Research Article

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# Psychological Impact Of Covid-19 Lockdown On Childiren Of Holocaust Survivors.

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## ABSTRACT

**Background :** The Covid-19 pandemic, along with lockdown measures, triggered memories among Children of Holocaust Survivors (CHS) of the traumatic events endured by their parents during World War II.

**Objectives :** The main objective of our study was to determine the prevalence of CHS who felt a parallel between the situation, lockdown during the Covid-19 pandemic and the history of their parents and grandparents during World War II and to assess its association with family history, history of psychological disorders and restorative coping strategies developed by Danieli .

**Methods :** CHS and Children of Non-Jewish Parents (CNP) with at least one parent who had lived in France were invited through social media to participate in an online survey. The questionnaire collected socio-demographic data, information on family history during the war, psychological history, and details on restorative coping strategies.

**Results :** Among 614 CHS participants (mean age 65.8 years, 30.8% male), fewer CHS drew a parallel between the lockdown and their family's wartime history than CNP (40.1% vs. 48.6%, $p \leq 0.05$). Gender, place of birth/residence, marital status, and CHS typology did not significantly impact this association. However, CHS under 60 reported parallels more frequently (47.5% vs. 37.9%, $p \leq 0.05$). CHS who made this connection often came from families with a strong Holocaust memory and had a heightened interest in the Shoah and their family's history.

They more frequently report the behavior of their parents indirectly linked to the experience of the Shoah with a climate of overprotection while having been educated in the idea that one must always be ready to face the hazards of life .

**Conclusion :** This study is the first to confirm the COVID-19 pandemic's psychological impact on CHS. Developing prevention programs to support descendants of mass trauma and natural disaster survivors is essential to prepare for similar future situations.

**Keywords :** *Children of Holocaust Survivors,Trauma, Transmission, Anxiety, COVID-19, Lockdown.*

## INTRODUCTION

The first cases of COVID-19 were reported in Wuhan, China, in December 2019. The COVID-19 health crisis was declared a public health emergency of international concern (PHEIC) (Zhong et al., 2020) and described by UN Secretary-General Antonio Guterres as "the worst global crisis since World War II." In France, the first official COVID-19 cases were confirmed on January 24, 2020 (Bernard Stoecklin, Rolland, & Silue, 2020). In a televised address on March 16, 2020, French President Emmanuel Macron declared six times that "we are at war" with the virus, using war-like language: "We are not fighting against an army or another nation, but the enemy is there, invisible, elusive, and advancing" (Kauffmann, 2020). The excessive use of war metaphors, along with social distancing and movement restrictions, shaped public perception of the crisis. COVID-19 was later classified as a pandemic in March 2020. To curb the spread of the virus, many countries-imposed movement

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restrictions and lockdowns, which significantly increased feelings of fear among older adults, who are more vulnerable to stress and anxiety (Yang et al., 2020; Johal, 2009).

For some Holocaust survivors (HS), the lockdown and helplessness experienced during the COVID-19 crisis triggered memories of traumatic episodes they endured during World War II. Several studies have documented the negative psychological impact of COVID-19 on Holocaust Survivors (Cohn-Schwartz et al., 2020; Shrira, Maytles, & Frenkel-Yosef, 2020; Maytles, Frenkel-Yosef, & Shrira, 2021; Sarfati et al., 2022).

The COVID-19 pandemic also affected the Children of Holocaust Survivors (CHS). One study reported an increased perceived burden among CHS who served as caregivers for their HS parents during the pandemic (Maytles, Frenkel-Yosef, & Shrira, 2021). Pandemic measures—such as grocery queues, curfews, the need for travel permits, job losses, synagogue closures, deaths of loved ones, and the cessation of professional activities—elicited memories for CHS of the hardships their parents experienced during the War.

Studying the behaviour of this unique group in a crisis offers valuable insights into the impact of parents' traumatic experiences on their children. It is established that CHS often face the future with heightened apprehension (Sigal & Weinfeld, 1989). We considered the COVID-19 health crisis an opportunity to observe CHS responses to lockdown conditions in France, which is home to approximately 40,000 Holocaust survivors, the fourth-largest survivor population globally, according to estimates from the Conference on Jewish Material Claims against Germany (Claims Conference, 2015).

The primary objective of our study was to determine the prevalence of CHS who perceived a parallel between the COVID-19 lockdown and their family's Holocaust history, and to compare it with that of a cohort of Second Generation War Children (SGNJ) whose non-Jewish parents were confronted during childhood in France during World War II, such as bombings, deprivation, combat, and the Exodus.

The secondary objective was to examine whether characteristics such as the typology of CHS, the presence of psychological disorders, modes of Holocaust memory transmission, interest in Holocaust history, behaviors of HS parents, resilience, and attitudes towards authority differ among CHS who felt a parallel between COVID-19 lockdown and their parents' and grandparents' experiences during the Holocaust.

## MATERIALS AND METHOD

CHS were solicited through social media and through Jewish organizations to participate in an online survey from June 1 to September 1 , 2021.

The inclusion criteria were that at least one parent had lived in or had to leave one of the countries occupied by or under the direct influence of the Nazi regime, during any period between 1933 and 1945. Within this population, those who reported that their father and/or mother had lived in France during the Second World War were selected. A control population of comprising people whose non-Jewish parents lived during the War in France was contacted through social networks in order to invite them to participate in this study.

The study consisted of four consecutive parts :

1. Determination of the prevalence of CHS establishing a parallel between lockdown during the pandemic and the history of parents/grandparents which was assessed from the following question "Has lockdown during the pandemic made you think of the history of your parents/grandparents?" This allowed a comparative study to be made between the CHS which have established or not one parallel between lockdown during the pandemic and the story of parents/grandparents The binary outcome was derived from the initial four -point scale, where the participant was considered to have answered 'yes' if the answer given was 4 for 'completely agree' or a 3 for 'somewhat agree' and 'no' if the answer given was 2 for 'mostly disagree' or a 1 for 'completely disagree'
2. An assessment of the typology of CHS with the determination of family and socio-demographic background over three generations and socio-demographic data on the child's perceptions of his mother and/or father and his education. It was requested to specify the age of the parents during the Holocaust period and the events they experienced (deportation, hiding in an orphanage or foster family). This made it possible to distinguish four categories of CHS: Second Generation of concentration camp survivors (SGCCS), Second Generation of Adult Holocaust Survivors (SGAS), Second Generation of Hidden Children (SGHC) who had one or two Hidden Child parents and Second Generation with one adult Holocaust survivor parent and one hidden child parent (SGSAHC).
3. An assessment of psychological history, including the existence of a history of depression, anxiety and post-traumatic stress using a questionnaire.

   The existence of a history of depression was assessed by a positive response to one of the following two questions:
   - In your life, have you had a period of two weeks or more when you felt particularly sad, down, or depressed most of the time during the day, almost every day?
   - In your life, have you had a period of two weeks or more when you almost always felt like you had lost interest in things, or had lost pleasure in things you used to enjoy?

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History of anxiety was assessed by a positive response to the following question: During your life, have you had one or more periods of at least 6 months in which you felt that you worried too much about everything and nothing, or in which you felt excessively preoccupied, worried, or anxious about problems in everyday life, at work/school, at home, or about those around you? An additional question was asked ( Did you have these types of concerns almost every day?). The existence of a history of post-traumatic stress disorder (PTSD)

was assessed in people who reported having already experienced, witnessed or had to deal with an extremely traumatic event, during which people died or they and/or others were threatened with death or were seriously injured or were harmed in their physical integrity. These were people who reported that they had a period during which they often thought painfully about this event, or they often dreamed about it, or they frequently had the impression of reliving it. An additional question was asked about the daily rhythm of this type of episode.

4. An assessment of the modalities of transmission of the memory of the Shoah and of the interest in the history of the Shoah of the CHS, but also of the behavior of the parents, the parental attachment of their HS parents, the ability to face the hazards of life and the authority based on the responses to the questionnaire of the reparative adaptational impacts strategy developed by Danieli et al ( Danieli 2015). The CHS answered a self-questionnaire of 97 questions rated on a 5-point Likert scale ( 1 = do not agree at all ; 5 = completely agree ) , developed by Danieli et al (Danieli 2015). It included two types of questions: questions assessing the different types of posttraumatic adaptation in HS parents ( Post trauma Adaptational Styles (Parent Measures, Part I)) and other questions assessing the modalities of adaptation and compensation Reparative Adaptational Impacts ( Offspring Measures , Part II) Children of Holocaust Survivors (CHS)

The binary outcome was derived from the initial four -point scale, where the participant was considered to have answered 'yes' if the answer given was 4 for 'completely agree' or a 3 for 'somewhat agree' and 'no' if the answer given was 2 for 'mostly disagree' or a 1 for 'completely disagree'

Statistical analysis was performed with SPSS software for Windows (version 12.0). Results were expressed as mean and standard deviation for quantitative variables and as percentage for categorical variables. Comparison of means was performed by Student 's t-test or the Kruskal -Wallis nonparametric test (in case of unequal variances). The association between categorical variables was tested by the Chi2 test. The significance threshold was set at 0, 05.

## RESULTS

### Children of Holocaust Survivors (CHS)Population

The survey website received 1,276 visits, resulting in 906 CHS completing the questionnaire, with 614 providing fully completed responses. The average age of respondents was 65.8 ± 8.4 years, including 189 men (30.8%) and 425 women (69.2%). Among these CHS, 66.3% had two Holocaust survivor parents, while 32.7% had only one ( **Table1**).

A control group of Second-Generation War Children (SGNJ) whose non-Jewish parents were confronted during childhood in France during World War IIincluded 339 respondents, of whom 149 completed the questionnaire fully. This group had an average age of 63.4 ± 9.3 years, comprising 73 men (49%) and 76 women (51%). Within the control group, 74 participants had both parents who had experienced wartime trauma, 22 had only the father, and 18 had only the mother.

**Table 1.** Socio-demographic characteristics of Children of Holocaust Survivors (CHS).

| | | |
|---|---|---|
| **Sex** | Men | 189 (30.8%) |
| | Women | 425 (69.2% |
| **Place of residence** | Lives in France | 513(83.6%) |
| | Lives in Israel | 53(8.6%) |
| | Lives in a European country | 32(5.2%) |
| | Lives in America (USA Canada) | 16(2.6%) |
| **Place of birth** | Born in France | 555(90.4%) |
| | Born in North Africa | 5(0.8%) |
| | Born in another European country | 54(8.8%) |
| **Age groups** | > or equal to 71 | 221(36.0%) |
| | 61-70 | 254(41.4%) |
| | 51-60 | 101(16.4%) |
| | 41-50 | 33(5.4%) |
| | <40 | 5(0.8%) |
| **Marital status** | Married | 403(65.6%) |
| | Bachelor | 63(10.3%) |
| | Widower | 34(5.5%) |
| | Divorce | 114(18.6%) |
| **Number of ancestors killed during the Holocaust** | 0 | 227(37.0%) |
| | 1 | 145(23.6%) |
| | 2 | 139(22.6%) |
| | 3 | 52(8.5%) |
| | 4 | 51(8.3%) |
| **Parents typology** | Concentration camp survivors | 226(36.8%) |
| | Adult Holocaust survivors | 194(31.6%) |
| | One parent adult Holocaust survivor and another a hidden child | 70(11.4%) |
| | Hidden Chld | 124 (20.2%) |

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**Drawing a Parallel Between Pandemic Lockdown and Wartime Experiences**

Of the 614 CHS surveyed, 246 (40.1%) reported seeing a parallel between pandemic lockdown and their parents' or grandparents' wartime experiences. This perception was less frequent among CHS than among SGNJ (40.1% vs. 48.6%, $p \leq 0.05$).

**Children of Holocaust Survivors typology and Parallel Perception**

Factors such as gender, birthplace (France vs. other countries), residence, marital status, and CHS typology showed no significant association with a greater likelihood of drawing parallels between pandemic lockdown and wartime history. However, younger CHS (under age 60) were less likely to draw these parallels than those over 60 (47.5% vs. 37.9%, $p \leq 0.05$). CHS with two Holocaust survivor parents were more likely to make this connection than those with only one survivor parent (64.2% vs. 47.3%, $p \leq 0.05$).( **Table 2**).

**Table 2.** Comparison of the prevalence of establishing or not a parallel between lockdown during the pandemic and the period of the Shoah according to the socio-demographic characteristics of CHS.

| | | CHS which establish a parallel n =246 | CHS which do not establish a parallel n =368 |
|---|---|---|---|
| **Gender** | Males | 65 (26.4%) | 124 (33.7%) |
| | Females | 181 (73.6%) | 244 (66.3%) |
| **Place of residence** | Lives in France | 214 (87.0% | 299 (81.3%) |
| | Lives in Israel | 16 (6.5% | 37 (10.1%) |
| | Lives in a European country | 11 (4.5% | 21 (5.7%) |
| | Lives in America (USA Canada) | 5 (2.0% | 11 (3.0%) |
| **Place of birth** | Born in France | 225 (91.5%) | 330 (89.7%) |
| | Born in North Africa | 1 (0.4%) | 4 (1.1%) |
| | Born in another European country | 20 (8.1% | 34 (9.2%) |
| **Age groups** | >61 years old | 180(73.2%) | 295 (80.2%) |
| | <60 years old | 66 (26.8%) | 73(19.8%) |
| **Marital status** | Married | 152 (61.8%) | 251 (68.2%) |
| | Bachelor | 25 (10.2%) | 38 (10.3% |
| | Widower | 15 (6.1%) | 19 (5.2%) |
| | Divorce | 54 (22%) | 60(16.3%) |
| **Typology of Holocaust Survivor Parents** | Hidden children | 53 (21.5%) | 71 (19.3%) |
| | One parent adult Holocaust survivor and another a hidden child | 24 (9.8%) | 46 (12.5%) |
| | Adult Holocaust Survivors | 79 (32.1%) | 115 (31.3%) |
| | Concentration camp survivors | 90(36.6%) | 136 (37%) |
| **Number of ancestors killed during the Holocaust** | 0 | 96 (39.0%) | 131 (35.6%) |
| | 1 | 50 (20.3%) | 95 (25.8%) |
| | 2 | 54 (22.0%) | 85 (23.1%) |
| | 3 | 22 (8.9%) | 30 (8.2%) |
| | 4 | 24 (9.8%) | 27 (7.3%) |

**History of Anxiety, Depression, and PTSD in CHS**

CHS who perceived a parallel between pandemic lockdown and family wartime history were more likely to report past episodes of persistent sadness or depression lasting two weeks or more, as well as recent post-traumatic stress symptoms( **Table 3**).

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**Table 3.** Comparison of the history of psychological disorders of CHS according to whether or not a parallel was established between lockdown during the pandemic and the period of the Shoah.

| | | CHS which establish a parallel n =246 | CHS which do not establish a parallel n =368 | p |
|---|---|---|---|---|
| **History of depression** | In your life, have you had a period of two weeks or more when you felt particularly sad, down, or depressed most of the time during the day, almost every day? | 190(77.2%) | 250(68.1%) | ≤ 0.05 |
| | In your life, have you had a period of two weeks or more when you almost always felt like you had lost interest in things, or had lost pleasure in things you used to enjoy? | 168(68.3%) | 233(63.5%) | NS |
| **History of anxiety** | In your life, have you had one or more periods of at least 6 months when you felt like you were worrying too much about anything, or when you felt excessively preoccupied, worried, or anxious about problems in your daily life, at work/school, at home, or about those around you? | 170(69.1%) | 244(66.5%) | NS |
| | Did you have these types of concerns almost every day? | 114(67.1%) | 162(66.4%) | NS |
| **History of post-traumatic stress disorder** | Have you ever experienced, witnessed or dealt with an extremely traumatic event in which people died or you and/or others were threatened with death or were seriously injured or suffered physical harm? | 98(39.8%) | 130(35.4%) | NS |
| | Since then, have you had a period during which you often thought painfully about this event, or often dreamed about it, or frequently had the impression of reliving it? | 72(73.5%) | 87(66.9%) | NS |
| | In the past month, has this happened to you? | 37(50.7%) | 22(25.0%) | ≤ 0.05 |

**Transmission of Holocaust Memory and Interest in Holocaust History**

CHS who drew parallels between pandemic lockdown and wartime experiences often reported growing up in households that actively preserved Holocaust memory and valued Jewish history. These participants also showed a strong interest in reading about and discussing their parents' experiences ( **Table 4**).

**Behavior of HS Parents Related to Holocaust Trauma**

CHS who drew parallels between lockdown and family wartime history often described a family atmosphere marked by pervasive sadness. They recalled behaviours in their Holocaust-survivor parents indirectly connected to Holocaust experiences, such as avoiding German products, showing sadness during holidays, displaying heightened sensitivity to traditional Jewish music, having a prematurely aged appearance, showing emotional detachment, and experiencing occasional nightmares( **Table 4**).

**HS Parents' Overprotective Tendencies**

CHS who perceived a parallel between lockdown and family history more frequently reported that their parents, particularly mothers or fathers, exhibited overprotective behaviours, such as frequently expressing love and concern, excessive worrying, and always wanting to know their whereabouts. These CHS often felt a sense of responsibility for their parents' happiness ( Table 4).

**Attitude Toward Life's Challenges and Authority**

CHS who made connections between pandemic lockdown and their parents' or grandparents' experiences were often raised to be prepared for life's challenges, display strength, and avoid self-pity. This upbringing contributed to a strong sense of autonomy, a desire for control, and a tendency to challenge authority ( Table 4).

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**Table 4.** Comparison of the modes of transmission of the history of the Shoah, the behavior of the parents of CHS according to the establishment or not of a parallel between the lockdown during the pandemic and the period of the Shoah.

| | | CHS which establish a parallel n =246 | CHS which do not establish a parallel n =368 | p |
|---|---|---|---|---|
| **Transmission and interest in the memory of the Shoah** | I was taught to honor and remember the history of the Holocaust and the Jewish people. | 187(85.8%) | 236(74.2%) | ≤ 0.05 |
| | I obsessively watch and read everything related to my parents' experiences. | 144(70.9%) | 155(55.4%) | ≤ 0.05 |
| **Indirect consequences of the Shoah** | My mother/father seemed older than the other relatives. | 72(35.0%) | 87(26.9%) | ≤ 0.05 |
| | My mother/father seemed frozen in the past. | 89(44.3%) | 99(33.6%) | ≤ 0.05 |
| | My mother/father had nightmares and often woke up in the middle of the night. | 90(54.5%) | 105(42.3%) | ≤ 0.05 |
| | During religious or community holidays, my father/ mother was sad. | 81(48.2%) | 66(28.1%) | ≤ 0.05 |
| | Sometimes I felt like I had to replace murdered family members. | 91(43.1%) | 100(31.5%) | ≤ 0.05 |
| | At times, my mother/father suddenly seemed like they were no longer with us. | 123(58.6%) | 147(47.4%) | ≤ 0.05 |
| | Trying to understand the origin of my parents' insensitivity scares me. | 59(35.8%) | 53(22.6%) | ≤ 0.05 |
| | I was taught that people should never forget crimes against humanity (my mother/father). | 220 (97.3%) | 297(92.2%) | ≤ 0.05 |
| | My mother/father would never have bought German products. | 164(79.2%) | 203(64.9%) | ≤ 0.05 |
| **Tendency to overprotect** | My mother/father often told me that she/he loved me. | 97(50.0%) | 114(38.9%) | ≤ 0.05 |
| | My mother/father worried about everything. | 174(82.1%) | 209(72.8%) | ≤ 0.05 |
| | My mother/father always wanted to know where I was. | 190 (90.5%) | 247(78.4%) | ≤ 0.05 |
| | My mother/father often told me how much I meant to them. | 132(68.4%) | 163(58.4%) | ≤ 0.05 |
| **Ability to face the hazards of life** | We had to show that we were strong. | 146(76.8%) | 162(61.1%) | ≤ 0.05 |
| | I need to have everything under control. | 181(85.8%) | 242 (78.8%) | ≤ 0.05 |
| | I feel responsible for my parents' happiness. | 164(81.6%) | 207(70.9%) | ≤ 0.05 |
| | Feeling sorry for yourself was considered weak (my mother/father). | 146(81.6%) | 191(65.2%) | ≤ 0.05 |
| | Our academic and other successes were the only opportunities to show some intimacy. | 88(47.6%) | 100(36.8%) | ≤ 0.05 |
| | My mother/father taught me that you should always be prepared for anything in life. | 206 (93.6%) | 263(81.7%) | ≤ 0.05 |
| **Refusal of authority** | My mother/father told me to be wary of any form of authority. | 85(47.2%) | 92(34.3%) | ≤ 0.05 |
| | I was taught to challenge authority (my mother/ father). | 59(32.1%) | 66(22.8%) | ≤ 0.05 |
| | It is difficult for me to delegate responsibilities to other people. | 153(69.2%) | 189(59.6%) | ≤ 0.05 |

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## DISCUSSION

This is the first large-scale study examining Children of Holocaust Survivors (CHS) and their responses to lockdown during the COVID-19 pandemic. Although extensive research has been conducted on CHS in France (e.g., Zajde, 1996), no large cohort studies have specifically focused on this group. The CHS population in France is unique in that it includes children of concentration camp survivors, children of adult Holocaust survivors, and children of parents who were hidden as children during the Holocaust. Regardless of age, life path, or degree of religiosity, these individuals often share what Nadine Fresco (1984) described as the feeling of having "an amputated hand that they never had." In our study, 40.1% of CHS drew a parallel between the COVID-19 pandemic lockdown and their parents' or grandparents' wartime experiences. Like all French citizens, CHS faced fears of infection, creating a sense of danger and limiting social and cultural interactions. This context led to increases in emotional issues such as fear, anxiety, loneliness, insomnia, loss of appetite, and other psychosomatic symptoms (Heid & Menzies, 2020). Although we did not specifically assess the onset of psychological disorders due to the pandemic, no significant difference was found in the prevalence of parallels drawn between pandemic lockdown and wartime experiences among the various CHS subgroups. Past studies have highlighted the diversity within the CHS population and the varying degrees of impact and perceived burden of the Holocaust among survivors' children (Danieli et al., 2017; Letzter-Pouw et al., 2012).

The tendency to draw a parallel between pandemic lockdown and family history was higher among Second Generation of Children of War (SGNJ) than CHS (48.6% vs. 40.1%, $p \leq 0.05$). This may be explained by the emphasis on curfew memories during WWII in SGNJ families. For CHS, memories related to exclusion, deportation, and traumatic events are more prominent, while curfews play a less central role. CHS, like Holocaust survivors, have demonstrated resilience in response to the pandemic (Maytles et al., 2021).

Older CHS (over 60) were less likely to make this connection than younger respondents. This may reflect a greater understanding of the necessity of lockdown measures and an age-related perspective, despite their high risk for severe COVID-19 complications.

Our study found that CHS with histories of prolonged sadness, depression, or PTSD were more likely to draw a parallel between the pandemic and their parents' or grandparents' wartime experiences. An Israeli study found that CHS with parents who had PTSD—especially when both parents displayed PTSD symptoms—were particularly vulnerable to negative psychological effects during the COVID-19 pandemic (Shrira & Felsen, 2021). In our study, CHS who grew up in homes that preserved the memory of the Holocaust and who engaged deeply with their family history were more likely to perceive this parallel. According to Zygmunt Bauman, CHS dominated by Holocaust memory may adopt a "victim perspective," viewing events as potential threats to Jews (Bauman, 1998). CHS often exhibit heightened fear of situations that evoke Holocaust memories.

Several studies have shown that CHS are more vulnerable to stress in life-threatening situations than children of non-Holocaust survivors. For example, a study on Israeli veterans of the Lebanon War found that CHS had a higher risk of developing PTSD and slower recovery (Solomon, Kotler, & Mikulincer, 1988). Other studies found higher psychological distress among CHS in cases such as breast cancer (Baider, 2006) and greater anxiety over threats like an Iranian nuclear attack (Shrira, 2015). The closure of Israel's borders during the pandemic reminded some CHS of times when countries refused to accept Jewish refugees, evoking a fear of being denied a safe place (Felsen, 2021). Yaël Danieli has observed similar reactions among children of survivors from other genocides, such as the Armenian, Cambodian, Rwandan, Nigerian, and Yazidi communities (Danieli, 1998). Japanese grandchildren of Hiroshima and Nagasaki survivors, for example, showed heightened vulnerability to the Fukushima nuclear disaster (Ben-Ezra et al., 2012), indicating sensitivity to trauma linked to ancestral experiences.

CHS who perceived a parallel between pandemic lockdown and wartime experiences often recalled indirect manifestations of the Holocaust in their parents, such as nightmares or times when they appeared emotionally absent. Many CHS grew up with a sense of needing to be prepared for any eventuality, reflecting a family environment of overprotection. These CHS, as Albeck described, "acquired the scars without the wounds" (Albeck, 1994), living with the constant reminder of their family's losses. According to Kestenberg (1982), CHS experience "transposition," in which they simultaneously live in their own present and their parents' traumatic past. This often leads to a worldview dominated by potential disasters and threats that must be anticipated and managed (Shrira, 2005). Many CHS possess a high degree of adaptability (Felsen, 1998) to navigate a world perceived as hostile (Shrira, 2015). Additionally, parental distrust of others often instilled in CHS a fear of people outside their immediate family (Danieli, 1988; Lifton, 1988), resulting in a tendency to challenge authority. This mindset, however, did not prevent most CHS in France from adhering to health guidelines during the pandemic.

## LIMITATIONS

This study has several limitations. First, we did not collect comprehensive medical or psychiatric histories of participants, such as mental health treatments or specific responses to

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lockdown. Second, our sampling was voluntary and conducted online, potentially excluding CHS without access to phones, email, or the internet. Third, we did not assess participants' levels of religiosity, which could influence responses.

## CONCLUSION

Despite its limitations, this study is the first to confirm the impact of the COVID-19 pandemic on CHS. It enhances our understanding of transgenerational trauma transmission, complementing previous observational and clinical studies on CHS. These findings highlight the need for preventive programs to support the children of trauma survivors, especially in situations reminiscent of their family's traumatic past. Longitudinal research is essential to establish causal pathways in trauma transmission and clarify the factors that contribute to risk and resilience.

### Highlights

- Our Study, Which Included 614 Children Of Holocaust Survivors , Found That They Were Less Likely To Draw Parallels Between The Covid-19 Lockdown And Their Parents' Or Grandparents' Wwii Experiences Compared To Children Of Non-Jewish Parents Who Lived In France During World War Ii (40.1% Vs. 48.6%, $P \leq 0.05$).
- While Factors Such As Sex, Birthplace, And Marital Status Did Not Significantly Influence These Perceptions, Younger Children Of Holocaust Survivors (Under 60) Were More Likely Than Older Children Of Holocaust Survivors To Perceive A Connection Between The Lockdown And Wwii Events (47.5% Vs. 37.9%, $P \leq 0.05$).
- Children Of Holocaust Survivors Who Felt A Connection Often Came From Families That Actively Preserved Holocaust Memories, Fostering A Strong Interest In Family History. They Described Their Parents As Overprotective And Focused On Resilience, Suggesting An Indirect Influence Of Holocaust Trauma On Family Dynamics.

**Data availability statement :** The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

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## REFERENCES

1. Albeck, J. H. (1994). Intergenerational consequences of trauma: Reframing traps in treatment theory – A second-generation perspective. In E. B. Williams & J. F. Sommer, Jr. (Eds.) Handbook of Post-Traumatic Therapy, 106-125.

2. Baider, L., Goldzweig, G., Ever-Hadani, P., & Peretz, T. (2008). Breast cancer and psychological distress: Mothers' and daughters' traumatic experiences. Support Care Cancer, 16(4), 407-414.

3. Bauman, Z. (1998). The Holocaust's life as a ghost. Tikkun, 13(4), 33-38.

4. Ben-Ezra, M., Palgi, Y., Soffer, Y., & Shrira, A. (2012). Mental health consequences of the 2011 Fukushima nuclear disaster: Are the grandchildren of people living in Hiroshima and Nagasaki during the drop of the atomic bomb more vulnerable? World Psychiatry, 11(2), 133.

5. Bernard Stoecklin, S., Rolland, P., Silue, Y., et al. (2020). First cases of coronavirus disease 2019 (COVID-19) in France: Surveillance, investigations, and control measures, January 2020. Euro Surveill, 25(6), 2000094.

6. Claims Conference Foundation for the Benefit of Holocaust Victims in Israel. (2015). http://www.k-shoa.org/_Uploads/dbsAttachedFiles/reportshoa2015.pdf

7. Cohn-Schwartz, E., Sagi, D., O'Rourke, N., & Bachner, Y. G. (2020). The coronavirus pandemic and Holocaust survivors in Israel. Psychological Trauma, 12(5), 502-504.

8. Danieli, Y. (1988). The heterogeneity of postwar adaptation in families of Holocaust survivors. In R. L. Braham (Ed.), The Psychological Perspectives of the Holocaust and its Aftermath (pp. 109–127). Holocaust Study Series. Boulder, CO: Social Science Monographs.

9. Danieli, Y., Norris, F. H., & Engdahl, B. (2016). Multigenerational legacies of trauma: Modeling the what and how of transmission. American Journal of Orthopsychiatry, 86(6), 639-651.

10. Danieli, Y., Norris, F. H., Lindert, J., et al. (2015). The Danieli Inventory of Multigenerational Legacies of Trauma, Part I: Survivors' posttrauma adaptational styles in their children's eyes. Journal of Psychiatric Research, 68, 167-175.

11. Danieli, Y., Norris, F. H., & Engdahl, B. (2017). A question of who, not if: Psychological disorders in Holocaust survivors' children. Psychological Trauma, 9 (Suppl 1), 98-106.

12. Felsen, I. V. (2021). "Web-based, second-best togetherness": Psychosocial group intervention with children of Holocaust survivors during COVID-19. American Journal of Orthopsychiatry, 91(2), 171-175.

The Journal of Affective Disorders (ISSN 3064-6774)

13. Fresco, N. (1984). Remembering the Unknown. The International Review of Psycho-Analysis, 11(4), 417-442.

14. Heid, A. R., Cartwright, F., Wilson-Genderson, M., & Pruchno, R. (2021). Challenges experienced by older people during the initial months of the COVID-19 pandemic. Gerontologist, 61(1), 48–58.

15. Johal, S. S. (2009). Psychosocial impacts of quarantine during disease outbreaks and interventions that may help to relieve strain. The New Zealand Medical Journal, 122(1296), 47-52.

16. Kauffmann, S. A. (2020). French call to arms against the virus. New York Times. https://www-nytimes-com.ezproxy.universite-paris-saclay.fr/2020/03/19/opinion/france-coronavirus-macron.html

17. Kestenberg, J. S. (1982). A metapsychological assessment based on an analysis of survivors' children. In M. S. Bergmann & M. E. Jucovy (Eds.), Generations of the Holocaust (pp. 67–82). Columbia University Press: New York.

18. Letzter-Pouw, S., & Werner, P. (2012). The relationship between loss of parents in the Holocaust, intrusive memories, and distress among child survivors. American Journal of Orthopsychiatry, 82(2), 201-208.

19. Lifton, R. J. (1988). Understanding the Traumatized Self: Imagery, Symbolization, and Transformation. In J. P. Wilson & Z. Harel (Eds.), Human Adaptation to Extreme Stress: From the Holocaust to Vietnam (pp. 7–31). New York: Plenum Press.

20. Maytles, R., Frenkel-Yosef, M., & Shrira, A. (2021). Caregiver burden among adults caring for their Holocaust-survivor parents during the COVID-19 pandemic. International Psychogeriatrics, 33(12), 1327-1332.

21. Maytles, R., Frenkel-Yosef, M., & Shrira, A. (2021). Psychological reactions of Holocaust survivors with low and high PTSD symptom levels during the COVID-19 pandemic. Journal of Affective Disorders, 282, 697-699.

22. Menzies, R. E., & Menzies, R. G. (2020). Death anxiety in the time of COVID-19: Theoretical explanations and clinical implications. Cognitive Behavioral Therapy, 13(e19), 1–11.

23. Shrira, A., & Shmotkin, D. (2008). Can the past keep life pleasant even for old-old trauma survivors? Aging and Mental Health, 12(6), 807-819.

24. Shrira, A., Palgi, Y., Ben-Ezra, M., & Shmotkin, D. (2010). Do Holocaust survivors show increased vulnerability or resilience to post-Holocaust cumulative adversity? Journal of Traumatic Stress, 23(3), 367–375.

25. Sarfati, S., Katz, A., Cohen, M., et al. (2022). Psychological impact of the outbreak of COVID-19 on Holocaust survivors in France. European Journal of Trauma & Dissociation, 6(2), 100242.

26. Shrira, A., Shmotkin, D. (2008). Can the past keep life pleasant even for old-old trauma survivors? Aging and Mental Health, 12(6), 807-819.

27. Shrira, A. (2015). Transmitting the sum of all fears: Iranian nuclear threat salience among offspring of Holocaust survivors. Psychological Trauma, 7(4), 364-371.

28. Shrira, A., & Felsen, I. (2021). Parental PTSD and psychological reactions during the COVID-19 pandemic among offspring of Holocaust survivors. Psychological Trauma, 13(4), 438-445. doi: 10.1037/tra0001014.

29. Sigal, J. J., & Weinfeld, M. (1989). Trauma and rebirth. New York: Praeger.

30. Solomon, S., & Prager, E. (1992). Elderly Israeli Holocaust survivors during the Persian Gulf War: A study of psychological distress. American Journal of Psychiatry, 149, 1707-1710.

31. Solomon, Z., Kotler, M., & Mikulincer, M. (1988). Combat-related posttraumatic stress disorder among second-generation Holocaust survivors: Preliminary findings. American Journal of Psychiatry, 145(7), 865-867.

32. Yang, Y., Li, W., Zhang, Q., et al. (2020). Mental health services for older adults in China during the COVID-19 outbreak. Lancet Psychiatry, 7(4), e19. doi: 10.1016/S2215-0366(20)30079-1.

33. Zhong, B. L., Luo, W., Li, H. M., et al. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: A quick online cross-sectional survey. International Journal of Biological Sciences, 16(10), 1745-1752.

34. Zajde, N., & Grandsard, C. (1996). Kaddish: Mourning ritual in a discussion group of children of Holocaust survivors. Nouvelle Revue d'Ethnopsychiatrie, (31), 119-138.