Research paper

The Meaning of The Holocaust in Professional Selection among Third generation Arts Therapists

**Abstract**

**Background:** Trauma-related behavior patterns and family norms, roles, and values are transmitted across the generations in families of Holocaust survivors.

**Aims:** This article exploresthe significance of the intergenerationally transmitted Holocaust trauma with regard to the career path chosen by third-generation survivors who found their calling in art therapy.

**Method:** Fourteen third-generation Holocaust survivors art therapists were interviewed. **Results:** Three core themes emerge from the in-depth interviews conducted with the research participants. The first theme concerns the feelings of the interviewees regarding the issue of the Holocaust as they experienced it at various periods in their lives – ranging from keen interest and desire for deeper understanding to evasion of the overwhelming issue. The second theme deals with the feelings and roles of first, second, and third-generation family members as survivors and saviors and with the choice of third-generation survivors to assume the role of saviors both in their families and in their professional lives. The third theme concerns the search of third-generation family members for a symbolic language as an alternative means of coping with the silence surrounding the traumatic past and the general lack of emotional communication in their families, and their ultimate choice of art therapy as both a career and a calling.

**Conclusions:** The Holocaust trauma is indeed transmitted across the generations and that it motivates third-generation survivors to pursue a socially oriented caregiving profession and thus carry on the role of the caregiver-savior they have undertaken already early on in life.

**Plain-language summary**

This study explores the meaning of the Holocaust in professional selection among third generation arts therapists. The research results indicate that third-generation family members experienced the need to care for the other already in early childhood, having been raised by parents who were themselves parentified children. Assuming caregiving responsibilities for their elders, third-generation survivors formed deep emotional ties with their grandparents and in the process came to understand, contain, and show empathy for the suffering of the other. Through the symbolic language of art, the arts therapists can deal with the painful feelings and troubling issues – almost never openly discussed or explicitly communicated in words in their families.

**Introduction**

The Holocaust is a crucial event in the history of the Jewish people with far-reaching and wide-ranging repercussions, specifically for the descendants of first-generation survivors of the horrors of the Nazi regime. Studies exploring the impact of the Holocaust on third-generation Holocaust survivors are focused primarily on intergenerational transmission of trauma and the associated psychological and behavioral symptoms. It emerges from the research that trauma-related behavior patterns and family norms, roles, and values are transmitted across the generations in families of Holocaust survivors.

**Trauma and intergenerational transmission**

Trauma is defined in the Diagnostic and Statistical Manual of Mental Disorders (5rd ed, DSM-V, American Psychiatric Association, 2022) as an extreme life event that is outside the range of usual human experience. It is seen as presenting a significant threat to the mental and physical integrity of a person or a community and as liable to have pervasive emotional and physical effects. The Holocaust is described in the literature as a unique kind of traumatic event involving a succession of traumas: the attempted genocide of the Jewish people, the loss of significant attachment figures, atrocious physical and mental abuse, excruciating humiliation, unbearable living conditions, and lack of the bare necessities of life (Wardi, 1992).

Intergenerational transmission (Van Ijzendoorn, 1992) is a transmission of patterns of behavior and adaptation in the family, which are transmitted through the behavior, values ​​and norms prevalent in the family to future generations (Lev-Wiesel, 2007). Psychological transference mechanisms at both conscious and unconscious (Framo, 1981). The short- and long-term intergenerational effects of trauma have been variously explained by different models. A socio-cultural model, deals with social learning of norms and beliefs that pass from generation to generation, through relationships and identification with parents. According to the socio-cultural model, the survivors of the Holocaust passed on to their children a sense of anxiety, danger and difficulty of separation (Heller, 1982).

Another approach, focused on the intimate, close-knit family unit, holds that trauma is transmitted from one generation to the next as part of the family legacy. In a study of the short- and long-term effects of the Holocaust trauma, Danieli (1982) found that families of Holocaust survivors were characterized by cohesive familial bonds, as well as by the preoccupation of the second generation with the well-being of first-generation survivors. The biological model offers another perspective of the short- and long-term intergenerational effects of trauma, turning the spotlight on the biological indicators of trauma, which may be transmitted across generations much like hereditary diseases. Exposure to trauma can result in epigenetic modifications that “alter the functional expression of genes in an enduring and potentially, intergenerationally transmissible manner. As such, they may explain … the long-lasting effects of trauma exposure” (Yehuda & Bierer, 2009, p. 427).

The psychoanalytic view of intergenerational transmission of trauma names projective identification as involved in the transmission of anxiety from the first generation to the next, a process so profound and powerful that second-generation Holocaust survivors feel as if they themselves actually experienced the ordeal of the concentration camps and by re-living the experience, seek to understand the trauma suffered by their parents (Rowland-Klein & Dunlop, 1998). In fact, second-generation survivors were found to show strong identification with their parents’ experiences, as well as feelings of fear and distrust. They typically assume the role of caregivers, thus seeking to contend depression (Shafet, 1994). It has further been shown that second-generation are extremely self-critical and find it difficult to deal with separation-individuation processes. They are required to meet their parents' expectations, while coping with the traumatic past of the survivors, which more often than not has been a taboo subject, not to be openly discussed or verbally expressed (Bar-On, 1995). Scharf and Mayseless (2011) identified three themes of disorganizing experiences transmitted across the generations in families of Holocaust survivors: focus on survival issues, lack of parental emotional resources due to emotional unavailability or instability, and pressure to please the parents and fulfill their needs.

Kellermann (2009) argues that evidence of intergenerational transmission of traumatic symptoms points to the failure of the first and second generations of survivors to process the trauma. The majority of Holocaust survivors managed to rise from the ashes, rebuild their lives, marry and have children, and lead normal lives (Bar-On, 1995; Shmotkin et al., 2011). No significant evidence of intergenerational transmission of trauma or tertiary traumatization was found in a meta-analysis of intergenerational transmission of trauma conducted by Sagi-Schwartz, Van IJzendoorn, and Bakermans-Kranenburg (2008).

The Holocaust survivor's willingness to open up and share their painful memories has enabled researchers to examine intergenerational transmission across three generations. Lev-Wiesel (2007) qualitative study across three generations, showed deep emotional ties between all three generations characterized families of trauma survivors, noting the importance attached to the family as a close-knit cohesive unit by members of all three generations. They all observed the need to preserve the memory of the Holocaust, make it a national imperative to never forget what happened, and pass on the legacy of the Holocaust to future generations.

Various qualitative studies examined the meaning of the Holocaust for third-generation survivors. Fox (2010) conducted qualitative interviews with American Jews born between 1979 and 1989, the majority of whom third-generation survivors. It emerged that the respondents succeeded in transforming the traumatic legacy of their parents into a meaningful part of their identity and a source of pride in their Jewish heritage. The study showed that the historical memory of the Holocaust is a key element in the identity of American Jews who are third-generation survivors. It may well be what inspires them to take active part in struggles for social justice and it may also explain their choice of a career path, primarily in the health, education, legal, and other socially oriented professions. As Jews, they believe that it is their duty and responsibility to bring healing into the world.

In another qualitative study, Litvak-Hirsch and Lazar (2009) examined the relation of young Israeli-born third-generation survivors to the Holocaust. They were asked how they see the impact of the Holocaust on Israeli society and their role as bearers of the memory of the Holocaust. It emerged from the qualitative interviews conducted that Israeli-born third-generation survivors see the Holocaust as a collective trauma that, to a large extent, has shaped Israeli society. They believe that they have an important social role to play in passing on the legacy of the Holocaust to the next generations and pledge their commitment to the task. It further emerged that third-generation survivors fear that as the years go by, the traumatic historical memory will gradually wane and sink into oblivion.

The research findings provide evidence of intergenerational transmission of family behavior patterns, norms, and values, whether explicitly or implicitly (Bar-On, 1995; Chaitin, 2002; 2003; Lev-Wiesel, 2007; Scharf & Mayseless, 2011). Negative feelings and behavior patterns such as anxiety, distrust, wariness, reclusiveness, and neurotic behavior may be passed on across the generations and affect even the third generation (Rubinstein, Cutter, & Templer, 1990; Jurkowitz, 1996). At the same time, positive behavior patterns, norms, and values may likewise be transmitted to successive generations, inter alia, responsibility for the welfare of the elders in the family, fortitude in the face of difficulties, social activism, pride in the Jewish heritage and commitment to carry the torch and preserve the memory of the Holocaust (Litvak-Hirsch & Lazar, 2009; Fox, 2010).

**Choice of psychotherapy as a career and calling**

The literature cites a number of factors that are involved in the choice of psychotherapy as a career: family dynamics, personality characteristics, unresolved childhood traumas, parental abandonment (due to sickness, divorce, separation, or death), feelings of responsibility for the welfare of a parent, and early caregiving experience in the role of a parentified child. Other motives mentioned in the literature include altruism, in relation to the individual or society, and a desire to achieve personal growth, as well as professional satisfaction and fulfillment (DiCaccavo, 2002; Elliott & Guy, 1993; Fussell & Bonney, 1990; Murphy & Halgin, 1995).

The influence of the family on career choice is discussed by Bratcher (1982), among others. It is argued that the impact of often unconscious parental pressures on career choice transcends personal preferences and social influences (Bardick, Bernes, Magnusson, & Witko, 2004; Kotrlik & Harrison, 1989). It has been shown that both women and men seek parental emotional support for and approval of their career choices (Lucas, 1997). However, while parental influence on career choice may be deemed beneficial, untoward parental pressures are liable to adversely impact the professional development of their children (Middleton & Loughead, 1993).

Psychoanalytic theory attributes career choice to significant childhood experiences and family dynamics. People choose a particular career seeking to fulfill unfulfilled childhood needs or to realize family aspirations (Pines & Yanai, 2001). Comparative studies show that mental health practitioners report higher levels of childhood emotional distress and trauma, conflicts in their families of origin, absence of parental figures, and early caregiving experience as parentified children as against non-mental health professionals. Traumatic childhood experiences are liable to lead to early parentification and later on, motivate the choice of psychotherapy as a career (Elliott & Guy, 1993; Fussell & Bonney, 1990; Murphy & Halgin, 1995). Children exposed to stressful or traumatic experiences, specifically parental dysfunction or emotional absence, are often forced to assume responsibility and take care of their parents, acting as parentified children. (Boszormenyi-Nagy & Spark, 1984). This reversal of roles enhances their sensitivity to the needs and suffering of others and in many cases, inspires their vocational aspirations and choices and stimulates them to find their calling in various forms of psychotherapy.

Citing DiCaccavo (2002) and Nikcevic, Kramolisova-Advani, and Spada (2007) note that the desire to resolve unresolved childhood wounds and, likewise, the wish to carry on the role of caregivers may underlie the career choice of mental health professionals. Parentified children may naturally assume similar roles as adults (Elliott & Guy, 1993). And while taking care of others as therapists, they are given the opportunity to deal with their own painful childhood experiences and possibly for the first time ever, gain recognition in their role as caregivers, more often than not denied them by their families of origin (DiCaccavo, 2002).

In conclusion, the research provides ample evidence of the impact of childhood experiences and family dynamics on the career choice of mental health professionals. Intergenerational transmission is specifically evident in families of Holocaust survivors, where parental expectations, induced by past traumas and deprivation, have been found to motivate aspirations for academic and professional achievement among members of the second generation. Thus, in a comparative study of academic and professional achievement among children of first-generation Holocaust survivors as against children of immigrants and locally-born parents, Sigal and Weinfeld (1985) found the highest rate of academically educated among second-generation survivors. The latter, more so than the respondents in the control groups, reported parental pressure to excel academically and professionally. At the same time, third-generation survivors, exposed to the trauma and experiencing the need to care for the other already early in life, undertake not only the mission of preserving the family heritage and the memory of the Holocaust, but also the professional role of the sensitive and empathetic caregiver.

**Choice of art therapy as a career and calling**

The American Art Therapy Association (2001) defines art therapy as an integrative psychotherapeutic profession using creative art process to improve the welfare of people of all ages across a broad spectrum of practice. Art therapy is based on the belief that the process of artistic creation may help people to resolve conflicts and distress, develop personal skills, enhance self-esteem, foster self-awareness, cultivate emotional resilience, and promote insight.

Art therapy encompasses a range of therapeutic professions that use artistic creation and expression in psychotherapy. Various art forms are involved in the process: visual and plastic arts, movement and dance, music, drama, and literature (bibliotherapy). The use of various art forms in psychotherapy enables communication in a universal, nonverbal language and work with symbols, images, metaphors, and archetypes, drawing on imagination and creativity. Art therapy is focused on the actual process of artistic creation and expression rather than on the aesthetic quality of the end products. At the same time, the artistic creations produced in the process serve as a means for art-based assessment. Art therapists work with diverse populations in a variety of settings, as: hospitals, public health clinics, private practice clinics, senior living communities, prisons, psychiatric rehabilitation facilities, physical rehabilitation centers, trauma and post-trauma care centers, eating disorder treatment centers, schools, boarding schools, and kindergartens (Orkibi, 2012).

The American Art Therapy Association (2001) specifies a number of personality traits and personal qualities required of art therapists: sensitivity to the needs of others, emotional stability, patience and tolerance, psychological insight, attentiveness, ability to develop rapport with people, and understanding of the arts and the artistic media. In a survey conducted by the American Art Therapy Association among its members, the majority of art therapists named personal aptitude as the prime motive underlying their career choice. Other factors mentioned were genuine interest in people and their welfare, love of the arts, and aspiration for self-discovery. The art therapists surveyed described themselves as attentive to others and as having good interpersonal skills and a desire to help others. Most of them noted that they learned of art therapy as an optional career path through an academic course, in talks with friends, or directly from art therapy practitioners (Oppegard, Elkins, Abbenante, & Bangley, 2005).

**Method**

**Research design**

A qualitative phenomenological approach was adopted in this research. The phenomenon under study is at the base of the phenomenological approach. Phenomenological research focuses on the meaning attributed to a particular experience or phenomenon within a specific group and aims to offer insights into the fundamental nature of the phenomenon (Patton, 1990). The analysis of interviews in phenomenological qualitative research is aimed at the construction of a grounded theory, that is, a theory based on data collected as part of the research, and thereby expanding the knowledge of the phenomenon under study. Phenomenological qualitative analysis is a process of data arrangement and construction whereby data is collected and interpreted with the goal of revealing its underlying meanings (Shkedi, 2003).

**Participants**

The research sample consisted of 14 third-generation Holocaust survivors who practice art therapy, 12 women and 2 men aged 30 to 48 years, with professional seniority of 1 to 15 years. To ensure maximum variance, practitioners of various forms of art therapy were interviewed: seven practitioners of the visual and plastic arts, three bibliotherapists, two drama therapists, one dance movement therapist, and one psycho-dramatist. Each art therapists interviewed had between one to four grandparents who were Holocaust survivors.

Potential participants, university and college graduates in the field of art therapy, were contacted by email through the respective academic institutions. The participants were interviewed in locations of their choice. The number of participants in the research was determined according to the theoretical saturation principle (Glaser & Strauss, 1967), whereby interviews were conducted until theoretical saturation was reached and additional data collection yielded no basis for further thematic categorization.

**Procedure**

Semi-constructed in-depth interviews took place between June- August 2012. Each interview lasted for 50-70 min and was recorded and transcribed. In-depth interviews are conversational in tone and more like an informal exchange of information and ideas (Shkedi, 2003). They enable discussion of narratives, memories, and events presented in a language understood by the interviewees (Patton, 1990). The interview guide, designed to touch on the relevant research topics, focused on two content worlds and the themes linking them, as experienced by the interviewed art therapists. It included open-ended questions that invited the interviewees to tell the story of the Holocaust survivor in their family and describe the process leading to their career choice and the impact of the Holocaust trauma on their career path choice.

**Data analysis**

A thematic analysis approach was used to analyze the interviewees’ verbal descriptions of the phenomenon under study. The analysis of the qualitative interviews was conducted in four stages. In the first stage, the data collected in the interviews were examined in depth. In the second stage, significant ideas were identified and categorized (Shkedi, 2003) and the interviews divided into separate segments, which were then classified under the categories defined on the basis of the data collected. At that point, categorization was preliminary and provisional (Creswell, 1998). In the third stage, the preliminary categories were merged, linked, and mutually related, and subcategories were formed (Strauss & Corbin, 1990). In the fourth stage, a focused analysis of the categories was performed. In that context, major and core categories representing the themes and sub-themes fundamental to the phenomenon under study were identified and the interrelations between them established (Shkedi, 2003).

**Results**

Three core themes emerge from the interviews conducted with art therapists who are third-generation Holocaust survivors. The first theme – the Holocaust as inspiring keen interest and desire for deeper understanding or rather as too overwhelming to contend with – is concerned with the way third-generation survivors practicing art therapy relate to the issue and experience it at various periods in their lives. The second theme – between survivors and saviors – deals with the feelings, sentiments, and roles of the grandparents, parents and third-generation as survivors and saviors and with the choice of third-generation survivors to assume the role of saviors both in their families and in their professional lives. The third theme – between expression through symbols and unspeakable trauma – concerns the search of third-generation family members for a symbolic language as an alternative way of coping with the almost never openly discussed or explicitly communicated trauma in their families and their ultimate choice of art therapy as both a career and a calling.

1. **The Holocaust – from keen interest to evasion of the overwhelming issue**

It emerges from the interviews conducted with third-generation survivors practicing art therapy that their sentiments regarding the Holocaust range from keen interest and desire for deeper understanding to evasion of the overwhelming issue. Some of the interviewees described times in their lives when they were genuinely interested in the Holocaust and other times when, overwhelmed, they deliberately refrained from dealing with the issue.

Galya, a visual art therapist, described how following years of preoccupation with the Holocaust as a child and a young girl, she reached a point where she could no longer tackle the issue, feeling that she had taken “an overdose” of Holocaust involvement.

*“The Holocaust was ever present at home, throughout my childhood… I can still remember my father’s mother, a survivor of Auschwitz with a number tattooed on her arm, endlessly talking about the horrors… She has never really left the place and kept returning there over and over again… And then, when I was in 3rd grade, I remember watching the Holocaust Day TV programs, all of them… They were nothing like the* *toned-down programs you see today… It was a devastating experience … It was at that point that I felt overdosed, so to speak, that I could no longer take it… Later on, in high school, I was exempted from taking the Holocaust course. I could not deal with the issue… I could not even touch a book on the Holocaust… I had too much of it… I was overwhelmed by it.”*

Neta, another visual art therapist, experiences the Holocaust as ingrained deep inside. She feels as if she is an incarnation of someone who perished in the Holocaust and that the Holocaust is thus an inseparable part of her life: *“The Holocaust is always on my mind. It preoccupies me so much that, strange as it may sound, I feel as if I am an incarnation of someone who perished in the Holocaust. I simply cannot stop thinking about it. It seems to be* *an inseparable part of my life.”*

Ilana, a visual art therapist, feels that the Holocaust experience has been transmitted to her across the generations by heredity. She used the concept of epigenetics to explain her feelings. And since the Holocaust has such a real presence in her genetics and actually, in her life, she avoids listening to stories about the Holocaust or reading the diary written by her grandmother, or for that matter, joining the Holocaust tours to Poland.

*“The Holocaust was for me a source of endless fears… After she [grandmother] passed away, we came across a diary she had written… I have never found the courage to read it… And I have always felt that all those trips to Poland were not for me, I have no need for them… I don’t have to listen to all those stories either. It is etched deep inside me… It is epigenetic… It means that the genetic indicators of, let’s say, the acute starvation suffered in the Holocaust are passed on to successive generations, that something in their genetics is undergoing modification. I feel it myself… something in my genetics has changed, and that [Holocaust] expedition has become an innate part of my genetics.”*

It appears, then, that the Holocaust preoccupies the interviewed third-generation art therapists. Some of them showed interest in the issue and started studying it already early on, as young children, and later on, as adults, chose to work with and on behalf of Holocaust survivors. Others are overwhelmed by the horrors. They implicitly experience the Holocaust deep inside, as an innate part of their lives, and thus refrain from explicitly dealing with the issue through books, movies, etc.

1. **The Holocaust – between survivors and saviors**

The second theme[[1]](#footnote-1) emerging from the interviews concerns the varying roles of survivors and saviors as manifested and enacted through the generations. The interviewees described their grandparents and parents as survivors or otherwise, as saviors or at times, as both survivors and saviors. As children, they heard about the heroic acts of their grandparents – how they clung to life in the most extreme situations and how they tried to rescue themselves and their kith and kin against all odds, how they smuggled weapons, joined the resistance partisan forces and courageously fought the enemy, and how following the war, still in the role of saviors, they managed to bring together the surviving family members and rebuild their lives and families. Also as children, they recognized their parents undertake the role of parentified children, taking care of their Holocaust survivors parents. At the same time, they may be seen, on the survivors side, as vulnerable victims of the existential anxiety weighing heavily on the traumatic, yet heroic family

The duality of roles – of survivors and saviors – is experienced by the third generation, as well. The interviewees described themselves as playing the roles of saviors in their families. They talked of the deep emotional ties they formed with their Holocaust survivors grandparents, the unique relationship that enabled the latter to open up and share their painful memories. And their empathy for their elders and their suffering. At the same time, the third-generation interviewees noted the existential anxiety that cast a dark shadow over their childhood, the fears, wariness, and reclusiveness that clouded their lives at home. Yet, rather than succumb to the pervading gloom and stick to the passive, victimized position of the survivor, they chose to take an active stance and cope with the fears.

For some of the interviewees, the choice of a socially oriented caregiving profession was their way out of the pervading gloom that clouded their lives at home. Roy, a drama therapist, said that his career choice saved him from his family, that drama therapy has literally saved his life.

*““Thinking about it, drama therapy … has literally saved my life… In some sense, my parents raised me to be some kind of schizoid or paranoid… My choice of drama therapy was my way of really freeing myself, of getting out, communicating with people, establishing meaningful relationships, relationships that involve feelings and emotions, things that have to do with art. It was the total antithesis to everything at home.”*

The interviewees often spoke of the caregiving role they had undertaken as third-generation family members. Already early on, as young children, they became aware of the fears and anxieties that weighed heavily on their parents and grandparents and responding to their pain, chose to assume the role of the sensitive and empathetic caregiver in their families. Noya, a visual art therapist, said that while still a child, she had taken on the caregiver role in her family, noting her desire and at the same time, her need, shared by her mother, to care for others and be there for them.

*“She [grandmother] is constantly thinking of the dead, of the abysmal void left… Her brothers, those who perished in the Holocaust and the one who survived and passed away lately, are always on her mind… And I am looking at her, trying to soothe her, to make it easier for her… I think it was a formative experience for me… The need I felt as a child to take care of the other … to cheer up grandma and grandpa. I believe that it enhanced that aspect of my personality, my need to be there for the other and thus realize myself as a person… And it really feels good, to know that someone needs me… Grandma too had that need – the need to be needed by someone – and the same was true for my mother.”*

Gil, a visual art therapist, talked of the need for a caregiving figure in his family, given the ever-present existential anxiety that clouded life at home:*“I keep thinking about the difficulties and anxieties that weigh heavily on second-generation parents raised by Holocaust survivors, about the ever-present fear, that existential fear, the feeling that nothing is safe, that everything is in question, that you cannot be sure about anything… It all seems to be too overwhelming to be contained. And it may well be that the* *unconscious* *transmission [of trauma through the generations] called for an intermediary, for someone who could contain the fears and make it possible to live with the fears… even if it did not come naturally to you. It seems that every family needs someone like this, someone capable of containing the pain and anxiety.”*

Dorin, a bibliotherapist, observed that sitting and talking with her grandmother, listening to her Holocaust stories, taught her to be attentive to the other: *“I still remember her telling me her stories… She would tell anyone who was willing to listen, and I was there for her. It no doubt taught me to listen to the other, to be attentive. And it naturally led to my choice of a career path … my choice of bibliotherapy, of storytelling as a means of therapy. It requires attentiveness to the stories told… listening carefully and trying to understand what they are saying, what they are telling us about our lives.”*

As third-generation survivors, the interviewees experienced already early on the need to care for the other, to assume responsibility for the welfare of the other, and in fact, to undertake the role of the savior. The unique relationships formed by third-generation family members with first-generation survivors enhanced their sensitivity to the suffering of the other and motivated them to undertake the role of the caring, empathetic savior in their families, as well as later on, in their professional lives. Opting for a socially oriented caregiving profession as both a career and a calling, third-generation survivors continue to play the role of saviors, undertaken and honed while they were growing up under the dark shadow of existential anxiety. At the same time, they are given the opportunity to cope with the feelings of helplessness and fear and to fulfill the need for a sense of control over their lives.

1. **The Holocaust – between expression through symbols and unspeakable trauma**

The third theme is concerned with the shift from the unspeakable and almost never spoken trauma to expression through symbols, which enable communication on another, nonverbal level. The interviewees described the silence that surrounded the Holocaust in their families and the general lack of emotional communication, specifically with regard to painful experiences and troubling issues. In the absence of verbal emotional communication, third-generation survivors sought to find an alternative, symbolic language through which painful issues and traumatic experiences may be dealt with. The symbolic language of art enables just that – nonverbal expression of unspeakable and unspoken feelings and experiences through color, movement, sound, rhythm, and shape.

The traumatic past was often a taboo subject avoided by first- and second-generation survivors, who, as a rule, refrained from discussing or otherwise dealing with feelings and emotions. Ofra, a visual art therapist, described her childhood at home, where not much was said and any exchanges were laconic, to the point, and relating to routine, everyday matters alone.

*“I grew up in a gloomy, unspeaking home [of Holocaust survivors]… My grandma taught me all sorts of practical things, but she never talked about the past… They never talked about the war, about the Holocaust … or, for that matter, about what they were feeling… To the extent that anything was said, it was about concrete, routine matters. They could say that dinner was tasty, that the job was okay, or that the test score was satisfactory… But I could never tell what they were really thinking or feeling… whether they were annoyed or angry… Yet, it was always there, lurking beneath the surface, the pent-up anger and the unspoken love, too.”*

As third-generation survivors, the interviewees realized already early on, like their second-generation parents, that problems, difficulties, and pain were taboo subjects that should not be openly discussed at home. Einav, a bibliotherapist, talked about it:*“Realizing already early on, as a young child, that there are things you should never touch on, never discuss with mom and dad, things that are too painful to deal with, as the family has been through devastating experiences, too traumatic to talk about… so harrowing that my problems seemed trivial in comparison… So, how could I bother my parents with my apparently minor problems. And I did have many difficulties, of which they almost never heard, and which thus remained hushed, muted, and suppressed.”*

The interviewees talked about their search for a way to express themselves and their feelings. And since feelings and pain were never openly discussed or explicitly communicated in words in their families, they looked for another means of expression. They found it in the symbolic language of art. Amit, a bibliotherapist, said that she developed a language of her own to express herself.Amit: *“In the absence of emotional communication at home, I developed a language of my own. That too was a trigger… a language that would enable me to express myself and also serve as a means of therapy… I believe that expression is at the core of art therapy or, for that matter, any form of therapy… but art therapy enables indirect, nonverbal expression, giving voice to those who have grown up or are living in noncommunicative settings, where people are not talking, where you cannot talk [about your feelings and woes], where feelings and emotions are hushed and muted, so that a roundabout way is needed to reach them and respond to their distress.*

For Ilill, a psycho-dramatist, the theater is a means of communication, a language in its own right. She notes that, in fact, psycho-drama enables an authentic, genuine expression that cannot be achieved by mere words. Ilill:*“The theater has always been for me my personal language of choice, and it was only natural for me to opt for psycho-drama… It offers a means of expression that transcends direct communication, which may be upsetting or even alarming… But think about its fundamental simplicity and authenticity… Instead of telling your life story to your psychologist, you can actually play it … Instead of verbalizing, you can enact it in reality on the therapeutic stage. You are not just talking about your feelings and woes, you are acting them out, communicating them through actions rather than by words… and it has a totally different effect… It comes from within … it gives voice to your innermost feelings and, for the first time, enables you to really relive them…”*

The interviewees noted the opportunity offered by art therapy to deal with troubling and threatening issues indirectly, in a less menacing way. They see verbal communication in the therapeutic setting as merely secondary to artistic expression, which is at the core of therapy. Avigayil, a visual art therapist who works with marginalized youth at risk, enlarged on the expressive potential of art therapy: *“It is a naturally expressive tool. It enables implicit expression, without using so many words… Through the symbolic language of art I can communicate with them without actually talking. Mental health professionals have been long aware of the expressive potential of art as a therapeutic means. It enables detachment and as such, makes it possible to touch on painful, repressed mental content. It is much easier to bring it up and deal with it that way, without directly talking about it.”*

Growing up under the shadow of the unspeakable and unspoken traumatic memories of first-and second-generation Holocaust survivors, who were unable to verbally communicate any feelings and emotions whatsoever, the third-generation interviewees looked for an alternative means of communication that would enable them to break through the wall of silence and deal with emotional content in an indirect and less menacing way. They found it in the symbolic, metaphoric, nonverbal language of art.

**Discussion**

This study explores the significance of the intergenerationally transmitted Holocaust trauma with regard to the career path chosen by third-generation survivors who found their calling in art therapy. Three core themes emerge from the in-depth interviews conducted with the research participants. The first theme concerns the feelings of the interviewees regarding the issue of the Holocaust as they experienced it at various periods in their lives – ranging from keen interest and desire for deeper understanding to evasion of the overwhelming issue. The second theme deals with the feelings and roles of first, second, and third-generation family members as survivors and saviors and with the choice of third-generation survivors to assume the role of saviors both in their families and in their professional lives. The third theme concerns the search of third-generation family members for a symbolic language as an alternative means of coping with the silence surrounding the traumatic past and the general lack of emotional communication in their families, and their ultimate choice of art therapy as both a career and a calling.

The analysis of the research results indicates that the intergenerationally transmitted Holocaust trauma has indeed motivated the third-generation interviewees to pursue a socially oriented caregiving profession and specifically opt for art therapy as their domain of work. Inspired by the traumatic, yet heroic family legacy, the interviewees have undertaken – already as young children and later on, as adults – the role of the caregiver-savior, transmitted across the three generations of Holocaust survivors in their families. Having experienced early on the need to care for the other and following the example set by their parents, who assumed caregiving responsibility for the first-generation survivors in the family as parentified children, the third-generation interviewees formed deep emotional ties with their grandparents while undertaking the role of parentified children themselves and taking care of both their parents and grandparents. In the process, they came to understand, contain, and show empathy for the suffering of the other (Bar-On, 1995).

It appears that the deep concern and filial responsibility shown by second-generation survivors for their first-generation parents have profoundly influenced the third-generation family members and they too feel strongly committed to the welfare of their first-generation grandparents. In line with this research, ba-Zohar and Sharlin (2009) found in their study of grandchildhood from an intergenerational perspective that patterns of filial responsibility are passed on through the generations, shaping the relationships between grandchildren and their grandparents along the model set by their parents. Pursuing a caregiving career as adults, third-generation survivors are enacting the role of saviors undertaken and honed while they were growing up under the shadow of the intergenerationally transmitted Holocaust trauma and, at the same time, are given the opportunity to deal with their own painful childhood experiences and gain recognition in their role as caregivers (DiCaccavo, 2002). Similarly, it has been shown by various studies that distressing childhood experiences, specifically the absence of a caring parental figure, and the subsequent feelings of concern and responsibility for family members often lead to the choice of a socially oriented caregiving profession later on in life (Elliott & Guy, 1993; Fussell & Bonney, 1990).

It further emerges from the interviews that third-generation survivors, haunted by the existential anxiety weighing heavily on the first- and second-generations of survivors (Scharf & Mayseless, 2011), are trying to cope with the feelings of helplessness and fear in a way other than that taken by their parents and grandparents. Rather than succumb to the pervading gloom, the fears, wariness, and reclusiveness that clouded their lives at home and stick to the passive, helpless, victimized position of the survivor, they take an active stance, opting for a caregiving profession. As therapists, they play the role of the caring, empathetic, protective savior responding to their patients’ distress and thus achieve themselves some measure of relief and a sense of control over their lives.

Seeking to break through the wall of silence surrounding the traumatic past (Chaitin, 2007) and cope with the unspeakable and unspoken trauma and the general lack of emotional communication in their families (Danieli, 1982), the interviewees have chosen art therapy as their specific domain of work. It is in the symbolic, metaphoric, nonverbal language of art that they found an alternative, indirect and less menacing means of communication – a channel of expression that makes it possible to touch on and deal with deep-seated and in part, painful and traumatic feelings and emotions. Indeed, as shown elsewhere (Lev-Wiesel, 2005), it is through art that unspeakable experiences, too painful to be dealt with in words, can be brought up and effectively tackled.

As third-generation survivors practicing art therapy, the interviewees see in art the ultimate means of expression, transcending verbal communication. They see verbal communication in the therapeutic setting as merely secondary to artistic expression, which, they believe, is at the core of therapy. They use the creative art process to reach their patients and bring about a change in their mental state. While their grandparents and parents are characterized by actual ‘doing’ on the concrete, material level rather than by ‘being’ on the level of emotional experience, third-generation therapists use the various forms of art to integrate the ’doing’ of artistic creation with the ‘being’ of emotional experience and to offer their patients a means of genuine, authentic expression that cannot be achieved by mere words. They believe in the therapeutic power of art and in its potential for facilitating mental and emotional change and growth (Orkibi, 2012). Opting for art therapy as both a profession and a calling, third-generation survivors enact the role of the caregiver-savior, undertaken early on with respect to their elders, the first and second generations of Holocaust survivors – coming to the rescue of others while saving themselves.

**limitations**

The research, encompassing 14 third-generation interviewees practicing art therapy, was conducted according to the phenomenological qualitative approach, based on the life stories, experiences, narratives, and memories presented by the interviewees (Patton, 1990). The research did not include a comparative group of art therapists who are not third-generation survivors or a comparative group of third-generation survivors who practice other forms of psychotherapy.

**Applicative implications**

The research results indicate that the Holocaust trauma is indeed transmitted across the generations and that it motivates third-generation survivors to pursue a socially oriented caregiving profession and thus carry on the role of the caregiver-savior they have undertaken already early on in life. These results are in line with the findings of similar studies of the intergenerational transmission of the Holocaust trauma (Bar-On, 1995; Chaitin, 2002; Lev-Wiesel, 2007). Furthermore, the Holocaust research suggests that third-generation survivors assume a far wider role, beyond that of the caretaker-savior in their families – whether in the community, as activists in struggles for social justice (Fox, 2010) or, for instance, as bearers of the memory of the Holocaust in Israeli society (Litvak-Hirsch and Lazar, 2009). The results of this study may offer a deeper insight into the contextual influences on career choice, explored by various diagnostic tools, inter alia, the Career-O-Gram and the Genogram (Kakiuchi & Weeks, 2009), which assess the impact of family influences, roles, and career development patterns on a person’s career decision-making process and ultimate choice.

**References**

American Art Therapy Association. (2001). *Art therapy: The profession* [Brochure]. Mundelein, IL: Author.

American Psychiatric Association (2022) *Diagnostic and Statistical Manual of Psychiatric Disorders*, 5rd edn. APA.

Bardick, A.D., Bernes, K.B., Magnusson, K.C., & Witko, K.D. (2004). Junior high career planning: What students want. *Canadian Journal of Counselling, 38* (2), 104-117.

Bar-On, D. (1995*). Fear and Hope: Life-Stories of Five Israeli Families of Holocaust Survivors, Three Generations in a Family*. Harvard University Press.

Boszormenyi-Nagy, I., & Spark, G. M. (1984). *Invisible loyalties* (2nd ed.). Brunner/Mazel.

Bratcher, W.E. (1982). The influence of the family on career selection: A family systems perspective. *The Personnel and Guidance Journal, 61* (2), 87-91.

Chaitin, J. (2002). Issues and interpersonal values among three generations in families of Holocaust survivers. *Journal of Social and personal relationship*, *19*(3), 379-402*.*

Chaitin, J. (2003). "Living With" the Past: Coping and Patterns in Families of Holocaust Survivors. *Family Process, 42* (2), 305-321.

Chaitin, J. (2007). Children and grandchildren of Holocaust survivors competing with Holocaust: paradoxical relevance. In: Z. Solomon, & J. Chaitin (Eds),*Childhood in the shadow of the Holocaust* *Survived* Children *and Second Generation.* Hakibbutz Hameuchad. 418-435 435). (Hebrew).

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Sage Publications.

Danieli, Y. (1982). Families of survivors of the Nazi Holocaust: Some short and long term effects. *Stress & Anxiety*, *8*, 405-421.

DiCaccavo, A. (2002). Investigating individuals' motivations to become counselling psychologists: The influence of early caretaking roles within the family. *Psychology and Psychotherapy: Theory, Research and Practice, 75* (4), 463-472.

Elliott, D. M., & Guy, J. D. (1993). Mental health professionals versus non-mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice, 24,* 83-90.

Even-Zohar, A., & Sharlin, S. (2009). Grandchildhood: Adult Grandchildren's Perception of Their Role towards Their Grandparents from an Intergenerational Perspective. *Journal of Comparative Family Studies,*40 (2), 167-185.

Felsen, I. (1998). Transgenerational transmission of effects of the Holocaust: The North American research perspective. In: Y. Danieli (Ed), *International handbook of multigenerational legacies of trauma*. Plenum Press.

Fox, N. (2010). ‘Their History is Part of Me’: Third Generation American Jews and Intergenerational Transmission of Memory, Trauma and History. *Journal for the Study of the Holocaust and Anti-Semitism*, 87 (4), 9-35.

Framo, J. (1981) The Integration of Marital Therapy with Sessions with Family of Origins. In A. Gutman & Knistern (Eds.), *Handbook of Family Therapy*. Brunner/Mazel, 58-133.

Fussell, F. W, & Bonney, W. C. (1990). A comparative study of childhood experiences of psychotherapists and physicists: Implications for clinical practice. *Psychotherapy, 27*,505-512.

Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategy for qualitative research*. Aldine.

Heller, D. (1982). Themes of culture and ancestry among children of concentration camp survivors. *Psychiatry*, *45*, 247-261.

Jurkowitz, S.W. (1996). Transgenerational transmission of depression, shame and guilt in Holocaust families: An examination of three generations. *Dissertation Abstracts International*, *54* (4), 2946B (UMI No.9625509).

Kakiuchi, K. S., Weeks, R. (2009). The Occupational Transmission Genogram: Exploring Family Scripts Affecting Roles of Work and Career in Couple and Family Dynamics, *Journal of Family Psychotherapy*, *20* (1), 1-12.

Kellermann, N. P. F. (2009). *Holocaust trauma: Psychological effects and treatment*. iUniverse.

Kotrlik, J.W. & Harrison, B.C. (1989). Career decision patterns of high school seniors in Louisiana. *Journal of Vocational Educational Research, 14* (2), 47-65.

Lev-Wiesel, R. (2005). *Survivors and perpetrators' self figure and kinetic family drawings*. Ach. (Hebrew)

Lev-Wiesel, R. (2007). Intergenerational transmission of trauma across three generations: A preliminary study. *Qualitative Social Work, 6* (1) ,75-94.

Litvak- Hirsch, T., & Bar-On, D. (2006). To Rebuild Life: A Longitudinal study of the influences of the Holocaust on the following generations. *Family process*, 45, 465-483.

Litvak- Hirsch, T., & Lazar, A. (2009). Cultural trauma as a potential symbolic boundary. *International Journal of Politics, Culture and Society*, 22 (2), 183-190.

Lucas, M. (1997). Identity development, career development, and psychological separation from parents: Similarities and differences between men and women. *Journal of Counseling* *Psychology, 44* (2), 123-132.

Middleton, E.B. & Loughead, T.A. (1993). Parental influence on career development: an integrative framework for adolescent career counseling. *Journal of Career Development, 19* (3), 161-173.

Murphy, R. A., & Halgin, R. P. (1995). Influences on the career choice of psychotherapists.

*Professional Psychology: Research and Practice, 26,* 422–426.

Niederland, W. G. (1968). The problem of the survivor: The psychiatric evaluations of emotional problems in survivors of Nazi persecution. In H. Krystal (Ed.), *Massive psychic trauma.* International University Press, 8-22.

Nikcevic, A. V., Kramolisova-Advani, J., & Spada, M. M. (2007). Early childhood experiences and current emotional distress: What do they tell us about aspiring psychologists? *Journal of Psychology: Interdisciplinary and Applied, 141* (1), 25-34.

Oppegard, K., Elkins, D., Abbenante, J., & Bangley, B. (2005). Choosing Art Therapy as a Career. *Art Therapy*, *22* (2), 92-100.

Orkibi, H. (2012). Students’ artistic experience before and during graduate training. *The Arts in Psychotherapy, 39* (5), 428-435.

Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* ( 2nd ed.). Sage.

Pines, A. M., & Yanai, Y.O. (2001). Unconscious determinants of career choice and burnout: Theoretical model and counseling strategy. *Journal of Employment Counseling*, 38, 170-184.

Rowland-Klein, D. and Dunlop, R. (1998) ‘The transmission of trauma across generations: identification with parental trauma in children of Holocaust survivors’, *Australian and* *New Zealand Journal of Psychiatry, 32*(3), 58–69.

Rubinstein, I., Cutter, F., & Templer, D.I. (1990). Multigenerational occurrence of survivor syndrome symptoms in families of Holocaust survivors. *Journal of Death and Dying, 20*, 239-244.

Sagi- Schwartz A.,Van IJzendoorn, M.H., Bakermans- Kranenburg M.J. (2008). Does intergenerational transmission of trauma skip a generation? No meta - analytic evidence for tertiary traumatization with third generation of Holocaust survivors. *Attachment & Human Development, 10* (2), 105-121.

Scharf, M. (2007). Long-term effects of trauma: Psychosocial functioning of the second third generation of Holocaust survivors. *Development and Psychopathology*, *19*, 603-622.

Scharf, M., Mayseless, O. (2011). Disorganizing Experiences in Second- and Third-Generation Holocaust Survivors. *Qualitative Health Research*, *21* (11), 1539–1553.

Shafet, R. (1994) ‘Commitment to Parents as Unsolvable Problem in Children of Holocaust Survivors’, *Sihot/Dialogue: Israel Journal of Psychotherapy, 9* (1), 7-23.

Shkedi, A., (2003). *Words of Meaning Qualitative Research: Theory and Practice*. Ramot. (Hebrew)

Shmotkin, D., Shrira, A., Goldberg, S. C., & Palgi, Y. (2011). Resilience and vulnerability among aging Holocaust survivors and their families: An intergenerational overview. *Journal of Intergenerational Relationships, 9,* 7-21*.*

Sigal, J.J., & Weinfeld, M. ( (1985. Educational and Occupational Achievement of Adult Children of Holocaust Survivors. [*Jewish Population Studies* (Papers in Jewish Demography)](http://www.bjpa.org/Publications/results.cfm?PublicationName=Jewish%20Population%20Studies%20%28Papers%20in%20Jewish%20Demography%29). *19*, 357-367.

Solomon, Z. (1995). The pathogenic effects of war stress: The Israeli experience. In S.E. Hobfoll & M.W. deVries (Eds.), *Extreme stress and communities: Impact and intervention.* NATO ASI series (pp. 229-246). Kluwer Academic/ Plenum Press.

Solomon, Z. (1998). Trangenerational effects of the Holocaust. In: Y Danieli (ED), *International handbook of multigenerational legacies of trauma* (pp. 21- 41). Plenum Press.

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Sage.

Van Ijzendoorn, M.H. (1992). Intergenerational transmission of parenting: A review of studies in non - clinical population. *Developmental Review, 12*, 79-99.

Wardi, D. (1992). *Memorial candles: children of the Holocaust.* London: Tavistock/Routledge

Yehuda, R., & Bierer, L. M. (2009). The relevance of epigenetics to PTSD: Implications for the DSM-V. *Journal of Traumatic Stress, 22*, 427–434.

1. This theme includes a number of sub-themes, inter alia, the unique relationship between Holocaust survivors and third generation family members and their way of coping with existential anxiety, which are only summarily discussed in this paper. [↑](#footnote-ref-1)