

Fast Track Report

Is identifying with a historically victimized group good or bad for your health? Transgenerational post-traumatic stress and collective victimization

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Abstract

An abundance of evidence suggests that the consequences of collective ingroup victimization can traverse generations, even among group members who are not direct descendants of victims. It nevertheless remains unclear why only some group members experience vicarious victimization. To examine the role of collective identification in the transmission of trauma across generations, we surveyed members of a Jewish community—including descendants of holocaust survivors and others who were not descendants of the holocaust survivors. Among non-descendants, Jewish identification was negatively associated with symptoms of post-traumatic stress disorder (PTSD). In contrast, among descendants, Jewish identification was positively associated with PTSD symptoms. Further, familial willingness to discuss the holocaust mediated the relationship between identification and PTSD symptoms. Additional analyses confirmed that these effects were specific to holocaust-related PTSD symptoms and not general anxiety or depression. These findings suggest that collective identity may both buffer and enhance the effects of collective victimization on mental health. Copyright © 2011 John Wiley & Sons, Ltd.

Descendants of ethno-political conflict survivors can carry the legacy of trauma endured by their ancestors (Barkan, 2000). Although peace may be restored, the consequences of victimization can be felt for generations (Wohl & Branscombe, 2008). For example, the direct descendants of victims (e.g., holocaust survivors) often exhibit symptoms of post-traumatic stress disorder (PTSD) (Yehuda et al., 2000), and there is evidence that this stress can be transmitted for at least two generations (Klein-Parker, 1988; Scharf, 2007).¹ As a consequence, even group members who are not direct descendants of victims may experience distress associated with collective victimization. It remains unclear, however, why the stress associated with group victimization is transmitted across generations. The current research examines the role of collective identification and descendancy in the transgenerational transmission of collective victimization.

Following collective victimization, group members may develop a belief that danger is omnipresent (Bar-Tal & Antebi, 1992). Indeed, people who identify with a victimized group experience psychological distress (Wayment, 2004)—termed *secondary traumatization* (Figley, 1983) or *vicarious victimization* (Wayment, 2004). The effects of vicarious victimization might be especially powerful among members with a strong sense of connection to the group (i.e., highly identified members; Lewin, 1942; Tajfel & Turner, 1986; Smith, 1999). For instance, when people identify with the victim(s) of collective trauma, they may begin to internalize imagery of the

stressor in a manner similar to those who experienced the harm directly (e.g., Solomon, Waysman, Levy, & Fried, 1992). Greater identification with the Jewish community, for example, should therefore be associated with the likelihood that holocaust-related symptoms of PTSD will be experienced among Jews—even those who are several generations removed from the holocaust.

Recent research, however, suggests that membership in social groups can also *buffer* against stress (Haslam, 2004; Haslam, Jetten, Postmes, & Haslam, 2009). This is because group membership, and by extension collective identification, helps fulfill basic psychological needs (see Correll & Park, 2005; Van Bavel, Swencionis, O'Connor, & Cunningham, 2011) and may therefore provide a 'social cure' for psychological stress (Jetten, Haslam & Haslam, in press). For example, victims of political conflict report greater well-being to the extent that they identify with the victimized group (Muldoon, Schmid, and Downes, 2009). Accordingly, collective identification should reduce the pernicious effects of collective trauma. Indeed, reminders of the Holocaust appears to motivate Jews to enhance their community (Wohl, Branscombe, & Reysen, 2010). Thus, there appears to be a paradox: social identification is both a social cure and a social curse (see Kellezi & Reicher, in press). That is, social identification appears to both attenuate and enhance stress reactions to group trauma.

In the current paper, we examine whether the relationship between identification with a historically victimized group and post-traumatic stress symptoms among vicarious victims

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¹Post-traumatic stress disorder (PTSD) is a severe anxiety disorder that may develop following exposure to a psychologically and/or psychologically traumatic event. The current research focuses on sub-clinical symptoms associated with Holocaust-related post-traumatic stress disorder.

may depend on whether or not people are direct descendants of victimized group members (descendancy). According to Lewin (1942), the well-being and morale of group members requires hope that difficulties will be overcome. High group identifiers tend to have this perspective and thus do not suffer the same degree of negative consequences from the perception of discrimination as low identifiers (see Branscombe, Schmitt, & Harvey, 1999). Therefore, collective identification might serve as a buffer against the stress associated with collective group trauma. However, memories of group victimization may also be painful and breed concern about future victimization among members who identify with their group (see Bar-Tal & Antebi, 1992; Wohl and Branscombe, 2008, 2009). This may be especially true for highly identified group members who are victimized directly or through family lineage.

WILLINGNESS TO DISCUSS COLLECTIVE VICTIMIZATION: A POTENTIAL MEDIATING MECHANISM

'It is my belief that such a procedure [failing to discuss anti-Semitism] does not help the child, but on the contrary, is most likely to have the opposite effect. It is poor pedagogical policy, likely to bring the child into unnecessary grave conflict; it weakens his ability to cope with difficulties.'

Lewin (1940, p. 123)

According to Lewin, discussing past victimization helps the child understand and cope with the trauma and prepare for similar situations. Indeed, there is evidence that writing or talking about trauma helps people understand the negative event (for a review see Pennebaker, 1997; Smyth & Pennebaker, 2008). In this way, people feel a sense of predictability and control over their lives. Once an experience has structure and meaning, it allows the emotional effects of that experience to be more manageable.

Unfortunately, many survivors of collective victimization remain silent about the past. For example, a culture of silence has been observed in, among other groups, survivors from the Kosovo conflict (Kellezi & Reicher, in press) as well as holocaust survivors (see Krell, 1979; Kestenberg, 1982). Although many such families believe withholding information about their victimization helps promote normal child development, children often become sensitive to this withheld information, which ironically leads to the very stress their parents tried to prevent (Bar-On et al., 1998).

Within the context of the holocaust, it has been shown that children of survivors also tend to remain silent about their parents' trauma out of respect, thus creating an impenetrable 'double wall' that negatively impacts their mental health (Krell, 1979; Kestenberg, 1982). Interestingly, by contrast, in the wider Jewish populace, there is a great deal of openness in discussing holocaust-related issues (see Nadler, Kav-Venaki, & Gleitman, 1985). It is possible that descendants of those who experienced collective trauma might experience a culture of silence, which may enhance PTSD symptom transmission. Conversely, families who did not experience that trauma might feel committed to the culture of openness about the events,

which may buffer their family members from PTSD symptom transmission.

Because the holocaust has become a central component of the Jewish identity (see Novick, 2000), willingness to discuss the holocaust may be greatest among highly identified Jews, which should be associated with reduced PTSD symptomatology. Jewish identification among descendants of holocaust survivors, however, might have the opposite relationship with PTSD symptomatology because of familial *unwillingness* to discuss the holocaust. To the extent that a culture of silence exists in the homes of descendants of collective victimization, they might perceive a lack of social support, which would be harmful to the psychological well-being (see also Haslam, Reicher, & Levine, in press).

OVERVIEW

In the current research, we reasoned that the health benefits of collective identification might depend on descendancy: whereas collective identification would be negatively associated with the expression of PTSD symptoms among people who were *not* direct descendants of collective victimization, collective identification would be positively associated with PTSD symptoms among descendants. Moreover, we predicted that familial willingness to discuss the holocaust would mediate this effect among Jewish people—in homes where the horrors of the holocaust were openly discussed, people may report lower PTSD symptoms (see Figure 1).

METHOD

Participants and Procedure

Eighty-four people (42 men, 33 women, 9 unidentified) from a Canadian metropolitan Jewish community (M age = 28.69, SD = 15.20) completed a series of questionnaires for \$10. All participants were informed that the study concerned Jewish history and contemporary Jewish life.

Measured Variables

To assess descendancy, we asked participants to indicate whether their parents and/or grandparents were holocaust survivors ($n = 34$) or not ($n = 48$).² This item was included among a series of demographic and family background items.

Group Identification

To assess collective identification, participants completed a measure of Jewish group identification (Phinney, 1992). This 12-item measure was anchored at 1 = *strongly disagree* and 7 = *strongly agree* (e.g., 'I feel a strong attachment towards the Jewish community', and 'I have a lot of pride in the Jewish

²Participants who indicated their grandparents did not survive the Holocaust were not included because of low sample size ($n = 2$).

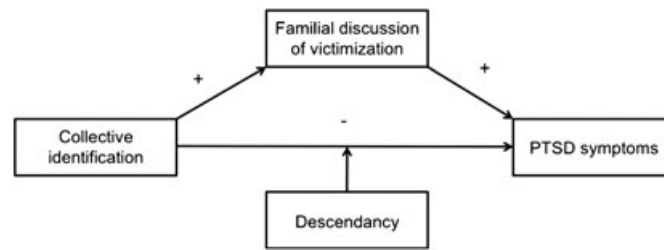


Figure 1. The proposed mediated moderation indicates that familial willingness to discuss the Holocaust mediates the relationship between descendancy and identification on PTSD symptoms.

community'). Higher scores reflected greater Jewish identification ($\alpha = .89$).

Post-traumatic Stress Disorder Symptomatology

To assess holocaust-related symptoms of PTSD, participants completed a 17-item checklist for PTSD (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996) adapted from the Diagnostic and Statistical Manual of Mental Disorders IV (American Psychiatric Association, 1994). Items were anchored at 0 = *strongly disagree* and 4 = *strongly agree* (e.g., 'I have had painful images, memories or thoughts of the holocaust', 'I have found myself thinking a lot about the holocaust', and 'I have been physically upset by reminders of the holocaust'). A total symptom severity score was obtained by summing the scores from each of the 17 items such that higher scores reflected greater symptoms of PTSD ($\alpha = .91$). Although this scale was created to assess the presence of PTSD-like symptomatology rather than diagnosis clinical levels of PTSD, Blanchard et al. (1996, 2004) found the scale to be highly correlated with the Clinician Administered PTSD Scale ($r = .90$).

Familial Discussion of the Holocaust

Three items assessed the extent to which the holocaust was a topic of conversation in the family home. Items were anchored at 1 = *strongly disagree* and 5 = *strongly agree* ('The holocaust was discussed frequently in my family', 'The holocaust was a regular topic of conversation in my family', and 'My family discussed the impact of the holocaust on the Jewish people with me'). Higher scores reflected more frequent familial discussions of the holocaust ($\alpha = .84$).

Control Variables

To discriminate the possible effects of descendancy and group identification on PTSD symptoms from other mood or anxiety-

related symptomatology, we assessed participants' self-reported depression and trait anxiety.

Depressive Symptoms

To assess presence and severity of depressive symptoms, participants completed The Beck Depression Inventory (BDI; Beck, 1967). Items were rated on a 4-point Likert scale, with '0' representing low symptom intensity (e.g., *I do not feel sad*) and '3' representing high symptom intensity (e.g., *I am so sad or unhappy that I can't stand it*). Responses were summed such that higher scores reflected increased depressive symptoms ($\alpha = .76$).

Trait Anxiety

To assess general anxiety, participants completed the 20-item trait anxiety subscale of the State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, and Lushene, 1970). Items were anchored at 1 = *almost never* and 4 = *almost always* (e.g., 'I feel that difficulties are piling up so that I cannot overcome them' and 'I feel secure'). Higher scores reflected greater current levels of anxiety ($\alpha = .93$).

RESULTS

Table 1 reports the zero-order correlations between the variables as well as the mean and standard deviation of each variable.

Post-Traumatic Stress

The relationship between identification and PTSD symptoms among descendants and non-descendants of holocaust survivors was assessed using multiple regressions. PTSD was

Table 1. Means and *SD* of all measured variables as well as the correlations between all variables

	1	2	3	4	5	<i>M</i>	<i>SD</i>
1. Descendancy	—						
2. Group identification	-.07	—				3.96	.64
3. Familial discussions of the Holocaust	-.31*	.08	—			3.20	1.16
4. Post-traumatic stress disorder (PTSD) symptoms	.14	.00	-.38*	—		10.97	10.17
5. Depression	.14	-.12	-.05	.21	—	7.38	6.64
6. Trait anxiety	-.08	-.14	-.02	.17	.50*	2.06	.44

Note. For all measured variables, the mean reflects the average score across all scale items with the expectation of the PTSD, which reflects the mean of the total score. *Correlation is significant at $p < .01$ level (two-tailed).

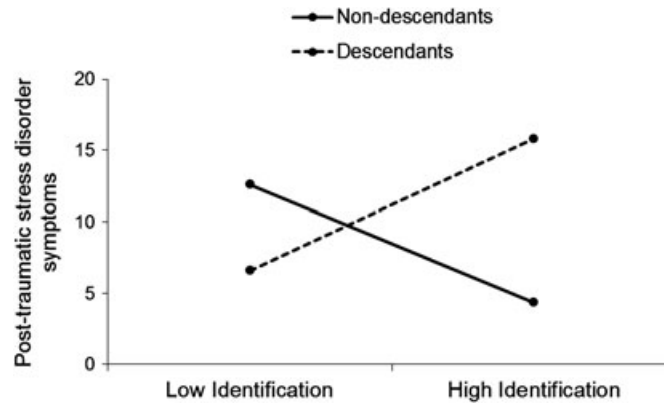


Figure 2. Mean symptoms of post-traumatic stress disorder as a function of collective identification among Jews who are or are not descendants of Holocaust (controlling for participants' age, depression, and trait anxiety). Means are plotted at high (+1 SD) and low (-1 SD) levels of identification in accordance with Aiken and West (1991).

regressed on descendency (non-descendants = 0; descendants = 1), mean-centered collective identity, and the descendency by identification interaction term. In addition to depression and trait anxiety, age was included as a control variable to ensure that actual proximity to the holocaust did not account for any differences in PTSD symptoms. Consistent with the buffering hypothesis, there was a significant effect of identification, $\beta = -.44$, $t(69) = -3.05$, $p = .003$, $\eta_p^2 = .33$, such that highly identified Jews reported fewer symptoms of PTSD.³ Neither descendency, $\beta = .14$, $t(69) = 1.22$, $p = .23$, $\eta_p^2 = .13$, age, $\beta = .12$, $t(69) = 1.02$, $p = .31$, $\eta_p^2 = .11$, depression, $\beta = .20$, $t(69) = 1.41$, $p = .16$, $\eta_p^2 = .15$, nor trait anxiety, $\beta = -.07$, $t(69) = -.52$, $p = .61$, $\eta_p^2 = .06$, were related to PTSD symptoms. As shown in Figure 2, the relationship between identification and symptoms of PTSD was qualified by an interaction between descendency and identification, $\beta = .59$, $t(69) = 4.21$, $p < .001$, $\eta_p^2 = .45$. Consistent with the buffering hypothesis, identification was negatively associated with PTSD symptoms among non-descendants, $\beta = -.46$, $t(40) = -3.17$, $p = .003$, $\eta_p^2 = .44$. However, consistent with the enhancing hypothesis, identification was positively associated with symptoms of PTSD among descendants, $\beta = .47$, $t(27) = 2.59$, $p = .02$, $\eta_p^2 = .47$. These results are consistent with the hypothesis that the relationship between collective identification and mental health depends on one's relationship to previously victimized group members.

Familial Discussion of the Collective Victimization (Holocaust)

Akin to the PTSD variable, the relationship between identification and familial discussion of the holocaust among descendants and non-descendants was assessed using multiple regressions. Familial discussion of the holocaust was regressed on descendency (non-descendants = 0; descendants = 1), mean-centered collective identity, and the descendency by identification interaction term. Age, depression, and trait anxiety were included as control variables. Neither age, $\beta = .07$, $t(75) = .62$, $p = .54$, $\eta_p^2 = .06$, depression, $\beta = .15$, $t(75) = 1.17$, $p = .25$, $\eta_p^2 =$

.11, nor trait anxiety, $\beta = -.14$, $t(75) = -1.13$, $p = .26$, $\eta_p^2 = .11$ were related to familial discussions of the holocaust. There were, however, significant effects of both descendency, $\beta = -.35$, $t(75) = -3.35$, $p = .001$, $\eta_p^2 = .32$, and identification, $\beta = .43$, $t(75) = 3.30$, $p = .002$, $\eta_p^2 = .40$. As shown in Figure 3, these effects were qualified by an interaction between descendency and identification, $\beta = -.53$, $t(75) = -4.15$, $p < .001$. Among non-descendants, identification was positively associated with familial discussions of the holocaust, $\beta = .51$, $t(42) = 3.64$, $p = .001$, $\eta_p^2 = .49$. In contrast, identification was negatively associated with discussing the holocaust among descendants $\beta = -.41$, $t(31) = -2.37$, $p = .03$, $\eta_p^2 = .40$. These results indicate that whether or not a family was willing to discuss the holocaust depended on the combination of collective Jewish identification and having a holocaust survivor in one's family.

Tests of Mediated-Moderation

Our next goal was to test whether familial willingness to discuss the holocaust is the mechanism by which the descendency by identification interaction predicts symptoms of PTSD. When holocaust discussions were added to the regression model predicting PTSD symptoms, $R^2 = .31$, $F(7, 63) = 4.06$, $p = .001$, neither descendency, $\beta = .06$, $t(69) = .53$, $p = .60$, $\eta_p^2 = .06$, nor any of the control variables were significant predictors of PTSD symptoms (age, $\beta = .15$, $t(69) = 1.32$, $p = .19$, $\eta_p^2 = .14$, depression, $\beta = .26$, $t(69) = 1.85$, $p = .07$, $\eta_p^2 = .19$, and trait anxiety, $\beta = -.13$, $t(69) = -.97$, $p = .33$, $\eta_p^2 = .10$). However, identification was a significant predictor of PTSD symptoms, $\beta = -.31$, $t(69) = -2.01$, $p = .05$, $\eta_p^2 = .21$. Importantly, holocaust discussions remained a significant predictor of PTSD symptoms, $\beta = -.28$, $t(69) = -2.01$, $p = .04$, $\eta_p^2 = .22$, along with the descendency by identification interaction, $\beta = .44$, $t(69) = 2.89$, $p = .005$, $\eta_p^2 = .30$. We then used Preacher and Hayes' (2008) bootstrapping macro with 5000 resamples to test the conditional indirect effect of the interaction term on symptoms of PTSD through discussions of the holocaust. The indirect effect of the interaction term through holocaust discussions was estimated to lie between .002 and .01 with 95% confidence. Because zero is not in the 95% confidence interval, the indirect effect is significantly different from zero

³That identification predicted symptoms of PTSD in this regression equation suggests the presence of suppression in the zero-order correlation between these two variables.

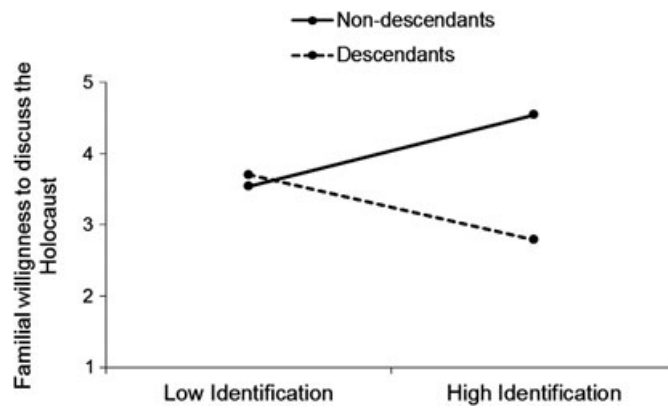


Figure 3. Mean familial discussion of the Holocaust as a function of collective identification among Jews who are or are not descendants of Holocaust survivors (controlling for participants' age, depression, and trait anxiety). Means are plotted at high (+1 *SD*) and low (−1 *SD*) levels of identification in accordance with Aiken and West (1991).

at $p < .05$. As shown in Figure 1, the descendancy and identification interaction (moderation) on PTSD symptoms was mediated by familial willingness to discuss the holocaust.

Owing to the strong negative correlation between familial holocaust discussion and PTSD, we tested an alternative model in which symptoms of PTSD was a potential mediator by which the descendancy by identification interaction predicts familial willingness to discuss the holocaust. When PTSD symptoms were added to the regression model predicting familial holocaust discussion, $R^2 = .33$, $F(7, 63) = 4.47$, $p = .001$, none of the control variables were significant predictors of familial willingness to discuss the holocaust (age, $\beta = -.15$, $t(69) = -1.27$, $p = .21$, $\eta_p^2 = .13$, depression, $\beta = -.20$, $t(69) = -1.48$, $p = .15$, $\eta_p^2 = .15$, and trait anxiety, $\beta = .17$, $t(69) = 1.31$, $p = .20$, $\eta_p^2 = .14$). There were also no effects of descendancy, $\beta = .17$, $t(69) = 1.50$, $p = .14$, $\eta_p^2 = .10$, or identification, $\beta = -.06$, $t(69) = -.42$, $p = .68$, $\eta_p^2 = .04$. Importantly, the descendancy by identification interaction was not a significant predictor in this model, $\beta = .14$, $t(69) = .93$, $p = .36$, $\eta_p^2 = .16$. Only PTSD symptoms remained a significant predictor of familial willingness to discuss the holocaust, $\beta = -.43$, $t(69) = 3.58$, $p = .001$, $\eta_p^2 = .37$. Consistent with our proposed model (Figure 1), moderated mediation was not evident when the causal pathways between familial holocaust discussion and PTSD were reversed.

DISCUSSION

Children of those who experienced collective victimization, and specifically those who are descendants of holocaust survivors, are at risk for mental health disturbances (Yehuda, et al., 2000). Even those who are not direct descendants of survivors can experience intense distress if they identify with victims of trauma (e.g., Wayment, 2004). The question remains why some people experience symptoms of PTSD, although others are able to transform the horrifying collective victimization into resilience (see Krell, 1983). The current study provided evidence that collective identification, descendancy, and familial willingness to discuss the collective victimization are key factors in determining the presence of PTSD symptoms in subsequent generations. Specifically, the results suggest that the psychological impact of collective victimization on the

mental health of contemporary group members depends on the interaction between identification with the historically victimized group and whether contemporary group members are descendants of someone who experienced the historical victimization directly.

We argue, as others do (Bar-Tal & Antebi, 1992; Kelman, 1992; Wohl et al., 2010), that historical collective victimization can represent an existential threat to contemporary group members. According to Kelman, 'a people that, within its recent memory, has come close to annihilation finds it easy to imagine that it may again be subject to a similar threat' (Kelman, 1992, p. 34). Among highly identified descendants of holocaust survivors, this existential threat may be particularly vivid and highly disturbing. If social support is lacking to help contend with this perceived threat, descendants of holocaust survivors may be at increased risk for psychological distress (see Haslam et al., in press). Indeed, our results suggest that when identification is associated with a culture of silence about collective victimization, it may be a maladaptive cocktail for descendants of people who experienced the victimization directly.

Importantly, however, identification also appears to buffer against the negative psychological consequences of historical collective victimization when group members are not direct descendants. This finding is consistent with the literature on the mental health benefits of social identification (e.g., Haslam, 2004; Haslam et al., 2009; Kellezi & Reicher, (in press); Muldoon et al., 2009). Feeling a sense of belonging to a victimized group may help reduce the experience of PTSD symptoms for members who are not direct descendants of those who experienced the collective victimization directly. Although inferences about potential causal pathways are limited by the correlational design of the current study, future research should examine whether increasing collective identification and familial discussion can attenuate the effects of historical group victimization.

Familial willingness to discuss the holocaust partially accounted for the differential relationship between identification and PTSD symptomatology between descendants and non-descendants of holocaust survivors. Familial willingness to discuss the holocaust was associated with fewer symptoms of PTSD. Although these measures were negatively correlated ($r = -.38$), they were not redundant, and the moderated-mediation model did not hold when the causal order between

willingness to discuss the holocaust and PTSD was reversed. Nevertheless, the correlational nature of the current study does not allow for strong inferences about the direction of causality. More importantly, Jewish identification was positively associated with familial willingness to discuss the holocaust among non-descendants, but this association was reversed within families of descendants. This might reflect the desire to educate children about historical collective victimization, but a culture of silence about its horrors within the families of survivors (see Lewin, 1940). Although some parents might wish to shield their children from difficulties associated with group membership, doing so may leave them without the ability to cope with the trauma (Lewin, 1940).

The present study was not a representative survey, but an empirical test of theoretically derived hypotheses about the interactive effect of group identification and descendancy on symptoms of PTSD through familial willingness to discuss collective ingroup victimization. Consequently, representativeness is a less critical methodological issue than the control of possible confounding variables, which was provided by sampling within a single community (Brewer, 2000). We adjusted for age to rule it out as a potential confound, particularly as older participants might feel psychologically closer to the collective victimization. We also showed that the relationship between identification, descendancy, and PTSD symptoms did not generalize to reported depression and anxiety. This suggests that the reported pattern of results might be specific to holocaust-related symptoms of PTSD, rather than a more general maladaptive symptomatology. However, the links between identification, descendancy, and willingness to discuss the victimization experienced by previous generations of group members may transcend the holocaust context. To test this possibility, future research should examine the proposed model for understanding the emergence of PTSD symptoms in the context of other collective victimization. Finally, although symptoms of PTSD did not reach clinical levels in the current study, most of our sample reported some symptoms of holocaust-related PTSD even though they did not personally experience the holocaust. This is striking, given the fact that the majority of our study was born 30–40 years after the holocaust.

CONCLUSION

Research regarding the transgenerational effects of collective victimization on mental health has not provided unequivocal results (cf. Van IJzendoorn, Bakermans-Kranenburg & Sagi-Schwartz, 2003). Although some studies have indicated that group membership provides a social cure for psychological stress (e.g., Muldoon et al., 2009), others have found that identification with victims predicts psychological stress (Wayment, 2004). The present study is unique in several dimensions: (a) it compared the transgenerational effects of historical collective victimization on descendants and non-descendants; (b) to determine the impact of group identification; and (c) familial willingness to discuss collective ingroup victimization on PTSD symptoms. We found that identification with a historically victimized group is associated with both beneficial and

detrimental mental health—the moderating factor is descendancy (see also Kellezi & Reicher, in press). Whereas identification appears to buffer non-descendants from PTSD symptoms (via familial willingness to discuss the collective victimization), it is associated with enhanced symptoms of PTSD among descendants of those who were victimized directly. Thus, the current study provides a framework for understanding the intersection between social psychological processes (i.e., collective identification) and psychological well-being, particularly within groups that have experienced collective victimization.

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