . . needs to give up that stupid thing." If he is able to do that, he can develop better object relations as he seeks new relationships, something his parents could never do. This, too, would be a loosening of his pathological identification with them.

Charlie was able to be critical without fear of humiliating us. "A couple of sessions were worthless. . . othertimes you brought up some very good things." He also said, "Norman, you should answer questions directly. It pissed me off, and others, too."

At the conclusion of this interview, Charlie asked if we would have other COS groups; and if so, he might be interested. He asked, "How far do you think these things can go? What should one expect out of a group like this?" This is evidence of his increased optimism about developing the capacity to confront things. He could use long-term group treatment ideally, or individual treatment as a second choice.

Diane

Diane is a single woman in her mid-twenties, the oldest of three children. She teaches, but is giving some thought to becoming a mental health professional. Her father is a survivor married to an American Jew. Her plan for the group derives from these pregroup statements:

Pregroup Interview

Statements

She became aware of being a COS by seeing the numbers on her father's arm, something she has been "enormously proud of."

She went into individual therapy because her boyfriend became worried when he saw her cutting vegetables without looking at her fingers. "I can just gamble and gamble my whole life away because of the holocaust." Therapy helped her to handle coming to our group; there had been so much pain before, she could not have come then.

"I don't feel I have enough time in my life." This and acting unsafely are the two important things she wanted to work on.

Goals

"To share real thoughts and private things I myself hide. My theory is that others are hiding that same part also."

She wants to feel comfortable feeling different from other people. "It's a private lack of confidence that my life is as normal as the next guy's."

"Whatever happens in the group will be therapeutic to me." If the leaders do not see it as treatment, can she get out of the group what she wants?

Her sister went into therapy when she and her brother left home around the same time. The family went for therapy also, when she was twelve, because her brother was emotionally disturbed: "The classical child of the holocaust," school problems, etc. She hated therapy because it "branded" her. Father views her as the normal kid, so he was amazed to learn of her therapy and would react similarly to her group involvement.

She was curious about what I wanted out of the group; how much direction would I give?

Analysis

Diane has over-identified with her father in feeling "branded," not having enough time, feeling she can escape dangers, and feeling like the survivor child. She feels it is important to work on the holocaust, or to feel guilty if she does not. She wants to be able to say that being a COS is just one part of her identity, but she feels guilty because it will hurt her father.

Plan

Diane would really like to discuss the holocaust in a casual way and not have it be painful or torture. She wants to feel less different from others, not "branded." She wants to feel all right not always dealing with the holocaust. This would aid her in separating from her family.

Postgroup Interview

It is clear that Diane enjoyed the group and benefitted from it. She could discuss it in a more casual way "without feeling I'm bragging or delving into something horrible." At another point, she said, "It's not good or bad, just something I wanted to get out." That is, she does not see herself as so different from others in a negative way. Her involvement with the holocaust continues in the ongoing leaderless group, where she has been the one to recruit new people. "It's strange to have something I've wanted for a couple of years--something that has been deep and closed for

years." This attests to her optimism of developing the capacity to deal with the holocaust in a less painful way. Having dealt with it in individual therapy, she said, allowed her to "be quiet in a group and listen to others."

Diane is feeling less guilty as she experiments with assertiveness. She noted how in the group she expressed herself, whereas she previously protected the other people. "It didn't leave me feeling I let them down when I told them how I felt," because, she said, she did it in a non-accusing way. She also noted some improvement with her parents. "Just stating ideas and plans, and not being so worried with meeting their expectations." In her relationship with her boyfriend, she "cautiously" started to stop protecting him so much and began thinking more of herself, which she attributed to both individual and group treatment.

She was able to criticize the leaders for not telling the group of the postgroup questionnaire beforehand, and she questioned its value since there was no pregroup questionnaire. She also said that the group did not get far enough into some things. "Was it time or people or the leaders' direction?" She was also able to delay sending in one of the questionnaires. (This questionnaire was inadvertently not sent with the first one which she, in fact, did return earlier.) She acknowledged that one reason for her delay in returning the questionnaire was her fear that we would be "shocked" by her written statements, and that this behavior would not be in keeping with our expectations of her. However, she said, "I'm still trying to figure this out." She worried we would see her complaints as our responsibility, and she did not want that. "I put it on my own head." Subsequent to the interview, she sent back the questionnaire. It is an indication that she is not feeling so omnipotent.

Perhaps her recruiting new group members for her ongoing group is an identification with her American mother, whom she described as using every opportunity to set up situations where her father would be encouraged to talk about his holocaust experiences. This information leads to a reconsideration of her identification, which now can be said to be more with her over-protective mother. It was the mother who felt the father's holocaust experiences needed to be talked about when he, himself, preferred not to talk of them. It is her mother's insistence on dealing with it all the time that is now preventing Diane from moving ahead, because she feels her mother would be hurt if she moved away from the subject.

Eli

Eli is a single man in his early thirties who is a mathematician. He is the only child of parents who are both survivors. His plan is diagnosed from the following pregroup statements:

Pregroup Interview

Statements

"I came to the panel last week because I had nothing else to do."

He dealt with the holocaust in a Jewish support group, but he feels there is more to be done now. "It no longer feels like a huge, scary, painful topic." He sees this as a way of getting closer to his parents.

His parents' reaction would be that anything less than treatment is all right. Both parents were analyzed by the same analyst.

"I'm usually not this jumpy. I don't like being on-the-run like this. I fought hard not to come." He wanted a more convenient time and place.

Goals

He wants to talk about his own experiences and how this relates to his parents' holocaust background. He sees this as an opportunity to get history from direct sources.

In the panel, he expressed fears of inadequacy in equalling his father's ability to endure the holocaust. He said he felt like an oddball doing that, but he felt relieved nonetheless.

He wants this to be a therapy group where he can yell, scream, and cry as he has done in numerous groups. He wants us to know that this is always an issue for him. He wants to be able to deal with his boredom and his "going up the wall." He prefers not to be able to tell the difference between the leaders and the members.

He wants to talk about having kids and whether to have a big family or a small family.

Analysis

His feeling "on-the-run" is an identification with his parents. His intense style of speech and presentation is also indicative of this. His long-range plan is not to feel on-the-run. Eli probably would like to be in long-term, individual treatment or analysis, but he might feel that is a submission to his father, so he goes to encounter groups or similar kinds of experiences.

Eli appears very lonely and does not want to get closer to his parents, but to be freer of them and function more autonomously. He has trouble remaining uninvolved, so he has to come to the group. He cannot make a commitment to it. His boredom is evidence of depression and a feeling of emptiness that he seeks to fill up by group feeling experiences.

Plan

He will want to remain uninvolved. He feels compelled to deal with certain issues, but he wants to do it as his initiative.

Postgroup Interview

Just as in the pregroup interview, Eli complained of being inconvenienced and demanded to have the interview on his terms; that is, at a time and place more convenient to him. I was not rushed and manipulated by his telling me of his vacation the following week, so that when I called again upon his return, noting that we might be able to make plans then, he was able to commit without a fight over submission. My reaction allowed him to use his defense that he could give it up on his own and come in--he was coming to a lecture on the holocaust nearby anyway. His response as to what it was he found attractive about that lecture was, "Maybe it's interesting. I don't have much else to do. . . I didn't have much else planned." This is the same thing he said about why he came to our panel discussion in the first place. These are reflective of someone "on-the-run", who cannot make plans because he does not know when he will have to make plans in a hurry.

Eli wanted to talk only of his feelings of sadness and anger about the holocaust and not about his parents. He found "a real kinship" with the other COS, taking them more seriously "than others he does not know so well--more like family." He wants to be able to cry about the holocaust with other COS, but he has no specific issues. "The holocaust is a sad part of my history that I wish never happened." His father had recommended for years that he go into psychoanalysis, and it seems that he interpreted this as criticism--that there was something wrong with him. "There may have been then." He has chosen therapy experiences that are more feeling oriented.

He is upset by people who do not tell their honest feelings, for as a child his father would not, and then unpredictably he exploded in anger. This scared him also because he could not reach his father and he felt cut off. It is also why he had such a difficult time in the group when I did not relate my reactions to his provocations. However, at other times, when he saw the leaders interacting with others and himself, he gained from this; for example, the firm limits on group time boundaries, when we did not submit to his requests and were not upset by his questions and/or anger. In this interview, he suddenly exploded at me for asking a question of clarification, something like what his father must have done to him. I reacted calmly, and went on to explain what I meant. He immediately ceased his outburst. Later, we also answered his questions, after which he was again noticeably calmer. In the group, he had told how his mother also had a volatile temperament.

The group also tolerated his uninvolvedness and being quiet. As a matter of fact, he was quite content the group did not accede to his demands for attention when he was bored. It allowed him to keep his distance. At some future time, when it is at his initiative, he may feel able to talk of his parents' experiences as they affected him.

Gloria

Gloria is a single woman in her mid-twenties; she lives with her boyfriend. She works as a store clerk while applying to graduate school in a health profession. Her father was in hiding during the war, while her mother escaped. Her plan is derived from the following:

Pregroup Interview

Statements

(Prior to the panel, Gloria phoned to ask if she belonged in a COS group, since she is not sure if her parents' experiences have affected her. At the panel, she comforted Eli, who had feared inadequacy in surviving the holocaust as well as his father had, by telling him how she had performed under stress while in Israel during the 1973 war, when she had never thought that she could have done that well.)

She liked the panel and was anxious to begin. "I usually feel uncomfortable, but by the end of the discussion, I felt comfortable."

She grew up in a non-Jewish part of the Bay Area, and did not have close friends who were COS with whom she could share. She was in therapy for one year recently; she discussed the holocaust and got little feedback. Her mother knew of the therapy, but her father did not. He does not talk of his feelings about his experiences, and she did not know how he would take it. The mother got out before the war, and she said it was still traumatic for her.

If Gloria told her parents of this group, they might ask, "Why did she do that?" They might feel that she is not adjusted. Though she feels differently, she fears being unable to convince them. She used her own treatment to talk about things she saw differently from her parents. They objected to these differences, which made her feel never fully accepted. She has since been able to tell them things, and although nothing has changed, "I got it out anyway."

She told her cousin of our group and wanted her to come in. (Subsequently, her cousin called, but stated that Gloria did not want her in the same group for fear it would inhibit her. In fact, the cousin, for other reasons, will attend a later group.)

She knows many COS from San Francisco and expected to see some here, but did not. (This is in contradiction to her earlier statement about not knowing COS in her childhood.)

Goals

"It's hard to answer--I've never talked of this subject before, but I thought about it a lot."

In the group she wanted to be able to share other people's experiences. The worst thing that could happen would be that she would feel she could not say things. She wants to be able to say anything and have it accepted.

Analysis

Gloria behaved like her parents, by being hurt at their not accepting her, just as they act toward her when she does not accept them. Therapy helped, for now she can tell them things and not worry so much about their reaction. She felt her parents would be hurt if she had different ideas. They would also feel guilty if they found out they had not done the right things in raising her. She worries about her cousin and refers her to us, which also serves to help us have a more successful group. This reveals her concern about rejecting her parents and others, and not vice versa; that is, she would feel guilty if she rejected them. This is why she liked the fact that I was not upset by her ambivalent telephone call which basically questioned whether she could accept the group and me. She did not want us to feel hurt by her rejection, nor for us to react by telling her she definitely belonged in the group. Whereas she stated she knew no COS in childhood, she was surprised not to see here those whom she knew. This apparent contradiction may also reflect her concern of leaving others out.

Plan

She wants to be able to think for herself and have her own ideas, and to do this without feeling compelled to tell her parents everything. She wants to feel safe talking about things in the group, but feel all right not saying things, too, without fearing that she will be hurting others. This will allow her to feel less isolated and more outgoing, and she will feel more confident about relationships.

Postgroup Interview

Gloria stated that she had had no expectation for the group other than to talk. "I felt the group was real good for me because I felt able to talk, not right away, and not always, but slowly and gradually it was easy for me. I felt accepted and given space." She alluded to an episode in which I called attention to someone cutting her off. It gave her the choice to reveal how she felt about it, and in the future she said all that she will need to do is say something if she feels it.

She reported having been in group treatment at this agency for a year and hated it, "Because they seemed out for themselves and not interested in others." At this point, it appears that she wants to feel all right not worrying about others, so she can further her own interests. However, the

earlier group had criticized her for saying things as if those things were not important enough. In our group, people gave her the opportunity to have her own ideas, which made it safe to gradually tell what she wanted.

She wanted to hold onto the group, for it was her connection to what her parents had gone through, she said. She feels that she is fulfilling something for them by working in the Jewish community, in a new job she has just begun. The job is clearly progress, for it involves dealing with groups and being assertive, whereas before this was a problem. However, it appears that her doing something for her parents is superficial at best and revealed only some small concern over leaving them and the holocaust behind entirely. "I felt people [in the group] could understand me better than others. . . now that it's over--it's not over--but if I were to be in another [COS] group, I'm sure the same feeling would return. That group is over. . . now I have other things to do and think about and it's not on my mind."

She became bolder and bolder with her statements. "It was a really good feeling for me to feel at the end of the group [that] I didn't need the leadership." She wanted to know our research formulations and to know us as people, how we felt as equals, though she knew our role was not to share. We did not have to be there at the end because the group was sharing, she said. "At the end. . . I liked everybody a lot; in my own way, I felt my own space from them. I felt positive feelings."

One of the most important things she learned was about why she had a hard time demanding things, "[S]omething in the group helped me to see how hard it was because of [my parents'] experiences to complain, to make them worry, or to ask for things because they suffered. It made me feel better to hear people say the same thing." This has helped her relationship to her parents, she reported. In addition, three years ago, she felt the need to tell her parents everything that happened to her. She did not feel she had to tell her parents about the group, which was a major accomplishment. "It also helped to see that people don't have the greatest relationships with their parents all the time."

Gloria's question at the end seemed to reflect superficial interest once more as she inquired how many lasted in the other group; are we doing more groups; and could she find out the results of my study. In the questionnaire, she was able to be even bolder with her criticism of the leaders. "I never knew what they thought, and I felt able to discuss my feelings without them. I resented being under their power--this is how I felt. By the end of the sessions, I did not need nor want the leaders there." Quite clearly, she was proud of her achievements. She could now begin to keep things to herself and experiment further with leaving her parents and anyone else if she so chose.

Herb

Herb is a single man in his mid-twenties, nearing completion of his Ph.D. in finance. His mother escaped the holocaust in the late 1930's. She married a non-survivor. Herb has a younger brother. His plan was assessed from the following:

Pregroup Interview

Statements

(At the panel, he was quiet, but supportive of an intellectualized approach to a discussion on the holocaust. In trying to arrange for this appointment, he was not sure he would have time for the interview and preferred to wait until he knew he had nothing else to do.)

He offered little when asked questions.

He may not tell his parents about the group because of their anti-therapy feeling. He had three sessions with the college psychologist about his career and thought that she was a survivor herself.

He questioned the COS co-leaders' treatment experience and wondered whether this was a training experience for them. He asked me, "If you feel you have to steer the group in a direction of your research, make it clear. . . It's a lot easier dealing with you if you are aboveboard--though I'm sympathetic to your situation, since I'm a doctoral candidate myself." He then raised the question about the fee, because we had not announced it ahead of time. He ended with a question about his being available for all the meetings because of the possibility of prior commitments.

Goals

He wants to talk for the first time about how one's Jewishness relates to being a COS; that is, do you feel more Jewish or less as a result? How do you reconcile the holocaust with the existence of God, he wondered. He has not talked of the holocaust with anybody he was close with. He has talked with COS about their parents' experiences, but not their own as being COS. His worst fear is that people will use their parents' experiences in the holocaust as an excuse for their own psychological problems. By so saying, he contended, it becomes a fact and "I'd feel that Hitler was very much alive if we felt ourselves permanently scarred by that. It's different for people who lived through it, I can't pass judgment on them." If group members blame the holocaust, he would not say anything. "It's a delicate issue."

Analysis

Herb externalizes everything and never answers directly. He is worried about me; for example, he wants to know what I want, and I have to tell him beforehand. He is stubborn and denies the impact of the holocaust. He is testing to see if I will go along with that. He is also testing to see if I am going to feel responsible for his not stating what he wants out of the group. He is really worried that I will feel impotent being unable

to help him get something valuable from the group. He constantly presented a challenging attitude, attending group meetings but denying that he had any problems which would give him a reason for being there. His fear of saying anything about a delicate issue in the group further attests to his fear over omnipotence. He cannot stand surprises, so he wants to know everything in advance. His being unable to plan his schedule is further evidence of this, and it may be an identification with his mother who had to flee in a hurry during the war.

Plan

He wants the group to tolerate his behavior so he will feel that we are not traumatized by his attitude of stubborn denial. His long-term plan will be to develop the capacity to look at how the COS experience affected him without worrying.

Postgroup Interview

Herb began by stating that he could not recall his goals, "But my guess is they were not met. The sessions got rather intense toward the last, but I didn't see things in focus around the holocaust. . . I didn't come away with any better understanding of anything." He could recall only Judy's problems because they unfolded as "surprises, like pulling rabbits out of a hat," reference to her sharing certain information only near the group's end. He noted the only other "dramatic moments" were with me, but he could not remember other than that we had "skirmishes, but I remembered Judy because each time a new thing came out, it hit me with a jolt."

Herb remembered only those situations which caused him anxiety. He tried to defend against all surprises, including what he might discover about himself. My challenging his attitude of stubborn denial seemed to make him worry that I felt responsible for his progress, and was now feeling helpless. This made him feel he was hurting me. My not worrying about his denial probably would have made him feel better. In general, the group and leaders did tolerate his uninvolvedness without buying into his defenses, and he continued to be an outsider; for example, he tried to explain his attendance at the panel by stating he knew a woman friend whose parents were in the concentration camps, and he wanted to know more about its impact on her. The group did not accept this denial as sufficient explanation for his participation in a COS group. But, the group was not that threatened by his transparent stubbornness.

Herb's uninvolvedness was a defense against worry. "I have a hard time relating to [the holocaust] because it did not even happen to us." He still does not know if he belonged in a COS group, for his mother escaped in 1938 by running from city to city. "[B]ut it was nothing like those in concentration camps or in hiding. There was no loss of family, close family, etc." He would have preferred a less "analytical" group which would lend itself to a discussion of Jewishness.

For those who wished or needed, he advocated a more formal therapeutic approach. Though he, at first, felt no need for treatment, he later

wondered whether he needed analysis to figure out how his survivor grandparents, with whom he had spent much time as a child, might have affected him. Group therapy, "in which you learn more about others," makes him uncomfortable--another reference to worrying. It increases the chances of someone worrying about him or his being worried about someone else. In addition, the group time limit bothered him for he wanted it to go on if involved intimately with others, and not have to turn it off when the time was up. This is another one of his complaints that is really without substance, for he really wants to be able to have things end, and not be overinvolved.

Even in answering the questions on the questionnaire, Herb presented challenges in preferring to give information on the open-ended questions to us in person only, and by being "confused" in his interpreting one questionnaire, where he reversed the categories of strongly disagree with neither agree nor disagree. He dismissed it with, "Well, I guess you have a data analysis problem, then." However, this probably was another attempt on his part to see if I would be made helpless by his behavior which was a turning passive into active of how he felt as a child. He must have felt responsible for helping his parents, but helpless to bring about any change. He wants to see if I will feel traumatized. If I pass the test by not worrying or being upset, then he can identify with that capacity and begin not to worry himself.

Ken

Ken is a married man in his late twenties who works in a Jewish community agency. He has one older brother. His father had lost his first family in the holocaust, and his mother is also a survivor. Both parents are in their late seventies. His plan is derived from the following:

Pregroup Interview

Statements

At the panel discussion, he spoke of concerns about his parents' advancing age and their reluctance to share their holocaust experiences with him. He also was seeking out clues as to the fate of his father's first family, and felt he needed to do this for his own sense of identity. He felt his mother might be interested in his being in a COS group, while his father would not react one way or the other. "His attitude is pretty much 'let's forget it.'"

When asked how he felt coming in, Ken responded, "No anxiety attacks, no indecision." And later, "I have no special problems to deal with, [I want] more of a general discussion and exploration of the topic." He wants to know our expectations, besides producing material for a disertation. When asked if he had any therapy experiences, he said, "I've never had therapy and I don't feel I need it."

In setting the fee, Ken at first balked, feeling that a fee was unnecessary for the agency was "pushing itself in where maybe it should stay in the background; it may grate on me, but it's no problem to pay." He stated how money was tight for him, but he would pay something. He spoke of knowing what goes on with agencies, since he has worked in them himself.

Goals

In the pregroup interview, Ken indicated he had no goals other than to get experience so he can run a similar group and do his own research. "I can finally get a chance to talk to other children of survivors in a structured way that I haven't before." He also wanted to learn about others' experiences. He has read other research and resents the broad generalizations based on a clinical population.

Analysis

Ken has very strong defenses which he uses to deny the existence of any COS issues. This may be an identification with his father who wants to forget the holocaust. This can also be seen as his ambivalence to work on things so that he does it in a way that keeps a distance. In this way, it is also a submission to his father's wishes. To become genuinely involved and to want to know more might hurt his father, he fears.

Postgroup Interview

Subsequent to our group's ending, Ken began to form a COS group in another city, led by another professional and himself. He had not returned his questionnaires at the time of this interview because he was "too busy to look at it." (He did return them several weeks later.) He stated that his goal of talking in a support group with other COS about their experiences growing up was realized. Delving into his past history is what he has always wanted to pursue. Being in the group, ". . . gave me a little extra kick to continue rather than leave it with 'well, I'm out here and my parents are back East, it's going to be a long time before I see them.' In a letter I just mailed off to them, I asked them for more information which I have really never done before because I knew how hesitant they are." He attributed this act partly to the group, and partly to watching the program "Roots" the previous evening where Malcolm X lamented about his unknown past. "It's what I started to talk about in the group and pulled back from."

In the letter, he asked his mother for the family history she promised to his wife, and "I even made a note to my father which I have never done, asking him to try to put some things together which I know would be difficult for him, and I expressed that in the letter." I noted his overcoming his anxiety about his father's discomfort. He said the recent death of his father's brother in Russia made "one less link. My parents aren't getting any younger, and I want to have as much information as I can." He still does not know the full story of what happened. When the group was not intimidated

by his defensive unwillingness to pursue things and pushed him to look further, he then felt optimistic to try this with his parents in asking that they treat him as an adult.

In the group, Ken had difficulty with my not extending the time; for example, when he was talking and the time was up. It bothered him, "but I sort of laughed it off." He also complained about people groping to apply everything to the holocaust when it was not necessary--it wasted time. We could have been more direct, he said. He then went on to tell how differently he will do it so that people can get more involved in his groups. I asked about the issue of rivalry between us which he "jokingly" raised in the group. "You're making more of it than there is. There is nothing to deal with--there is no issue." However, he did acknowledge some rivalry in childhood with his brother, and as an adult pitting his degree against an MSW, but maintained that it was all done on a professional level.

The worst thing that could have happened in the group did not: to find out he did not have common experiences with other COS. It is important, Ken found, that he did share experiences; for "I don't want to be different. I want to be like other people, which is the flip-side of the uniqueness thing we talked about [in the group]. But there is a part of me that wants to have something in common with other people. . . I grew up feeling this difference--I just want to be--I hate to use this word--normal; to be just like other people." Though he had known a few other COS, he had never spoken with them about their experiences. "I didn't have tons of friends. . . I was always very shy." This theme emerged in the group when Ken expressed the wish to feel more comfortable meeting people. Dealing with this issue now gives him an opportunity. He seems to have some perspective now. "The holocaust is not the only thing, but it's there--it's important," and he feels he brought up all the issues he wanted.

When asked if he had any questions to ask us, Ken was curious about the COS co-leader's passivity and silence, "not being involved." He found it impossible not to react in some way to another COS telling of an experience which he could relate to, but she showed no such expression. "How could you remove yourself and not become a part of it?" He felt this hurt him and the group, for she was "just a body in a circle" to which he had no connection. He noticed her discomfort, "but it didn't bother me." He wanted more feedback, more awareness, "You were there, but you weren't there." This may refer to a similarity to his parents' preoccupation and lack of emotional availability. It seems it also made him worry about her, as he did about his parents, for he could not tell whether her silence was an indication of depression, or of a positive capacity to be removed and uninvolved.

Finally, Ken came into the group asking for nothing specific, and left saying he received nothing specific. He has to protect himself from disappointment so that if he asks for nothing, he will not be disappointed. In the questionnaires, he denied that the group experience was helpful in any way--clearly doing and undoing in order to defend himself.

Louise

Louise is a single attorney/community relations specialist in her mid-twenties. She is the youngest of three children. Both of her parents are survivors of concentration camps. Her plan for this group is derived from the following:

Pregroup Interview

Statements

She has mixed feelings about coming in because she feels a lot of problems will emerge that are not related to the holocaust experience. "I'm not in a position where I feel I'm in need of a kind of therapy, so I don't want it to become a group therapy. . ."

"If I feel it's a positive, rewarding experience, I'll stay." She did not know we would have an ongoing group, and she was not looking for that.

The New York Times article did not relate to her personal feelings.

She enjoyed what came out of the panel discussion.

She is interested in the abstract, intellectual issues; for example, how male and female COS differ in their experiences.

She was brought up with many COS in an orthodox-Hasidic area.

Her mother would be enthusiastic about her being in the group because she knows COS carry guilt without knowing what happened. "She would experience my interest in the subject as interest in her." Her father would react positively because it is Jewish, though he is not an emotionally expressive person.

She was critical of the consent form, because it did not conform to her legal specifications. She was also concerned about the taping and its anonymity.

Goals

She wants to share experiences and to see if, in fact, there is a similar orientation and a way of dealing with life and relationships amongst COS and how it impacted her relationships.

She wants to know how much of this is derived from her Hasidic background, as opposed to being a COS.

She would like support and not being put down by the group. "There is a tactful way to put it, and another to say, 'you're out of it.'"

Analysis

Louise's extreme ambivalence about coming in reveals her wish to be uninvolved as a defense against fears of submission. This makes it easy for us to reject her. She does not want to take responsibility for her decision. She undoes most things she says. Her denial of her need for therapy is very strong.

Plan

Her plan is to come into the group in order to then reject the group and the leaders. She wants this to be safe; that is, she wants us not to be hurt by her leaving. At a later time, she will then be able to re-examine this area without fear of submission.

Postgroup Note

Louise dropped out after attending three meetings. She did not notify the group. When a group member encountered her on the street, she reported that she had a new job and was too busy to come in. Subsequently, I met her at a party, where she repeated that she had taken a new job and was very busy. She asked how the group went. In an explanation of another issue, she said that she spends the whole day in the Jewish community and wants relief from it at night.

At one point in the group, Louise mentioned having had a close relationship with her mother in which they shared everything. In light of her overinvolvement with her mother, her departure from the group may be viewed as positive indication of her optimism in experimenting with being separate from her mother. She may return to dealing with the impact of being a COS when she is ready. The amount of time spent in the group seems to have been useful for her. She seemed to gain some perspective on her taking unusual risks. "It's like I should think ahead and I don't. That could be masochistic." She viewed this as a reaction to her parents' extreme cautiousness and lack of encouragement to do things.

In another session, Louise spoke of her family's volatility and her detachment as a reaction to it. "It became a real part of me in my pain. It makes sense to be aloof." And later, she said, "Being a young person, I didn't confront it directly. It created a certain amount of depression and detachment because I don't want this or Donna Reed either." (The Reed television show represented the all-American calm family.) Regarding her depression, she said, "Maybe I'm not in touch with my emotions enough to trace it." And later, "I wonder if my relationships can be traced to that, my fear of getting into any other relationship."

Melanie

Melanie is a single woman in her mid-twenties, the youngest of three children, who works in a paralegal capacity. Both her parents are survivors, who lost one daughter in the holocaust. Her plan for the group can be evaluated by the following pregroup interview material:

Pregroup Interview

Statements

"Will my name be printed or used? I don't want to drag my parents into the public eye."

"Why are we meeting separately as opposed to the whole group?"

Her father liked the idea of the involvement in the holocaust, but wondered what could be done.

Her parents' relationship was "insoluble." They were mismatched, but they could never separate because of what they shared in losing one daughter and much family. "If I were in a relationship like that, could I stay?" It's hard to separate from her parents because she is the last child, so she visits them every year. "Life there is still a survivor-type of trip. If I were there, I could mediate their fights."

She had one visit to a family therapist after she returned from her first trip to California, because her parents did not know how to handle her. Her father did not like the therapist.

Goals

"Whatever comes out that will help me be more aware, I'll be grateful."

"I met a few people after the panel who might be future friends."

"I look for other COS always, and haven't found others outside the group."

"I feel like I might be a little different from others--from those I spoke to, they expect something very dramatic, hysterical, I don't expect that."

"Should I look upon this as therapy?" She'd like it to be a support and awareness group.

"If I or anyone else needs to talk more, would you be available to continue with sessions in between?"

"Have some not wished to be in the group--have you lost any?"

The worst thing she fears that could happen in the group would be an inability to say anything, caught with words, being embarrassed, being confronted with something she's not looking at, or "someone accuses me of something, if a person is very hostile and turns it on me."

Analysis

Her feeling different from other COS is clearly a statement that she is not overinvested in this identity. Melanie feels guilty not living near her parents, as she worries about their being able to get along without her. Her guilt may be about being more on top of things and leaving others out. Her concern about someone being hostile may be a reflection of her worry that she would then feel that she has to protect that other person from her response.

Plan

Melanie wants to feel mastery, and the group is a safe place to deal with holocaust issues in a cool and calm way. She wants to see if the leaders will worry about her as she invites them to, in the hope that they will not; if so, she may not have to worry about her parents. She wants to be able to get out of mismatched relationships and not worry about protecting the other person because of guilt over omnipotence.

Postgroup Note

Melanie came to two group meetings, then called in ill on the third, having already noted that she would be gone for the two following weeks because of a visit to her family back East. She said she would call upon her return to see if it was still possible to come back in the group. She never called. Perhaps this last statement about her concern that the group might reject her is really guilt over her wish to reject them and leave the group and the holocaust behind at this point. When I did not say that she should come back in any case, she was then able to feel free to leave. As with other members, she presented herself as superficially interested and involved and even wished to get her sister, who lives nearby, involved in one of the groups. This behavior only serves to mask the guilt for her real wish, which is to be uninvolved.

Nancy

Nancy is a single woman in her mid-twenties who left her job as a clerical worker to become a freelance artist, but is presently unemployed. Both parents are survivors of the concentration camps. Her plan was derived from the following:

Pregroup Interview

Statements

(At the panel she expressed hostility in her questions about what our intentions were in offering COS groups. She softened, became cheerful, and actively participated in discussions when my response was calm and matter of fact.)

She was anxious to begin, "to see what will come up. . . I loved the people who came and how excited and enthusiastic they were."

She told her mother and uncle about the group. Her mother was very cynical. "Oh yeah, what are they going to do in this group?" This was a real surprise to her, though her mother is critical of anything Nancy does outside her East Coast hometown. However, her uncle was very excited about the group.

She asked if we knew of COS groups that her cousin might go to in another city.

Nancy told of recurrent nightmares that her parents and uncle had. "A great part of me is living in their past." She imagines herself in their stories after listening to them. Her mother screams in her sleep, and Nancy awakens her, only to hear what it is that she is screaming about. Her uncle has recently told her much of their prewar experiences, which has made her go home and cry.

She is presently in a fringe form of therapy, which meets three times a week in groups and in one-on-one sessions. Here, she dealt with her childhood and how "I lived through the holocaust" through the stories of her parents and uncle. She has also been in a Jewish support group within that organization, but unlike them, she claims, she has no problems with her Jewish identification.

She asked both co-leaders questions about our experiences with these kinds of groups, where we are from, and what else we do here.

Goals

She wants to get information on the history of the Jews and to find out what happened in the holocaust.

She also wants to share people's feelings on their experiences.

Her concerns are that the leadership be flexible to whatever happens or whatever comes up. She does not want to be told what she thinks, as one friend who was "into" therapy did to her recently.

Analysis

Her hostile question at the panel was a turning passive into active of her mother's being cynical toward her. When we were not threatened, she felt confident that she could not hurt us; we were safe from her omnipotent fears. Her interest and enthusiasm in the group is superficial, perhaps reflecting her parents' superficial interest in her when they were really preoccupied with the holocaust. This acting interested, but really being uninvolved, is part of her narcissistic character structure. Actually, she has been overinvolved with her family, often unable to separate herself from their experiences. She has worked this through to some extent already in her therapy.

Plan

Nancy's plan is to continue to separate herself from her parents' experiences. She can do this by refusing to listen to anyone else's stories or nightmares, without worrying that they will be hurt.

Postgroup Note

After one session, Nancy did not return. She said that she was involved with her Jewish support group, and had no need for the COS group now. She said that she wanted to leave her holocaust identification behind and not deal with it anymore. In the single sessions she attended, she told of her parents' nightmares, how she would awaken to calm them down, and then remain awake thinking about it for the rest of the night herself. The group was interested in what she had to say and did not appear traumatized by the stories.

Coming to California from the East Coast has been a good thing for her for these last three years, but she said she still gets "guilt tripping" when she goes home to visit. She was able to do something very positive, in referring her mother to this agency for treatment when she came here for an extended visit. However, Nancy said, "mother reverted to her old self when she returned to the East." Nonetheless, this indicates Nancy's positive capacity to separate herself from her mother without feeling guilty that she should take care of her. In reconsidering what her plan was in coming to the group, it can now be reasoned that she came so as to reject the group; for she never had any intention of staying despite her superficial enthusiasm.

Olivia

Olivia is a 31-year-old divorced woman, who is a public health specialist. A younger sister lives with her parents, who are both concentration camp survivors. Her plan is derived from the following:

Pregroup Interview

Statements

She was not able to come to the panel, but decided to find out about groups when she heard about them from a friend in her hometown, where there are other COS groups. She has many friends who are COS; she regards this as no coincidence, although she does not intentionally seek them out.

She has not discussed the holocaust with her parents; however, when angry or depressed it may emerge with them. Certain topics are "touchy," for example, they use their experience to "control" her on the issue of intermarriage. "I did not survive for you to marry a goy." She married another COS at age 19, when, without her knowledge, their mothers "arranged the meeting." She and her husband "understood each other." However, after a couple of years, marital counseling could not resolve their difficulties.

Olivia does not want her parents to know what she would say in a group, so she prefers that no friends be there. However, her parents would be delighted to hear that she is in the group.

Goals

Olivia wants to learn more about the subtle issues outside of her awareness that affected her. By comparing issues with other people, this may become clearer. She wants to know how the holocaust affected her parents' behavior and who they were without it.

Her concerns about the group were not wanting the process affected by my research where certain issues might be avoided. She asked if there is a "backup" for those who might need more than the group can give. She does not know what painful things would come up. She wants things to come out positively, to sort them out, and settle them. She noted that she had some previous bad experiences in T-groups.

Analysis

Olivia is evidently scared, checking things out, getting information. She fears we will be overwhelmed by her. She is very vague and non-specific about her goals. Her marriage to another COS may have been in compliance with her parents' wishes; she might really have preferred to separate and not necessarily have married another COS.

Plan

Olivia wants to find a safe place to talk about the holocaust and perhaps to find out she is no different from others. Her plan might also include continuing to be vague and non-specific about what she wants, to

see if the group and the leaders will feel responsible and try to take care of her, just as she feels she should take care of her parents.

Postgroup Note

Halfway through the first session, Olivia left the room and did not return. When my co-leader checked on her in the ladies' room, Olivia reported being nauseous due to some upsetting issues that came up in the group that she was not prepared for. She did not know if she would return to the group the following week. In actuality, there was nothing going on in the group that was heavily charged at all. In a follow-up telephone call, she repeated her vague story and would specify no further when I inquired what upsetting issues came up. She just could not say.

Olivia's reasons for leaving were similar to those she gave for coming to the group; that is, they were vague and non-specific. There might have been something that happened in the group which made her feel that it was unsafe. This could have taken place at the beginning of the group when she learned that she and another participant (Nancy) had a mutual friend. It will be remembered that she was concerned that her parents might hear of her activities. If her leaving the group was a test to see if the group would not worry, the group did pass the test, because she was out of the room for 35 to 40 minutes before my co-leader went to check on her. No one else in the group mentioned her leaving or showed any concern about her absence.

APPENDIX II

EFFECTIVENESS SCALE

Instructions: These questions are designed to assess how the awareness group may have affected you. Please consider each question independent of the others. Circle the number which you feel most accurately describes how this experience has changed your feelings.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither Agree Nor Disagree	Mildly Agree	Moderately Agree	Strongly Agree

1. I feel more shame about my parents.

1 2 3 4 5 6 7

2. I feel freer from parental influence.

1 2 3 4 5 6 7

3. I feel a greater need to remind the world of my parents' suffering.

1 2 3 4 5 6 7

4. I now feel I can live my life more for myself.

1 2 3 4 5 6 7

5. I now feel there are more negative aspects to being a child of survivors.

1 2 3 4 5 6 7

6. I feel I have more understanding of the roles I played in my family.

1 2 3 4 5 6 7

7. I feel less comfortable saying no to others.

1 2 3 4 5 6 7

8. I am more distressed.

1 2 3 4 5 6 7

9. I feel more responsible for my own future.
1 2 3 4 5 6 7
10. I can more easily explore my feelings as a child of survivors.
1 2 3 4 5 6 7
11. I feel less confident about relationships.
1 2 3 4 5 6 7
12. I now see myself more as uniquely different from other children of survivors because of the particular experiences of my parents.
1 2 3 4 5 6 7
13. I feel more a part of Jewish life.
1 2 3 4 5 6 7
14. I now understand less about my relationship with my parents.
1 2 3 4 5 6 7
15. I feel more comfortable taking what I need from others.
1 2 3 4 5 6 7
16. I feel more concerned with protecting my parents from suffering.
1 2 3 4 5 6 7
17. I now feel more identified with other children of survivors.
1 2 3 4 5 6 7
18. I feel less able to take what I really need from my parents.
1 2 3 4 5 6 7
19. I feel less comfortable talking to others about previously undisclosed feelings as a child of survivors.
1 2 3 4 5 6 7
20. I feel calmer about anti-Semitism.
1 2 3 4 5 6 7
21. I feel I have more understanding of my parents.
1 2 3 4 5 6 7

22. I feel better able to distinguish which expectations of my parents are reasonable.

1 2 3 4 5 6 7

23. My relationship with my parents has worsened.

1 2 3 4 5 6 7

24. I feel more strongly that being a child of survivors is only a part of my identity.

1 2 3 4 5 6 7

25. I feel less optimistic about my future.

1 2 3 4 5 6 7

26. I feel less comfortable being a Jew.

1 2 3 4 5 6 7

27. I feel freer to choose what I want to share with my parents.

1 2 3 4 5 6 7

28. I better understand myself.

1 2 3 4 5 6 7

29. I now feel more special as a child of survivors than as a unique person.

1 2 3 4 5 6 7

30. I am more fearful of another holocaust.

1 2 3 4 5 6 7

31. I feel more vulnerable to things going wrong.

1 2 3 4 5 6 7

32. My relationships with others have improved.

1 2 3 4 5 6 7

For the following questions, you may use the reverse side if necessary.

33. Are there other ways the group has affected you? Please feel free to elaborate.
34. In what ways could the group have been more helpful to you?
35. How did you feel about the leaders as a team, and separately?
36. How could the group have been a better experience for you?
37. Other comments.

APPENDIX III

OPEN-ENDED RESPONSES TO THE EFFECTIVENESS SCALE QUESTIONNAIRE

Alice

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: Participation in the group made me more aware of the experiences I share with other children of survivors. It also made me more aware of the ways in which life experiences of children of survivors differ. Developing this perspective on the experience of coming from a survivor family is important to me in my personal development and has helped me especially in my relationship to my parents.

2. In what ways could the group have been more helpful to you?

Response: I feel that I would have gotten more from the group if it had continued perhaps over a period of 16 weeks. I would have been able to explore more of my own feelings as well as those of the other group members.

3. How did you feel about the leaders as a team, and separately?

Response: I felt good about both leaders; however, I felt that if Jacob had shared more of his own experience in directing the work of others in the group, it would have been helpful in both establishing safety and drawing people out.

4. How could the group have been a better experience for you?

Response: As I mentioned in Question 34, I felt that intimacy was just beginning to be established in the group at the sixth week (approximately). If the group had continued, I think we would have been able to share more than happened in the beginning, and this would have made the group a better experience for me.

Betty

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: There was no response to this question.

2. In what ways could the group have been more helpful to you?

Response: More futuristically oriented--more consideration of family patterns' effect on possible patterns in relationships. Attention to how group members experienced/perceived each other. More discussion on values. What guides and motivates us separate from our parents' values and ideals and concerns and emotions.

3. How did you feel about the leaders as a team, and separately?

Response: Input was good--more would have been even better. Jacob was sometimes too quiet--certainly in his having a dual role--seemed removed as a "group member."

4. How could the group have been a better experience for you?

Response: In consideration of the time limitations, I believe the leaders might have helped focus some of the group members' ramblings into clear-cut topics we were all interested in. For one example, in the session in which the group awkwardly questioned for nearly one hour the program's extension, the leaders could have helped by being more direct. I also think the leaders might have opened some sessions with comments or a review of profound, meaningful moments from a previous session. That did happen on one or two occasions, but more often.

5. Other comments.

Response: I am very grateful for the experience and for many of Norman's observations. Often leaders were gentle, group members were generous in sharing of themselves. And for me, it has been and is a means for greater insight.

Charlie

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: I think the experience of the group gave me a better perspective of personal feelings and experiences I felt while growing up. I always felt there was a real difference between my parents and myself and the rest of the community. However, those feelings were never explored, either with my parents or with those of similar backgrounds. This group has allowed me to explore those feelings--and put them in some perspective. Albeit, it only scratched the surface of some of the experience.

2. In what ways could the group have been more helpful to you?

Response: This is a difficult question to answer directly. I had no specific expectations going into the group. I did not want a "therapy group" but more an exploration of what it meant to be a child of survivors. I know it is difficult to draw lines, although at times it veered toward the former. That is also my feeling why the group lost members.

3. How did you feel about the leaders as a team, and separately?

Response: The leaders, I feel, were inconsistent at times directly asking very good questions and leading discussions in the right direction, especially in the latter sessions. However, the first three or four were too loose. Much time was lost on superfluous conversation without direction. One or two times, leaders went into areas that I felt were bullshit. Norman, your habit of not answering questions was annoying. Jacob, I thought you held back too much later on after contributing well at the beginning. At times, I thought conversation got lost in psychological "jargonese."

4. How could the group have been a better experience for you?

Response: Other than curing and straightening the problems mentioned above, I cannot think of any. I think most of the problems occurred at the beginning; therefore, more sessions probably would have been helpful.

5. Other comments.

Response: There was no response to this item.

Diane

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: The group was a positive experience for me. I have begun to develop a more direct and clean relationship with my family. I am aware of aspects of my relationship with my parents which are related to the holocaust.

I am more able to ask people questions about this period of time. Before, I would suppress my yearning for information on the war. Now, I am less willing to hold back and I find myself asking questions without wondering, "How difficult will it be for this person to respond?"

2. In what ways could the group have been more helpful to you?

Response: If there had been more of an experience of people sharing directly with each other.

3. How did you feel about the leaders as a team, and separately?

Response: The leaders seemed interested in the group in general. At times, the facilitator (NS) seemed more removed as if he were observing the group members from a distance. Also, there were times the facilitators pushed issues which seemed to be on their agenda, not on that of the group.

4. How could the group have been a better experience for you?

Response: There was no response to this question.

5. Other comments.

Response: I am disappointed that these questionnaires are not completely anonymous. I am surprised you are concerned with identifying who felt or said what. In doing this, I feel you will get less than completely open responses. This is certainly true for me.

Eli

Note: This questionnaire came back with an asterisk after the first question referring the reader to "other comments" at the end of the questionnaire. The respondent answered all three questions in one long essay, noting that the questions were very interdependent.

Response: I don't like being negative and critical but I would be being less than up-front about my thoughts and feelings when asked.

The group was very disappointing to me and I believe this was to a large degree, that is, primarily, due to the leadership. I had hoped for a group where gut feelings would be an important (indeed the most important) aspect--instead, I experienced the group mainly abstract, non-vulnerable, intellectualized discussion and analyzing.

I believe with better leadership we could have been a group where we could have safely screamed our anger and cried our grief about the holocaust and what it did to our parents and to us. Let me try to be specific (and thereby hopefully) constructive.

1. I think the leaders' most important potential is as a role model. If we had seen either of you open up, express feelings, be vulnerable--it would have been easier for us. I've seen this in many groups. Instead, we got the opposite message. Not only your feelings, but even your thoughts were hidden from us--at best by refusing to answer direct questions and more often by evasiveness or "answering a question with a question." (Note that when I use the general "you"--I refer to both Norman and Jacob.)
2. Whenever someone in the group began to express a feeling, there would be immediate questions as to "why are you feeling that?" (Or words to that effect.) Rather than trying to lead them to

try to experience the feeling more intensely and only after an emotional experience try to determine "causes." In my experience, trying to explain "feelings" is both fruitless and deadening of the feelings themselves. If my feelings are really experiences, their roots generally become clear to me without extensive analysis. (This is the experience of many people I have been in groups with.)

3. As you know, I had other complaints with the ways you led the group--for example, inflexibility and obsession with rules and details (group ends at 9:15, the last group can't possibly be rescheduled, etc.). When I think in terms of their negative impact on my group experience, numbers 1 and 2 were by far the most important.

On the positive side, I should say that I generally have a friendly and positive feeling toward both of you as people (that is, not as leaders) and I am very grateful to you for having given me the opportunity to meet other children of survivors in the Bay Area.

5. Other comments.

Response: I found the "multiple choice" part of this questionnaire very confusing. Does "disagreeing" with, for example, "I feel more shame about my parents," mean I feel less shame--or what if there has been no change? I chose to interpret a "disagree" to mean, for example, less shame and a "four" to mean "no change" or "irrelevant."

Fran

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: Given that this is an anonymous questionnaire (although you may be able to figure out the author by comments here and on the next page), I feel a bit constrained to making references to specific incidents, but I did end up feeling that, via the expression of problems and because of the affirmation I received when I work things out aloud (sometimes "philosopher Keane" style) I have become special to the people in the group or at least to the ones who had become special to me, which was a definite plus in a period of my life when I wasn't feeling as if that could happen at all. The discussion on children was revelatory to me and led to further (independent) acknowledgement as to my own views about timing and placements. I have a lot of confusion about my needs vs. other people's, and found myself become preoccupied with things I did not give full expression to because other things were happening with other people, and the whole concept of "interrupting" is such an issue for me--implying "not listening," etc., that I wish we'd talked about that. However, I did end up feeling intelligent (another issue) about myself and about some of the others--and it was very important at that time to be in a position to initiate something of value in my life, as I was very depressed and was/am struggling with both professional confusion and personal loss.

2. In what ways could the group have been more helpful to you?

Response: I wish we had talked about the ways in which we handle personal losses--I find major losses living on within me for far longer times than I sense in other people, and I don't feel this is "normal." I also still feel there was too much stuff that was directly related to "Mom and Dad" which somewhat limited the group process to an intellectual rather than emotional level. Hopefully, this will change in time. Also, I didn't feel the leaders (in general) really listened to the group's objection, and tried to follow a prescribed "leader" mode (always asking questions for questions--a real Jewish trait!--and seemed to be acting on theories rather than what happens) instead of being more "spontaneously responsive" to stated needs of group members.

3. How did you feel about the leaders as a team, and separately?

Response: I hate to say it, but I didn't really like either of them very much. I found our co-leader pompous and even thought it is difficult to be both participant and co-leader, I felt a higher degree of participation in the group (as a member) would have mollified my first impression somewhat. Norman was more responsive (at group insistence) and changed his "questioning" style for us, although on a gut level, my response to him has more to do with a "generalized response" to personal style. I don't feel I expressed nearly enough of my feelings about the leadership and tended to let others start such discussion.

4. How could the group have been a better experience for you?

Response: See No. 34. More feeling, less intellect--but given that we were in the process of becoming friends rather than that we knew each other already, I think it has been good and will continue to be an important part of my life.

5. Other comments.

Response: Interestingly enough, one of the unexpected outcomes was learning how much I learned about being in groups by being in this one. You probably already know that Helen Epstein--who wrote the famous New York Times article--is coming out with Children of the Holocaust in April. She's scooped us!

This respondent ended with the note, "I'd like the results of this study."

Gloria

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: The group was a positive experience in terms of me feeling free to talk. I very much liked being among Jews and because of this I felt more easily understood.

2. In what ways could the group have been more helpful to you?

Response: If the sessions would have extended. Looking back, I realized that there was not enough time. It was rather intense knowing there was a time limit.

3. How did you feel about the leaders as a team, and separately?

Response: I was more satisfied with Norman because he spoke up and I felt he understood me. I needed Ingrid to talk--it disturbed me that she didn't because I wanted her to share part of herself. I felt that she listened and was aware of us, but it wasn't enough. When you open up about yourself and reveal personal things, you want to know that you've been heard. It's almost an insult to hear nothing--I'm not talking about advice or suggestion, just acknowledgement. I felt equal with the group members because we all spoke and that's why at the end I felt we could have gone on without the leaders. I noticed the inequality between the group and leaders in relation to the openness. I realize now also that I did not like being observed and analyzed by the leaders. I never knew what they thought and I felt able to discuss my feelings without them. I resented being under their power--this is how I felt. By the end of the sessions, I did not need nor want the leaders there.

4. How could the group have been a better experience for you?

Response: The group was a good experience for me. I felt excepted (sic) and comfortable, especially as time went by.

5. Other comments.

Response: There was no response to this item.

Herb

His only response to the questions was as follows:

I would prefer to answer this and the subsequent questions at the interview.

Irene

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: It illuminated for me how much I hold back from involvement in a situation which appears to me to be limited, as the group was, in time and duration; and how unwilling I am to commit myself without the illusion of security of commitment from the others (members of the group).

2. In what ways could the group have been more helpful to you?

Response: I don't know.

3. How did you feel about the leaders as a team, and separately?

Response: I don't think Ingrid acted as a leader, and was not part of a "team." I felt good about Norman until the last couple of meetings when the political situation among Judy, Ken, and Norman came out and it became apparent that things were going on the rest of the time that hadn't been dealt with in the group but had had an effect on the same and explained a lot of the antagonism and unwillingness that I had felt was hindering the group's cohesion without understanding its source.

4. How could the group have been a better experience for you?

Response: There was no response to this question.

5. Other comments.

Response: There was no response to this item.

Judy

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: It brought material for me to deal with in therapy. I never felt safe enough in the group to fully deal with heavy issues for me--in many ways, I never felt like we were a group.

2. In what ways could the group have been more helpful to you?

Response: If it was more of a group--more feeling of belonging to a group--which I didn't feel--if I felt safer, more leadership, more intensity, more group members, deeper levels of interaction, more flexibility--less rigidity in leaders' style and rules, more presence of leader, more focus.

3. How did you feel about the leaders as a team, and separately?

Response: Ingrid--you weren't there, and I was angry.

Norman--your rigidity drove me crazy. I appreciated your insights. You got too wordy and lost me at times. You didn't act as a team unless you were a team with a silent partner. I mainly was angry and frustrated and disappointed with the leadership.

4. How could the group have been a better experience for you?

Response: Isn't this the same as question 34?

5. Other comments.

Response: There was no response to this item.

Ken

1. Are there other ways the group has affected you? Please feel free to elaborate.

Response: The group per se did not affect me. The group as one life experience was good because it gave me the opportunity to meet and communicate with other children of survivors.

2. In what ways could the group have been more helpful to you?

Response: For my needs, the group was helpful, but it was not helpful in terms of the questions on these pages.

3. How did you feel about the leaders as a team, and separately?

Response: Negative feelings both as a team and separately. Leadership style led to an anger about attending but I came because I wanted to for other reasons.

4. How could the group have been a better experience for you?

Response: Possibly with a different form of leadership and a better feeling of sharing, caring and understanding by acknowledged leaders.

5. Other comments.

Response: These questions are either too vague or too all-encompassing. The group did not affect me as all life experiences affect a person (sic). It did not have a major effect on how I see myself, my life-style or relationship with people. I was glad to be a part of the experience, but I also felt a lot of negatives about the experiences in terms of leadership and results. It seems from this questionnaire, the leaders expected major changes. That was not the case in my situation.

APPENDIX IV

MISCELLANEOUS FORMS

SIGN-UP FORM

Name _____ Phone: Home _____ Bus. _____

Address _____
(street) (city) (zip)

I would be interested in continuing the discussions of the impact of the
Holocaust on children of survivors in a small group setting.

Yes _____ No _____

I can attend at the following times:

Tuesday evening _____

Wednesday evening _____

Either evening _____

Other (specify) _____

JEWISH FAMILY AND CHILDREN'S SERVICES

Research Consent Form

I, _____, willingly consent to participate in research on The Impact of the Holocaust on Children of Survivors under the auspices of JFCS. An aspect of that research will be directed by Norman M. Sohn, Licensed Clinical Social Worker, in partial completion of the requirements for the degree of Doctor of Clinical Social Work at the Institute for Clinical Social Work.

I understand that the Awareness Group will meet for eight sessions, and that each one will be audio taped, as will any personal interview.

I am aware that there is no way to be sure what this group experience will stimulate in me.

I understand that this study may be published and my anonymity will be protected unless I give my written consent to such disclosure.

Date _____

Signature _____

Witness _____

PERSONAL INFORMATION FORM

Name _____ Age _____

Education: H.S. ____ B.A. ____ M.A. ____ Ph.D. ____ Other (specify) _____

Occupation _____

Married: Yes ____ No ____

Children: Yes ____ No ____

Siblings: Age(s) _____

PARENTS:

Age: Mother ____ Father ____

Education: Mother ____ Father ____

Occupation: Mother _____ Father _____

Experience in World War II (Please specify each by using MO=Mother, FA=Father)

Concentration camp _____ Hiding _____ Resistance _____

Slave labor _____ Other _____ Don't know _____

Not applicable _____

JEWISH FAMILY AND CHILDREN'S SERVICES

Questionnaire Instructions Letter

January 31, 1979

Dear

As part of our efforts to determine how the "Awareness Group" was helpful, we are enclosing two questionnaires for you to complete prior to the post-group interview.

Please complete the questionnaire on "what was helpful" first, followed by "how the group affected you." Return both in the stamped, self-addressed envelope within one week if possible.

We will be contacting you shortly to schedule a postgroup personal interview. If you have any questions, please contact us here.

Thank you for your time and cooperation.

Sincerely,

Norman, Ingrid, and Jacob

LIST OF REFERENCES

- Aleksandrowicz, D. R. Children of concentration camp survivors. In E. J. Anthony and C. Koupernick (Eds.), The child in his family, Vol. II. New York: Wiley, 1973, pp. 385-392.
- Anthony, E. J., and Koupernick, C. (Eds.). The child in his family, Vol. II. New York: Wiley, 1973.
- Appleberg, E. Holocaust survivors and their children. In N. Linzer (Ed.), The Jewish family. New York: Commission on Synagogue Relations, 1970, pp. 109-122.
- Barocas, H., and Barocas, C. Manifestations of concentration camp effects on the second generation. American Journal of Psychiatry, 1973, 130(7), pp. 820-821.
- Barten, H. Brief therapies. New York: Behavioral Publications, 1971.
- Bellak, L., and Small, L. Emergency psychotherapy and brief psychotherapy. New York: Grune & Stratton, 1965.
- Bettelheim, B. The informed heart. Glencoe: Free Press, 1960.
- Children of concentration camp survivors. Behavior Today, July 10, 1978.
- Chodoff, P. Late effects of the concentration camp syndrome. Archives of General Psychiatry, 1963, 8, pp. 323-333.
- Cohen, E. Human behavior in the concentration camp. New York: Norton, 1953.
- _____. The abyss; a confession. New York: Norton, 1973.
- Cohen, S. (Ed.). Response: A contemporary Jewish review, 1975, 9(1).
- Cooper, L. Personal communication, January 1979.
- Cooper, L., and Gustafson, J. Collaborating in small groups: Theory and technique for the study of small group processes. Human Relations, 1978, 31(2), pp. 155-171.
- Danto, B. The role of "missed adolescence" in the etiology of the concentration camp syndrome. In H. Krystal (Ed.), Massive psychic trauma. New York: International Universities Press, 1968, pp. 248-256.

- Davidowicz, L. The war against the Jews, 1933-1945. New York: Bantam, 1976.
- Davidson, S. Treatment of holocaust survivors and their children. Speech given to the Department of Psychiatry, Mount Zion Hospital and Medical Center, San Francisco, California, January 6, 1977.
- De Graaf, T. Pathological patterns of identification in families of survivors of the holocaust. Israeli Annals of Psychiatry and the Related Disciplines, 1975, 13(4), pp. 335-363.
- Eissler, K. Perverted psychiatry? American Journal of Psychiatry, 1967, 123, pp. 1352-1358.
- Eitinger, L. Pathology of the concentration camp syndrome. Archives of General Psychiatry, 1961, 5, pp. 371-379.
- Epstein, H. The heirs of the holocaust. The New York Times Magazine, June 19, 1977.
- Fenigstein, H. Personal communication, September 1978.
- Fink, H. Development arrest as a result of Nazi persecution during adolescence. International Journal of Psychoanalysis, 1968, 49, pp. 327-329.
- Fogelman, E. Awareness groups for children of survivors. Shoah, 1978, 1(1).
- Fogelman, E., and Savran, B. Therapeutic groups for children of holocaust survivors. International Journal of Group Psychotherapy, 1979, 29(2), pp. 211-235.
- Furman, E. The impact of the Nazi concentration camps on the children of survivors. In E. Anthony and C. Koupernick (Eds.), The child in his family, Vol. II. New York: Wiley, 1973, pp. 379-384.
- Glaser, B., and Strauss, A. Discovery of grounded theory. Chicago: Aldine Publishing Co., 1967.
- Gray, C. The holocaust--Treating the second generation. Psychology Today, July 1978.
- Goodman, J. The transmission of trauma: Second-generation effects of the Nazi concentration camp survival. Doctoral dissertation, California School of Professional Psychology, Fresno, 1978.

- Gustafson, J., and Cooper, L. Towards an open institution for the study of the working problems of society in microcosm; critical problems of group relations conferences. Human Relations, in press.
- Hendrix, K. Holocaust aftermath--The second generation speaks out. Los Angeles Times, December 1, 1978.
- _____. Making peace with the past. Los Angeles Times, November 30, 1978.
- Hoppe, K. The psychodynamics of concentration camp victims. In J. Lindon (Ed.), The psychoanalytic forum, Vol. I. New York: International Universities Press, 1966, pp. 76-85.
- _____. The emotional reaction of psychiatrists when confronting survivors of persecution. In J. Lindon (Ed.), The psychoanalytic forum, Vol. III. New York: International Universities Press, 1972, pp. 187-211.
- Imber, S.; Lewis, P.; and Loiselle, R. Uses and abuses of the brief intervention group. International Journal of Group Psychotherapy, 1979, 29(1), pp. 39-49.
- Jaffe, R. Dissociative phenomena in former concentration camp inmates. International Journal of Psychoanalysis, 49, pp. 310-312.
- Karr, S. Second generation effects of the Nazi holocaust. Doctoral dissertation, California School of Professional Psychology, San Francisco, 1973.
- Kestenberg, J. Psychoanalytic contributions to the problem of children of survivors from Nazi persecution. Israeli Annals of Psychiatry and the Related Disciplines, 1972, 10(4), pp. 311-325.
- _____. Introductory remarks. In E. Anthony and C. Koupernick (Eds.), The child in his family, Vol. II. New York: Wiley, 1973, pp. 359-361.
- Kinsler, F. Personal communication, October 1978.
- _____. Second generation effects of the holocaust--An unpublished report. Unpublished manuscript, 1978, (available from 11646 West Pico Boulevard, Los Angeles, California 90064).
- _____. The unfinished business of the family--Treatment of children of holocaust survivors: Some thoughts and feelings of the therapist. Paper read at the Family Service Association of America, North American Symposium, New York, November 1978.
- Klein, H. Symposium of the Israeli Psychoanalytic Society, 1966. Israeli Annals of Psychiatry and the Related Disciplines, 1966, 5(1), pp. 95-96.
- _____. Families of holocaust survivors in the kibbutz: Psychological studies. In H. Krystal and W. Niederland (Eds.), Psychic traumatization (Vol. 8 of International Psychiatric Clinics). Boston: Little, Brown, 1971, pp. 67-92.

- Klein, H. Holocaust survivors in kibbutzim: Readaptation and reintegration. Israeli Annals of Psychiatry and the Related Disciplines, 1972, 10(1), pp. 78-91.
- _____. Children of the holocaust: Mourning and bereavement. In B. Anthony and C. Koupernick (Eds.), The child in his family, Vol. II. New York: Wiley, 1973, pp. 393-409.
- Klein, H., and Reinharz, S. Adaptation in the kibbutz of holocaust survivors and their families. In L. Miller (Ed.), Mental health in rapid social change. Jerusalem, Israel: Academic Press, 1972, pp. 302-319.
- Koenig, W. Chronic or persisting identity diffusion. American Journal of Psychiatry, 1964, 120, pp. 1081-1084.
- Koranyi, E. Psychodynamic theories of the "survivor syndrome." Canadian Psychiatric Association Journal, 1969, 14, 165-174.
- Krystal, H. (Ed.). Massive psychic trauma. New York: International Universities Press, 1968.
- Krystal, H., and Niederland, W. (Eds.). Psychic traumatization (Vol. 8 of International Psychiatric Clinics). Boston: Little, Brown, 1971.
- Laufer, M. The analysis of a child of survivors. In E. Anthony and C. Koupernick (Eds.), The child in his family, Vol. II. New York: Wiley, 1973, pp. 363-367.
- Levinson, D. The seasons of a man's life. New York: Knopf, 1978.
- Lifton, R. Observations on Hiroshima survivors. In H. Krystal (Ed.), Massive psychic trauma. New York: International Universities Press, 1968, pp. 168-189.
- Lipkowitz, M. The child of two survivors: A report of an unsuccessful therapy. Israeli Annals of Psychiatry and the Related Disciplines, 1973, 2(2), pp. 141-155.
- Mahler, M.; Pine, F.; and Bergman, A. The psychological birth of the human infant. New York: Basic Books, 1975.
- Malan, D. A study of brief psychotherapy. Springfield, Illinois: Charles C. Thomas, 1963.
- _____. The frontier of brief psychotherapy. New York: Plenum Publishing, 1976.
- Meerloo, J. Delayed mourning in victims of extermination camps. In H. Krystal (Ed.), Massive psychic trauma. New York: International Universities Press, 1968, pp. 72-75.

- Mostysser, T. The weight of the past--Reminiscences of a child of survivors. In L. Steinitz and D. Szonyi (Eds.), Living after the holocaust: Reflections by the post-war generation in America. New York: Block Publishing, 1976, pp. 3-21.
- Newman, L. Emotional disturbance in children of holocaust survivors. Social Casework, 1979, 60(1), pp. 43-50.
- Niederland, W. Psychotic disorders among persecution victims. Journal of Mental and Nervous Disease, 1964, 139(4), pp. 458-474.
- _____. Clinical observations on the survivor syndrome. International Journal of Psychoanalysis, 1968, 49, pp. 313-315.
- _____. The problem of the survivor. In H. Krystal (Ed.), Massive psychic trauma. New York: International Universities Press, 1968, pp. 8-22.
- Phillips, R. Impact of Nazi holocaust on children of survivors. American Journal of Psychotherapy, 1978, 32(3), pp. 370-378.
- Pomerantz, B. Personal communication, August 1978.
- _____. The unfinished business of the family: Group work with children of holocaust survivors. Paper read at the Family Service Association of America, North American Symposium, New York, November 1978.
- Rosenberger, L. Children of survivors. In E. Anthony and C. Koupernick (Eds.), The child in his family, Vol. II. New York: Wiley, 1973, pp. 375-377.
- Russell, A. Late psycho-social consequences in concentration camp survivor families. American Journal of Orthopsychiatry, 1974, 44(4), pp. 611-619.
- Sampson, H. A critique of certain traditional concepts in the psychoanalytic theory. Bulletin of the Menninger Clinic, 1976, 40(3), pp. 255-262.
- Sigal, J. Second generation effects of massive psychic trauma. In H. Krystal and W. Niederland (Eds.), Psychic traumatization (Vol. 8 of the International Psychiatric Clinics). New York: Little, Brown, 1971, pp. 55-65.
- _____. Familial consequences of parental preoccupation. Paper read at the Annual Meeting of the American Psychiatric Association, Dallas, May 1972.
- _____. Hypotheses and methodology in the study of families of the holocaust survivors. In E. Anthony and C. Koupernick (Eds.), The child in his family, Vol. II. New York: Wiley, 1973, pp. 411-415.
- Sigal, J., and Rakoff, V. Concentration camp survival: A pilot study of effects on the second generation. Canadian Psychiatric Association Journal, 1971, 16(5), pp. 393-397.

- Sigal, J.; Silver, T.; Rakoff, V.; and Ellin, B. Some second generation effects of survival of the Nazi persecution. American Journal of Orthopsychiatry, 1973, 43(3), pp. 320-327.
- Sonnenberg, S. Children of survivors. Proceedings of the Fall Meeting of the American Psychoanalytic Association, 1971. Journal of the American Psychoanalytic Association, 1974, 22(1), pp. 200-204. (Summary)
- Steinitz, L., and Szonyi, D. (Eds.). Living after the holocaust: Reflections by the post-war generation in America. New York: Block Publishing, 1976.
- Sterba, E. The effect of persecution on adolescents. In H. Krystal (Ed.), Massive psychic trauma. New York: International Universities Press, 1968, pp. 51-59.
- Tanay, E. Initiation of psychotherapy with survivors of Nazi persecution. In H. Krystal (Ed.), Massive psychic trauma. New York: International Universities Press, 1968, pp. 219-233.
- Timnick, L. Holocaust haunts children of survivors. Los Angeles Times, May 10, 1978.
- Trachtenberg, M., and Davis, M. Breaking the silence: Serving children of holocaust survivors. Journal of Jewish Communal Service, 1978, 54(4), pp. 294-302.
- Trossman, B. Adolescent children of concentration camp survivors. Canadian Psychiatric Association Journal, 1968, 13, pp. 121-123.
- Tutuer, W. One hundred concentration camp survivors, twenty years later. Israeli Annals of Psychiatry and the Related Disciplines, 1966, 4(1), pp. 79-90.
- Wanderman, E. Children and families of holocaust survivors: A psychological overview. In L. Steinitz and D. Szonyi (Eds.), Living after the holocaust: Reflections by the post-war generation in America. New York: Block Publishing, 1976, pp. 115-123.
- Weiner, M. Personal communication, March 1979.
- Weiss, J. The integration of defenses. International Journal of Psychoanalysis, 1967, 48(4), pp. 520-524.
- _____. The emergence of new themes: A contribution to the psychoanalytic theory of therapy. International Journal of Psychoanalysis, 1971, 52(4), pp. 459-467.
- Weiss, J.; Sampson, H.; Caston, J.; Silberschatz, G.; and Gassner, S. Research on the psychoanalytic process. Bulletin No. 3. Unpublished manuscript. The Psychotherapy Research Group, Department of Psychiatry, Mount Zion Hospital and Medical Center, San Francisco, December 1977.

- Winnick, H. Contribution to symposium on psychic traumatization through social catastrophe. International Journal of Psychoanalysis, 1968, 49, pp. 298-301.
- Wolf, A. Short-term group psychotherapy. In L. Wolberg (Ed.), Short-term group psychotherapy. New York: Grune & Stratton, 1965, pp. 219-255.
- Yalom, I. The theory and practice of group psychotherapy. New York: Basic Books, 1970.

