

The Second Generation: Dutch Examinations and Professional Care

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International literature

Since the end of the sixties, a large number of publications has been issued about the psychological problems of children whose parents were survivors of World War II concentration camps, or otherwise severely traumatised. Among the publications are those of Barocas and Barocas (1979), Krell (1979), Grubrich-Simitis (1979), Kestenberg (1980) and Bergmann and Jucovy (1982).

In particular I want to draw attention to the work of Danieli (1985), who has written about adaptational styles in families of Holocaust survivors, and to German publications by Grünberg (1987) and Herzka et al. (1989). Of course, this is a very personal list.

These publications are about children of Jewish survivors — the

“second generation”. The early studies focused on the psychological development of the persecuted’s offspring. The negative influence of the persecuted parents on the development of their children were discussed for the first time. It was called: “transgenerational traumatization”. Traumatization of the parents, and the resulting family dynamics, has severe psychological consequences for their children. Researchers feared that an entire generation might be damaged, but this fear was soon dismissed. Research amongst children of Holocaust survivors, mostly performed with check-lists, did not find proof of the existence of extended psychopathology (Rieck, 1985). The children themselves protested at the notion. They were afraid of being stigmatized by society, and did not want to be reduced to pathetic vic-

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tims of “disturbed” or “incapable” parents. The concept “second generation syndrome” was renamed “second generation complex”, an apparently more harmless term, as psychological conflict can be solved by therapy.

Later still it was assumed that members of the second generation are more susceptible to psychological disturbances and, as a group, more vulnerable. This group runs a greater risk of some sort of psychopathology than others in their age group. Literature on the subject gives the impression that anxiety disorders, phobias, depressions, somatoform diseases, identity problems and psychoses are not seldom found.

This sort of pathology is not specific to the second generation; one might call it rather “typical”. A special diagnostic category for the second generation, however, does not seem to be justified at all.

Later publications provide a different focus and go into the ways the traumatization influences their offspring’s psychological development. One tries to describe family dynamics, which allow “transgenerational traumatization” to occur. There are many hypotheses about these events:

- Parents who survived in concentration camps and in hiding are

so busy processing their experiences that they have no time and energy for their children’s needs.

- As the parents are so vulnerable, the child takes on the role of protector of the parents or siblings: children are parentified in a classical switch of roles.
- The children are substitutes for lost spouses, for murdered children or other perished relatives.
- Family life has as its foundation the re-establishment of Jewish life, or of psychological security.
- Parents require too much from their children. They expect too much self-discipline and success, both in their work and socially. Even when they succeed, the son or daughter has no inner happiness as a subjective feeling of failure persists.
- The relationship with the world is determined by anxiety and mistrust. Persecution induced feelings of basic insecurity and fear which are transferred to the children. Overprotection may result, which hinders the child’s autonomy.
- There is difficulty in the family in handling emotions, especially aggression. There is too much or too little aggression in the family. For the children, it is often difficult spontaneously to ventilate anger or grief; on the one hand because the parents have

already suffered so much; on the other, because the children's aggression is experienced as renewed persecution.

- The existence of a family secret. Mutual silence about persecution and murdered family members, and the emotions involved, make the children anxious and insecure. This silence increases the child's feelings of being "different" from other children.
- In many families, a different behaviour produces the same result: every conversation, even about mundane matters like the weather, ends up in the concentration camp. The children are assaulted with stories from that period, making it impossible to get a true picture of these traumatic events.

Summarizing, we may say that the second generation — possibly also the third — faces the danger of psychological problems in three areas:

- *Balance of emotions*: feelings, especially anger, are difficult to go through and cannot be ventilated in an adequate way.
- *Autonomy*: the parents are always present in the background, psychologically, whether the son or daughter moves physically and mentally far away from them or

not. Every decision, every action, is screened against this background.

- *Formation of identity*: one does not know whether one should be, for example, a Dutch Jew or a Jewish Dutchman. Where does one belong? To whom should one give one's loyalties? One does not feel sufficiently assured in a parental or professional role. Their anxiety or role as victim is taken over from the parents. Even pathological identifications exist, as with murdered relatives, but also with persecutors.

A picture of the second generation, as derived from the clinical literature, can be presented in terms of developmental psychology. The process of separation-individuation, as described by Mahler (1975), may serve as a theoretical summary. It would be possible, however, to view it in the light of other theories, for instance, the concepts of Bowlby (1969, 1975), Winnicott (1965) and Erikson (1974). For the psychodynamic factors in Jewish survivor families, one might draw on system theory concepts from Minuchin (1984). But, apart from Mahler, there is not much in the literature about the second generation influenced by the theoreticians I have mentioned.

In the Netherlands

Since the mid-eighties — relatively late when considered from an international point of view — scholars have begun to discuss the post-war generation of war victims. During a study conference of the Jewish Social Welfare Agency in Holland, at Bergen (NL) in 1984, this theme became of central interest for the first time. It was then a study group was established (no longer in existence) by Dr. E. de Wind, a psychiatrist and psychoanalyst and himself an inmate of Auschwitz. A pilot-study was completed a few years later concerning the transmission of the psychotrauma in a three-generation-family (SOPO, 1988). Several publications from other sources appeared (Begemann, 1988).

In the Netherlands, the second generation of war victims is mostly defined as those born after 5th May 1945 or after 15th August 1945 who are the children of one or two parents persecuted during World War II in Europe or Indonesia respectively. They include Jews, resistance fighters, or Dutch residents of the former Dutch East Indies. There are other persecuted categories — Jehovah's Witnesses, gypsies, homosexuals and others — but the three groups just mentioned are the most numerous.

It is difficult to estimate the number of the second generation. However, estimates about the first generation in Holland postulate a figure of 42,500 resistance fighters and 87,400 persecuted persons for 1993. If military and civilian casualties were included, the number of people involved who have been affected by the 1940-1945 events in Holland would be around 1,070,000. Of course, the numbers who receive some sort of non-material help, like psychotherapy, psychiatric guidance or help from specialized social work, would be much lower; it is estimated at about 13,000-14,000 (PBOG-report, 1988).

Jewish social workers estimate that the number of Jewish second generation children in need of some sort of help numbers about 1800 (Erkend Bestaan, 1992).

It was generally assumed among therapists in Holland that there is indeed no such thing as a specific second generation syndrome but rather a wide variety of disturbances.

It seemed safer to assume that members of the second generation have a typical vulnerability that results in interference with normal development. This vulnerability is often expressed in terms of anxiety, insecurity and lack of confidence, sometimes explicitly imparted by the parents.

There were no essentially new ideas among those therapists; the impression they had received from a rather extensive clinical population would rather agree with the hypotheses and summary in the first section of this article, obtained from the international literature.

Therapeutic Institutions in the Netherlands

The above indicates that treatment of the so-called second generation had been the focus of attention for several years, and preceded attempts at research. The interest of therapists in the second generation applies mainly (though not exclusively) to specific (and not general) care-providing institutions. There are so-called "basic institutions" for various categories of war victims such as The Jewish Social Welfare Agency, The Foundation 40-45, Pelita and The Foundation of Civilian Victims. These organisations respectively serve the needs of the Jewish group, the resistance fighters, the "Indonesian" group and the civilian population. They are mainly welfare organisations providing material and other care (social work). In the area of mental health care, moreover, there are organisations providing psychotherapeutic and psychiatric care in

a multidisciplinary setting, and using a variety of methods. The two major organisations of this description are Centrum '45 in Oegstgeest and the Jewish Community Mental Health Services in Amsterdam (out-patient facilities) and Amersfoort (Sinai Centrum, Mental Hospital).

All these institutions have accumulated a considerable body of knowledge and experience about war traumas. The Dutch government provides financial support; the two mental health institutions, moreover, function financially according to the regular funding of (mental) health care in the Netherlands. In addition, there is an institution Icodo, in Utrecht, which is a non-clinical information centre about a variety of welfare and health care for the victims of World War II. It serves the general public in Holland, and general physicians, social workers and others also. It is funded by the government, and is instrumental in assisting publications.

Outside the above institutions, these problems deriving from the war attract only sporadic interest, the important work of Icodo notwithstanding. Health care and social welfare institutions are not unwilling to help but do not know enough to help in an efficient manner. In these institutions, and

among psychiatrists and psychotherapists in individual practice, there is nevertheless a modest number of highly expert and deeply interested individual care-providers.

Research and Other Special Activities in the Netherlands

Of all the private and institutional attempts at doing research, I shall deal here with some of those which imparted substantial information for an international professional public. I do not intend an exhaustive list.

1. I have myself published a study, *Group Psychotherapy and the Second Generation*. Group work, brief group therapy and self-help groups figure in the international literature (e.g. Fogelman and Savran, 1979). In Holland, group therapy of a deeper nature has been carried out with members of the second generation, mostly by therapists of the staff of the Jewish Social Welfare Agency, the Centrum '45 or the Jewish Mental Health Services.

Partly with the aid of a questionnaire, sent to therapists belonging to these institutions, I prepared an overview of these efforts (J. Lanssen, 1991).

I found that experience had been gained with some 200 members of the second generation, all Jewish, and some 40 non-Jewish (mostly "Indonesian") members. My research was mainly concerned with the Jewish patients. This group of 200 persons comprises three more or less equal subgroups:

One-third had gained more or less prolonged experience in group therapy with social workers of the Jewish Social Welfare Agency; one-third group-therapeutic experience in specific second generation groups in Mental Health Care or in a comparable situation; and one-third experience as members of other long-term therapeutic groups of various organisations for war victims, in a mixed setting (first as well as second generation).

About a dozen therapists had been participating in these efforts. The outcome of this questionnaire reveals a number of their impressions. I shall mention a few:

- As regards motivation for this treatment: members of the second generation have so many characteristics in common that they easily recognise themselves in other members of the group. Together they are more able to identify deeper, underlying problems. The fact that a few words are often sufficient to

open up a world of psychological experiences gives a group of peers an enormous advantage. The mirror “phenomenon” and feeling “at home” within the group are very important.

- There is a typical difference between mixed groups (both first and second generation) and specific second generation groups. In mixed groups the difficulties of insufficient separation (a typical problem of the second generation) are manifest. This could be an advantage, but usually presents much difficulty for the therapist. Feelings of enraged impotence can easily develop, e.g., if one of the “parents” becomes emotionally blocked. There is a general preference among therapists for second generation groups only, as exclusive attention can be devoted to the “children”. An important theme of the group is of course the parents. In the exclusively second generation group they were vividly, if only psychologically, present. Other very important topics: aggression, identity, autonomy and basic trust.

Other important topics included: recognition, identification, existential problems, history and “roots”. Incidentally, important

problems included loyalty, guilt, distrust, confusion and anxiety.

All in all, this pattern does not seem to differ from established opinions about the second generation as suffering from disturbance in an important phase of “self” formation, in a pre-oedipal period (the separation-individuation phase).

Specific group phenomena emerge, for instance the group becomes cohesive quite soon. External events — the Middle East political situation, or antisemitic occurrences — could disrupt the sessions but only temporarily. In this respect the groups were volatile, “nervous” — as could be expected. The therapist had to be on his guard, and apply an “emergency therapy”, and, on the other hand, flexible enough quickly to resume the role of a regular group therapist. The therapist should be a good “parent”, able to identify with the patients, and maintain the necessary reserve.

2. The second piece of research proved very important for governmental policy-makers in their dealings with the second generation in the years that followed.

This second piece of research was not based on clinical material. The Ministry of Welfare, Health and Culture had the Instituut voor Psychotrauma, in 1989, investigate the

character and extent of the Jewish second generation's psychological problems in Holland (Eland et al, 1990). It was clear that regular psychological methods of investigation (projective tests, check lists, personality tests) would not be sensitive enough to deal with these problems. A more qualitative method was applied.

A group of 30 members of the Jewish second generation was compared with a control group of 30 persons. Experimental and control groups were chosen from the population of greater Amsterdam, according to careful statistical methods and matching. Members of the Jewish second generation were defined as those born between January 1st, 1945 and January 1st, 1970, and who had been brought up by at least one persecuted Jewish parent (who had survived in a concentration camp or in hiding).

It is interesting that more than 60 Jewish persons were approached who met the requirements, but that 51% of them refused to take part (they "felt not able to" or "did not want to" participate, mostly on emotional grounds).

Three methods were applied:

- Semi-structured interviews (with fixed topics) by eleven experienced psychotherapists.
- Clinical examinations by means

of questionnaires, filled in afterwards by the interviewer.

- Two standardized check lists (Hopkins Symptom Check List and Beck's Depression Inventory).

The following conclusions can be arrived at (Aarts et al, 1990). Evaluation of the standardized check lists does not show differences between the two groups. Classical psychiatric disturbances in the sense of the check lists were neither characteristic of the Jewish nor of the control group. In the statistical elaboration of Beck's Depression Inventory, there was a slight tendency towards an increased number of depressed persons in the Jewish group.

The psychological problems of the Jewish second generation emerged during elaboration of the semi-structured interviews and the clinical examinations. The clinicians' opinions and judgements could be quantified and compared. Interestingly enough, no differences were found between the experimental and the control group with regard to factors relevant to family dynamics such as:

- The parents' emotional protection of their children;
- Change of roles;
- Drive towards achievement;
- Over-protection.

However, there were differences:

- The parents' aggression was more open and vehement in the Jewish group.
- The Jewish offspring were more expressive in their aggression, and had more problems in detaching from the parents.
- Any kind of separation was more problematic for the Jewish group.
- As children, the Jewish group had experienced more guilt and shame, and felt more responsible for their parents' well-being. Even at the time of this research, they had more feelings of guilt towards their mothers (it is not clear why it was felt only in connection with their mothers).
- In the Jewish group, more people employed rigid defence mechanisms (splitting, denial) than in the control group.
- The daily moods of the Jewish group were more disturbed.

In the Jewish group, the psychological problems proved intense in another way. It transpired that more than one half of them (53%) had applied at some time for some sort of non-material help (from a social worker, psychologist or psychiatrist); there were considerably fewer applicants of this sort in the

control group, though they still constituted a high percentage.

One-fourth of the Jewish group at the time of this research were seeing a psychotherapist. They felt insufficiently helped, however. In 11 out of 19 cases the topics of "war", "persecution" and "parents" had not yet surfaced in the therapy.

Of course, it is possible to criticise this sort of investigation. I prefer to focus on the fact that the Dutch authorities regarded the results as establishing that the Jewish second generation has more psychological problems than the average Dutch population of their age brackets. The results of this investigation clearly have connections with some hypotheses about family dynamics and psychological problems as described in international literature.

3. A third investigation — like the second one subsidized by the Ministry for Welfare, Health and Culture — is a piece of qualitative research also (Aarts et al, 1991).

The investigators' report records the results of an enquiry into the work of ten experienced therapists (not the therapists involved in the previous investigations). They were interviewed about their experiences and opinions regarding their therapeutic work with members of the Jewish second generation.

Those therapists specialize in this work and population, but constitute a mixed professional group. They are psychiatrists, psychologists and specially trained social workers, Jews and non-Jews; they work with groups and/or on an individual basis. Some use directive techniques, others uncovering techniques, some practise family therapy. Some are employed by Jewish institutions, others work on a private basis.

In their statements and experience one finds, not surprisingly perhaps, much of what the literature had established already: parentification, high expectations directed towards the children, overprotection by parents, difficulties in dealing with emotions and feelings, especially with aggression, family secrets and conflicting loyalties. They discuss also difficulties in the process of separation — individuation, and in the formation of identity. All this is not very surprising. Perhaps more surprisingly, they agree about the patients' symptoms and complaints, which are rather diffuse and vague. Patients feel unhappy, do not feel at home anywhere, get no pleasure out of life, have difficulty in establishing and maintaining relationships. Complaints are often so vague that it is difficult to categorize them in the usual

manner.

That finding is in conformity with the previous investigation, where a random sample of the Jewish second generation (in comparison with the control group) felt themselves inhibited by mood swings and feelings of displeasure.

The authors comment also on the therapists' view of the specificity of these complaints. While it is true they are typical of the Jewish second generation, these complaints and problems are found also in children with quite another background, e.g., children ill-treated and beaten by their parents. These children too may have difficulties in establishing genuine autonomy, and in finding their own identity, and exhibit anxious, clinging behaviour.

Problems of the Jewish second generation are specific, however, in the sense that they are coloured by the persecution of their parents. The specific experience of persecution colours the complaints as well as the psychodynamic processes, often unconsciously. This "colouring" is particularly evident in the process of loosening from their parents, and in the development of their own individuality. The therapist must be familiar with what is known about the influence of persecution on these processes.

Undigested experiences of per-

secution in the parents influence or dominate their behaviour and feelings during the time of the child's development; in that way there is little "inner space" available, in the parents, for the child; in their relationship with the parents basic trust and autonomy can hardly develop, as all processes have a background of persecution. Moreover, the "outer space", the social context, is defective. Society offers no framework, either to the parents, or their children, for interpretation of their experiences. The long silence in Dutch society about the psychological sequelae of the Nazi terror drove victims of persecution and their children into isolation. For many of them Jewish history offers no attractive alternative for interpretation, as Jewish history is linked with suffering and danger. On the other hand, it is also difficult to feel at one with Dutch society. One tries to create some kind of content making for difference.

It follows that the Jewish second generation has existential problems: persecution, which may impede the shaping of identity; lack of basic trust; and an unfinished process of separation-individuation.

4. With the aid of a grant from the Ministry of Welfare, Health and Culture, the Jewish Social Welfare Agency implemented a special pro-

gram of activities during 1989-1991, aimed at the Jewish second generation. The results of the program have been described and evaluated in an extensive report of 250 pages: *Erkend bestaan* (Taverne, 1991), and with the help of Icode.

Several steps were taken:

- A publicity drive by means of information leaflets sent to general practitioners and Jewish institutions, newspaper advertisements, information on the radio and television.
- Meetings throughout the country for the purpose of exchange of experiences and vicissitudes, and orientation in personal problems. Later, in small groups and in a plenary session, such subjects were discussed as being a Jew, Israel and a proper relationship towards that state, personal background.
- Three-day conventions on a national level, aimed at establishing deeper acquaintance, exchange of experiences on a personal level, a discussion of Jewish identity and positive aspects of Jewish culture and tradition. Workshops were included.
- Twenty-two performances of the *Werktheater*. The play is about a family with two children; both parents were victims of persecution during World War II. The

play shows in a penetrating way the sort of problems which beset members of the post-war generation: denial of Jewish identity, silence about war experiences, silent grief. They are central to the performance. After each performance, visitors had the opportunity to take part in a dialogue with the actors about the play.

- Seventeen discussion groups were founded with professional guidance. Each of these groups met ten times.
- Working on and solving problems.
- Self-development
- Increasing psychological strength.
- Fortifying identity.

Publicity and information formed the outer circle of these activities, the conversation groups the inner, with a maximum of personal involvement.

In all, about 800 persons (members of the target group) took part in the program, about 500 of them from Amsterdam. As the total target group — i.e. members of the Jewish second generation in need of some help — was estimated to comprise 1800 persons, an important segment has been reached.

A questionnaire about the program has been answered by roughly

250 persons, two-thirds of them females, 65% living outside Amsterdam, and about 50% childless. Almost 50% of the respondents had a Jewish father as well as a Jewish mother; 65% of those who had a partner had a non-Jewish partner. Of the respondents, 72% had not felt the need to take part in the conversation groups.

It is felt that the target group needs such outreaching programs. For those with only one Jewish parent, or a non-Jewish partner, the program was considered inadequate. About 8% of all participants in the conversation groups expressed the wish for a deeper therapy.

The Jewish Social Welfare Agency will continue *Info krant* as a means of spreading information; and also a monthly social club, in several cities, with Jewish cultural topics and a network for establishing self-help groups. In addition, there are plans for new conversation groups, and study-days with specific Jewish subjects.

Other Activities

Professor D. J. de Levita has been appointed a professor at the Catholic University in Nijmegen as a lecturer about, and researcher into, the second and even third generation

(Jewish and non-Jewish). The government recently empowered the Instituut voor Psychotrauma to carry out an investigation of the second generation "Indonesian" group. Icode regularly publishes items about the second generation. The Jewish Ambulant Mental Health Service prepared a leaflet with condensed information about the second generation. It was aimed at family physicians and the general public; thousands of copies were distributed. Therapists at Centrum '45 and the Jewish Mental Health Services prepare other publications of a deeper character.

Conclusion

We may say, with some hesitancy, that the study and treatment of the second generation takes place on a broader basis in Holland than in any other country. This is due to the cooperation of government agencies, Icode and other institutions mentioned in this article. Some may be disappointed that no grand ideas or new viewpoints have resulted from these activities. This is probably due to the pragmatic Dutch approach, which is characterized more by organization, looking for facts, working close to clinical reality, and the wish for consensus than by outstanding individual

activity.

A reader should now be in the position to compare the Dutch data with the picture presented by the international literature.

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