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The framing of atrocities: Documenting and exploring wide variation in aversion to Germans and German-related activities among Holocaust survivors.

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Abstract

Interviews with 29 Holocaust survivors indicate wide variation in degree of aversion to Germans and activities associated with Germany. For some survivors, aversion is limited to those closest to the Nazi perpetrators; for others aversion includes anyone with German ancestry and any situation or product linked to contemporary Germany. This wide range of aversion following horrific experiences is not easily explained by known psychological mechanisms, and has important implications for understanding and ameliorating ethno-political conflict. Possible sources of variation in aversion are explored with measures of personality differences and differences in Holocaust experience. Results indicate that degree of trauma during the Holocaust is not significantly related to aversion, and that strong predictors of aversion are degree of blame of Germans not directly involved in the Holocaust, religiosity, and German origin. Aversion to Germans is strongly related to aversion to contemporary Arabs and Muslims.

The framing of atrocities: Documenting and exploring wide variation in aversion to Germans and German-related activities among Holocaust survivors

Ethnopolitical conflict has emerged as perhaps the greatest challenge facing the world in the 21st century. A politically and psychologically important aspect of ethnopolitical conflict is aversion on the part of one group toward members of another ethnic group. This aversion, which may originate in an experience of injustice or atrocity, can extend to subsequent generations of the group that perpetrated the offense – to individuals who had no involvement in the perceived violations, and such aversion might be socially encouraged in the victim group (Wohl & Branscombe, 2004). An example is aversion to contemporary young adult Germans by some Jews. Holocaust survivors' current reactions to Germans offer an opportunity to learn about this important, under-investigated aspect of ethnopolitical conflict.

Our study is motivated by informal observations that there is wide variation among contemporary American Jews, and in particular, Holocaust survivors, in the extent to which they seem to have gut reactions that anything German is somehow bad. Indeed, survivors of the Nazi Holocaust incorporate their experiences during World War II and its aftermath into their present lives and conceptions of the world in widely diverse ways (e.g. Kahana, Harel & Kahana, 1989). Coping with trauma has been emphasized both in relation to survival (e.g. Des Pres, 1980) and in relation to well-being in life after trauma (Harel, Kahana & Kahana, 1988).

Although phobias and ordinary aversions pale in meaning and significance compared to the Holocaust experience, all share the schema of an aversion consequent upon negative experiences. As with phobias, there is a wide range in generalization of aversion across individuals following an association between an aversive event and an exemplar of a category (Rozin et al., 1998).

In this paper, our main aim was to confirm the informal observation that some Holocaust survivors maintain a deep aversion to Germans, and some do not. As detailed below in the Method section, we developed both a measure of aversion to German individuals and a measure of aversion to German-related activities and situations. A self-report measure of actual avoidance of these activities and situations was also included. We consider the systematic establishment of this variation important, because it is not at all obvious, given what we know about psychology, how the horrific experiences associated with the Holocaust could lead to such wide variation.

Our second aim was to begin exploring the origins of aversion especially when it presents as aversion to individuals (generations) who had no part in the offenses that seem to be the origin of the aversion. Aversion to the descendants of perpetrators cannot be “logically” accounted for in terms of blame (since the individuals in question were not even alive during the offending events), so an account of when and why this happens should add to our understanding of ethnic aversion. We included in our interview protocol measures of several theoretically plausible correlates of aversion, including personality differences and differences in Holocaust experiences.

Personality measures included neuroticism and religiosity. The neuroticism scale provided a measure of general tendency toward negativity. A measure of religiosity was included because religion plays a major role in coping with massive trauma (Pargament, et al., 1998). Religiosity is also related to Jewish identity, and identity has been linked to collective guilt and related phenomena (Wohl & Branscombe, 2005). Holocaust-related experiences included birth in Germany, extent of blame of Germans for the Holocaust, and degree of trauma experienced during the Holocaust. Birth (and prewar life experience) in Germany is the only measure in our study that logically cannot have been affected by Holocaust experience. We

consider German-born survivors' differentiated experiences with ethnic Germans prior to the war a deterrent, or latent inhibitor, of subsequent aversion acquisition as a result of negative experiences during the war. That is, individuals born in Germany had an opportunity to associate Germans and things German with positive experiences in ways that inhibit the link between a traumatic event and conditioned fear or aversion. It may also be the case that this aversion generalizes to other out-groups. We considered the possibility that aversion to Germans might be associated with aversion to Arabs or Muslims seen as currently threatening to Jews in the context of the Israeli-Palestinian conflict (Wohl & Branscombe, 2004).

Our third aim was to investigate whether aversion might relate to health. There are suggestions in the literature that unforgiveness or hatred may have negative effects on health (e.g., Witvliet, et al., 2001; McCullough & Witvliet, 2002). Thus, we queried our respondents about both objective and subjective health.

The correlational nature of our data, together with the small and non-random sample of a very unusual group of people, suggest considerable caution in our treatment of the data. This is an exploratory study, more concerned with description and hypothesis generation than with multivariate finesse in hypothesis testing.

Method

Participants

Twenty-nine Holocaust survivors (21 women, 8 men) were interviewed. The majority of the participants were located through survivor organizations (three New York organizations and one Philadelphia organization), and some by word of mouth.

The participants ranged in age from 63 to 92 ($M = 76.6$, $SD = 6.2$). Eight were born in Poland, 7 in the Ukraine, 6 in Czechoslovakia, 5 in Germany, 2 in Hungary and 1 in Israel (who

emigrated to Europe before the war). Their education ranged from 8 to 18 years ($M = 12.9$, $SD = 2.7$). Twelve participants were married at the time of the interview, 16 were widowed, and 1 was divorced. Of the 27 survivors who provided information regarding their spouses, 20 were married to survivors, and 7 were not. Four of the interviewees comprised two pairs of spouses.

Procedure

The interviews were held in participants' homes, or at the meeting places of their organizations. To acknowledge participation, investigators made donations to Holocaust charities of respondents' choosing. Participants were told that the interviews were part of a study of Holocaust survivors' current lives and attitudes, as opposed to primarily recording their war experiences, and were ensured the anonymity of their responses. Most interviews lasted approximately two hours, ranging from 90 minutes to 3 hours, and were conducted by one or two interviewers, but the senior author (LC) was the lead interviewer in all cases. They were recorded on audiotape with the participants' consent. Seven of the interviews were conducted in Russian. The senior author is a native speaker of both languages and piloted the Russian version of the protocol with input from another native Russian speaker.

Information was sought in the following order: demographic information and war experience, religiosity, health, blame card sort, aversion to German persons card sort, aversion to activities card sort, avoidance of activities card sort, Satisfaction With Life Scale, aversion to persons and activities related to Israeli-Palestinian conflict, and neuroticism.

Measures

A particular challenge for this study was crafting measures that would be appropriate for this group of respondents, unusual in that they are elderly, not all fluent in English, and to some degree affected by the experience we wanted to explore with them. We used interview prompts

and five-point scales on laminated cards to facilitate participants' understanding of the measures. Nevertheless, many participants still experienced difficulty with using the full range of five-point scales and were only able to express their agreement, disagreement or neutrality regarding each question. In our data analysis, therefore, we collapsed when necessary so that all items except religiosity were coded on a three-point scale (1=*strongly disagree* or *disagree*, 2=*neutral*, 3=*agree* or *strongly agree*). These limitations and our small sample size led us to construct some of the scales based more on conceptual than psychometric considerations.–

Aversion and avoidance measures

A two-category card sort procedure was designed specifically for this study to measure aversion to people, products, and activities with varying relations to the Holocaust. Cards were presented in the same, quasi-random order, balancing intensity as a reminder of the Holocaust, to each participant. The departure from random order involved not beginning the sequence with overly aversive or traumatic examples.

German aversion. Participants were given a set of 15 cards describing target people with varying relationships to the Holocaust (Table 1). For example, cards included an “80 year old former German army soldier who served in France” and a “65 year old German who was in the Hitler Youth at age 8”. Participants were asked to sort the cards into two labeled piles, according to whether they would feel “comfortable” or “uncomfortable” living next door to each of these hypothetical target persons. The proportion of the 13 discriminating items (excluding control items) called “uncomfortable” constituted for each respondent the *Person Aversion* score ($M = .57, SD = .28, \alpha = .86$).

Insert Table 1 about here

For the *Activity Aversion* measure, participants were given a set of 19 cards describing activities related to Germany or Germans, for example, “Using a German kitchen appliance” and “Riding in a new Volkswagen”. Three card descriptions were found to be ambiguous or otherwise problematic for interpretation, and our analyses depend upon results from the remaining 16 cards (Table 2). Participants were asked to sort the cards into “comfortable” and “uncomfortable.” The proportion of the 13 discriminating items called “uncomfortable” constituted for each respondent the *Activity Aversion* score ($M = .52$, $SD = .28$; $\alpha = .86$).

Insert Table 2 about here

German behavioral avoidance. Participants were given activity cards identical to those in the *Activity Aversion* measure and asked to separate them into “have done” and “have not done” (since World War II) to assess behavioral avoidance of these activities. The proportion of “not done” categorizations for the 13 items constituted the *Activity Avoidance* score ($M = .61$, $SD = .22$, $\alpha = .77$; Table 2).

Arab-Muslim aversion. Aversion toward persons and situations associated with the Israeli-Palestinian conflict may be related to aversion toward German persons and German-related activities because both indicate aversion to a group seen as threatening to Jews. A “comfortable-uncomfortable” card sort composed of 10 items was developed to measure *Arab-Muslim aversion* in the same manner as German aversion (Table 3). For example, “Living next door to a Palestinian woman in the Palestinian peace movement” and “Going by the front of a

mosque”. The proportion of “uncomfortable” categorizations for 9 items (omitting one control item) constituted the *Arab-Muslim Aversion* score ($M = .64$, $SD = .32$, $\alpha = .86$).

Insert Table 3 about here

Personality measures

Religiosity. Participants were asked “How religious are you?” on a 6-point scale ranging from “not at all” to “extremely,” ($M = 3.0$, $SD = 1.6$). Respondents did not have difficulty using this scale, and our analysis used the six-point scale.

Neuroticism. A ten-item neuroticism scale with responses coded as agree-neutral-disagree (Goldberg, 1999) was used to measure participants’ tendency to experience negative affect ($M = 2.05$, $SD = .42$, $\alpha = .65$).

Holocaust-related experiences and perceptions

German birth. German-born survivors had extensive exposure to Germans and to German language and culture prior to the Holocaust, and might be expected, therefore, to have a more differentiated view of Germans than survivors whose primary experience with Germans was in concentration camps. Five participants reported Germany as their place of birth.

Degree of trauma during the Holocaust. We were hesitant to rank survivors’ experiences by severity. We nonetheless thought that some index of their degree of trauma, however crude, might be related to aversion attitudes. We constructed a trauma score based on five items: three items about type of war experience (having been in a death camp, labor camp, or ghetto; coded as 0= not having had the experience, 1= having had the experience), one item about degree of extermination of family members (none, some, many, most, all; coded as 0, .25, .5, .75, 1

respectively), and one item about having been alone, without family, throughout the Holocaust (coded as 0= having been with family, 1= having been alone). The five items were averaged into a single 0 to 1 scale ($M = .58$, $SD = .31$, $\alpha = .72$).

Extent of blame. Degree of blame of Germans of varying degrees of association with the Holocaust would be expected to be related to aversion. Wohl and Branscombe (2004) note that people do assign guilt to persons solely based on membership in a national group (Germans) that is seen to have collective guilt. We used the same list of people as in the *Person Aversion* scale (Table 1) and asked participants, in a card sort, to categorize the individuals as to “has some blame for the Holocaust” or “has no blame for the Holocaust.” The proportion of the 13 persons who were assigned blame, calculated in the same way as for the aversion and avoidance measures, ranged from 0.15 to 0.96 ($M = .46$, $SD = .21$, $\alpha = .74$).

Health measures

Participants' health was assessed in two ways. Subjective health was obtained by asking participants to rate their general health on a 1 (Poor) to 4 (Excellent) scale ($M = 2.32$, $SD = 1.02$), a measure that has been shown to be a good predictor of mortality in older adults (Idler & Benyamini, 1997). They were also asked if they had ever had cancer, heart disease, diabetes, or other major illnesses, and whether they had been hospitalized in the past year. A score of 1 was assigned for each affirmative response, and the responses were summed for a measure of objective health, with a possible 0-5 range ($M = 3.11$, $SD = 1.13$, $\alpha = .26$; this index is heterogeneous because health problems occur independently). Participants were also asked to rate their self-esteem on the 4-point (Poor-Excellent) scale ($M = 2.71$, $SD = .85$; an interview adaptation of the single-item self esteem measure of Robins, et al., 2001). The 5-item

Satisfaction With Life Scale was also administered to participants (SWLS; Diener, et al., 1985; $M = 14.96$, $SD = 4.05$, $\alpha = .80$ in our study).

Results

Aversion and avoidance measures

German aversion. We observed a very wide range of aversion, with *Person Aversion* scores ranging from 0 to 1.0 and *Activity Aversion* scores ranging from 0 to .92. Examination of Tables 1 and 2 indicates a gradient of aversion. The hypothetical target individuals and activities with the most direct relation to the Holocaust show the highest mean discomfort ratings, and those with more peripheral or indirect relation to the Holocaust show lower discomfort ratings. *Person Aversion* is strongly correlated with *Activity Aversion* ($r(df = 27) = .64$, $p < .01$). The wide range in degree of aversion is illustrated in Figure 1, using the percent of discomfort with target items in *Person Aversion* and *Activity Aversion*, as seen in Tables 1 and 2. Note that the distribution is far from normal; many individuals are located at either extreme of both measures.

German activity avoidance. As can be seen in Table 2, participation in an activity did not always completely parallel rated comfort with that activity, but the high correlation demonstrates substantial convergent validity between attitude and behavior measures ($r(df = 27) = .71$, $p < .01$, between *Activity Avoidance* and *Activity Aversion*). Often, participants simply had not come into contact with certain situations and therefore their variations in aversion did not translate into action. *Activity Avoidance* was also positively correlated with *Person Aversion* ($r(df = 27) = .41$, $p < .05$).

Arab-Muslim aversion. Aversion toward Arabs and Muslims was positively correlated with *Person Aversion* ($r(df = 23) = .48$, $p < .01$), with *Activity Aversion* ($r(df = 23) = .51$, $p < .01$),

and with *Activity Avoidance* ($r(df = 23) = .46, p < .05$). Note again, in Figure 1, the wide range and relatively flat distribution of Arab-Muslim aversion scores.

Our four scales of aversion and avoidance were all substantially positively intercorrelated (correlations ranged from .41 to .71, all significant, $p = .03$ to $p < .001$). But these correlations were substantially less than the alpha reliabilities of these scales (alphas ranged from .77 to .86), indicating substantial independent variance in the four scales. Thus we attempted to understand variation in these four scales (columns in Table 4) by relating each scale to other measures. (Intercorrelations of predictor measures appearing in the rows of Table 4 are available from the authors.)

Insert Table 4 about here

Holocaust-related experience and perceptions

Extent of blame was, as expected, positively correlated with *Person Aversion* ($r(df = 27) = .58, p < .01$) and with *Activity Aversion* ($r(df = 27) = .45, p < .01$). The percent of respondents blaming each target person is presented in Table 1, alongside aversion to persons. Discrepancies between blame and discomfort exhibited in Table 1 were explained by some participants in terms of the difference between blame and feelings of aversion: they reasoned that some of the individuals prompted in the card sort were not at all to blame for the Holocaust, and yet they would rather not come into contact with them.

Consistent with the idea of latent inhibition introduced above, German birth (coded as: 1 = born in Germany, 0 = born elsewhere) was negatively correlated with all four measures of

aversion and avoidance, including *Person Aversion* ($r(df = 27) = -.26, p = .09$) and significantly with *Activity Aversion* ($r(df = 27) = -.35, p < .05$).

Extent of trauma was not significantly correlated with aversion or avoidance (Table 4).

Personality and health measures

Religiosity was positively correlated with all measures of aversion and avoidance (Table 4), including significant correlations with *Activity Avoidance* ($r(df = 27) = .36, p < .05$) and *Activity Aversion* ($r(df = 27) = .46, p < .01$). Neuroticism was not correlated with any measure of aversion or avoidance, which led us to rule out the possibility that aversion and avoidance are part of a more general tendency to experience negative affect.

A few of the participants did not answer the health and SWLS scales. The single-item subjective health measure correlated positively with the composite objective health measure ($r(df = 26) = .48, p < .01$). Subjective health correlated significantly with the Satisfaction With Life Scale ($r(df = 24) = .54, p < .01$), while objective health was unrelated to SWLS ($r(df = 24) = .04, n.s.$). Subjective health tended to be negatively correlated with all aversion and avoidance measures, including a significant correlation with *Activity Avoidance*, $r(df = 26) = -.51, p < .01$. Objective health showed a similar pattern of negative correlations, also including a significant correlation with *Activity Avoidance*, $r(df = 26) = -.38, p < .05$.

Satisfaction with Life was unrelated to any aversion or avoidance scale (correlations ranging from $-.09$ to $.11$; Table 4). Neither was self-esteem related to any aversion or avoidance scale (correlations ranging from $-.16$ to $.24$; Table 4).

Discussion

Our main aim in this study was to document individual differences in aversion to Germans among Holocaust survivors. We found a wide range of aversion to both individual

Germans and German-related activities, and a rather flat, as opposed to normal, distribution of aversion.

Our respondents were not a random sample of Holocaust survivors, or even of Holocaust survivors living in the U.S. At a minimum they were self-selected in being willing to be interviewed, and most were members of Holocaust survivor groups. It is our impression that within such groups, and many other Jewish groups in the U.S., there is a communal attitude that may encourage aversion to Germans (Wohl & Branscombe, 2004). Several participants noted the tendency in the Jewish community to “unite” against owning German-made products and the like. Holocaust survivors have been a part of this culture for over half a century, and they may have both contributed to and in turn been influenced by such attitudes. In the presence of strong cultural norms in survivor groups, one might expect to see high levels of aversion and little variation among our respondents. Nevertheless, our respondents show wide variation in aversion to Germans. We think it likely, therefore, that this variation can be found among many Holocaust survivors, at least in the U.S. It is easy to imagine that aversion might be part of a general tendency to experience negative affect, but this plausible hypothesis is contradicted by our results: aversion and avoidance were unrelated to neuroticism.

Our correlational analyses are a first step in developing some candidate explanations for variation in aversion, though we do not pretend that we have explored all of the possible predictors of German aversion. One potential predictor in particular that intrigues us is ethnic essentialism, or the belief that groups have an immutable, homogeneous, descent-based “essence”. This would account for aversion and even blame for Germans born after World War II. Essentialism, a concept salient in developmental and cognitive psychology (Gelman, 2003; Haslam, et al., 2003; Medin & Ortony, 1989), has not been widely explored in relation to inter-

ethnic perceptions persisting over generations. There are other plausible predictors, such as social norms and the degree to which participants feel currently vulnerable as Jews. Wohl and Branscombe (2005) found that Jewish undergraduates who were primed to think of the Holocaust as an offense committed by humans against other humans were more forgiving and assigned less collective guilt to Germans, as compared to those encouraged to see the Holocaust as an offense that Germans committed against Jews. It is possible that longer-term framings of the same kind explain the variation in German aversion reported here: seeing the Holocaust as ethnic conflict may produce German aversion, whereas seeing the Holocaust as man's inhumanity to man may not. This work suggests that the salience of Jewish identity, and German identity, would be positively related to degree of aversion.

Significantly related to aversion were extent of blame, religiosity and German birth. It is hardly surprising that extent of blame is strongly related to aversion. This relationship might mean that variation in blame is the origin of variation in aversion or it might be that extent of blame is only a rationalization for aversion. Haidt (2001) has proposed that cognitive moral judgment may often be a rationalization of affective response. It is important to note, however, that blame and aversion can be inconsistent. For instance, 8 of our respondents blamed a 25 year old German whose grandfather was an SS officer at Auschwitz, (18 assigned no blame and 3 were unsure) but 21 felt aversion toward such a person (7 expressed no discomfort and 1 was unsure).

More religious Jews reported greater aversion to Germans. Jewish dogma clearly states that certain offenses are unforgivable, which may serve to encourage both aversion and avoidance of reminders of the offense (Cohen et al., in press; Dorff, 1998). Perhaps religious survivors felt justified and supported by the religious community in their aversion attitudes

(McCullough & Witvliet, 2002; Summerfield, 2002). Our respondents high on religiosity were mostly Orthodox Jews; of the 7 respondents who rated their religiosity as “very” or “deeply” (the highest rankings on the 6-point scale), 6 self-identified as Orthodox and 1 as Conservative in denomination (conversely, of the 14 who rated their religiosity as “not at all” or “a little” none described themselves as Orthodox). Djupe and Sokhey (2003) found that Orthodox rabbis are more likely to perceive anti-Semitism as a threat and speak about it more often to their congregations because of a need to maintain unity within their communities and barriers between their communities and the outside world. Insofar as religiosity relates to Jewish identity, the religiosity result is in accord with Wohl and Branscombe’s (2005) involvement of victimized group identity salience as a contributor to collective guilt.

Respondents born in Germany exhibit less aversion than respondents born in other countries. Our understanding of this correlation relies on latent inhibition. Exposure to a stimulus before it is linked with a traumatic event interferes with conditioned fear response to this stimulus. As with phobias (Rozin et al., 1998), latent inhibition seems to moderate the consequences of traumatic experience. We are tempted to interpret the relationship as German birth causing lower aversion, because German birth is the only one of our measures that precedes and logically cannot be a response to Holocaust experience. However, we do recognize the possibility that other variables might be mediating this relationship. For example, the knowledge of the German language may have influenced the way German-born respondents interpreted their experiences.

Aversion to Germans and German-related activities was strongly correlated with *Arab-Muslim Aversion*. This correlation may represent a general tendency to react with aversion to those seen as threatening one’s own group, or a common perception of current threat to Jews, or

both. Each of these alternatives is psychologically interesting and of potential importance in understanding ethnopolitical conflict; the present results do not provide evidence that would favor one or another of these alternatives.

Particularly important is the extension of Holocaust experience to persons and activities decades after the Holocaust (Wohl & Branscombe, 2004). Many participants mentioned a reemergence of thoughts about the Holocaust when answering questions regarding aversion to Arab and Muslim persons and activities related to the Israeli-Palestinian conflict. One participant noted that the Holocaust was a political, anti-Semitic event that was only one episode of an ongoing history of threat and survival for Jews. When speaking about Israel/Palestine, she said, "I feel like I'm living through the Holocaust again. ... The only good outcome is we got a country out of [the Holocaust]." Another stated, "I am back in 1933, when Hitler came to power, because of the news these days." This tendency to relate current events in the Middle East to the Holocaust experience may contribute to the strong correlation between German aversion and aversion to Arabs and Muslims associated with the Israeli-Palestinian conflict.

We had expected that individuals feeling less aversion might be healthier (e.g. Witvliet, et al., 2001). Subjective and objective health correlated negatively but not significantly with both measures of aversion. It is unclear why both health measures were significantly correlated with *Activity Avoidance* but not with either aversion measure. Subjective well-being and self-esteem were unrelated to aversion or avoidance.

Perhaps our most surprising finding is the lack of significant relationship between aversion and trauma. This suggests that there are major individual differences in ways that individuals cope with and frame trauma. There is, of course, a restricted range in our sample, because of the massive trauma experienced by all participants, and this may be responsible for

the low correlations. However, the absence of relation between trauma and aversion is reminiscent of prior work on dog phobias (Rozin et al., 1998) and converges with recent work by Biro (in press) that indicates that, in the former Yugoslavia, degree of trauma experienced in ethnic violence is not related to attitudes toward reconciliation with the perpetrators of this violence.

Conclusion

This study is an addition to the literature regarding the long-term consequences of ethnic conflict and violence (Summerfield, 2002). Culturally speaking, it is difficult to make the judgment that aversion and non-forgiveness is an unhealthy post-conflict response, even many years after the event (Staub & Pearlman, 2001). After nearly sixty years, many Holocaust survivors have a general aversion to Germans, including persons and products with only indirect connections to perpetrators of violence against Jews. At the same time, other survivors have nothing against today's Germans and their products. Most remarkable is the variation observed: survivors of even the most extreme experience of ethnic violence can vary widely in their reactions to that experience. This variation points both to the difficulty and the possibility of reconciliation after ethnopolitical violence.

The major limitations of our study are its small and non-random sample of respondents, and the lack of a comparison group. Future research should aim for multiple and larger samples, including Holocaust survivors in different countries, as compared, perhaps, with age-matched adults who did not experience the Holocaust. Studies of aversion might be extended to the children and grandchildren of survivors of genocide and ethnopolitical conflict; aversion need not decrease and may even increase in subsequent generations.

It is perhaps a matter of personal values whether to respect more the strength of persisting aversion to Germans or the strength implied by the absence of aversion. Proponents of either view can take heart that both are within the capacity of humans. We hope that our documentation of the variation in aversion to Germans among Holocaust survivors, and our suggestion of some possible accounts of the variation, will encourage further study of the affective consequences of intergroup violence.

Authors' note

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Table 1

Person Aversion and extent of blame, sorted according to discomfort living next door to described individual.

	Percent reporting discomfort	Percent reporting blame
¹ Joseph Goebbels	97	93
80 year old former Nazi, who was an SS Nazi officer in Auschwitz	93	98
80 year old German man who was an executive in a German corporation during World War II	88	72
80 year old American Jew who was a Kapo in Auschwitz	84	67
65 year old German who was in the Hitler Youth at age 8	79	69
80 year old former German army soldier who served in France	79	59
25 year old German male whose grandfather was an SS Nazi officer in Auschwitz	74	33
50 year old German whose father was a German army soldier who served in France	50	36
65 year old German who was raised in South America, and moved to Germany after the war	48	34
25 year old German male whose grandfather was a German army soldier who served in France	45	31
80 year old German woman who remained at home with her children during World War II	36	45
80 year old American citizen, whose native language is German, and came to the United States from Germany in 1932, at age 10	24	28
25 year old German male whose grandfather was in the resistance and executed by the Nazis	24	9
65 year old American, whose parents migrated to the USA	17	22

from Germany in 1925

¹ 80 year old Jewish retired pediatrician who served in the US Army during World War II	10	5
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¹ Control items not included in *Person Aversion* scale or extent of blame scale.

Table 2

Activity Aversion and *Activity Avoidance*, sorted according to percent reporting discomfort with described activity.

	Percent reporting discomfort	Percent reporting “not done”
Owning stock now in a German company that was active during WWII	88	97
Petting a German Shepherd dog	69	79
Traveling to Germany	64	71
Owning stock now in a German company that was formed after WWII	60	93
Listening to the music of Wagner	60	55
Using a German kitchen appliance	55	72
Hearing the German language spoken	52	14
Eating in a German restaurant in the U.S.	48	69
Riding in a new Mercedes	48	64
Watching WWII movies about war with Germany	48	17
Handling German paper Deutschmarks made in 1980	41	66
Riding in a new a Volkswagen	40	78
¹ Petting a non-German dog	17	24
¹ Listening to music of the Beatles	10	24
¹ Riding in a new Ford	5	40
Listening to music of Beethoven	0	24

¹ Control items not included in *Activity Aversion* scale or *Activity Avoidance* scale.

Table 3

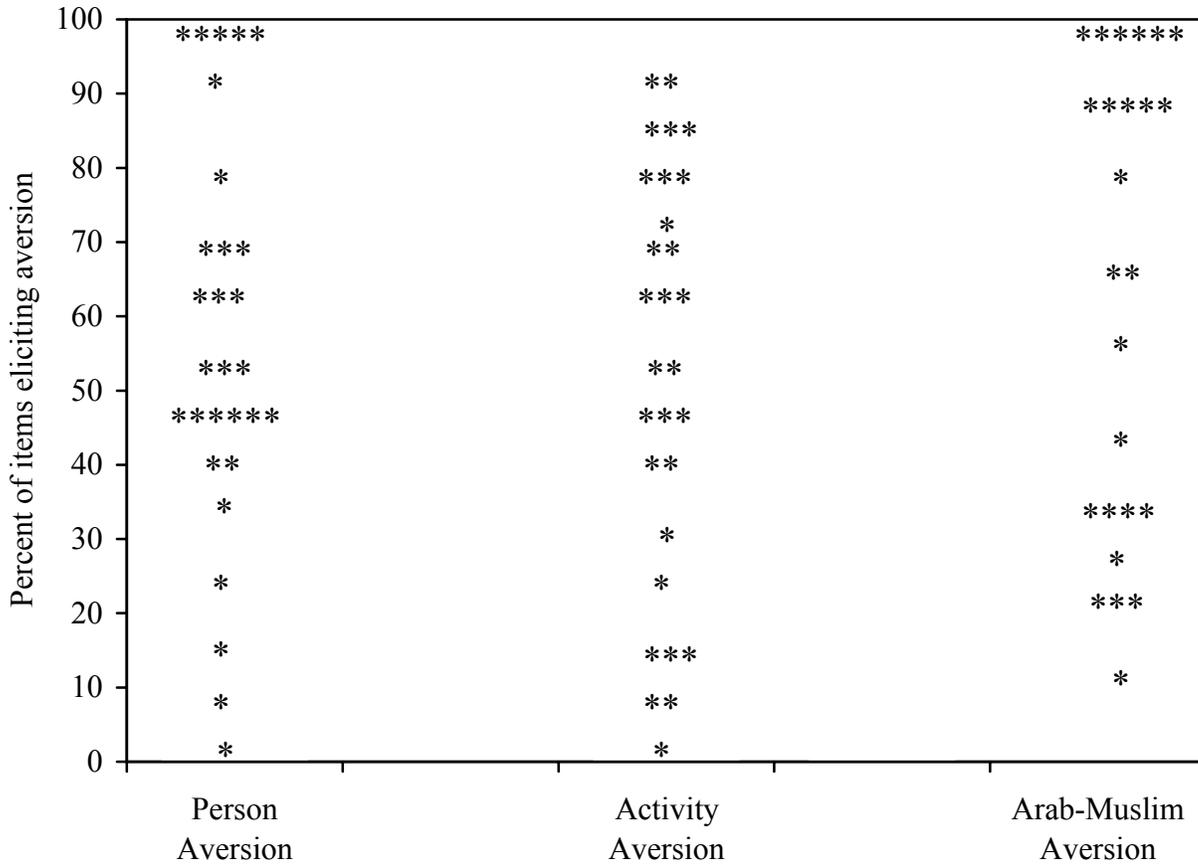
Components of *Arab-Muslim aversion* scale.

	Percent reporting discomfort
Traveling in Saudi Arabia	100
Living next door to a Muslim storekeeper from Saudi Arabia	68
Seeing a movie about the prophet Mohammed	68
Living next door to a 5 year old child of a Palestinian terrorist	62
Living next door to a Palestinian woman in the Palestinian peace movement	60
Eating dried fruit imported from Syria	60
Living next door to a U.S. citizen Muslim Arab man in New York	56
Living next door to a Christian Arab man from Lebanon	52
Going by the front of a mosque	48
¹ Living next door to a U.S. citizen Italian man in New York	4

¹ Control item not included in *Arab-Muslim aversion* score.

Figure 1

Distributions of *Person Aversion*, *Activity Aversion*, and *Arab-Muslim Aversion* measures.



Note: Each asterisk represents the percent of items on the indicated scale to which a respondent indicated discomfort.

Table 4

Correlates of aversion and avoidance.

Measure (α)	<i>Person Aversion (.86)</i>	<i>Activity Aversion (.86)</i>	<i>Activity Avoidance (.77)</i>	<i>Arab-Muslim Aversion (.86)</i>
Extent of blame of Germans (.74)	.58**	.45**	.18	.20
German birth	-.26	-.35*	-.49**	-.50**
Extent of trauma (.72)	.04	.28	.14	.17
Religiosity	.26	.46**	.36*	.30
Neuroticism (.65)	.12	.01	-.10	.22
Subjective health	-.16	-.27	-.51**	-.29
Objective health (.26)	-.15	-.27	-.38*	-.19
Satisfaction With Life Scale (.80)	-.06	-.01	-.09	.11
Self-esteem	.24	.12	-.16	-.01

One-tailed significance: * $p < 0.05$, ** $p < 0.01$.

Note: Alphas of multi-item scales in parentheses. Correlations based on *ns* between 25 and 29 because some respondents did not answer all questions.