

Transmission of Holocaust Trauma Down the Generations

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The vexed question of whether Holocaust trauma is transmitted down the generations has been reignited by a Haaretz article (16/4/12) that refers to a new study by Scharf and Maysel from Haifa University. The researchers claim that "disorganising qualities", namely excessive focus on survival issues, lack of emotional support, and coercion to please parents, were frequently transferred to survivor's children and grandchildren.

The study, published in the November 2011 issue of *Qualitative Health Research* belongs to a genre of clinical research that has found a variety of emotional and social consequences in Holocaust generations.

A contrasting line of studies, such as by Avi Sagi-Schwartz, which use statistical surveys of financial, marital, family success, psychiatric illnesses and stress hormone levels, deny secondary traumatising in Holocaust generations.

The problem with the second line of studies is that what is passed down is often subtle, not measured and not measurable. For instance, in a forum on Holocaust resilience and so-called traumatic growth, a participant said, "I am resilient. I am successful. I have a wonderful family. But I cannot love."

We accept that habits, attitudes, and values are passed down the generations. It would be strange if massive Holocaust experiences were not.

Further, to a large extent inspired by Holocaust concepts of rippling of trauma, it is now clinically commonplace to take a family history going back to grandparents. It is commonly accepted too, that, violence and sexual abuse can be replicated down the generations, and that combat and disaster traumas claim primary, secondary and tertiary victims both contemporaneously and generationally. It is ironic, therefore that some Holocaust studies still deny generational transmission of Holocaust trauma.

"I feel as if I've been there." "It took me a long time to realise why I had panic attacks passing chimneys on my way to work." "I have scars but I don't know what the wound was."

"My mother could not accept me being happy. As an adult I learned that my happiness was an offence to her, because her daughter by a previous marriage had been murdered. I grew up a subdued child with low self-esteem. I have found it difficult to accept my own child's happiness." (Disguised to maintain confidentiality.)

These are typical Holocaust descendant stories I have heard in my clinical practice and in transgenerational meetings.

The distress these stories contain is a silent pervasive unhappiness that only sometimes crystallizes into symptoms and illnesses. The states of unhappiness do not make statistics in surveys. The respondents were all 'successful'.

The question remains how can traumas, wordless, frozen, and untellable separations from families, starvation, deaths, humiliations, and betrayals beyond human comprehension, be conveyed and transferred to future generations? Especially when

survivors themselves are torn between wanting to forget yet needing to bear witness; wanting to protect their children, yet needing them to memorialize historical truth?

Children are surrounded by their parents from the earliest and most impressionable times of their lives. Their physiologies, sensations, feelings, imbibe their parents' over-silent and over-loud responses into their own primitive brain structures. From there impressions radiate into non-verbal unconscious (such as right hemisphere) parts of their brains. Children unwittingly both identify with, and respond by trying to help or rebel against their parents' traumatic worlds.

In their study Scharf and Mayseless find at least some words for common themes of transmitted Holocaust trauma. The themes are an excessive focus on survival manifested by overprotection against disease and imminent calamity and anxiety that the child eats enough.

Another theme is parents' fixation on their own worlds and inability to understand and support the very different worlds of their children (as in the case of the child whose happiness offended her father). The last theme was that children tried to please their parents and make them happy. In a way they stood in for the lost parents of their parents.

These themes accord with previous clinical studies. What is new in Scharf and Mayseless's study is that though children of survivors found some of their parents' behaviour difficult, their own children complained of similar behaviour by their parents with similar consequences on them.

Some caveats must be placed on clinical findings. First, not all children were equally affected. Usually first-born children were most prone to transference of trauma.

Second, survivors did not only transfer trauma to their children but also their warm happy memories.

Third, in latter years survivors have told their stories in testimonies, talked more openly of their experiences (often to their grandchildren), and accompanied their children and grandchildren to the places of their persecution.

Even so, the ripples on the third generation are more dilute and symbolic. The grandchildren are more likely to see the initial victims as martyrs. They may attempt to undo the Holocaust by retrieving religious practices or being ideologically immersed in Israel. The opposite may be true too. They may intermarry and have anti-Israel attitudes. The ripples become more individual and intertwined with a variety of familial dynamics.

In whatever way, after 70 years the Holocaust is still prominent in every Jewish mind.

We need not feel discouraged by the fact that Holocaust trauma can cause distress across the generations. Knowledge of such transmission can help to ameliorate many noxious consequences not only in Holocaust generations but also in descendants of all catastrophes.

That such knowledge can diminish suffering and irrational meanings in the world provides a degree of consolation to reverberations of our own Holocaust pain.

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