

EFFECTS OF THE HOLOCAUST ON JEWISH CHILD SURVIVORS;

A Review of Their Traumas and Aftereffects Over 50 Years

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ABSTRACT

One and a half million Jewish children were purposefully murdered in the Holocaust. The 10% who survived are arguably the remnants of the most massive trauma on a most vulnerable group in history. Overcoming countertransference responses such as numbing and making the Holocaust sacred allows child survivors of the Holocaust to contribute valuable knowledge on the effects of extreme childhood traumas. Though the percentage of survivors is small, the group is large enough to distinguish effects of traumas at different ages, and many have survived long enough to study the effects over a period of fifty years. As psychoanalysis sees later pathology developing from times of childhood, it is important to understand the dynamic progression of childhood traumas over the life span. Child survivors of the Holocaust may provide a benchmark to study such progression and to enhance concepts of treatment. This paper aims to provide a coherent psychodynamic clinical profile which may be of use to a variety of therapists. If such knowledge helps future traumatized children and adults, the otherwise senseless suffering of child survivors of the Holocaust will acquire some meaning.

(Index Headings - Holocaust; Survivors; Trauma; Children; Child survivors)

INTRODUCTION

The psychosocial sequelae of surviving the Holocaust was recognized in adults in the 1960s (Krystal & Niederland, 1971). The 1970s brought recognition of psychosocial sequelae in the children of these adult survivors (Bergman & Jucovy, 1982). Marcus & Rosenberg (1989) reviewed the sequelae in both generations.

Though child survivors were recognized in the immediate postwar years in Polish and Dutch literature (Keilson, 1979), they subsequently entered a long latent phase of being forgotten. They were rediscovered only in the 1980s (Moskovitz, 1983; Kestenberg, 1988a; Kestenberg & Kestenberg, 1992), that is forty years after the Holocaust. Most survivors were then around fifty years old.

Even child survivors had difficulty seeing themselves as such (Krell, 1985 a, b). They demurred, saying that they were “only children” in the war, their parents were the real survivors and that they had few memories. This contrasts with clinical observations that the younger the survivor, the more pervasive were the potential harmful effects of traumatic experiences (Kestenberg & Brenner, 1986; Keilson, 1992). In fact, the most vulnerable and traumatized group of the Holocaust became also the most unrecognized one. With rediscovery of child survivors in the 1980s, they started to be defined and differences were drawn between them and adult survivors.

Definition. Though definitions varied, Krell (1985b) defined a child survivor as any Jewish child who survived in Nazi occupied Europe, by whatever means, and no older than sixteen at the end of the war.

He noted that child survivors carried extra burdens to adult survivors. They had fewer memories (both of normal prewar conditions and normal parents), they were

forcefully separated at a more vulnerable age from their parents, they were more passive and therefore later less proud than adults of their survivorhood, they suffered overt humiliation from other children postwar, they were not married to fellow survivors nor did they live in communities of fellow survivors who shared their stories, and altogether they were more isolated from their experiences and themselves than adults. In other words, continuing from wartime, in many ways child survivors continued to be relatively vulnerable.

As with adult survivors, early studies of child survivors tended to be pessimistic. For instance, over half hospitalized child survivors were noted to be psychotic, the proportion being greater in younger survivors (Krell, 1985a). However, in non-clinical samples the proportion of psychiatric illness was much smaller. In particular, Moskowitz (1983) and Hemmendinger (1986) who followed up children from orphanages in England and France 30 years later, were impressed with the resilience and high degree of socialization of these child survivors. However, some of them too had needed psychiatric help.

Over the last decade the relative neglect of child survivors has been rectified. Two journals have had special sections devoted to them (The Journal of the American Academy of Child Psychiatry Volume 24, 1985; The Psychoanalytic Review Volume 75, 1988). Somewhat belatedly, Dwork (1991) thoroughly documented children's wartime suffering. Marks (1993) recorded a collection of biographies from the Hidden Child conference in New York in 1991, the first international meeting of child survivors. Valent (1994) collated ten biographies of children of different ages, genders, different countries and wartime experiences. He noted that as well as symptoms pertaining to clinical

diagnoses, survivors were particularly concerned with issues of identity, memory, and existential meanings.

The purpose of this paper is to review the above literature in order to facilitate a coherent clinical profile. The author will also draw on personal experience as a child survivor, experiences over seven years in a self disclosing child survivors of the Holocaust group which he founded in Melbourne, psychoanalytic trauma therapy of child survivors, and perspectives from other traumatic situations and trauma therapies.

THE TRAUMAS AND THEIR SEQUELAE

It is suggested that following vignette exemplifies some of the clinical features and issues of child survivors.

The Case of Marta

Marta had few memories from before the age of four when she was separated from her parents in a Polish village in 1939. Her earliest memory was of collecting flowers in the field and giving them to her mother. She remembered playing with her sister, and had a pleasant feel for that period.

Marta constantly returned in therapy to when the Germans took away her family. With time the event, as her other traumas, became ever more vivid, coherent and painful. She had been returning from a neighbour's place when she saw screaming men in uniforms herding her parents and sister into a truck. Her mother seemed to half see Marta from the corner of her eye. She turned her head away to the inside of the truck. Someone took Marta's hand. She did not move or utter a sound. The truck was driven away. Marta never saw her mother or sister again. Marta kept asking questions. Why had she not joined her family? Why did mother turn her head away? Did she not want Marta with her? Was she bad? Why did Marta not feel anything at the time? Why her sister and not her?

For a long time Marta believed that her family would return after 'the holiday' which was what her stay with a new family was called. This wish gave way slowly to a desire to belong to one of the succession

of new families where she was deposited. She also desired to be Catholic, like they were. She hated that she could only pretend to belong. As the hope of the return for her family faded, Marta came to live in a kind of continuous gray cloud, which she hoped would lift one day. Her need for affection led her to believe that the sexual abuse by the men in two families where she stayed were signs of care. She tried to ignore the concurrent pain, sense of wrongness, threats and disgust.

After the war a strange man took her away. He said that he was her father. He told her to love her new mother, who seemed to hate her. Father did not seem to care about that. He sometimes looked at Marta and called her by her mother's name. She was prevented from going to church, and was told that Jews like her did not believe in Christ.

Marta became a helping professional, married and had two children. Outwardly she appeared normal. However, she had a pervading sense of worthlessness, inability to love fully, could not enjoy sex, suffered inexplicable depressions, anxiety attacks, phobias and a variety of physical illnesses. She tried not to think and to not love because 'crazy' feelings and visions would overwhelm her.

In therapy she confided her sexual history for the first time, and came to remember ever more. She came to realize that her crazy visions and feelings belonged to aspects of her traumas which she had been reliving. Marta had believed that she was to blame for her abandonment and her sexual experiences. In time her deep shame was mitigated by seeing that she had been a victim, and her shame turned to anger and grief. The gray cloud lifted after she grieved her mother and sister. Marta came to understand that her mother probably turned her head away to not draw attention to Marta and thus endanger her. Marta developed self-respect. She was active in her child survivor group. She became an active spokesperson against revisionist ideas claiming that the Holocaust was exaggerated.

The Traumatic Situations

As part of genocide and being marked out for extermination, the children were spared nothing in the Holocaust. Just like adults they were subjected to ghettos, yellow stars, humiliation, roundups, shootings, concentration camps, torture, and medical experiments. Indeed, as poor workers children were particularly expendable, and their inability to execute orders was 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. At other times their heads were swung against walls, or they were thrown in the air for target practice. Milton Kestenberg (1985) noted that all these maltreatments were legally sanctioned.

Cushioning children's traumas was the protection of adults. On the other hand parental disappearance and death were constant realistic threats. 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. Separation from parents was almost ubiquitous. At times children had to witness total parental helplessness and even death. At times when they did not happen, fears of such events were transmitted to children.

Not all children suffered in concentration camps. However, numerous changes of unsympathetic caretakers could be more distressing than concentration camps (Kestenberg & Brenner, 1986; Valent, 1994). Discipline was often harsh and included threats of turning in the children. One in six children in hiding were sexually abused (Moskovitz & Krell, 1990). Children's usual atavistic nightmares of abandonments, and hostile predators and strangers who wished to kill them, were reality.

Other stresses involved interference in children's developmental phases, absence of regularity, sequence and constancy (Kestenberg & Brenner, 1986), and interruption of play and schooling. Compared to the above, bombing was described as a comparatively much lesser stress.

Children's responses

Children's responses paralleled those of adults, but were influenced by parents' cushioning and filtering of events. Events were of necessity interpreted according to parents even when they did not cushion events or were even absent, and according to children's their developmental phases.

Responses paralleling those of adults

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. However, 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, or with inappropriate action (Kestenberg & Brenner, 1986). Helpless adults also experienced these primitive responses.

Older children (those aged seven or more who often had to assume adult roles), and somewhat younger children who were not cushioned by adults, experienced dread, fear; desolation torment and death akin to adults (Moskovitz & Krell, 1990; Dwork, 1991; Valent, 1994).

Children's defences also resembled those of adults. They included dissociation, mental numbness and a sense of unreality, (Hogman, 1985) as well as freezing of

feelings, of terror, grief, despair and pain (Gampel, 1988), anger and guilt (Hogman, 1985). Expression of any of these feelings could have compromised the child's life at the time. Instead of sobs at losing a whole family, a 12 year old felt a tearing loose in the chest. "The small childish sobs did not come, instead my chest felt crushed with the mature agony of an entire people." (Kestenberg & Brenner, 1986, p 311). Dissociation of feelings allowed children, even as young as four, to take correct actions such as hiding under the sheets or running to a neighbour (Valent, 1994). Capacity to not feel, to the point of apathy, helped children to survive parental loss, and facing murder, torture and death. 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). Sometimes the symbolic substitutes were real people who often sacrificed heroically for the children. For the children they might have been nameless disappearing objects, perhaps linked together with some fragment of goodness. The younger the child, the more difficult it was to remember such objects clearly.

In spite of defences and some tie to goodness, emotions such as fear and dread were a constant background to daily existence. At times subacute cues could release emotions and the sense of the world really being in turmoil (Rotenberg, 1985).

Parental cushioning and ordering of events

Faith in parents' protective powers cushioned children against objective horrors (Rotenberg, 1985) and allowed them to carry on their lives relatively normally. 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.

Interpretations according to child - parent views

Children's traumatic events were experienced of necessity 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 which developed into survivor 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 and meanings were also frozen. This allowed preservation of an internal morally hopeful and just psychosocial life, split off from reality, and necessary for survival. Marta's fantasies that she was abandoned and abused because she was bad or worthless allowed her hope in a coherent moral world which could come good if she were a 'good girl'.

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, 1990). Parents also froze the emotions, guilts and meanings of these traumatic situations.

Influence of developmental phases

Parental cushioning allowed relatively greater interpretations of events according to developmental phases, as exemplified in Anne Frank's diary. In other cases, deportation could to some extent be seen in terms of an adventure (Cahn, 1988). Even without parental protection there still remained a psychological imperative to experience traumatic events to some extent from the viewpoint of children as well. For instance, for one child in hiding, "...there was always a devil, in the figure of death who would catch me. When I saw the dead physically I was less afraid than when I felt the fear of being taken.." (Gampel, 1988, p 506).

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).

It may be asked whether the killed children had similar responses to those who survived. Dwork (1991) had no doubt that this was so, and that the main difference between the dead and the surviving children was luck.

Postwar

Liberation

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 “..joyous running, falling, feeling the earth, then getting up to run again.” (Moskovitz & Krell, 1990, p 83), and the beginnings of understanding the enormity of what had happened. “Suddenly, I saw that I had noone,...absolutely nothing.” (Gampel, 1988, p 508). Some died of overeating and many took ill. One survivor suggested that many overate in order to die, because despair overtook them.

Early Postwar

There was often a cascade of traumas some of which could be worse than the wartime ones (Keilson, 1979). Some children had to recognise that families were lost forever. Some had to separate from loving caretakers to be with biological parents who were strangers to them. For others parents who returned were different to the ones hoped for - they were changed, and they sometimes had foreign partners. 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. This could be experienced as a bitter betrayal of all wartime hopes (Valent, 1994).

Many children returned to hostile antisemitic environments, dashing hopes that at last they would be received with kindness and joy. For those who emigrated, their past lives seemed to be unreal. Parents and adoptive countrymen seemed to be indifferent to the children's pasts, and wanted the survivors to forget them (Kestenberg, 1988b; Valent, 1994).

Postwar Responses

In the initial weeks to months camp habits persisted. For instance, children appeared to be greedy for food, quarrelled, and lacked social skills. They had numerous

childhood neurotic symptoms such as bedwetting, clinging, poor sleep, nightmares, and inability to trust. However, most became socialized, and formed friendships among themselves (Freud & Dann, 1951; Moskovitz, 1983; Hemmendinger, 1986).

Child Survivors coped psychologically with postwar stresses through similar means to the wartime ones - mainly by cutting off feelings and meanings, and focusing on the future (Mazor, et al, 1990). They also cut off their memories of the past thinking of them as belonging to an irrelevant past.

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. Many belonged to helping professions, and were otherwise worthwhile and even altruistic members of their communities (Kestenberg & Kestenberg, 1992). 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 as was noted, some became psychotic (Krell, 1985b), others had a variety of post-traumatic stress disorders, including nightmares, physical symptoms, emotional states and disjointed memories, often experienced as crazy. Keilson (1979) noted that younger child survivors tended to develop personality and relationship problems, a middle group anxiety ones the older ones depressive ones. Gässler (1995) emphasized identity and survivor guilt problems among adolescent survivors. She also noted the artificiality of attempting to place the wide and deep problems of child survivors into the Procrustean bed of regular psychiatric diagnoses. It is suggested that in fact probably

most child survivor age groups suffered an excess of a variety of psychiatric and psychosomatic illnesses than children with normal experiences.

As well as conventional symptoms and illnesses, perhaps the Holocaust pervaded survivors in many and often more painful existential ways, such as continuing to silently yearn to belong (Gampel, 1988; Kestenberg & Kestenberg, 1992), to have fuller loving relationships and to enjoy the world with humour and optimism (Rotenberg, 1985).

And here even the apparently well carried inner gaping wounds defying conventional diagnoses. One jovial looking survivor with a “good” outcome, described a chronic dominant feeling pervading his life, relating to his mother whom he could not remember, “I feel lost, waiting to be found.” (Moskovitz, 1985, p 403)

It is too easy to take one or other position about the “normality” or “resilience” of child survivors. 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, and the Holocaust having a continuous pervasive negative influence over their lives. Even if conventional abnormalities were not salient, their normality was like a supersaturated solution containing great tension, out of which with relatively little stress could crystallize a wide variety of major biological, psychological and social distress symptoms and illnesses, and existential meaninglessness.

The apparent invisibility of traumatic sequelae in the latent phase may have several sources. First, it may be an artifact due to simply not looking to see. Second, apparent wellness yet pervasive burdensomeness could be a continuation or reliving of the wartime child who had to appear normal to survive. Third, injunctions to not be aware and to not demonstrate suffering continued over the years too. 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.

However, lastly, shutting off and not remembering also continued to be key defences of child survivors themselves against the pain of their traumas. Over time they added further defences too (Mazor et al, 1990), depriving their traumas of meaning, significance and true knowledge (Kestenberg, 1987). Degrees of not knowing and ‘half-knowing’, such as through bodily representation or acting out could result (Laub & Auerhahn, 1993; Laub, Peskin & Auerhahn, 1995).

Neither child survivors nor their parents wanted to expose to themselves or each other their past traumas with their frozen judgements and meanings. They shared a “conspiracy of silence” (Danieli, 1984; Sichrovsky, 1986).

Child survivors were the forgotten ‘one and a half’ generation. Like second generation survivors they conspired to be silent with their parents. On the other hand, as survivors, they generated such silences with their own children. Each younger generation carried conflicting demands to be silent but to not forget, to feel safe in spite of parental anxieties for them, to support parents, and accomplish dreams of well and happy children, to not know but to testify to the Holocaust to make sure it did not recur.

It was only more than 25 years after the war that child survivors started to think actively about the Holocaust and to reconnect themselves with their experiences in it

(Rotenberg, 1985). It took them another 10-20 years to identify themselves as child survivors, to leave the latent period, and to grapple actively with their problems.

Child Survivors Now

Many child survivors are still in the equivalent of the latent phase, that is many are in physical and mental hiding and in survivor modes. As well, for many child survivors old age has brought little comfort. In fact, retirement, illness and bereavement could accentuate early symptoms which had been defended against for long times (Lempp, 1992).

On the other hand, child survivors are in their fifties and sixties, the formulative parts of their lives (Mazor et al, 1990). Many now have the perspective of mature age and security to attempt to make sense of their lives. They do so by revisiting their pasts and bridging it with a tenable future.

It is suggested that in their quest to integrate the Holocaust into some kind of coherence in their lives child survivors need to grapple with issues of identity, memories of traumas and their frozen judgements and meanings, and developing new purposive existential meanings (Valent, 1994; 1995). These issues are of major concern to various degrees to the child survivors of today.

Identity

To accept the identity of a child survivor of the Holocaust goes against previous (in some countries current) survival needs of hiding one's Jewishness. It requires overcoming shame for being identified with a degraded, inferior, persecuted people (Kestenberg & Kestenberg, 1988), overcoming fear of being excluded from normal life,

homes, and jobs (Kestenberg, 1988a), and as a survivor overcoming the stigma of being damaged or abnormal. It requires challenging conspiracies of silence, indifference and discounting. At times it requires facing conflicting loyalties due to identification with caring Christian rescuers (Hogman, 1988).

On the other hand, accepting the identity of child survivor of the Holocaust can be healing as it allows connection with others like oneself, promotes enjoyment of a sense of siblinghood and belonging, for instance in child survivor groups, and results in realization that one is neither alone nor inferior. It allows a view of oneself as having been a victim and taking special pride in one's achievements to become a child survivor. Accepting one's identity is a step to allowing the perspective of seeing oneself and one's family as ordinary and loving human beings who were befallen by extraordinarily cruel circumstances. From this basis the family conspiracy of silence may be broken.

Identity allows making connection with broader history of one's people and prewar culture, aspects of which may be retrieved or modified to today's circumstances. Identity with Israel gives broader political identity. Having an identity base, child survivors can look to other groups with dignity and pride.

Recovery of Memories and Reworking of Traumas

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 past. To integrate one needs memories. Many now experience a hunger for memories, as if life depended on it (Kestenberg, 1988b; Kestenberg & Kestenberg, 1992). 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.” (Kestenberg, 1988b, p 571).

Many flesh out their memories by reading, breaking silence and asking questions of parents, the older generation and comparing notes with peers, and going back to the places of their and their parents’ wartime experiences. Such trips reconfirm memories for older child survivors, such as for one who found his name listed in the wartime records of a factory which had used his slave labour. For younger survivors such reconnections are especially important, because they ground fragments into a jigsaw puzzle. Previously disjointed ‘crazy’ fragments now become recognised memories which make sense in terms of past circumstances. Others go on internal therapeutic journeys to help them recover and flesh out memories. Often external and internal means of obtaining coherent memories combine synergistically.

However, when memories are retrieved, they are associated with the original numbing, dissociation, splitting and fragmentation, that is with the world of the child in the traumatic situation (Kestenberg, 1988b; Laub & Auerhahn, 1993). To move beyond such primitive defences one needs to experience the personal judgements and meanings frozen within the situations. The cores of traumatic meanings, the centres of conspiracies of silence must be broken. 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.

Like with Marta, this means that feelings of abandonment, betrayal, guilt, shame, mutual helplessness, the many losses at the core of blocked mourning (Moskovitz & Krell, 1990) must be faced by individuals and family members. While thawing of these

emotions can lead to much pain and family distress, it can also facilitate mourning and repair of relationships (Mazor et al, 1990; Kestenberg & Brenner, 1986).

There is an almost ubiquitous dialectic between avoiding and recovering memories, paying the cost of the pain in opening wounds, for the benefit of healing and feeling more whole.

Meanings, Values, Purpose.

In order to heal alternate meanings to the traumatic ones need to be found both personally and in the world. But it has been difficult to extract positive meanings from the Holocaust. Negative meanings have emerged more easily, such as that parents were helpless and abandoning, and the world was dangerous and untrustworthy. Civilized values and principles of concern, humanism and charity were shaken. It was difficult to reconcile a moral Jewish God and the Holocaust. The Holocaust negated the most basic sense of justice. 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 and uncaring world. Life made no sense.

And yet each child was also carrier of good meanings, as none would have survived without care, often at risk to the lives of the carers. Some interpreted their unlikely survival as a special miracle of God and did reconnect to religion (Fogelman, 1988). Most, however, carried the thread of altruism through gratitude to their rescuers if they were not also abusive, and through their own concerns and altruism to helpless groups. Indeed, child survivors have grown up generally empathic and compassionate to the deprived (Moskovitz, 1983), and sensitive to injustice, especially to the weak (Kestenberg & Kestenberg, 1988; 1992).

Survival itself was imbued with the meaning of having defeated Hitler's plans (Kestenberg & Kestenberg, 1988) and the bearing of fruit in survivors' children and grandchildren was triumph over genocide. In a way the small children defeated German military might, and their seeds of goodness prevailed over the Nazi evil.

In all these ways, and especially being in the unique position of being the last surviving direct witnesses to the Holocaust, child survivors feel that they bear special witness to ultimate evil. They hope that their testimonies are not only personally healing (Valent, 1994a), but also they will contribute to similar events not happening again.

DISCUSSION AND CONCLUSION

In summary, child survivors of the Holocaust highlight needs for recognition, validation of memories and the traumas behind them, clarification of moral judgements, and help to retrieve a sense of a meaningful life.

The first major issue for child survivors was recognition. Of all the traumatized Holocaust groups, they were the last to be recognized. This may be due to a mixture of guilt (there is no civilized excuse to murder or stand by to allow the murder innocent children), child survivor avoidance of their traumas, and countertransference responses. Therapists must be very aware of the latter, if they are to recognise their patients' problems. Countertransference distortions could parallel those for adults (Hoppe, 1969; Danieli, 1980). They include not taking a Holocaust history, 'delicately' not exploring Jewishness, being oneself overwhelmed and numbed against intense terror and grief ("How can one repair the Holocaust?"), seeing patients as "too ill for treatment", "better to leave their defences intact". Alternately one may hide behind theoretical views of organic diagnoses, or that it does not matter what happened in reality, as such reality only

influences secondarily innate conflicts which are the really important issues. Then transference reenactments of victims' traumas may be interpreted as innate aggression, masochism and perversion. It is suggested that such countertransference responses are particularly intense with respect to childhood traumas because children show more unequivocally human vulnerability and the injustices perpetrated on them, and because children are more obedient in suppressing their relatively fragile memories.

Child survivors may collude in the suppression of memories. They may do so because as memories tend to surface so do the defences dissociating them which helped children to survive at the time, and thawing them brings inordinate pain. They may also reenact social pressures at the time of their traumas, to act as if nothing had happened, and later social pressures leading to conspiracies of silence. Thus therapies can continue for years without touching central issues of traumatization relating to threats to survival, and unconscionable judgements and meanings.

On the other hand when child survivors wanted to retrieve their pasts in order to achieve a degree of coherence and integration in their lives, and if allowed to do so, it became clear that their Holocaust traumas pervaded their psyches and their biological, psychological and social beings without let up throughout their lives. In older children this was more obvious resembling pictures in adults, while in younger children without clear memories this was deduced by filling in gaps between known traumas, biological, psychological and social memory fragments and observed after effects.

Child survivors expose not only objective extremes of perversions of morality and justice, but demonstrate a further paradoxical misfortune of suffering moral torment such as guilt and shame which their perpetrators may or may not suffer. Children like Marta

split good and bad according to childhood needs of survival and needs for a coherently and morally directed adult world. Thus for children it was 'good' to be silent while parents were taken away, or to cooperate during sexual abuse. It was 'good' to not show emotion and to forget. Impulses to do otherwise were split off as bad, and children suffered guilt and shame for them. Further, children assumed blame and shame for the events which persecutors inflicted on them. Thus children like Marta believed that they were abandoned because they were bad or were sexually abused because they deserved it. Such beliefs can also be played out in transference and countertransference, leading to therapist inclinations to feel blame, contempt and disgust for the victims. It was seen that recognition of such dynamics could lead to normalization of morality and restoration of pride, innocence and dignity to the victims.

Child survivors teach how traumatic memories include unconscionable judgements and meanings, and how they can be fragmented, dissociated, split, turned against oneself, repressed and otherwise defended against. They show clearly the dialectic between the need and fear to remember; and how the former provides life at the cost of pain, while the latter shields from despair at the cost of losing a part of one's self. Child survivors also demonstrate how for adults traumatized as children it is not only subsequent symptoms and illnesses which are important, but even more so their identities, a place in a moral world, with purposeful meanings for their and their children's lives.

The Holocaust has thrown up over the years problems great and small. At times problems may be helped with medication, such as some psychosomatic and depressive problems. Wider problems such as of identity, memories and existential meanings cannot be solved quickly, but it has been shown that one need not cude with countertransference

despair. Child survivors could be helped through outside means such as social recognition, peer groups, having a voice through testimonies, bearing witness, and helping other traumatized groups.

In therapy it is useful to be aware of the clinical evolution of child survivor symptoms from trauma to old age and the next generation. Therapists need to overcome their countertransference resistances and anti-trauma theories, which may be especially strong if therapists' own traumas remain unanalyzed. Recognition of survivors and their issues in a safe, sympathetic and moral environment may lead to courage to remember traumas, own them in a sequential objective manner, and to realign judgments and meanings in a realistic albeit painful manner. Through grief patients can move into a more meaningful and purposeful world in which they have a special place.

The challenge for therapists is to not be seduced into covertly denying or blaming countertransference positions, but to face the pain with their patients. This is no small matter. Perhaps not all symptoms will be cured, but facilitating through one's own involvement traumatized children to retrieve meaningful adult lives not only reconnects patients to hopeful new lives, but offers wide wisdom of human nature to their healers. Such wisdom may be utilized to treating other severely traumatized populations.

In conclusion, it is suggested that the inordinate traumatization of child survivors of the Holocaust, the documentation of their own and their parents' traumas and the long term follow up of over more than fifty years, provides a benchmark for childhood traumatization. It is hoped that this review may serve as a reference point which alerts to features of severe traumatization in other groups of children (Valent, 1995), but further,

that the unambiguous traumatization of these children contributes to thinking about long term effects of severe childhood disruptions generally.

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Ms Helga Haase
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15th September 1997

Dear Ms Haase,

Please find enclosed my paper *Effects of the Holocaust on Jewish Child Survivors; A Review of Their Traumas and Aftereffects Over 50 Years.*

I took your advice on a number of points. I combined the two papers as you suggested, and added the German literature which you sent to me and which I considered relevant. In particular, I included Keilson, as you suggested.

In particular, I avoided contrasting the Holocaust traumas with those of others, though I gently mentioned that one needs to break through the numbing and the feeling of sacred to study child survivors effectively. I also put in a reference to my writing where I compared Holocaust child survivors and sexually abused children, and suggested that child survivors of the Holocaust could perform a useful benchmark, or reference point for other severely traumatized children.

I hope that the paper now meets your satisfaction. However, I am very open to further comments and suggestions.

I thank you for all the help, support and suggestions which you have given me and I look forward to hearing from you in the near future.

Yours sincerely,

Paul Valent

P.S. Please note my new fax number (00 613 9866 1910) which can be used 24 hours of the day.