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OFFSPRING OF CONCENTRATION CAMP SURVIVORS:
THE RELATIONSHIP OF PERCEPTIONS OF
FAMILY COHESION AND
ADAPTABILITY TO LEVELS OF EGO FUNCTIONING

By

Zoli Zlotogorski

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ABSTRACT

OFFSPRING OF CONCENTRATION CAMP SURVIVORS: THE RELATIONSHIP OF PERCEPTIONS OF FAMILY COHESION AND ADAPTABILITY TO LEVELS OF EGO FUNCTIONING

By

Zoli Zlotogorski

The present study was undertaken for the purpose of investigating possible long range effects of the massive trauma endured by survivors of concentration camps upon their families. The study focused on the characteristics and types of family structures which evolved in the process of recovery as perceived by the offspring of holocaust survivors.

The second generation group of children of holocaust survivors consisted of 49 female and 24 male Jewish adults born after the repatriation of their parents. The comparison group was composed of 34 female and 34 male Jewish adults. The groups were compared on a number of demographic variables. All subjects in the study completed the Satisfaction with Wellbeing Questionnaire, the Washington University Sentence Completion Test, the Family Adaptability and Cohesion Evaluation Scales, and a questionnaire designed by the researcher.

Two major hypotheses were tested by means of a comparison between the two groups via analysis of variance and multiple regression analysis.

Perceptions of family cohesion were significantly related to level of subject functioning, regardless of family type. Perceptions of family adaptability were significantly related to both level of subject functioning and family type. In addition, no significant correlation was found between the core level of ego functioning attained by the offspring and duration of parental internment, number of extended family members, or communication patterns within the family with regard to the holocaust.

A number of additional findings and trends within the data were discussed. These included: shared mourning and involvement; family type within holocaust survivor families; and age of entry to the United States. Finally, a number of explanations were offered in an attempt to integrate the contrasting published phenomenological findings with the present empirical findings.

In general, it was concluded that no support could be found for the alleged uniform "child of survivor syndrome" nor for the formulations of uniform pathological survivor families. Rather, the data indicated the significant influence of a number of major intervening variables on the types of family structures which evolved in the process of recovery.

אלה אזכרה ונפשי עלי אשפכה, כי בלעונו זרים כעוגה בלי הפוכה,
כי בימי השר לא עלתה ארוכה, לעשרה הרוגי מלוכה.

שרפי מעלה צעקו במרה, זו תורה וזה שכרה עטה כשלמה אורה,
אויב מנאץ שמך הגדול והנורא, ומחרף ומגדף על דברי תורה ...

זאת קראתנו וספרנו בשנון, ושפכנו לב שפול ואנון, ממרום הסכת
תחנון, יי יי אל רחום וחנון.
חנון הביטה ממרומים, תשפכת דם הצדיקים ותמצית דמים, תראה
בפרגודך והעבר כתמים, אל מלך יושב על כסא רחמים.

שמע קולינו...

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INTRODUCTION

Forty years have elapsed since Nazi Germany instituted the willful systematic destruction of European Jewry. In January 1945, when the gates of Auschwitz were opened, the grim human harvest totaled eight million deaths in Nazi concentration camps, six million of which were Jews. The magnitude of this ineffable madness, known today as the holocaust, "is not yet part of our historical consciousness" (Fackenheim, 1977). Yet, the holocaust has left an indelible mark on the Jewish psyche as a whole as well as a festering scar on the collective memory of the world. The mere reminder of the atrocities committed in the camps threatens our rational universe and destroys the theological constancy needed to maintain our existence. Reality and issues of its construction become meaningless when viewed in this context. Bettelheim (1960) has observed that an analysis of the holocaust and its aftermath has been massively denied so that the magnitude of the event can be more easily managed. However, this denial could not be maintained over a protracted period of time and the past two decades have witnessed a growing body of literature on the historical, socio-political, theological, and psychological implications of the atrocities of the holocaust.

The focus of a great deal of this literature has been the exploration of possible long range effects on personality as a result of the massive trauma endured by survivors of concentration camps. A large number of the researchers in this area have argued that a uniform

survivor syndrome exists, is independent of the pre-traumatic personality, and the traumatic experiences reached such an intensity as to level out pre-war personality differences. Further, it has been argued that there is a transmission of the psychic trauma to subsequent generations through the parents' generation's pre-occupation with mourning and "affective blocking" (Krystal, 1968). These two hypothesized long range effects are said to significantly hamper the survivor's ability to be empathically responsive to their children's needs. Finally, these researchers have argued that children of holocaust survivor's are characterized by a uniform "child of the survivor syndrome" (Phillips, 1978). The hypothesized pathology of the child of survivors is incomplete individuation which is allegedly due to the symbiotic devotion fostered within the holocaust survivor family. Insofar as I am able to discern these observations and hypotheses are based on clinical case records and are not supported by systematic research data.

In the present study, I intend to examine critically a number of hypotheses which have characterized the holocaust literature. The theoretical questions which are of particular interest to me include:

- 1) Is the hypothesis of a uniform survivor syndrome tenable?
- 2) Is there a transmission of psychic trauma to subsequent generations?
- 3) What are the characteristics of the integrated adaptive survivor family? What are the characteristics of the maladaptive survivor family?

Given the poignancy of the topic, this study has been designed to be as rigidly objective as possible while recognizing the difficulty in adequately describing the phenomenological world of those who survived.

The present study attempted to focus on the process of recovery and re-individuation with the family as the unit of study. This choice of research strategy is due in part to the inability to conduct a pre-war and post-war personality study of holocaust survivors, given the period of time that has elapsed since the war. Further, it is due to the lack of any reliable or randomly sampled observational data on holocaust survivor families. Therefore, the method of study relied on the perceptions of children of holocaust survivors as to their experience within the family unit. I feel that this served as a meaningful context within which data was collected on a number of key issues. One such issue was the degree of emotional bonding that family members had toward one another and the degree of individual autonomy that family members experienced within the family system. Another important issue concerned the role relationships, power structure, and family roles within survivor families. Finally, I focused on the level of personality functioning attained by children of holocaust survivors. In this manner I had hoped to investigate rigorously present day levels of offspring functioning as they relate to family structures within holocaust survivor families.

The underlying theoretical argument advanced in this study is that the interactional effects of the pre-persecution personality and ensuing life events laid the groundwork for the family structures that evolved. Further, I would argue that the family served a crucial role in the process of recovery. A process in which survivors entered a new period of adult productivity and reasserted their individuality through the creation of new families. Rather than a homogeneity of family structures, I expect the heterogeneity of survivor family structures to

reflect the individual personality differences of both the survivors and their children. The particular pattern developed by any given family then is a function of the adaptive and coping mechanisms of its members as determined by the pre-persecution personality and ensuing life events. Therefore, I feel that an investigation of the types of family structures which evolved in holocaust survivor families may provide important data on the functioning of both holocaust survivors as well as their children. The position which will be advanced does not seek to minimize the extreme stress and trauma suffered by concentration camp survivors, but will advocate a more complex interactional view of both survivors and their families as opposed to the more restricted view advanced by the holocaust literature to date.

A review of the literature follows in order to acquaint the reader with the major findings, issues, and problems associated with the study of the holocaust. The review will include: a review of clinical and research findings on survivors of the holocaust; a review of clinical and research findings on children of holocaust survivors; a review of clinical and research findings on holocaust families; and a review of relevant findings in support of a model of marital and family systems.

REVIEW OF THE LITERATURE

SURVIVORS

A few years after the liberation of Auschwitz a number of articles began to appear in the literature describing a long lasting unique clinical syndrome of concentration camp survivors. These articles (Bluhm, 1948; Federn, 1948; Friedman, 1949; Tas, 1951; Helweg-Larsen, 1952) portrayed a consistent syndrome involving depression, fatigue, apathy,

anxiety, and numerous psychosomatic manifestations. This literature was accompanied by a growing number of first-person accounts (Frankl, 1959; Bettelheim, 1960; Wiesel, 1965) of life and survival in the camps. These early descriptions paint a vivid picture of regression, primitivization, demoralization, and de-humanization suffered by the inmates. Frankl (1959), who was later to found logotherapy, focused his attention on the extreme form of depersonalization which was a daily part of concentration camp life.

In a careful exhaustive clinical analysis Niederland (1968) outlines the etiology of the trauma and life in the camps. The first three stages of the experience describe physiological and physical aspects and include: protracted life-endangering situations in a state of total helplessness, chronic starvation, and physical maltreatment. The remaining six stages describe various psychological aspects of the trauma. There was total degradation to the point of dehumanization accompanied by recurrent terror episodes. Total or almost total family loss was accompanied by prolonged "living dead" existence. A prolonged "living dead" which lead into the "musselman" stage of pronounced stupor, closely followed by death. Niederland catalogues the reactions and defenses of the inmates as emotional detachment rapidly progressing to depersonalization and derealization. Denial in the camps was an insufficient defense against the onslaught of the constant overwhelming trauma and the individual was eventually forced to regress to pregenital (sado-masochistic oral, narcissistic) levels and maintain a robotlike numbness. Krystal (1968) suggests that this automatic behavior helped ward off depression and anger. Inmates had to remain both inconspicuous and unobservant to

survive. At the same time, Jaffe (1968) and Krystal (1968) have noted that selective hyperalertness was essential for survival. The relaxation of this vigilance led to an extreme form of psychic-numbing which was characterized by the "musselman" or the "walking corpses." In other words, an essential factor in survival seems to have been the ability to rapidly shift between a fairly rigid adaptive strategy to a fairly flexible one.

The psychological and the physiological aftermath of the concentration camp experience has been studied by a large number of investigators. Hoppe (1971) in a review of the psychiatric literature cites 195 references dealing with the "survivor syndrome" (Niederland 1961, 1964). The clinical picture of the survivor includes: chronic anxiety, chronic depression, and isolation of affect (Chodoff, 1966; Helweg-Larsen, 1952; Kardiner, 1959; Niederland, 1964); chronic reactive depression (Hoppe, 1971); apathy, withdrawal, loss of libido, and depressive retardation (Venezlaff, 1958).

Niederland, (1968) in a study of 800 survivors, reports that the syndrome is characterized by anxiety, depression, social withdrawal and isolation, psychosomatic complaints, isolated psychotic symptoms, and alterations of body image and self image. Koenig (1964) evaluated 200 cases in conjunction with reparation claims and concluded that the usual psychiatric nomenclature was inadequate for subsuming his clinical findings. He observed that survivors were suffering from extreme forms of role and identity diffusion. Chodoff (1963), reporting on 23 survivors, points to depressive states accompanied by characterological changes. Survivors manifested anxiety, nightmares, psychosomatic complaints, and an obsessive ruminative state with regard to the past.

Simenauer (1968) and De Wind (1968) reach similar conclusions with those cited above. Simenauer describes the depersonalization and disorganization of the personality structure which in some instances led to a complete loss of identity and hopelessness. De Wind (1968) focused on the survivor's continuous confrontation with death, which he felt was the harbinger of the ensuing chronic depression. Tuteur (1966) reported findings on 100 concentration camp survivors twenty years after their liberation and found nightmares, depression, and anxiety were common in his sample. In addition, he also reported a high incidence of post partum depression in the female survivor sample.

In an early empirical investigation, Shuval (1957) studied the attitudes of 198 Israeli survivors and 577 controls with regard to sensitivity to the future and current situational stress. Her results indicated that the survivor group was significantly more pessimistic about the future, however, contrary to the study's predictions, survivors were surprisingly more sensitive to current stress. In another study, Klein, Zellermyer, and Shanan (1963) focused on the effects of the concentration camp experience as manifested by patients in an Israeli psychiatric hospital. They compared 50 survivor patients to 40 matched controls and found that withdrawal, dependency, and fatigue seemed to characterize the survivor group. Nathan, Eitinger, and Winnik (1963) conducted a similar study using a psychiatric patient population of 157 survivors matched with 120 controls, who had spent the war years under difficult conditions in Russia. They report significantly higher fatigue states, depression, emotional lability, anxiety, and withdrawal for the survivor group which corroborates earlier studies.

In a rigorous study, Dor Shav (1975) tested the hypothesis that prolonged stress may be expected to result in primitivization and impoverishment of the personality, as well as to a general deficit in perceptual and cognitive function. Twenty-six Israeli survivors were matched with 20 controls by socio-economic status and age. The instruments employed were the Embedded Figure Test, the block design subtest on the WAIS, the Draw-a-Person Test, the Rorschach Inkblot test, the Bender-Gestalt, and the Cattell 16 P.F. Personality Questionnaire. Inter-judge reliability was established for each instrument and found to be acceptable. No significant differences were found on the Embedded Figures Test, block design, Bender-Gestalt, the Draw-a-Person, and most Rorschach indicators. However, on the Rorschach Inkblot test the survivor subjects had significantly fewer integrated whole responses and fewer shading responses. In addition, the author noted a trend in holocaust survivors towards impoverished associational productivity and a limited number of movement responses. The data analysis on the 16 P.F. Personality Questionnaire revealed significant differences indicating that the survivor group was more group dependent and more prone to group adherence as well as more torpid and tranquil. Further, they were less disciplined and more likely to follow their own urges. Therefore, no support was found for either an impoverishment of personality nor for a general deficit in perceptual and cognitive functioning.

Nonetheless, Koranyi (1969, p. 167) in reviewing the clinical literature states, "It is not the symptomatology as much as the personality change which creates a flagrant uniformity -- 'almost photographic similarity' -- of this condition, regardless of what the pre-existing character

looked like." Others (Bastiaans, 1957; Bychowski, 1968; Chodoff, 1963; and Kardiner, 1959) support this view and find the personality change to be both permanent and irreversible. The alleged uniformity in personality change is said to include chronic anxiety, chronic depression, and isolation of affect. Underlying this contention is the assumption that survivors underwent a fairly homogeneous massive traumatic experience. Yet, a review of the many first hand survivor accounts, oral histories, and a general history of the holocaust, all point to the widely heterogeneous nature of the experience. These reports indicate that the nature and character of the traumatic experience was dependent upon the place internment, job within the camp, sex of the inmate, and many other intervening factors.

Another widely reported clinical finding associated with the survivor syndrome is survivor guilt. In the camps neither death nor survival seemed to be related in any causal rational manner with an individual's behavior. Thus the nature of the survivor's guilt is often characterized by its experience as the perpetual enigma of "why did I survive while others died?" Lifton (1967) describes the guilt in terms of the indelible and grotesque images of death, psychic numbness, and diminished capacity to feel. He feels that survivor guilt is not unique to the concentration camp survivor and is akin to the guilt experienced by survivors of the atomic bomb explosion in Japan. The 'hibakusha' suffers intense death guilt which results from the fact that his life has been spared while others have perished. Lifton suggests that the defense against death anxiety and guilt is the blocking of feeling, a psychic numbing. The numbing process protects the survivor from a sense of helplessness and total impotence. Krystal (1978) notes a similar

disturbance in object relating which borders on the schizoid and inevitably includes psychic numbing, a disturbance in affective communication. The survivors yearn for the return of their former ability to express emotion. "Yet, despite their wishes, when in the presence of their close ones, they 'freeze up'" (Krystal, 1968, p. 7). In other words, Krystal suggests that "damned up" or "blocked" aggression is the source of psychological disturbances in the survivor. This view represents a departure from a genetic Freudian perspective of damned up libido in that emphasis is placed on traumatic experiences that took place in adulthood rather than in childhood.

Finally the uniform survivor syndrome hypothesis also assumes that pre-war personality differences were leveled out by the massive trauma endured by concentration camp inmates. This view is typified by Rappaport (1968) who concludes that the camp experience has no prototypic derivative from childhood in the unconscious. The human spirit is allegedly broken beyond repair and the regenerative powers of the ego are too limited to overcome the effects of such trauma. Lazarus (1966) concurs with this formulation and suggests that severe stress levels out individual differences. Ornstein (1980) has recently taken issue with this unfortunate tendency to generalize about survivors on the basis of their camp history alone. The psychological assessment of survivors, she states, cannot be restricted to the one outstanding feature of their history, namely that they were in a concentration camp. In other words, Ornstein contends that the genetic developmental point of view has been too quickly abandoned by holocaust researchers. This criticism is supported in our review of the literature which finds scant empirical support for a unique psychological survivor syndrome.

An alternate view of survivor functioning as it relates to pre-persecution personality and subsequent life events has recently begun to emerge. Matussek (1975) investigated 245 survivors in Germany, Israel, and the United States. He reports finding quite a few different coping mechanisms even under conditions of extreme stress. The hypothesis Matussek offers is that these coping mechanisms are dependent on the survivor's pre-persecution personality as well as the stresses suffered during incarceration. Further, he finds no uniform syndrome but rather several dimensions of personality functioning. In a similar vein, Des Pres (1976) in a phenomenological study of the survivor observes that the survivor has been portrayed as less than a whole person, in part because of our ambivalence towards those who survived and witnessed "unspeakable" horrors. Lifton (1967) reflecting on the study of Hiroshima survivors notes a similar syndrome of "death taint" (p. 111). The general community shuns those who have emerged from such a terrifying death experience.

For many the recovery was a long and difficult process. Various authors (Des Pres, 1976; Rabinowitz, 1974) report the difficulties encountered by survivors in the re-settlement process. Often host communities did not want to hear the survivor's tales for fear of exposing themselves to the fantasized immoral acts the survivor had committed in order to survive. In addition, the refugee role or that of the 'displaced person' added a further barrier to the survivor's acceptance by the host community. In other words, both the "death taint" and the host community's ambivalence had to be overcome in the re-settlement process.

This ambivalence has been a potential source of bias in clinical research efforts (Freyburg, 1980; Kestenberg, 1972; Rappaport, 1968). In this regard, Ornstein (1980) has taken issue with the survivor literature as failing to distinguish between the psychology of adaptation to the extreme conditions of camp life and the psychology of recovery that took place after the war. This failure to distinguish between the psychology of adaptation and the psychology of recovery may have led to an exclusive focus on pathological consequences rather than an exploration of the recuperative powers of the psyche. A focus on the recuperative powers of survivors would necessitate a shift from the tendency to generalize from clinical case records to a more rigorous individual differences approach. This position has been stated eloquently by Furman as:

Each individual came to camp with a different personality and at a different point in his development, each underwent specific experiences in camp, and each has lived under different circumstances since then. The more anyone has worked with people exposed to a camp experience, the more he is aware of these enormous individual differences and the resulting difficulty in making meaningful comparisons. Perhaps the only shared factors are those of having experienced stressful interference of more or less traumatic proportions and the task of coming to terms with having survived it. (Furman, 1973, p. 379)

One such universal traumatic stress endured by the survivor was the separation from both family and past. The holocaust literature observes that the typical response to the extreme separation anxiety encountered by the survivors reverberates throughout their lives. However, separation studies (Bowlby, 1969; Spitz, 1946) indicate that the earlier the separation and stress the more profound the subsequent disturbances in personality development. Klein (1973, 1974) found no such early childhood

problems in his kibbutz survivor studies in Israel, and proposes that early positive family experiences may have contributed to survival itself. In fact the most frequently observed phenomena in the camps was the formation of small social groups. These surrogate families provided for both the intrapersonal and interpersonal needs necessary for survival. The group provided the opportunity to experience and express at least some aspects of the nuclear self. It provided the self-object matrix within which the supply of self esteem and dignity could be maintained. "The capacity to retain a modicum of dignity, to experience the self as continuous in space and time," Ornstein (1980) states, "preserved the connection between self experiences before and after the war." The groups in the camps were formed consisting of members of the same family (siblings, cousins), old friends, or people from the same or neighboring towns. In this manner continuity with one's original family was provided.

This same sense of continuity played an integral role in the resettlement process as well. For the majority of holocaust survivors the turn was towards the family and a continuation of the life cycle as the source of recovery. Through the rebirth of the "family ego" (Klein, 1980) they were able to maintain the link that had provided survival in the camps in the form of surrogate families and the continuous link with their pre-war families. In this manner the post-war period was characterized by a reindividuation of the survivor through their pro-creative involvement and creation of families.

Erikson (1980) has eloquently described this period of generativity in his epigenetic view of the life cycle. This is a period marked by the

ego qualities of caring, creating, and parenting. For many survivors this period was crucial for it was the first opportunity in years to experience the intimacy, mutual sharing, and mutual regulation which characterizes family life. I feel, that the ability of survivors to empathically parent was less concerned with the endured massive trauma and more intricately interwoven with how they themselves were parented.

The position that I wish to advance here does not seek to minimize the extreme trauma of separation and stress suffered in the camps, but does call for a closer look at the interactional effects of the pre-persecution personality and ensuing life events. For it is the interaction of these factors which laid the groundwork for the mechanisms of recovery. I feel the family provided the link and preserved the connection between self experiences before and after the war. The emerging picture of the survivor family hypothesized here is then multi-dimensional as opposed to the more restricted view as cited in the earlier psychiatric literature. The purpose of this study is to assess the types of family structures which emerged and maintained the process of recovery. In this manner I hope to gather empirical data which will bear on the level of functioning of both holocaust survivors and their offspring.

OFFSPRING OF CONCENTRATION CAMP SURVIVORS

Over the past decade, a number of clinicians and researchers have tried to answer the question of whether there is a psychopathology specific to offspring of holocaust survivors. Some (Barocas & Barocas, 1973; Lipkowitz, 1973; Phillips, 1978; Rakoff, 1966; Russell, 1974; Rustin & Lipsig, 1972; Trossman, 1968) have suggested that these children's problems stem primarily from their experience of having been raised by survivor parents and manifest second generation effects resembling the survivor syndrome. Others (Axelrod, 1980; Furman, 1973; Klein, 1980; Rosenberger, 1973) still question whether the parameters that differentiate the severely disturbed survivor child from the adapted well-functioning survivor child have been sufficiently explored. In this review I hope to acquaint the reader with the research findings to date and briefly discuss a few of the psychodynamic formulations found in the literature.

In an early study, Tuteur (1966) investigated 187 survivor children. He reported that 8.5 percent were maladjusted, with 2.5 percent requiring psychiatric treatment. This low percentage, as compared to the general population, differed from the disproportionately large number of survivor families who sought help for their children in the Psychiatric Outpatient Department in Montreal's Jewish General Hospital (Rakoff, Sigal, & Epstein, 1966). The latter observation was supported by Trossman (1968) who reported on stress reactions of children of survivors seen at the McGill Student Mental Health Center. Trossman noted that the parents were excessively overprotective and constantly warning their children of impending danger. The children exhibited depressive features which

Trossman hypothesized as due to their hopeless struggle to provide meaning for the parents' empty lives.

As a result of these early clinical impressions, a series of studies was carried out by a group of Canadian researchers (Rakoff, 1966; Sigal, 1971; Sigal & Rakoff, 1971; Sigal, Silver, Rakoff, & Ellin, 1973). The object of their study was to ascertain whether there were consistent differences between survivor families and control families who sought help in their clinical settings. Sigal and Rakoff (1971) studied 32 children of survivors compared to 24 controls. The major finding reported was a significantly greater difficulty in issues of child control for survivor parents sparked by a seemingly intense struggle for autonomy. While there were no differences in dysphoria or school problems, significant differences in a heightened degree of sibling rivalry and overvaluation of the children were reported.

In a later, more rigorous study (Sigal, Silver, Rakoff, & Ellin, 1973) 25 survivor children and 20 controls were divided into a 8-14 age group and a 15-17 age group. The instruments employed were the Nettler Alienation Scale, the Srole Anomie Scale, the Child Behavior Inventory, the Brief Mental Health Questionnaire derived from the Cornell Medical Index, and the Behavior Problem Checklist. In the 8-14 age group trends toward conduct problems were noted. In the 15-17 age group significantly low levels of personality functioning, as measured by the Behavior Problem Checklist and the Child Behavior Inventory, were reported. This finding was based on parental reports. Survivor parents in this study perceived their children as excessively dependent, testing limits too frequently, having poorer coping behavior, exhibiting conduct problems,

and experiencing personality problems based on inadequacy and immaturity. The findings on the Brief Mental Health Questionnaire corroborated parental perceptions by reporting significant differences between the two groups in psychiatric symptomatology. However, the authors conclude by adding a note of caution as to the generalizability of their findings to other children of survivors. In part this was due to the fact that their subjects represented only a self selected client population. In addition, the majority of their experimental subjects were recent immigrants to Canada as opposed to the control group of resident Canadians.

Axelrod (1980) has recently reported clinical findings on a group of 30 hospitalized children of survivors. She reports a high correlation between the patient's age at hospitalization and the age that one or both parents suffered a major holocaust event. This tragic re-enactment of the parental trauma by the child has been called an anniversary reaction. In an earlier study, De Graf (1975) reported a similar correlation between the age of symptom development in his out-patients and the age of parental holocaust trauma. The complex phenomena of the anniversary reaction has been ascribed to a function of the persistent powers of mourning in the survivor family and the consequent drive towards symbiosis of parent and child. In other words, the child experiences an intense mourning reaction upon any loss which draws him back into a symbiotic orbit with the parent. In the hospital setting the anniversary reaction takes the form of experiencing the surroundings and staff as a concentration camp (Axelrod, 1980). In addition, Axelrod reports that many survivor children with marked paranoid symptoms respond very poorly to psychopharmacological treatment. She concludes that these

manifestations may be part of a characterological approach to life. In psychodynamic terms these severely disturbed individuals are re-enacting their parent's holocaust experiences.

Although Axelrod's findings concern only a clinical population, she poses a few interesting research questions which bear further study. First, does the degree of parental trauma correlate positively with the pathology of the child? The second question concerns a possible negative correlation between the number of survivors in the extended family and the maladjustment of the child. The final issue concerns the impact of parental communication styles on the development of the survivor child. Before discussing possible answers to these questions, let us proceed with a review of the major studies dealing with non-clinic populations.

A study of second generation effects on non-clinical survivor children was conducted by Karr (1973). The participants in this study were 22 subjects whose parents had escaped the holocaust through immigration before the war, 16 subjects where one parent had been incarcerated, and 33 subjects where both parents were concentration camp survivors. Each subject completed the Minnesota Multiphasic Personality Inventory, the Nettler Alienation Scale, and the Brenner Scale for Jewish Identification. In addition, data analysis of the MMPI validity and 10 clinical scales was supplemented by analysis of 10 MMPI derived scales, Walsh's anxiety factor dimension A, and the basic D scale of depression. Karr found that male subjects, who were from families where both parents were survivors, had significantly greater difficulty with hostility control and impulsivity than control subjects. Female survivor children evidenced the same difficulty in hostility control

as well as greater reaction formation against aggression. Karr also reports significant differences for male survivor children on the schizophrenia scale. However, it is important to note that the levels reported on these derived scales were low to moderate making interpretations of results difficult. In addition, no significant differences were reported on the derived scales for anxiety, depression, projection of hostility, hostility, social introversion, resentment, dependency, guilt feelings, repression, and ego strength. Nor were significant differences found on the 8 scales for Jewish identification, or on the Srole Anomie Scale, or on the Nettler Alienation Scale.

In a more rigorously controlled study, Rustin (1971) compared 77 survivor children and 77 matched controls. The instruments employed were the Mosher Incomplete Sentence Test, the Buss-Durkee Hostility Inventory, the Brenner Scale for Jewish Identification, and a questionnaire to assess demographic factors. Rustin reports no significant differences between the two groups. This finding is of interest since no significant differences were reported on the Buss-Durkee Hostility Inventory, which provides data on eight categories of hostility. Therefore, Karr's (1973) earlier cited finding of greater difficulty with hostility control for children of holocaust survivors was not corroborated by the above controlled study.

In a study cited earlier, Dor-Shav (1975) also investigated differences between 40 survivor children and 17 controls on the 16 P.F. Personality Questionnaire. The results indicated that survivor children were more tender minded, dependent, overprotected, and sensitive. They were also reported as more practical and conventional while being

characterized by low ego strength. However, these findings can only be interpreted cautiously since the subject groups were not adequately matched for age and sex. In a well controlled study Goodman (1978) investigated 61 survivor children, 30 of whom had sought some psychotherapy and 31 that had not. Each subject completed the Personal Orientation Inventory, a Death Anxiety Scale, a semantic differential technique for measuring the concepts of life and death, the Brenner Scale for Jewish Identification, and a Likert-type scale for attitudes about the holocaust. No significant differences were found on any of the principal measures. Goodman does report that subjects who did not seek therapy had significantly more exposure to the holocaust, dreamt more frequently about the holocaust, and experienced greater anger about the holocaust.

In a recent study, Last and Klein (1980) investigated 76 survivor children and 76 matched controls. Their study employed the Scheaffer Questionnaire which asks for perceptions of parental behavior, the Stein Needs List which establishes a hierarchy of intrapersonal motivations, an open ended anxiety questionnaire, and the strength of the self from the MMPI. They report that no significant differences were found. A similar result was reported by Gay and Shulman (1980) who employed the Scheaffer Questionnaire and the Fitts Self Image Scale. Both the survivor children and their controls scored within the normal range. The research findings cited above do not empirically support a uniform child of survivor syndrome yet are in marked contrast to phenomenological and clinical studies. In part this is due to the fact that clinical studies have largely relied on the case records of patient samples.

In one such study, Phillips (1978) reported on the salient features of the alleged "child of the survivor syndrome." The features he noted include: overprotection of the child by the parent; an overly fearful attitude towards imagined or real dangers; mistrust and suspicious attitudes; the child is seen as the salvation of the family; and tendencies toward personal growth, achievement, and success are blocked. Jucovey (1980), a founder of the Group Project for Holocaust Survivors and Their Children, describes a similar profile. His observations include: depressive features; sadomasochistic drives; too much or too little discussion of the holocaust; the experience of living in a "time tunnel" by acting out the parent's past; somatization; and defensive and suspicious attitudes.

A number of clinicians (Axelrod, 1980; Fishbane, 1979; Freyburg, 1980; Furman, 1973; Rosenberger, 1973; Wanderman, 1976) have attempted to explain the dynamics underlying the "child of survivors syndrome." Fishbane (1979) conducted a phenomenological study with 16 unmarried adult survivor children who met in a support group format. She observed that survivor children had the mission of continuity of the past and a strong drive to achieve so as to fulfill their parent's frustrated aspirations. Role reversal seemed to be common and was often accompanied by guilt when children failed to meet their parent's expectations. Many of the children felt caught between two worlds and experienced a pronounced alienation from society. Finally, Fishbane notes that communication about the holocaust in these families was normally restricted and the children experienced intense conflicts over issues of separation. Wanderman (1976) states that the depressive features of the children are caused

by the internalization of unexpressed anger towards their parents. Ego development, she hypothesizes, is hindered by the parents attempts to secure their own identities through their children. The result being a sense of worthlessness.

Freyburg (1980), on a different note, traces the difficulty experienced by the child of survivors to boundary blurring. More specifically, to the critical rapprochement subphase of the separation individuation process. The rapprochement subphase is a critical period for the development of autonomy and the child needs mother's love and support. Yet it is at this crucial stage "that the child's independence, anger, and separateness are threatening to the holocaust survivor mother, who has already suffered catastrophic losses" (Freyburg, 1980, p. 92). The mother's withdrawal and disapproval, Freyburg continues, arouses fear of abandonment resulting in panic, rage and a depressive mood state. Freyburg concludes that "the holocaust child emerges from rapprochement with incomplete individuation and some emotional pathology." "This is evidenced in the blurring of ego boundaries, confusion of self and object, regressive identification with the object, feelings of emptiness and loneliness, lack of clarity about mood states, and difficulties in distinguishing personal feelings and opinions from those of significant others" (p. 92). Insofar as I am able to discern, these assumptions and observations are based on clinical case records and are not supported by systematic research data.

Again, the exclusive focus on the pathological consequences of camp survival clouds the genetic perspective which would focus on an individual survivor's capacity to parent given his or her developmental history.

Ornstein (1980) observes that there is a fine line between experiencing parental expectations as a burden and experiencing these as challenges. This fine line may provide the answer to the seemingly contradictory phenomenological and research findings. Clinical subjects may indeed experience parental expectations as a burden and this potential source of bias limits the generalizability of clinical findings to the larger children of survivor population.

It is with this position in mind that I have chosen the family unit as the meaningful context within which to view the survivor parents' and child's interaction. In other words, the study of perceptions of emotional bonding, role relationships, and individual autonomy within the family system, as they relate to the offspring's level of functioning, may lead to a clearer understanding of the interactional complexities which effect both survivors and their children. The focus on family interactions and family structures seeks to critically examine the question of an alleged transmission of psychic trauma to subsequent generations.

The empirical evidence reviewed thus far does not support a uniform child of survivor syndrome. Rather, the second generation's level of personality functioning might be more productively viewed as related to the types of family structures that evolved in the process of recovery. These family structures, I contend, are significantly related to the survivor's pre-persecution personality and how they themselves were parented. In a similar vein, Rosenberger (1973) has stated that any pathology shown by children of holocaust survivors can be more parsimoniously attributed to the particular handling by the parents as a

reflection of their own personality. Furman (1973) supports this position in her statement which bears presenting in its entirety.

All individuals have to grapple with these factors throughout their continuing lives. For each, his manner of integrating them is in turn affected by all that he faces in his on-going life, good and bad alike. This painful, endless process of gradual integration is again a most highly individual one and affects differently the many aspects of personality functioning. Even for the individual, it varies from time to time so that no person can be characterized as using a set form of mechanisms. The specific, direct effects on the child of his parents' camp experiences are therefore not only difficult to isolate but may become meaningless unless seen in the context of the parents' and child's individual personalities and their interactions. (Furman, 1973, p. 379)

It is with due regard to the individual personalities and their interactions that I have chosen to explore the family structures within holocaust survivor families. The adoption of this approach should not be taken as a dismissal of the value of detailed clinical case studies, however I do feel that isolated studies of alleged transmitted effects on children of holocaust survivors become meaningless when separated from the overall family context.

FAMILIES OF HOLOCAUST SURVIVORS

Much of the work and observations of families of holocaust survivors have been guided by the conceptual hypotheses laid down by Sigal (1973). Sigal contends that individuals who experience chronic deprivation or distortions of other kinds in their psychological environment will subsequently develop distortions in their capacities for human relations. These distortions will then hamper the survivor's ability to form healthy parenting relationships with their children. Finally, Sigal asserts that the subsequent distortions in the parent-child

relationship will produce maladaptive behavior in the second generation. These conceptual hypotheses are based on extensive case work with a client population and caution should be observed with regard to their applicability to a normative population. Here we will proceed to review the relevant family literature which bears directly on this topic. Regrettably, the majority of the family studies in this area show little empirical support and share an unfortunate tendency towards overgeneralization.

A number of clinicians (Aleksandrowicz, 1973; Danieli, 1980; Freyburg, 1980; Klein, 1979; Trachtenberg & Davis, 1978) have observed that immediately after the war a great number of survivors entered hastily ill-planned marriages. These "marriages of despair" (Danieli, 1980) disregarded differences in pre-war socio-economic background or any of the ordinary criteria for marriage. In part, Klein (1973) states, this was necessary in order to alleviate the intense mourning and separation anxiety the survivors were experiencing. Recreating a family was an act to compensate for their losses, to counter the massive disruption in their lives, and undo the dehumanization they had experienced.

In an attempt to conceptualize the psychodynamic forces within holocaust survivor families, Kestenberg (1972, 1973) studied 20 holocaust families and hypothesized that there were three main features that characterized those families. First, there was a loss of love and rejection by their social group through exile and public degradation of their image. Then, there was a loss of integrative functions necessary for child rearing because of the impossibility of completing the mourning process. Finally, they were characterized by the sadistic fantasies

which has come alive because of the bizzare reality they had experienced.

Aleksandrowicz (1973) makes similar observations in his study of 34 holocaust families. He reports an "affective deficiency" syndrome accompanied by hyperrepression in his family sample. Others (Sigal & Rakoff, 1971) support the hypothesis of a loss of integrative functions needed for child rearing due to a pre-occupation with mourning. This pre-occupation with mourning hypothetically led to difficulty in responding to their children's needs with adequate affect, and difficulty in setting limits on their children's behavior. The children, in turn, tended to respond to their parent's difficulty with disruptive, sometimes explosive behavior (Kestenberg, 1972; Sigal, 1971). Finally, the high incidence of acting out by the children has been attributed to identification with their parents' persecutors (De Graf, 1975).

Although the above observations are interesting, great caution should be observed in generalizing from these findings. This psychopathological emphasis is in part due to the selective research conducted only with regard to a client population. The proliferation of these overgeneralizations without sound empirical support have served only to stigmatize the majority of survivors while neglecting a serious inquiry into the psychology of recovery.

As an example, mothers in these families have been described (Freyburg, 1980) as withdrawn, depressed, fearful, uncommunicative, unexpressive, and detached. Fathers in these families have been described (Danieli, 1980; Freyburg, 1980) as remote, overdemanding, controlling, given to unpredictable outbursts of temper, as well as,

timid, passive, and work oriented. Freyburg (1980) notes that both parents have "seemingly universal difficulties in affective communicativeness" (p. 92). She feels that the child learns at an early age that the world is unsafe, uncaring, and treacherous, and that the family needs to band together in order to survive. This binding, or extreme form of cohesion has its etiology in the extreme loss suffered by the parents and the paucity or absence of an extended family. Freyburg continues by observing that parental vigilance and overprotection is experienced by the offspring as overcontrolling, interfering, and demanding.

Danieli (1980) observes that survivor parents regard the establishment of boundaries of any kind by their children as a severe threat to the intactness of the family. In other words, an atmosphere of symbiotic devotion is fostered and any acts of autonomy, independence, or desire for privacy by the children are condemned as acts of betrayal and abandonment. In terms of the familial structure, Danieli observes, that children often had to act as mediators in the new environment which led to a role reversal and overprotection became mutual. The offspring's overprotection hampered their ability to establish outside relationships, thus reinforcing the symbiotic family structure. Therefore, it is safe to conclude that both Freyburg and Danieli view the holocaust family as characterized by extreme forms of cohesion and loyalty. Reiss (1971a, 1971b) has described this pattern of family behavior as consensus-sensitive. These are families that allegedly do not tolerate dissent or acts of autonomy by family members. In summary, this view of the holocaust survivor families predicts enmeshed family interactions.

The present study does not share this view, rather I view holocaust survivor families as characterized by a number of diverse patterns of family behavior. The particular pattern developed by any given family then is a function of the adaptive and coping mechanisms of its members as determined by the pre-persecution personality and ensuing life events. In other words, the diverse patterns of family behavior are viewed as a reflection of the individual personality differences of both the survivors and their children.

This alternate view of survivor families has recently begun to emerge. Kestenberg (1973) has observed that survivor families can manifest a surprising vitality, stability, and strength in the upbringing of their children. This is a classic understatement when we consider that the survivor families faced the task of reorganizing their lives at a time when they were still homeless, jobless, countryless, and suffering the physical consequences of their internment. Klein (1971, 1973, 1974, 1978, 1980) in a series of studies has explored the adaptive regenerative mechanisms in survivor families in Israel and the United States. He finds the hypotheses of intergenerational transmission of pathology as lacking in that they neglect to adequately discuss the process of rebirth and reindividuation. Survivors, he observes, are more than witnesses since they have accepted and chosen life while reasserting their individuality through the rebirth of the family ego. Klein (1973) states his position as follows:

Families of survivors exhibit a unique family life style by much display of affection, overprotectiveness, and openness among members. The affect-laden manner is understood as a re-emergence of affect suppressed during the holocaust which has been recathected with the

restituted love objects--an expression of the libidini-
zation of the overcathected objects which replace lost
objects and a defense against an emerging anxiety con-
cerning new losses. The overcathexis of these families
is distinguished from that of neurotic families in which
the affect laden quality is rooted in a reaction towards
death wishes. In these survivors families, expressions of
closeness are especially evident at times when parents re-
late their terrible past and when they confront real
external danger. The overprotectiveness and overcathexis
is to be understood as a coping mechanism rather than an
expression of pathology (p. 405-406).

In other words, the same sense of cohesion which dominated small
group life in the camps was now focused on the family unit. Rather
than the aforementioned "marriages of despair" the average survivor
entered a period of "procreative involvement" (Erikson, 1980) with their
new families. Ornstein (1980) feels that this adult productivity con-
stitutes the significant factor in the survivor's recovery. Rather than
being unable to fulfill healthy parental functions most survivor parents
were able to be empathically responsive to their children. The parents'
capacity to respond to the child's needs, Ornstein feels, is more closely
linked to the way in which they themselves were parented than with the
severity of their war experiences or their ability to talk about them.

In the present study I hope to explore the significance of the
traumatization on the family structures as it is influenced by the
survivor's relationship to his own parents, the pre-persecution person-
ality, the later course of life events and the surrounding social
structure. Although data cannot be collected on all of these variables,
an investigation of the types of family structures which evolved in
holocaust survivor families may provide important data from which sound
inferences may be drawn. Two dimensions of family functioning will be
of particular interest in this study: family cohesion and family

adaptability. These two dimensions have been identified by both the holocaust literature and the wider body of the family systems literature as key areas in family functioning. Before presenting the hypotheses of the present study, a review of the family literature should serve to acquaint the reader with the characteristics of family functioning as it bears on this area of study.

FAMILY SYSTEMS

The dimensions of family cohesion and family adaptability have been identified by a large number of researchers as crucial in the study of family functioning. The former dimension deals with the degree to which an individual is separated or connected to his or her family system, and the latter dimension deals with the extent to which the family system is flexible and able to change. The hypothesis underlying much of our work is that too much or too little family cohesion or family adaptability is detrimental to family functioning. Effective family functioning is then characterized by moderate levels on these two dimensions. I do not assume that holocaust survivor families always operate in a moderate manner, rather my assumption is that healthy functioning families maintain a degree of flexibility or balance on these dimensions. On the other hand, I expect maladaptive functioning families to maintain extreme levels of these dimensions. Recently, Olson, Russel, and Sprenkle (1979) developed a circumplex model of marital and family systems based on the two dimensions of family cohesion and family adaptability. The advantage of their model to the present study is that it represents a parsimonious framework for reducing the enormous complexity of family systems. Before proceeding to a discussion of the circumplex

model as it bears on the present study, let us briefly review the wide range of theoretical concepts and empirical studies upon which it is based.

The study of the social system of the family through structural relations within the family has a long history in the psychoanalytic and research literature. Freud (1909), early in his writings, called attention to the generational boundary which divides the family into those that are sexually active with each other and those for whom this is interdicted. In his description of the oedipal conflict, Freud notes the role of the same sexed parent as a role model for identification while the opposite sexed parent provides the basic love object.

Wynne (1961), in his early work with schizophrenic families, observed that alliances and alignments, splits and alienations, were phenomena observable in all families. He regarded the above as structural points of reference within the family system. In schizophrenic families, Wynne observed a random shifting of alliances which he called "pseudo mutuality." Haley (1959) reached a similar observation when he noted that schizophrenic families allowed no alliances nor were members permitted to establish an intimate coalition with someone outside the family. A number of studies (Lidz, Fleck, & Cornelison, 1966; Fleck, Lidz, Cornelison, Schafer, & Terry, 1959) have explored the role of parental personality patterns in schizophrenic families. Lidz, Fleck, and Cornelison (1966) reported finding chronic marital disharmony among parents of schizophrenics. They elaborated by hypothesizing that the achievement of a cohesive identity depends upon a reasonably harmonious integration of identification with two parents. Two types of maladaptive

schizophrenic family systems were classified: the schismatic family of openly warring spouses, and the skewed family with one pathological spouse and one passive appeasing partner. In their review of these studies Glick and Kessler (1974) add three more types of dysfunctional families to the two cited above. The "generation gap" family with strong marital bonds but conflictual intergenerational interaction. The "pseudo-democratic" family in which roles are ill-defined and confused. Lastly, the "disengaged family" where cohesive bonds are rare or non-existent.

Boszormeny-Nagy and Spark's (1973) work with families elaborated early family conceptualizations by focusing on the intergenerational framework and issues of separation. They introduced the term loyalty to describe the "reciprocal obligations and merits existentially owed between family members." Loyalty, however, also produces conflicts for the developing child. "A very important deep-seated paradox lies in the antithetical relationship between individuation and family loyalty" (p. 51). Bowen (1966) recognized the role of individuation when he proposed a "differentiation of self" in order to separate from the amorphous "undifferentiated family ego mass." The developmental task of separation is not easily accomplished. Bowen describes two dysfunctional family separation styles. "Exploding" is a style characterized by little contact after separation, while "cohesive" is a style with very close and continued contact with parents.

Stierlin (1974) clarified the separation-individuation struggle by identifying two opposing forces, centripetal and centrifugal. High family cohesion is sparked by centripetal force while centrifugal force

pulls family members away from the family system. Minuchin (1967) in a study of multi-problem families reached similar conclusions by describing the disengaged and enmeshed families of the slums. Reiss (1971a, 1971b) carried out a systematic study of the cohesion dimension with normal, delinquent, and schizophrenic families. He identified three patterns of behavior which he described as environment-sensitive (normal families), interpersonal-distance sensitive (delinquent families), and consensus-sensitive (schizophrenic families). Environment-sensitive families fall at the midpoint of the cohesion dimension in that input from family members is respected. Interpersonal-distance family members on the other hand experience the rejection of their ideas as a rejection of themselves. They seek independence at the expense of family closure which represents the lower end of the cohesion dimension. Finally, the consensus-sensitive families do not tolerate dissent, and closure is maintained at all times. This type of enmeshed interaction represents the upper end of the cohesion dimension.

Small-group theorists and social psychologists have also identified the dimension of cohesion. Cartwright and Zander (1962) describe cohesion as "the resultant of all the forces acting on all the members to remain in the group" (p. 74). Levinger (1965), employing the concepts formulated in small-group theory, studied marital cohesion and identified the following factors: sources of attraction; sources of barrier strength; and sources of alternative attraction. He hypothesized that marital cohesion was directly related to affectional rewards, socio-economic rewards, and similarity in social status, which are sources of attraction. Barrier forces, he hypothesized, were inversely related to the attractiveness of alternative relationships.

Hawkins (1968) in a study of 20 clinics and 28 non-clinic families developed a scale of marital cohesion. The scale, which had high split-half reliability ($r = .92$) and a low correlation ($r = .28$) with the Marlow-Crown Social Desirability Scale, successfully differentiated between the two groups on the cohesion dimension. Rosenblatt (1975, 1976), in a series of studies, describes the extremes of cohesion as "togetherness" and "apartness" and states that families need to find an optimal balance between the extremes. Turnbull (1972) in his provocative field work with the mountain people describes what may happen to family cohesion under extreme stress. The Ik who were threatened by starvation and loss of control of their own destiny lost their capacity for any except exploitative relationships. Family ties were ruptured and extreme forms of disengagement became prevalent. Turnbull states that this extreme form of family disorganization may result when a culture loses control of its own destiny, loses viable strength-giving myths, and becomes helpless to effect change.

Another cluster of variables that has been explored by researchers are concepts related to the adaptability dimension. Parsons and Bales (1955) defined the primary family tasks as: the socialization of the children and the stabilization of adult personalities. Aldous and Hill (1967) in their extensive review of 12,850 family studies published between 1900 and 1964 find similar common threads. The threads include: power distribution, flexibility, autonomy, expressiveness and openness to change. Westley and Epstein (1974) in a study of 96 families reached the same conclusions. The five dimensions they found that successfully differentiate well functioning families from

maladaptive families were power, psychodynamics, roles, status, and work. Father-led families had the most adaptive functioning while the psychodynamics needs of the family tended to vary for any given culture and time. Two groups of variables clearly distinguished between the adaptive and maladaptive families: problem solving and communication (family adaptation), and the balance of autonomy and dependency (family cohesion). The factor they found critical to the emotional health of the children was the nature of the relationship between the parents.

The nature and strength of the marital bond has been investigated by a number of researchers. Sprenkle and Olson (1978) looked at the balance of power in a study of 25 couples in counseling and 25 matched controls. The authors found that under stressful conditions in an interaction game (SIMFAM) clinic couples resorted to a no-leadership style or an authoritarian leadership style significantly more than control couples. In another study of power relationships, Epstein and Santa-Barbara (1975) classified couples as Doves (flexible), Dominant-Submissive (structured), Hawks (rigid), and Mugwumps (chaotic) on the basis of their behavior in a mixed motive interaction game. They reported that Doves and Dominant-Submissives were able to vary their strategy in the game while Hawks and Mugwumps maintained their extreme strategies.

Angell (1936) conducted the first major study to combine the concepts of cohesion and adaptability. In his work on the era of the depression, he looked at styles of coping for families under stress. Hill (1949) employed the same concepts in a study of Families Under Stress in a measure that he called dynamic stability. He investigated

the coping styles of 135 families who were forced to deal with war, separation, and reunion. He reported that the most productive coping styles were found in families of medium integration and high adaptability.

A number of studies have followed Hill's lead in an empirical approach towards investigating these family styles. Van der Veen (1976) developed the Family Concepts Test to assess the individual's perception of attitudes, feelings and expectations towards one's family. The 80 item test was administered to a large sample and the data were factor analyzed. A second order factor analysis revealed two higher order dimension: family integration and adaptive coping. Lewis et. al. (1976) in an ongoing research project developed the Family System Rating Scales (FSRS) in order to search for the characteristics of the optimally functioning family. Videotaped interactions of 33 non-patient and 70 patient families were rated on 13 subscales of the FSRS by independent raters. The sum total scores reported on the FSRS were found to be highly correlated ($r = .90$) with a one item Global Family Health-Pathology Scale, even though inter-rater reliability was low. In their aptly titled book, No Single Thread, the authors conclude that cohesion, adaptability, and communication styles successfully differentiate among types of family systems.

In our review, thus far, we have observed that a wide variety of theoretical and empirical studies cited cluster around the cohesion and adaptability dimensions. Olson, Russell, and Sprenkle (1979) have developed a circumplex model of marital and family systems based on these dimensions. In addition, they have developed the Family

Adaptability and Cohesion Evaluation Scales (FACES) which served as a major instrument in this study.

In the circumplex model, family cohesion is defined as the "emotional bonding that family members have toward one another and the degree of individual autonomy a person experiences in the family system" (Olson, Sprenkle, & Russell, 1979, p. 5). The specific subscales which measure cohesion include: emotional bonding, independence, boundaries, coalitions, time, space, friends, decision making, and interests and recreation. The four levels of cohesion range from extremely high (enmeshed), to moderately high (connected), to moderately low (separated), to extremely low (disengaged).

Family adaptability is defined as: "the ability of a marital/family system to change its power structure, role relationships and relationship rules in response to situations and developmental stress" (Olson, Sprenkle, & Russell, 1979, p. 12). The specific subscales which measure adaptability include: assertiveness, control, discipline, negotiation styles, role relationships, relationship rules, and feedback. The four levels of adaptability range from extremely high (chaotic), to moderately high (flexible), to moderately low (structured), to extremely low (rigid).

Figure 1 graphically displays the 16 possible types of families based on their location in these two dimensions. The four levels of cohesion are (from low to high): disengaged, separated, connected and enmeshed. The four levels of adaptability are (from low to high): rigid, structured, flexible, and chaotic. Three basic groups of family types can be located within the model. One group has scores at the

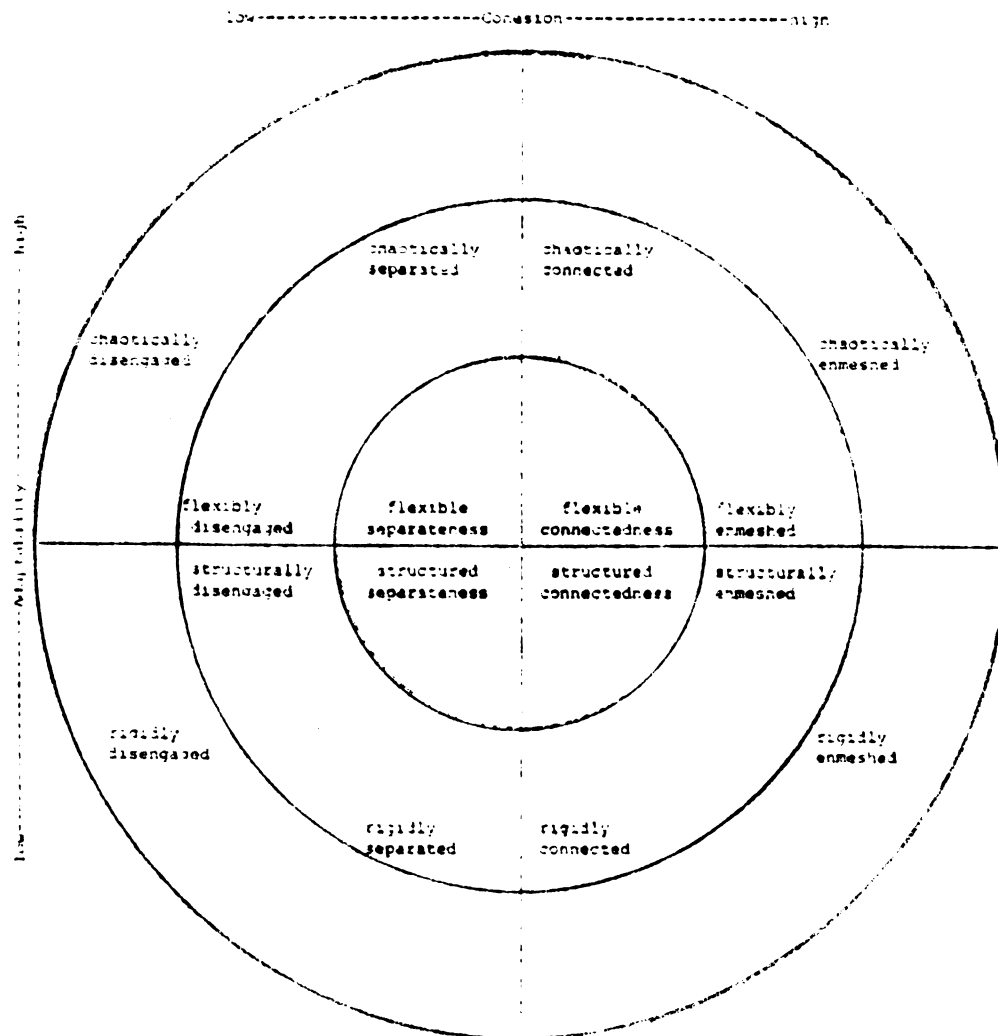


Figure 1: Circumplex Model: Sixteen Possible Family Types Based on Levels of Family Cohesion and Family Adaptability

moderate level on both dimensions (four types); another group has extreme scores on both dimensions (four types); and a third group that has extreme scores on only one dimension (eight types). The four optimal types, represented in the center circle of Figure 1, include: flexible separateness; flexible connectedness; structured connectedness; and structured separateness. The four extreme types in the outer circle are the least functional family systems and include: chaotically disengaged; chaotically enmeshed; rigidly enmeshed; and rigidly disengaged. The remaining eight types are represented in the middle circle of Figure 1 and indicate extreme scores on only one dimension.

An empirical study to validate the circumplex model was carried out by Russell (1979). Thirty-one families with female adolescents were participants in the Structured Family Interaction Game (SIMFAM) and completed questionnaires that measured cohesion, adaptability, support, and creativity. High family functioning was reported as associated with family cohesion and adaptability, and low family functioning was associated with extreme scores on these dimensions. Russell also reports that high functioning families were also high on the facilitating dimensions of support and creativity. Another test of the circumplex model, conducted by Druckman (1979), employed the cohesion and adaptability dimensions as outcome variables in family therapy. As predicted by the circumplex model, pretest low scores on cohesion and high scores on adaptability (rigid) were followed by post-test scores which were moderate on both dimensions for successful therapy cases.

In summary, there appear to be a large number of clinical and empirical findings that demonstrate the utility of the circumplex model.

Olson, Russell, and Sprenkle (1979), in their comprehensive review of the literature, conclude that "there are a growing number of studies that have found the two circumplex dimensions to be important for understanding marital and family systems." One such study, not cited above, is of particular interest in the present research. Strodbeck (1958) compared the typical world-view of Eastern European Jewish families with that of Southern Italian families on the dimensions of values and achievement. Strodbeck described the Jewish families as having a "belief in a rational mastery of the world," and as open to the technical and non-personal aspects of the wider community. In other words, these families were environment-sensitive and would be expected to be in the midrange of the circumplex model. In contrast, Strodbeck reports that Southern Italian families saw the world as unpredictable and unmasterable. These families bonded together and were consensus-sensitive which would place them in the high cohesion range. Strodbeck's work presents an interesting point of departure for the present study in that the holocaust survivors are Eastern European Jewish families, yet they have experienced long-term psychic trauma in a hostile, unpredictable, and unmasterable environment.

UNRESOLVED ISSUES AND RATIONALE FOR HYPOTHESES

The central hypothesis which underlies this research effort is that in healthy functioning families a balance is maintained with respect to the degree to which an individual is separated or connected to the family system (cohesion) and the extent to which a family system is flexible or structured in response to change (adaptability). In this manner, the midpoints of the circumplex dimensions of cohesion and

adaptability are understood as indicators of healthy family balance and resiliency. The nature of the relationship between these dimensions and family health is non-linear. Thus the healthiest families strike an optimal balance on the degree of cohesion and adaptability experienced within the family. In other words, the nucleus of healthy family adjustment is the dynamic balance maintained by family members. Too much or too little family cohesion or family adaptability is then hypothesized as detrimental to family functioning. In this manner, the extreme forms of enmeshment or disengagement from the family system (cohesion) and the extreme forms of chaos or rigidity in response to change (adaptability) characterize less healthy families. This definition of optimal balance is based on the theoretical positions developed in Freud's notion of narcissistic balance, the Jungian framework of the persona, and Erikson's implications of interpersonal egocentricity.

Further, the argument contends that healthy functioning individuals perceive their families as moderate or balanced on these dimensions while less healthy individuals perceive their families as more extreme on these dimensions. The definition of health employed here is not based on the absence or presence of psychopathology. Rather, it is based on the overall degree of satisfaction (wellbeing) that an individual reports in a number of life areas and the core level of ego development attained by that individual. Higher levels of ego development are characterized by cognitive complexity, a richness of interpersonal relationships, and a concern for responsibility. Lower levels, on the other hand, are characterized by conceptual simplicity, superficial niceness, and obedience to rules.

The review of the literature and the theoretical guidelines above have led me to formulate a number of hypotheses concerning the relationship of family cohesion and adaptability to levels of ego functioning. The major hypotheses evolve from a number of positions with regard to the holocaust which bear further clarification. First, that although many holocaust survivors experienced the same or similar chronic deprivation and massive trauma this does not necessarily produce irreparable distortions in their capacities for human relations. Rather the impact of the massive trauma is best understood within the framework of an individual's pre-war personality. Second, the unsupported overgeneralization that survivors are unable to fulfill healthy parental functions is untenable. As Ornstein (1980) has pointed out the capacity to empathically respond to their children's needs is more related to the pre-war personality than to the severity of the war experiences. Finally, that the offspring of holocaust survivors are not a uniform homogeneous group whose developmental history revolves solely around their parent's experiences. Rather they are a widely heterogeneous group of individuals with varying developmental histories.

I feel that the heterogeneity of the pre-persecution personality and ensuing life events play a commanding role on the cohesion dimension. As Klein (1980) has pointed out, the affect laden manner, expressions of closeness, and overprotectiveness of the survivor family are most productively viewed as a reassertion of individuality through the rebirth of the family ego. The loyalties that bind the healthy functioning offspring of holocaust survivors are hypothesized as centripetal and cohesive. On the other hand, the loyalties that bind the less healthy

offspring of holocaust survivors are hypothesized as centrifugal and exploding. In other words, we expect perceptions of cohesion to be a function of level of ego development for both offspring of holocaust survivors and a comparison group and not a function of family type (Holocaust versus non-Holocaust). Thus, high functioning offspring, according to a priori criteria for level of functioning, are expected to perceive their families within the optimal range (connected or separated) of cohesion while low functioning offspring are expected to perceive their families as extreme on this dimension (enmeshed or disengaged).

On the adaptability dimension, I expect that holocaust families will be perceived by their offspring as significantly different as compared to the perceptions of the comparison sample. Thus, the predicted major effect of the concentration camp experience will be in the survivor's instrumental attitudes towards adaptability. These attitudes and behaviors during internment included: automatic behavior and inconspicuous behavior as well as hyperalertness and hyperadaptability. This adaptive strategy seems to have relied on the ability to rapidly shift from a position of rigid prescriptions for survival to a strategy of extreme flexibility. Ornstein (1980) has called this adaptive strategy a sense of reality. For "to be realistic means not to live with illusions and not to live with illusions creates a greater degree of self reliance." Further she states that "in the camps and in ghettos, the function of our intelligence was not to contemplate our autonomy or to concern ourselves with philosophical alternatives, but to make the most of each day's opportunity for getting through that

day" (Ornstein, 1980). It is then this unique sense of reality which I expect to be reflected in the offspring of survivors perceptions of family adaptability. In other words, I expect low functioning offspring of holocaust survivors, as well as low functioning comparison group subjects, to perceive their families as extreme on adaptability (rigid or chaotic). Further, I expect high functioning offspring of holocaust survivors to perceive their families as more extreme on this dimension than high functioning comparison group subjects.

In addition to the above predictions regarding family structures, I have a number of predictions concerning the relationship between the severity and impact of the war experience on the subsequent ego development of offspring of holocaust survivors. First, I predict that the number of extended family members who survived the concentration camps will be significantly correlated with the core level of ego development of the offspring. Here I expect that the offspring's development of autonomy and individuality was enhanced when parents had alternate sources of family relationships available to them. In addition, I feel that the extended family might have been employed as an invaluable resource for the sharing of grief and mourning. Second, I expect perceived parental communication patterns and perceived parental willingness to share the past to be significantly correlated with the core level of ego development of the offspring. This prediction evolves from the notion that only well adapted offspring of holocaust survivors will be able to perceive the mission of continuity as a valuable affective and cognitive experience. Finally, I predict no significant correlation between either the duration of parental internment or the

age of parental internment, and the core level of ego development of the offspring. In part, this prediction evolves from a position that the impact of the concentration camp experience cannot be assessed by absolute interval measures but is more appropriately viewed as dependent on the great number of intervening variables cited earlier.

STATEMENT OF HYPOTHESES

The review of the literature led me to formulate two major hypotheses. These hypotheses focus on the family dimensions of cohesion and adaptability as outlined in the circumplex model. The remaining two minor hypotheses regard the parameters of parental trauma and their relationship to the functioning of children of survivors.

Major Hypotheses

HYPOTHESIS I

High functioning* offspring, regardless of family type, will perceive their families as optimal on cohesion while low functioning offspring will perceive their families as extreme on cohesion.

*Based on levels of ego development and satisfaction with well-being.

HYPOTHESIS II

Perceptions of family adaptability will be significantly dependent upon levels of subject functioning. In addition, we expect high functioning offspring of holocaust survivors to perceive their families as less optimal than high functioning offspring of the comparison group.

Minor Hypotheses

HYPOTHESIS III

The offspring's core level of ego functioning will be positively correlated with the number of extended family members who survived the holocaust.

HYPOTHESIS IV

The offspring's core level of ego functioning will be positively correlated with survivor communication patterns.

In addition to the above hypotheses, we predict that neither the length of parental internment nor the age of parental internment will be significantly correlated with the offspring's core level of ego functioning.

METHOD

Subjects

Two groups comprised of 141 individuals served as subjects for the study. The criteria for selection and subject group characteristics are described below.

The offspring of holocaust survivor group consisted of 24 males and 49 females who were Jewish and born after the repatriation of their parents. These second generation subjects were children of Jewish concentration camp survivors and/or children whose parents were held captive in a slave labor camp during the period of June 1940 through May 1945.

Second generation subjects resided in a number of major metropolitan areas in the United States. Names of the participants were obtained from children of holocaust survivor organizations in Detroit, Chicago, New York, Milwaukee, Cincinnati, and Lansing. These organizations are groups which were formed in the past five years in order to provide a forum for the exchange of ideas, information, and experiences regarding the holocaust. Members in these groups represent a cross section of young Jewish adults with no particular religious or political affiliation other than their common interests as children of survivors.

Comparison group subjects for this study consisted of 34 male and 34 female individuals who reside in major metropolitan areas in the United States. Names of control participants were provided by the Jewish Human Rights Council at Michigan State University, and the Hillel Foundation in Detroit, Chicago, Milwaukee, and Cincinnati.

Table 1 presents a comparison of the two subject groups on a number of demographic variables. Both groups achieved uniformly high socio-economic scores on a two factor index of social position (Hollingshead, 1957). In addition, the groups were not significantly different on either family size or subject birth order position. Significant differences were found between the two groups on subjects age, Father's age, Mother's age, and sex composition of the groups ($\chi^2 = 4.0$, $p = .05$). However, subsequent analysis of the data revealed no significant effect for any of these factors on any of the major variables in this study (see Appendix F for complete analysis of the data).

In addition to the variables listed in Table 1, the groups were compared on a number of other dimensions. All subjects in the study

Table 1
Means and Standard Deviations of Major Demographic Variables
by Subject Group

	Second Generation n=73		Comparison n=68		t	Level of Significance
	Mean	SD	Mean	SD		
Age	28.6	4.7	26.0	5.1	3.2	.002
Family Size	2.7	1.1	2.9	1.0	1.6	.11
Birth Order Position	1.7	.9	2.0	.9	1.8	.08
Socio-economic Status	21.9	8.5	22.9	8.8	.7	.46
Father's Age	60.7	6.1	58.0	8.9	2.0	.04
Mother's Age	58.0	5.5	54.1	8.5	3.2	.002

had completed at least one year of college. Forty-nine percent of the second generation subjects and 43 percent of the comparison group subjects had completed graduate professional training. In both groups over 80 percent had received their elementary school education in the public school system, with 14 percent of the second generation subjects having attended yeshiva (Jewish parochial schools) compared to nine percent of the controls. Finally, 60 percent of the second generation subjects were married compared to 40 percent of the comparison group and second generation subjects reported a higher mean personal income than did the comparison group.

It is important to note that while the groups are closely matched on the above variables, only eight percent of the control group was born outside the United States compared to 42 percent of the experimental group ($\chi^2 = 22.83$, $p < .001$). Subsequent analysis of the data revealed no significant effect for this variable on any of the major variables in this study (see Appendix F).

Measurement Instruments

The principal instruments in this study were: (1) Satisfaction with Wellbeing Questionnaire (2) Washington University Sentence Completion Test (Loevinger & Wessler, 1970) (3) Family Adaptability and Cohesion Evaluation Scales (Olson, Bell & Portner, 1978). In addition, a participant questionnaire designed by the experimenter was employed to assess demographic data and attitudes towards the holocaust.

Satisfaction with Wellbeing Questionnaire

Levy and Guttman (1975) presented a partial theory for the structure of intercorrelations among the varieties of wellbeing. They defined an item of the universe of wellbeing items as, "if and only if its domain asks for ^{cognitive} affective ^{assessment of the} level ^{of the} instrumental treatment state of a social group in some life area, and the range is ordered from 'very satisfactory' to 'very unsatisfactory' according to the normative criterion of the respondent for that area of life" (Levy & Guttman, 1975, p. 364.) The technique used for expressing the design is the mapping sentence, which incorporates both the universe of items and the population studied. The mapping sentence presented by Levy and Guttman contained a number of facets which specified both the domain and range of the items. In the present study, our concern is with wellbeing state of self rather than the wider model presented by Levy and Guttman, who investigated wellbeing state of reference groups and treatment by government.

The present 20 items (Appendix B) are a sample of the possible wellbeing questions which may be asked of each respondent. No strictly systematic sampling design was attempted in the selection of the 20 items. However, it was endeavored that half the items represent cognitive or affective assessments of a wide array of life areas. Some further distinctions are that the majority of the items focus on primary environments, on both a general and specific level.

Each wellbeing item was followed by a five point Likert-type scale and total wellbeing scores were arrived at by summing the scores

for each item. Test-retest reliability was established by testing a sample of 30 adults and then retesting after a two month interval. The Pearson product moment correlation was computed and found to be satisfactory ($r = .95$).

Washington University Sentence Completion Test

Form 9-62 for men and form 9-62 for women of the Washington University Sentence Completion Test (Loevinger & Wessler, 1970) was used to ascertain the level of ego development (Appendix C). Standardized instructions were attached to each form. Responses to the sentence completion test were rated in conjunction with a scoring manual for females (Loevinger, Wessler, & Redmore, 1970) and one for males (Redmore, Loevinger, Tamashiro, Wright, & Rashbaum, 1978). The manuals consist of examples of responses at each ego level for each sentence stem. Trained raters assign an ego level score to each sentence stem response and a total protocol rating (TPR) is arrived at through the application of a set of ogive rules (Loevinger, Wessler, & Redmore, 1970).

Loevinger, Wessler, and Redmore have reported interrater reliability, for both expert and less experienced raters, for the core ego level score at .85 and median interrater item correlations as .75. In addition, Loevinger and Wessler (1970) reported a series of validity studies. Ego development ratings, based on structured interviews were compared to the levels obtained from the sentence completion test and found to correlate quite highly.

In the present study, two trained raters scored item protocols after the responses had been transcribed from the test forms and grouped

by item, in order to avoid a halo effect bias by raters. Raters then assigned an ego level score to each sentence stem response. The cumulative frequency distribution was then tabulated for each subject and a TPR was assigned in accordance with the ogive rules. The percent of agreement between raters was 89 percent for the TPR rankings. TPR rankings in dispute were discussed between the raters and compromise rankings were arrived at.

The model presented by Loevinger and her colleagues is the product of a test construction project spanning ten years. The concept of ego development in this schema represents the integration of common elements in the personality models of several noted theorists. In a sense it represents the intersection of various psychological aspects of development, such as cognitive, interpersonal relations, impulse control and character development. The hierarchy of levels of ego development is presented in Table 2 below.

The present study focused on those subjects at the conformist level (I3), the self aware level (I3/4), and the conscientious level (I4) and above. Conformists are characterized by superficial niceness, obedience to rules, emphasis on the need to belong, and concern with issues of social appearance. Their cognitive style is characterized by conceptual simplicity and stereotyped cliches. Self aware subjects, on the other hand, evidence a differentiation of norms and goals. These individual's interpersonal style is characterized by awareness of self in relation to the group. Finally, conscientious subjects are characterized by their self evaluative standards, formulation of long term goals, and concern for responsibility. These individuals

Table 2

Some Milestones of Ego Development

Stage	Code	Impulse Control, Character Development	Interpersonal Style	Conscious Preoccupations	Cognitive Style
Presocial			Autistic		
Symbiotic	I-1		Symbiotic	Self vs. nonself	
Impulsive	I-2	Impulsive, fear of retaliation	Receiving, dependent, exploitative	Bodily feelings, especially sexual and aggressive	Stereotyping, conceptual con- fusion
Self-Protective	Δ	Fear of being caught, external- izing blame, opportunistic	Wary, manipulative, exploitative	Self-protective, trouble, wishes things, advan- tages, control	54
Conformist	I-3	Conformity to external rules, shame, guilt for breaking rules	Belonging, superficial niceness	Appearance, social accept- ability, banal feelings, beha- vior	Conceptual simplicity, stereotypes, cliches
Conscientious- Conformist	I-3/4	Differentiation of norms, goals	Aware of self in relation to group, helping	Adjustment, problems, reasons, oppor- tunities (vague)	Multiplicity

Table 2 (cont'd.)

Stage	Code	Impulse Control, Character Development	Interpersonal Style	Conscious Preoccupations	Cognitive Style
Conscientious	I-4	Self-evaluated standards, self-criticism, guilt for consequences, long-term goals and ideals	Intensive, responsible, mutual, concern for communication	Differentiated feelings, motives for behavior, self-respect, achievements, traits, expression	Conceptual complexity, idea of patterning
Individualistic	I-4/5	Add: Respect for individuality	Add: Dependence as emotional problem	Add: Development, social problems, differentiation of inner life from outer	Add: Distinction of process from outcome
Autonomous	I-5	Add: Coping with conflicting inner needs, toleration	Add: Respect for autonomy, interdependence	Vividly conveyed feelings, integration of physiological and psychological causation of behavior, role conception, self-fulfillment, self in social context	Increased conceptual complexity, complex pattern for toleration for ambiguity, broad scope, objectivity

Table 2 (cont'd.)

Stage	Code	Impulse Control, Character Development	Interpersonal Style	Conscious Preoccupations	Cognitive Style
Integrated	I-6	Add: Reconciling inner con- flicts, renunci- ation of unat- tainable	Add: Cherishing of individuality	Add: Identity	

Note: "Add" means in addition to the description applying to the previous level.

Note: From Ego development: conceptions and theories by J. Loevinger; copyright by Jossey-Bass, 1976.

show concern for patterns of communication with others and are conceptually complex.

Family Adaptability and Cohesion Evaluation Scales (FACES)

FACES, developed by Olson, Portner and Bell (1978), is a self report scale designed to assess systematically levels of family cohesion and adaptability (Appendix D). The instrument was based on the circumplex model (Olson, Sprenkle, & Russell, 1979) which uses these two dimensions. The model generates four levels of family cohesion and four levels of family adaptability, which in turn leads to 16 (4 x 4) possible family typologies. The 111 item instrument contains seven subscales of adaptability and nine subscales of cohesion (Table 3a, Table 3b). Family cohesion is defined as: "the emotional bonding which members have toward one another and the individual autonomy that a person has in the family system: (Olson, Bell, & Portner, 1978). Family adaptability is defined as: "the ability of a marital/family system to change its power structure, role relationships, and relationships rules in response to situational and developmental stress" (Olson, Bell, & Portner, 1978).

Initially, the scales comprised of 204 statements were tested by the researchers (Olson, Bell, & Portner, 1978) on a sample of 410 students. The data were factor analyzed and eigen values and percent of variance computed. Analysis of the items within each factor revealed a strong correspondence between response strength of an item and the factors. Chaotic, rigid and moderate items of the adaptability dimension were concentrated in three factors accounting for 84.3 percent of the variance. Disengaged, enmeshed, and moderate items of the

Table 3a

Seven Subscales of
FAMILY ADAPTABILITY

	<u>Rigid</u>	<u>Structure</u>	<u>Flexible</u>	<u>Chaotic</u>
ASSERTIVENESS	Passive-aggressive styles of interaction.	General assertive with some aggression.	Mutually assertive with rare aggression.	Passive and aggressive styles. Unpredictable patterns.
CONTROL (Leadership)	Authoritarian. Traditional leadership.	Leadership is stable and kindly imposed.	Equalitarian leadership with fluid changes.	Limited and/or erratic leadership.
DISCIPLINE	Autocratic. Strict, rigid conseq. Rigidly enforced.	Generally democratic. Predictable consequences. Firmly imposed and enforced.	Usually democratic. Negotiated conseq. Fairly maintained.	Laissez-faire. Inconsistent consequences. Erratically enforced.
NEGOTIATION	Poor problem solving. Limited negotiations. Solution imposed.	Good problem solving. Structured negotiations. Reasonable solutions.	Good problem solving. Flexible negotiations. Agreed upon solutions.	Poor problem solving. Endless negotiations. Impulsive solutions.
ROLES	Role rigidity. Stereotyped roles.	Roles stable, but may be shared.	Role sharing and making. Fluid changes of roles.	Dramatic role shifts. Sporadic role reversals.

Table 3a (cont'd.)

	<u>Rigid</u>	<u>Structure</u>	<u>Flexible</u>	<u>Chaotic</u>
RULES	Rigid rules. Many explicit rules. Many implicit rules. Rules strictly enforced.	Few rule changes. Many explicit rules. Some implicit rules. Rules firmly enforced.	Some rule changes. Some explicit rules. Few implicit rules. Rules fairly enforced.	Dramatic rule changes. Many explicit rules. Few implicit rules. Rules arbitrarily enforced.
SYSTEM FEEDBACK	Primarily negative loops; few positive loops.	More negative than positive loops.	More positive than negative loops.	Primarily positive loops; few negative loops.

Table 3b
Nine Subscales of
FAMILY COHESION

	<u>Disengaged</u>	<u>Separated</u>	<u>Connected</u>	<u>Enmeshed</u>
EMOTIONAL BONDING (Feelings of Closeness)	Extreme separate- ness. Lack of closeness or loyalty.	Emotional sepa- rateness en- couraged and preferred. Need for support respected.	Emotional close- ness encouraged and preferred Need for separateness respected.	Extreme closeness. Loyalty demanded. Separateness restricted.
INDEPENDENCE (Versus Dependence)	High indepen- dence. Family members depend on themselves.	Independence encouraged and preferred. De- pendence accept- able at times. Many needs met outside family	Dependence is encouraged and preferred. In- dependence accept- able at times. Many needs met within family.	High dependence of family members on each other.
FAMILY BOUNDARIES (External Relationship)	Influence of outside people and ideas un- restricted.	Open to outside people and ideas.	Some control of outside people and ideas.	Influence of outside people and ideas restricted.

Table 3b (cont'd.)

	<u>Disengaged</u>	<u>Separated</u>	<u>Connected</u>	<u>Enmeshed</u>
COALITIONS (Marital) (Sibling) (Generational)	Weak marital coalition. Poor sibling relationship. Blurred generational lines.	Stable marital coalitions. Stable sibling relationship. Fuidl generational lines.	Strong marital coalitions. Stable sibling relations. Stable generational lines.	Weak marital coalitions. Parent-child coalitions. Blurred generational lines.
TIME (Physical and/or Emotional)	Time apart from family maximized. Rarely time together.	Time alone important. Some time together.	Time together important and scheduled. Time alone permitted.	Time together maximized. Little time alone permitted.
SPACE (Physical and/or Emotional)	Separate space needed and preferred.	Separate space preferred. Sharing of family space.	Sharing family space preferred. Private space respected.	Little or no private space permitted.
FRIENDS	Main individual friends seen alone. Few family friends.	Individual friends shared with family. Some family friends.	Some individual friends. Some scheduled activities with couple/family friends.	Limited individual friends. Couple/family friends strongly encouraged.

Table 3b (cont'd.)

	<u>Disengaged</u>	<u>Separated</u>	<u>Connected</u>	<u>Enmeshed</u>
DECISION MAKING	Primarily individual decisions. No checking with other family members.	Most decisions individually made. Able to make joint decisions on family issues.	Most decisions made with family in mind. Individual decisions are shared.	All decisions, both personal and relationship, must be approved.
INTERESTS AND RECREATION	Primarily individual activities done without family. Family not involved.	Some spontaneous family activities. Individual activities supported.	Some scheduled family activities. Family involved in individual interests.	Most activities and interests must be shared with family.

cohesion dimension were concentrated in four factors accounting for 64.5 percent of the variance. In order to assess the clinical validity of the items, 35 marriage and family counsellors were given the above definitions of cohesion and adaptability and were asked to rate each item on a 1 (low) to 9 (high) scale. These ratings were then employed in the final selection of FACES items.

Final selection of FACES items was made using the following criteria: a) a mean and mode score that fell within the appropriate range using counsellor rankings, b) the lowest standard deviation indicating high consensus among counsellors on the item ranking, and c) the highest factor score on the data from the student data. In addition to the 54 cohesion items and the 42 adaptability items, a modified version of the Edmonds Social Desirability Scale with 15 items was included.

Normative data and cutting points were developed from a study (Olson, Bell, & Portner, 1978) of 84 problem families and 117 non-problem families. The husband, wife, and adolescent of each family took FACES producing data from 603 individuals. Cutting points on each dimension of the FACES were based on the mean and standard deviations for each scale. The internal consistency (alpha) reliability of the total scores for adaptability and cohesion were $r = .75$ and $r = .83$ respectively. Additional data analysis revealed that social desirability was not correlated with the total score on adaptability ($r = .03$), but it was highly correlated with the score on cohesion ($r = .45$). For the purpose of this study, the FACES was modified by changing the tense in each sentence to the past since subjects were asked to assess

their original nuclear family. The FACES data were computer scored in accordance with the scoring template and instructions provided in the FACES manual (Olson, Bell, & Portner, 1978).

Participant Questionnaire

A participant questionnaire (Appendix E) was designed by the author to gather demographic data. The first 11 items deal with personal information and include items relevant to the two factor index of social position (Hollingshead, 1957). The next 14 items ask the participant to provide information concerning both parents' holocaust experience and the composition of their nuclear families. The remaining 10 items ask the participant to rate statements about their experience of the holocaust on a 5 point Likert-type scale. Five of the statements (items 26, 29, 31, 34, 35) represent positively valenced views of communication patterns between the generations and five of the statements (items 27, 28, 30, 32, 33) represent positively valenced views of the offspring's shared mourning and involvement with regard to the holocaust. Measures of shared mourning and involvement and degree of open parental communication were arrived at by summing subject ratings of the appropriate items.

Procedure

The researcher contacted each potential participant via phone. The study was described as an investigation of the wellbeing of holocaust survivor families and their children. The researcher explained that there was no remuneration for participation in the study other than the subject's own interests in this area of study. All questions

as to the design or hypotheses were deferred to a later date, when the results of the study would be available to all participants. Subjects who agreed to participate were mailed test packets which contained all the necessary materials.

Packets included a cover letter which addressed the nature of the study, the issue of confidentiality, the voluntary nature of participation, and the availability of the results at a later date. One hundred and fifty packets were mailed to potential second generation subjects and 150 packets were mailed to potential comparison subjects. Upon return of a completed packet, code numbers were assigned to each packet and its instruments. The response rate for the second generation subjects was 49 percent compared to 46 percent for the comparison subjects.

The participant questionnaire, the Satisfaction with Wellbeing Questionnaire, and the FACES instrument were on op-scan sheets. These answer sheets were submitted to the Michigan State University scoring office for transfer to data cards. The Washington University Sentence Completion Test protocols were transcribed to 36 item protocols, where each subject's responses were then re-recorded on separate item protocols for each sentence stem. Two trained raters assigned an ego level score to each sentence stem response based on the scoring manuals. Total protocol ratings were arrived at through the application of the ogive rules.

All subjects were then divided into high, average, and low functioning groups on the basis of two criteria measures. Sentence completion ratings at the conscientious level (I 4) and above were

classified as high, ratings at the self aware level (I3/4) were classified as average, and ratings at the conformist level (I 3) were classified as low. The other criteria measure was the total wellbeing score achieved by a subject. Rather than partitioning subjects on the basis of high, average, and low scores, the data was entered as a continuous variable and each subject was assigned their score. The range of total wellbeing scores obtained was 23 to 72.

Finally, a grand mean for the entire sample was derived for both family cohesion and family adaptability based on the FACES responses. The grand mean for cohesion was 247.9 while the grand mean for adaptability was 169.5. Deviation scores (DEVCOH, DEVADAP) were then calculated for each subject by computing the absolute difference between a subject's score and the grand mean for both the cohesion and adaptability dimension. For example, a subject who scores 230 on cohesion and 150 on adaptability would be assigned a DEVCOH score of 17.9 ($247.9 - 230$) and a DEVADAP score of 19.5 ($169.5 - 150$).

RESULTS

In the first section of the results a preliminary investigation of possible relationships between independent variables will be presented. The following section presents the results sequentially as they bear on each hypothesis. The final section contains additional findings for which no hypotheses were offered.

Preliminary Investigation of Relationships Between Independent Variables

The distribution of total protocol rankings on the Washington University Sentence Completion Test (Loevinger) by subject group is presented in Table 4. The chi square for this contingency table revealed no significant differences between the groups on this variable ($\chi^2 = .398$, $df = 2$, $p = .819$). In other words, core levels of ego development as measured by the Loevinger rankings were uniformly distributed between the two subject groups.

Table 4

Distribution of Loevinger Total Protocol Rankings
by Subject Group

Loevinger	Second Generation	Comparison
Conformist (I 3)	n=17	n=15
Self Aware (I3/4)	n=28	n=32
Conscientious (I 4)	n=23	n=26

The two groups were also compared for possible differences on their self determined wellbeing scores (Table 5). A t test revealed no significant differences between the groups on this measure either.

Table 5
Means and Standard Deviations
of Wellbeing Scores by Subject Group

	Mean	SD	t	DF	Level of Significance
Second Generation	41.08	10.5			
			-.91	137	136
Comparison	42.72	10.7			

Finally, a one way analysis of variance was conducted to investigate the relationship between the Loevinger rankings and the wellbeing scores. The analysis of variance revealed a highly significant relationship between these variables ($F_{2,136} = 10.4$, $p < .001$). In other words, the two a priori criteria measures for level of subject functioning in this study were significantly related to each other.

HYPOTHESIS I

High functioning offspring, regardless of family type, will perceive their families as optimal on cohesion while low functions offspring will perceive their families as extreme on cohesion.

Table 6 presents the means and standard deviations for each group on both the overall measure of cohesion and the deviation score (DEVCOH) from the grand mean of cohesion for both groups. A brief inspection

Table 6

Means and Standard Deviations of Cohesion
and DEVCOH Scores by Subject Group

	Second Generation		Comparison		t	DF	Level of Significance
	Mean	SD	Mean	SD			
Cohesion	247.6	20.8	248.1	23.7	- .14	139	.88
DEVCOH	15.8	13.4	18.6	14.4	-1.22	139	.22

of the means reveals that both groups perceive their families in similar ways, and the only apparent difference is that second generation subjects tend to deviate less from the optimal mean of cohesion than do comparison subjects.

Analysis of variance was performed on the dependent variable DEVCOH using the Loevinger ranking as the criteria measure for level of functioning. The results (Table 7) indicate a highly significant main effect for level of functioning and no significant effects for

Table 7

Summary of Cell Means and Sources of Variance of
DEVCOH Scores for Subject Groups by Loevinger Rankings

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	163.78	1	1.2	.27
Loevinger	4158.56	2	30.5	.001
Interaction	95.11	2	.7	.5
Error	136.43	135		

subject group or interaction effects. Hypothesis I is then supported in that there is a highly significant main effect for level of functioning regardless of family type (holocaust versus comparison). Further corroboration of Hypothesis I was provided by performing a multiple regression analysis when level of functioning was determined by the wellbeing score. The results, listed below in Table 8, indicate a highly significant main effect for level of functioning and no

Table 8

Summary Table:
Multiple Regression Analysis on DEVCOH

Variable	Beta	F	Level of Significance
Subject Group	-.47	.003	.96
Wellbeing	.51	11.077	.001
Interaction	-.43	.042	.84
Overall F		7.62	.001

significant effect for either subject group or the interaction effect. In other words, Hypothesis I is supported by both analyses of the data which indicate that perceptions of family cohesion are significantly determined by level of functioning and not by type of family membership.

Tables 9 and 10 present the data according to the a priori criteria for level of functioning. Table 9 presents the means and standard deviations of the dependent variable DEVCOH for each group by Loevinger ranking. Subjects at the conformist level (I 3) of functioning have

Table 9

Means and Standard Deviations of DEVCOH
Scores for Subject Groups by Loevinger Rankings

	Loevinger Rankings		
	I 3	I3/4	I 4
Second Generation			
Mean	27.9	15.4	9.3
SD	16.2	11.3	9.2
Comparison			
Mean	31.4	19.4	8.3
SD	13.0	12.6	8.8

uniformly large DEVCOH scores, which indicate that they perceive their families as being more extreme on family cohesion (disengaged or enmeshed). Subjects at the self aware (I3/4) level of functioning perceive their families as more moderate on this dimension, which is reflected in the drop of DEVCOH scores for both groups. The lowest DEVCOH scores are achieved by conscientious (I 4) subjects, who uniformly perceive their families as moderate on the cohesion dimension (separated or connected).

Table 10 presents a similar pattern of results where the level of functioning was determined by subjects' responses to the wellbeing questionnaire. In this instance, subjects who rate their overall wellbeing as the lowest had the highest DEVCOH scores for both groups. However, how these scores change for moderate and high functioning subjects seems to depend on the interaction effect of level of subject functioning by subject group membership.

Table 10

Means and Standard Deviations of DEVCOH Scores
for Subject Groups by Wellbeing Scores

	Wellbeing		
	Low	Moderate	High
Second Generation			
Mean	26.2	10.9	13.8
SD	15.4	10.2	11.7
Comparison			
Mean	24.7	22.8	11.2
SD	11.4	15.8	12.7

In summary, the results indicate a highly significant main effect for level of functioning, regardless of family type, on perceptions of family cohesion. In addition it was demonstrated earlier that no significant relation was found between family type and either measure of subject functioning. Therefore, we can conclude that no significant relationship between survivor family membership and extreme perceptions of family cohesion exists.

HYPOTHESIS II

Perceptions of family adaptability will be significantly dependent upon levels of subject functioning. In addition, we expect high functioning offspring of holocaust survivors to perceive their families as less optimal than high functioning offspring of the comparison group.

Table 11 presents the means and standard deviations for each group on both the overall measure of adaptability and the deviation

score (DEVADAP) from the grand mean of adaptability for both groups. The means listed for adaptability show very little variation between the groups, and the only apparent difference is that second generation subjects tend to perceive their families as more deviant from the grand mean than do comparison subjects.

Table 11
Means and Standard Deviations of Adaptability
and DEVADAP Scores by Subject Group

	Second Generation		Comparison		t	DF	Level of Significance
	Mean	SD	Mean	SD			
Adaptability	170.04	22.6	168.93	17.1	.33	139	.74
DEVADAP	16.34	15.6	13.84	9.9	1.13	139	.26

An analysis of variance was performed on the dependent variable DEVADAP using the Loevinger ranking. The results revealed a highly significant main effect for level of functioning ($F_{2,135} = 8.29$, $p < .001$). Individual comparisons were then carried out comparing subject groups at each level of Loevinger ranking. An inspection of the individual comparisons (Table 12) reveals a significant difference in perceptions of family adaptability between the two groups for those subjects at the highest level of functioning as determined by the Loevinger rankings.

A multiple regression analysis was performed where level of functioning was determined by the wellbeing score. The results revealed

Table 12

Individual Comparisons for Mean DEVADAP Scores
for Each Level of Loevinger Ranking by Subject Group

Loevinger Ranking	Second Generation	Comparison	F	DF	Level of Significance
Conformist (I 3)	23.3	21.9	.1	1,135	NS
Self Aware (I3/4)	14.5	14.2	.01	1,135	NS
Conscientious (I 4)	14.6	7.5	3.95	1,135	.05

a highly significant main effect for level of functioning ($F = 8.32$, $p < .005$). Individual comparisons were then carried out comparing subject groups at each level of a tripartite split of wellbeing scores. An inspection of the individual comparisons (Table 13) reveals a significant difference in perceptions of family adaptability between the two groups for those subjects at the highest level of self determined wellbeing.

Table 13

Individual Comparisons of Mean DEVADAP
Scores for Each level of Wellbeing by Subject Group

Wellbeing	Second Generation	Comparison	F	DF	Level of Significance
Low	15.21	19.85	1.26	1,133	NS
Moderate	18.46	14.79	.79	1,133	NS
High	15.44	8.31	4.42	1,133	.05

In summary, Hypothesis II is supported by both analyses of the data which indicate that perceptions of family adaptability are significantly related to level of functioning. In addition, the individual comparisons of mean DEVADAP scores revealed that high functioning children of holocaust survivors perceived their families as significantly less optimal on this dimension than high functioning comparison subjects.

HYPOTHESIS III

The offspring's core level of ego functioning will be positively correlated with the number of extended family members.

Pearson product moment correlations were computed among twenty-one major variables within the second generation group (Table 14). Neither the number of extended family members of either parent nor the percentage of survival was significantly correlated with the core level of ego functioning attained by the offspring. Therefore, Hypothesis III was not supported.

HYPOTHESIS IV

The offspring's core level of ego functioning will be positively correlated with survivor communication patterns.

Hypothesis IV was not supported since the measure of communication patterns was positively correlated with level of ego functioning ($r = .17$), but failed to achieve the required level of significance.

In addition to the four major hypotheses of the study, we predicted that neither the length of parental internment nor the age of parental internment would be significantly correlated with the offspring's

Table 14
Matrix of Correlations of Variables Within the Second Generation Group

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
A	---																				
B	01	---																			
C	09	04	---																		
D	02	05	32 ^a	---																	
E	14	23	21	53 ^c	---																
F	-17	78 ^c	-08	04	-25 ^a	---															
G	-12	06	68 ^c	10	03	13	---														
H	-10	09	28	21	09	06	06	---													
I	-04	08	15	11	24 ^a	03	-03	55 ^c	---												
J	17	11	35 ^a	30 ^b	23 ^a	19	00	05	21	---											
K	08	00	06	04	-06	22	-04	01	03	41 ^c	---										
L	16	09	28 ^a	24 ^a	20	24	-01	02	16	94	70	---									
M	35 ^b	22	19	05	17	-05	05	-12	-11	11	21	16	---								
N	-40 ^a	23	02	-02	-20	38 ^a	00	37	25	-05	12	00	-30	---							
O	-16	13	-06	03	14	03	15	-10	-19	14	22	19	04	-11	---						
P	-19	-08	-23	-09	-08	-12	-02	-09	09	01	-19	-06	-03	00	01	---					
Q	04	-06	-10	04	00	-04	-22	-11	-10	31 ^b	-05	-22	-01	01	02	29 ^a	---				
R	-18	-05	-10	05	-13	-03	03	-06	02	02	10	05	00	41 ^a	23 ^a	47 ^c	09	---			
S	-49 ^c	-11	-02	08	07	-08	07	14	07	-03	-11	-06	36 ^b	32	11	05	11	06	---		
T	37 ^c	-07	14	02	02	00	06	06	04	36 ^b	31 ^b	40 ^c	36 ^b	-09	06	00	26 ^a	-07	-16	---	
U	04	20	05	22	04	31 ^a	12	03	-07	00	-10	-03	-10	-09	00	-21	-23 ^a	-15	-12	07	---

Table 14 (cont'd.)

Note. The variable names have been deleted in Table 14 and can be determined by the key listed below.

A=Loevinger Ranking
 B=Father's age of internment
 C=Months of internment-father
 D=Number of survivors-father's family
 E=Percentage of survival-father's family
 F=Mother's age of internment
 G=Months of internment-mother
 H=Number of survivors-mother's family
 I=Percentage of survival-mother's family
 J=Survivor communication patterns
 K=Shared mourning and involvement
 L=Total J+K
 M=Wellbeing
 N=Age of entry to the United States
 O=Number of survivor parents
 P=Adaptability
 Q=Cohesion
 R=DEVADAP
 S=DEVCOH
 T=Social desirability
 U=Sex
 $p^a < .05$
 $p^b < .01$
 $p^c < .001$

core level of ego functioning. An inspection of Table 14 supports this prediction in that neither of these variables was significantly correlated with any of the major variables of this study. In fact, the age

at which an individual was interned in a concentration camp or slave labor camp is only significantly correlated with their marital partner's age of internment. This finding seems to reflect the grim fact that the great majority of individuals who survived the holocaust were between the ages of adolescence and young adulthood. In a similar manner, length of internment of either parent is significantly correlated with the marital partner's length of internment.

Additional Findings

The present investigation also provided an opportunity to explore a number of different possible relationships for which no hypotheses were offered. In this regard the pattern of correlations (Table 14) among major variables may serve as a starting point.

The trend of correlations among the parental communication measure, the shared mourning and involvement measure, and the other variables is interesting. The number of survivors and the percent of survival in the paternal holocaust generation family are both positively correlated with open communication patterns within survivor families regarding the holocaust. In a similar manner, percent of survival in the maternal holocaust generation family is positively correlated with parental communication patterns. However, none of the above variables are significantly correlated with a measure of shared mourning and involvement. This measure, as derived from subjects' responses to a Likert-type scale for mourning and involvement, is positively correlated with the wellbeing score, approaching significance at $p = .09$. Finally, it is interesting to note that both the measure of communication patterns and the measure of shared mourning and involvement are positively correlated with social desirability ($r = .36$, $r = .31$).

There are also differences between one parent survivor (1P/S) and two parent survivor (2P/S) families on a number of variables. In the present study 21 subjects were from families with one holocaust survivor parent and 52 subjects were from families where both parents were holocaust survivors. Subjects from families where both parents were holocaust survivors were significantly older ($t = 2.04$, $p = .04$), as were their parents. These families were also distinguished by greater length of parental internment, larger initial pre-war family sizes for both parents, and a smaller percentage of survival. However, no significant differences were found between offspring of 1P/S and 2P/S families on socio-economic status ($t = .19$, $p = .85$) or the self determined wellbeing score ($t = .30$, $p = .77$).

Perceptions of family cohesion and family adaptability by offspring of 1P/S and 2P/S families are presented in Table 15. An inspection of the results for the comparison of means reveals that subjects from families where both parents were holocaust survivors perceived their families as significantly more extreme on the adaptability dimension. Further data analysis revealed that age of entry to the United States for offspring of 2P/S families was significantly correlated ($r = .43$, $p < .05$) with more extreme perceptions of family adaptability (DEVADAP). Age of entry to the United States for offspring of 1P/S families, on the other hand, was significantly correlated ($r = .95$, $p < .05$) with more extreme perceptions of family cohesion (DEVCOH). In addition, it is interesting to note that in 1 P/S families length of mother's internment was significantly correlated ($r = .76$, $p < .01$) with DEVCOH scores.

Table 15

Mean FACES Scores for One Parent Survivor Families
and Two Parent Survivor Families

	1P/S	2P/S	t	DF	Level of Significance
Cohesion	248.4	247.3	.20	71	.84
Adaptability	170.4	169.9	.09	71	.93
DEVCOH	13.5	16.7	.91	71	.37
DEVADAP	10.7	18.6	1.99	71	.05

The final area of additional interest involved an analysis of the data for those second generation subjects born in the United States and those born in Europe. Subjects who were born in Europe were significantly older ($t = 6.67$, $p < .001$) than native Americans, although both groups were from similar socio-economic backgrounds ($t = 1.18$, $p = .24$). Survivor parents of subjects born in Europe were older, came from larger families themselves, were interned for long periods in concentration camps, and lost a greater percent of their family members in the holocaust.

Perceptions of family cohesion and family adaptability for these two groups are presented in Table 16. The t test for the comparison of means revealed no significant differences between second generation subjects who were born in Europe and those born in the United States. Further data analysis revealed that for second generation subjects born in the United States there was a significant correlation between the number of survivor parents and extreme perceptions of

Table 16

Mean FACES Scores for Second Generation
Subjects by Place of Birth

	United States	Europe	t	DF	Level of Significance
Cohesion	249.5	244.9	.93	71	.36
Adaptability	172.1	167.2	.91	71	.37
DEVCOH	16.9	14.2	.88	71	.38
DEVADAP	18.2	13.9	1.17	71	.25

family adaptability ($r = .31$, $p < .01$). The pattern of results is different for second generation subjects who were born in Europe. For these subjects, age of entry to the United States was significantly correlated with extreme perceptions of family adaptability ($r = .41$, $p < .05$). Finally, for these subjects both the father's pre-war family size and the mother's pre-war family size were significantly correlated with extreme perceptions of family adaptability ($r = .48$, $p < .01$; $r = .41$, $p < .05$).

DISCUSSION

This study has explored the possible long range effects on survivor families as a result of the massive trauma endured by survivors of concentration camps. The underlying theoretical argument advanced was that an analysis of the types and patterns of family structures which evolved in the process of recovery would provide the meaningful context within which to view the functioning of both survivors and their children. Therefore, the method of study relied on the perceptions of children of holocaust survivors as to their experiences within the family unit.

The results of the present study revealed a wide variety of family structures within holocaust survivor families. On the cohesion dimension, these families ranged from enmeshed to disengaged as did the comparison families. On the adaptability dimension, the range was from rigid to chaotic for both survivor and comparison families. The average holocaust survivor family in this study was characterized by structured separateness. In the circumplex model, this type of family functioning represents moderate scores on both family cohesion and family adaptability.

Structured separateness is indeed a far cry from the picture of the holocaust family portrayed in the literature to date. This portrayal has included: extreme forms of enmeshment; symbiotic devotion; blurring of boundaries; and disturbances in affective communicativeness. The results of this study found no support for the above formulations. However, the results do reflect a wide range of family structures for both survivor families and comparison families. This heterogeneity of family structures, I feel, is a

reflection of the individual personality differences of both the survivors and their children. Rather than a "flagrant uniformity" (Koryanyi, 1969, p. 167) or the leveling of pre-war personality differences, I contend that the range of family structures is related to the crucial interaction of the pre-persecution personality, the holocaust experience, and ensuing life events.

Family Cohesion in Holocaust Survivor Families

The results of the present study with respect to offspring's perceptions of family cohesion indicate that both children of holocaust survivors and control subjects view their families in the midrange of the circumplex model. In addition, it has been demonstrated that extreme perceptions of family cohesion, namely enmeshment or disengagement, are significantly related to a subject's level of functioning and not family type. Level of functioning in turn was demonstrated to be distributed evenly for both children of holocaust survivors and the control group. The above findings lead us to conclude that there is no demonstrable long range effect on perceptions of family cohesion which is solely attributable to being a child of holocaust survivors. Further corroboration of this was provided by results which indicate no significant correlation between a number of variables based on parental holocaust experiences and perceptions of family cohesion.

These results differ markedly from a host of clinical and phenomenological articles reviewed earlier. Early investigators in this area argued that since holocaust survivors experienced similar chronic deprivation and massive trauma this would necessarily produce irreparable distortions in their capacity for human relations. This

distortion and their pre-occupation with mourning, the argument continued, would also distort their relationships with their children. Finally, these investigators have argued that the child of survivors emerges from the holocaust family with incomplete individuation and emotional pathology. The hypothesized pathology of the second generation being due to symbiotic devotion fostered within the holocaust family. In this study, holocaust families did not differ from comparison families on the cohesion dimension and deviations from the optimal levels within the circumplex model were a function of the offspring's sense of wellbeing and level of ego development (Loevinger).

How then are we to understand the clinical literature in light of our results? First, there are quite a number of methodological inadequacies which made the interpretation of the earlier investigations problematic. Solkoff (1981), in a critical review of the literature, found a large number of methodological problems including: instrument selection; inadequate control groups; and liberal interpretations and re-interpretations of the data. In fact the great majority of the published articles in this area rely on anecdotal data and unsupported findings which have served to stigmatize a very substantial group of children of holocaust survivors and their parents. Regrettably, the sweeping generalizations about intergenerational effects of the holocaust have been "rooted in nothing more than unreliable data gathered from biased samples in poorly designed experiments" (Solkoff, p. 41).

Second, the different pattern of results may be attributable to the issues of sampling. Heretofore, the majority of studies have

focused on holocaust families who have sought therapeutic intervention. These samples included individuals who were self referred or individuals referred by social agencies due to various forms of maladaptive behavior. The present sample consists of normal functioning individuals from a uniformly high socio-economic background. The majority of the subjects are engaged in professional or semi-professional careers and rate themselves as moderate to high on overall wellbeing. In fact, less than five percent of the entire sample rated themselves as less than average on overall wellbeing. In other words, the different pattern of results might be more parsimoniously explained by the difference in the level of functioning of subjects in this study compared with subjects in past studies. Further, the results of the earlier studies can be seen as a predicted outcome of the significant relationship between level of functioning and perceptions of family cohesion. A clinical sample, which may be operationally defined as low level functioning, would be expected to have extreme perceptions of family cohesion (enmeshed or disengaged). However, these extreme perceptions are not a function of family type as has been generally hypothesized in the literature. Rather, these perceptions are related to the lower levels of ego functioning expected in a patient sample.

Family Adaptability in Holocaust Survivor Families

The results presented earlier indicate that both groups perceive overall family adaptability in the midrange of the circumplex model. Comparison subjects perceive their families as more extreme on this dimension depending on their level of functioning. Low functioning

comparison subjects viewed their families as rigid or chaotic while high functioning comparison subjects viewed their families as structured or flexible. Perceptions of family adaptability for the second generation subjects presented a more complex pattern. Low functioning second generation subjects viewed their families as rigid or chaotic, as had low functioning comparison subjects. High functioning second generation subjects, on the other hand, viewed their families as significantly more structured or rigid as compared with perceptions of high functioning comparison subjects.

Hypothesis II argued that extreme perceptions of family adaptability may be a long term effect of the holocaust. This hypothesis evolved from the notion that survivor parents may have passed on instrumental attitudes towards dealing with the world to their children. These instrumental attitudes have been described as rigid prescriptions for living by some and an adaptive sense of reality by others. Although the data support Hypothesis II, it would be best to proceed with caution. The data analysis also revealed that age of entry to the United States as well as the number of survivor parents within holocaust survivor families were significantly correlated with extreme perceptions of family adaptability. In other words, caution in interpreting the results seems warranted.

At this point a number of alternate explanations can be offered which hopefully will lead to further empirical investigations. First, that the results do reflect a long term effect of the holocaust experience, as has been argued earlier. This argument contends that holocaust survivor parents taught their children the adaptive strategy

which was crucial to their survival in the camps. An adaptive strategy which relies on the ability to rapidly shift from a position of rigid prescriptions for survival to one of extreme flexibility. In fact, this formulation may account for the frequently cited phenomena in the clinical literature of the ambivalent attitudes of holocaust parents towards their children. These attitudes fluctuate from one of overprotection to an alternate attitude which fosters extreme self reliance on the part of the children. In part this fluctuation in attitudes may be due to a grim sense of reality shared by holocaust survivors. For the holocaust marked the first time in human history that over one million children were willfully and systematically murdered. Thus, the 'overprotectiveness', Klein (1973) suggests, is to be understood as a coping mechanism rather than an expression of pathology.

The difficulty encountered with the above explanation is that it represents a restricted psychological assessment of survivors. Restricted in the sense that the assessment of survivors focuses on the one outstanding feature of their history, namely that they were in a concentration camp. An alternate explanation of the results for perceptions of family adaptability is that these results are significantly effected by the pre-persecution personalities and the post-war resettlement process. In other words, variables such as personality patterns of the survivor generation, degree of difficulty in the resettlement process, length of the resettlement process, age of the child during the resettlement process, and the general effects of being part of an immigrant group all play a role in the evolving family structures. Clearly, further research is needed.

Children of Holocaust Survivors

Children of holocaust survivors have been alternately described as overprotected, overfearful, mistrusting, suspicious, paranoid, and hostile as well as 'naches' (sources of pride) machines with depressive sadomasochistic drives. In the present study no support was found for the alleged child of survivor syndrome. Levels of functioning and self determined wellbeing scores were uniformly distributed in both the second generation and comparison groups. Again, we would argue that the alleged child of survivor syndrome is a result of biased sampling and an overly rigid focus on psychopathology.

Axelrod's (1980) definitive work on hospitalized children of holocaust survivors posed a few interesting questions. First, does the degree of parental trauma correlate positively with the pathology of the child? Second, does the number of extended family members who survived the holocaust correlate positively with the adjustment of the child? Finally, do parental communication patterns significantly effect the adjustment of the child?

The results of our study indicate that neither the length of parental internment nor the age at which either parent was interned was significantly correlated with the core level of ego functioning of the offspring. This was a predicted outcome since we expected that the impact of the massive traumatic holocaust experience could not be assumed to be homogeneous nor be assessed by absolute interval measures. Rather, it was more productively viewed as idiosyncratic and heterogeneous effecting given individuals in different ways as determined by their pre-persecution personality.

In regard to the number of extended family members who survived the holocaust, we found no significant correlation between this variable and the offspring's level of ego functioning. In part this may be due to the fact that immediately following the war holocaust survivors formed a large network of survivor organizations which may have served the functions normally assumed by the extended family. These organizations provided a framework for shared mourning, support, and a forum for the exchange of ideas and information. This pattern of group affiliation has been noted by several authors in their first hand accounts of life within the concentration camps.

Finally, open communication patterns within holocaust families regarding the holocaust were positively correlated with the offspring's level of ego functioning, although this did not reach the required level of significance. Further, the degree of communication within holocaust survivor families was significantly correlated with the offspring's assessment of their shared mourning and involvement with regard to the holocaust. Both of these variables were significantly related to social desirability. This interesting relationship may reflect the tremendous growth in recent years of children of holocaust survivor groups in the United States. In this manner it seems that the need for affiliation and group support which was an integral part of life for the survivor generation has become an equally important aspect of the second generation's life.

Some concluding remarks seem in order with respect to the parenting functions within holocaust survivor families. A great deal has been written and hypothesized with regard to these 'marriages

of despair' and an alleged uniform 'affective deficiency syndrome', which was said to preclude normal parenting functions. The results of this study found no support for these formulations. Rather, the data indicated a wide variety of family structures which we hypothesize are a reflection of the individual personality differences of both the survivors and their children. In fact, major holocaust variables such as age of internment, duration of internment, number of survivors, and place of internment were only significantly correlated with the spouse's data on these same variables. In other words, in the period of confusion and bewilderment after the war many of the marriages were formed on the basis of age and shared experiences. Rather than despair as the motivating force, I contend that procreative involvement and the re-establishment of nuclear families played a decisive role in the psychology of recovery. As Ornstein (1980) has eloquently stated, it was the adult productivity which constituted the significant factor in the survivor's recovery.

At the outset of this study the author acknowledged the difficulty in adequately describing the phenomenological world of those who survived. However, this difficulty is hardly overcome by regarding survivors and their families as suffering from a uniform syndrome. The view of the maimed survivor and the pathological survivor family is untenable in that it denies the heterogeneity, individuality, and personal history of both survivors and their offspring. The present study does not presume to present all the relevant data in this complex area nor has it provided all the definitive answers to a large number of important questions. However, an understanding of the past and its

impact on the present can only be gained through the integration of many such empirical studies and the phenomenological accounts of those who survived.

SUMMARY AND CONCLUSIONS

This study was concerned with the long term impact of the holocaust on the types of family structures within holocaust survivor families. The focal theoretical questions which sparked this study include:

- (1) Is the hypothesis of a uniform survivor syndrome tenable?
- (2) Is there a transmission of trauma to subsequent generations?
- (3) What are the characteristics of the integrated adaptive survivor family? What are the characteristics of the maladaptive survivor family?

The second generation group of children of holocaust survivors consisted of 49 female and 24 male Jewish adults born after the repatriation of their parents. The comparison group was composed of 34 female and 34 male Jewish adults. The groups were compared for age, socio-economic status, elementary school education, level of education, age of mother, age of father, and level of functioning. All subjects in the study completed the Satisfaction with Wellbeing Questionnaire, the Washington University Sentence Completion Test, the Family Adaptability and Cohesion Evaluation Scales, and a questionnaire designed by the researcher.

The specific hypotheses that were examined in this research were the following:

HYPOTHESIS I

High functioning offspring, regardless of family type, will perceive their families as optimal on the cohesion dimension while low functioning offspring will perceive their families as extreme on cohesion.

HYPOTHESIS II

Perceptions of family adaptability will be significantly dependent upon levels of subject functioning. In addition, we expect high functioning offspring of holocaust survivors to perceive their families as less optimal than high functioning offspring of the comparison group.

HYPOTHESIS III

The offspring's core level of ego functioning will be positively correlated with the number of extended family members who survived the holocaust.

HYPOTHESIS IV

The offspring's core level of ego functioning will be positively correlated with survivor communication patterns.

The results were obtained on the basis of a comparison of the two groups by use of analysis of variance and multiple regression analysis. Hypothesis I was supported since perceptions of family cohesion were significantly determined by level of subject functioning, regardless of family type. Hypothesis II was supported since perceptions of family adaptability were significantly determined by level of subject functioning. In addition, high functioning second generation subjects perceived their families as less optimal than high functioning comparison subjects. Hypotheses III and IV were rejected since no significant correlation was found between the number of extended family members or the measure of communication patterns and the core level of ego functioning attained by the offspring.

A number of additional findings and trends were discussed. These included: duration of parental internment; age of parental internment; family type within holocaust survivor families; and age of entry to the United States. Finally, a number of explanations were offered in an attempt to integrate the contrasting phenomenological and empirical findings.

In general, it was concluded that no support could be found for the alleged uniform child of survivor syndrome nor for the formulations of uniform pathological survivor families. Rather, the data indicated the significant interaction of a number of major intervening variables on the types of family structures which evolved in the process of recovery.

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APPENDICES

APPENDIX A

Cover Letter to Subjects

Dear Sir or Madam:

I am writing to you to enlist your cooperation in a study of holocaust families, since you are part of a nationwide select sample of children of holocaust survivors.

The present study is designed to assess the wellbeing of holocaust families and their children. Your responses to the enclosed questionnaires would be greatly appreciated. Participation in this study is completely voluntary and there will be no remuneration other than your own incentive to understand our past.

Please excuse the impersonal salutation which is necessary in order to keep all materials strictly confidential. Neither the questionnaires nor the answer sheets asks for your name or is coded in any way. However, if you wish individual feedback or the results of the study, please enclose a separate envelope with your name and address. The present research is being conducted under the supervision of Professor A. I. Rabin of Michigan State University and we welcome your comments and observations. Thank you for your time and effort.

Sincerely yours,

Zoli Zlotogorski
Department of Psychology
Michigan State University

APPENDIX B

WELLBEING QUESTIONNAIRE

Please circle your answer to the following questions and then fill in the appropriate spaces on the right.

1. Generally speaking are you happy these days?
1. very happy 2. happy 3. average 4. unhappy 5. very unhappy . . .
2. How is your mood these days?
1. very good 2. good most 3. average 4. not good 5. not good
all the time of the time most of almost
the time all the
time
3. In general, how do you evaluate your family life?
1. very good 2. good 3. average 4. not good 5. not good at all . . .
4. In general, are you satisfied with the way you spend your leisure time?
1. very satisfied 2. satisfied 3. average 4. not satisfied
5. not at all satisfied
5. In general, how do you evaluate your health these days?
1. very good 2. good 3. average 4. not good 5. not at all good . . .
6. Is your family income today sufficient?
1. definitely 2. sufficient 3. average 4. not sufficient
sufficient
5. not at all sufficient . . .
7. Are you satisfied with your education level?
1. very satisfied 2. satisfied 3. average 4. not sufficient
5. very unsatisfied . . .

8. In general, are you satisfied with the apartment/house you live in?

1. very satisfied 2. satisfied 3. average 4. not satisfied

5. very unsatisfied . . .
9. In general, how do you evaluate the neighborhood you live in?

1. very good 2. good 3. average 4. not good 5. not at all good . . .
10. Do you want very much to continue living in this town/city?

1. definitely yes 2. yes 3. unsure 4. no 5. definitely no . . .
11. Are you satisfied with your present work situation?

1. very satisfied 2. satisfied 3. average 4. unsatisfied

5. very unsatisfied
12. Are you satisfied with your emotional wellbeing?

1. very satisfied 2. satisfied 3. average 4. unsatisfied

5. very unsatisfied
13. In general, how do you evaluate the existing situation in your place of work with respect to work relations between employees and employers?

1. very good 2. good 3. average 4. not good 5. not at all good . . .
14. Are you satisfied with your sex life these days?

1. very satisfied 2. satisfied 3. average 4. unsatisfied

5. very unsatisfied
15. Are you satisfied with your spouse/present living partner?

1. very satisfied 2. satisfied 3. average 4. unsatisfied

5. very unsatisfied
16. In general, how do you evaluate your success in making friends?

1. very good 2. good 3. average 4. not good 5. not at all good . . .
17. In general, how do you evaluate your success in job performance?

1. very good 2. good 3. average 4. not good 5. not at all good . . .

18. In general, how do you evaluate the quality of life you can afford?
1. very good 2. good 3. average 4. not good 5. not at all good . . .
19. In general, how do you evaluate your success in reaching your personal goals?
1. very good 2. good 3. average 4. not good 5. not at all good . . .
20. In general, how do you evaluate your overall sense of wellbeing?
1. very good 2. good 3. average 4. not good 5. not at all good . . .

APPENDIX C

Washington University Sentence Completion Test

SENTENCE COMPLETION FOR WOMEN (Form 9-62)

Name _____ Age _____

Marital Status _____ Education _____

Instructions: Complete the following sentences.

- | | |
|-------------------------------------|---|
| 1. Raising a family | 16. I feel sorry |
| 2. Most men think that women | 17. When I am nervous, I |
| 3. When they avoided me | 18. A woman's body |
| 4. If my mother | 19. When a child won't join in group activities |
| 5. Being with other people | 20. Men are lucky because |
| 6. The thing I like about myself is | 21. When they talked about sex, I |
| 7. My mother and I | 22. At times she worried about |
| 8. What gets me into trouble is | 23. I am |
| 9. Education | 24. A woman feels good when |
| 10. When people are helpless | 25. My main problem is |
| 11. Women are lucky because | 26. Whenever she was with her mother, she |
| 12. My father | 27. The worst thing about being a woman |
| 13. A pregnant woman | 28. A good mother |
| 14. When my mother spanked me, I | 29. Sometimes she wished that |
| 15. A wife should | |

30. When I am with a man
31. When she thought of her
mother, she
32. If I can't get what I want
33. Usually she felt that sex
34. For a woman a career is
35. My conscience bothers me if
36. A woman should always

SENTENCE COMPLETION FOR MEN (Form 9-62)

Name _____ Age _____

Marital Status _____ Education _____

Instructions: Complete the following sentences.

- | | |
|---|--|
| 1. Raising a family | 20. He felt proud that he |
| 2. Most women think that men | 21. Men are lucky because |
| 3. When they avoided me | 22. When they talked about sex, I |
| 4. If my mother | 23. At times he worried about |
| 5. Being with other people | 24. I am |
| 6. The thing I like about myself is | 25. A man feels good when |
| 7. A man's job | 26. My main problem is |
| 8. If I can't get what I want | 27. When his wife asked him to help with the housework |
| 9. I am embarrassed when | 28. When I am criticized |
| 10. Education | 29. Sometimes he wished that |
| 11. When people are helpless | 30. When I am with a woman |
| 12. Women are lucky because | 31. When he thought of his mother, he |
| 13. What gets me into trouble is | 32. The worst thing about being a man |
| 14. A good father | 33. Usually he felt that sex |
| 15. If I were king | 34. I just can't stand people who |
| 16. A wife should | 35. My conscience bothers me if |
| 17. I feel sorry | 36. Crime and delinquency could be halted if |
| 18. When a child won't join in activities | |
| 19. When I am nervous, I | |

APPENDIX D

Family Adaptability and Cohesion Evaluation Scales

The following statements pertain to your nuclear (original) family. Please rate each statement on the answer sheet.

4= true all the time	2= true some of the time
3= true most of the time	1= true none of the time

1. Family members were concerned with each other's welfare.
2. Family members felt free to say what was on their minds.
3. We didn't have spur of the moment guests at mealtime.
4. It was hard to know who the leader was in our family.
5. It was difficult for family members to take time away from the family.
6. Family members were afraid to tell the truth because of how harsh the punishment would be.
7. Most personal friends were not family friends.
8. Family members talked a lot but nothing ever got done.
9. Family members felt guilty if they wanted to spend some time alone.
10. There were times when other family members did things that made me unhappy.
11. In our family we knew where all family members were at all times
12. Family members had some say in what was required of them.
13. The parents in our family stuck together.
14. I had some needs that were not being met by family members.
15. Family members made the rules together.
16. It seemed like there was never any place to be alone in our house.

4= true all the time
3= true most of the time

2= true some of the time
1= true none of the time

17. It was difficult to keep track of what other family members were doing.
18. Family members did not check with each other when making decisions.
19. My family completely understood and sympathized with my every mood.
20. Family ties were more important to us than any friendship could possibly have been.
21. When our family had an argument, family members just kept to themselves.
22. Family members often answered questions that were addressed to another person.
23. The parents checked with the children before making important decisions in our family.
24. Family members liked to spend some of their free time with each other.
25. Punishment was usually pretty fair in our family.
26. Family members were encouraged to have friends of their own as well as family friends.
27. Family members discussed problems and usually felt good about the solutions.
28. Family members shared almost all interests and hobbies with each other.
29. Our family was not a perfect success.
30. Family members were extremely independent.
31. No one in our family seemed to be able to keep track of what their duties were.
32. Family members felt it was "everyone for themselves."
33. Every new thing I've learned about my family has pleased me.
34. Our family had a rule for almost every possible situation.
35. We respected each other's privacy.
36. Once our family had planned to do something, it was difficult to change it.

4= true all the time
3= true most of the time

2= true some of the time
1= true none of the time

37. In our family we were on our own when there was a problem to solve.
38. I have never regretted being with my family, not even for a moment.
39. Family members did not turn to each other when they needed help.
40. It was hard to know what other family members were thinking.
41. Family members made visitors feel at home.
42. Parents made all of the important decisions in our family.
43. Even when every one was home, family members spent their time separately.
44. Parents and children in our family discussed together the method of punishment.
45. Family members had little need for friends because the family was so close.
46. We felt good about our ability to solve problems.
47. Although family members had individual interests, they still participated in family activities.
48. My family had all the qualities I've always wanted in a family.
49. Family members were totally on their own in developing their ideas.
50. Once a task was assigned to a family member, there was no chance of changing it.
51. Family members seldom took sides against other members.
52. There were times when I did not feel a great deal of love and affection for my family.
53. When rules were broken, family members were treated fairly.
54. Family members did not enter each other's areas or activities.
55. Family members encouraged each other's efforts to find new ways of doing things.
56. Family members discussed important decisions with each other, but usually made their own choices.

4= true all the time
3= true most of the time

2= true some of the time
1= true none of the time

57. If I could have been part of any family in the world, I could not have had a better match.
58. Home was one of the loneliest places to be.
59. In our family, it was important for everyone to express their opinion.
60. Family members found it easier to discuss things with persons outside the family.
61. There was no leadership in our family.
62. We tried to plan some things during the week so we could all be together.
63. Family members were not punished or reprimanded when they did something wrong.
64. In our family we knew each other's close friends.
65. Our family did not discuss its problems.
66. Our family did not do things together.
67. If my family had any faults, I was not aware of them.
68. Family members enjoyed doing things alone as well as together.
69. In our family, everyone shared responsibilities.
70. Parents agreed on how to handle the children.
71. I don't think anyone could possibly have been happier than my family and I when we were together.
72. It was unclear what would happen when rules were broken in our family.
73. When a bedroom door was shut, family members would knock before entering.
74. If one way did not work in our family, we tried another.
75. Family members were expected to have the approval of others before making decisions.

4= true all the time
3= true most of the time

2= true some of the time
1= true none of the time

76. Family members were totally involved in each other's lives.
77. Family members spoke their mind without considering how it would affect others.
78. Family members felt comfortable inviting their friends along on family activities.
79. Each family member had at least some say in major family decisions.
80. Family members felt pressured to spend most free time together.
81. Members of our family could get away with almost anything.
82. Family members shared the same friends.
83. When trying to solve problems, family members jumped from one attempted solution to another without giving any of them time to work.
84. We had difficulty thinking of things to do as a family.
85. Family members understood each other completely.
86. It seemed as if we agreed on everything.
87. It seemed as if males and females never did the same chores in our family.
88. Family members knew who would agree and who would disagree with them on most family matters.
89. My family could have been happier than it was.
90. There was strict punishment for breaking rules in our family.
91. Family members seemed to avoid contact with each other when at home.
92. For no apparent reason, family members seemed to change their minds.
93. We decided together on family matters and separately on personal matters.
94. Our family had a balance of closeness and separateness.
95. Family members rarely said what they wanted.
96. It seemed that there were always people around home who were not members of the family.

4= true all the time
3= true most of the time

2= true some of the time
1= true none of the time

97. Certain family members ordered everyone else around.
98. It seemed as if family members could never find time to be together.
99. Family members were severely punished for anything they did wrong.
100. We knew very little about the friends of other family members.
101. Family members felt they had no say in solving problems.
102. Members of our family shared many interests.
103. Our family was as well adjusted as any family in this world could be.
104. Family members were encouraged to do their own thing.
105. Family members never knew how others were going to react.
106. Certain individuals seemed to cause most of our family problems.
107. I did not think any family could live together with greater harmony than my family.
108. It was hard to know what the rules were in our family because they always changed.
109. Family members found it hard to get away from each other.
110. Family members felt that the family would never change.
111. Family members felt they had to go along with what the family decided to do.

APPENDIX E

PARTICIPANT QUESTIONNAIRE

Please answer the following questions as completely as possible. Questions 1-11 deal with personal information. Questions 12-25 ask about your parents. Questions 26-35 ask you to rate a number of statements concerning the holocaust. Please use a pencil to fill in the appropriate spaces which reflect your answer to a particular question. All answers and information provided will remain strictly confidential.

1. Sex 1. female 2. male
2. Age (years) _____

3. Birthplace 1. Asia 2. Europe 3. USA 4. Other (please specify) _____
4. Age upon entering the United States _____
5. Number of brothers and sisters _____
6. Your position in birth order _____
7. Education 1. Graduate professional training 2. College
3. Partial college 4. High school
5. Partial high 6. Junior high school
7. Less than seven years
8. Marital status 1. single 2. married 3. divorced 4. remarried
9. Occupation (please specify) _____
10. Personal income 1. less than 15,000 2. 15-20,000
3. 20-25,000 3. 25-30,000 5. 30,000 plus

11. Elementary education 1. Yeshiva 2. Public school
3. Private school
12. Father's age _____

13. Father's country of origin 1. Poland 2. Russia 3. USA
4. Germany 5. Other _____
14. Number of months of internment _____

15. Place of internment 1. Dachau 2. Auschwitz 3. Bergen-Belsen
4. Treblinka 5. Other _____
16. Number of siblings in father's family _____

17. Father's position in the birth order _____
18. Number of survivors in father's family _____
19. Mother's age _____

20. Mother's country of origin 1. Poland 2. Russia 3. USA
4. Germany 5. Other _____
21. Number of months of internment _____

22. Place of internment 1. Dachau 2. Auschwitz 3. Bergen-Belsen
4. Treblinka 5. Other _____
23. Number of siblings in mother's family _____
24. Mother's position in the birth order _____
25. Number of survivors in mother's family _____

Please rate the following statements on a scale of 1-5.

1. strongly agree 2. agree 3. neutral 4. disagree 5. strongly disagree
-

26. My parents talked about their holocaust experiences to help me understand.

1. strongly agree 2. agree 3. neutral 4. disagree 5. strongly disagree
-

27. It was important for my family to commemorate those lost in the holocaust.
28. At times, I have dreamt or fantasized about the holocaust.
29. My parents shared their thoughts and feelings about the holocaust.
30. At times, I experience sadness or anger when thinking about the holocaust.
31. Our family communicated openly and in a positive manner about the past.
32. My parents encouraged me to share in the mourning process.
33. Today, as an adult, I am still significantly involved with understanding the holocaust.
34. My parents shared their past with us.
35. The way the past was portrayed was generally positive.

APPENDIX F

Subsequent Analyses of the Data

Table 17

Summary of Cell Means and Sources of Variance of DEVADAP Scores for
Subject Group by Sex

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	266.45	1	1.5	.221
Sex	132.71	1	.8	.387
Interaction	165.91	1	.9	.333
Error	176.11	134		

Table 18

Summary of Cell Means and Sources of Variance of DEVCOH Scores for
Subject Group by Sex

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	174.39	1	.9	.345
Sex	774.39	1	3.9	.048
Interaction	17.74	1	.1	.763
Error	194.05	134		

Table 19

Summary of Cell Means and Sources of Variance for Wellbeing Scores
for Subject Group by Sex

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	34.64	1	.3	.578
Sex	364.37	1	3.2	.073
Interaction	56.08	1	.5	.480
Error	111.64	134		

Table 20

Summary of Cell Means and Sources of Variance for Loewinger Rankings
for Subject Group by Sex

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	.09	1	.2	.695
Sex	.759	1	1.3	.253
Interaction	.099	1	.2	.679
Error	.575	134		

Table 21

Summary of Cell Means and Sources of Variance of DEVADAP Scores for
Subject Group by Birthplace

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	435.17	1	2.5	.117
Birthplace	399.76	1	2.3	.133
Interaction	.01	1	.0	.995
Error	174.94	135		

Table 22

Summary of Cell Means and Sources of Variance of DEVCOH Scores for
Subject Group by Birthplace

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	119.73	1	.6	.437
Birthplace	172.68	1	.9	.351
Interaction	.08	1	.0	.983
Error	197.2	135		

Table 23

Summary of Cell Means and Sources of Variance for Wellbeing Scores
for Subject Group by Birthplace

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	3.28	1	.03	.864
Birthplace	277.85	1	2.48	.117
Interaction	58.12	1	.52	.472
Error	111.63	135		

Table 24

Summary of Cell Means and Sources of Variance for Loevinger Rankings
for Subject Group by Birthplace

Source of Variation	Mean Square	DF	F	Level of Significance
Subject Group	.001	1	.002	.960
Birthplace	.751	1	1.318	.253
Interaction	.320	1	.562	.455
Error	.570	135		

Table 25

Analysis of Variance for Loevinger Rankings by Age of Father

Source of Variation	Mean Square	DF	F	Level of Significance
Between Groups	15.85	2	.264	.768
Within Groups	59.98	127		

Table 26

Analysis of Variance for Loevinger Rankings by Age of Mother

Source of Variation	Mean Square	DF	F	Level of Significance
Between Groups	42.66	2	.787	.457
Within Groups	54.19	132		

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