

INTERGENERATIONAL TRANSMISSION OF PARENTAL NAKBA RELATED TRAUMA EXPERIENCES AMONG THE PALESTINIANS LIVING IN ISRAEL

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ABSTRACT

This review summarizes studies on the intergenerational influence of the Palestinian disaster in 1948 (i.e., NAKBA). For the purposes of this review, it was investigated whether second-generation individuals were affected by war-related trauma to which first-generation individuals were exposed. In this study we examined the intra-family trauma communication style (i.e., disclosure/silencing) as a mediator variable. A path model was constructed to demonstrate how the influence of traumatic experiences was transmitted to the second generation. Finally we investigated the factors that might affect the willingness of Palestinians to reconcile with Jews and the state of Israel.

This thesis includes a review and three articles, which consider the topic from different perspectives. In the first chapter, a literature review of the existing publications on the topic of the transgenerational impact of trauma and displacement is presented and the outstanding research questions are discussed. The subsequent three chapters refer to the results of the current study and finally a chapter summarizes the results in German.

Keywords: Nakba-trauma, intergenerational transmission, communication styles, psychological complaints, word assumption,

DEDICATION

To the memory of my father, who would have been happy and proud to see my completed dissertation. His memories have been a source of inspiration to me and his resolve to always do everything in his power to ensure that his children receive the best education, was my motivation throughout this process.

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Chapter 1

Transgenerational consequences of Parental war-related trauma:

A Literature review on different populations of trauma survivors offspring

Introduction

Nakba, in literary terms, is an expression of natural catastrophes such as earthquakes, volcanoes, and hurricanes; however, Nakba in Palestinian means an ethnic cleansing process as well as the destruction of villages and the displacement of Palestinian residents during the 1948 war (Khalidi, 2005; Masalha, 2012; Morris, 1986; Pappé, 2006).

The Nakba (i.e., Palestinians disaster) is the most significant crisis in the history of the Palestinian people. It was the most traumatic event to date that inflicted a very cruel reality upon the Palestinians population. During the war, Palestinian citizens were exposed to a wide range of stressful factors, comparable to the stressors of war and displacement, which were acknowledged by other populations around the world (Porter & Haslam, 2005). The local fighting itself put citizens in the midst of extreme violence and a great threat to their lives, and later, the uprooting of their villages exposed them to additional stressful factors, including mass loss of family members and personal resources. There was a vast disconnect of family and community relationships, and an existential, economic, and social crisis that lasted for many years and caused mourning, weakness, and helplessness among the people. As a result of the war, the Palestinian population in Israel found itself disoriented and demoralized. They had been effectively transformed from day to night from a majority population living in their own country and society to a minority in an Jewish state. They lacked political as well as economic

power, as their leadership, as well as their professional and middle classes, were refused the right to return and compelled to live outside of the state. From the state's inception, the Jewish majority viewed the Palestinians who remained within the state suspiciously and frequently with hostility - as part of the Arab world, as a potential fifth column, and oftentimes simply as enemies of the state. From 1948 to 1966, the Palestinians in Israel lived under military rule applied only to them, despite the fact that they were formally declared citizens of the state in 1948.

However, for years, the experiences of the Nakba and its influence on the Palestinians living in Israel were kept silent and largely absent from the public and academic research. In recent years, more efforts have been dedicated to the research and documentation of the events of the Nakba, but these usually disregarded the war's psychological effects on the people (Dwairy, 2010). Many studies have been conducted (e.g., Danieli, 1998) about populations in the world that have had experiences similar to that of the Palestinian people, such as the 1948 Palestinian catastrophe; the struggles of the first Nations Australian Aboriginal (Raphael, Swan, & Martinek, 1998); the plight of the indigenous peoples of North America (Brave Heart, 2000; Bombay et al., 2009; Duran, et al., 1998); studies on the transgenerational impact of the Armenian genocide (Kupelian, Kalayjian, & Kassabian, 1998); and transgenerational studies of the trauma and conflict within South African (Simpson, 1998). However, the transgenerational and long-term psychological effects of the Nakba, the war in 1948, and the expulsion of the internal Palestinians were never investigated among Palestinians living in Israel.

Warfare and expulsion is widespread in many countries, mostly leading to death and disability. The populations affected are at risk of suffering major trauma as well as experiencing injustices, loss of family members, and expulsion from their own country (Silove, 1999). War can lead to a series of serious traumatic experiences among civilian populations, such as the

threat to one's own life, anxiety, separation of family members, and imprisonment. Due to the psychological stress of war memories, impairments of social function can occur (Dahl, Mutapcic, & Schei, 1998). War-related traumatic experiences may also lead to Posttraumatic Stress Disorder (PTSD) or severe depression (Miller et al., 2002).

After the end of World War II, research attention was directed towards how war conditions influenced affected individuals and the stressful events that many populations had to endure (Eyber, 2002). Initially, most studies were conducted among soldiers and military personnel, but the increasing involvement of civilians in situations of war and political conflicts, and the prolonged exposure of civilians to stress, danger, and losses, led to studies being conducted among various civilian populations around the world (Al -Saffar & Borga, 2005; Baker & Shalhoub-Kevorkian, 1999; Harel-Fisch et al. 2010; Jamil et al., 2002; Mollica, Caridad & Massagli, 2007; Summerfield, 1999).

Exposing individuals to the wide range of violent and dangerous experiences during times of war could lead to dramatic changes to the realities of their every day life and could cause serious consequences evidenced in their intrapersonal and interpersonal life. The experience of war could influence the functioning of the individual in various areas of life, including intimate relationships and family life, in the social sphere, and in occupational functioning (Briere, 2004; Eyber, 2002; Farhood, Dimassi & Lehetinen, 2006; Jamil et al., 2002). Studies have documented the severe consequences of war on the mental health of the individual and on the individual's ability to function in different areas of life.

There have been higher incidences of PTSD reported in people exposed to war conditions or military conflicts in various parts of the world, as evidenced by studies among the former Yugoslav population, which demonstrated numerous occurrences of citizens with PTSD after exposure to traumatic war experiences (Ai & Peterson, 2005; Mollica, Caridad & Massagli,

2007; Weine et al., 1998). Many cases of PTSD were also reported among citizens in various parts of Africa who were victims of extreme political conflict and war (De Jong et al., 2001; Pham et al., 2004; Schauer et al., 2003). Studies on refugee from the 1994 Rwandan genocide have shown that higher trauma exposure was associated with higher prevalence of current and lifetime PTSD, lower probability of spontaneous remission from PTSD, and with higher current and lifetime PTSD symptom severity (Kolassa et al., 2010). Other studies have also shown a positive association and correlation between the number of war traumatic events and the symptoms of PTSD (Neuner et al., 2004; Wilker et al., 2015).

In a comprehensive review of epidemiological studies on anxiety disorders, it was found that exposure to war conditions in Algeria, Iraq, Kuwait, Lebanon, Sudan, and Palestine increased the likelihood of individuals developing various anxiety disorders. including PTSD (Tanios et al., 2009).

As reported in many studies ((Baker & Shalhoub-Kevorkian, 1999; Kellermann, 2001; Punamäki, 2001; Amir & Lev-Wiesel, 2001; Sigal, 1998)), the traumatic experiences of war can have an immediate influence on the mental health of the individuals, but also a long-term effects are common. These experiences leave individuals with an extreme sense of loss of control, helplessness, feeling unsafe, and feeling horrified. War-related trauma is an experience that is recorded into both mind and body and breaks the dimension of time, the feeling of belonging, and personal safety (Herman, 1992). However, clinical observations and empirical research have indicated that the consequences of witnessing traumatic war events are not limited to the persons immediately exposed to the event, often affecting significant others in their environment such as family, friends, and caregivers (Davidson & Mellor, 2001; Van Ijzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). This phenomenon, which was described preeminently by psychoanalytical research literature, was described by a variety of terms, such as trans-generational trauma (Bohleber, 2000; Radebold, 2008); inter-generational

trauma; trans-generative trauma (Leuzinger-Bohleber, 2003); traumatic countertransference (Herman, 1992); vicarious traumatization (McCann & Pearlman, 1990); secondary traumatization (Rosenheck & Nathan, 1985); covictimization (Hartsough & Myers, 1985); secondary traumatic stress (STS; Figley, 1995); and secondary survivor (Remer & Elliott, 1988). It is now clear from studies on the offspring of Holocaust survivors during the Second World War, as well as from other populations and cultures, that the effects of trauma can be transferred from parents to their descendants, just as there is intergenerational transmission of knowledge and culture. This intergenerational transmission includes susceptibility to PTSD (Yehuda, Halligan & Grossman, 2001); general mental distress (Kellerman, 2001a); difficulty coping with stressful experiences (Baider et al., 2000); and poor attachment styles (Lyons-Ruth, Yellin, Melnick, & Atwood, 2005). In addition, there are other potential impacts on the mental health of first generation survivors that have been evaluated, such as loss of culture and language, and loss of identity, including pride and a sense of relationship with other first nations. These consequences occur at the individual, family, and community level, all of which are interconnected. Considering the significant role that trauma plays in the lives of the people of first nations, it is important to identify mechanisms by which the cycle of trauma and stress repeats itself across generations in order to intervene and exclude the intergenerative cycle.

Strategy of Research Literature

The focus of this research is to review, examine, and provide information about parental PTSD in different populations (e.g., war survivors, veterans, torture victims, refugees, forced displacement). We identified the literature for this review through PsychINFO with the following terms: Trauma and transmission of trauma, transgenerational trauma, historical Trauma, and PTSD. Only those studies that reported parental PTSD status and used validated instruments for the assessment of psychological symptomology were selected. Studies cited in identified publications were also included, while doctoral theses as well as case studies were

excluded. Numerous studies on the emotional health of Holocaust survivor offspring (HSO) exist; however, we will focus on meta-analyses and reviews in order to illustrate the current state of knowledge. In our review, we will use the term “traumatized” to describe individual who meet diagnosis for PTSD.

Research Questions

The following questions were addressed in this review:

- Is there Intergenerational Transmission of the Nakba Trauma?
- Is there is a trans-generational impact of the forced displacement of Palestinians and how is the second generation of the displaced Palestinians different from non-displaced?
- How did the communication style (i.e., disclosure/silencing) affect the transmission of the trauma and which factors impacted the reconciliation readiness to the State of Israel and Jews?

Literature Review

Definition and Concepts of the Intergenerational Transmission

The term transmission stands for the transmission of certain phenomena from one generation to the next or the next generation (Bohleber, 2000; Rieck, 1991). In the mainly psychoanalytic research literature on the sustainability of historical experiences and the transfer of burdens from one generation to the next , these are referred to as transgenerational (Bohleber, 2000; Radebold, 2008,) intergenerationally, or also transgeneratively (Leuzinger-Bohleber, 2003). The concept of secondary traumatization (Rosenheck & Nathan, 1985) is also used in the context of the transfer of incriminating or traumatizing experiences. It is closely linked to the concept of "vicarious traumatization" (McCann & Pearlman, 1990). The concept of secondary

traumatization originally comes from the research related to risk factors in helping occupational groups, but is increasingly applied to family members of traumatized persons. In the literature on the therapeutic care of traumatized adults, attention is drawn to the risk of secondary traumatization of children and the necessity of helping children of this population of adults (Finkeldei, 2006).

There are many beliefs and behaviors that are culturally determined among religious, ethnic, racial and cultural groups and that are transmitted from one generation to the next (Trommsdorf, 1989). According to Matsumoto (1996), culture provides a set of attitudes, values, beliefs, and behaviors that are common to a group of people and are individually distinguishable and transmitted from one generation to the next.

The intergenerational transmission of traumatic experiences is only a part of the study of transmission content. Studies of this phenomenon and the transmitted contents involve other areas of psychology, and not only clinical and developmental psychology. Other factors that can be transmitted include certain value systems (e.g., Knafo & Schwartz, 2003; Schönplflug, 2001) as well as political attitudes (e.g., Glass, Bengtson & Dunham, 1986). Other studies are concerned with the transmission of feelings, in particular negative feelings, such as anger or anxiety (Larson & Gillmann, 1999). Investigations and studies of post-war societies, such as in the case of refugee children from Kosovo and Afghanistan (Adam, Abhauer, Österreicher & Riedesser, 2004) there exists much transgenerational transmission of hate and potential desire for revenge.

Studies of Transgenerational Trauma

Studies on the transgenerational transmission of traumatization from one generation to the next have existed for several decades, first being noted in 1966 when clinicians observed a large number of children of Holocaust survivors who were born after the Second World War and

sought mental health treatment (Rakoff, Sigal & Epstein, 1966; Trossman, 1968). Some of the survivors who were parents demonstrated impaired childrearing practices and separation-individuation difficulties (Barocas & Barocas, 1980; de Graaf, 1975; Freyberg, 1980), which caused behavioral problems among their children (Rosenberger, 1973; Russell, 1974). In the 1980s, research suggested that intrafamilial patterns of communication within the surviving families influenced the psychological well-being of the second generation. (Krell, 1984; Steinberg, 1989). Adult children of the Second World War Holocaust survivors were also reported to show psychopathological symptoms (Barocas & Barocas, 1973; Bar-On, 1989; Bergman & Jucovy, 1982; Epstein, 1979). Clinical observations have found relationships between families with Vietnam veteran fathers and difficulties with parent-child relationships. Specifically, when Veteran fathers experienced difficulty in forming trusting relationships and held negative self-images, increased intra-familial violence and severe difficulty in forming father-child bonds were noted in the family (Haley, 1985). Solkoff (1992) noted that a large part of the data indicating psychopathological effects in the second generation of traumatized individuals were based on clinical and anecdotal findings. He therefore warned of overgeneralization in clinical studies and limited cases to non-clinical children of surviving families.

In the 1990s, a more comprehensive study of the long-term effects of collective trauma in surviving families of genocides and mass trauma appeared from a global perspective and this trend continues in the present. However, although the publications on this topic have increased, research on the impact of trauma on the second generation are scarce and research on the effects on third generations is lacking. Therefore, this thesis will contribute to a better understanding of the perception of the Nakba disaster and its possible impact. Thus far, the literature has concentrated on the surviving families of the Holocaust (Sigal & Weinfeld, 1989) and war veterans (Rosenheck and Nathan, 1985). Although no specific studies have been conducted,

the literature notes that higher rates of alcoholism (Gagne, 1998), identity problems, social unrest, and even violence (Simpson, 1998) may be manifestations of trauma transmission by Afro-Americans (Cross, 1998) and surviving families of ethnic conflicts in Nigeria (Odejide, Sanda, & Odejide, 1998); dictatorships in Argentina (Edelman, Kordon, & Lagos, 1998) and Chile (Becker & Diaz, 1998); wars in the Balkans (Klain, 1992); and apartheid in South Africa (Simpson, 1998). However, no qualitative or quantitative studies were attempted to confirm these observations in one of these latter groups.

Families of Holocaust Survivors

Transgenerational trauma has been investigated particularly in studies on offspring of Holocaust survivors (e.g., second and third generations; Fonagy, 1999; Kellermann, 2001; Kogan, 1998; Leuzinger-Bohleber, 2009; Rosenthal 1997; Solomon, 1998). In a meta-search of 400 publications on the psychopathology of children of Holocaust survivors, a variety of posttraumatic manifestations were identified, such as depression, aggression, mistrust, intrusive imagery, headaches, breathing difficulties, heightened sense of vulnerability, difficulty trusting others, and emotional numbing (Bar On, 2003; Kellermann, 2001a; Niederland 1981; Rauwald 2013).

In other studies, no evidence was found that parents' traumatic Holocaust experiences had influenced their children (Van IJzendoorn, Bakermans-Kranenburg, & Sagi Schwartz, 2003). However, transmission of Holocaust trauma to the second generation was identified only in studies of clinical populations of offspring who tend to suffer from mental distress, have difficulties in separation individuation, and demonstrate a contradictory mix of resilience and vulnerability when coping with stress (e.g., Kellerman, 2007; Solomon, 2007). Psychoanalytically oriented Holocaust researchers have investigated the transgenerative

transmission of traumatic experiences. The mechanisms of the transgenerational transmission were investigated in clinical studies with survivors of the Shoah and their children (e.g., Faimberg, 1987; Keilson, 1979; Krystal, 1968). For example, a study by Baider (1993) investigated the influence of massive traumatic stress by the parent generation on the empathy of their own children. Investigations of the responses of "second-generation Holocaust survivors" to cancer in the familial circle revealed that the group of children of the Holocaust survivors responded with extreme distress to cancer in the familial circle compared to other groups (Baider, Peretz, De-Nour, 1993).

Solomon (1998) found that the children of the Holocaust survivors suffer from post-traumatic symptoms, which were caused by the traumatic experiences of their parents. Moreover, the children of the survivors were born with a heavy "burden" on their shoulders because they became a source of compensation for the terrible losses and experiences of their parents. As a result, many of the second generation survivors are characterized by difficulties in adaptation, dependence, and psychological disorders, such as anxiety and depression (Aviad-Wilchek, Cohenca-Shiby, Sasson, 2013; Solomon, 1998). Major (1996) also found increased school-related behavioral problems among children of survivors and subclinical levels of depression and anxiety and Rowland-Klein & Dunlop (1997) found that children and grandchildren of Holocaust survivors tended to have a general fear and distrust of other people and a sense of loss of family and roots. In addition, the descendants were less likely to advocate a Jewish identity (Ganz, 2002). In general, the children of survivors (Ganz, 2002; Major, 1996) were more likely to seek psychological or psychiatric treatment.

Wiseman et al. (2006) found a lack of open communication about parental traumatic pasts within the homes of survivors. In addition, Kav-Venaki, Nadler, and Gershoni (1983) found different transgenetic communication patterns between the two family types compared to the Holocaust survivor families (e.g., parents and offspring) with prison conditions in

concentration camps compared to the active resistance (ex-partisans) during the Second World War. Ex-partisan parents and their adult children reported significantly more direct communication on Holocaust issues compared to former camp internees and their children. Children of partisans knew much more about their parents' biographical information and about the Holocaust in general. Major (1996) also found significantly less family discussion about the Holocaust in survival families, which in turn was associated with evaluations of less family harmony, more introverted mothers, and more pessimistic fathers in both groups.

Children of War Veterans

The importance of transgenerational trauma was also demonstrated in connection with other war experiences, such as in studies among children of war veterans. Davidson and Mellor (2001) found that these children were characterized by low self-esteem and post-traumatic symptoms. Deficits in family functioning was reflected by the inability of family members of veterans to experience appropriate emotional responses as well as their difficulty in solving problems within and outside the family. The distress of the children of veterans was directly related to the intensity of the distress of their fathers (Dekel & Goldblatt, 2008). Other studies demonstrated that the children of war veterans have poor school performance, poor social adjustment (Harkness, 1993), and increased behavioral problems (Jordan et al., 1992; Rosenheck & Fontana, 1998). However, studies have found that there is a relationship between offspring behavioral disorders and PTSD in war veteran fathers.

In a study by Rosenheck and Fontana (1998), it was found that children of Vietnam veterans who had participated in abusive violence (e.g., in combat) have twice more behavioral disorders compared to children whose veteran fathers had experienced a high degree of war stress, but did not utilize abusive violence (i.e., killing a civilian or child). In addition, the

differences in behavior among the children of the veterans were seen 15-20 years after the experience of the fathers traumatic experiences.

In another study among the children of war veterans, it was found that symptoms of depression, anxiety, somatization, schizoid personality, impaired communication, hyperactivity, and aggression (Al-Turkait, F., & Ohaeri, J. U. 2008) were found at lower rates when responding to war-related stimuli compared to children from non-veterans (Motta et al., 1997).

Among children of imprisoned parents in Chile, it has been demonstrated that they tend to respond to a large extent with withdrawal and depression (Allodi, 1980). Similar observations were made by a study on Chilean children in exile whose parents had been imprisoned and tortured (Cohn et al., 1985). Many children expressed a need to identify with their father's suffering in order to understand him better and to feel emotionally closer to him.

Milroy (2005) investigated the trans-generational effects of trauma and their impact on parenting and family functioning, disconnection, and alienation from extended family and the impact on attachment in relationships with caregivers. Studies have investigated a wide range of emotional and psychological symptoms and how they are transmitted over generations, which include emotionally absent parents, sorrow, ever-present fear of danger, separation anxiety, poor communication, and distrust of the world (Barocas & Barocas, 1979; Danieli, 1981).

A report by the U.S. Department of Health and Human Services (2001) investigated mental issues in the children of victims of trauma, which included depression, anxiety, and PTSD. Another case supports the transmission of trauma experiences to the second generation owing to the mental suffering and fear in the minds of children. Following the September 11th terrorist attacks in the United States, the children of the first responders showed mental anguish linked to their parents' exposure (Hoven et al., 2009).

Numerous studies investigated the effects of traumatic experiences on children of parents who had suffered persecution and forced displacement. The separation from parents or the loss of home is known as a serious experience (Ahearn & Athey, 1991).

No evidence has been found for an association between maternal PTSD and children's mental health by Rwanda mothers who experienced the genocide in 1994 and their 12-year-old children (Roth et al., 2014).

Intergenerational transmission of trauma has also been studied among children and victims of natural disasters. Studies have demonstrated that persistent parental PTSD is the most important variable for predicting morbid thoughts related to disasters among their children (McFarlane, Policansky, Irwin, 1987). Harkness (1993) noted in this context that in a situation where significant trauma causes psychopathology among the parents, many of their children will also suffer from emotional disorders and psychiatric symptoms.

Transgenerational Trauma by Forced Displacement.

Forced displacement is one of the greatest loss experiences in wars, with people losing homes, lands, properties, assets, and personal possessions. The victims are also repeatedly exposed to trauma, with the event and experiences beginning prior to the evictions from their homes (Albuquerque et al., 2014; Kuwert et al., 2007; Roberts et al., 2008; Steel et al., 2009). The war-related trauma, coupled with poor shelter, poor access to sanitary facilities, crowded living conditions, and poor health care could possibly lead to such displaced groups being vulnerable to psychopathological symptoms (Doocy et al., 2015; Erol et al., 2005). The possible psychological impacts of displacement such as PTSD, depression, enduring disabilities, Generalized Anxiety Disorder, somatic illnesses, chemical dependency problems, somatoform disorders, emotional reactivity, increased suicidal tendencies, and stigmatization have been investigated (Shultz et al., 2014).

In addition to the direct long-term effects of forced displacement on those who have experienced an expulsion from their homes, the authors have reported that the associated symptoms could be transmitted to the next generation (Daoud, et al., 2012; Montgomery & Foldspang, 2001; Sack, Clarke, & Seeley, 1995).

Similar to the research on Holocaust survivors and their offspring, studies reported divergent results by refugees with regard to the impact of a parental trauma history on non-traumatized children. In a study of children of Vietnamese parents, Vaage et al. (2009) found that children of refugee parents born in Norway have significantly lower Total Difficulties Scores than their Norwegian peers, however children's Total Difficulties Scores were positively associated with a paternal diagnosis of PTSD.

Skoglund and Rydelius (2005) compared 15 refugee families from Lebanon and Iraq, where parents had been subjected to torture, with a matched control group of 15 non-traumatized refugee families where the parents did not have a history of direct torture. This study found that children of tortured parents had more symptoms of anxiety, depression, post-traumatic stress, attention difficulties, and behavioral disorders compared with the control group.

Other studies on refugee families have demonstrated the impact of forced displacement on parental trauma history and the effects on their children. A family history of violence (e.g., grandparent's violent death before the birth of the child or parental exposure to torture) were the strongest predictors of prevalent sleep disturbance by refugee children from the Middle East (Montgomery & Foldspang, 2001).

Similar phenomena of the transgenerational effects of the children of Holocaust survivors was described by psychotherapists who treated refugee children (Riedesser, 2005). The therapists reported incidences of depression and dissociation among refugee children. Furthermore Riedesser (2005) described disturbances in the parent-child relationship as identity and reality

shifts in the form of pathological identification processes, which cause issues that can manifest as "breakaway guilt" by the acquisition of parental duties by children and an increased feeling that they must perform adult duties and responsibilities (i.e., parentification).

Theories of Trauma Transmission

How can trauma be transmitted from one generation to another? At first glance, this concept of transmission seems to be unpredictable. It is as if saying that someone's headache is caused by the fact that his father was hit on his head by a stone some 70 years ago or that a woman is afraid of becoming pregnant because her mother lost a child during the war. Explanations such as these, which link past experiences of a parent with a present state of mind in a child, may be regarded as at least farfetched and at most improbable and unrealistic (Kellermann, 2001c).

The transmission of sound waves in telecommunications is one generally accepted phenomenon and can serve as a suitable analogy, which also illustrates the process of trauma transmission. Thus, just as heat, light, sound, and electricity can become invisible from the transmitter to the receiver, it is possible that unconscious experiences can also be transmitted from parents to their children through a complex process of extra sensors in communication. In fact, such a quasi-naturalistic terminology is often used when describing how the "vibrations" within a Holocaust family "atmosphere" can affect the offspring in a variety of indirect and subtle ways.

According to Albeck (1993), the second generation shows efforts to understand the parents' war-related experiences and the pain they suffered, in order to build a connection with them. Albeck (1993) named these attempts of the offspring as "emphatic traumatization." Within the emphatic traumatization, the offspring imagines the scenes of traumatic experience and the

ways s/he could escape or survive. This does not mean that the second generation will suffer from psychopathologies due to this transmitted trauma; they can still become healthy adults.

Therefore, studies should focus on the psychological response of the offspring to the parental trauma, rather than solely searching for pathological outcomes among children.

Potential mechanism by which the trauma can be transferred from parents to their children could be characterized as intra-family trauma communication style. Intra-familial trauma communication style can be defined as the manner in which parents communicate with their children about their traumatic experiences from the past and how they explain their current symptoms of PTSD. Historically, the question of how parents are supposed to convey a trauma story to their children come to light from research on Holocaust survivors and their offspring.

Mor (1990) suggested that the second generation “adopt” the parental traumatic experience by the parental communication. The author identified two types of styles of parental communication as “obsessive retelling” of the experience on one hand and an “all-consuming silence,” which Danieli (1984) referred to as a “conspiracy of silence” on the other hand.

The “conspiracy of silence” was reported to be the cause of much suffering within the families of Holocaust survivors (Braga, Mello, & Fiks, 2012; Fromm, 2011; Giladi & Bell, 2013; Lichtman, 1984; Sorscher & Cohen, 1997). Drawing mainly on psychodynamic theories, researchers claimed that the transmission of trauma was mediated by the lack of open communication about the past and emotional withdrawal, which was thought to characterize the survivor parent and the transmission of trauma was seen as a result of unconscious displaced emotions (Danieli, 1998; Katz, 2003; Kellermann, 2001a; Shmotkin et al., 2011). Within this theoretical understanding, parental trauma experiences are thought to become family secrets, enabling intergenerational transmission of behavioral patterns and suffering similar to the

patterns seen in families in which incest and violence have been transmitted across generations (Krugman, 1987; Lesniak, 1993; Lev-Wiesel, 2006; MacFarlane & Korbin, 1983).

When the traumatic experience is not communicated, the child receives the message that these experiences are much too frightening and horrific and that they should be buried in silence and thus s/he builds a fearful trauma concept. Integrating both of the suggestions, parents convey their traumatic experiences with the messages hidden in their trauma-communication and the offspring bonds with the parent through their attempts to emphatically understand the parents' traumatic experiences.

Bar-On et al. (1998) proposed attachment theory as a model for intergenerational transmission when genocide survivors are unwilling to talk about their traumatic experiences with offspring. When explicit reasons or overt causes for parental distress are unknown, children may develop disorganized attachment patterns. Further, when children view their parents as both a source of fear and a source of safety, they develop neither a consistent insecure or secure attachment style. Hence, unresolved parental loss or trauma is often associated with disorganized attachment in children. The underlying mechanism in this association may be the frightened parent and/or frightening parental behaviors that the child cannot understand or interpret.

Freyberg (1980) proposed a psychodynamic approach to the transmission of parental trauma. In this theory, it is suggested that children both strive for their separation (i.e., limits and boundaries) and individuation (i.e., of ego functioning). However, within this phase, traumatized mother's emotional instability may lead to frustration and anxiety in the child and this instability can further be instilled in the child. The child internalizes the parents' stress and mistrust and thus an enmeshed relationship pattern may develop with blurred boundaries between the parent and the child. Pathological families are described as narrow, small islands where children come into contact only with their own parents, with their siblings, and with

other survivors (Danieli, 1981). In such tightly closed systems, the parents are fully committed to their children, and the children are overly concerned with the wellbeing of their parents, both trying to protect the other from painful experiences (Klein-Parker, 1988). Through mutual identifications, the parents live vicariously through their children and children live vicariously in the terrible past of their parents. In view of such a strong familial dynamic, it is not surprising that problems with individuation and separation (Freyberg, 1980; Klein, 1971) and attachment (Bar-On et al., 1998) have been often observed.

Janoff-Bulman (1989) posited that the psychological impact of trauma in adults, with secure parent-child attachments stemming from childhood, "shatters" their fundamental assumption that the world is benevolent and the self is worthy. Resulting from broken trust associated with secure attachment, subsequent cognitive changes result in fear, anxiety, pessimism, preoccupation with self-preservation, new views of the world as malevolent, and a worthless sense of self. Many studies have found that people who have experienced trauma have more negative world assumptions (Elklit et al., 2007; Jind, 2001). McCann and Pearlmann (1990) explained how traumatic memories are often completely incongruous with the survivors preexisting schemas about the world. This discrepancy often leads to the development of symptoms such as depression, anxiety, and other specific symptoms of PTSD, such as avoidance. A correlation between world assumptions and symptom levels has been found in studies with Holocaust survivors (Brom et al., 2002).

Although Janoff-Bulman's (1989) theory does not account for intergenerational transmission of trauma, transmission of insecure attachments (i.e., as an impact of trauma) might account for the cognitive changes in the offspring of trauma survivors. Fundamental to Janoff-Bulman's (1989) theory is the notion that viewing the world as malevolent is an impact of trauma.

Only a small amount of literature is found related to world assumptions and transmission of trauma. In a study by Feldman and Kaal (2007), 95 victims of secondary trauma were selected among 320 undergraduates. Researchers hypothesized that secondary victims' world assumption would be more negative than those of non-traumatized controls, depending on individual differences in empathy and emotional contagion. Results indicated that empathy and emotional contagion must be considered, along with trauma, for changes in worldview beliefs (Feldman & Kaal, 2007).

Summary of the Introduction

Clinical observations and empirical research have shown that the consequences of traumatic events are not limited to the persons immediately exposed to the event, and that they often affect significant others in their environment such as family, friends, and are also transmitted over generation.

Many clinical studies have reported that a wide range of emotional and psychological symptoms are transmitted over generations. These symptoms may include impaired parental function, chronic sorrow, ever-present fear of danger, separation anxiety, unclear boundaries, inability to communicate, and distrust of the world.

There is considerable evidence that the survivors of collective mass trauma display an unwillingness to talk about their traumatic experiences; increased anxiety and depression; an increased sense of shame and inferiority; a negative world assumption and attitude toward self-ethnic identity; a belief in the degeneration of one's own ethnic culture; poor school achievement; childhood behavioral disorders; close family structures with possible parent-child enmeshment; and a great sense of loss (Harkness, 1993; Kalayjian et al., 1996; Kupelian, 1993; Lev-Wiesel, 2007; Major, 1996; Nagata, 1993; Rowland-Klein & Dunlop, 1997). Anger and indignation also seems to appear when there is a continuing denial of the genocide by the

perpetrator as seen by studies on second generation survivor families of the Armenian Genocide and massacres (Kalayjian et al., 1996). In addition, these characteristics appear to be universal and intercultural with greater heterogeneity in surviving offspring compared to non-surviving offspring (Davidson & Mellor, 2001; Jordan et al., 1992; Major, 1996).

In summary, a constellation of behaviors, perceptions and emotions resulting from the effects of trauma can be transmitted to the second generation.

To contribute to this body of knowledge, I conducted a quantitative study to examine the influence of the 1948 Palestinian disaster (i.e., Nakba) on the second generation of Palestinians living in Israel. In addition to the transmission of psychological complaints, the transmission of world assumptions and feelings of hatred and revenge against the state of Israel and Jews will be examined.

Historical Background

On May 14, 1948 the State of Israel was established. The collapse of the United Nations plan to divide Palestine into two states led to the early atrocities of the Israeli-Arab war that resulted in Palestinians fleeing their homes due to attacks on civilians by Israeli forces as well as massacres, looting, destruction of property, and being forcefully expelled. The massacres seen during the Nakba in October 1948 included the rape of Palestinian Arab villagers and the victims being bound, executed, and dumped in mass graves (Abdel Jawad, 2007; Morris, 2004a; Rego, 2012; White, 2009). It was estimated that the Zionist forces committed more than 60 massacres against the Palestinians during the Nakba (Abdel Jawad, 2007).

Forceful evictions were carried out by Israeli armies, as seen in areas such as Haifa, Jaffa, Lydda, Akka, Ramle, and Jerusalem, with the armies firing at the villages to ensure the

departure of the refugees and destruction of villages under military command (Masalha, 2003; Pappé, 2001; Pappé, 2006; White, 2009).

The end of the war in 1949 saw 85% of the indigenous Palestinian population in the territory being displaced and became refugees in neighboring Arab countries and Western countries. The remaining refugees were put under Israeli military forces. Life under military rule saw tight controls on all the lives of the Palestinian minority. Military rule controlled all aspects of life for the Palestinian minority and there were severe restrictions on any movement, prohibitions on political organization, limitations on job opportunities, and censorship of publications. For example, in 1956, the Israeli army killed 49 Palestinian farmers in Kufr Kasem for "violating" the curfew imposed on their village. Unaware that a curfew had been ordered, the farmers were returning home from working their agricultural lands when they were killed (Krakau, 2005; Robinson, 2003; Slyomovics, & Khleif, 2008).

Out of approximately 150,000 Palestinians who remained in Israel after the establishment of Israel, approximately 30,000 to 40,000 were displaced, which was 25% of local residents. They were expelled from their homes and villages and thus became refugees inside Israel. It is estimated that approximately 25-30% (about 370,000 to 420,000) of Palestinian citizens of Israel today are descendants of the displaced or uprooted (BADIL Resource Center for Palestinians Residency & Refugee Rights, 2009, S. 215; Internal Displacement Monitoring Center, 2007; Wakim, 2001). Israeli authorities did not openly declare their intention to prevent the displaced from returning to their homes in the first years after the establishment of the State of Israel (Kamen, 1988), but used various means to prevent their return. The most important measure was the imposition military rule between 1948 and 1966. Many Arab areas defined by the government as closed military zones to the displaced and others (Masalha, 2003; Segev, 1986). To prevent the return of refugees and displaced persons, the Israeli authorities

have taken measures such as house demolitions, settlement of Jewish immigrants, and refugees in the construction of Jewish settlements on lands of displaced villages (Kamen, 1988).

Not all Palestinians displaced from the village settled in the same area. In many cases, they are scattered over several villages that were saved from demolition and the citizens saved from deportation. Most of them are in the north, mainly in Galilee (Wakim, 2001). Out of 162 villages that were completely demolished within Galilee and the north, refugees from only 44 villages remained within the borders of the State of Israel . The inhabitants of the other 118 destroyed villages were driven out of the country.(kamen, 1988).

Israeli authorities prevented the displaced from returning to their homes and confiscated their land and possessions through various laws, particularly the emergency instructions regarding the Absentee Property Act of 1950. According to Israeli law, these individuals are considered displaced absentees, although remaining in Israel, because they abandoned their original villages, regardless of the circumstances that forced them to uproot them. Although the uprooted received Israeli citizenship according to the Law of Citizenship (1952), they were systematically blocked from returning to their homes and lands and regain their property (Masalha, 2003).

Among Palestinians who remained as a minority under Israeli rule, they experienced severe traumatic experiences: Firstly, they were shocked to be defeated; secondly, the collapse of the Palestinian community and remaining as only a minority in Israel without social elites and without economic, political, and cultural influence; thirdly, the transformation from the status of the majority in the country as a whole minority status under Jewish rule, minority living in uncertainty about what the future had in store. Above all, it was not clear to Palestinians whether to remain in Israel's permanence, or face displacement from the land (Al-Haj, 1986; Al-Haj und 1988).

Jewish majority viewed the Palestinians who remained in Israel with suspicion and hostility, seeing them as not belonging and sometimes simply referred to them as enemies of the State and placed them under military rule, which was aimed at providing special supervision on them (Masalha, 2003).

Palestinians in Israel currently account for 21% of the total population of the country, numbering over 1.6 million. They live predominantly in villages, towns, and mixed Arab-Jewish cities in the Galilee region in the north, the Triangle area in central Israel, and the Nagev desert in the south. Palestinians belong to three religious communities: Muslim (81%); Christian (10%); and Druze (9%; The Central Bureau of Statistics, 2015).

Chapter 2

Transgenerational impact of traumatic experiences during the Nakba

Abstract

Background: This study aimed to examine the possible intergenerational transmission of war-related trauma experiences during the 1948 war (Nakba) on the second generation among the Palestinian population living in Israel and investigate how the psychological complaints were transmitted to second generation. Despite the significant amount of research that has been done to the topic of intergenerational transmission of war trauma, little has been investigated about the transmission mechanism.

Methods: Participants were 251 Palestinians living in Israel. All participants completed self-reported questionnaires: *The War-Related Parental Trauma Exposure Questionnaire (WPTEQ)*, the *Second Generation Questionnaire (Nakba Version, N-SGQ)*, and a questionnaire to evaluate feelings of anger, hatred and desire for revenge (AHRQ). The *Brief Symptom Inventory (BSI)* and *World Assumptions Scale (WAS)* were also calculated.

Results: The results of the analysis showed that a significant positive correlation existed between traumatic experience of parents and transmission of the Nakba trauma to the second generation. The Nakba trauma affected negatively worldview beliefs by second generation which then impacted mental health and the cultivated feelings of revenge, anger and hatred against the state of Israel and the Jewish people.

Conclusions: The present study identified world assumptions (WAS) as a mediating factor between parents' traumatic experiences and second generation's psychological complaints, transmission of trauma to second generation, and their attitudes towards the state of Israel and

the Jewish people. The greater the exposure to their parent's trauma, the world assumptions of the second generation was more negative.

Introduction

Experiencing trauma can have long lasting effects. These effects not only affect the victim but are also transmitted across generations. Many clinical studies have reported that a wide range of emotional and psychological symptoms are transmitted over generations. These symptoms may include impaired parental function, chronic sorrow, ever-present fear of danger, separation anxiety, unclear boundaries, inability to communicate, and distrust of the world (Barocas & Barocas, 1979; Danieli, 1981). According to a report by U.S. Department of Health and Human Services (2001), children of victims of trauma struggle with severe mental health issues including depression, anxiety and post-traumatic stress disorder.

Several document the transmission of trauma over generations but only a few studies document how this trauma is transmitted. According to Milroy (2005), trans-generational effects of trauma occur through a wide variety of mechanisms. These mechanisms include impact on parenting and family functioning, disconnection and alienation from extended family, association with parental physical and mental illness, and impact on attachment in relationships with caregivers. These effects are exacerbated by the process of vicarious traumatization where children witness the on-going effects of the original trauma, which a parent or other family member has experienced, and exposure to continuing high levels of stress and trauma including multiple bereavements and other losses. Even if these children are protected from the traumatic stories of their ancestors, the effects of past traumas still effect children in the form of community violence, family dysfunction, psychological morbidity, early mortality and ill health.

While there is a reasonable amount of research concentrated into psychopathological symptoms and disorders such as depression and anxiety among the second generation of traumatic victims, the concept of world assumptions has been under-researched in this context. Just a few studies have examined how the trauma of the first generation affected the world assumptions of the second generation. According to these researchers, trauma plays an important role in changing one's assumptions about the world and themselves as offspring of the victims. The world assumptions shattered during a traumatic event, and the shattering of these assumptions is more marked when the trauma is human-induced.

Another component that was studied in this context is torture. It is one of the most extreme forms of human violence during war-related situations, resulting in both psychological and physical consequences. Research has shown that torture can have enduring negative impacts on both survivors and perpetrators, and is ineffective for obtaining reliable information in interrogation. Exposure to trauma has a negative impact on the victim's mental health. Not only do survivors have a risk of developing PTSD and other mental ailments, but their quality of life is also curtailed.

Historical Background

The Nakba is the disaster that befell the Palestinian people in 1948 following the ethnic cleansing by Jewish people who committed forces to establish the State of Israel (Abu Sitta, 1999; Pappé, 2006). Jewish forces committed, during the war, large-scale operations of the destruction of villages and urban centers. In these operations, towns and villages were completely destroyed and were emptied of Palestinian inhabitants (Abd Al Jawad, 2006). During the war, the Jewish forces carried out military operations to remove the Palestinians

from their land. Zionist forces committed numerous massacres to intimidate the residents and cause them to move away.

The Israeli army destroyed over 400 Arab villages (BADIL Resource Center for Palestinian Residency & Refugee Rights, 2009; Internal Displacement Monitoring Center, 2007; Wakim, 2001). As a result of the war, the Palestinian population in Israel found itself disoriented and severely weakened. They had been effectively transformed from members of a majority population to a minority in a Jewish state. They lacked political, as well as economic power, as their leadership, as well as their professional and middle classes, were refused the right to return and were compelled to live outside of the state (Al-Haj, 1988).

Literature Review

The transmission of trauma from one generation to the next was widely accepted by the mid-1970s. The first extensive elaboration on the effects of parents' neuroses on their children came in the late 1800s from the emerging field of psychoanalysis. All other schools of psychology examining trauma have been concerned with the handing down of neurotic traits. It was only in the post-Holocaust era that consistent literature on the intergenerational effects of parents' traumas emerged (Epstein, 1979).

Danieli (1998) suggests that whether the trauma was direct or transmitted, individuals experience severe distress and disturbance in their later lives. Most importantly, the transmission of trauma has been assumed to cause secondary post-traumatic stress disorder, suggesting that since many Holocaust survivors suffer from PTSD, their offspring will also suffer from this disorder (Baranowsky et al, 1998). Chazan (1992) concluded that trauma is transmitted from parents to offspring when parents expose their emotional instability to their children. However, this transmission takes place unintentionally (Abrams, 1999).

In a study, researchers reported that when both of the parents have PTSD, 40 percent of children of Holocaust survivors also had PTSD (Sack, Clake, Kinney & Belestos, 1995). Hyper alertness, guilty feelings, flashbacks, nightmares, and cognitive impairment are some of the main symptoms of intergenerational trauma (Bergmann & Jucovy, 1982). Literature shows that this transmission of trauma may cause developmental issues (Schoore, 2001). Phillip's (1978) research shows that the extreme violence of the Holocaust caused survivors to lack trust in others, and as a consequence, their children demonstrated problems adjusting socially.

In a three year study of combat-related stress, Salmon et al. (1988) found more severe psychological syndromes, poorer recovery rates, and higher incidence of post-traumatic stress disorder in soldiers who were offspring of Holocaust survivors. The transmission of trauma not only causes mental health issues, it also plays an important role in changing one's views about the world. Janoff-Bulman (1992) argues that we all have the central beliefs that the world is a relatively fair and just place and each individual usually hold three beliefs about world and self: self is worthy, world is meaningful and world is benevolent. These assumptive views provide individuals with a sense of safety and security (Langer, 1975; Janoff-Bulman & Frieze, 1983; Perloff, 1983; Taylor, 1983). The victims of trauma experience a change in these beliefs. When a traumatic event occurs, these assumptions may shatter, resulting in posttraumatic symptoms and negative effects (Goldenberg & Matheson, 2005; Horowitz, 1982; Janoff-Bulman, 1989; Janoff-Bulman & Frieze, 1983; Owens & Chard, 2001). Ronnie Janoff-Bulman (1992) concentrated on the nature of trauma victims' pre-existing assumptions about the world and themselves, that she predicted would be shattered during a traumatic event. The shattering of world assumptions remains a central perspective in cognitive theories of mental health following traumatic experiences. Many studies have found that people who have experienced trauma have more negative world assumptions (Elklit A, Shevlin M, Solomon Z, Dekel, 2007; Jind, 2001). McCann and Pearlmann (1990) explain how traumatic memories are often

completely incongruous with the survivors pre-existing schemas about the word. This incongruity often leads to the development of symptoms such as depression, anxiety and other specifically symptoms of PTSD such as avoidance. A correlation between world assumptions and symptom levels has been found also in studies with Holocaust survivors (Brom et al., 2002).

Only a small amount of literature is found related to world assumptions and transmission of trauma. In a study, 95 victims of secondary trauma were selected among 320 undergraduates. Researchers hypothesized that secondary victims' world assumption would be more negative than those of non-traumatized controls, depending on individual differences in empathy and emotional contagion. Results indicated that empathy and emotional contagion must be considered, along with trauma, for changes in worldview beliefs (Feldman & Kaal, 2007). Interestingly, in the work of Bronstein et al. (2015), there is some research to suggest that the mere exposure to trauma is sufficient enough to challenge and, in some cases, to negatively affect previously held positive assumptions (e.g., Lilly, Valdez, & Graham-Bermann, 2011). In a sample of myocardial infarction patients, Ginzburg (2004) reported that PTSD symptoms were associated with more negative perceptions of self-worth, a more random world, and decreased luck; in much the same way as Dekel, Solomon, Elklit, and Ginzburg (2004) reported more negative beliefs about the benevolence of people and perceptions of self-worth in Israeli combat veterans with PTSD (Bronstein et al., 2015).

Another component investigated in connection with inter generational transfer of poverty was the impact of the second generation

Prevalent research on children exposed to armed conflict addresses the impact of multiple traumatic experiences. Children of torture victims exhibit a number of mental symptoms sharing common psychosomatic, emotional, and behavioral features: fits of anxiety,

depressive symptoms, sleep disturbances (e.g. nightmares), enuresis, stomach pain, headaches, aggressive behavior poor concentration, impaired learning, and contact problems (Lukman & Bach-Mortensen, 1988).

Cohn et al. (1980, 1985) conducted his research on 75 Chilean children of exiled torture survivors living in Denmark. He found that more than 75 percent of these children were anxious, suffered from nightmares and insomnia, and were hypersensitive to noise. Similar studies suggested that current emotional distress in children was related to traumatization of parents and coping styles. For example, parental absence as a stress factor was associated with events surrounding torture (Allodi, 1989).

After observing children of torture survivors, Acuna (1989) reported that depression, generalized fear, aggressiveness, dependence on parents, excessive clinging, withdrawal, and irritability were the most common mental problems in the children. He also found distortions in the way they conceptualized a family and deterioration in school performance.

Sophorn (2013) conducted research on the parental trauma from the Khmer Rouge (Cambodian genocide), on Second Generation Cambodian American (SGCA) in relation to SGCA's mental health status, parent-child communication, cohesion, flexibility, and academic achievements. The researcher found that trauma, anxiety, family cohesion, flexibility, and communication all play a significant role in academic achievement. Extant literature also covers the trauma experiences of mothers in relation to offspring. For example, Özüorçun-Küçükertan (2013) studied the possible intergenerational transmission of war-related trauma experiences of mothers on their offspring's current psychological well-being among Turkish Cypriots. The researcher posited that, although being very drastic and painful experiences, maternal, war-related trauma exposure was not linked to the offspring's psychopathology development. It is evident that mother's exposure to war-trauma predicts the child's well-being in terms of life satisfaction. However, in a similar study, Roth, Neuner & Elbert (2014) posited

that in the trans-generational transmission of trauma, neither maternal PTSD nor maternal traumatic experiences were directly associated with symptoms of anxiety, depression, or antisocial and aggressive behaviour in the children. The authors hypothesized a relationship between children's mental health and their parent's child rearing practices.

Egil & Trond (2012) researched how changes in world assumptions are related to quality of life and posttraumatic stress symptoms after a natural disaster. The authors found that negative perceived changes in the assumption "the world is just" were related to adverse outcomes in both quality of life and posttraumatic stress. There is huge body of literature that confirms the transmission of traumatic effects over generations but there is not one study that examines the psychological impact of the Nakba on the second generation of Palestinians living in Israel. The aim of the present study is to find out the effect of parental traumatic experiences during the Nakba on the second generation of these victims. It is hypothesized that trauma is transmitted over the second generation of victims of the Nakba and that the second generation of victims of the Nakba trauma have negative worldview beliefs, more psychopathological issues, and strong feelings of revenge, anger and hatred toward Jewish people and the state of Israel. It is also hypothesized that there is a positive correlation between torture and the *BSI* and the *WAS* and feelings of revenge, hatred and anger.

Methodology

Participants

251 Palestinians living in Israel participated in the study. The mean age of participants was 55 years ($SD = 6.42$). Further demographic variables of the participants are presented in Table 1.

Table 1:Frequency and percentages across demographic variables (N = 251)

Characteristics of variables	<i>N=251</i>	%	Characteristics of variables	<i>N=251</i>	%
Gender			Educational level		
Male	146	58.2	Uneducated	6	2.4
Female	105	41.8	Primary	34	13.5
Marital status			Preparatory	49	19.5
Single	12	4.8	High school	67	28.1
Married	228	90.8	Vocational School	7	2.8
Divorced	5	2.0	University	88	35.1
Widowed	6	2.4	Economic status		
Religion			Very Bad	9	3.6
Muslim	179	71.3	Bad	32	12.7
Christian	72	28.7	Average	142	56.6
Religiosity			Above Average	50	19.9
Secular	81	32.3	Very Good	18	7.2
Conservative	87	34.7			
Religious	83	33.1			
Defining national identity					
Palestinian	80	31.8			
Israeli-Palestinian	74	29.4			
Israeli-Arab	72	28.7			
Others	25	10.0			

Procedure

With the help of the Palestinian Internal Displacement Committee (PIDC), we identified a total of $N = 251$ Palestinians who live in north Israel. The participants were randomly selected from the Palestinian population in north Israel. The PIDC randomly distributed the questionnaires among participants. Participants were also asked to participate in the study. For this study, all of the items of the *World Assumptions Scale (WAS)* and the *Holocaust Second Generation Questionnaire (HSGQ)* were translated from English to Arabic by two bilingual experts. The scale was then translated back to English and, if necessary, renegotiated to assure proper translation. A new scale was developed to measure the exposure to parental trauma, that parents experienced during the Nakba. For this purpose, 50 Palestinians from north Israel (30 women and 20 men, born between 1932 and 1941), belonging to 20 villages, were interviewed by five students. The students met the participants in the elderly club of each village and asked them to do an interview with them about their experience of the Nakba. On the basis of their responses, a scale was developed, comprised of 22 items.

Instruments

For each participant, we obtained information on age, gender, religion, educational level, and national identity before administering the standardized instruments.

The War-Related Parental Trauma Exposure Questionnaire (WPTEQ)

To assess all aspects of traumatic experiences of the first generation during the period of Nakba, we developed a 22 item questionnaire. All of the items were scored with values 1 or 2 (1=no and 2=yes), except the items 21 and 22. 21 and 22 are scored 1 to 5 based on the number of years wandered and number of station changes. All of the items measure the traumatic

experiences of people during the period of Nakba (e.g., “one of my parents was physically injured in the war”, “I lost a family member in the war”, “one of my other family members was injured during the war”, “one of my parents had her/his house destroyed”, “my parents wandered during the war for more than one year before returning to their home” and “my parents were forced to move more than three stations until settlement in their current place”). Two items of the scale relate to the experiences of torture by the Israeli army. These two items have been further analyzed and tested for correlation to variables of the second generation.

The Second Generation Questionnaire (Nakba Version, N-SGQ)

To assess the psychological impact of the Nakba on the offspring, we adapted the 6th version of the *Holocaust Second Generation Questionnaire* (Kellermann, 2000b, 2000d and 2001a). The 20 items assessed the various experiences of the second generation in relation to the Nakba. Items are scored on a 5 point Likert scale from 1 = never to 5 = always. The first seven items measured the subjective impact of the Nakba (e.g., “My parent/s Nakba experiences had a significant impact on me”, “My parent/s transmitted his/her burden to me”, “I absorbed the inner pain of my parent/s”). The following 13 items related to the three categories of PTSD diagnosis according to the DSM-IV (e.g., “I worry that something terrible is going to happen”, “I have nightmares about the Nakba”, “Viewing Nakba films is painful for me”). The questionnaire in Arabic showed excellent reliability (Cronbach’s alpha = .90).

Questionnaire to evaluate feelings of anger, hatred, and desire for revenge (AHRQ)

To assess the intensity of anger, resentment and desire for revenge against the Israeli state and the Jewish people when thinking about what had happened to their parents in the 1948 war, we used a 10 item questionnaire to evaluate these feelings (Ghnadra, 2013). Five items related to their feelings against the state (e.g., “I have hatred towards the state”, “I’m angry at the state”, “I have a desire to retaliate against the state”) and five items related to their feelings against the Jewish people (e.g., “I have hatred towards the Jewish people”, “I feel friendly

towards the Jewish people”). Each item value ranges from one (not true at all) to five (very true). Cronbach’s alpha value in this study was found to be .91.

Brief Symptom Inventory (BSI)

The *BSI* is a self-report measure for clinically relevant psychological symptoms in adolescents and adults. The instrument includes 53 items that relate to nine scales: somatization, obsessive-compulsiveness, interpersonal sensitivity, depression, anxiety, anger/hostility, phobic anxiety, paranoid ideation and psychoticism. The score for each item ranges from zero (not at all) to four (extremely). Higher scores indicate higher symptom severity. The Arabic translation of the *BSI* has been previously used in Israel and demonstrated adequate internal consistency of the nine subscales (Cronbach’s alpha = .71 – .81) and test-retest reliability ($r = .60 - .90$; Lev-Wiesel, Al-Krenawi & Sehwal, 2007). In our sample, Cronbach’s alphas for the subscales ranged between 0.66 and 0.85.

World Assumptions Scale (WAS)

The *WAS* (Janoff-Bulman, 1989) is a 32 item, self-report rating scale comprised of three world assumption categories (world benevolence, world meaningfulness, and self-worth) and has eight subscales, with four items each: justice, randomness, controllability, benevolence of people, world benevolence, self-worth, self-control, and luck. The scale bounds are one (strongly disagree) and six (strongly agree). This scale has been previously applied within the Israeli context and demonstrated high internal consistency (Cronbach’s alpha = .86; Bronstein, Levin, Lahav, Solomon, 2015). The Cronbach’s alpha for the English version ranged from .68 to .86, while the Cronbach’s alpha in the current study was found to be .81.

Statistical Analysis

All analyses were performed by using *SSPS 21.0* for Windows.

Results

Table 2 shows the percentages of traumatic experiences to which victims of the Nakba were exposed to. It shows that displacement and lost properties were the highest percentage of traumatic experiences of the first generation. More than half of the Participants reported that their parents were displaced and lost properties. 40.2 reported that the family of the parents was separated from each other and 23.5% said that at least one of the parents was left without their Family. More than the half of the Participants reported that the father or one of the Family members was persecuted and more than 25% of the Participants said that the father or another family members was exposed to torture and more than one third either a parent or other family member was physically injured.

Table 2: percentage of traumatic experience to which were exposed the first generation

	Items of the WPTEQ	Percentage
1.	One of my parents was forced displaced and couldn't return home any more	51.80
2.	One of my parents cross the border out of the country during the escape from the war	36.30
3.	One of my parents lost properties	62.5
4.	One of my parents lost members due to diseases and lack on opportunities of treatment during the war	12.0
5.	One of my parents was forced to leave their residence due to the war	55.80
6.	The families of my parents were separated from each other	40.20
7.	One of my parents was separated from his/her parents	23.50

8.	One of my parents was tortured	10.40
9.	One of my other family members was tortured	14.30
10.	My father was arrested and sent to the jail	10.00
11.	One of my other family members was executed	8.00
12.	My grandfather was a Palestinian soldier and fought against the Zionist army	13.50
13.	My father was a Palestinian soldier and fought against the Zionist army	10.00
14.	My father was persecuted	27.50
15.	One of my other family members was persecuted	24.30
16.	One of my parents had her/his house destroyed	49.40
17.	One of my parents was physically injured in the war	15.10
18.	One of my other family members was injured during the war	21.90
19.	My family lost one of their members in the war	23.90
20.	My parents fled from their villages during the war	57.0
21.	My parents wandered during the war for more than one year before returning to their current place	29.10
22.	My parents were forced to move from more than 3 stations before settling in their current place	21.90

Note: WPTEQ = War-Related Parental Trauma Exposure Questionnaire

As can be seen in Table 3, a significant positive correlation between education level and economic status exists. The more a person was educated, the more potential and resources

they had to improve their economic status. But there is a significant negative correlation between education level and both religiosity and number of children, which indicates that the more a person is educated, the less he believes in religion. More education is associated with smaller family size. Women with no education have more children than women with ten or more years of school. There are also significant correlations between economic status, religiosity, and number of children. A significant positive correlation is indicated which shows family income goes up with religious faith. Another significant positive correlation appears between religiosity and number of children.

Table 3

Correlation coefficients between education level, economic status, religiosity & number of children (N=251)

	Educational level	Economic status	Religiosity	Number of children
Educational level		.443**	-.337**	-.479**
Economic status			-2.32**	-.325**
Religiosity				.365**
Number of children	-.479**	-.325**	.365**	

**Pearson correlation is significant at the 0.01 Level (2-tailed).

Table 4 shows that there is a significant positive correlation between traumatic experience of parents and transmission of the Nakba trauma to the second generation. The greater the parental trauma exposure, the greater the chance of transmission of trauma to the second generation. There was also a significant positive correlation between traumatic experience of parents and attitude toward Israel and Jewish people. In other words, when parents are exposed to traumatic events there are more feelings of anger, hatred, and the desire for revenge against the state and the Jewish people. The results of analysis also showed that there was a significant positive correlation between traumatic experience of parents and somatization, obsessive-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, and total *BSI* score. In other words, when parents are exposed to traumatic events, their children also suffered from these psychological problems.

It is also clear from Table 4 that there is a significant negative correlation between traumatic experience of parents and benevolence of the world, benevolence of people, control, luck, justice, self-control, self-worth, and the *WAS* total. This agrees with the work of Egil & Trond (2012) who found that negative perceived changes in the assumption “the world is just” were related to adverse outcomes in both quality of life and posttraumatic stress; positive perceived changes in the assumptions “life is meaningful” and “feeling that I am a valuable human” were associated with higher levels of quality of life but not with posttraumatic stress. In similar research, Bronstein et al. (2015) researched the relationship of trauma, beyond just PTSD symptoms, but also to more negative world assumptions among spouses of traumatized ex-prisoners of war (ex-POWs). The authors found that more negative assumptions of self-worth were associated with wives whose husbands were in captivity and reported PTSD symptoms compared with control wives. Wives of ex-POWs with PTSD symptoms also reported lower benevolence of people and higher randomness compared with wives of ex-

POWs without PTSD symptoms. The results of this study shows no statistically significant correlation between traumatic experience of parents and randomness.

There is also a significant positive correlation between torture experienced by parents and somatization, obsession compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, and total *BSI* score. There is a significant negative correlation between torture and self-worth, luck and benevolence of people. Table 4 also shows that there is significant positive correlation between the torture and random subscales. There exists a negative, but not statistically significant correlation between torture and benevolence of world, self-control, control, and justice, as well as the *WAS* total score.

Table 4

Correlations among all studied variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
War-related parental trauma	1.0	.38**	.45**	.24**	.21**	.31**	.32**	.29**	.34**	.19**	.24**	.16**	.21**	.32**	-.16**	-.15**	-.19**	-.11	.07	-.06	-	-.17**	-.22**		.42**
																					.29**				
Feeling of anger, hatred and the desire for revenge against the state and the Jewish people		1.0	.94**	.90**	.31**	.46**	.40**	.45**	.46**	.33**	.38**	.28**	.40**	.48**	-.06	-.14**	-.13**	-.18**	.18**	-.18**	-	.01	-.14**		.53**
																					.21**				
Feeling of anger, hatred and the desire for revenge against the state			1.0	.69**	.27**	.46**	.37**	.40**	.41**	.30**	.36**	.28**	.36**	.44**	-.10	-.11	-.17**	-.18**	.15**	-.19**	-	-.04**	-.18**		.56**
																					.21**				
Feeling of anger, hatred and the desire for revenge against the Jewish people				1.0	.31**	.39**	.37**	.44**	.44**	.30**	.35**	.23**	.38**	.44**	.01	-.14**	-.07	-.15**	.19**	-.14**	-	.07	-.07		.40**
																					.17**				
Somatization					1.0	.60**	.46**	.60**	.69**	.46**	.66**	.47**	.60**	.78**	-.17**	-.25**	-.18**	-.14**	.13**	-.24**	-	-.07	-.24**		.28**
																					.20**				
Obsession compulsion						1.0	.65**	.67**	.69**	.63**	.66**	.61**	.71**	.86**	-.20**	-.34**	-.14**	-.14**	.15**	-.35**	-	-.11	-.30**		.26**
																					.32**				
Interpersonal sensitivity							1.0	.65**	.67**	.46**	.62**	.58**	.69**	.78**	-.22**	-.30**	-.13**	-.15**	.21**	-.39**	-	-.03	-.27**		.29**
																					.30**				
Depression								1.0	.72**	.56**	.64**	.57**	.71**	.84**	-.25**	-.34**	-.18**	-.24**	.26**	-.34**	-	-.11	-.31**		.34**
																					.28**				
Anxiety									1.0	.63**	.74**	.63**	.68**	.89**	-.22**	-.28**	-.20**	-.17**	.17**	-.24**	-	-.07	-.27**		.39**
																					.28**				
Hostility										1.0	.49**	.57**	.49**	.72**	-.24**	-.27**	-.16**	-.12	.20**	-.16	-	-.10	-.23**		.27**
																					.26**				
Phobic anxiety											1.0	.48**	.67**	.81**	-.13**	-.27**	-.15**	-.15**	.20**	-.38**	-	.02	-.23**		.26**
																					.29**				
Paranoid ideation												1.0	.58**	.74**	-.22**	-.43**	-.04	-.06	.27**	-.13**	-	-.16**	-.20**		.29**
																					.20**				
Psychoticism													1.0	.83**	-.26**	-.39**	-.16**	-.26**	.26**	-.47**	-	-.05	-.33**		.28**
																					.27**				

<i>BSI</i>	1.0	-.26**	-.39**	-.19**	-.19**	.25**	-.37**	-	-.10	-.33**	.36**
								.34**			
WAS (Benevolence of the world)		1.0	.41**	.60**	.50**	.12	.05	.45**	.57**	.81**	-.11
WAS (Benevolence of people)			1.0	.12	.14**	-	.26**	.26**	.15**	.44**	-.09
						.18**					
WAS (control)				1.0	.68**	.10	-.06	.51**	.58**	.78**	-.10
WAS (self-control)					1.0	.08	.14**	.42**	.43**	.73**	-.07
WAS (Random)						1.0	-.39**	.13**	.19**	.25**	.18**
WAS (Self- worth)							1.0	.05	-.23**	.14**	-.03
WAS (Luck)								1.0	.48**	.72**	-.10
WAS (Justice)									1.0	.72**	-.06
WAS										1.0	-.08
Transmission of trauma to second generation											1.0

**Correlation is significant at the 0.05 level (2-tailed).

Table 5 shows Pearson correlations between torture and subscales of the *BSI*. As shown in the table, there is a significant positive correlation between torture experienced by parents and somatization, obsession compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, and the total *BSI* score. The table also shows Pearson correlations between traumatic experience of parents and the subscales of the *WAS*. It is clear from the table that there is a significant negative correlation between torture and self-worth, luck and benevolence of people. Table 5 also shows that there is significant positive correlation between the torture and random subscales. There exists a negative, but not statistically significant correlation between torture and benevolence of world, self-control, control, and justice, as well as the *WAS* total score. A significant correlation between torture and transmission of trauma to second generation also exists.

Table 5

Pearson correlation between torture and other posttraumatic stress symptoms (N=251)

Post-Traumatic Stress	Trauma
Somatization	.198**
Obsession compulsion	.221**
Interpersonal sensitivity	.270**
Depression	.258**
Anxiety	.335**
Hostility	.240**
Phobic anxiety	.252**
Paranoid ideation	.182*
Psychoticism	.293*
<i>BSI</i>	.303**
WAS (Benevolence of the world)	-.067
WAS (Self-control)	-.075
WAS (Control)	-.092
WAS (Random)	.147*
WAS (Self-worth)	-.152*
WAS (Luck)	-.131*
WAS (Justice)	-.074
WAS (Benevolence of people)	-.153*
WAS	-.124
Transmission of trauma to second generation	.242**

**Pearson correlation is significant at the 0.01 level (2-tailed).

Path-Analysis Model for Traumatic Experience of Parents

Path analysis was utilized to examine the relationships among five variables (traumatic experience of parents, *WAS*, *BSI*, transmission of the Nakba trauma, and attitude toward the state of Israel and Jewish people). Path analysis allows for the analysis of direct and indirect effects simultaneously in a single model (Babbie, 2007; Sophorn, 2013). AMOS uses the multiplication rule automatically to partition overall effects into direct and indirect effects for the endogenous variables (e.g., world assumptions (*WAS*), psychological difficulties (*BSI*), transmission of the Nakba trauma and attitude toward Israel and Jewish people). The standardized total effects are the sum of standardized direct and standardized indirect effects.

The indices used to evaluate the model's goodness-of-fit includes the comparative fit index (CFI), Joreskog-Sorbom's fit index (GFI), and the root mean square error of approximation (RMSEA; Raykov & Marcoulides, 2006). The model is considered to be a good fit if the CFI is greater than .95 (>.90 is acceptable), GFI is greater than .95, and RMSEA is less than .05 (<.05-.10 is acceptable; Raykov & Marcoulides, 2006). The path model was drawn in SPSS AMOS. Goodness of fit measures supports the adequacy of the model. The model showed a good fit with the CFI = 1.000, the GFI = 0.953, and the RMSEA = 0.000 (Table 6).

Table 6

Path Analysis for traumatic Experience of parents

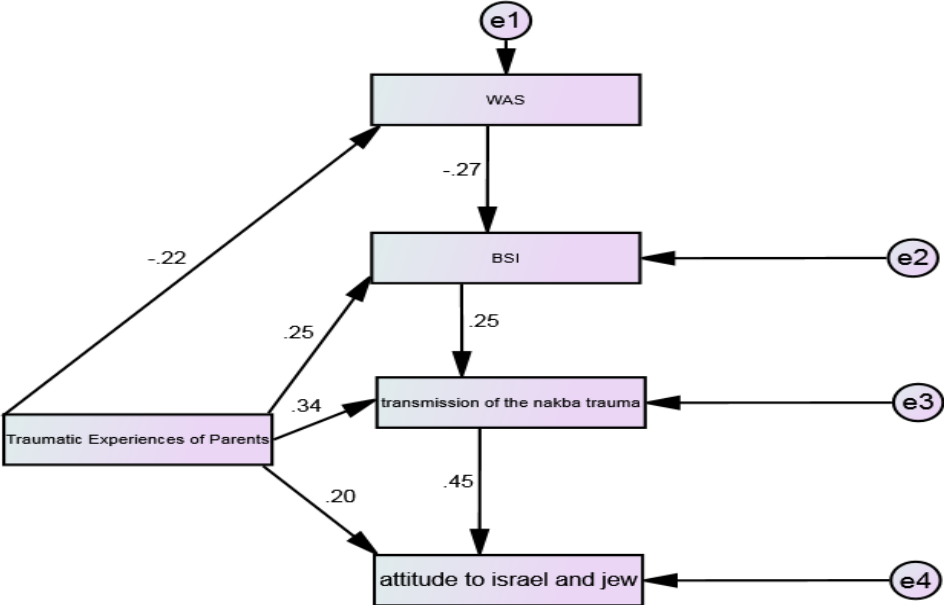
Variable Paths			Estimate	S.E.	C.R.	CFI	GFI	RMSEA
<i>WAS</i>	<---	<i>WPTEQ</i>	-.020	.006	-3.642	1.000	.953	.000
<i>BSI</i>	<---	<i>WPTEQ</i>	1.341	.312	4.299			
<i>BSI</i>	<---	<i>WAS</i>	-15.664	3.427	-4.571			
<i>N-SGQ</i>	<---	<i>WPTEQ</i>	1.043	.178	5.865			
<i>N-SGQ</i>	<---	<i>BSI</i>	.147	.034	4.366			
<i>AHRQ</i>	<---	<i>WPTEQ</i>	.285	.084	3.379			
<i>AHRQ</i>	<---	<i>N-SGQ</i>	.214	.028	7.731			

* *WPTEQ*: War-related parental trauma exposure* *WAS*: world assumption* *BSI*: Psychological complaints* *N-SGQ*: Transmission of Nakba trauma to the second generation* *AHRQ*: Feelings of anger, hatred, and desire for revenge

Illustrated below is the model for the data, which deals with the trans-generational impact of traumatic experiences during Nakba (Figure 1). As customary, the straight arrows represent regression paths for presumed causal relationships and the endogenous variables are depicted with

associated error terms. The path coefficients, in standardized and unstandardized form, were generated by AMOS. The coefficients are displayed on the path diagram and also appear in the outputs. It should be noted that all the path coefficients are significant ($p < .05$). Traumatic experiences of parents independently predicted the second generations' world assumptions, psychological complaints, transmissions of the Nakba trauma, and feelings of hatred, anger, and revenge toward Israel and Jewish people. In the path analysis model shown in Figure 1, the mediating role of the *WAS* in the relationship between traumatic experience of parents and the *BSI*, transmission of the Nakba trauma, and attitude toward the state of Israel and Jewish people is depicted. The values are standardized regression coefficients.

Figure 1



It was hypothesized that traumatic experience of parents and world assumptions (*WAS*) were predictors of the *BSI*, transmission of the Nakba trauma, and attitude toward the state of Israel and Jewish people. Correlation analysis showed that the traumatic experience of parents was significantly correlated with the *WAS* ($r = -.22, p < .05$), *BSI* ($r = .32, p < .05$), transmission of the Nakba trauma ($r = .37, p < .05$) and transmission of trauma to second generation ($r = .42, p < .05$). A linear regression showed that trauma was a significant predictor of the *WAS* ($\beta = -.020, p < .05$). Trauma was a significant predictor of three of the variables: the *BSI* ($\beta = 1.341, p < .05$), transmission to second generation ($\beta = 1.043, p < .05$), and attitude toward the state of Israel and Jewish people ($\beta = .285, p < .05$).

Discussion

This study examined the psychological impact that prevails among the offspring of parents who experienced war-related trauma during the Nakba. A scale (*WPTEQ*) comprised of 22 items was developed that measured war-related parental trauma. The *WPTEQ* was administered on sample of 251 individuals and it assessed the traumatic experiences experienced by the test-taker's parents during the Nakba. Within the current study, the *War-Related Parental Trauma Exposure Scale (WPTEQ)* was examined in terms of its psychometric properties and the scale was found to have sound reliability as expected. After administering the *WPTEQ*, a percentage analysis was carried out and it showed that among all of the traumatic experiences, losing property or houses, as well as forced displacement and separation from families were the most common experiences. From this analysis, it can be said that these experiences contributed more than others in transmission of trauma to the second generation.

Demographic information obtained from the sample was also utilized in the current study. From analysis it was revealed that more educated individuals have higher economic status, are less religious and have a lesser number of children than those who are less educated. Also, more religious people have more children than less religious ones and they also have low economic background. Many other studies regressing a measure of religiosity have found that those with higher educational and economic status tend to be less religious, are more oriented towards scientific facts and have a negative attitude towards religious leaders (Georgiana, 2013).

Regarding the transmission of trauma to the second generation, there exists a positive correlation between traumatic experiences of parents and transmission of trauma to the second generation. A huge body of studies have suggested that traumatic experiences may have adverse intergenerational consequences. Stressful experiences may have long lasting effects on the well-being and psychological health of individuals and there is noticeable evidence that effects of trauma are often transmitted across generations, affecting the children and grandchildren of those people who were initially victimized during war (Bombay, Matheson, & Anisman, 2009). For example, among aboriginal people, continued discrimination and current social and health conditions are considered to be a continuation of the historical traumas that persist in the thoughts of these people (Whitbeck, Adams, Hoyt & Chen, 2004).

Not only trauma is transmitted across generations, feelings of revenge and hatred for those who are considered responsible for the occurrence of trauma are also transmitted across generations. The second generation of the victims of Nakba show more feelings of hatred and revenge against the state of Israel and the Jewish community. The Center for Disease Control and Prevention (1999), after surveying 600 Kosovo Albanians households, reported that about 87 percent of the population have strong feelings of revenge, anger, and hatred towards Serbians.

This report suggested that feelings of revenge and hatred are indicators of poor mental health. Similarly, victims of the apartheid era in South Africa showed more symptoms of depression and post-traumatic stress disorder, together with feelings of revenge and anger (Kaminer, Stein, Mbanga, & Zungu-Dirwayi, 2001). So there is a connection between depression and feelings of anger and hatred. Anger is thought to play a significant and integral role in the development of depression (Busch, 2009). In the current study, we also found significant positive correlations between traumatic exposure and depression and feelings of anger towards the state of Israel and Jewish people. The strongest positive correlation was found between anxiety and parental exposure to trauma. However, we also found a positive strong correlation between parental exposure to trauma and symptoms of OCD, interpersonal sensitivity, and depression among second generation of victims.

Besides possessing symptoms of mental disorders, members of the second generation also have cognitive issues. These issues mainly include negative assumptions about world and self. Because traumatic experiences can affect and alter cognitions, this negativity is thought to be developed as a result of the trauma that parents of these participants were exposed to. From the outset, trauma challenges world, self and other core life assumptions that help individuals navigate daily life (Janoff-Bulman, 1992). Among traumatic experiences, the effects of torture were also studied in the current study. Torture is associated with the onset of psychopathological symptoms and is considered to play a significant role in the transmission of trauma to the second generation, but there exists a weaker correlation between torture and negative world assumptions. Negative world assumptions may be transmitted as a result of other traumatic experiences. Torture has a strong relationship with psychological disorders. The findings from both controlled and uncontrolled studies have documented substantial evidence that for some individuals, torture has

serious and long-lasting psychological consequences (Basoglu, 2009; de Jong et al., 2001; Gerrity, Keane, & Tuma, 2001; Keller et al., 2006; Silove, Steel, McGorry, Miles, & Drobny, 2002). Many of these studies included refugee populations, who are particularly vulnerable to torture because they are often exposed to war situations and they typically lack the protection of any government as they move from country to country. As the number of refugees increases, so do the treatment needs of survivors of torture (Keller et al., 2006; Porter & Haslam, 2005). Comprehensive reviews of the psychological effects of torture (Basoglu, Jaranson, Mollica, & Kastrup, 2001; Gerrity, Keane, & Tuma, 2001; Quiroga & Jaranson, 2005; Turner, 2004) have systematically evaluated research with torture survivors, examining the unique consequences associated with torture and the complex interaction of social, environmental, and justice-related issues. The psychological problems most commonly reported by torture survivors in research studies include: (a) psychological symptoms (e.g., anxiety, irritability, depression, aggressiveness, self-isolation, social withdrawal, emotional lability); (b) neurovegetative symptoms (e.g., insomnia, nightmares, sexual dysfunction); and (c) cognitive symptoms (e.g., confusion or disorientation, impaired memory and concentration). Anxiety disorders, panic disorders, and some other psychiatric illnesses are also commonly diagnosed following torture (Vinck, Pham, Stover, & Weinstein, 2007). The more traumatic the experiences of the victims of the Nakba were, the more negative the world assumptions (WAS) of the second generation. Of the same generation, this is in consonance with the work of Bronstein et al. (2015) who reported lower benevolence of the people and self-worth and higher randomness and greater levels of self-control compared with spouses of ex-POWs without PTSD symptoms. The more negative the world assumptions of the children, the more their psychological complaints, and the more their psychological complaints the stronger the trauma transmitted, and eventually, the stronger the

trauma transmitted, the worse their feelings of hatred, anger and revenge toward Israel and Jewish people. This fills the gap in literature that there is not a specific causal relation between world assumptions and posttraumatic stress symptoms, as suggested by Janoff-Bulman (nd) and others gaps are filled in by the work of Egil & Trond (2012).

Conclusion

It is concluded that trauma has negative consequences including depression, anxiety, PTSD, and other mental problems, along with a negative world assumptions and self-beliefs. Findings also suggest that victims show more feelings of hatred, anger and revenge and have more negative feelings of revenge, hatred and anger towards the responsible authorities. These effects of trauma are transmitted across generations and continue to affect the lives of offspring of victims after many years of occurrence of trauma. It is concluded that world assumptions of the second generation of the victims of the Nakba is a mediating factor in predicting the second generation's psychological complaints, transmission of trauma, and their feelings of hatred, anger and revenge against Israel and Jewish people.

Chapter 3

The transgenerational Impact of the Forced Internal Displacement of Israeli Palestinians from 1948

Abstract

The negative impact of forced migration and displacement has been well documented. But effects on the offspring of the displaced people is less clear. The present study investigates the transmission of trauma to the second generation of Israeli Palestinians affected in the 1948 Palestinian exodus (Nakba). For this purpose, we interviewed a sample of 130 participants whose parents were displaced during the Nakba and compared the outcome with the 121 respondents whose families had not been forced to migrate. We assessed transmission of trauma symptoms to the second generation: psychological distress, psychiatric disorders, world assumptions, feelings towards Israeli and Jewish communities, and sharing of traumatic experiences by survivors of Nakba with their offspring.

Respondents whose parents had been displaced, compared to the controls, reported that their parents communicated less with them about the Nakba, and would not share their experiences. This group presented with higher levels of psychological symptoms, more negative world assumptions, more hostility, anger and desire for revenge towards Jews and the state of Israel. In conclusion, the findings indicate that forced displacement and trauma symptom transmission may proliferate into future generations and affect their mental well-being;

importantly, to the extent that political agendas of reconciliation may fail because of affected attitudes and feelings of revenge.

Introduction

Forced displacement is one of the harshest multiplayer loss experiences imaginable. Displaced people (DPs) lose their homes, lands, properties, assets, and personal possessions. They also lose their identity as owners of the land, their social status, their support networks, and their communities (Internal Displacement Monitoring Center (IDMC), 2014). Forced displacement is a violent separation from home and the familiar environment that is considered a component of the self and identity. The DPs lose important components of identity self-developed through the interaction with objects, things, and the spaces and places in which they are found (Hernandez, B., Hidalgo, M. C., Salazar-Laplace, M. E. & Hess, S., 2007; Knez, 2005; Proshansky, H. M., Fabian, A. K., & Kaminoff, R., 1983). The experience of the collapse of the private life experienced in flight and expulsion empties into a deep trauma, composed many years afterwards (Thomas & Thomas, 2004).

The DPs are repeatedly exposed to potentially traumatic events and experience crippling losses that begin even before they are dispossessed of their homes (Albuja, S., Arnaud, E., Caterina, M., Charron, G., Foster, F., & Glatz, A. K., 2014; Kuwert, P., Spitzer, C., Traeder, A., Freyberger, H. J., & Ermann, M., 2007; Roberts, B., Ocaña, K. F., Browne, J., Oyok, T., & Sondorp, E., 2008; Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., van Ommeren, M., 2009). Most researchers agree that forced displacement is associated with an elevated risk of developing mental disorders. There still remains debate over the degree to which displaced people are affected (Hollifield, 2005; Miller, G. A., Elbert, T., & Rockstroh, B., 2005; Karunakara et al., 2004). In various scientific studies, a linkage between forced displacement and a heightened risk

for psychopathological symptoms, as well as associated problems has been demonstrated (Daoud, Shankardass, O'Campo, Anderson & Agbaria, 2012; Sheikh, Abdulaziz, Agunbiade, Joseph, Ebiti & Adekeye, 2014; Shultz, Ceballos, Espinel, Oliveros, Fonseca & Florez, 2014).

War-related trauma, as well as poor shelter, poor health care, family members with medical needs, poor access to sanitary facilities and crowded living conditions render these groups particularly vulnerable for psychopathological symptoms (Doocy, Lyles, Delbiso & Robinson, 2015, Erol, N., Simsek, Z., Oner, O., and Munir, K., 2005). Research about forced migration found that the psychological impact of displacement includes Depression, Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, somatic complaints, chemical dependency issues, somatoform disorders, emotional reactivity, elevated suicidal risk, perceived stigmatization, and long term disabilities (Shultz, et al., 2014; Shultz, Garfin, Espinel, Araya, Oquendo, Wainberg, Chaskel, Gaviria, Ordonez, Espinola, Wilson, Garcia, Ceballos, Garcia-Bercena, Verdeli & Neria, 2014; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Hecker, Fetz, Ainamani, & Elbert, 2015; Onyut et al., 2009). Studies in refugee camps demonstrated a range of poor mental health conditions, poor quality of life, poor physical health and poor well-being including suicidal ideation, unhappiness with life, and living in fear for self and family (Getanda, Papadopoulos & Evans, 2015).

Another study about forced internal displacement found much higher rates of Social Phobia and other mental health disorders in the displaced communities compared to the general population (Salah, Ayazi, Lien, Eide & Hauff, 2014). Furthermore, researchers report that there is ongoing exposure to danger and violence such as interpersonal violence, family violence, and risks to children, loss of social networks, and loss of access to services among the internally displaced people (Shultz, et al., 2014). Forced displacement, as a traumatic event, is associated

with increased psychological burden even after several decades. The research demonstrates a longevity of the impact of forced displacement (Ergun, Cakici & Cakici, 2008; Freitag, Braehler, Schmidt, & Glaesmer, 2013; Kuwert, P., Braehler, E., Glaesmer, H., Freyberger, H. and Decker, O., 2009).

Studies in Germany found that forced displacement in WWII was significantly associated with higher levels of anxiety, lower levels of resilience and life satisfaction, elevated risk for PTSD, somatoform symptoms and lowered health-related quality of life even 60 years later (Kuwert, P., et al., 2009; Freitag, et al., 2013). Ergun, et al. (2008) compared displaced and non-displaced people in Turkey, decades after the conflicts in Cyprus in the 1970's, and found a long lasting impact of the traumatic experiences experienced by the displaced groups relative to the non-displaced. Additionally, this group had high scores of depression diagnoses and somatization symptoms.

Transmission of Trauma to the Second Generation

In addition to the direct long term impact of forced displacement on those who have experienced the torment, authors have claimed that associated symptoms proliferate into the next generation (Daoud, et al., 2012; Montgomery E. & Foldspang, A., 2001; Sack, W. H., Clarke, G. N., Seeley J., 1995). The traumatic events experienced throughout any stage of the displacement could have effects that last long after a family has settled into their new life and new home country. When the parents or grandparents are struggling with their own psychological distress, their care giving effectiveness may be significantly compromised and their offspring may suffer because of the initial first-generation trauma (Ornelas & Perreira, 2011).

Intergenerational transmission of trauma has been hypothesized to be an important determinant of the mental health of refugee children. Mental health consequences of parental

trauma have been studied in the offspring of Holocaust survivors and combat veterans (Carmil & Carel, 1986; Cohen, Brom, & Dasberg, 2001; Dekel & Goldblatt, 2008; Felsen, 1998; Fossion, P., Leys, C., Kempnaers, C., Braun, S., Verbanck, P., & Linkowski, P., 2013; Kellerman, 1996; Ozuorcun-Kucukertan, 2013; Solomon, Kotler, & Mikulincer, 1988; Solomon, 1998). Duran and Duran (1995) suggested that historical trauma, like transgenerational trauma, involves a subjective re-experiencing and recollection of traumatic events by an individual or a community over multiple generations. The historical trauma is absorbed into the cultural memory of the group and flows from generation to generation in the same mechanisms by which culture is generally transmitted. Traumatic stress can be renewed in each generation as members continue to witness the effects of the original trauma experienced by previous generations even when the new generation is shielded from the specifics of the trauma story. Each successive generation might then begin to exhibit its own trauma symptomology, which is often unique from symptoms exhibited by the prior generation (Milner et al., 2010).

There are some reports on the intergenerational transmission of trauma in refugee families, focusing on war-related traumatization (Dalgaard, N. T., Todd, B. K., Daniel S. I., and Montgomery, E. 2015; Montgomery, E., 2008; Rousseau, C., Drapeau, A., & Platt, R., 1999; Vaage, A. B., Thomsen, P.H., Rousseau, C., Wentzel-Larsen, T., Ta, T.V., Hauff, E., 2011) or torture (Daud, A., Skoglund, E. & Rydelius, P.A., 2005; Montgomery, E., 1998; Montgomery, E. & Foldspang, A., 2001). Studies about refugee families have demonstrated the impact of the forced displacement parental trauma history on their children. A family history of violence (grandparent's violent death before the birth of the child or parental exposure to torture) were the strongest predictors of prevalent sleep disturbance by refugee children from the Middle East (Montgomery, E. & Foldspang, A., 2001). In studies on Cambodian refugee families, a significant

relationship between the traumas of the parents resulting in their children having PTSD was found (Sack, et al, 1995). Daoud, et al. (2012) examined the effects of displacement on physical health among displaced Arabs in Israel and their descendants. The authors found that displacement leads to long-term and transgenerational negative effects on physical health compared to the non-refugee Arab minority in Israel.

This transmission of trauma may occur due to intra-family communication. The phrase intra-family communication refers to how the survivors communicated about their traumatic experiences with their children. A phenomenon known as the “conspiracy of silence” was reported to be the cause of much suffering within the families of Holocaust survivors (Braga, Mello, & Fiks, 2012; Fromm, 2011; Giladi & Bell, 2013; Lichtman, 1984; Sorscher & Cohen, 1997). Research on the survivors of trauma revealed that disclosure of traumatic experiences to offspring is associated with psychological adjustment in children of traumatized parents (Dalgaard & Montgomery, 2015). Drawing mainly on psychodynamic theories, researchers claim that the transmission of trauma is mediated by the lack of open communication about the past and the emotional withdrawal which is thought to characterize the survivor parent. The transmission of trauma was seen as a result of unconscious displaced emotions (Danieli, 1998; Katz, 2003; Kellermann, 2001a; Shmotkin, Shrira, Goldberg, & Palgi, 2011). Within this theoretical understanding, parental trauma experiences are thought to become family secrets, enabling intergenerational transmission of behavioral patterns and suffering. However, displaced refugees share less experiences with their offspring than the non-displaced ones because sharing of traumatic experiences could lead to the remembering of traumatic experiences. But indirectly, their emotional responses to their offspring may act as a mediator and transmission of trauma occurs (Dalgaard, et al., 2015).

Background

On May 14, 1948 the State of Israel was established. After the creation of Israel, approximately 780,000 of the local Palestinians fled or were expelled (Pappé, I., 2006). They became refugees in neighboring Arab countries and Western countries. Out of approximately 150,000 Palestinians who remained in Israel after the establishment of Israel, 30,000-40,000 (25%) of local residents were also displaced. They were evacuated and expelled from their homes and villages and thus became refugees inside Israel (Al-Haj, M.,1988) . It was recently estimated that approximately 25-30% (about 370,000 to 420,000) of Palestinian citizens of Israel today are descendants of displaced or uprooted ancestors (BADIL Resource Center for Palestinian Residency & Refugee Rights, 2016; IDMC, 2007; Wakim, 2001).

The present study aims to examine the psychological impact of the traumatic events of the Nakba being transmitted from the first generation of displaced Palestinians to the second generation. First, we hypothesized that displaced parents share less traumatic experiences with their offspring than the non-displaced parents. Moreover, we expected that the offspring of displaced parents are more affected by the traumatic events to which their parents were exposed to during Nakba compared to the offspring of non-displaced parents. Regarding the mental health of the offspring, we expected more feelings of anger, hostility and desire for revenge against the state of Israel and the Jewish. We also expected more psychological complaints and more negative world assumptions in the offspring of displaced parents as compared to non-displaced parents.

Methods

Participants

The 251 participants included in the study were displaced (N = 130) and non-displaced (N = 121) Palestinians living in Israel. The mean age of displaced participants was 57.4 years (SD = 5.9) while the mean age of non-displaced participants was 55.2 (SD = 6.8). Further demographic variables of the two groups are presented in Table 1.

Table 1

Frequency and percentages across demographic variables (N = 251)

Characteristics of variables	Non-Displaced N = 121		Displaced N = 130	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Gender				
Male	83	68.6	63	48.5
Female	38	31.4	67	51.5
Religion				
Muslim	94	77.7	85	65.4
Christian	27	22.3	45	34.6
Religiosity				
Secular	35	28.9	46	35.4
Conservative	53	43.8	34	16.2
Religious	33	27.2	50	38.5
Defining national identity				
Palestinian	24	19.8	56	43.1

Israeli Palestinian	41	33.9	33	25.4
Israeli Arab	39	32.2	33	25.4
Others	17	14	8	6.2
Educational level				
Uneducated	3	2.5	3	2.3
Primary	14	11.6	20	15.4
Preparatory	20	16.5	29	22.3
High school	34	28.1	33	25.4
Vocational school	4	3.3	3	2.3
University	46	38	42	32.3
Economic status				
Very Bad	7	5.8	2	1.5
Bad	9	7.4	23	17.7
On average	70	57.9	72	55.4
Above average	24	19.8	26	20
Very good	11	9.1	7	5.4

Procedure

With the help of the Palestinian Internal Displacement Committee (PIDC), we identified a total of N = 130 Palestinians who live in North Israel. The participants were randomly selected from the Palestinian population in north Israel. The PIDC randomly distributed the questionnaires among participants. Participants were also randomly asked to participate in the study. For this study, all the items of the World Assumptions Scale (WAS) and the Holocaust Second Generation Questionnaire (HSGQ) were translated from English to Arabic by two bilingual experts. Then the scale was translated back to English and, if necessary, renegotiated to assure proper translation.

Instruments

For each participant, we obtained information on age, gender, religion, educational level and national identity before administering the standardized instruments.

Nakba Communication Questionnaire (NCQ).

To assess the extent to which the Nakba was discussed within the participant's family, we adapted the 12-item Holocaust Communication Questionnaire (HCQ; Lichtman, 1983). The 12 items of the original scale were reduced to only six items which measured the parent's frequency and willingness to discuss their wartime experience and the transmission of factual information to their offspring. The items were measured using a Likert scale with 1 = strongly disagree and 5 = strongly agree. The final instrument, referred to as NCQ, includes items like "The Nakba events were clearly existing in our house; for example, in habits, education and stories.", "I discussed with my parents their experiences in the Nakba.", "My parents were talking to their friends about the Nakba when I was near and could hear them.". High scores reflect more frequent familial discussions about the Nakba. The Cronbach's alpha (.93) of this study indicated high internal consistency.

The Second Generation Questionnaire (Nakba Version, N-SGQ).

To assess the psychological impact of the Nakba on the offspring, we adapted the 6th version of the Holocaust Second Generation Questionnaire (Kellermann, N., 2000b, 2000d and 2001a). The 20 items assess the various experiences of the second generation in relation to the Nakba. Items are scored from 1 = never to 5 = always. The first seven items measure the subjective impact of the Nakba (e.g., "My parent/s Nakba experiences had a significant impact on me.", "My

parent/s transmitted his/her burden to me.”, “I absorbed the inner pain of my parent/s.”. The following 13 items relate to the three categories of PTSD diagnosis according to the DSM-IV (e.g., “I worry that something terrible is going to happen.”, “I have nightmares about the Nakba.”, “Viewing Nakba films are painful for me.”). The questionnaire in Arabic showed excellent reliability (Cronbach’s alpha = .90).

Questionnaire to evaluate feelings of anger, hatred and desire for revenge (AHRQ).

To assess the intensity of anger, resentment and desire for revenge against the Israeli state and the Jewish when thinking about what had happened to their parents in the 1948 war, we used a 10-item questionnaire to evaluate feelings of anger and desire for revenge (Ghnadra, 2013). Five items relate to their feeling against the state (e.g., “I have hatred towards the state.”, “I’m angry at the state.”, “I have a desire to retaliate against the state.”) and five items relate to their feelings against the Jewish people (e.g., “I have hatred towards the Jewish people.”, “I feel friendly towards the Jewish people.”). Each item value ranges from one (not true at all) to five (very true). Cronbach’s alpha value in this study was found to be .91.

Brief Symptom Inventory (BSI).

The BSI is a self-report measure for clinically relevant psychological symptoms in adolescents and adults. The instrument includes 53 items that relate to nine scales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, anger/hostility, phobic anxiety, paranoid ideation and psychoticism. The score for each item ranges from zero (=not at all) to four (=extremely). Higher scores indicate higher symptom severity. The Arabic translation of the BSI has been previously used in Israel and demonstrated adequate internal consistency of the nine sub-scales (Cronbach’s alpha = .71 – .81) and test-retest reliability ($r = .60 - .90$; Lev-

Wiesel, Al-Krenawi & Sehwal, 2007). In our sample, Cronbach's alphas for the subscales ranged between 0.66 and 0.85.

World Assumptions Scale (WAS).

The WAS (Janoff-Bulman, 1989) is a 32-item, self-report rating scale comprising three world assumption categories (world benevolence, world meaningfulness, and self-worth) and has eight subscales, with four items each: justice, randomness, controllability, benevolence of people, world benevolence, self-worth, self-control, and luck. The scale bounds are one (strongly disagree) and six (strongly agree). This scale has been previously applied within the Israeli context and demonstrated high internal consistency ($\alpha = .86$; Bronstein, Levin, Lahav, Solomon, 2015). The Cronbach's alpha for the English version ranged from .68 to .86 while the Cronbach's alpha in the current study was found to be .81.

Statistical analysis

Group differences for continuous variable and test scores were evaluated by means of *t*-test. Means and standard deviations were calculated and results were interpreted. All analyses were performed by using SSPS 21.0 for Windows.

Results

Table 2 presents the differences between displaced and non-displaced persons for the various outcome variables (NCQ, N-SGQ, AHRQ, BSI and WAS).

Table 2

Means, standard deviations, t-values and effect sizes of non-displaced and displaced participants on the NCQ, N-SGQ, AHRQ, BSI, WAS and sub-scales (N = 251).

Variable	Non-displaced (n = 121)		Displaced (n = 130)		<i>T</i> (249)	<i>P</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
NCQ	16.73	6.86	11.30	5.43	6.98**	.00	3.90	6.96	.88
N-SGQ	62.74	19.02	74.86	15.50	-5.55**	.00	-16.42	-7.82	.70
BSI	87.71	27.31	99.42	29.30	-3.26**	.00	-18.7	-4.65	.413
Somatization	11.30	4.74	12.56	5.05	-2.03*	.04	-2.47	-.034	.257
Obsession									
Compulsion	11.66	4.08	13.83	4.45	-4.01**	.00	-3.23	-1.10	.51
Interpersonal									
Sensitivity	6.87	2.68	8.09	3.24	-3.23**	.00	-1.95	-.47	.41
Depression	10.21	3.98	11.96	4.65	-3.22**	.00	-2.82	-.67	.40
Anxiety	11.31	4.02	13.09	4.21	-3.41**	.00	-2.80	-.75	2.05
Hostility	9.03	3.75	10.06	4.44	-1.99*	.048	-2.06	-.01	.25
Phobic									
Anxiety	8.00	3.28	9.10	3.08	-2.74**	.01	-1.89	-.31	.35
Paranoid									
Ideation	11.04	4.09	11.70	4.28	-1.26	.21	-1.71	.38	.16
Psychoticism	8.25	3.00	8.99	3.37	-1.82	.07	-1.53	.06	.23
WAS	32.89	4.62	31.45	3.99	2.64**	.01	.37	2.51	.33
Self-control	4.72	.86	4.62	.77	.95	.34	-.10	.30	.12
Control	4.32	1.10	4.06	.90	2.05*	.04	.01	.51	.26

Randomness	3.22	.98	3.30	.99	-.68	.50	-.31	.16	.02
Self-worth	4.65	.90	4.66	.95	-.14	.89	-.25	.21	.01
Luck	3.92	.91	3.51	.94	3.45**	.00	.17	.63	.44
Justice	3.68	1.15	3.45	.96	1.67	.10	-.04	.49	.22
Benevolence									
of people	4.11	.79	3.91	.80	1.96*	.05	.00	.39	.25
AHRQ									
Towards									
Israel	12.56	4.72	15.62	5.19	-4.86**	.00	-4.29	-1.82	.62
Towards									
Jewish	10.65	4.20	12.01	4.28	-2.54*	.012	-2.41	-.31	.32

Note: NCQ = Nakba Communication Questionnaire, N-SGQ = Nakba Version of the Second Generation Questionnaire, AHRQ = Anger, hatred and revenge questionnaire, BSI = Brief symptom inventory, WAS = World assumption scale. * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

The test results show that non-displaced participants shared significantly more experiences concerning the Nakba communication questionnaire (NCQ) as compared to the displaced sample ($t = 6.98$, $p = .00$) and also the impact of the parental experience during the Nakba on their offspring was greater in displaced participants as compared to non-displaced participants ($t = -5.5$, $p = .00$). We also found more feelings of hatred, anger and revenge towards the State of Israel ($t = -4.86$, $p = .00$) and against the Jewish community ($t = -2.54$, $p = .01$).

Regarding mental health outcomes, we found significant differences between displaced and non-displaced samples on almost all variables of the BSI: somatization, obsessive-

compulsive, interpersonal sensitivity, depression, anxiety, anger/hostility, phobic anxiety, paranoid ideation and psychoticism. No significant differences were found for paranoid ideation and psychoticism.

Results also show that there are significant differences between displaced and non-displaced samples in levels of world benevolence, self-control, luck and the total WAS scores. As seen in the table, there are no significant differences regarding the self-control, randomness, self-worth, justice and benevolence of people subscales.

Discussion

The aim of the present study was to examine the psychological impact of forced displacement during the Nakba on the second generation of Palestinians living in Israel. We found that displaced participants have communicated significantly less with their parents about their experience from the Nakba compared to non-displaced participants. The impact of the parental experience during the Nakba on their offspring was greater in displaced participants as compared to non-displaced participants. Furthermore, the DP feel significantly angrier and have more feelings of hatred and revenge towards the Jewish and the State of Israel. As seen in Table 2, there is also significant differences between the DP and non-DP samples regarding levels of somatization, obsession compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety and BSI general scores. Differences between displaced and non-displaced samples in the world assumption we found in the levels of benevolence of world, control, luck and general WAS scores.

Sharing of Nakba-Related Events

Results revealed that forced displaced parents shared traumatic events less with younger generations as compared to those who were not displaced during Nakba. Many studies have

documented a similar association between collective victimization after exposure to severe trauma and the tendency to be silent about their traumatic experiences (Danieli, Y., 1985; Nadler, Kav-Venaki, & Gleitman, 1985). Krell (1979) and Kestenberg (1982) found in their studies on survivors of collective victimization and trauma that these survivors tended to share less about their traumatic experiences of oppression, persecution, exile and genocide and avoid talking about their experiences with others. The research revealed a common belief amongst the survivors of collective trauma that withholding this information would help their children lead a normal life and encourage healthy child development. Sharing this information with younger generations was perceived to cause psychological distress to their children (Bar-On D., Eland J., Kleber R.J., Krell R., Moore Y., Sagi A. Soriano E. Suedfeld P van der Velden P., Van Ijzendoorn M.H. 1998). The forced displacement exposing DPs to a wide range of traumatic experiences during war and displacement was the factor which affected the lack of sharing their experiences and not the displacement itself. Studies in refugees have shown a positive association and correlation between the number of traumatic events and the symptoms of PTSD (Neuner et al., 2004; Wilker et al., 2015). The forced DPs are associated with higher traumatic exposure compared to non-displaced (Porter & Haslam, 2005).

Ghnadra (2013) found, in a study about the effects of the 1948 War and displacement on the mental health of Palestinians living in Israel, that emotional distraction, concealment and ignoring of the internal distress along with turning to religion and faith for relief were the main coping strategies used by the DPs to cope with traumatic consequences of war and forced displacement. This research aligns with our results that suggest that the DPs share less of their experience from the Nakba compared to the non-displaced.

Transmission of Trauma Symptoms

The second objective of the present study was to assess whether the offspring of displaced parents are relatively more affected by the traumatic events to which their parents were exposed during Nakba than the non-displaced group. For this purpose, our second hypothesis assumed that the impact of the parental experience during the Nakba on their offspring was greater in displaced participants as compared to non-displaced participants. The findings support the hypothesis. There is a significant difference between the two groups.

The high score on the N-SGQ shows that the offspring of displaced parents are more affected by the traumatic events that their parents were exposed to than the offspring of non-displaced parents. The mean score of non-displaced participants was quite low. This reveals that they are less affected by the traumatic events that their parents had experienced as compare to displaced ones. Results show that there is a significant difference in levels of experience of traumatic events in the second generation of displaced and non-displaced people.

Different studies have shown that the second generation of displaced people is more affected by the events to which their parents were exposed than the second generation of non-displaced people. The present findings are in line with the study conducted by Ergun, et al. (2008). They studied displaced people in Turkey, decades after the conflicts in Cyprus in the 1970's, and found a long lasting impact of the traumatic experiences. The transmission of trauma on the second generation has theoretical backing. Transmission occurs when the children hold "the scar without the wound", meaning that they are impacted by their parents' experiences through trying to understand and build a connection (Ozuorcun-Kucukertan, 2013). An intergenerational transmission of trauma indeed exists and occurs across different populations (Danieli, 1998) and the impact of traumatic stress can transmit to generations (Figley, 1995).

Political Implications of Forced Migration

The third proposed hypothesis was to assess the difference in feelings of anger, hatred and desire for revenge of displaced and non-displaced people towards Jewish and the State of Israel. The results show that displaced people see themselves as vulnerable, weak victims who are helpless and, as a result, possess feelings of hatred and desire for revenge towards Jews and the State of Israel. Displaced people felt humiliated by the army and the local citizens of Israel. These experiences led to the feelings of hatred and anger. These results are in line with a study conducted by Lopes, Kaiser, Gotway and Aqani (2003). They conducted a cross-sectional cluster sample survey in June 2000 in Kosovo to assess the prevalence of mental health problems associated with traumatic experiences, feelings of hatred and revenge, and the level of social functioning among Kosovar Albanians approximately 1 year after the end of the war. Findings suggested that victims have more feelings of revenge and hatred than the other group.

The fourth hypothesis was to investigate whether the second generation of displaced people have more psychological complaints than second generation of non-displaced people. The BSI was used to assess the psychological complaints in both groups. Results showed that the second generation of displaced people during Nakba scored high on somatization, obsession compulsion, interpersonal sensitivity, depression, anxiety, hostility and phobic anxiety than the compared group. However, participants belonging to the second generation of displaced persons scored lower than the other group on sub-scales of paranoid ideation and psychoticism.

A huge body of literature supports our present findings. Al-Turkait and Ohaeri (2008) carried out a study on the offspring of Kuwaiti military veterans. They found that those whose fathers had traumatic experiences had significantly higher depression scores. Additionally,

children with both parents suffering from PTSD showed significantly higher anxiety and depression scores. Mothers' anxiety was the most frequent and important predictor of children's mental health. The PTSD characteristics of somatization, relational and social problems were analyzed in offspring of veterans in Bosnia and Herzegovina. Children of 60 veterans diagnosed with PTSD were compared to offspring of a healthy matched control group. This confirmed the previous findings that parental exposure to traumatic events leads to mental health issues in offspring (Zalihic A., Zalihic D., & Pivic G., 2008).

The last hypothesis was to explore whether the second generation of displaced parents show more negative world assumptions as compared to the second generation of non-displaced parents. By using the WAS, the researcher found a significant difference in cognitive schemas between the two groups regarding themselves and the world. It is concluded from the results that the second generation of DP have more negative schemas about themselves and the world than the other group. Populations (e.g., Israeli veterans, survivors of sexual assault and PTSD patients) who were directly exposed to traumatic events show more negative world assumptions than those who were not directly exposed to traumatic events (Dekel, R., Solomon, Z., Elklit, A., & Ginzburg, K., 2004; Ginzburg, 2004; Ullman, Starzynski, Long, Mason, & Long, 2008). Bronstein, Levin, Lahav and Solomon (2015) conducted a research study on spouses of Israeli ex-prisoners of war and explored secondary trauma by evaluating world assumptions (World Assumptions Scale scores). They found that these spouses have more negative cognitive schemas about the world than the control group. These findings support the current findings.

Conclusion

The present study was an attempt to assess the transmission of trauma of displaced people to the second generation. For this purpose, the second generation of non-displaced and displaced

people in Israel were studied. 251 participants participated in the current study. Informed consent was taken from participants to know their willingness to participate in the research. Five different scales were used in the study. The results were obtained and all of the hypotheses were supported by the results. Results showed that the second generation of displaced people have psychological complaints more than the non-displaced group even though displaced people shared less traumatic experiences with their families. Non-displaced people shared more Nakba events with their offspring.

Another aim of the study was to assess the feelings of hatred, anger and desire for revenge of displaced and non-displaced people towards Jews and the State of Israel. Results also supported this hypothesis. The anger and revenge may have been aroused in the second generation of DP because of trauma transmission from their parents. Moreover, the displaced group also has negative schemas about the world.

Besides the clear psychological impact, there is also a social impact with displacement, as described above. Issues such as lack of national identity, discrimination, or racism would certainly impact these displaced groups. Perceived social support, government support, employment opportunities, and community resiliency can help displaced people cope with stress (Sheikh, et al., 2014; Siriwardhana & Stewart, 2013).

Chapter 4:

Associations between Disclosure and Silencing by the Nakba - Trauma and the Transgenerational Impact

Abstract

Background: This study explores the transgenerational impact of traumatic stress during the 1948 war (i.e., Nakba) on the second-generation Palestinian population living in Israel. The aim of the study is to explore the effects of different degrees of parental disclosure of traumatic material relating to the Nakba on the transmission of trauma to the second generation.

Methods: The participants were 251 Palestinians living in Israel. All participants completed self-report questionnaires: The War-Related Parental Trauma Exposure Questionnaire (WPTEQ), the Second-Generation Questionnaire (Nakba Version; N-SGQ), Nakba Communication Questionnaire (NCQ), and a questionnaire to evaluate feelings of Anger, Hatred, and desire for Revenge (AHRQ). The Brief Symptom Inventory (BSI) and World Assumptions Scale (WAS) were also administered.

Results: It was found that a significant negative correlation existed between disclosure communication and transmission of the Nakba trauma to the second generation.

Introduction

A traumatic experience not only has a direct influence on the mental health of an individual, but also a long-term effect on the individual's wellbeing. Trauma leads to the person experiencing an extreme sensation of loss of control and often leaves individuals with feelings of

helplessness, a sense of being unsafe, and feeling horrified. Trauma is an experience that is embedded in both mind and body and breaks the dimension of time, the feeling of belonging, and the sense of personal safety, causing serious mental distress and Posttraumatic Stress Disorder (PTSD; Lewis, 1992). Clinical observations and empirical research have demonstrated that the consequences of traumatic war events are not limited to the persons immediately exposed to the event, as they often affect significant others in their environment such as family, friends, and caregivers. The transmission of traumatic experiences of victims to the lives of their offspring is no longer an unspecified issue.

There has been a recent shift of attention by researchers on the mode of transmission of traumatic experiences. A large body of research confirms evidence of the intergenerational transmission of trauma among both Holocaust families and surviving families of other types of mass genocide. From this research it can be concluded that a history of parental trauma and subsequent PTSD symptoms can negatively influence offspring and may lead to the development of psychological distress. However, the mechanisms by which the transmission is mediated are still unclear. Intra-family communication (Measham & Rousseau, 2010), parental symptom level (Lambert et al., 2014), as well as disturbance attachment presentations (Almqvist & Broberg, 2003) have been suggested as possible mediating mechanisms for the transmission of trauma. This research seeks to examine the associations between intra-family communication style regarding parents' traumatic experiences from the past and the transmission of the trauma to the second generation.

Mainly drawing on different perspectives, researchers have claimed that the transmission of trauma is mediated by communication. For example, Danieli (1998), Katz (2003), Kellermann (2001a), and Shmotkin et al. (2011) posited that lack of open communication about the past

certainly correlated with the transmission of experiences. The transmission of trauma also occurs because of intra-family communication. Contrastingly, another pool of researchers believed that a lack of open communication is protective, insinuating an adverse effect of open communication (Burns, Logue, & Bush, 2010); while other research suggested the benefits of open communication (Measham & Rousseau, 2010; Montgomery, 2004; Dalgaard & Montgomery, 2015). All these modes of communication emanate from the manner in which family members discuss the family's previous traumatic experiences. These investigated mechanisms cross a wide scale, ranging from open, everyday communication to its opposite – silence, secrets, and the unsaid. These mechanisms affect parental and domestic interactions, cause interruption and disaffection from extended family, have an association with parental bodily infection and intellectual diseases, and influence add-on association by caregivers. Even if children are able to dismiss the trauma of their families and remain mostly unaffected on an emotional level, the possession of past traumas through communication may influence children in the form of ferocity, family dysfunction, mental disputes, and poor physical health.

Historical Background

The Nakba is a disaster that befell the Palestinians in 1948. It was a racial purging by Jews who dedicated their services to found the government of Israel (abu Sitta, 1999). During the war, the forces of Jews committed various large scale operations of destruction. As a result, villages and urban centers were completely destroyed and inhabitants from Palestine were forced to leave (Abed al- Jawad, 2006). During the war, the Jewish forces carried out armed operations to expel Palestinians from their own property. They committed dozens of massacres and caused the Palestinians to leave their land (Abd al-Jawad, 2007; Morris, 2008;). The Jewish forces devastated over 500 Arab villages. The Palestinian population in Israel found themselves disoriented and

weakened because they were transformed from the majority to the minority in the Jewish state (BADIL Resource Center for Palestinian Residency & Refugee Rights, 2009, p. 215; Internal Displacement Monitoring Center, 2007; Wakim, 2001).

Literature Review

Decades after the emancipation of concentration camps, long-lasting effects of trauma experienced by Holocaust victims and their offspring continue to be studied by researchers.

Studying the unintended consequences of the outcomes of traumatic experiences has always revolved around the psychopathological symptoms observed among the descendants of Holocaust survivors resulting from either the direct or indirect impact of the trauma experienced by parents.

Undoubtedly, the knowledge base is acquainted with the assumption that the survivors have not only been touched by their traumatic experiences, but have also passed down this trauma in the form of psychological syndromes to their offspring in what can be called a familial malady. The unpremeditated consequences of the atrocities committed against mankind (singly or collectively) have affected even the generations not born during the Holocaust period.

When parents recall their sorrows they either recount the contents of the distress and drown in painful silence or they openly share their experience. The structure and content of such a narrative brings both positive and negative emotions. The manner in which Holocaust survivors were made slave laborers and were mistreated, tortured, and imprisoned created a profound emotional impact that remained with these individuals and affected their descendants.

Psychological outcomes were found in many clinical research studies that focused on transgenerational transmission of trauma (Bar On, 2003; Kellermann, 2001a; Niederland 1981; Rauwald 2013; Barocas & Barocas, 1973; Bergman & Jucovy, 1982; Epstein, 1979; Rosenheck & Nathan, 1985; Cross, 1998; Edelman, Kordon, & Lagos, 1998), while no evidence of this

phenomenon was reported in a few empirical research involving descendants of Holocaust survivors (Van IJzendoorn, Bakermans-Kranenburg, & Sagi Schwartz, 2003). In the medical literature, the first study focusing on transgenerational impacts of trauma was published in 1966 (Rakoff, Sigal & Epstein, 1966). This area then became an area of interest that attracted researchers as it was revealed how trauma could be transmitted to the second generation from the actual survivors who experienced it. Symptoms transmitted over generations as reported by researchers included: dysfunctional parenting, loss of trust for those around them, difficulty sharing feelings, an ever-present fear of danger, anxiety and extreme fear, lack of entitlement, and undefined limits of operation, among other symptoms and effects (Barocas and Barocas, 1979; Danieli, 1981; Fogelman & Savran, 1980; Freyberg, 1980).

It has been established that trauma is oftentimes transmitted from parents to offspring; however, the way that this transmitted trauma affects children of survivors is not apparent, but rather symptoms appear in diverse ways. The method in which the trauma is communicated is embedded in the manner, way, or style of communication from parents. Lurie-Beck (2007) referred to the way trauma is communicated as "...the style of communication..."; Kellerman (2007e) and Hadas et al. (2002) coined it as the "parental communication"; Bray (1995) framed it as the "communication deviance". At any rate, all coinage center around the style of communication. The style of communication between victims of traumatic experiences and their descendants has attracted the attention of various scholarly researchers. The ability of survivors to communicate their experiences varies among individuals; however, a common factor is that the manner, or way of communication, can disturb the psychological soundness of children.

Mor (1990) identified two styles of parental communication as "obsessive retelling" and "all-consuming silence," which Danieli (1982) referred to as a "conspiracy of silence." The latter

was posited to be more consequential with “a fearful reflection of the horror” that is “as powerful as words” (Ancharoff, et al., 1998), where communication of experiences remain absolutely hidden, but become indirectly communicated via noticeable parental sadness, cries, and other parental behaviors, which deviate from the normal extant environment in the family. Hunter-King (1998) observed disloyalty and disrespectfulness of the survivor’s children to the incumbent government as peculiar characteristics of high levels of silence.

The research of Danieli (1998), Katz (2003), Kellermann (2001a), and Shmotkin et al. (2011), based mainly on psychodynamic theories, claimed that the mediating factor between transmission of trauma and traumatic experience includes lack of open communication about the past and emotional withdrawal, which were thought to characterize the survivor, and the transmission of trauma was seen as a result of unconscious, displaced emotions. Krugman (1987), Lesniak (1993), Lev-Wiesel (2006), and MacFarlane & Korbin (1983) suggested that, based on psychodynamic theories, when traumatic experiences are not disclosed to children, they become family secrets, which breed transmittable behavioral patterns resulting in children suffering in a manner identical to traumatized generations elsewhere. Parental disclosure of family secrets was encouraged by Nina and Edith (2015) as a means to prevent intergenerational transmission.

Silence can also be unintentionally broken on the children’s part. Burns, Logue, and Bush, (2010) referred to this as ‘partial silence,’ when children “overhear conversations between older adults as they reflect and reminisce about a past.” Not knowing the full story, Ancharoff, et al. (1998) suggested that this may make the children have dire fantasies about what has not been communicated to them. Dekel and Goldblatt (2008) theorized that whether it may be absolute silence or partial silence, the unpredicted made-up story may be even more frightening than the real one. However, Angel et al. (2001) and Montgomery (1998a) viewed silence as a protective

factor applying the assumption that open communication about traumatic material from the past is associated with anxiety in children, indicating a negative effect of open communication.

On the opposite end of the spectrum of communication disclosure levels is over-disclosure. Over-disclosure occurs when survivors do not screen their offspring from their traumatic experiences, but rather disclose them in a nonchalant manner, which can be horrifying to children. Such incoherence in disclosure could release an unintended consequence of disorganization and incoherence in the lives of descendants, which deviates from coherent disclosure. Bowlby (1973) claimed that open and coherent communication between parents and children from infancy to adolescence is associated with well-organized and revisable internal models of attachment relationships (Bretherton & Munholland, 1999; Kobak, 1999). Baldwin (1999) and McAdams et al. (1997) determined that research respondents attempted to create coherence in their lives by depicting their lives in a way that fit their perception of the current manner of relating to others in a meaningful way (Hadas et al., 2002). However, Lin (2005) opined that confusion about how to compose information into a more coherent narrative is a major communication barrier for parents who have experienced trauma.

Transmission of traumatic experiences has demonstrated to leave a sense of retaliation in the minds of descendants. For example, Hall (2009) studied the effect of the Northern Ireland conflict and found that inappropriate exposure of young people of Northern Ireland to accurate memories of what the conflict was like bred in them the desire to be violent. Nina and Edith (2015) found that there are a number of studies where disclosure of traumatic material is seen as a healing mechanism. These include the work of Almqvist and Broberg (1997); Braga, Mello, and Fiks (2012); Giladi & Bell (2012); Lichtman, (1994); Montgomery (2010); Montgomery et al. (1992); Sorcher & Cohen (1997); Wiseman et al. (2002).

A variant of coherence in open communication is termed “modulated disclosure,” which a number of studies have suggested may be associated with psychological adjustment in non-Western refugee children. Modulated disclosure refers to a style of intra-family communication in which the timing and manner of disclosure are emphasized and in which parental sensitivity to the child’s cognitive and emotional needs is seen as more important than the content of what is disclosed (Nina & Edith, 2015). Measham and Rousseau (2010) suggested “that the timing and manner in which disclosure occurs may be more important than the disclosure or nondisclosure of war trauma in and of itself” (in Nina and Edith, 2015, p. 85). This suggests that disclosure should be conducted in the way in which non-Western settings disclose rather than in the way that is common in some Western psychotherapeutic settings, which Rousseau, Measham, and Nadeau (2013) suggested may actually be harmful. It was found by Bek-Pedersen and Montgomery (2006); De Haene et al. (2013); De Haene et al. (2012); Lin et al. (2009); Measham and Rousseau (2010); Montgomery (2004); Okner and Flatherty (1989); Rousseau and Drapeau (1998); Rousseau et al. (2013); Rowland-Klein and Dunlop (1998); and Weine et al. (2004) that modulated disclosure was supported as being a protective factor.

Researchers have traced cultural embodiments to be non-disclosure of traumatic experiences. Lindt (1998) cited the children of Nazi collaborators as examples where the discussion of family history after the war was a complete taboo. Similarly, Lin et al. (2005) revealed that a social norm of the Asian-American culture is that speaking of evil is not good Karma and children questioning fathers is disrespectful. In other cultures, Logue et al. (2007) found that maintaining silence was articulated as ‘the Protestant way,’ characterized by the feelings of the Protestants being culturally and socially excluded. From another perspective, the instability of already established relationships with loved ones in society was seen by Lin (2005)

as a reason for not breaking silence. Breaking the silence could reopen severe psychological wounds about personal or familial trauma that remained unhealed. Hunter-King (1998) observed disloyalty and disrespectfulness of survivor's children to the incumbent government as consequences of high levels of silence.

In the path analysis of the mediating effect of world assumption and coping strategies on transmission of trauma across three generations, Lurie-Beck (2007) found communication about Holocaust experiences to be one of the factors impacting second-generational depression, anxiety, paranoia, and romantic attachment dimensions, while general family communication was found to impact third generational psychological outcomes. Such a method of communication was referred to as a dysfunctional method, which included obsessive retelling of stories; complete silence; indirect, ambiguous communication; as well as communication laced with negative emotions that can be seen as guilt-inducing. According to Kellerman (2001e), Lichtman (1983), and Porter (1981), guilt-inducing communication was often found within Holocaust survivor families. The benevolence and meaningfulness of the world subscales of the World Assumption Scale cannot be ignored. A belief in the benevolence of the world is the belief that the world (in both its people and its events) is a kind and caring place. A person believes the world is meaningful if they believe there is a predictable and understandable relationship between a person's actions and what befalls them (Lurie-Beck, 2007). However, such world assumptions can be shattered, as espoused in the *Theory of Shattered Assumptions* by Jannof-Bulman (1992), as such beliefs were often destroyed by the Holocaust and, according to McFarlane & Yehuda (1996) and Valent (1995), the extent to which this occurred had the potential to influence the degree of symptoms experienced by survivors in the post-war period.

Methodology

Participants

251 Palestinians living in Israel participated in the study. The mean age of participants was 55 years (SD = 6.42). Further demographic variables of the two groups are presented in Table 1.

Table 1

Frequency and percentages across demographic variables (N = 251)

Characteristics of variables	<i>N=251</i>	
	<i>N</i>	<i>%</i>
Gender		
Male	146	58.2
Female	105	41.8
Marital status		
Single	12	4.8
Married	228	90.8
Divorced	5	2.0
Widowed	6	2.4
Religion		
Muslim	179	71.3
Christian	72	28.7
Religiosity		
Secular	81	32.3
Conservative	87	34.7
Religious	83	33.1
Defining national identity		

Palestinian	80	31.8
Israeli	74	29.4
Palestinian		
Israeli Arab	72	28.7
Others	25	10.0
Educational level		
Uneducated	6	2.4
Primary	34	13.5
Preparatory	49	19.5
High school	67	28.1
Vocational		
School	7	2.8
University	88	35.1
Economic status		
Very Bad	9	3.6
Bad	32	12.7
On average	142	56.6
Above		
Average	50	19.9
Very good	18	7.2

Procedure

With the help of the Palestinian Internal Displacement Committee (PIDC), we identified a total of $N = 251$ Palestinians who live in North Israel. The participants were randomly selected from the Palestinian population in North Israel. The PIDC randomly distributed the questionnaires among participants. Participants were also randomly asked to participate in the study. For this study, all the items of the World Assumptions Scale (WAS), The

Multidimensional Scale of Perceived Social Support (MSPSS), and the Holocaust Second Generation Questionnaire (HSGQ) were translated from English to Arabic by two bilingual experts. The scale was then translated back to English and, if necessary, renegotiated to assure proper translation. The new scale was developed to measure the trauma exposure of parents during Nakba. For this purpose, 50 Palestinians from North Israel (i.e., 30 women and 20 men, born between 1932 and 1941) belonging to 20 villages were interviewed by five student-researchers. The students met the participants in the elderly club of each village and asked them to participate in an interview about their experiences regarding the Nakba. Based on their responses, a scale was developed that is comprised of 22 items.

Instruments

For each participant, we obtained information about age, gender, religion, educational level, and national identity before administering the standardized instruments.

The War-Related Parental Trauma Exposure Questionnaire (WPTEQ)

To assess all aspects of traumatic experiences of the first generation during the period of Nakba, we developed a 22-item questionnaire. All the items were scored with values 1 or 2 (1 = no and 2 = yes), except items 21 and 22. Twenty-one and 22 were scored with values 1 to 5 based on the number of years wandered and number of station changes during their residence. All the items measure the traumatic experiences of people during the period of Nakba (e.g., “one of my parents was physically injured in the war,” “my family lost one of its members in the war,” “one other of my family members was injured during the war,” “one of my parents had her/his house destroyed,” “my parents wandered during the war for more than one year before returning to their current home,” and “my parents were forced to move more than three stations until settlement in their current place”).

The Second Generation Questionnaire (Nakba Version, N-SGQ)

To assess the psychological impact of the Nakba on offspring, we adapted the 6th version of the Holocaust Second Generation Questionnaire (Kellermann, 2000b, 2000d and 2001a). The 20 items assessed the various experiences of the second generation in relation to the Nakba. Items were scored from 1 = never to 5 = always. The first seven items measured the subjective impact of the Nakba (e.g., “My parent/s Nakba experiences had a significant impact on me.” “My parent/s transmitted his/her burden to me.” “I absorbed the inner pain of my parent/s.”). The following 13 items are related to the three categories of PTSD diagnosis according to the DSM-IV (e.g., “I worry that something terrible is going to happen.” “I have nightmares about the Nakba.” “Viewing Nakba films is painful for me.”). The questionnaire, in Arabic, showed excellent reliability (Cronbach’s alpha = .90).

Questionnaire to evaluate feelings of anger, hatred, and desire for revenge (AHRQ)

To assess the intensity of anger, resentment, and desire offspring had for revenge against the Israeli state and the Jewish when thinking about what had happened to their parents in the 1948 war, we used a 10-item questionnaire to evaluate feelings of anger and desire for revenge (Ghnadra, 2013). Five items related to their feelings against the state (e.g., “I have hatred towards the state.” “I’m angry at the state.” “I have a desire to retaliate against the state.”) and five items related to their feelings against the Jewish people (e.g., “I have hatred towards the Jewish people.” “I feel friendly towards the Jewish people.”). Each item value ranged from 1 (not true at all) to 5 (very true). The Cronbach’s alpha value of this questionnaire was found to be .91.

Brief Symptom Inventory (BSI)

The BSI is a self-report measure for clinically relevant psychological symptoms in adolescents and adults. The instrument includes 53 items that are related to nine scales: depression,

interpersonal sensitivity, somatization, anxiety, obsessive-compulsive, phobic anxiety, psychoticism, paranoid ideation, and anger/hostility. The score for each item ranges from 0 (not at all) to 4 (extremely). Higher scores indicate higher symptom severity. The Arabic translation of the BSI has been previously used in Israel and demonstrated an adequate internal consistency of the nine sub-scales (Cronbach's alpha = .71 – .81) and test-retest reliability ($r = .60 - .90$; Lev-Wiesel, Al-Krenawi, & Sehwal, 2007). In our sample, Cronbach's alphas for the subscales ranged between 0.66 and 0.85.

Nakba Communication Questionnaire (NCQ)

To assess the extent to which the Nakba was discussed within the participant's family, we adapted the 12-item Holocaust Communication Questionnaire (HCQ; Lichtman, 1983). The 12 items of the original scale were reduced to only six items, which measured the parent's frequency and willingness to discuss their wartime experience and the transmission of factual information to their offspring. The items were measured using a Likert scale with 1 = strongly disagree and 5 = strongly agree. The final instrument, referred to as Nakba Communication Questionnaire (NCQ), includes items like "The Nakba events were clearly existing in our house; for example, in habits, education, and stories," "I discussed with my parents their experiences in the Nakba," and "My parents were talking to their friends about the Nakba when I was near and could hear them." High scores reflected more frequent familial discussions about the Nakba. The Cronbach's alpha (.93) of this study indicated high internal consistency.

World Assumptions Scale (WAS)

The WAS (Janoff-Bulman, 1989) is a 32 item, self-report rating scale comprised of three world assumption categories (world benevolence, world meaningfulness, and self-worth) and has eight subscales, with four items each: justice, randomness, controllability, benevolence of people,

world benevolence, self-worth, self-control, and luck. The scale bounds are 1 (strongly disagree) and 6 (strongly agree). This scale has been previously applied within the Israeli context and demonstrated high internal consistency (Cronbach's alpha = .86; Bronstein et al., 2015). The Cronbach's alpha for the English version ranged from .68 to .86, while the Cronbach's alpha in the current study was found to be .81.

Statistical Analysis

All analyses were performed using SSPS 21.0 for Windows.

Results

The War Related Parental Trauma Exposure Questionnaire (WPTEQ) was administered and the results are captured in Table 2. The largest reported loss by victims was that one of their parents lost their property. Among all participants, 62.5% reported loss of property, which means that property loss was the greatest aspect of the trauma that victims faced. The majority of suffering and consequences faced were related to loss of residence and property. As 57% reported fleeing from their villages during the war, 51.8% reported one of their parents were forcibly displaced and did not return home and 49.5% of participants stated that their home was destroyed during the war.

Besides loss of residence and property, other factors were also verified. A largely reported trauma was families being separated from one another during the war era with 40% of participants reporting this. Many people crossed the border in an attempt to escape the war, as 36.3% of people reported this as one of the traumatic experiences they faced during the war. A total of 29.1% of participants reported even more tragic details as they said that for a whole year their parents wandered from one place to other before settling in their current home and 21.9% of participants reported that they had to move more than three stations before they reached the safe place that

they are currently are residing in. A total of 24.3% of participants reported the persecution of their family members and, in most cases, that family member was their father, as 27.5% reported their father experiencing persecution. Another significant trauma of the time was families separating from one another, as 40.2% of participants reported family separation, and in 27.5% of cases they stated that one of their parents was separated from the other parent. A total of 13.5% of participants reported that their grandfathers were in the Palestinian army and fought against Zionists, while fathers of 10% of participants were Palestinian soldiers and fought against Zionists. Less than 10% of participants reported their family members, especially fathers, being sent to jail, while only 8% reported that one of their family members was executed during the traumatic Nakba period. The ratio of people physically injured in the war (15.1%), tortured in the war (14.3%), and who died because of lack of medical treatment during the war (10%) was relatively low when compared to other traumatic experiences.

Table 2*Percentages of traumatic experiences to which victims of NAKBA were exposed*

Items of WPTEQ	Percentage
	%
One of my parents was forcibly displaced and couldn't return home any more	51.8
One of my parents crossed the border out of the country during the escape from the war	36.3
One of my parents lost property	62.5
One of my parents lost family members due to diseases and lack of opportunities of treatment during the war	12.0
One of my parents was forced to leave his/her residence due to the war	55.8
The families of my parents were separated from each other	40.2
One of my parents was separated from his/her parents	23.5
One of my parents was tortured	10.4
One other of my family members was tortured	14.3
My father was arrested and sent to the jail	10.0
One other of my family members was executed	8.0
My grandfather was a Palestinian soldier and fought against the Zionist army	13.5
My father was a Palestinian soldier and fought against the Zionist army	10.0
My father was persecuted	27.5
One other of my family members was persecuted	24.3
One of my parents had her/his house destroyed	49.4
One of my parents was physically injured in the war	15.1

One other of my family members was injured during the war	21.9
My family lost one of its members in the war	23.9
My parents fled from their villages during the war	57.0
My parents wandered during the war for more than one year before returning to their current place	29.1
My parents were forced to move more than three stations until settlement in their current place	21.9

Note: WPTEQ = War-related parental trauma exposure questionnaire.

Table 3 shows a correlation between education level, economic status, religiosity and number of children. There is a significant positive correlation between education level and economic status and more education is associated with smaller family size. There is a significant negative correlation between education level and religiosity.

Table 3

Pearson correlation coefficients between education level, economic status, religiosity & number of children (N = 251)

	<i>Educational level</i>	<i>Economic status</i>	<i>Religiosity</i>	<i>Number of children</i>
<i>Educational level</i>		.443**	-.337**	-.479**
<i>Economic status</i>			-2.32**	-.325**
<i>Religiosity</i>				.365**
<i>Number of children</i>	-.479**	-.325**	.365**	

**Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows Pearson correlation coefficients of Nakba communication related to the traumatic experience of Nakba shown by the Transmission of the Nakba Trauma scale, all subscales of the BSI, and the WAS. When the transmission of Nakba trauma from one generation to the next was measured through Pearson Correlation coefficient, the study revealed that a significant negative correlation ($r = -0.331$) existed between Nakba communication and Transmission of Nakba trauma to the next generation. This indicates that the more the elders who experienced the trauma communicated and gave details to their offspring, the lesser the chance that the next generation will suffer from the Nakba trauma. This agrees with the extant literature that reports that when elders keep murmuring about their traumatic experience and do not give the details to the new generation, the younger ones attempt to fill the vacuum with overheard stories and their own interpretation of the events, which might be more painful than the original experience (Dekel & Goldblatt, 2008). Communication is the key to avoiding the passing of trauma to the next generation. As already mentioned, disclosing and sharing traumatic experiences with children is associated with the mental adjustment of the children of parents suffering from trauma (Danieli, 1998; Katz, 2003; Kellermann, 2001a; Shmotkin et al., 2011).

We checked the correlation between Nakba communication and all the subscales of the Brief Symptom Inventory (BSI; Table 4). The study revealed that there are overall significant negative correlations found between all subscales of the BSI and Nakba communication and communication lessens the severity of symptoms on all scales. A significant negative correlation was found between the sharing of traumatic experience by the first generation of offspring and BSI – Somatization, BSI – Obsession-Compulsion, BSI – Interpersonal sensitivity, BSI – Depression, BSI - Anxiety, BSI – Phobic anxiety, BSI – Paranoid Ideation and BSI – Psychoticism. A weak negative correlation was found between Nakba communication and BSI –

Hostility, which means that communication and sharing of experience have little or no impact on the hostility of the younger generation. The other factors are largely influenced by communication because the more the elders share and communicate the traumatic experience, the more it will help in lowering offspring's stress levels. Communication is a healthy tool to avoid all sorts of negativity emerging from the painful, traumatic experiences of the past. The WAS (Random) variable was the only variable of the WAS significantly correlated with Nakba communication. The correlation is negative meaning the greater the communication, the lesser the random assumptions of the world.

Table 4

Correlation between family trauma communication style and transmission of the trauma to second generation

Nakba Communication	Pearson correlation coefficients	Sig (2-tailed)
Transmission of the Nakba Trauma (N-SGQ)	-0.331**	0.000
BSI (somatization)	- 0.189 **	0.003
BSI (obsession compulsion)	- 0.141*	0.026
BSI (interpersonal sensitivity)	- 0.165**	0.009
BSI (depression)	- 0.272**	0.000
BSI (anxiety)	- 0.228**	0.000

BSI (hostility)	- 0.122	0.054
BSI (phobic anxiety)	- 0.142*	0.025
BSI (paranoid ideation)	- 0.141*	0.026
BSI (psychoticism)	- 0.181**	0.004
BSI	- 0.214**	0.001
WAS		
WAS (random)	- 0.195**	0.002
WAS.B.World	- 0.084	0.182
WAS.Self-control	- 0.012	0.844
WAS.Control	0.045	0.474
WAS.Self-worth	0.055	0.383
WAS.Luck	0.035	0.576
WAS.Justice	0.068	0.284
WAS.B.People	0.35	0.582
WAS	0.103	0.104

**Correlation is significant at the 0.01 level (2-tailed), *Correlation is significant at the 0.05 level (2-tailed).

Table 5 shows that there is a significant negative correlation between shared traumatic experience of Nakba and attitude towards Jewish people; the more the first generation disclosed and shared their traumatic experiences with their offspring the greater the reduction in the feeling of revenge and hatred towards Jewish people and the more the increase in the feeling of cordiality with them. A significant negative correlation existed between Nakba communication and the negative feelings towards the state of Israel (Table 5). The study revealed that the more parents shared traumatic experiences of Nakba with their offspring, the lesser were the chances that the next generation will hold negative feelings, feelings of revenge, and anger towards Israel. Significant negative correlations existed between Nakba communication and attitude towards the state of Israel ($r = -0.384$), hatred towards the state ($r = -0.406$), wishing negative things would happen to the state ($r = -0.280$), and a desire to retaliate against the state ($r = -0.351$). A significant positive correlation existed between Nakba communication and the feeling of gratefulness towards the state of Israel ($r = 0.292$).

When the relationship between Nakba communication and the negative attitude towards Jewish people is checked, the study revealed that there is a negative correlation between the Nakba communication and revenge, hatred, anger, and disgust towards Jews, which means the more the elders communicate about the traumatic experience, the lesser the next generation tended to hold hatred towards Jews (Table 5). A significant negative correlation existed between Nakba communication and attitude towards Jews; hatred, anger, and revenge towards Jews; and the desire to retaliate. A significant positive correlation was found between Nakba communication and a friendly attitude towards Jews, meaning cordiality towards Jews increases with greater inter-generational communication about the Nakba.

Table 5

Correlation between Nakba communication about the traumatic experience of Nakba and feelings of anger and revenge against Israel and against Jewish people

Feelings of anger and revenge against Israel	Share the Traumatic Experience of Nakba	
	Correlation coefficients	Sig (2-tailed)
Attitude to Israel	-0.384**	0.000
I have hatred towards the state	-0.406**	0.000
I'm angry about the state	-0.455**	0.000
I'm appreciative of what I have gotten from the state	0.292**	0.000
I wish bad things would happen to the state	-0.280**	0.000
I have a desire to retaliate against the state	-0.351**	0.000
Against Jewish		
Attitude to Jewish	-0.311**	0.000
I have hatred towards the Jewish people	- 0.300**	0.000
I feel friendly towards the Jewish people	0.135*	0.33
I have anger towards the Jewish people	- 0.340**	0.000
I wish bad things would happen to the Jewish people	- 0.205**	0.000
I have a desire to retaliate against the Jewish people	- 0.274**	0.000

**Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed).

Willingness to Reconcile

To verify which factors affected the attitude towards Israel and Jewish people, a multivariate regression analysis was performed to estimate the net effect of the variables of interest on the likelihood of exhibiting a poor attitude toward the state of Israel and Jewish people. The binary logistic regression technique was used to establish the relationships. Table 6 shows the odds ratios, confidence intervals, standard errors, and *p*-values.

The results show that an increase in each of the psychological symptoms (BSI) and transmission of the Nakba trauma (N-SGQ) was associated with an increased likelihood of demonstrating a poor attitude toward the state of Israel and Jewish people (OR = 1.023, $p < 0.05$; OR = 1.041, $p < 0.05$, respectively). An increase in psychological symptoms (BSI) was associated with an increased likelihood of displaying a poor attitude toward the state. An increase in parents' communication of their traumatic experiences was associated with a decreased likelihood of exhibiting a negative attitude toward the state of Israel and Jews (OR = 0.924, $p < 0.05$). Poor economic status was found to significantly predict the likelihood of feeling a desire for revenge against the state (OR = 0.210; $p < 0.05$). Higher levels of education significantly predicted low willingness to reconcile with the state of Israel and Jewish people. Those with advanced degrees were 16.835 times more likely to demonstrate a negative attitude toward the state of Israel and Jewish people compared with those with no education [reference category, RC] (OR = 16.835, $p < 0.05$), while those with primary school level of education and those who went to preparatory school were 1.181 times and 6.091 times more likely, respectively, to exhibit negative attitudes toward the state than the reference category (OR = 1.181, $p < 0.05$; OR = 6.091, $p < 0.05$, respectively). The odds of exhibiting a negative attitude toward the state of Israel and Jewish people decreased with the level of religiosity. In other words, the more religious the victims of

trauma are, the lesser the likelihood of demonstrating a poor attitude toward the state. Those who were conservative, religious and very religious were 0.03 and 0.02 (each) times less likely, respectively, to display negative attitudes against the state than those who were secular [RC] (OR = 0.003, $p < 0.05$; OR = 0.002, $p < 0.05$; OR = 0.002, $p < 0.05$, respectively).

Table 6: Results of binary logistic regression analysis of attitude toward the state of Israel and Jewish people

Variable	Odds Ratio	Std. Err.	<i>p</i> -Value	[95percent Conf. Interval]	
Educational Level					
Uneducated	RC				
Primary school	1.181	1.579	.916	.053	26.077
Preparatory school	6.091	.830	.030*	1.196	31.019
High school	2.819	.628	.099	.824	9.648
University	3.922	.506	.007*	1.456	10.563
Advanced	16.835	1.079	.009*	2.029	139.654
BSI	1.023	.007	.002*	1.008	1.037
WAS	.822	.417	.637	.363	1.859
N-SGQ	1.041	.017	.019*	1.007	1.076
WPTEQ	1.033	.033	.334	.967	1.103

Variable	Odds Ratio	Std. Err.	p-Value	[95percent Conf. Interval]	
Economic Status					
Very Bad	RC				
Bad	.210	1.292	.027*	.017	2.640
On Average	.870	.943	.883	.137	5.520
Above Average	.519	.818	.422	.104	2.577
Very Good	.546	.903	.502	.093	3.201
Religiosity					
Secular	RC				
Conservative	.003	2.747	.036*	.000	.679
Religious	.002	2.844	.027*	.000	.485
Very Religious	.002	2.848	.028*	.000	.503
Number of Children	1.092	.131	.502	.845	1.411
NCQ	.924	.039	.041*	.857	.997

* p < 0.05

Discussion

This study examined the correlation between the communication style (i.e., open/closed) and the secondary trauma experienced by the second generation of Nakba survivors. A 22-item questionnaire (War-related Parental Trauma Exposure Scale [WPTEQ]) with polar questions was developed to measure war-related parental trauma. The WPTEQ assesses all aspects of traumatic experiences of the first generation during the period of Nakba. The questionnaire was administered on a sample of 251 Palestinians who lived in Northern Israel.

Within the current study, the WPTEQ was examined in terms of its psychometric properties and the scale proved to have expected sound reliability. After administering the WPTEQ, the percentage distribution of the responses was tabulated. It was revealed that survivors' parents losing property was the most experienced trauma. There were above average reports of survivors' parents having fled from their villages during the war, being forced to leave their residence due to the war, and being forcefully displaced and unable to return home. In this study, it can be established that these experiences contributed more than others in the transmission of trauma to the second generation. One of the factors that led to an association between exposure to traumatic events and psychological distress was change in the composition of material and psychological resources that the individual experienced during the war according to the theory of resource conservation (Hobfoll, 1989; 2001). Psychological stress is created as a response to an environment in which one of three conditions occurs: the threat of loss of personal resources, the loss of resources, or the lack of profit of resources following an earlier investment of resources (Hobfoll & Stephens, 1990). During the Nakba, the Palestinians experienced a rapid, deep and comprehensive loss of resources, which led to the spiral of additional losses. This experience may

have served to limit their ability to cope, to weaken their resistance, and thereby increase the emotional distress experienced by them.

The results of analyses revealed that the more educated the survivors were, the less children they had, and the less religious they were. Likewise, the higher the economic status of the survivors, the less religious they were and the less children they had. The more a person is educated, the more they had the potential and resources to improve their economic status. A higher number of children were related to being poor and less educated, but more religious. The more a person is educated, the more they were oriented towards scientific facts, tended to take their lives into their own hands, and had an internal locus of control, compared with people with lower education (Angelova, 2016). The more a person is educated the more control they felt over life planning and family plans are made according to their ability to manage and meet expectations to support the family. Many studies measuring religiosity found that those with higher educational and economic statuses tended to be less religious, more oriented towards scientific facts, and have negative attitudes towards religious leaders (Georgiana, 2013). This indicates that the poor and less educated can be tamed by religion, which invariably leads to the decreased likelihood of exhibiting negative attitudes toward the state of Israel and Jewish people.

The religious person tends to attribute everything to God and must accept their destiny. Poor economic status was found to significantly predict the likelihood of feelings of revenge against the state. This, combined with the effect on less religiosity, was found to decrease the willingness of people to reconcile with the state, as the poor but highly educated are not easily tamed by religion. Ghnadra (2013) found, in a study about the effects of the 1948 War and displacement on the mental health of Palestinians living in Israel, that turning to religion and faith for relief were the main coping strategies utilized by the victims to cope with traumatic

consequences of war and forced displacement. On the other hand, more educated Palestinians had greater difficulty bridging the gaps and contradictions into their identity, leading to a manifestation of feelings of anger, hostility, and revenge expressed towards the state and Jewish people.

Regarding the transmission of trauma to the second generation, communication was found to be a negative correlate. This suggests that the more the traumatic experiences of the survivors of Nakba are being communicated with or disclosed to the survivor's children, the less the tendency is for the trauma to be transmitted. This agrees with a large amount of literature: Almqvist & Broberg (1997); Ancharoff et al. (1998); Bowlby (1973); Braga, Mello, & Fiks (2012); Danieli (1998); Dekel & Goldblatt (2008); Giladi & Bell (2012); Katz (2003); Kellermann (2001a); Krugman (1987); Lesniak (1993); Lev-Wiesel (2006); Lichtman (1994); MacFarlane & Korbin (1983); Montgomery et al. (1992); Montgomery (2010); Nina & Edith (2015); Sorcher & Cohen (1997); Shmotkin et al. (2011); Wiseman et al. (2002);. Transmission of trauma to the second generation seemed to be lessened by communication. It was found that a negative correlation existed between the sharing of Nakba traumatic experiences and feelings of anger and revenge towards the state of Israel and Jewish people. Further analysis revealed that an increase in parents' communication of their traumatic experiences was associated with an increased willingness to reconcile with the state of Israel and Jewish people. In the work of Centers for Disease Control and Prevention (CDC; 1999), a survey of 600 households of Kosovo Albanians reported that approximately 87% of the population have strong feelings of revenge, anger, and hatred towards Serbs; and similarly, victims of the apartheid era in South Africa demonstrated more symptoms of depression and PTSD, along with feelings of revenge and anger (Kaminer et al. 2001). Similarly, people with higher levels of psychological problems (BSI) and transmission

of the Nakba trauma exhibited low willingness to reconcile with the state. Feelings of revenge and hatred can therefore be said to be indicators of poor mental health.

A negative correlative was found between communication of traumatic experience and somatization, obsessions and compulsions, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. This indicates that the more the traumatic experiences are being shared by the survivors through communication, the less their children feel depressed, hostile, and psychologically disturbed and their negative attitude toward the state of Israel and Jewish people is less severe. This disagrees with the findings of Angel, Hjern, and Ingleby (2001) and Montgomery (1998) who argued that open communication about traumatic material from the past is associated with a psychological imbalance of anxiety for children, but agrees with the work of Almqvist and Broberg (1997) who found that such psychological adjustments were traceable to parental open communication and disclosure.

Open communication of traumatic experiences were also found to be negatively correlated with the cognitive beliefs that outcome is a matter of pure chance and negative events occur at random. Open communication provides parents with the opportunity to process traumatic content and to restore feelings of control and reparation of cognitive schemes and beliefs that things happen within the person's control rather than in a random and uncontrollable way. The children are influenced by their parents' beliefs and cognitive schemes about life, how events occur, and how much could be controlled by them. When traumatic experiences are coherently communicated, cognitions will not be wrongly altered or differ compared to when they are not communicated. That is, erroneous thoughts would not develop as a result of the non-disclosure or closed communication of the trauma by the parents of the second generation.

Lurie-Beck (2007), while adding trauma transmission modes to the preliminary model of the differential impacts of the Holocaust across three generations, found that communication about Holocaust experiences impacted world assumptions, which then impacted depression, anxiety, paranoia, and romantic attachment dimensions. However, the author could not add to the research knowledge base the direction of such impact. In this study, it was found that the more the traumatic experiences of the victims of Nakba are communicated, the less the negative world assumptions (WAS) of the second generation and the less the negative attitude toward the state of Israel and Jewish people. This finding fills the gap in the literature about the direction of impact of communication of traumatic experiences on the world assumptions of the second generation.

Conclusion

From various tests carried out to find out the inter-generational transfer of Nakba trauma and its impact on the second generation, we found that a significant negative correlation existed between revelation and communication about the Nakba trauma and transmission of the Nakba trauma to the next generation. Communication resolves several problems and works as a catharsis, enabling the processing of traumatic content and the release of emotional baggage associated with it. A significant negative correlation exists between Nakba communication and the severity of all BSI variables, thus discussion helps in reducing the psychological symptoms of depression, obsession, compulsion, anxiety, etc. This relationship is confirmed by the regression analysis result, which shows that an increase in psychological symptoms (BSI) significantly predicted a negative attitude toward the state of Israel and Jewish people. The inverse relationship between communication and attitude toward the state is confirmed by regression analysis results. Greater communication helps in decreasing anger, revenge, disgust, and hatred towards Jews and the Israeli state.

The power of survivors' narratives stands in the fact that they openly or closely bring to center-stage shallow or detailed accounts, more often than not creating subversions of the original narrative. Such internal tension creates a spectrum of historical perspectives, which over-emphasize different features of the experiences. While communicating traumatic experiences, there is the need to develop a political apparatus by shifting from not being political in thought and communication to being political in thought and communication. There needs to be a shift from drawing conclusions from individual experiences to expressing an officially catered version of communication that will breed peace and harmony. If someone is highly educated with a lower economic status, coupled with other factors such as being conservative, how will the person be prevented from having a feeling of revenge against the state? Therefore, official catering of information should be instituted, especially among those with higher levels of education. This will decrease Palestinian's feelings of anger and desire for revenge against Israel and Jewish people and enable the inner reconciliation process

Summary

The Nakba (i.e., Palestinian Disaster) is the most significant crisis in the history of the Palestinian people. It was experienced as a traumatic event, where Palestinians were suddenly and forcefully removed from their homes, often by inhumane methods, and exposed to a new, harsh reality. During the war, Palestinian inhabitants were exposed to a wide range of stress factors; the massacres and loss of relatives, extreme violence, serious threats to their lives, and being uprooted from their villages and being disempowered, exposed them to numerous stress factors. They suffered great losses of family members and personal resources, the separation of family and community relationships, and an existential, economic and social hardship that has endured for many years and leads to feelings of grief, hopelessness, and helplessness. As a result of the war, the Palestinian population in Israel had been suddenly transformed from a majority population living in their own country and society to a minority in an exclusively Jewish state.

Wars, flight, and expulsion confront the individual with an extreme situation of life threat, with loss of control and feelings of helplessness. The traumatic experiences of war can have an immediate influence on the mental health of individuals, but long-term effects are also common. These experiences leave individuals with an extreme sense of loss of control, helplessness, and feeling unsafe and horrified. War-related trauma is an experience that is recorded into both mind and body and breaks the dimension of time, the feeling of belonging, and the sense of personal safety.

However, clinical observations and empirical research have indicated that the consequences of witnessing traumatic war events are not limited to the persons immediately exposed to the event, as significant others in their environment such as family, friends, and caregivers are also affected. The transmission of trauma to the next generation took place as the aftermath of the extreme

traumatization of survivors and the result of drastic changes to the psychic structure of individuals and effects on the personalities of the affected ones. The effects of traumatization later manifested to their offspring.

The present study is intended to clarify whether the traumatic experiences during the Nakba led to psychological problems in the second generation. Not only were psychological abnormalities in the second generation of traumatized parents investigated, but also the possible transmissions of negative basic assumptions about the world and the self, as well as feelings of hatred and the desire for revenge was analyzed. In addition, the study is intended to explore the factors that require a willingness to reconcile. Possible transmission mechanisms were also investigated and a path model for the transmission of trauma to the second generation is presented.

This work comprises four chapters summarizing the results of the empirical study. In the first chapter, an introduction and a literature review of the existing publications on transgenerational trauma as well as a historical background to the Palestinian catastrophe of 1948 are provided.

In the second chapter, the question of transgenerational trauma of the Nakba based on the empirical study was investigated. A path model for the transmission of the trauma to the second generation was followed by an illustrated statistical path analysis. Furthermore, and based on the same study, the influence of the expulsion during the Nakba on the second generation was analyzed and discussed. A comparative study was conducted between the offspring of displaced persons and non-displaced persons.

In the fourth chapter, the influence of family trauma communication style of the transmission of the Nakba trauma was discussed. Based on multiple regression analysis, the factors that conditioned the willingness for reconciliation by the second generation of Palestinians were examined.

In the following section, the content and the results of the four chapters will be briefly discussed.

Chapter 1: Overview of literature

The first chapter contains a theoretical approach to the topic: "The transgenerational consequences of posttraumatic stress disorder" and a historical view of the Nakba. An introduction to a theoretical discussion of this subject is given. For this I define the term "transmission" more precisely. Subsequently, I will present certain existent publications on the subject of Holocaust survivors, veterans, and other trauma survivors, such as refugees and their children.

Chapter 2:

Empirical study on the topic: Transgenerative effects of traumatic experiences during the Nakba

For the present study, The World War II Parental Trauma Exposure Scale (WPTEQ), consisting of 22 items, was developed to assess all aspects of parents' traumatic experiences during the Nakba. The WPTEQ, the second generation questionnaire (Nakba version, N-SGQ), a questionnaire for assessing feelings of anger, hatred and desire for revenge (AHRQ), a questionnaire to measure psychological symptoms and distress (BSI), and the World Assumption Scale (WAS), were administered to a sample of 251 Palestinian participants.

Based on the empirical study, it can be inferred that the traumatic experiences of the Nakba continue to have negative consequences on the second generation. The results of the analysis demonstrate that there is a significant positive correlation between traumatic experiences of parents and the transmission of the Nakba trauma to the second generation.

It is concluded that the basic assumptions about the self- and world by the second generation of the victims of the Nakba are a mediating factor for the prediction of the transmission of Nakba trauma to the second generation. The traumatic experiences of the Nakba among the parents lead to negative assumptions related to the self- and world by the second generation, which contribute to mental health problems and feelings of anger, hatred, and desire for revenge.

Chapter 3:

The transgeneration effect of the forced internal expulsion during the Nakba to the second generation of Israeli Palestinians

The second empirical study investigated the transgenerational impact of forced internal displacement on the second generation of Palestinians living in Israel. For the purpose of this study, we randomly selected and interviewed 130 participants whose parents were expelled during the Nakba, and compared results with 121 respondents whose families were not forced to emigrate. We assessed for psychological symptoms, world assumptions, feelings of hatred, anger and desire for revenge against Israeli and Jewish communities, as well as family trauma communication styles.

The results indicated that respondent's whose parents had been displaced, in comparison with the control group, communicated less with their parents about their traumatic experiences. This group presented with a higher level of psychological symptoms, more extensive negative basic assumptions about self- and world, more hostility and rage, and a desire for revenge against the Jews and the State of Israel.

The conclusion of this study is that compulsive distribution affects not only those who have experienced it, but also the future generations as far as their emotional well-being and their basic assumptions about self and the world. Feelings of hatred, anger, and desire for revenge are also

transferred from the first generation to the second generation and can greatly affect the willingness to reconcile.

Chapter 4:

Associations between the family Nakba trauma communication and the transmission of the trauma to the second generation.

In this chapter, the correlation between the familial communication style (i.e., open/closed) regarding the traumatic experiences during the Nakba and the transmission of the trauma to the second generation was examined.

We found that there was a significant negative correlation between open communication about Nakba trauma and transmission of trauma to the next generation. This suggests that the likelihood of transmission of the trauma to the next generation is diminished if traumatic Nakba experiences are communicated with children (i.e., the second generation) and are addressed openly.

Furthermore, it was found that there was a negative correlation between the disclosure of Nakba's traumatic experiences and feelings of hostility and anger as well as a desire for revenge against the State of Israel and the Jewish people. Further analysis showed that the increase in open communication of the traumatic experiences among parents was associated with an increased willingness to reconcile with the State of Israel and the Jews. Significant psychological complaints and stress symptoms correlate negatively with readiness for reconciliation.

Zusammenfassung

Die Nakba (Palästinenser-Katastrophe) ist die bedeutendste Krise in der Geschichte des palästinensischen Volkes. Sie wurde als sehr traumatisches Ereignis erlebt. Die Palästinenser wurden plötzlich und grausam von ihrer bisher erlebten Realität getrennt und einer neuen, kaum vorstellbaren Realität ausgesetzt.. Während des Krieges waren die palästinensischen Bewohner einer breiten Palette von Stressfaktoren ausgesetzt; den Kämpfen selbst, den Massakern und dem Verlust von Angehörigen, der extremen Gewalt und großen Bedrohung für ihr Leben auf der einen Seite und später der Entwurzelung aus ihren Dörfern und der Entmachtung auf der anderen Seite, die sie zusätzlichen Stressfaktoren aussetzte. Sie erlebten große Verluste von Familienmitgliedern und persönlichen Ressourcen, die Trennung von Familien- und Gemeinschaftsbeziehungen und eine existenzielle, ökonomische und soziale Not, die seit vielen Jahren andauert und zu Gefühlen von Trauer, Schwäche und Hilflosigkeit führt. Als Folge des Krieges fand sich die palästinensische Bevölkerung in Israel verwirrt und stark geschwächt. Sie wurde von einem Tag zum anderen von einer Mehrheitsbevölkerung, die in ihrem eigenen Land und ihrer Gesellschaft lebte, zu einer Minderheit in einem ausschließlich jüdischen Staat...

Kriege, Flucht und Vertreibung konfrontieren den Einzelnen mit einer extremen Situation der Lebensbedrohung, mit dem Verlust der Kontrolle und dem Gefühl der Hilflosigkeit. Es folgen Erschütterung und Gefühle des Grauens. Dies ist ein Erlebnis, dass Geist und Körper versengt. Es bricht die Dimension von Zeit, das Gefühl der Zugehörigkeit, das persönliche Sicherheitsgefühl, das Gefühl der eigenen Bedeutung sowie die Rolle, durch die man sich selbst und seinen Platz in dieser Welt definiert.

Klinische Beobachtungen und empirische Untersuchungen haben gezeigt, dass die Folgen von traumatischen Ereignissen des Krieges, von Flucht und Vertreibung nicht auf diejenigen Personen beschränkt bleiben, die dem Ereignis direkt ausgesetzt waren, sondern oft auf andere in ihrer Umgebung übertragen werden können.

Die Übertragung von Traumata auf die nächste Generation erfolgte als Nachwirkung der Extremtraumatisierung der Überlebenden mit daraus folgenden schweren Veränderungen der psychischen Struktur sowie des (Selbst-) Erlebens auf die Persönlichkeit der Betroffenen und manifestierte sich später bei ihren Nachkommen..

Die vorliegende Studie soll zur Klärung der Frage beitragen, ob die bei der ersten Generation erlebten massiven traumatischen Erlebnisse während der Nakba zu psychischen Auffälligkeiten bei der zweiten Generation führten. Dabei sollen nicht nur psychische Auffälligkeiten bei der zweiten Generation von traumatisierten Eltern, sondern auch mögliche Transmissionen von negativen Grundannahmen über das Welt- und Selbstverständnis, bestimmte Gefühle des Hasses und dem Wunsch nach Rache untersucht werden. Darüber hinaus soll die Untersuchung die Faktoren ergründen, die eine Versöhnungsbereitschaft bedingen. Es werden auch mögliche Übertragungsmechanismen untersucht und es wird ein Pfad-Modell für die Transmission eines Traumas zur zweiten Generation dargestellt.

Diese Arbeit umfasst vier Kapitel, die die Ergebnisse der empirischen Studie zusammenfassen. Im ersten Kapitel werden eine Einleitung und ein Literatur-Überblick zu den bereits existenten Publikationen zum Thema transgenerationale Traumata sowie ein historischer Hintergrund zu der Palästinischen Katastrophe des Jahres 1948 gegeben.

Im zweiten Kapitel erfolgt anhand einer empirischen Untersuchung die Fragestellung zu transgenerationalen Trauma folgen der Nakba und es wird anhand einer Pfadanalyse ein Pfadmodell zur Übertragung der Folgen dargestellt.

Im dritten Kapitel dieser Arbeit wird anhand der untersuchten Stichprobe der transgenerationale Einfluss der Vertreibung während der Nakba auf die zweite Generation untersucht. Es wird eine Vergleichsstudie zwischen den Nachfolgern von Vertriebenen und nicht Vertriebenen durchgeführt. Im vierten Kapitel wird der Einfluss des familiären Trauma-Kommunikationsstils durch die Übertragung des Nakba-Traumas aufgezeigt, und es werden anhand einer multiplen Regressionsanalyse die Faktoren dargestellt, die die Versöhnungsbereitschaft bei der zweiten Generation bedingen können.

Im Folgenden soll kurz auf den Inhalt und die Ergebnisse der vier Kapitel eingegangen werden.

Kapitel 1: Literaturüberblick

Das erste Kapitel beinhaltet eine theoretische Annäherung an das Thema „Generations übergreifende Folgen posttraumatischer Belastungsstörung“ und eine historische Betrachtung der Nakba. Es wird eine Einführung in eine theoretische Auseinandersetzung mit dieser Thematik gegeben. Hierzu werde ich anfangs den Transmissionsbegriff genauer definieren. Im Anschluss werde ich bestimmte existente Publikationen zum Thema bezüglich Holocaust-Überlebender, Veteranen und anderer Trauma-Überlebender, wie Flüchtlinge und deren Kinder, darstellen.

Mit der Problematik des Holocaust-Traumas und seiner Übertragung auf weitere Generationen beschäftigen sich die westlichen Wissenschaftler seit den 60er Jahren des 20. Jahrhunderts. Viele Studien weisen darauf hin, dass die zweite Generation im Schatten von Trauer, Schuldgefühlen und Ängsten ihrer Eltern aufgewachsen ist. Als Folge dieser Last leiden

viele Vertreter der zweiten Generation an emotionaler Entbehrung und brauchen professionelle Hilfe.

Neben Problemen mit der Identität und dem Selbstwertgefühl treten bei der zweiten Generation psychische Probleme auf, wie erhöhte Verwundbarkeit, übermäßige Abhängigkeit, Neurosen, Ängste und Persönlichkeitsstörungen. Einige Studien sprechen weiter von einer niedrigen Stressresistenz und einer erhöhten Wahrscheinlichkeit zur Entwicklung von PTSD.

Dagegen leidet laut einigen anderen Studien die zweite Generation nicht häufiger an Depressionen, Ängsten und anderen psychischen Beeinträchtigungen als andere vergleichbare Gruppen.

Kriege, Flucht und Vertreibung bewirken nicht nur Folgen für die direkt Betroffenen. Sie tragen weitergehend zu Generationskonflikten und Identifizierungsproblematiken bei. So erlitten auch Flüchtlinge und Vertriebene Traumata, mit denen sie ihr Leben bestreiten mussten und deren Auswirkungen auf die nächste Generation übergriffen. Die Folgegeneration kann als ein „Container“ betrachtet werden, in welchen man das noch nicht verarbeitete Leid, die Traumatisierungen, aber auch festgehaltene Ideologien der ersten Generation abblud.

Kapitel 2:

Empirische Untersuchung zum Thema: Transgenerative Auswirkungen traumatischer Erfahrungen während der NAKBA

Für diese empirische Forschung wurde die Skala "Die kriegsbezogene elterliche Trauma Exposition Skala" (WPTEQ), bestehend aus 22 Items, entwickelt, die alle Aspekte der Nakba-traumatischen Erlebnisse der Eltern umfasst. Diese Skala sowie der zweite Generation-Fragebogen (Nakba-Version, N-SGQ) ein Fragebogen zur Beurteilung von Gefühlen des Zorns und des Hasses sowie dem Wunsch nach Rache (AHRQ) und ein Fragebogen zur Symptombelastung (BSI) und zur Erfassung der Grundannahmen über das Selbst- und Weltverständnis (WAS) wurden mit der Befragung von 251 palästinischen Probanden angereichert.

Aus der empirischen Untersuchung folgt, dass die traumatischen Erfahrungen der Nakba weiterhin negative Konsequenzen in der zweiten Generation bewirken. Die Ergebnisse der Analyse zeigen, dass eine signifikante positive Korrelation zwischen traumatischen Erfahrungen der Eltern und der Übertragung des Nakba-Traumas auf die zweite Generation besteht.

Es wird gefolgert, dass die Grundannahmen über das Selbst- und Weltverständnis der zweiten Generation der Opfer der Nakba vermittelnde Faktoren für die Vorhersage der Übertragung des Nakba-Traumas auf die zweite Generation sind. Die traumatischen Erlebnisse der Nakba bei den Eltern führen zu negativen Grundannahmen über das Selbst- und Weltverständnis bei der Nachfolgegeneration, die zu psychischen Gesundheitsbeschwerden und zu Gefühlen des Zorns, des Hasses und der Rachen beitragen.

Kapitel 3:

Die transgenerationale Auswirkung der erzwungenen internen Vertreibung während der Nakba auf die zweite Generation israelischer Palästinenser

Die vorliegende zweite empirische Studie untersuchte die transgenerationale Auswirkung von einer erzwungenen internen Vertreibung auf die zweite Generation von in Israel lebenden Palästinensern. Zu diesem Zweck interviewten wir stichprobenhaft 130 Teilnehmer, deren Eltern während der Nakba vertrieben wurden, und verglichen das Ergebnis mit 121 Befragten, deren Familien nicht gezwungen waren zu emigrieren. Bei beiden Gruppen wurden anhand bestimmter Fragebögen die psychische Belastung, psychische Störungen, die Grundannahmen über das Selbst- und Weltverständnis, Gefühle des Hasses, des Zorns und der Wunsch nach Rache gegenüber israelischen und jüdischen Gemeinden sowie die familiären Traumakommunikationsstile untersucht.

Die Ergebnisse zeigten, dass die Befragten, deren Eltern vertrieben worden waren, im Vergleich zu der Kontrollgruppe weniger mit ihren Eltern über deren Erfahrungen und traumatischen Erlebnisse von damals kommunizierten. Diese Gruppe präsentiert ein höheres Niveau der psychologischen Symptome, in größerem Maße negative Grundannahmen über das Selbst- und Weltverständnis, mehr Feindseligkeit, Wut und Lust auf Rache an den Juden und dem Staat Israel.

Die Schlussfolgerung aus dieser Studie besteht darin, dass Zwangsvertreibung nicht nur diejenigen beeinflusst, die sie erlebt haben, sondern dass die Auswirkung der erzwungenen Vertreibung auch künftige Generationen in ihrem geistigen Wohlbefinden sowie in ihren Grundannahmen über das Selbst- und Weltverständnis beeinflusst. Gefühle des Hasses, des Zorns sowie der Wunsch nach Rache werden ebenso von der ersten Generation auf die zweite

Generation übertragen und können die Versöhnungsbereitschaft bei den Betroffenen sehr stark beeinflussen.

**Kapital 4:
Assoziationen zwischen der familiären Nakba Trauma-Kommunikation und der
Übertragung des Traumas auf die zweite Generation.**

Diese empirische Studie untersuchte die Korrelation zwischen dem familiären Kommunikationsstil (offen / geschlossen) bezüglich der traumatischen Erfahrungen während der Nakba und der Übertragung des Traumas auf die zweite Generation.

Für diese Forschung wurden “Die kriegsbezogene elterliche Trauma Exposition Skala“ (WPTEQ) sowie der Nakba Kommunikation Fragebogen (NCQ), der zweite Generation-Fragebogen (Nakba-Version, N-SGQ), ein Fragebogen zur Beurteilung von Gefühlen von Zorn, Hass und Wunsch nach Rache (AHRQ), ein Fragebogen zur Symptombelastung (BSI) und zur Erfassung der Grundannahmen über das Selbst- und Weltverständnis (WAS) mit einer stichprobenhaften Befragung von 251 Palästinensern im Norden Israels angereichert.

Wir fanden, dass eine signifikante negative Korrelation zwischen einer offenen Kommunikation über das Nakba-Trauma und der Übertragung des Traumas auf die nächste Generation existierte. Dies deutet darauf hin, dass die Wahrscheinlichkeit der Übertragung des Traumas auf die nächste Generation abnimmt, je mehr die traumatischen Nakba-Erfahrungen der Elterngeneration mit den Kindern kommuniziert und offen angesprochen werden.

Des Weiteren wurde festgestellt, dass eine negative Korrelation zwischen der Offenlegung von Nakba-traumatischen Erfahrungen und den Gefühlen von Feindseligkeit und Wut sowie Rache-

wünschen gegen den Staat Israel und das jüdische Volk bestand. Weitere Analysen zeigten, dass die Zunahme der offenen Kommunikation der traumatischen Erfahrungen bei den Eltern mit einer erhöhten Bereitschaft verbunden war, sich mit dem Staat Israel und den Juden zu versöhnen. Erhebliche psychische Beschwerden und Belastungssymptome korrelieren negativ mit der Bereitschaft zur Versöhnung.

Die Relevanz dieser Studie

Das Studium des transgenerationalen Nakba-Traumas hilft uns zu verstehen, wie das Trauma die gegenwärtige Palästinensergesellschaft prägt und trägt dazu bei, eine therapeutische und soziale Intervention zu entwickeln, um den Zyklus der Traumatisierung zu durchbrechen. Die palästinensische Bevölkerung ging durch eine ungeheure Katastrophe und bleibt eine verwundete Bevölkerung. Jahrzehnte nach dem Krieg von 1948 sind die Auswirkungen des Krieges im Leben der Überlebenden und ihrer nachfolgenden Generationen immer noch spürbar. Diese Studie ist ebenso für Palästinenser in Israel sehr wichtig und hebt die Notwendigkeit der Kommunikation über die traumatischen Erfahrungen als eine Möglichkeit zur Verringerung der psychologischen Auswirkungen auf die künftigen Generationen hervor. Darüber hinaus dient diese Studie als Information und Aufforderung für alle Beteiligten, die Notwendigkeit einer Intervention zu erkennen und Maßnahmen zu ergreifen, die zur Minimierung der transgenerationalen traumatischen Folgen der Nakba und der Befreiung der Seelen der Opfer von den psychischen Beschwerden beitragen, die Gefühle von Feindseligkeit und die Wünsche nach Rache vermindern und dabei die Bereitschaft zur Versöhnung erhöhen können.

Geltungsbeschränkungen der Forschung

Die aktuelle Studie besitzt einige Einschränkungen, auf die die Aufmerksamkeit der Leser gerichtet werden soll, bevor bestimmte Schlussfolgerungen aus dieser Studie zu stark gewichtet werden. Diese Einschränkungen sollen auch bei der Planung weiterer Forschungen zu intergenerationalen Folgen der Nakba berücksichtigt werden. Weitere Forschungen sind unbedingt notwendig und erwünscht, da die intergenerationalen Folgen der Nakba zuvor kaum erforscht wurden.

Der erste Schwachpunkt besteht darin, dass die Studie überwiegend auf der Befragung der gegenwärtigen Nachkommen über die im Jahre 1948 während der Nakba von den Eltern erlebten traumatischen Erlebnisse basierte. In diesem Zusammenhang könnten die Antworten der Nachkommen zu sehr von deren gegenwärtiger subjektiver Stimmung oder Einstellung zu der Nakba und zum Staat Israel beeinflusst worden sein. Darüber hinaus bestand das Risiko, dass sich die Nachkommen den narrativen traumatischen Erlebnissen der Eltern verpflichtet fühlen und sich in einer entsprechend voreingenommenen Art und Weise geäußert haben.

Des Weiteren bestand die Gefahr, dass die zufällig ausgewählte Stichprobe nur aus Teilnehmern aus dem Norden Israels bestand und deshalb nicht repräsentativ für alle Palästinenser in Israel war. Es ist denkbar, dass andere Sektoren die Erfahrungen des Nakba-Krieges anders erlebten und deshalb die Ergebnisse dieser Forschung möglicherweise nicht für die ganze palästinensische Bevölkerung zutreffen. Weiterhin war die Anzahl der weiblichen, nicht vertriebenen Teilnehmer, die an der Forschung teilnahmen, sehr niedrig im Verhältnis zu der tatsächlichen Anzahl der weiblichen Vertriebenen, so dass die Interpretation der Ergebnisse des Vergleichs zwischen beiden Gruppen darauf Rücksicht nehmen sollte.

Die aktuelle Studie hat die Einwirkung der traumatischen Erfahrungen aus anderen Kriegen ignoriert. Diese Dauerstress-Faktoren, denen die Palästinenser in Israel im Laufe der Jahre seit 1948 ausgesetzt waren, könnten die erhaltenen Ergebnisse erheblich beeinflussen. Die sich aus der Forschung ergebenden Daten waren nur korrelativ miteinander verbunden. Daher sollten kausale Beziehungen mit großer Vorsicht betrachtet werden.

Eines der wesentlichen Ergebnisse dieser Studie unterstützt die Dynamik der Grundannahmen über das Selbst- und Weltverständnis als hauptsächlicher Mediator bei der intergenerationalen Weitergabe von traumatischen Beschwerden. Dieses Thema hatte bisher sehr wenig Bezug zur Forschung der transgenerationalen Weitergabe von Traumata. Zu diesem Themenbereich befürworten die Palästinenser weitere Untersuchungen. Darüber hinaus ist ein Vergleich mit traumatischen Erfahrungen anderer Kulturen und Bevölkerungen erwünscht.

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