


Aging second-generation Holocaust survivors and well-being: The mediating role of relational attitudes



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Abstract

For many years, clinical case studies that have focused on the intergenerational effects of Holocaust trauma have indicated that second-generation Holocaust survivors (SGHSs) often face relational challenges in their intimate relationships. The relational attitudes of SGHSs during childhood, as well as during adulthood, have been studied. However, only in recent years has this cohort entered the “aging adult” group. In this study, we hypothesized that well-being among Israeli aging SGHSs would be associated with parentification and with specific relational attitudes toward their adult offspring. We examined whether parentification, sense of relational entitlement, pathological concern, and authenticity in relationships mediated the association between family background and well-being. A total of 329 participants (60% SGHSs; 19% men) completed questionnaires tapping retrospective accounts of parentification during childhood, inflated and restricted senses of entitlement, pathological concern, relational authenticity, and subjective well-being. Aging SGHSs reported higher levels of parentification, inflated sense of entitlement toward offspring, pathological concern, lower levels of authenticity, and subjective well-being. The association between family background and subjective well-being was mediated by parentification, inflated sense of relational entitlement, pathological concern, and authenticity. Findings suggest that especially for aging SGHSs, childhood parentification takes a heavy toll on their sense of well-being via the hindering of a balanced sense of relational entitlement and concern and the authentic expression of self.

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Keywords

Authenticity, parentification, pathological concern, second-generation Holocaust survivors, sense of relational entitlement

Introduction

Over one million second-generation Holocaust survivors live in Israel. A Holocaust survivor is defined as someone who lived during the Second World War (1939–1945), fully or partially, under Nazi or pro-Nazi rule.

For many years, clinical case studies that focused on the intergenerational effects of Holocaust trauma (Chaitin, 2002; Cohen et al., 2002; Giladi et al., 2007) have indicated that survivors' silence (Bar-On et al., 1998; Danieli, 1998), survival guilt (Lifton, 1967), and/or unresolved grief (Davis & Trachtenberg, 1978) put second-generation Holocaust survivors (SGHSs) at risk of mental health problems. However, this notion of being prone to psychopathology has not received consistent support (e.g., Barel et al., 2010). Studies have suggested that the quality of verbal and nonverbal communication about Holocaust survivors' traumatic experiences might have had major consequences for their children's inner and interpersonal lives (e.g., Danieli, 1998). Therefore, several researchers have claimed that the study of intergenerational effects of Holocaust trauma should focus mainly on SGHSs' relational concerns (Wiseman et al., 2002). The relational attitudes of SGHSs both when they were children, and later on, when they were adults, have been studied. However, only in recent years has this population entered the "older adult" age group as most of them are now over 60 years of age and the research addressing the effects of aging on SGHSs is relatively scarce.

Personal and relational issues among SGHSs

In many families of survivors, SGHSs have experienced themselves as living replacements of those annihilated in the Holocaust and have felt their existence to be compensatory in its very essence (Juni, 2016). Employing the metaphor of "memorial candles," Wardi (1992) described SGHSs as being a source of light and hope but also carrying and expressing an emotional burden, which has often led to poor well-being (Johns et al., 2022). Due to the emotional unavailability of the parent, unhealthy communication, or limited emotional support, many SGHSs have undergone a process of parentification.¹ This process, introduced by Boszormenyi-Nagy and Spark (1973), is usually defined as the reversal of family roles and responsibilities between parents and their offspring during the offspring's childhood (Haxhe, 2016; Jurkovic & Thirkield, 1998). According to Mika et al. (1987), parentification is expressed in four different subtypes, including where children functioned as (a) parents for their parents, (b) the spouse of a parent, (c) parents for their siblings, and (d) the person responsible for other parental tasks, such as doing extensive household chores.

Quite often, SGHSs felt responsible for their parents, and for their parents' emotional needs and expectations, even at the cost of giving up their own needs and well-being (Bar-On et al., 1998; Brown, 1998; Scharf & Mayseless, 2011; Shafat, 1994). They were attuned to their parents' moods, wishes, and vulnerabilities (Chase, 1999) and felt pressure to achieve in areas where their parents lacked opportunity (Eurelings-Bontekoe et al., 2003). In addition, they did not allow themselves to openly express their feelings, in order to avoid inflicting pain on the parent (Wiseman et al., 2006).

Often, the relational imbalance that characterized the relationships of many SGHSs during their childhoods continued on into their adult lives, especially in the context of significant interpersonal relationships. As adults, SGHSs continued to care for their aging parents with enormous devotion, partly due, as stated previously, to their ongoing need to make up for their parents' past losses (Kellermann, 2009). Research has also indicated that patterns of suppressing one's own needs in relation to the parent may be reflected during adulthood in relationships with significant others (Bachar et al., 1994). Second-generation Holocaust survivors have been found to be prone to difficulties in their romantic relationships, presenting lower levels of intimacy in relationships with their spouses (Mazor & Tal, 1996), having trouble expressing trust (Freyberg, 1980), and experiencing their marriage as lacking in communication and being of low quality (Joels, 2002).

The negative implications of SGHSs' imbalanced relational attitudes have also been observed upon their becoming parents. Despite their desire to provide their children with a different life than they themselves experienced – encouraging their children's independence and open communication – SGHSs' parenting has shown more continuity than change in terms of relational attitudes (Barber & Wiseman, 2008; Scharf, 2007). For example, Rosenthal (1998) found that a “bond of silence” related to the Holocaust was also present between SGHSs and their children. Marcus (1986) found that SGHSs showed high levels of anxiety, dissatisfaction, and little flexibility in their relationships with their children. Scharf & Mayseless, 2011 identified three themes of “disorganized experiences” carried across generations among SGHSs, resulting in the SGHSs and their adolescent children experiencing: a focus on survival issues (e.g., excessive focus on threats and dangers, worries about catastrophes and death), a lack of emotional resources, and a feeling of being coerced to please the parents and satisfy their needs. A study of third-generation Holocaust survivors found they felt the need to please their SGHS parents and adopted a therapeutic attitude toward them. They felt that their parents were highly concerned about their safety and did not encourage their sense of independence (Scharf, 2007).

The studies thus far discussed were conducted during the SGHSs' young and mid-adulthood, the period of parenthood in which they would be assumed to fulfill the role of a strong and wise caregiver for their offspring. Only a few studies (e.g., Shrira, 2016, 2020) have been conducted with aging SGHSs, who might experience a normative role reversal in the relationship with their offspring. Baltes (1997) described old age as a process in which a person conducts a life review and brings up memories and thoughts in order to gain a sense of meaning. Creating one's life story in

which events, experiences, and memories of the past are integrated with present experiences and future expectations is a central feature of mental development in old age. At this age, the parentification of adult offspring becomes adaptive. The question of how SGHSs who recall being parentified by their own parents deal with a relationship in which *they* might occupy the role of care recipient, and depend on their *offspring*, has not to date been examined. In the current study, we thus aimed to fill this gap and examine well-being and relational attitudes of aging SGHSs toward their adult offspring.

As people age, they usually need increased help from others because of age-related health problems (Fyrand, 2010), cognitive and physiological changes, difficulties adjusting to the world of technology and telecommunications, and dwindling social relationships (Tolmacz et al., 2022b). Close family members frequently become support providers of aging adults (Karantzas & Simpson, 2015). Specifically, researchers have spotlighted children as a major source of support for their parents (Connidis & Barnett, 2018), and an essential and central source for aging parents' health and mental well-being (Fingerman et al., 2020). These studies have highlighted the importance of the quality of the relationship between aging parents and their adult offspring. Pre-existing problematic patterns of relating may intensify during this period, and given SGHSs' prior imbalanced attitudes toward their offspring, this period could be quite challenging. Studies conducted among SGHSs (Shrira, 2016, 2020) have indicated that they are prone to negative perceptions of aging and lower levels of satisfaction with life, especially when their Holocaust-survivor parents suffered from symptoms of post-traumatic stress disorder (PTSD) and had poor communication capacities. Research among SGHSs indicates that children of survivors who suffered from PTSD are at higher risk of developing PTSD themselves. In addition, parental complex PTSD (CPTSD) may have broader influences manifested in offspring's lower resilience (Shrira et al., 2019).

In the current study, we focused on the relational attitudes of Israeli aging SGHSs in the context of parent-offspring relationships and their potential contribution to SGHSs' sense of well-being. Aging SGHSs who became parentified during childhood might be mainly focused on satisfying their adult offspring's needs at the expense of their own needs. Moreover, they might feel that their own needs for care are illegitimate and that they cannot freely express their own goals, interests, or preferences if they want to maintain a stable relationship with their children. Alternatively, they might expect their offspring to compensate for the lack of care they experienced during childhood and then demand their offspring's attention and care.

There are three relational attitudes – pathological concern, lack of authenticity, and an imbalanced sense of relational entitlement – that are detrimental to relationship quality and might mediate the link between parentification and low levels of well-being among aging SGHSs. First, parentification might converge in what Tolmacz (2013) called pathological concern – focusing on others' needs at the expense of one's own needs. Second, parentification might also result in a lack of authenticity within relationships, as people are not confident in the legitimacy of their own feelings and needs. Third, it might result in an imbalanced sense of relational entitlement (SRE)

(Tolmacz & Mikulincer, 2011) – that is, ignoring genuine relational needs (restricted sense), or having unrealistic expectations that a significant other should fulfill these needs (inflated sense). Past studies have shown that these relational attitudes – pathological concern, lack of authenticity, and an imbalanced sense of relational entitlement – are detrimental to relationship quality and well-being (Tolmacz et al., 2022a; 2022c). These problematic relational attitudes and their potential role in mediating the link between parentification and low levels of well-being among aging SGHSs are explored in greater depth below.

Potential mediators of the link between parentification and well-being

Pathological concern. Growing research interest in people’s compassion toward and care for others has led to the awareness that these attitudes vary widely and can be influenced by mental representations of self and others (e.g., Helgeson & Fritz, 1998; Kunce & Shaver, 1994; Tolmacz, 2013). Taking an intersubjective perspective, Tolmacz (2013) made a distinction between “healthy” concern, which involves the caring treatment of others alongside the satisfaction of one’s personal needs, and “pathological” concern, which seems to heavily favor the care of others over the care of self and to function as a maladaptive strategy aimed at sustaining a sense of being needed and loved in close relationships. This kind of distorted, self-sacrificing concern has also been referred to as caretaker personality disorder (Barbanell, 2006), unmitigated communion (Helgeson & Fritz, 1998), selflessness (Batson & Powell, 2003), pathological accommodation (Doctors, 2017), and pathological altruism (Oakley, 2012).

Findings have indicated that pathological concern is associated with lower levels of self-esteem and higher levels of attachment insecurities and emotional and interpersonal difficulties (Shavit & Tolmacz, 2014). In addition, it seems to be linked with covert narcissism, hyper-sexuality, and deficiencies in self-compassion and the satisfaction of basic psychological needs in romantic relationships (e.g., Efrati et al., 2019; Friedemann et al., 2016; Gerber et al., 2015): Recently, pathological concern was found to be linked to higher levels of retrospective accounts of experienced parentification during childhood (Tolmacz et al., 2023) and lower levels of authenticity and satisfaction in romantic relationships (Tolmacz et al., 2022a).

Sense of relational entitlement. A sense of entitlement was traditionally considered to be indicative of narcissistic personality disorder (American Psychiatric Association, 2000) or psychopathy (Hare, 1999). More recently, Tolmacz (2011) conceptualized entitlement as a universal and not necessarily pathological attribute, which is closely related to one’s history of attachment relationships and mental representations of self and others (Bowlby, 1973; internal working models) – an attribute that can influence relational cognitions, feelings, and behavior. Based on this conceptualization, Tolmacz and Mikulincer (2011) focused on sense of entitlement in close relationships (*relational entitlement*) and found that this sense can take three alternative forms. The

first form is an *assertive* sense of relational entitlement – that is, realistic and adaptive expectations from relationship partners to be attentive and responsive to one’s needs. The second is an *inflated* sense of relational entitlement – namely, excessive, unrealistic expectations that a relationship partner should immediately fulfill one’s need and wishes all the time. Finally, the third is a *restricted* sense of relational entitlement – the tendency to ignore or dismiss one’s genuine needs and wishes and to avoid expressing them to a relationship partner.

Both the inflated and restricted sense of relational entitlement tend to result from a frustrating history of relationships with rejecting, cold, or unreliable attachment figures; are a reflection of negative working models of the self (impaired self-esteem); and can lead to frustrating interpersonal interactions (Candel, 2022; Candel & Turliuc, 2019; Moses & Moses-Hrushovski, 1990). Recent research has indicated that among aging individuals, both an inflated and a restricted sense of relational entitlement toward their offspring were positively associated with anxiety, depression, somatization, and sense of loneliness, and negatively associated with sense of belonging (Tolmacz et al., 2022b). In addition, Tolmacz et al. (2023) found that both restricted and inflated senses of relational entitlement were also associated with higher parentification. High levels of both inflated and restricted entitlement are theorized to indicate a lack of a consistent pattern and a tendency to fluctuate between two forms of imbalanced SRE, in the same way as high levels of attachment anxiety and avoidance are indicative of disorganized attachment.

Lack of authenticity. Authenticity involves being genuine in one’s interactions with others (Kernis, 2003) and reflects the degree to which people behave in accordance with their own feelings, attitudes, and beliefs during these interactions (Wood et al., 2008). Research has shown that authenticity is associated with several indicators of improved well-being, such as higher levels of happiness, life satisfaction, and self-esteem, and lower levels of depression and attachment insecurities (e.g., Heppner et al., 2008; Ryan et al., 2005). In addition, authenticity in close relationships seems to have beneficial implications for relationship quality. For example, people who are more authentic with their relationship partner are more likely to engage in positive dyadic interactions, to endorse adaptive conflict resolution strategies, and to feel satisfied with their partner (e.g., Baker et al., 2017; Gillath et al., 2010; Tou et al., 2015). Recently, authenticity was found to be associated with lower levels of parentification (Tolmacz et al., 2023).

The current study

The hypotheses of this study were derived from the literature reviewed above on poorer well-being and imbalanced relational tendencies among SGHSs. Our aim in the current study was to examine the relational attitudes of aging SGHS parents toward their adult children, and the possible contribution of these attitudes to well-being. We compared aging SGHSs and a group of aging non-SGHSs in terms of parentification, sense of entitlement, pathological concern, and authenticity in relationships with their children.

We hypothesized that:

H1: Parentification would be significantly and positively associated with the inflated and restricted subscales of the Sense of Relational Entitlement of Aging Parents Toward Their Offspring (SRE-ao) and with pathological concern and would be negatively associated with authenticity in relationships and well-being. These associations would be stronger for SGHSs than for the comparison group.

H2: SGHSs would have higher levels of parentification, inflated and restricted SRE-ao, and pathological concern, and lower levels of authenticity and well-being, than the comparison group.

H3: Among SGHSs, greater parentification would be observed, compared to non-SGHSs. This greater parentification would lead to interpersonal variables (unbalanced SRE-ao, pathological concern, and authenticity) that would lead to low levels of well-being.

Method

Participants

A total of 329 participants participated in the study. Sample size calculated for Multivariate Analysis of Variance (MANOVA) analysis, with estimated effect size of .07, α error probability of .05, and power of .95, yielded a required N of 289 participants. To create two groups, equal in size, we therefore aimed to reach 150 SGHSs and 150 non-SGHSs. The minimal age for participating in the study was 60 years, as in Israel people over the age of 60 are considered "senior citizens." Given the topic of the study, we also made sure that all participants had children. In addition, we included only Jewish participants, as almost all Holocaust survivors that arrived in Israel were Jewish. Thirty-eight participants did not finish the questionnaires and were eliminated from further analysis. Twenty-two of them entered their demographic details and did not continue to answer the questionnaires. Sixteen of them answered the first page of questionnaires and did not continue to the second.

Table 1 shows the demographics for the two groups. Differences between groups on age and education were examined using independent two-sided t -tests. Differences for all other variables were examined using Chi-Square tests. As can be seen, SGHSs were significantly younger and more educated than the comparison group. More SGHSs reported that they were currently working full-time jobs and they were less religious than the comparison group. Overall, the participant group was a Jewish, medium-high socioeconomic group.

Measures

Sense of relational entitlement. Sense of entitlement was measured by the Sense of Relational Entitlement of Aging Parents Toward Their Offspring scale (SRE-ao). The

Table 1. Demographic indices for SGHSs and comparison group.

		SGHSs N (%) / M (SD)	Comparison group N (%) / M (SD)	Total N (%) / M (SD)	p
Gender – men		41 (20.9%)	21 (15.8%)	62 (18.8%)	p = .24
Age		64.45 (7.51)	69.98 (5.20)	66.69 (7.20)	p < .001
Education		15.95 (2.61)	13.48 (2.16)	14.95 (2.72)	p < .001
Marital status	Married/ with partner	156 (79.6%)	99 (74.4%)	255 (77.5%)	
	Divorced/ separated	17 (8.7%)	12 (9.0%)	29 (8.8%)	
	Widow	16 (8.2%)	22 (16.5%)	38 (11.6%)	
	Single	7 (3.6%)	0 (0%)	7 (2.1%)	
Number of children		2.88 (1.03)	3.93 (2.12)	3.36 (1.70)	p < .001
Currently working	Full-time	66 (37.7%)	6 (4.5%)	72 (23.5%)	
	Part-time	17 (9.7%)	28 (21.2%)	45 (14.7%)	p < .001
	Retired	92 (52.6%)	98 (74.2%)	190 (61.9%)	
Socioeconomic status	Low	16 (10.7%)	20 (15.0%)	41 (12.4%)	p = .15
	Medium	105 (53.6%)	78 (58.6%)	183 (55.6%)	
	High	70 (35.7%)	35 (26.3%)	105 (31.9%)	
Religiosity	Secular	166 (84.7%)	98 (73.7%)	264 (80.2%)	
	Religious	22 (11.2%)	32 (24.1%)	54 (16.4%)	p = .007
	Orthodox	8 (4.1%)	3 (2.3%)	11 (3.3%)	
Health	Great	103 (52.6%)	60 (45.1%)	163 (49.5%)	
	Good	87 (44.4%)	68 (51.1%)	155 (47.1%)	p = .41
	Bad	6 (3.1%)	5 (3.8%)	11 (3.3%)	

Note. SGHSs = second-generation Holocaust survivors. Education = years of education. Health = How would you rate your health? Due to the large number of participants, the significance level was set to $p < .05$.

SRE-ao contains 11 items comprising two subscales: inflated (five items, e.g., “When my children frustrate me, I usually feel I do not deserve it”) and restricted (six items, e.g., “Sometimes, I think my children love me more than I deserve”). Participants rated the extent to which each of the items was descriptive of their attitudes, feelings, beliefs, and reactions in their relationships with their adult offspring. Ratings were made on a 5-point scale, ranging from 1 (*not at all*) to 5 (*very much*). A previous study provided solid evidence for the reliability and validity of the inflated and restricted subscales of the SRE-ao scales (Tolmacz et al., 2022b). In the current study, Cronbach’s α s were high for the two subscales (.92 for inflated entitlement, .91 for restricted entitlement). On this basis, two total scores were computed for each participant by averaging items on each subscale, with higher scores reflecting more inflated or restricted sense of relational entitlement in the relationship between aging parents and their offspring.

Parentification. Participants' degree of parentification was assessed with the Parentification Scale (PS). This questionnaire (Baum et al., 1987) contains 26 items that retrospectively assess the level of participants' parentification and touch on a wide range of family interactions and domains of responsibility in which the participants functioned as children. Each item belongs to one of four indicators: (1) participants functioned as a parent toward their parents ("I was the mediator or 'go-between' when a conflict arose between my parents"); (2) participants functioned as their parents' spouse ("My mother shared personal problems or concerns with me as if I were another adult"); (3) participants functioned as a parent toward their siblings ("I set rules for my siblings, or told them how to behave"); and (4) participants performed another parental role, such as doing extensive household chores ("I washed my family members' clothes"). The scale ranges from 1 (*almost never*) to 5 (*almost always*). A high score indicates a high level of parentification. The level of general parentification was calculated by averaging all the items in the questionnaire. In the present study the reliability range of the subscales ranged from .90 to .94. The internal reliability of the entire questionnaire was $\alpha = .97$.

Authenticity in relationships. Participants' relational authenticity was assessed with the Authenticity in Relationships Scale (AIRS). This questionnaire (Lopez & Rice, 2006) consists of 24 items. Participants were instructed to focus on their close relationships (e.g., family member/spouse) and rate the extent to which each item described their feelings and thoughts regarding this relationship (e.g., "I answer my relatives' questions about me honestly and fully"; "I disclose my deepest feelings to my relatives even if there's a chance they may not share them"). The scale ranges from 1 to 7. A high score indicates a high level of authenticity. Internal reliability of the AIRS in the current study was $\alpha = .97$.

Pathological Concern. Participants' pathological concern was assessed with the Pathological Concern Questionnaire (PCQ). This questionnaire (Shavit & Tolmacz, 2014) consists of 18 items and examines thoughts, feelings, and behaviors that are related to two components of psychological concern: (1) suppression and denial of the needs of the self, and (2) overinvestment in satisfying the other's needs (e.g., "I tend to establish relationships in which I dedicate my all to my children"; "I tend to ignore the fulfillment of my own personal needs in a relationship with my children"). The scale ranges from 1 (*strongly disagree*) to 7 (*strongly agree*). A high score indicates a high level of pathological concern. In the current study, we adapted PCQ items to tap the relationship between participants and their child. Internal reliability of the PCQ in the present study was $\alpha = .97$.

Well-being. Participants' subjective well-being was assessed with the Subjective Well-Being Scale (SWBS). This questionnaire (Diener & Pavot, 1993) includes 5 items (e.g., "In most ways my life is close to my ideal"; "The conditions of my life are excellent"). The response scale has 7 values. A high score indicates a high level of life satisfaction

which represents psychological well-being. The internal reliability of the SWBS in the present study was $\alpha = .95$.

Procedure

The study was approved by the Ethics Committee of Reichman University (IDC Herzliya) and conducted during 2021. The questionnaires were distributed on social networks to obtain as wide a range of participants as possible and online via Qualtrics (<https://www.qualtrics.com>). SGHSs were recruited via Facebook groups of SGHSs. Participants in the comparison group were mainly recruited via Facebook groups designated for the “third age” population in general. Some of the participants of the comparison group were also recruited through the snowball method. On average, it took 20 min to answer the questionnaire. To ensure quality answers, questions could not be skipped. In addition, responses that seemed careless (for example, marking the same scale throughout the questionnaires) were deleted.

On the first computer screen, information about the study was provided, and participants provided informed consent.

Data analyses

Analyses were conducted using the Statistical Package for the Social Sciences (SPSS, version 23). Pearson correlations were used to assess the relationships between the variables. A one-way MANOVA test was used to assess the differences between groups regarding the study indices. $p < .05$ was the significance criterion. Structural equation analysis using AMOS 23.0 was conducted for the mediation hypothesis. The following values were set as criteria for the acceptance of the model: Comparative Fit Index (CFI) $> .95$, root mean square error of approximation (RMSEA) $< .06$, and standardized root mean square residual (SRMR) $< .08$ (Hooper et al., 2008).

Results

Preliminary results

No significant differences were found between age and any of the study variables. Pearson correlations revealed significant associations between education and restricted sense of entitlement ($r = -.13, p = .02$), parentification ($r = .26, p < .001$), pathological concern ($r = .19, p < .001$), authenticity ($r = -.22, p < .001$), and psychological well-being ($r = -.22, p < .001$). Pearson correlations revealed significant associations between number of children and restricted sense of entitlement ($r = .17, p = .004$), parentification ($r = -.22, p < .001$), pathological concern ($r = -.22, p < .001$), authenticity ($r = .21, p < .001$), and psychological well-being ($r = .24, p < .001$). For this reason, these variables were controlled for, throughout the analyses.

Hypothesis testing

Associations between parentification and the study indices were assessed using Pearson correlations. Age and education were used as covariates (see Table 2). Statistical differences were found, via Fisher’s Z, between SGHSs and the comparison group when examining correlations.

A one-way MANOVA test was used to assess differences between the two groups (see Figure 1), controlling for age and education. The MANOVA model was found to be statistically significant, $F_{(6,316)} = 64.51, p < .001$. SGHSs were found to have higher levels of inflated SRE-ao, parentification, and pathological concern, and lower levels of restricted SRE-ao, authenticity, and well-being than the comparison group.

A path analysis model was built with group (SGHSs and comparison) as the independent variable. Parentification, SRE-ao subscales, authenticity, and pathological concern were mediating variables, and well-being was the dependent variable. All paths were modeled, resulting in a saturated model. Non-significant paths were trimmed from the model. The final model showed a good fit to the data, $\chi^2(3) = 2.22; p = .53$; CFI = 1.00, RMSEA = .00; SRMR = .005 (see Figure 2).

As can be seen in Figure 2, SGHSs had higher levels of parentification. Higher parentification led to higher inflated SRE-ao, higher pathological concern, and lower authenticity. Higher inflated SRE-ao and pathological concern and lower authenticity all led to lower well-being. SGHSs also reported higher levels of inflated SRE-ao and pathological concern, and lower levels of authenticity. SGHSs also had lower levels of restricted SRE-ao, but this path did not lead to other indices. Parentification demonstrated a significant indirect effect on well-being, $\beta = -.78, 95\% \text{ CI } [-.90, -.63]$. We also conducted a test for multicollinearity using the Variance Inflation Factor (VIF), and the

Table 2. SRE-ao Subscales and Parentification, Pathological Concern, Authenticity and Well-Being, Controlling for Age and Education, for SGHSs ($n = 188$) and Comparison group ($n = 127$).

Comparison group	Inflated SRE-ao	Restricted SRE-ao	Authenticity	Pathological concern	Parentification	Well-being
Inflated SRE-ao		<u>.19**^a</u>	<u>-.61***^a</u>	<u>.73***^a</u>	<u>.60***^a</u>	<u>-.59***^a</u>
Restricted SRE-ao	.69***		<u>-.15**^a</u>	<u>.26***^a</u>	<u>.01</u>	<u>-.23***^a</u>
Authenticity	-.10	.15		<u>-.73***^a</u>	<u>-.62***</u>	<u>.66***^a</u>
Pathological concern	.22*	-.06	-.83***		<u>.70***</u>	<u>-.65***^a</u>
Parentification	.14	-.13	-.68***	.64***		<u>-.55***</u>
Well-being	-.25**	.11	.77***	-.84***	-.57***	

Note. * $p < .05$; ** $p < .01$; *** $p < .001$. Above diagonal line and underlined are the correlations for SGHSs. SGHSs = second-generation Holocaust survivors. Inflated SRE-ao = inflated sense of entitlement among aging parents toward their offspring. Restricted SRE-ao = restricted sense of entitlement among aging parents toward their offspring. **BOLD** = significant differences between correlations.

^aPearson correlations are statistically different when comparing groups.

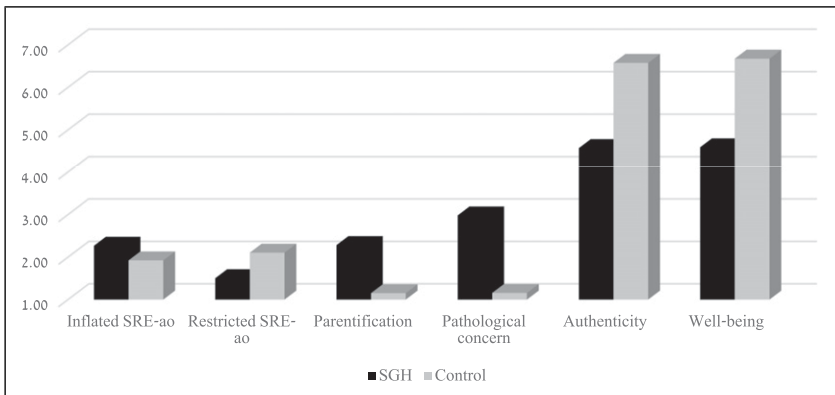


Figure 1. Differences between SGHs and the comparison group in Regard to inflated and restricted SRE-ao, parentification, pathological concern, authenticity, and well-being. Note: SGHs differed from the comparison group on all indices $p < .001$. SGHs = second-generation Holocaust survivors. Inflated SRE-ao = inflated sense of entitlement among aging parents toward their offspring. Restricted SRE-ao = restricted sense of entitlement among aging parents toward their offspring.

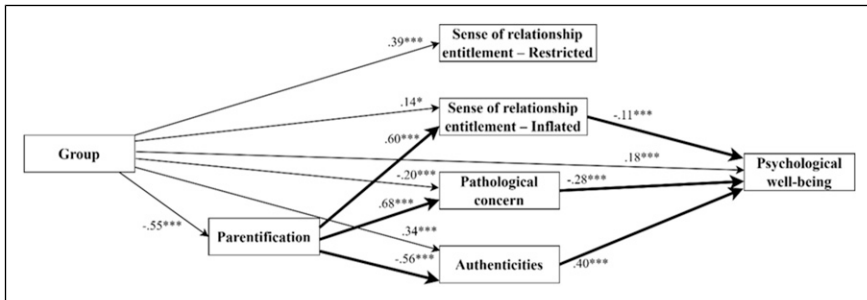


Figure 2. Path analysis model assessing the mediating effect of parentification and interpersonal variables on the Association between group and well-being. Note: * $p < .01$; ** $p < .05$; *** $p < .001$. Group: 1 = SGHs (second-generation Holocaust survivors), 2 = comparison group. Bold paths indicate a-priori mediation hypotheses. Path coefficients are standardized.

results indicate that there is no evidence of multicollinearity in our model. Tolerance values were between .21–.98 and VIF values between 1.01–4.95.

Including the covariates to the analysis yielded similar results ($\chi^2(13) = 9.36; p = .75$; CFI = 1.00, RMSEA = .00). Age was not found to correlate with any of the variables and was deleted from the model. The participant’s number of children was only correlated with Group (SGH vs. comparison group) and not with any of the dependent variables. Education was correlated negatively and weakly ($r = -.10, p = .005$) with pathological concern and positively and weakly ($r = .10, p = .005$) with authenticity.

Discussion

As a result of progress in medicine and public health, in Israel, most people in their 60s and even 70s enjoy good health. However, some experience the loss of close friends, others also struggle with their parents' and partners' health problems, and many of them have trouble adjusting to the world of technology and telecommunications. Therefore, the relationship of aging parents with their offspring is of primary importance, and research has spotlighted children as an essential and central source for aging parents' well-being (Kim et al., 2020). Relational attitudes among older adults toward their children are basic components in the dynamics of this relationship.

Most Holocaust survivors, despite the suffering and loss they experienced, succeeded in compartmentalizing their trauma and in functioning well as partners, parents, and grandparents. Nonetheless, even in resilient families, the Holocaust imprinted itself on several relational attitudes in intimate relationships. In this study we explored retrospective accounts of parentification, sense of well-being, and relational attitudes of aging SGHSs toward their adult offspring. Overall, the results indicate that both retrospective accounts of parentification and the relational factors, which appear to be less balanced in the SGHS group than in the comparison group, play a role in explaining the lower sense of well-being often experienced by SGHSs.

In line with our first hypothesis, retrospective accounts of parentification were associated with higher levels of inflated and restricted entitlement toward offspring, more pathological concern, and lower levels of authenticity in the relationships with their offspring. Our findings suggest that parentification may increase the risk for relational conflicts around imbalanced forms of relational entitlement which, in turn, might impair the quality of the relationships with their offspring and have detrimental effects on well-being. Moreover, our findings suggest that being parentified during childhood may later sabotage one's capacity to care in a balanced and flexible way and may lead people to devote themselves to the needs of their adult children at the expense of their own needs. From an attachment theory perspective, Bowlby (1979) suggested that a person characterized by pathological concern "may engage in many close relationships but always in the role of giving care, never that of receiving it... [since he] has found that the only bond of affection available is one in which he must always be the care giver and the only care he can receive is the care he gives himself..." (p. 207). Therefore, parentification might result in a shaky sense of self-worth and lovability, and pathological concern might develop as a maladaptive strategy for coping with self-fragility and the pain of feeling rejected and unseen; hence, this tendency might impair one's sense of well-being. Finally, parentification essentially includes a sense that one's own needs are illegitimate. Consequently, the observed association between retrospective accounts of parentification and lower levels of authenticity in the relationship with one's offspring is hardly surprising. The high correlations between the imbalanced relational attitudes may support their conceptualization as expressions of internal working models of insecure attachments to primary attachment figures (Tolmacz et al., 2022c).

Overall, the findings of the current research are in line with findings from previous studies that have highlighted the negative implications of parentification on relational attitudes and parenting skills (e.g., [Burton, 2007](#); [Madden & Shaffer, 2016](#); [Nuttall et al., 2019](#); [Tolmacz et al., 2023](#)). The negative correlation that was found in the current study between retrospective accounts of parentification and well-being adds to an accumulating body of evidence indicating that parentification is associated with anxiety, depression, and emotional problems ([Arellano et al., 2018](#); [Eşkisu, 2021](#); [Hooper et al., 2011](#)). Naturally, as people age, there is a change in family roles. Imbalanced relational strategies might have negative implications for the possibility of a smooth role change in the family. For example, a recent study ([Tolmacz et al., 2022](#)) indicated that an imbalanced sense of entitlement among older adults toward their adult offspring was associated with symptoms of anxiety, depression, somatization, and sense of loneliness and negatively with a sense of belongingness. Given their imbalanced relational strategies, SGHSs may confront unique challenges during the aging period, that may result in heightened levels of distress.

As expected, in accordance with our second hypothesis, SGHSs were found to have higher levels of parentification than the participants in the comparison group. This finding supports findings from previous studies indicating that SGHSs often perform excessive emotional caretaking for their parents while overlooking their own needs ([Wiseman et al., 2006](#)). In addition, our findings indicate that the relational imbalance that characterized many SGHSs during their childhoods continues throughout their life and, as they age, is reflected in their relational attitudes toward their offspring: inflated sense of entitlement, pathological concern, and lower authenticity.

Aging SGHSs who report having been parentified during childhood seem to unrealistically expect their offspring to compensate for the lack of care they experienced during childhood (inflated sense of relational entitlement). In addition, they may compulsively act out the role of giving care to their offspring, may not be confident in the legitimacy of their own needs, and may therefore not express these needs in an open and authentic manner. These unbalanced relational attitudes might explain previous findings regarding the relational problems that adult SGHSs experience in the context of close relationships ([Kellermann, 2009](#)), including relationships with their offspring ([Barber & Wiseman, 2008](#); [Scharf, 2007](#)). Surprisingly, contrary to our assumption, in the current study SGHSs had lower levels of restricted entitlement toward their offspring than did the comparison group. One possible explanation is that given their history of outsized dedication to their parents and family of origin, aging SGHSs may feel that they should “never again” belittle their needs and wishes. Instead, they seem to resort to unrealistically expecting their adult offspring to compensate for the lack of care they experienced during childhood (i.e., inflated sense of relational entitlement).

Results from the mediational analysis indicate that among aging SGHSs, an inflated sense of relational entitlement, pathological concern, and lower levels of authenticity within the relationships with their adult offspring mediate the link between parentification and well-being. Although no conclusions can be drawn about chronology or causality, this mediation analysis suggests that especially for aging SGHSs,

childhood parentification took a heavy toll on their sense of well-being. This toll seems to be explained by imbalanced forms of relational entitlement, pathological concern, and lack of authentic expression of one's self – three crucial aspects of relational mutuality (Tolmacz et al., 2021) – in the relationships with their adult offspring. This impaired sense of mutuality might then interfere with the establishment of a solid sense of well-being. It seems that an inflated sense of relational entitlement is the most salient and predictive factor of impaired well-being among older SGHSs.

Older adults often enjoy the highest levels of well-being (Carstensen et al., 2003) – levels that are based on older adults' satisfaction with their achievements and acceptance of their life situation. Positive psychological well-being focuses on self-actualization and meaning and on the ability to reach fulfillment (Ryff, 1995). As Baltes (1997) explained, creating one's life story is a central feature of mental development in old age. The integration of life events and experiences, memories of the past with present experiences and feelings, and an expectation of the future are integrated into a cohesive self-defining story or myth. For older adults, having their accomplishments acknowledged by others seems to be key for feeling satisfied. An inflated sense of relational entitlement carries with it an inherent sense of not having been acknowledged by others – of a lack of satisfaction on this front – and, in turn, prevents older individuals with an inflated sense of relational entitlement from feeling duly acknowledged by others. Here, older SGHSs are not like their counterparts (i.e., aging non-SGHSs), as they do not feel they can rely on their children to be sources of admiration, as a result of the pathological model of relationships they fostered.

Pursuant to our findings, we see several implications for policy makers, psychotherapists, and family members. Regarding policy, it seems that special care should be provided to SGHSs during their aging process in the community. Holocaust survivors are acknowledged as such and receive unique programs and care, whereas SGHSs do not. It is necessary to formally acknowledge SGHSs, also allowing them professional psychotherapy that addresses their inter-relational barriers. Regarding psychotherapists, there is a need to formulate advanced training programs (see Aisenberg-Shafran, 2022, for example). Formal workers at nursing homes and assisted living facilities should also be familiar with the specific needs of SGHSs. For example, when an older SGHS enters a nursing home, the support provided by their children should be framed to allow all members of the family to understand what is expected from them, what is reasonable to expect, what is requested from all family members, and what is not. Doing so may reduce the SGHSs' sense that they are a burden (which is a risk factor for suicidality; Kinory et al., 2020), but may also reduce unreasonable demands. Family members should also be identified as dealing with SGHSs' past memories and imprints and be given guidance on how to manage their relationships with their SGHS parents, with compassion and understanding.

Previous studies have indicated that adolescents in families where parents were SGHSs reported less positive self-perceptions (Scharf, 2007) and poorer family communication (Giladi & Bell, 2012) than did their counterparts. In the future,

researchers should examine whether the current findings and conclusions can be generalized to the way SGHS's children's well-being, interpersonal functioning, and the quality of their close relationships are likely impacted by their parents' relational attitudes. These implications may be generalized to other populations in which problematic circumstances led them to develop imbalanced relational attitudes. On the macro level, these findings have relevance in cases of genocide, war, slavery, and cults, and on the micro level, in cases of childhood abuse or neglect that may result in complex PTSD.

The current study has a few limitations. The first is related to the study's correlational nature, which precludes speculation about causality. For example, do imbalanced SRE-ao and pathological concern lead to low well-being? Or does low well-being lead to imbalanced SRE-ao and pathological concern? A second limitation is related to the use of self-report measures, which are subject to self-bias and social desirability. Also, self-reports represent participants' subjective perceptions. It is possible that different findings would have been obtained using other tools. For example, reports about "parentification" were based on participants' memories and perceptions of themselves in their childhood years and may not represent their actual behavior.

Also, in this research we examined the relationship between older SGHS parents and their adult offspring. It is possible that other findings would have been obtained if the research variables had been examined in the context of other significant relationships, such as romantic relationships. In addition, as the current study revealed the impact of aging processes on relationship patterns, researchers going forward might wish to examine SRE-ao, pathological concern, and authenticity in the context of various living arrangements (nursing homes, assisted living facilities) and familial statuses (married, divorced, widowed, in a relationship), as these factors also affect well-being in later life. It is also important to note that the authenticity measure doesn't focus on the relationship with their children but family relationships in general.

Finally, the two groups compared in this study were not completely demographically matched. The observed group differences in sociodemographic variables may stem from the fact that, in general, SGHSs are highly committed individuals (Scharf, & Maysless, 2011). In comparison to the general population, this quality may lead to higher level of education and more stable jobs.

Despite these limitations, the current study, having a large sample size, is to the best of our knowledge the first of its kind to examine the meaning of family background in the context of older SGHSs and their relationships with their children. The intergenerational effects of the trauma of the Holocaust were indeed found, in the current study, to be present in the late life relationships between SGHSs and their children. Hence, consideration must be given to the clinical implications of these findings, understanding factors related to the behavior of older SGHSs in close interpersonal contexts.

The contribution of this study is twofold. First, we have shed light on the relationships of SGHS parents with their children as these SGHS parents have gotten older: showing

higher retrospective accounts of parentification, pathological concern, imbalanced sense of relational entitlement, and less authenticity. Second, we have unraveled the interactive influence of parentification and imbalanced relational attitudes on older SGHSs' well-being. The emphasis on inflated rather than restricted SRE-ao as a significant factor in one's well-being seems to be unique for aging SGHSs and should receive special attention in practice and in national intervention programs.

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Note

1. Unless stated otherwise, by parentification we mean the participants' retrospective accounts of the parentification they experienced during childhood and not as the parentification they enacted toward their children as adults.

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