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Intergenerational Effects of the Nazi Holocaust – Stanley’s Story

Introduction

The term intergenerational transmission of trauma refers to a phenomenon in which survivors of extreme violence, abuse, or neglect, pass down the mental effects of trauma to their offspring through a variety of epigenetic mechanisms¹. The Holocaust, as it remains the largest genocide in human history, has been referenced in the study of this occurrence since the 1960’s². Many survivors of the Holocaust suffered from major depression and post-traumatic stress disorder in wake of the suffering at the hands of the Nazis. These mental disorders are known to cause uncontrollable thoughts and feelings of extreme distress, as well as trigger behavioral problems. It is theorized that the issues experienced by

¹ Lehrner, Amy. Yehuda, Rachel. “Intergenerational Transmission of Trauma Effects: Putative Role of Epigenetic Mechanisms.” Wiley Online Library, *World Psychiatric Association*, 7 Sept. 2018, Vol. 17, Issue 3, pp 243-257. <https://onlinelibrary.wiley.com/doi/10.1002/wps.20568>

² Dashorst, Patricia. De Jong, Peter J. Huntjens, C. Kleber, Rolf J. Mooren, Trudy M. “Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms.” Vol. 10, Issue 1, 30 Aug. 2019, *European Journal of Psycho-traumatology*, Taylor and Francis Online. <https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1654065>

the survivor parents manifest within the offspring in both pre-natal and post-natal situations. Thus, the process of intergenerational transmission of trauma may be causing a vicious cycle of mental anguish among the families of victims of the Holocaust, 78 years after the last concentration camp was liberated³.

This paper will examine the mental health as dictated by interviewee Stanley Abraham, whose parents Irving Abraham and Helen Weis both survived the Holocaust. Through questions regarding the mental health history of Stanley and his family, conditions surrounding Stanley's upbringing, as well as insight into some of the world views Stanley embraces, this paper will attempt to correlate his responses with symptoms and behaviors commonly found in subjects believed to be affected by intergenerational transmission of trauma. First we need to understand the level of trauma that was inflicted on people like Irving and Helen during the Nazi Holocaust.

Irving Abraham and Helen Weiss

Not much is known about Stanley's parents prior to the war, but research done by his family has revealed some general information. His parents, Irving Abraham and Helen Weis, were from different areas of Hungary before the start of the war. Stanley indicated that his mother came from a middle-class family and grew up in the town of Beregszarret, while his father's family came from modest means and lived in a small farming village. Prior to their birth, these areas were ceded to Czechoslovakia after World War I. It was annexed back by Hungary in 1939 during the breakup of Czechoslovakia. Stanley reports that his parents knew each other prior to the start of World War II, however it is unclear as to what age they were when they met. To his knowledge, the Abraham family sold crops to the Weis family, and this is how his parents first met. However, Stanley was unsure how serious their relationship

³ Bergen, Doris L. "War and Genocide: A Concise History of the Holocaust." 2nd ed. Lanham, Md., Rowman & Littlefield Publishers, 2009.

was before the war. Although an exact date of birth is not known, Helen passed away in the early 1980's at age 53 from a stroke. Irving passed away in the early 2010's from a brain aneurysm at around age 75. This information places the two in their teenage years during their time in the Holocaust.

During World War II, the Hungarian Arrow Cross had gained control of the area Irving and Helen were living in. The Arrow Cross party did not start systematically detaining Jewish or other people deemed undesirable until 1943. Six ghettos were formed in the area, and eventually, all Jewish people and others deemed undesirable, such as the Roma, were sent to ghettos.

In 1944, German forces moved in to occupy Hungary, and with them came Adolf Eichmann and other members of Nazi SS death squads⁴. The Germans alongside Hungarian collaborators worked together to transport a large percentage of the Hungarian Jewish population to the Auschwitz-Birkenau concentration camp for extermination. The first people to be deported were those who could not prove that they were born in the area and deemed to be "foreign". Between May 15 and July 9, 1944, an estimated four-hundred and thirty-seven thousand Hungarian Jews and Roma were sent by 147 transports to Auschwitz by German and Hungarian police forces. It may have been during this time that both Irving and Helen, along with other family members, arrived at Auschwitz concentration camp in Poland.

Upon the family's arrival at Auschwitz, many people were selected to be sent to other camps and exploited for slave labor. Germany added about 100,000 Hungarian Jewish men and women to the labor force needed for military production. There, they were forced to excavate the earth in the construction of underground bunkers, as well as assemble military hardware⁵. Helen was among those

⁴ Bergen, Doris L. "War and Genocide: A Concise History of the Holocaust." 2nd ed. Lanham, Md., Rowman & Littlefield Publishers, 2009, page 283, para 3.

⁵ Bergen, Doris L. "War and Genocide: A Concise History of the Holocaust." 2nd ed. Lanham, Md., Rowman & Littlefield Publishers, 2009, page 285, para. 2.

sent to a different camp. Due to Helen's common surname, Weis, research has been unable to reveal which camp she was taken to⁶. It is known, however, that other family members were held at the Stutthof and Mauthausen concentration camps.

Upon their liberation, it is unclear exactly how they managed to find each other after the war, although it is known that a cousin of Helen's, Barash, played an important role in their reunion. Irving and Helen lived with surviving members of the Weis family in Liberec, an area in the Sudetenland. Another one of Helen's cousins, Miriam, was already living in the United States. She vouched for Irving and Helen's identity, and they were able to acquire passports. They were later sponsored by Rose and Eduard Bergida, also Helen's cousins, and allowed to immigrate to America. After arriving in New York City, Irving and Helen gave birth to their first child, Stanley, in 1949. The couple had two additional sons following the birth of Stanley, and raised their family in Brooklyn, New York.

Stanley reports that looking back, it was evident during his upbringing that Irving and Helen had sustained a high level of extreme emotional trauma. Growing up, however, it was unclear as to why Irving and Helen showed signs of mental distress, as they did not reveal any details pertaining to their experiences during World War II and the Holocaust. It was not until years later that friends and family informed Stanley of the horrors his parents lived through. This having been the case, it would appear that Stanley was affected by his parent's trauma without knowing that it happened.

By this time, Stanley's mental state had already been experiencing signs of emotional distress since he was a child. Finding this information out about his parents could not have been the cause of Stanley's suffering and depression diagnosis.

⁶ Abraham, Michael. Research submitted on the lives of Irving Abraham and Helen Weis.

Understanding Mental Health Issues Related to Intergenerational Transmission of Trauma

Witnessing extreme violence, experiencing the loss of loved ones, and being subjected to high levels of abuse and neglect can have detrimental effects on a person's mental health. Given the events of the Holocaust, it should be no surprise that survivors often developed mental health disorders causing major depressive symptoms and behaviors. Analysts have been conducting interviews with survivors and the offspring of survivors since the 1960's. These studies attempt to make a connection between the traumatic experiences of the parent survivor(s) and the subsequent mental issues which developed post-war, and the mental health of their children in comparison, such as studies by Felsen (1998) and Kellermann (2001)⁷. Regarding the offspring of survivor parents who were not yet conceived at the time of their parent's traumatic experiences, an alarming number of subjects interviewed have been diagnosed with depressive, anxiety, and stress related mental health problems. It is here in which the effects of intergenerational transmission of trauma can be observed, as we will discover through Stanley's testimony.

To put the severity of the mental health issues that will be covered throughout this paper into perspective, it is important to understand the effects of them. Depression is defined as "extreme sadness or despair that lasts more than days over a period of six months. It interferes with the activities of daily life and can cause physical symptoms such as pain, weight loss or gain, sleeping pattern disruptions, or lack of energy. People with depression may also experience an inability to concentrate, feelings of worthlessness or excessive guilt, and recurrent thoughts of death or suicide⁸." These are themes that will unfortunately be heard throughout this paper.

⁷ Dashorst, Patricia. De Jong, Peter J. Huntjens, C. Kleber, Rolf J. Mooren, Trudy M. "Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms." Vol. 10, Issue 1, 30 Aug. 2019, section 1, pp 2, *European Journal of Psycho-traumatology*, Taylor and Francis Online, <https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1654065>

⁸ American Psychological Association. "Depression" American Psychological Association. Adapted from the Encyclopedia of Psychology. June 2008. Last updated Aug. 2022. <https://www.apa.org/topics/depression>

According to a 2019 article titled “What’s the difference between stress and anxiety?” in *The American Journal of Psychology*, anxiety disorder symptoms include “insomnia, difficulty concentrating, fatigue, muscle tension, and irritability”, and are very similar to those of stress disorders. Generalized anxiety disorder, the most common anxiety disorder, features “excessive, hard-to-control worry occurring most days over six months. The worry may jump from topic to topic. Generalized anxiety disorder is also accompanied by the physical symptoms of anxiety.”⁹ It continues with another anxiety disorder, panic disorder, “which is marked by sudden attacks of anxiety that may leave a person sweating, dizzy, and gasping for air. Anxiety may also manifest in the form of specific phobias (such as fear of flying) or as social anxiety, which is marked by a pervasive fear of social situations¹⁰.” Based on his testimony, Stanley will describe his anxiety related symptoms, which mirror the ones described.

In the case of stress related disorders, the *American Journal of Psychology* article also writes that “stress is typically caused by an external trigger. The trigger can be short-term, such as a work deadline or a fight with a loved one or long-term, such as being unable to work, discrimination, or chronic illness. People under stress experience mental and physical symptoms, such as irritability, anger, fatigue, muscle pain, digestive troubles, and difficulty sleeping.”¹¹ Once again, Stanley will describe feelings and behaviors that concur with these clinical descriptions not just within him, but in his parents and children as well. This theme has been found to be reoccurring throughout studies of the children of survivors of trauma, especially regarding the Holocaust.

⁹ Alvord, Mary, PhD. Halfon, Raquel, PhD. *American Psychological Association*. “What’s the difference between stress and anxiety? Knowing the difference can ensure you get the help you need.” *American Psychological Association*, para. 6, 28 Oct. 2019, Updated 14 Feb. 2022. <https://www.apa.org/topics/stress/anxiety-difference>

¹⁰ *Ibid*, para. 7.

¹¹ *Ibid*, para. 1.

Intergenerational Transmission of Trauma in Relation to the Offspring of Holocaust Survivors

Authors of the article "*Intergenerational consequences of the Holocaust on offspring mental health*" initially screened through 1372 studies based on intergenerational transmission of trauma in the offspring of Holocaust survivors. The study documented various mental health effects of transmission in survivors of the Holocaust and their children. After a vigorous selection process, the researchers analyzed 23 studies fitting their criteria, which were then independently reviewed three times. The results of the compiled data analyzing mental health complaints in holocaust survivor parents and their children display some alarming statistics¹².

The article cites a 2016 study by Letzer-Pouw and Werner, which concluded that around 84% of survivor parents suffered from intrusive memories pertaining to the Holocaust. Additionally, a 2014 study by Amy Lehrner referenced in the article found that 63.2% of families had two parents with post-traumatic stress disorder. Despite his parents not disclosing details of their time during the Holocaust, Stanley recounts that both Irving and Helen showed signs of depression, evident in their reclusiveness and distrust of the world. Furthermore, Helen was briefly institutionalized for psychological issues when Stanley was about 5 or 6 years old for about 1-2 weeks, although he does not know what the treatment consisted of. Although Stanley did not report knowledge of Irving ever being officially diagnosed with mental health problems, he recalls many examples that would support a positive diagnosis. Finally, 56% of the offspring of Holocaust survivors were found to have had a depressive disorder, with 29% having been diagnosed with post-traumatic stress disorder, according to another 2001 study by Rachel Yehuda¹³. These numbers are troublesome; however, they do correspond with Stanley's responses. He

¹² Dashorst, Patricia. De Jong, Peter J. Huntjens, C. Kleber, Rolf J. Mooren, Trudy M. "Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms." Vol. 10, Issue 1, 30 Aug. 2019, section 3.1, table 2, *European Journal of Psycho-traumatology*, Taylor and Francis Online, <https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1654065>

¹³ Dashorst, Patricia. De Jong, Peter J. Huntjens, C. Kleber, Rolf J. Mooren, Trudy M. "Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and

admits to being clinically diagnosed with depression, and reports having extreme stress and anxiety related issues. He identified similar behaviors in both of his parents, stating that Irving and Helen suffered “tremendous emotional consequences” in response to the trauma sustained during the Holocaust. One example that seemed to have a major effect on Stanley was the feeling of intense fear of the outside world, and the need to “hide” from people, as he describes it. When asked to elaborate, Stanley said that his parents told him that there will never be enough resources to peacefully support humanity, and that outsiders will use any information you reveal to them about yourself against you. In hindsight, Stanley recognized that his parents passed this fear on to him. To his knowledge, his brothers never experienced issues surrounding fear. This leaves the question of whether intergenerational transmission of trauma occurs on a genetic level, or by the offspring emulating the behaviors of parents’ suffering from mental distress.

How the Process of Intergenerational Transmission of Trauma Occurs

Intergenerational transmission of trauma is theorized to be passed down through epigenetically mediated effects. According to Rachel Yehuda and Amy Lehrner in their 2018 study “*Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms*” the term “epigenetics” is defined as a “set of potentially heritable changes in the genome that can be induced by environmental events. These changes affect the function of genomic DNA, its associated histone proteins, and non-coding RNAs, collectively referred to as chromatin, but do not involve an alteration of DNA sequence.”¹⁴ Early exposure to trauma in the child’s environment can cause transmissible effects to take place. This trauma may be experienced both postnatally maternally and in-utero. These experiences can lead to

Mechanisms.” Vol. 10, Issue 1, 30 Aug. 2019, section 3.1, table 2, European Journal of Psycho-traumatology, Taylor and Francis Online, <https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1654065>

¹⁴ Lehrner, Amy. Yehuda, Rachel. “Intergenerational Transmission of Trauma Effects: Putative Role of Epigenetic Mechanisms.” Wiley Online Library, World Psychiatric Association, 7 Sept. 2018, Vol. 17, Issue 3, para. 35, <https://onlinelibrary.wiley.com/doi/10.1002/wps.20568>

developmentally programmed effects reflecting the maternal stress during the time of the traumatic events. In Stanley's case, these conditions would have required him to have been either recently born or conceived for transmission to have taken place. Since he was not born until 1949, we can assume that if transmission did in fact occur, it would be through the next mechanism.

The second, as stated in the 2018 study, includes "epigenetic changes associated with a preconception trauma in parents that may affect the germline, and impact fetoplacental interactions". There are theorized to be several factors influencing the transmissible effects such as sex-specific effects post traumatic experience, and the maternal developmental stage at the time of trauma. Despite not knowing her exact year of birth, Stanley's mother Helen Weis passed away from a stroke sometime during the early 1980's at 53 years old. This means that Helen was a teenager during the trauma she experienced in the Holocaust, an age when a woman's body is going through immense changes. Irving Abraham, Stanley's father, passed away at around age 75 in the early 2010's. This would make him approximately in the same age range as Helen. Given that Stanley reports that his father showed numerous signs of trauma, it is very likely that epigenetic changes altered Irving and Helen's genomes, passing them down to Stanley as a result. Even if this is not the case, intergenerational transmission of trauma between Stanley and his parents may still have taken place through the modeling of behaviors. In family situations, mental illnesses that affect survivors of trauma can affect those who are close to them. Children of survivors may emulate their parent's trauma related behaviors. Subjects reported having additional feelings including "low self-esteem, distrust towards fellow human beings, and a pessimistic outlook on the world in general and on the future"¹⁵. It can then be asserted that a higher number of mental health problems in Holocaust survivors would cause a higher number of mental

¹⁵ Dashorst, Patricia. De Jong, Peter J. Huntjens, C. Kleber, Rolf J. Mooren, Trudy M. "Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms." Vol. 10, Issue 1, section 1.1, para.1, 30 Aug. 2019, *European Journal of Psycho-traumatology*, Taylor and Francis Online, <https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1654065>

health diagnosis in the offspring of Holocaust survivors. In our interview, Stanley reports to have been experiencing depression, anxiety, and stress related issues for most of his life. Regarding self-esteem issues, a common symptom of clinical depression, he feels underserving of “good things”, or having “good things” happen to him. Stanley also suffers from feelings of inadequacy and powerlessness. Anxiety, stress, and fear can overwhelm him, rendering Stanley immobile at times. As previously stated, his parents’ words and actions instilled a distrust towards the outside world, as well as a pessimistic attitude towards the future and humanity.

One difference in this comparison is that despite his emotions, Stanley does not believe that the world is generally a bad place, or that people are generally hurtful, as his parents did. Stanley has come to believe the world to be an inherently “good” place, and that people are only necessarily “bad” if they are taught to be that way. In addition, he believes that his daughter may have had transmissional consequences based on her own battles with drug abuse and depression. Stanley’s daughter has received professional help with her issues; however, it is not known if Stanley’s son has had any relating experiences. As such, it does appear that at least one of Stanley’s children has experienced similar issues.

Another way intergenerational transmission of trauma effects the offspring of Holocaust survivors relates to the attachment theory¹⁶. This theory dictates that a parent is attentive and aware of their child’s needs and helps them to learn about the world and their environment. In this sense, parents dealing with unresolved past trauma may not be able to properly address the emotional needs of their children. Three major themes found while studying the offspring of Holocaust survivors are theorized to be survival issues, lack of emotional resources, and coercion of the child. Survival issues include

¹⁶ Dashorst, Patricia. De Jong, Peter J. Huntjens, C. Kleber, Rolf J. Mooren, Trudy M. “Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms.” Vol. 10, Issue 1, section 1.2, para. 1, 30 Aug. 2019, *European Journal of Psycho-traumatology*, Taylor and Francis Online, <https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1654065>

overprotection and fear of separation. Stanley intimated that he is overwhelmed by the fear of death or harm. Like many survivors, Stanley says he feels a strong sense of “survivor’s guilt”, and attributes this to the effects of intergenerational transmission of trauma. He reported having suicidal thoughts and admitted to having made one attempt earlier in his life. He believed his alcohol and prescription drug abuse is linked to his suicidal feelings, as is his daughter’s drug abuse history. These behaviors and feelings can be linked to some of his parents’ survival issues. Both Irving and Helen were heavy smokers, and Irving was also a heavy drinker. To the best of Stanley’s knowledge, Irving was the sole survivor in his family. He stated that his parents did not venture outside of their home unless it was to a trusted family member’s house, or to a synagogue. These were also the only groups of people the family would congregate and socialize with. Stanley also described how his parents were overprotective of their food and would not eat with or around unknown people. One may wonder how some of these behaviors may have been perceived by Stanley at such a young age, and with no way of understanding why it was happening.

A lack of parental emotional stability, brought on by emotional neglect emotional neglect and unpredictable emotional reactions, can also be observed throughout Stanley’s testimony. When asked if he had adequate support for his emotional needs, Stanley could not say that he did or did not. He feels that Irving and Helen, although loving him, could not see through their own agony and pain to recognize his feelings, or the feelings of his two siblings. His pattern of hiding his feelings and thoughts from people; a behavior also displayed by his parents; suggests that many of his depressive emotions went undiagnosed for some time. Additionally, he reports to be immobilized by his emotions and feelings of anxiety. This connects to cortisol imbalances which take place under mental stress disorders, another commonly experienced issue among survivors and their offspring¹⁷. Stanley also explained that

¹⁷ Dashorst, Patricia. De Jong, Peter J. Huntjens, C. Kleber, Rolf J. Mooren, Trudy M. “Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and

additional stress exacerbated his symptoms of anxiety. His parents had very high and unrealistic expectations of him, for example, Irving never acknowledging his accomplishments as such, or never thinking what Stanley did was good enough. His parents also pushed him to become a doctor and disregarded any other aspiration. The pressure to meet these excessive parental expectations caused feelings of stress throughout Stanley's life.

Lastly it is important to acknowledge that the offspring of two-survivor families have more mental health problems than that of one-survivor families, as mentioned in the *European Journal of Psycho-traumatology*¹⁸. In one-survivor families, the non-survivor parent can compensate for the lack of support that the survivor parent can offer. This is important, as children often emulate parents' behaviors as discussed. In Stanley's case, both of his parents being traumatized during the Holocaust put him at a greater risk of being subjected to intergenerational transmission of trauma. From his testimony, many links can be made between previous studies and his reported mental health history, as well as that of Irving and Helen's experiences.

CONCLUSION

The atrocities of the Nazi Holocaust have been documented in an abundance of ways. We have seen images of its victims suffering all types of unimaginable horrors, and cruelty never before witnessed on this planet. The voices of those who lost their lives in the worst genocide in human history will echo throughout time. What has not been as obvious to the world, however, are the repercussions felt on not only the survivors of the Holocaust, but on their children, and as it very well may be in Irving and Helen's cases, their grandchildren.

Mechanisms." Vol. 10, Issue 1, section 1.5, para. 1, 30 Aug. 2019, *European Journal of Psycho-traumatology*, Taylor and Francis Online, <https://www.tandfonline.com/doi/full/10.1080/20008198.2019.1654065>

¹⁸ Ibid section 1.3, para. 1.

As illustrated throughout this paper, mental health issues relating to depression, anxiety, and stress, are disorders that lead to difficulties in virtually every aspect of life, in turn causing suffering, and sometimes even death. Stanley has recounted a life full of pain and hardships in relation to these issues, as well as in the lives of his parents and daughter. As such, the vicious cycle of psychological trauma in relation to the events of the Holocaust continue to be felt generations later.

All hope is not lost, however. By recognizing that mental health disorders can be genetically inherited, or at the very least be absorbed and emulated by the victim's children, people have the opportunity to seek the professional help they need in order to gain control over their emotions and lives. Realizing that certain people may be more at risk to experience mental health issues brought on by intergenerational transmission of trauma is an important first step in taking proactive measures in protecting future generations of undeserved pain and suffering. It can also help those who have already been affected by helping them to come to terms with the root causes of their issues.

Stanley has been seeking psychological treatment for most of his life. The American Psychological Association lists "physical activity, a nutritious and varied diet, and good sleep hygiene" as some good coping mechanisms for stress and anxiety related disorders. Stanley states that at 73 years old, he has kept himself in great shape and capable of performing physical activities his contemporaries can no longer do, proof of his willingness to overcome his mental health issues. He is happy that he was there for his daughter during her battle with addiction, and he no longer drinks alcohol or abuses prescription medication. Finally, he does not believe the world or humanity to be a lost cause and tries to help others whenever possible. These are signs of hope for those who have been affected, and proof that the inheritance of mental health disorders does not have to define and destroy a person's life.

Interview Questions:

- I. Please describe the types of feelings, thoughts, or any other emotional issues you experience that you believe to relate to intergenerational transmission of trauma.
 - A. When did you start to experience them?
 - B. What has been their overall effect on your life?
- II. You've indicated that you are experiencing high levels of fear and anxiety. Do you feel these symptoms are rooted in your parent's trauma? In other words, do you associate your emotional state of mind to your parents' experiences in the Holocaust?
 - A. If so, what did they suffer from and how did it affect their lives?
- III. Did your parents suffer from post-traumatic stress disorder or any other mental disorder relating to their trauma?
 - A. What type of relationship did you have with your parents, and continue to have with your family, regarding your condition?
 1. Do you feel that you had adequate support for your condition throughout your life?
- IV. What type of relationship or interaction did you have with your parents regarding their experiences during the Holocaust?
 - A. What type of relationship did you have with your parents, and continue to have with your family, regarding your condition?
 1. Do you feel that you had adequate support for your condition throughout your life?
- V. Have you ever received psychiatric treatment for these thoughts, and if so, what has been the diagnosis?
 - A. Has any type of treatment been successful in reducing the feelings caused by intergenerational transmission of trauma?
 - B. Did your parents ever seek treatment or support regarding their trauma?

- VI. Do you hold this condition accountable for any major hardships or setbacks you may have experienced during your life?
- VII. Do you feel that your children have been affected by intergenerational transmission of trauma on an epigenetic level?
- VIII. Did your parent's experiences in the Holocaust affect their faith?
- A. Does your experience with intergenerational transmission of trauma affect your faith in Judaism?
- IX. Many survivors of the Holocaust such as Jews and Roma developed a fear of Germans, Russians, and other people of nations who actively persecuted people during World War II. Did your parents ever share any similar feelings?
- A. Do you feel prejudice or fear towards a specific group or nationality of people in relation to your parent's experiences?
- X. Has the current climate of antisemitism with celebrities such as Kanye West and Kyrie Irving; both who are modern cultural icons; as well as the war in the Ukraine, which saw Ukrainian regiments using Nazi logos and insignias, Vladimir Putin claiming to be eradicating the Ukrainian government from Nazi leadership, as well as the fact that the war is being fought on some of the same territory as the worst horrors of the Holocaust; intensified your feelings of fear and anxiety?
- XI. There have been genocides across the globe prior to, as well as after the Holocaust took place. What are some of the root causes of these events that you feel transcend historical time periods?
- A. How could we prevent genocides from happening in the future?

Follow Up Questions Off Camera

- I. When and why was your mother institutionalized?
- II. When and how did Irving and Helen pass away?
- III. What were some ways your parents expectations affected your life?