Human personality contains three layers of identity: the collective, the familial, and the individual, intra-psychic. All three have been directly traumatized and damaged in Holocaust (Shoah) survivors and indirectly through overt and covert transmission in their children. Survivors and the second generation usually contain a few of these identity components in a state of fragmentation, which become central in the therapeutic dialogue between therapists and the patients. When the therapist belongs to the same traumatized population there exists a unique complexity of an a priori countertransference. Sharing the same traumatogenic reality that the patient seeks to alleviate through therapy poses unique difficulties and challenges for the therapist. In working with survivors, pre-war intra-familial traumatizations are of little significance in the face of the massive traumas and death suffered in the Holocaust. In the case of the second generation, “ordinary” developmental impairments and difficulties cannot be fully understood without knowledge of the parents' war experiences and the resultant family atmosphere. Thus, every therapist has to examine both his knowledge and especially his responses not only about the Shoah as a massive trauma but the specific war history of both parents families. Self-knowledge and awareness are necessary to a far greater extent than usual if one is not to be shocked or surprised into acting out. The depth and degree of openness which therapists need when dealing with Holocaust survivors and their children are at least as important as clinical skills.

Key words: defense mechanisms; ethnic groups; identification (psychology); Israel; psychoanalytic therapy; psychology, clinical; psychotrauma; PTSD; war