

Documented Childhood Trauma (Holocaust): Its Sequelae and Applications to Other Traumas

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Abstract

Child Survivors of the Holocaust represent a large group of children who survived extreme traumas. Because their original traumas are well documented and they have been followed up over fifty years, their experiences can help to put into perspective and give validity to the post-traumatic responses of other traumatised children such as the sexually abused. The traumas and sequelae of Child Survivors are described in their different phases. They are then compared with those in the sexually abused group. It was found *firstly* that post-traumatic effects of extreme stress of the Holocaust have varied and complex manifestations with ramifications into the personality, morality and existential meanings of victims. *Secondly*, these manifestations were similar in the two groups, lending support to the validity of the sexually abused group. The similar societal prejudices against the two groups are examined. *Lastly*, it is suggested that more complex and varied diagnoses than PTSD must be considered to cater for the manifestations of post-traumatic responses in severely traumatised children.

Introduction

Child Survivors of the Holocaust (here called Child Survivors) are generally defined as Jewish survivors of Nazi occupied Europe who were no older than sixteen years at the end of the war in 1945. Arguably at the time, these children were the largest and most vulnerable group marked out for most extreme traumas and ultimately extinction, in the history of mankind. One and a half million children were killed, and this represented nine tenths of the children (Dwork, 1991). The survivor group is unusual in that it is large as groups go, its traumas, their nature and their contexts are well documented, as are the concurrent traumas of parents. Further, the group has been followed up for fifty years in many countries. For all these reasons, the sequelae can be studied without the obfuscations in some other groups, for instance where childhood sexual abuse is countered by charges of false memory. Similarities of sequelae in the documented and contentious group may be one argument toward the validity of the latter.

The purpose of this paper is threefold.

1. To describe the effects of major trauma and its sequelae on Child Survivors of the Holocaust.
2. To compare the sequelae with other groups of traumatised children especially the sexually abused group.

3. To suggest that PTSD is insufficient to capture the range and nature of the sequelae of these major traumas.

History

Historically, PTSD is the latest in a long series of post-traumatic diagnoses ranging from railway spine, combat exhaustion, post-traumatic neurosis and many others. PTSD came to the fore because of political pressure by Vietnam veterans to have their psychological disorders recognised, as at the time there were no post-traumatic psychiatric diagnoses available for them. Such lack of recognition also meant lack of legal recognition of their illnesses (Trimble, 1985).

Though they can claim to suffer PTSD, Child Survivors are still in some ways in the phase prior to true recognition of their illnesses. From a legal point of view too, there is no provision for the recognition of their childhood sufferings. While Nazi German laws decreed clearly their persecution, such as barring them from schools, parks, public transport, and eventually decreeing their elimination, Kestenberg (1985) noted that German restitution laws effectively barred them from later claims. This is because Child Survivors were not able to claim loss of earning during the persecution like adults could. Further, children did not remember clearly names, dates, places. And German psychiatrists maintained that children could not remember what happened to them anyway. Even currently when special groups who could not claim restitution are being given a second chance, Child Survivors are not included among them.

Perhaps in part due to this lack of legal recognition, Child Survivors were not recognised by mental health workers until the 1980s (Moskovitz, 1983; Kestenberg, 1988a), that is after a latent period of forty years or more. Krell (1985a, 1985b) described how even Child Survivors did not recognise themselves prior to this period. They would demur, saying that their parents were the real survivors, they were "only children" in the war.

Nevertheless, it is argued that these children did suffer traumatic effects in the Holocaust in proportion to their vulnerabilities. In the last decade Child Survivors' self-awareness has increased dramatically, as has the world's awareness of them. Child Survivors have established many groups around the world, (including Sydney and Melbourne) and have held international conferences. Often for the first time in their lives, they are able to tell each other the things which had been silently distressing them since the war. Their experiences are now published both scientifically (such as a collection of articles in Volume 75 [1988] of the *Psychoanalytic Review*) and as collections of biographies with scientific comments (Marks, 1993; Valent, 1994).

The Traumas and their Sequelae

The Traumatic Situations

Children were not spared anything in the Holocaust. They were subjected to ghettos, yellow stars, humiliation, roundups, shootings, concentration camps, torture, and medical experiments just like adults were. If anything they were maltreated even more, because they could not obey orders and were not useful for labor. They were thrown in the air for target practice, or their heads were swung against walls. Milton Kestenberg (1985) noted that all these maltreatments of children were legally sanctioned.

Cushioning children's traumas was the protection of adults. On the other hand parental disappearance and death were constant realistic threats. At times children had to witness total parental helplessness and even death. Even if they did not witness it, fears of such events were transmitted to the children.

The traumatic loss of parents could happen fast. A knock on the door in the middle of the night, and parents were taken away forever. Or parents suddenly gave children away to strangers.

Not all children suffered in concentration camps. Many were in hiding, and this could be worse than camps for both tension and atrocities. For instance, one in six children in hiding were sexually abused (Moskovitz & Krell, 1990).

Children's responses

As long as the parents cushioned children to some extent against objective horrors and deaths, they could afford in part to interpret external events according to the developmental tasks which they were still pursuing. For example, deportation could to some extent be seen in terms of an adventure (Cahn, 1988). However, older children, those not cushioned by adults, and those who had to assume adult roles, experienced dread, fear; desolation torment and death akin to adults (Moskovitz & Krell, 1990). However, there still remained a psychological imperative to experience traumatic events to some extent from the viewpoint of children as well.

Adults were not always good filters. They could impart with great clarity their dreads both verbally and nonverbally. Sometimes this was done to extract obedience necessary for survival. The adaptations could be quite remarkable. Children separated from parents without a whimper, assumed a series of false identities, hid in small spaces for inordinately long times, and arranged their psyches as ordered.

Defences in children also resembled those of adults. They included dissociation, mental numbness and a sense of unreality, (Hogman, 1985) and the freezing of feelings, of terror, grief, despair, pain (Gampel, 1988). This allowed children, even as young as four, to take correct actions such as hiding under the sheets or running to a neighbour. Gampel (1988) noted two more psychic adjustments which helped survival. The first was an inner drive felt as a compulsion to live. The other was a tenacious secret clinging to a good object, ultimately representing loving parents. Such objects could be tangible, for instance lockets or combs. They could be poignant memories of parents, or injunctions such as "Remember your (shot) brother." or "Survive for us." Intangible fragments of memories and feeling states could also be cherished and be preserved through various symbolic substitutes (Brenner, 1988).

Emotions such as fear and dread were a constant background to continued denial or numbing. At times subacute cues could release emotions and the sense of the world really being in turmoil.

Children's developmental stages contributed to distinguishing features of their reactions. Nevertheless, it was amazing how even very young children could understand what was going on. For instance, a 3 year old told an SS man that he should not kill her as she had good hands for work (Kestenberg, 1990). Nevertheless, control over their psyches was tenuous for children up to the ages of 3-4. Their worlds could fragment. They often responded somatically, for instance with asthma or diarrhoea.

Children's traumatic events were experienced of necessity not only in terms of their developmental stages, but also in terms of parents. Core traumatic moments even in concentration camps were those (even for adults) of separations and deaths of

parents and relatives. These events were appraised realistically as well as imbued with childlike hopes, judgements and meanings. For instance separations were often judged as abandonments evoking anger and hurt at the "betrayal", or self-blame and guilt, such as, "I chose to stay in bed while my parents were led away." (Hogman, 1985, p 394). Along with emotions, these negative judgements were also frozen. This allowed preservation of an internal psychosocial life, necessary for survival.

From the parents' points of view, children were the centres of struggles for life. However, they were also sources of danger and burdens to highly strained adults. Sophie's choices did lead to abandonments of children (Valent, 1990a). Parents also froze the emotions, guilts and meanings of these traumatic situations.

Lastly, children never quite lost their creativeness, and fantasies appropriate to their ages. They played when they could, even in ghettos and concentration camps. The innocence and hopes expressed in children's games were precious to adults, who dared not hope so openly. Even SS guards could be moved by such games (Eisen, 1988).

Postwar

The most hardened allied soldiers were moved to tears when they saw concentration camp child survivors. For the children themselves liberation was both a great joy, and the beginnings of understanding the enormity of what had happened. There was often a further overflow of traumas some of which could be worse than the wartime ones. Some children had to separate from loving caretakers to be with biological parents who were strangers to them. For others parents did not return, and the ones who did were not the ones hoped for - they were changed. And sometimes there were further separations as children were sent to sanatoria and orphanages for the sake of recuperation of both the children and the adults (Valent, 1994).

Many children returned to hostile antisemitic environments. For those who emigrated, their past lives seemed to be unreal. Parents and adoptive countrymen encouraged children to forget their pasts (Kestenberg, 1988b; Valent, 1994).

Initially children had numerous childhood neurotic symptoms such as bedwetting, clinging, poor sleep, nightmares, and inability to trust. However, most became socialised, and formed friendships among themselves (Freud & Dann, 1951).

Child Survivors coped psychologically with postwar stresses through similar means to the wartime ones - by on the one hand repressing past memories and feelings and thinking of the past as irrelevant, and on the other hand by cutting off present distress by focusing on the future (Mazor, Gampel, Enright, & Orenstein, 1990).

The Phase of Building and Rebuilding Lives (Latent Period)

Child survivors continued to ignore the past, while they laboured hard to establish security, often with a margin to spare. Most became financially successful, married and became devoted parents. As there was wonder at the end of the war that the children survived, there was wonder now at how well they had done (Moskovitz, 1983; Hemmendinger, 1986). And yet some became psychotic (Krell, 1985b), others had a variety of post-traumatic stress responses including nightmares, physical symptoms, emotional states and disjointed memories, often not making sense. Perhaps

most continued silently to yearn to belong (Gampel, 1988), to have fuller loving relationships and to enjoy the world with humour and optimism (Rotenberg, 1985).

In fact, there seems to be a mixture of both the spirit of survival which carried the children into a stream of living beyond their earlier sufferings, together with the Holocaust having had a continuous pervasive influence over their lives.

Apparent wellness yet pervasive burdensomeness could be explained at least in part through suppression of memories. Child survivors were told that they could not remember, should not remember, and what they remembered was invalid. "Since you were only a child and can't remember, it didn't mean anything." (Moskovitz, 1985, p 402).

Kestenberg (1987) noted that memories may not come to consciousness if parents or superego oppose their emergence. Child survivors still arranged their psyches according to environmental demands. But it also helped them against the pain of traumas. Different psychological defences were used (Mazor et al, 1990). This deprived the event of meaning, significance and true knowledge (Kestenberg, 1987). Even when some memories were present, there could be only a 'half-knowing'. Neither Child Survivors nor their parents wanted to expose to each other the frozen judgements and meanings of their pasts. They shared a "conspiracy of silence" (Sichrovsky, 1986).

It was only after more than 25 years that Child Survivors started to think actively about the Holocaust and to reconnect themselves with their experiences (Rotenberg, 1985). It took them 35-45 years to identify themselves as child survivors. Thus this phase seems to have contained a long latent period during which Child Survivors were forgotten, and they seemed to have forgotten about themselves (Mazor et al, 1990).

Child Survivors Now

Perhaps Child Survivors needed the perspective of age, the security of rebuilt lives, the security of their children, and the waning influence of their parents, to reconsider their traumas. Perhaps it was necessary to find new meanings to their lives, other than the frozen meanings of their traumas. Yet many Child Survivors still balk at the challenges and continue to variable degrees in their survivor modes. However, the following issues are of major concern to most Child Survivors today.

Identity. To accept the identity of a Child Survivor goes against previous survival needs of hiding one's Jewishness. It requires overcoming shame for being identified with a degraded, inferior, persecuted people (Kestenberg & Kestenberg, 1988), and overcoming fear of being excluded from normal life, homes, and jobs (Kestenberg, 1988a). The latter fears are still valid in some East European countries. It requires overcoming fears of contempt, general indifference, and stigma.

On the other hand, accepting the identity of Child Survivor allows belonging to Child Survivor groups, and to realization that one is not alone nor inferior. It allows for making connections with history and with one's own past family, who were usually ordinary and loving human beings. It allows a view of oneself as having been a victim and now being a survivor. As such one may feel pride rather than shame. There may be a sense of being a special witness, who can contribute to similar crimes not happening again.

Memories and Trauma. Acknowledging oneself as a Child Survivor means confronting the memories of what was survived as a child. Having arrived at the

future there is a need at last to integrate one's life. To integrate one needs information. Many now experience a hunger for memories, as if life depended on it (Kestenberg, 1988b). Without memories there is a sense of loss of an important part of oneself. "Memories make us feel alive, and as we connect them to the present and the future, we triumph over death." (p 571).

Many flesh out their memories by reading, talking to others, and going back to the places of their and their parents' wartime experiences. Many previously disjointed, 'crazy' memories now make sense in terms of past circumstances. This is very grounding.

However, even when memories are retrieved, they are associated with the numbing, dissociation, splitting and fragmentation, that is with the world of the child in the traumatic situation (Kestenberg, 1988b; Laub, 1989). Further, it is only when there is exploration of the personal judgements and meanings frozen within the situations, that full emotional impact may be achieved, and thereafter true integration. However, to remember in this fashion one must break the conspiracy of silence. The fear is that this "...might unleash the demons of remembrance to haunt the already haunted" (Krell, 1985a, p 400), both for Child Survivors and their parents.

This in turn means that feelings of abandonment and betrayal, and guilt and shame must be faced by family members. According to Kestenberg (1990), anger at abandoning parents is the greatest, yet least worked through problem in Child Survivors. However one needs to face as well recognition of mutual helplessness, survivor guilt, and the many losses which are often at the core of blocked mourning (Moskovitz & Krell, 1990). Thawing of these emotions can lead to much pain and family distress, but can also facilitate mourning and repair of relationships (Mazor et al, 1990; Kestenberg & Brenner, 1986).

Meanings, Values, Purpose. In order to remember and mourn, alternate meanings to those leading to trauma and despair must be found. But it has been difficult to extract positive meanings from the Holocaust. Negative meanings came more easily, such as of an insecure world, and inability to trust apparent well being.

Values were also shaken. It was difficult to reconcile a moral Jewish God and the Holocaust. The Holocaust negated the most basic sense of natural justice and on the contrary, emphasised the rule of ultimate perversions of law and order (Kestenberg, 1985). The fact that the world stood by and allowed the wholesale murder of children and their families led to a cynical view of an unjust world.

And yet each child was the carrier of good as well, as none would have survived without care, which came often at the risk of the lives of the carers. Thus Child Survivors could feel at least in part, specially valuable. Further, survival itself was imbued with the positive meaning of having defeated Hitler and his plans (Kestenberg & Kestenberg, 1988). Having been ultimate victims, being the last direct witnesses to the ultimate evil, Child Survivors are also the ultimate survivors. As such they may have an important mission - that their special significance in bearing witness and giving testimony may avert similar evil in the future (Kestenberg and Kestenberg, 1988). Such activity can provide some purpose to the otherwise pointless massacres and one's own traumas.

Comparison of trauma sequelae in Child Survivors of the Holocaust with other groups.

The ramification of people's traumatic experiences into areas of identity, morality and meaning has been consistent with other studies. For instance, Wolfenstein (1977) and Raphael (1986) describe disaster responses ubiquitously associated with meanings. People always tend to ask, "Why?" "Why me?" "What have I done?" "Who am I that this happened to me?" and so on. This may occur in lesser traumatic situations too. For instance, in an unpublished study on senior medical staff in a hospital which was about to be closed, major stressors were found to be those concerned with justice, unfairness, trampling of dignity and overriding of one's values (Valent, 1990b).

Long latent periods and coming to notice when society allows it are also features of other groups. For instance, adult Holocaust victims and Vietnam veterans' sufferings came into the open in a significant way only after legal recognition of the groups' victim status (Krystal, 1968; Trimble, 1985).

Sexually abused children

It is of particular interest to compare Child Survivor responses with those of sexually abused children. We cannot describe their responses over the decades in detail here, but the following is an overview (Herman, 1981; Russell, 1986; Herman, 1992; Briere & Runtz, 1993).

Sexually abused children have also been (re)discovered in the last decade and are still fighting for legal recognition as a defined group. Sexually abused children were also spared little. They did fear death in association with their abuse, and not infrequently they were physically abused and emotionally neglected as well as sexually abused.

At the time of the abuse the children often coped by dissociation, numbing, suppressing their emotions, living for a better tomorrow while tenaciously clinging on to some symbol or memory of goodness.

This was very difficult as those who abused them were the very people who could give them images of goodness. This led to great difficulties in integration of the victims' minds and achieving moral cohesion. This was accentuated by some type of severe abuse often having started in early childhood.

The sexually abused children were constrained to extreme obedience, silence and pretence that all was well. They had to hide their identities as victims and were ashamed of their worthlessness. After the major abuse stopped the growing children had a long latent period, and started to retrieve awareness of their traumas as they grew more mature and they needed to integrate their lives. Nevertheless, sexually abused children grew up with many and intense problems. They were more often depressed, suicidal, self-destructive, bulimic, and severely mentally ill than their peers.

The sexually abused children needed memories to feel alive and deal better with internal problems. They had to deal with massive parental and societal pressure to not remember, and to not break the conspiracy of silence. In fact, the abused children had to contend with extreme pressure, verging on persecution, to not remember and demand recognition. Victims' credibility has been attacked ranging from calling them liars, promiscuous, living in fantasy and being mad. In particular, the credibility of victims' memories has been attacked as has the credibility of amnesia for traumatic events (eg *The New York Review*, Nov 17 and Dec 1, 1994). A twist is attacks on therapists who facilitate retrieval of memories. They are supposed to implant false memories for their own personal and financial benefit. This is

reminiscent of the attacks on Freud earlier this century for saying that his patients remembered childhood sexual abuse.

It takes great courage to remember, for with memories come the reliving of threats of death and rejection should the child divulge. Remembering also means reliving the traumatic experiences and their inherent meanings and moral dilemmas. The children have to come to terms with the things their families did to them and what they had done in order to survive. It is great credit to the courage of these women to “come out” and form groups in latter years. There is an emerging purpose to their sufferings too, that is prevention of similar abuse of others.

Comparison of the two childhood trauma groups.

There are marked similarities between the two groups. Both groups have a social history of being denied their traumas, even when many suffered extreme threats to their physical, psychological and social integrities.

Both groups of children coped at the time of their traumas by numbing themselves, dissociating, suppressing emotions, clinging to some good hopeful object or thought, looking to the future and ignoring the past. Both groups entered a conspiracy of silence in the process.

Both groups suffered intensely and widely even as they appeared to cope. Their experiences pervaded them, sometimes crystallising into psychiatric, somatic or social illnesses.

Both groups grew up with major concerns in the field of their identities, both forming groups at about the same time. Both had great difficulties in establishing their memories. The Holocaust group found that their memories were true, and when they returned to their places of trauma they made sense. Perhaps the Holocaust group are older, and return to their places of trauma is relatively acceptable. Facing one's sexual abusers is not as simple.

Memories may not be perfect in the adult sense, and their form can be influenced by the developmental stage of the child at the time of the trauma, appraisals of survival issues and dissociation at the time, and later social and comorbid influences. But this paper suggests that within these limitations memories are important and represent a truth. However, they can be suppressed and distorted for long times by a combination of others' oppression and a desire to not feel retraumatised. Once victims are willing to face their traumas, falsification of memories is much more likely to be influenced by the remaining oppression than by therapists or patients. After all, there are many Nazis and abusers who do not want to be remembered. It may be that overenthusiastic therapists need ethical constraints. But the history of trauma recovery has been a general resistance by therapists to believe their patients (Danieli, 1985).

Both groups had severe traumatic experiences. Perhaps sexually abused children were not starved and socially persecuted as much as the Holocaust children, but they were worse off because their families were the equivalents of Nazis, and the good objects and memories used to carry them over their travail were associated with the very same parents who abused them. Their moral dilemmas may be greater. Because they were often neglected and abused in some way from early on, their means of coping may be more extreme.

Nevertheless, in spite of these differences in the culture of their traumas, there are more striking similarities than differences between the responses in the two groups.

3 Expansion on the PTSD Diagnosis

The criteria for PTSD are under four headings. First, the person must have been exposed to a markedly distressing stressor. Second, the traumatic event is reexperienced through intrusive recollections, dreams feelings or actions as if the event was happening currently. Third, stimuli associated with the traumatic situation are avoided by avoiding thoughts, feelings, memories situations, and people. Fourth, there are symptoms of arousal, such as difficulty sleeping, startle responses and physiological overactivity.

It is obvious from the description of childhood trauma sequelae that PTSD is but a part of the effects of extreme and chronic traumatization. We may conceptualise PTSD as a cognitive umbrella view of post-traumatic responses being the reliving or avoidance of the original trauma, but this view does not describe what is relived and avoided, nor how the events are processed and meaning made of, nor what happens when this process stalls and even becomes pathological.

This has been increasingly recognised. One area of such recognition is the view that a number of diagnoses are at least partial end results of previous traumas. Such diagnoses include depression, borderline personality disorder and other personality disorders, and anxiety disorders.

Another approach is that by Judith Herman (1992) who suggested a new diagnosis called Complex Post-Traumatic Stress Disorder. She suggested that this diagnosis would better describe than would PTSD the clinical details of extreme stress sequelae. This diagnosis has seven headings -, (1) A history of subjection to totalitarian control for a long time (2) Alterations in affect including suicidal preoccupations and self-harm (3) Alterations in consciousness such as amnesia or hypermnnesia, depersonalization/derealization (4) Alterations in self-perception such as helplessness, shame, guilt (5) Alterations in perception of perpetrators such as preoccupation with the relationship to him or her, idealization and paradoxical gratitude (6) Alterations in relations with others such as withdrawal, search for rescuers and repeated failures of self-protection and (7) Alterations in systems of meaning with loss of sustaining faith and hopelessness and despair. Each of these headings has further subcategories.

We see that this diagnosis goes a long way toward including the complex and varied sequelae in both Child Survivors of the Holocaust and sexually abused children. This diagnosis seems to be a useful step in highlighting the broad effects of severe trauma.

Discussion

1. Effects of their traumas on Child Survivors of the Holocaust.

It may be said that this review is in the main retrospective and deals with the Holocaust children who survived the war and the fifty years thereafter. Therefore the results may not be representative of the population. However, there is evidence (Dwork, 1991), and certainly a ubiquitous feeling among the survivors, that it was mainly luck who perished and who survived. One could not say that the 90% who perished were in some way different to the general population. We may say that the survivors too come from a normal population. Certainly we have not taken into account the suicides and chronic mental illnesses which developed over the decades in Child Survivors in higher proportion to the rest of the community. Doing so would have skewed our descriptions toward more pathology of various kinds. Finally, the validity of the retrospective nature of the descriptions is suggested by the memories

being consistent with the historical facts known of the era of the traumas, the descriptions of the earlier periods fitting the descriptions in the sparse postwar literature on Child Survivors, the similarity of responses of Child Survivors all over the world, and the regular validation of memories when Child Survivors return to the places of their persecution (Kestenberg, 1988b; Valent, 1994 eg pp 45-68).

2. Comparison of sequelae in different childhood trauma groups.

It is striking that the responses in the two groups were so similar. This may be because the traumatic histories were similar, or that children respond to extreme traumas similarly. If so, we would expect memories to respond similarly, and thus Holocaust children validate the capacities of sexually abused children to retrieve memories when it is safe and hopeful for them to do so.

What also stands out from the above descriptions are similar wide ranging effects into which children's traumas develop and ramify. These include deep concerns with identity, traumatic events, meanings, values and existential purpose. To what extent these become manifest depends on the maturity and strength of the child survivors of either group, and the extent to which family and society allow expression and healing.

Perhaps differences in the two groups are more at the cultural levels in which the trauma was processed. The families of Child Survivors of the Holocaust were generally different qualitatively to the families of sexual abusers. For instance, second generation Holocaust dynamics may involve physical overinvolvement (for instance overfeeding) with children rather than physical neglect.

3. Diagnoses of extreme childhood trauma responses

We saw that while PTSD is very useful and can give one medicolegal identity, it does not elucidate what intense and complex human responses are relived and avoided. Complex traumatic stress disorder fits the responses of both traumatised groups, and is an advance over PTSD. However, it too should not be reified for it is not all inclusive. It would be surprising if any single diagnosis could represent the effects of extreme traumas on children.

Conclusions

1. Child Survivors of the Holocaust had complex and varied responses to their traumas, PTSD being a part of them. These responses have been summarised over their fifty year history.
2. Child Survivors of the Holocaust manifested responses common to other traumatised groups. In particular their responses overlapped to a great extent with the responses of sexually abused children. This overlap is a point in favour of the validity of the later remembered traumas of sexually abused children, whose memories are often questioned as to their reliability.
3. The concept of PTSD as the only diagnosis following major trauma needs to be revised. Complex Post-Traumatic Stress Disorder includes many of the features we described for the two abused child groups. However trauma responses may contribute to other diagnoses as well.

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