

Children Surviving Persecution

An International Study of
Trauma and Healing

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Child Survivors: A Review

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INTRODUCTION

Why were child survivors rediscovered only after a latent period of forty years? Could there be a parallel in the current rediscovery of sexual abuse of children, which Freud pointed out almost a century ago?¹ Today, we have become aware of the extent to which children are exposed to violence, rape, and the witnessing of violent death.² It may be that these childhood traumas are reflected adult vulnerabilities. Ambivalent to children, such adults can pass traumatic experiences on to them.

Until recent times, children were treated as chattel and slaves, dehumanized of personality and sensitivity. Especially in times of scarcity, the drain they imposed was limited by low fertility, contraception, abortion or infanticide, and even cannibalism.³ Some scholars speculate that the Nazis displaced the impulses to loot, dehumanize, and even cannibalize their own children onto Jewish children.⁴

Child survivors of the Holocaust are a fertile group for the study of effects of childhood trauma. The specific traumas and their contexts are well documented—as are the concurrent traumas of parents—and the survivors' progress has been observed over a period of half a century.⁵ At the time of the Holocaust, children underwent possibly the greatest attack in history on every aspect of their existence. They were the most vulnerable group marked for the most extreme extinction by the most powerful dictatorship. Nineteenths of Jewish children in Nazi Europe were killed. Further, these children came from a culture known to highly value family life and children. A study of the psychological impact of the Holocaust on child survivors can illuminate the lifetime effects of childhood trauma in general.

HISTORY

Though definitions vary, in this chapter a child survivor is any Jewish child who survived in Nazi-occupied Europe by whatever means, and who was not older than sixteen at the end of World War II.⁶

The psychosocial sequelae of the Holocaust were recognized in adults in the 1960s, and in the 1970s attention was focused on the children of these adult survivors.⁷ Except for Polish and rare English literature in the immediate postwar years, child survivors were recognized only in the 1980s—that is after a period of forty years or more.⁸

Krell noted that even child survivors did not recognize themselves in this interim period.⁹ They demurred, saying that their parents were the real survivors, they were “only children” in the war and that they had no memories. This perceived lack of impact of the war because of youth contrasts with clinical observations that the younger the survivor, the greater were the potential harmful effects of traumatic experiences.¹⁰ As with adult survivors, early studies of child survivors tended to be optimistic. For instance, over half of the psychiatrically hospitalized child survivors were noted to be psychotic, the proportion being greater in younger survivors.¹¹ However, in nonclinical samples, the proportion of psychiatric illness was much smaller. In particular, Moskowitz and Hemmendinger who respectively followed up on children from orphanages in England and France thirty years later, were impressed with the resilience and high degree of socialization of these child survivors, even though some of them had needed psychiatric help.¹²

At present, the literature on child survivors has expanded. Two journals have devoted special sections to them.¹³ Child survivors themselves have experienced a parallel subjective awakening, shown by the 1,600 who rallied to meet in New York in May 1991 at The Hidden Child Conference. Articles and books on child survivors have proliferated since then.

WARTIME TRAUMATIC SITUATIONS

Child survivors were not spared any of the horrors of the systematic methods to extirpate Jews forever.¹⁴ Their inability to work hard, to execute orders, and the requirements arising from their immaturity were treated with special impatience and brutality. For instance infants who could not evacuate a hospital in Lodz ghetto during a roundup were thrown out of the window. Killing and such heinous acts as using infants for target practice, medical experimentation and castration, and burning and torturing them were legally sanctioned.¹⁵

Children also had to share their parents' segregation, overcrowding, starvation, cold, humiliation, and the wearing of the yellow star. Some children survived by hiding, and all children were potential victims of roundups, mass shootings, and deportations in jammed cattle trucks. In concentration

camps, if fit enough, they had to perform slave labor. Among many other horrors, they endured forced marches.

Mitigating these circumstances for children was adult protection. On the other hand, parental disappearance, total parental helplessness, and death were constant, real threats. Traumatic events occurred fast. A knock on the door in the middle of the night, and helpless parents were taken away forever. Parents suddenly gave children away to strangers. Separation from parents, for a period of time at least, was almost ubiquitous. Even when they did not witness brutality and death, fears of such events were transmitted to the children.

Some substitute caretakers were loving. However, even constant parent substitutes often disciplined the children by threatening to turn them over to the authorities, and fully one-sixth of a sample of hidden children had been sexually molested.¹⁶ Hiding with a series of unsympathetic caretakers could be more distressing than a concentration camp.¹⁷ Abandonment, hostile adults, and annihilation were a constant potential reality for many.

Lack of regularity, sequence, and constancy, including the interruption of school and play, constituted interferences in children's developmental phases and normal growth.¹⁸

ACUTE RESPONSES

As long as the parental protective shield and faith in parental omnipotence persisted, children were cushioned somewhat against objective horrors and deaths, and they could afford to interpret external events partly in terms of their developmental level and tasks.¹⁹ For example, humiliation for being Jews could be experienced in terms of adolescent peer rejection, or deportation perceived as an adventure.²⁰

Older children who had to assume adult roles and children whose protective shield was impaired, experienced dread, fear, desolation, torment, and death in the manner of adults.²¹ Operating simultaneously was a psychological imperative to experience traumatic events from their viewpoint as children. For instance, a survivor explained that while hiding, “there was always a devil, in the figure of death who would catch me. When I saw the dead person physically (in concentration camp), I was less afraid than when I felt the fear of being taken [by the devil]. . . .”²²

Verbally and nonverbally, adults imparted the dread of death to the children with great clarity and used this dread to extract extreme obedience and adjustments, especially in times of extreme danger. Thus children could be made to hide in small spaces for long periods, sometimes on their own; to keep quiet for an inordinate time; and to assume a series of false identities, even while separated from parents. Adult-like affects were countered with adult-like defenses. For instance, instead of sobs at losing a whole family, a twelve year old felt a tearing loose in the chest, and “The small childish

sobs did not come, instead my chest felt crushed with the mature agony of an entire people."²³ As in adults, traumatic events were accompanied by mental numbness and a sense of unreality.²⁴ This included an intense freezing of feelings. Expression of terror, grief, despair, pain, anger, and guilt could have compromised the child's life. Surprisingly, children as young as four could take correct actions, such as hiding under the sheets or running to a neighbor.²⁵

A capacity to not feel and to become apathetic (even to death) helped children to survive the traumas of parental helplessness and loss, and to face murder, torture, and death.²⁶ Two other psychic adjustments helped survival: an inner drive felt as a compulsion to live and a tenacious secret clinging to a good object, ultimately representing loving parents. Such bridging objects could be tangible, as, for instance, lockets or combs, or the last intangible words of parents, "Remember your (shot) brother." "Survive for us." Intangible fragments of memories and feeling states could also be cherished and preserved through various symbolic substitutes.²⁷ Sometimes the symbolic substitutes were real people who sacrificed heroically for the children, who might have experienced their rescuers as nameless disappearing objects, perhaps linked by fragments of goodness. The younger the child, the more difficult it was to remember such "good objects."

Fear and dread were the constant background to continued denial or numbing. At times, though, subacute events (such as a religious father ordering the family to eat pork, or the child's learning of his doctor's suicide) could release the emotions and a sense of the world in utter turmoil.²⁸

Two factors contributed to the children's reactions: their developmental stages and their reliance on parents. Control over their psyches was tenuous for children up to the ages of three or four. Their worlds could fragment, and they could neither understand nor contain their emotions.²⁹ Sometimes they responded somatically, perhaps with asthma or diarrhea, or with inappropriate behavior.³⁰ They were the group most dangerous to rescuers. Six year olds, too, especially when away from knowing adults, could falter with their rote-learned identities and give themselves away. But even very young children could understand what was going on. For instance, a three year old told an SS man that he should not kill her as she had good hands for work.³¹

Children's traumatic events were experienced in terms of connections to parents and caretakers. Core traumatic moments in concentration camps were those of separations and deaths of parents and relatives. The "last looks," especially, and the last things said were remembered forever.³² While events were appraised realistically, they were also imbued with childlike hopes, judgments, and meanings—such as separations being judged as abandonments evoking anger or self-blame and guilt. One self-critical child said, "I chose to stay in bed while my parents were led away."³³

Total parental powerlessness and vulnerability were irreconcilable with the

struggle for life. Therefore, even while emotions, negative judgments, and meanings were frozen, an adaptive, internal representation of psychosocial relations had to be preserved for the fight for life to continue. For the parents, children were not only the center of the struggles for survival, but also a source of danger and a burden to highly strained adults. Though negative emotions and acts were more frequently expressed by substitute caretakers, at times parents confronted the tragic dilemma presented in the novel and film *Sophie's Choice*: the forced abandonments of children to their certain death.³⁴ Parents, too, froze the emotions, guilt, and meanings of these traumatic situations.

Despite the inhumane circumstances, children never quite lost their creativeness and age-appropriate fantasies. Children engaged in excited, though somewhat muted, play around destroyed buildings, as would children in normal circumstances.³⁵ Play was present wherever it was possible, in ghettos and even concentration camps where children played at death games.

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.³⁶ Curiosity survived, too. Dori Laub described how he wondered, "What is father thinking?" as they plodded through the snow.³⁷ He asked a man what he was thinking after a public flogging in a concentration camp. The curious boy became a social scientist.

A striking agreement on the children's reactions is recorded in the literature. To the extent remembered, events seem vivid, constant over the years, and valid when tested.

LIBERATION AND POSTWAR RESPONSES

The most hardened Allied soldiers were moved to tears when they saw concentration camp child survivors. For the children themselves, liberation was both a "joyous running, falling, feeling the fear, then getting up to run again," and a beginning understanding of the enormity of what had happened: "Suddenly, I saw that I had no one . . . absolutely nothing."³⁸ Some died of overeating and many took ill after liberation. One child survivor suggested that many overate in order to die because despair overtook them.³⁹ One way to cope was to continue the survival mentality of not feeling, simply plodding forward to the future.

Postwar stresses could be as severe for some as those of wartime. Some needed to recognize that families were lost forever. Some had to separate from loving caretakers and return to biological parents who had become strangers. Even when they were remembered, parents had changed or had new partners. Parents who could no longer cope, or those needing recuperation, placed their children into orphanages—a bitter betrayal of wartime hopes. Other children returned to hostile, antisemitic environments. For those who emigrated, their past lives became unreal as adoptive parents and

adoptive countrymen seemed indifferent to the survivors' sufferings and wanted them to discard the past.

In the weeks and months following liberation, habits acquired during incarceration or hiding persisted. Children released from camps appeared greedy for food, quarreled to get it, tended to be undisciplined, and lacked social skills. They experienced numerous childhood neurotic symptoms such as bed wetting, clinging, poor sleep, nightmares, and an inability to trust adults and others. However, most children eventually responded to care, became socialized, and formed friendships.⁴⁰

Psychologically, child survivors coped with additional postwar traumatic situations on the one hand by repressing past memories and feelings, and treating remaining memories as belonging to an irrelevant past; and, on the other hand, by dealing with current stresses as they did with past ones, that is, by cutting off the present and focusing on the future.⁴¹

BUILDING AND REBUILDING LIVES (LATENT PERIOD)

Child survivors continued to isolate and encapsulate the past while laboring hard to establish security. Many became financially successful, married, and became devoted parents. Many joined the helping professions and were otherwise worthwhile and even altruistic members of society.⁴² As there was wonder at the end of the war that these children had survived, there was wonder now at how well they had done.⁴³ Even so, some became psychotic, while others displayed a variety of posttraumatic stress responses, including nightmares, physical symptoms, emotional states, and disjointed memories that often made no sense.⁴⁴ Perhaps most continued silently to yearn to belong, to have fuller, loving relationships, and to enjoy the world with humor and optimism.⁴⁵

It is too easy to take one or another position about the ability of child survivors to build normal lives. In fact, there seems to be a mixture of spirit of survival—which carried the children beyond their earlier suffering—with the Holocaust's continuous, penetrating influence over their lives. For instance, one of the survivors with a normal, jovial appearance and a "good" outcome wrote of a chronic, dominant, pervasive feeling related to his mother, whom he could not remember: "I feel lost, waiting to be found."⁴⁶

Child survivors who grew up with their survivor parents shared some of the problems of second-generation children. Parental anxiety over their survival often led to close but problematic relationships, and in some families the children were seen in terms of killed and potentially dead children. At the same time, they were to support their distressed parents, bear testimony, and accomplish dreams of being "well." In turn, child survivors could become parents who imposed similar burdens on their own children, but with less access to the knowledge of what they were doing.⁴⁷

Perhaps the dilemma of wellness—clouded by concurrent, pervasive, bur-

densome, and undefined feelings—may be explained by the lack of or 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."⁴⁸ Kestenberg noted that memories may not come to consciousness if either the parents or the superego opposes their emergence.⁴⁹ This was legally sanctioned in German restitution laws.⁵⁰ Child survivors continued to arrange their psyches according to environmental demands.

However, not remembering also continued to be the key defense against the pain of traumas. It came to be aided by other psychological defenses—negation, denial, and repression.⁵¹ Isolation of affect and depriving the event of meaning, significance, and true knowledge allowed for "half-knowing."⁵² Neither child survivors nor their parents wanted to expose to each other the frozen judgments and meanings of their pasts. They shared a "conspiracy of silence."⁵³ Child survivors were often drawn to each other in their teens without knowing why. They did not share their Holocaust secrets with each other, either. The silence was shared by peers and outsiders, too.

This phase seems to have encompassed a long latency period during which child survivors were forgotten and seemed to have forgotten about themselves.⁵⁴ Only after more than twenty-five years had elapsed did child survivors begin to think actively about the Holocaust and to reconnect with their experiences; after thirty-five to forty-five years they began to identify themselves as child survivors.⁵⁵

CHILD SURVIVORS NOW

Child survivors are now in their fifties and sixties. Perhaps they needed the perspective of age, the security of rebuilt lives, children and grandchildren of their own, and the waning influence of their parents to reconsider their traumas and to replace the frozen meanings of their traumas with new meanings in their lives.

In order to reevaluate their experiences, child survivors need to retrieve their memories, come into touch with the emotions surrounding their core traumatic experiences and generally come to terms with their identities.⁵⁶ While some child survivors balk at these challenges, and to variable degrees continue in their survivor modes, these issues are of major concern to most of them today.

Identity

The need to accept the identity of a child survivor is contrary to the previous survival need to hide one's Jewishness. Acceptance requires overcoming shame for being identified with a degraded, inferior, persecuted people; adult survivor discounting; and the fear of being excluded (in some

countries) from jobs and homes that constitute a normal life.⁵⁷ Such fears are still valid in some Eastern European countries⁵⁸ where it may be more difficult to face the persecutors' contempt, general indifference, and the stigma of being damaged or abnormal.

For some child survivors, clear identification as a Jewish survivor may produce conflicts around loyalty to caring Christian rescuers and the Christian religion, which they had come to accept.⁵⁹

On the other hand, accepting the identity of child survivor allows membership in child survivor groups and the realization that one is neither alone nor inferior. Emotional connections with history and with one's own past family—usually ordinary and loving human beings—may be re-established. A view of oneself as having been a victim and now being a survivor may engender pride rather than rejection, and give rise to a sense of being a special witness who can contribute to the prevention of similar crimes.

Integrating Memories and Trauma

Integrating one's life requires a confrontation with the memories of what was survived as a child. Many survivors experience a hunger for memories as if life depended on it, because without memories, the sense of loss of an important part of oneself prevails.⁶⁰ "Memories make us feel alive, and as we connect them to the present and the future, we triumph over death."⁶¹ Memories can be fleshed out by reading, talking to others (especially the older survivors) and visiting the places of wartime experiences. Some survivors write of their experiences to make sure they are not forgotten in the future.

To remember, one must break the conspiracy of silence and overcome the fear that this "might unleash the demons of remembrance to haunt the already haunted."⁶² Yet even when memories are retrieved, they are associated with the numbing, dissociation, splitting, and the double world of the child in the traumatic situation.⁶³ It is only when there is full permission to explore the personal judgments and meanings frozen within the situations that memories may have their full emotional impact and allow true integration.

This means that the demons of remembrance include not only terrifying experiences, but also intensely painful interpersonal feelings. According to Kestenberg, anger at abandoning parents is the greatest, yet least worked through problem in child survivors.⁶⁴ Survivor guilt and shame, especially difficult to bear when relatives had perished, were often at the core of blocked mourning.⁶⁵ Thawing of these emotions can lead to release of anger and assertiveness, sadness and crying, mourning and repair of relationships.⁶⁶

Meanings, Values, Purpose

It has been difficult to extract positive meanings from the Holocaust. Negative meanings came easily, such as parental helplessness or the constant possibility of abandonment to a cruel fate.⁶⁷ There was a clash between Jewish values of concern, humanism, and charity, and the mistrust and selfishness generated to survive. Values were shaken. The very fact of parents' survival could evoke suspicions that they did so through promiscuity and immorality.⁶⁸

Holocaust experiences negated the most basic sense of natural justice and emphasized ultimate perversions of law and order.⁶⁹ That the world stood by and allowed the wholesale murder of children and their families led to a cynical view of an unjust world. It seemed well-nigh impossible to reconcile a moral Jewish God and the Holocaust.

And yet each child was the carrier of good meanings as none would have survived without care—a scarce commodity that could have cost the lives of the rescuers and caretakers. Thus, as well as being "ultimate victims," child survivors were also especially valuable "ultimate survivors." When the special caretaker was perceived of as God, survival could be seen as a special miracle for God's special purpose. This view allowed a personal reconnection to religion.⁷⁰

More broadly, survival itself was imbued with the meaning of having defeated Hitler's plan.⁷¹ Being the last direct witnesses to the ultimate evil, survivors hope that their special significance in bearing witness and giving testimony may build a bridge between the dead and the thread of one's life in the world, thereby averting similar evil in the future.⁷²

CHILD SURVIVORS AND THE FUTURE

Children of child survivors represent defeat of genocide in perpetuity. Child survivors invest passionately in their children's survival and security. While wanting their children to be free of their own sufferings, they also want them to continue to bear testimony to the Holocaust. The offspring of child survivors seem to sense their parents' contradictory desires, just as child survivors perceived those of their own parents.

As a group, child survivors have grown up to be empathic, compassionate with the deprived, and sensitive to injustice, especially when inflicted on the weak.⁷³ These qualities have made them prominent in the helping professions and in the field of morals. Based on their experiences, child survivors also have produced many works of art and science, and recently, there has been a surge in studies and writings on their parents and themselves.

Helping Child Survivors

Experiences wherein child survivors learn to validate their identities without shame, to retrieve memories, and to find their life-purpose have been found to be helpful. Krell noted that documentary testimonies of child survivor experiences are positive because they help to remember, elucidate, and give chronology to past events, and they confirm, give recognition, and provide meaning for the future.⁷⁴ Child survivor groups provide a sense of belonging. They help validate memories and identities, and they provide a forum to share as well as to enjoy.⁷⁵ Fogelman noted that group therapy and intergenerational groups can facilitate mourning and release new energy.⁷⁶ Little has been written on individual therapy, though many child survivors have sought it and it is probably the only way to deal with some traumas. Moskovitz and Krell pointed to the importance of sympathetic recognition to overcome survivors' shame.⁷⁷ Kestenberg described a technique of bringing back memories by helping the survivor "imagine" within a supportive relationship.⁷⁸ But most important, it is essential to be aware of the existence of child survivors and their traumas and of one's own tendency to feel numb and unable to listen to their stories.⁷⁹ Otherwise, even long contact with them may miss the point of their problems.

DISCUSSION

Child survivors of the Holocaust offer an unprecedented opportunity to study the effects of childhood trauma over the life cycle. Knowledge of their traumatic situations, as well as prospective and retrospective studies, all indicate that child survivors' traumas had marked effects on them throughout their lives, a phenomenon also documented for soldiers and concentration-camp survivors and, long before that, put forward by Breuer and Freud.^{80 81} Major long-term effects have also been documented prospectively in individual patients, but not previously for a large group.⁸² Unlike the questions of validity of childhood memories surrounding sexual traumas, there is no question that the child survivor's traumas actually occurred.

At the time, the children dealt with their concurrent perceptions, emotions, judgments, and meanings of the crumbling of their external and internal worlds by dissociation from the event. They "froze" their reactions into numbness and were determined to live to make up for the present in the future. Doing otherwise would have threatened survival. The "culture" of these responses was determined by the stage of development of the child and the traumatic situations. Core traumatic Holocaust situations were more complex, and therefore could potentially be more overwhelming to the child's ego than particular traumatic excitations (as in sexual abuse, for example). However, even in the Holocaust situation, the ego was not globally overwhelmed, having constricted instead to meet survival needs.⁸⁴

This initial complexity was increased by subsequent stresses and traumas

in wartime and after, akin to concepts of "cumulative trauma."⁸⁵ Survivors reached variable equilibria of reliving and avoiding the components of their traumas, and the traumas variably pervaded their personalities and existential outlooks. This view extends Freud's and is in line with traditional views as well as those of modern theorists.⁸⁶

Symptoms could vary greatly, aspects of the traumatic situation being represented somatically, in action, or psychologically. However, even when well defended and relatively symptom free, individuals were intensely affected. Perhaps the invisible pervasiveness of Holocaust trauma is like a saturated solution on the verge of crystallization. The solution looks normal, but much internal energy is devoted to making it seem so. Kestenberg called this a tension "beyond diagnosis."⁸⁷ This state could cause as much distraction from enjoyment of life as symptoms and illnesses (crystallizations from the solution). As noted also in other traumatized groups, the latent post-Holocaust period of rebuilding was the outward manifestation of making life as normal as possible.

Regarding previous vulnerability as a determinant to later responses, it must first be acknowledged that for many children there was hardly a "previous time." The literature implies that subsequent distress responses nevertheless formed quite uniform constellations, with variations predominantly influenced by the number, severity, and type of traumas. This resembles the findings for adult Holocaust survivors and for combat soldiers.⁸⁸

Child survivors seem to share features with other traumatized groups. They share with the adult "survivor syndrome" sequelae of anxiety, disturbances in cognition and memory, a tendency toward isolation, inability to verbalize the traumatic events, unresolved mourning, guilt, and rage against parents who failed to protect them.⁸⁹ They share with the children of survivors a parental overprotection and fear of the environment, separation problems, taking on parental missions, shame, and "feeling different" from the normal population while appearing to be successful (often in helping professions).⁹⁰ Their responses have similarities to other war child survivors and with child survivors of nonwar traumas, such as childhood abuse and incest.⁹¹ Traumatized groups show much similarity in their trauma responses, though each has its own specific features. For instance, child survivors tend not to be aggressive, possibly because in their traumatic situations aggression would have meant death.

CONCLUSION

One-and-a-half million children were purposefully murdered in the Holocaust. The children who survived underwent major, well-documented traumas. These child survivors are a valuable source for the study of trauma. Indeed, they present a unique opportunity to learn about the long-term effects of trauma on children.

This chapter has detailed some of the trauma-induced responses. Many

questions about the nature of trauma and its associations with perceptions, emotions, judgments, meaning, and moral issues require further exploration. Similarly, the complex nature of trauma responses and the complexity that child survivors present, as well as the overlap of the child-survivor experience with the traumas of other groups, should alert us to the importance of an expanded theory of trauma and its effects.

The needs of many recently traumatized children in so many quarters of the world and the newer waves of child survivors from countries of persecution remind us that childhood trauma is common and should always be considered in our patients and in our students. Child survivors of the Holocaust give us hope that even the most vulnerable victims of the greatest of traumas can have their humanity and dignity restored.

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