

Subjectivity and the intergenerational transmission of historical trauma: Holocaust survivors and their children

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Abstract Studies have shown that many children of Holocaust survivors suffer from the experiences of their traumatized parents. Indeed, many of these children call themselves second-generation survivors. Drawing on over 250 interviews with Holocaust survivors from the Fortunoff Video Archive at Yale University, as well as interviews with the children of survivors, this manuscript argues that the transmission of historical trauma from one generation to another is best explained in terms of how trauma disrupts the attachment system. Children want and need to experience their parents' trauma. However, they need to do so in an age-appropriate way, and in a way that is adequately symbolized. To be excluded from their parents' subjectivity is as damaging as being overwhelmed by unintegrated parental experience. Attachment theory turns out to be an especially good medium for making sense of this delicate balance. *Subjectivity* (2015) 8, 261–282. doi:10.1057/sub.2015.10

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Introduction

Several well-known authors have written books on the intergenerational transmission of trauma from a depth psychological perspective. Caruth's (1996) *Unclaimed Experience* is probably the most well known. Her book is not, however, informed by clinical experience. Clinical experience informs the theories of Davoine and Gaudillière (2004) in *History Beyond Trauma*. It also informs the work of Abraham and Torok (1994) in *The Shell and the Kernel*. However they do not address Holocaust survivors and their children.

For all their differences these three books make a similar argument: those who suffer trauma are unable to adequately symbolize their experience. This leads to

the intergenerational transmission trauma through non-symbolic, or at least less developed symbolic means: hysteria in the case of Caruth, embodiment in the case of Davoine and Gaudillière, and something called the phantom in Abraham and Torok. Embodiment is probably apparent in every case of the transmission of trauma, and the 'phantom' is not as mystical as it sounds. Nevertheless, each of their theories emphasizes the destruction of the ability to symbolize under trauma.

My argument is also theoretical, but it is based on viewing over 250 hours of interviews at the Fortunoff Video Archives for Holocaust Testimony at Yale. While I cannot match these survivors to their own children, there is extensive empirical research with the children of survivors to draw upon, and no reason to think that the Fortunoff survivors differed from others, except perhaps that there was a self-selection of the more articulate, or at least those more willing and able to talk about their experiences, which are almost uniformly horrendous. Most talk about their relationships with their children and grandchildren. Some regret they were not able to shield their children better. Others wish they had been able to share more.

Focusing on the interviews leads to a new way of thinking about the transmission of trauma, particularly its relationship to symbolization. Remarkable about these interviews is that while some witnesses show definite signs of trauma, including flashbacks, they are for the most part remarkably narratively competent. The survivors tell stories with a beginning, middle and end, the narrators moving back and forth in time and space between here and now and there and then. Their affect is appropriate. In this respect the survivors do not seem deeply traumatized.

Nevertheless, these narrative achievements are not enough to protect their children from being overwhelmed by their parents' communications. Not because their parents cannot adequately narrate their experience, but because even competent narration is an inadequate measure of trauma's damage to the ability to symbolize experience. What really matters is the communication of feeling states, and feeling states are often communicated in a non-verbal, pre-symbolic manner. Bollas (1987, pp. 277–283) has called these states the 'unthought known', describing experiences that are not cognitively processed but nevertheless becomes a person's basic orientation to self and to life. The content of the unthought known in survivors' children often reflects the parents' unspoken orientation to life. Expressed otherwise, survivors may be narratively competent and remain traumatized.

The orientation is not necessarily subtle. Trossman, a doctor at the student mental health clinic at McGill University, began to see children of survivors in significant number in the late 1960s. He concluded

Perhaps the most deleterious parental attitude is the spoken or unspoken communication that this child must provide meaning for the parents' empty lives ... Thus the expectations on the child are enormous. He is treated not as an individual but as a heavily invested symbol of the New World ... High

parental expectations are difficult for any college student but the redemption of unhappy lives is well nigh an impossibility, and so many even good students either give up in despair or seethingly rebel.

(Trossman, 1968, quoted in Epstein, 2010, p. 210)¹

As one second-generation survivor puts it, 'I always felt that I loved my parents and that they loved me, but there was a sense of despair in the house' (Epstein, 2010, p. 192). In general, the children of survivors are able to put words to these communications. They are often more articulate than their parents, though again a self-selection bias is possible. The more articulate are more likely to talk. But as with survivors, words do not always help or heal.

Attachment theory argues that children learn to manage their anxiety in the absence of their parents by internalizing what Bowlby (1976) called 'internal working models'. Over the course of thousands of interactions, children come to expect that their caregivers will (or will not) be present and caring. In part because the child is so young when these models are formed, he or she makes little distinction between the reliability of the caregiver and the reliability of his or her own self. 'As a result, the model of the attachment figure and the model of the self are likely to develop so as to be complementary and mutually confirming' (Bowlby, 1976, p. 238).

More recent studies have investigated the stability of working models over time. In ordinary circumstances, 20–30 per cent of people seem to change attachment styles over time, generally as a result of negative experiences (Scharfe and Bartholomew, 1994; Waters *et al*, 2000). The Holocaust was not merely a negative experience. What it makes clear is that even if most adults have adequately internalized their parents responses (working model), the model itself depends on the larger community. Large-scale historical trauma destroys the social framework that supports ordinary attachment. In the conclusion the question will be raised whether it is actually trauma that the second generation experiences. Or whether some children might wish to experience their parents' trauma in order to make a connection, an attachment.

What is Intergenerational Trauma?

The relationship between my research and other researchers on the intergenerational transmission of trauma is discussed below. All agree that trauma disrupts the ability of the victim to symbolize his or her experience. The question is precisely how this happens. While my account does not sharply diverge from these other accounts, the different emphasis stems in part from the fact that it is based on video interviews, not clinical experience. This highlights the production of narrative, which I believe is useful. However, other aspects of trauma, such as

long-term somatization, are simply not as visible in an interview. Furthermore, the survivor is, at least in some respects, putting on his or her best face, the public self. However, this last point should not be exaggerated. Witnesses cry, fall silent, moan and in other ways show signs of great suffering more than 30 years after their liberation. Any reader familiar with Langer's (1991) *Holocaust Testimonies: The Ruins of Memory*, will be aware that these testimonies lend no support to the suspicion that witnesses might try to present themselves as stronger or better off than they are.

Finally, it is worth noting that the Fortunoff Video Archive was co-founded by Dori Laub, a psychiatrist and child survivor of the Holocaust. The interviews done at the archive are relatively unstructured. The interviewers ask few questions, and provide little direction. It is not uncommon for a witness to speak for a half-hour without interruption, the camera moving in and out, focusing primarily on the witnesses' face and hands. Laub (1992, pp. 70–71) claims that testimony may itself be therapeutic. Elsewhere I have questioned this.

Before defining intergenerational trauma, it is necessary to define trauma. Caruth (1996, pp. 11, 57–58) uses the diagnosis of post traumatic stress disorder (PTSD) as her definition. It is a good start. *The Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) retains most of the same diagnostic criteria used by DSM 4, employed by Caruth and others. DSM 5 differs in that PTSD is no longer conceptualized as an anxiety disorder, but as a disorder deserving its own category. As Friedman (2013, p. 548) suggests, this is likely to change the way PTSD is conceptualized in the future. For now, however, the diagnosis remains much the same, with the addition of a new subtype applicable to children 6 years and younger. This does not seem applicable to child survivors, as the symptoms must be the same as in adults. Generally this is not the case.²

PTSD requires that 'the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others'. Symptoms of PTSD include the following: (i) Intrusive and recurrent recollections of the event, including dreams, and flashbacks. (ii) Avoidance and numbing, in which people, places, activities and even consciousness are avoided, the latter through drink, drugs, sleep. Feelings of detachment and estrangement from others, as though no one else could possibly understand. A restricted range of affect: all the emotions are turned down, including love, affection, pleasure, as though every powerful emotion were a danger. (iii) A sense of a foreshortened future. 'What's the point in planning anyway? I don't expect to be around that long'. (iv) *Hyper-arousal*: Difficulty falling or staying asleep. Irritability or outbursts of anger. *Hyper-vigilance*: Exaggerated startle response. These symptoms must last for at least a month for the diagnosis of PTSD to be met.

If this is trauma, what is historical trauma? There can be no single definition. In the case of the Holocaust, historical trauma means trauma that affects a large

group of people at a certain point in history, massive trauma that destroys not only millions of victims, but leaves its survivors with an experience which is difficult to convey. Not necessarily because the survivor was traumatized into silence, but because theirs was an experience so far beyond the normal that the distance between then and now seems insurmountable. As one survivor (Eva L., T-71) said ‘people ask me to tell the story, and I refuse. I can’t believe a human could go through this. ... Every day was a year. How can they believe a human can survive under this if I can’t believe it?’³

What has been altered for Eva is not her ability to tell her story, but her ability to believe her story, because there is nothing in the non-Auschwitz world that is comparable. Also altered was her sense of time. Part of her remains stuck in Auschwitz time, permanent time, in which the hands of the clock never move. This is a trauma marker. Noteworthy about Eva is how she is able to live in two time zones at once. This is characteristic of survivors. It is called doubling.

Other Theories

In addition to Caruth’s (1996) well-known account of intergenerational trauma, other theories focus on trauma as that place where the symbolic order has broken down. Davoine and Gaudillière (2004) are exemplary, treating trauma, like madness, as a place where the subject is unable to frame and form what Lacan (1977, p. x) called the real. Laub (1992, pp. 68–69) shares in view. In an application of Davoine and Gaudillière’s work to the intergenerational transmission of trauma, Walkerdine *et al* (2013) argue, following Davoine and Gaudillière, that trauma has to be understood in relation to their historical take on the Lacanian concepts of real, imaginary and symbolic. In a case study, they explore the way in which slavery might be understood as a broken treaty (symbolon), the results of which can be understood both in terms of the large history of Caribbean slavery and the small history of a woman’s relation to her father through biographical time.

Davoine and Gaudillière argue that issues do not disappear but are embodied and the fact that we may not know what happened one or two generations ago is not proof that it is without effect. Their approach to the large history is not a simple determinist one, but a nuanced reading in which particular historical events and experiences can be so traumatic that they are carried in ways that cannot be determined through the bodies of descendants especially where they could not be communicated at the time.

(Walkerdine *et al*, 2013, p. 18)

The goal of their approach is to produce an explanation that does not reduce the intergenerational transmission of trauma to family dynamics.

Rather, an adequate explanation must relate micro- or family-level transmission to larger historical events. In their case study of a serial migrant between England and the Caribbean, they find both forces operative. What is sometime unclear in their account is how family and history interact. What is clear is that the consequences are embedded in the bodies of the descendents in such a way that it cannot be communicated, at least not without therapeutic help.

Another approach, that of Abraham and Torok (1994), argues that inter-generational trauma has the characteristics of a phantom. 'The phantom is a formulation of the unconscious that has never been conscious – for good reason. It passes – in a way yet to be determined – from the parent's unconscious to the child' (p. 173). The key point is that the transmission is from one unconscious to another, a process Freud recognized but like Abraham was unsure how to explain.

It is a remarkable thing that the Unconscious of one human being can react upon another, without passing through the Conscious. This deserves closer examination ... but, descriptively speaking, the fact is incontestable.

(Freud, 1914, p. 194)

For Abraham and Torok, the process is unclear, but it is not mystical. As Torok puts it, Freud is not talking about some 'mystical phenomena', but 'most likely the beginnings of conscious communication' that never makes it past the unconscious (Abraham and Torok, 1994, p. 179). In other words, the phantom is a formation of the unconscious that is found there not because of the subject's own repression 'but on account of a direct empathy with the unconscious or the rejected psychic matter of a parental object' (p. 181). My explanation is an elaboration of this 'direct empathy', focusing on both conscious and unconscious relationships to the rejected portions of the parental psyche. Some aspects of this relationship are subtle and submerged; others are relatively straightforward.

Cho (2008, p. 40), in *Haunting the Korean Diaspora*, applies Abraham and Torok's work, concluding that 'the capacity of the trauma to move across boundaries of time and space, however, implies that the ghost has an agency' of its own. That is, the phantom, originally a metaphor to describe the transmission of trauma from the unconscious of one generation to another becomes an explanatory agency. The ghost becomes real. Though Cho's account is culturally rich, it remains an incomplete explanation. The 'ghost' needs a mechanism, even if it must remain hypothetical. There may be intellectual advantages in not positing hypothetical media, and Cho's account would reflect this advantage. In any case, the 'ghost' is not so much a medium of transmission as it is a thick description of the lives of the children of Korean mothers who had emigrated to America.

Holocaust Survivors: Living Side by Side with Trauma

With little direction from their interviewers, most survivors were able to tell developed narratives of their experiences, ones in which most of the markers of trauma were absent. Several witnesses feared (realistically as it turned out) that their testimony would induce flashbacks or nightmares (Bessie K., T-206). One was unable to continue (Abe L., T-1394). In general, however, it would be more accurate to say that their families, when present, were more traumatized than they. In several of the videos one can hear family members, generally off-camera, trying to stop or redirect the interview (Moses S., T-511). This, though, is not the complete story.

The Fortunoff interviews were among the earliest interviews with Holocaust survivors, beginning in the late 1970s. For many, this was the first time they had told their story. Not just publically, but even to their families. Though Holocaust testimony is today almost an art form, then there was no structure, no norms guiding the testimony. Yet even in the absence of a socially accepted model of storytelling, almost all witnesses told coherent, well-developed stories.

Yet this narrative competence to which I have repeatedly referred, their ability to put words to the most terrible and traumatic experiences, did not relieve them of their trauma. Instead, it seemed to enable them to live alongside their trauma. Asked how she lives with Auschwitz, Delbo puts it this way.

Auschwitz is there, unalterable, precise, but enveloped in the skin of memory, an impermeable skin that isolates it from my present self. Unlike the snake's skin, the skin of memory does not renew itself ... Alas, I often fear lest it grow thin, crack, and the camp get hold of me again ... I live within a twofold being. The Auschwitz double doesn't bother me, doesn't interfere with my life. As though it weren't I at all. Without this split I would not have been able to revive.

(Delbo, 2001, pp. 2–3)

In fact, most who have studied Holocaust survivors focus on doubling as the way in which most manage to function competently in this world. While there are no constants among survivor testimonies, no universal themes, the two that come closest are 'no one can understand who wasn't there' and 'even today I live a double existence'. Kraft (2002, p. 2) argues that doubling is the near universal theme.

Almost all witnesses state that they live a double existence. There is a Balkanization of memory, where Holocaust memories and normal memories are assigned to two, sometimes hostile territories . . . Consider a few phrases that witnesses use: "a double existence," "another world," "a schizophrenic division," "two worlds," "two different planets," "double lives."

Narratively competent testimonies, one in which the survivor is able to put words to his or her trauma, maintaining a 'social link' with other survivors, as well as their own families, generally do not relieve survivors of their trauma. Consider Eva L's testimony again from a slightly different perspective.

The older I get, the more questions I ask. Why am I the only one of the whole family to survive? Who would believe if I can't believe it myself? When I was young it was easier, I was busier . . . I can't believe it happened to me . . . How can they believe if I can't believe?

(T-71)

Eva has told her story to her husband, and her children. She is surrounded by a family she loves. Yet she sometimes panics at family gatherings. 'So hungry for family'. She means, I think, 'I'm so hungry for family', but the sentiment is so primordial it is expressed as hunger in the absence of an 'I' (Eva L., T-71). This from a woman who loves and is loved by her present family. Nevertheless, she can neither forget nor come to terms with the fact that every member of her birth family was murdered in the Holocaust, her birthplace (*shtetl*) destroyed. It is as if every loving connection she experiences now only intensifies the loss of the loving connection that was destroyed.

A careless observer might imagine that Eva L. is a perfect example of Freud's early experience with traumatized and hysterical patients. About such patients Freud said that they accept that an event must have happened, for it could not have been any other way, but they do not remember the event. 'Patients themselves accept that they thought this or that, they often add: "But I can't remember having thought it"' 'It's easy to tell them their thoughts were unconscious' continues Freud, but how to make sense of the fact that these thoughts remain unconscious even after there is no need for repression? 'Are we to suppose that we are really dealing with thoughts that never came about . . . so that the treatment would lie in the accomplishment of a psychical act which did not take place at the time?' (Freud, 1898, p. 300).

Eva L. does not fail to remember her experience. In fact, she can narrate it in great depth and with full conviction. Like most survivors, Eva simply sometimes cannot believe it happened because it is so utterly alien not only to her present experience, but to ordinary human experience for which she might otherwise find a context. Muncie K. (T-503) makes a similar point. What astonishes Muncie is how unbelievable it all was, and by unbelievable Muncie means the moral and human unbelievability. 'Absolutely unbelievable that they did this to us. Why? This is the question I always ask'. She repeats a version of this statement at least a half dozen times during her interview for the Archive, an interview that lasted about 2 hours. By the end of the interview she is practically screaming her question-statement.

Witnesses such as Eva L. and Muncie K. do not have difficulty accessing their traumatic experience. While recounting the experience is dreadful, they do not get

lost in traumatic time, from which there is no escape. On the contrary, both make a sharp distinction between there and then and here and now. In fact, it is the sharpness of this distinction that troubles them so much. It is, in other words, possible to have trouble believing the unbelievable, while remaining intellectually and morally certain that it took place, remaining able to tell a narratively competent story about it. For this is the case with most survivors whose testimonies I viewed.

Having experienced the unthinkable, many survivors can never quite believe their own story. They know it happened, but they cannot quite believe it happened to them, even though they know it did. If this sounds contradictory, it is. It is the basis for doubling.

Late in his career, one of the founders of trauma theory, Ferenczi stated that 'forgetting' is sometimes the best path. 'Now is the time for encouragement to the tasks of life and future happiness, instead of pondering and digging in the past'. Ferenczi understands that the result is to 'sequester' or 'encapsulate' traumatic experience. But this is now the goal (Ferenczi, 1988, p. 181; Ferenczi, 1994, pp. 260–261). This is not doubling, but doubling and Ferenczi's late conclusion have more in common than divides them.

The problem with this strategy is that it tends to work best with younger victims of extreme chronic trauma. As they age, as more and more of the 'tasks of life' lie behind them, the memories of the Holocaust return. For Abe L. (T-1394) they returned with a vengeance. Several witnesses were overtly traumatized by their own testimony. Abe was the only one who asked to stop.

I thought that when the years go by, the Holocaust would go further away. It will never go away until the end of time. I dream about it. I can't get something like that out of my system. We were all, all the Jews in all the shtetls around us like brother and sister. All gone now, especially the children. You can't get that out of your mind. The hole in your heart gets bigger. The Holocaust is getting closer not farther ... I think I'll finish up here. The people and children, they don't go away. I have to stop. I'd like to cut it off. It's too much.

Sixty-five-years old when he made his statement, Abe was not in robust health. Studies of older survivors support the observation that the trauma that receded for decades frequently reappears in later years (Eitinger, n.d.; Krystal, 1995; Barak and Szor, 2000).

One might argue that the integration of traumatic memory into ordinary memory would better serve the survivor. It hardly matters. Perhaps it would help the survivor, but the goal was beyond the reach of most survivors. Certainly doubling is no cure. However, It allowed many survivors to live 'normal' lives for decades. The price was paid in old age, and by their children.

A Very Brief History of Survivors in the United States, Canada and Britain

It will pay to step back for a moment and look at the situation of survivors and their children in the United States and Canada. As with Eva L., many survivors were the only ones of their family to survive. Not only parents, brothers and sisters, aunts and uncles, were annihilated, but many lost husbands, wives and children. Many survivors started their new lives in the Displaced Persons (DP) camps established in the months and years following allied occupation. For many survivors, these were not short-term accommodations. One DP camp (Wels) remained open until 1959. It is in these camps that many survivors met and married other survivors. It is in these camps that many children of survivors of the Holocaust were born. ‘The DPS, most in their early twenties and thirties, also had thousands of children, making the DP camps, by some reckoning, the world’s most fertile spot between 1946 and 1948’ (*Encyclopedia Judaica*, 2008).

Americans did not welcome Jewish DP’s with open arms. All told, about 140 000 arrived in the United States between 1944 and 1952 (United States Holocaust Memorial Museum (USHMM), 2014a). About 20 000 Jews found a new homeland in Canada during this period, mostly in Montreal and Toronto. They came with their children born in DP camps, and they had more children in the United States and Canada. Current estimates are that more than a quarter of a million second-generation survivors live in North America today.

Before the war, Britain accepted about 70 000 Jewish refugees from German-speaking countries. This number includes 10 000 children who arrived in Britain on the Kindertransport in 1938–1938. After the war, about 40 000 remained (www.ajr.org.uk). Britain’s attempt to limit Jewish DP’s immigration to Palestine is well known (USHMM, 2014b). Today Britain is home to the world’s fifth largest population of Jews.

Second-Generation Trauma

Trauma is the destruction of attachment. Chronic trauma is characterized by the sudden and continued loss of attachment: not just to people and places, but to everything one thought was sacrosanct and untouchable.

‘When Lindemann in 1944 defined psychological trauma as “the sudden cessation of human interaction,” he was addressing its essential feature, the sudden disruption of an individual’s attachment system and all its manifestations’ (de Zulueta, 2009, p. 179). The term ‘attachment system’ refers not just to those connections between an individual and those he or she depends upon, but also to other people and the values they represent, as well as their instantiation in society. Culture is an attachment system. As Erikson (1976, pp. 153–154) puts it about a

very different disaster, the destruction of a small Appalachian community by a flood caused by a poorly constructed dam,

By collective trauma, on the other hand, I mean a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality . . . “We” no longer exist as a connected pair or as linked cells in a larger communal body.

The communal body is not just made up of human attachments. It is also comprised of attachment to place. When the place disappears, so does a bond connecting an individual to his world. Consider this story about a survivor trying to return to Warsaw shortly after liberation.

But when Abel passed Krasiński Square and reached the area of the former Jewish district he looked to the left and to the right, before and behind him . . . Expecting devastation, he had expected traces which would make it possible to re-create what had once been here. There were no traces. There were no houses more or less burned, more or less destroyed – there were simply no houses at all. Rubble now lay where a city had once stood . . . There was a nothingness of an obliterated city.

(Wieviorka, 2006, p. 53)

From this perspective, trauma’s treatment aims at ‘restoring the connection between survivors and their community’ (Herman, 1997, p. 3). One should not imagine that this connection or attachment is primarily physical, at least in adults. Attachment is also an idea.

Traumatic events destroy the victim’s fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation . . . The traumatic event challenges an ordinary person to become a theologian, a philosopher, and a jurist . . . [The survivor] stands mute before the emptiness of evil, feeling the insufficiency of any known system of explanation.

(Herman, 1997, pp. 51, 178)

Among clinicians, Herman is still the most widely cited experts on trauma.

Trauma is not just something that happens. Trauma is an existential crisis; trauma destroys meaning. Trauma is an experience out of which meaning must be made if individuals are to recover. Individuals cannot do this alone when their communities of meaning have been destroyed. These too must be resurrected, generally in new form.

Writing about the survivors of chronic childhood trauma, usually sexual abuse, Herman writes that

Leonard Shengold poses the central question at this stage of mourning: “Without the inner picture of caring parents, how can one survive? ... Every-soul murder victim will be wracked by the question ‘Is there life without father and mother?’ ”

(Shengold, 1989, p. 315; Herman, 1997, p. 193)

Only in the case of Holocaust survivors, one has to say that it is not soul murdering parents, but *soul murdered parents*, with whom the children must come to terms. The children’s identification with these parents is a source of inspiration and connection, but also of despair if the parent has not come to terms with what is almost impossible to mourn. Consider the 74-year-old widow who survived the Holocaust. ‘Even if it takes one year to mourn each loss, and even if I live to be 107 [and mourn all the members of my family], what do I do about the rest of the six million?’ (quoting Danieli, 1988, p. 292; Herman, 1997, p. 188).

There is a great deal of literature, thousands of articles, dozens of videos, hundreds (probably thousands) of interviews with second-generation survivors. Most seem to agree that they have suffered from an over-involvement in their parents’ suffering at the price of their own development. As one young adult second-generation survivor puts it:

I overheard conversations. I did know about concentration camps. I did know about the ovens. There was so little differentiation in some areas of my life between my mother’s experiences and my own. It went so far as taking showers, and wondering what would come out of the shower heads. You know, I felt like I was almost living in a concentration camp, a concentration camp of the mind . . . I think it stems from how my mother dealt with it. Being an only child, I was my mother’s little confidant. I was never able to get angry at her. And there was so much to be angry about. . . . That’s really been the major thing with me. Separating myself from my mother, and trying to hold her experience in me in a new way.

(Mason and Fogelman, 1984)

This second-generation survivor, like many, found that discussion and support groups with other second-generation survivors, many established by the psychologist Eva Fogelman, and facilitated by prominent psychiatrists such as Henry Grunbaum, to be enormously helpful, more so than individual therapy. In these groups they found a community they did not know that existed, a community they did not know they needed (Mason and Fogelman, 1984).

Not all second-generation survivors accepted their roles without protest.

I felt like I was the image of my mother’s mother [who was murdered at Auschwitz]. I asked her today what she [grandmother] was like and I was told that I look like her, that I act like her. I was named after her. And I felt I

don't want any part of this. I felt I don't even want to talk to my mother.
I want me.

(Mason and Fogelman, 1984)

The relationships between first- and second-generation survivors can become complex and confusing. Consider the following article about the artist David Gev, one that quotes him extensively, and seemingly interprets his life in terms that he would recognize, though about that one cannot be certain.

“I did not witness the most important events of my life,” says artist David Gev. “They happened before I was born, yet their memory persists. How does one take on the memories of another individual, let alone the collective memory of millions?”

Gev was born in Be'er Sheva, Israel, in 1960. His father, Baruch Ginzberg, was a colonel in the Israeli Army, a post he took up after surviving four different concentration camps during the Holocaust. Ginzberg spoke little of his experience to David or his oldest son Israel in hopes of protecting them from the suffering he endured. In his artwork, Gev returns repeatedly to the view he imagines his father had through the slats in the cattle cars that transported him to Auschwitz-Birkenau, Sachsenhausen, Bergen-Belsen, and Dachau – each ride filled with fear, starvation, and death.

Artist David Gev's work is meant to evoke the European landscape as seen from inside a train car on its way to a concentration camp. Gev did not directly experience this suffering, nor did he himself look out from the trains, or feel the pains of hunger and cold, but still he witnessed these things through pieces of stories told to him by his father. Without knowing all that occurred, he was forced to formulate images in his mind of what his father might have seen.

(Berman, 2013)

As one looks at photographs of glass art by Gev, one is surprised by how pretty the abstract scenes are. If one did not know what they represent, one would be hard pressed to guess that they represent horror. There is no reason to trust the reporter's interpretation, except perhaps that the opening quotation coupled with the artist's interpretation of his art fits.

The general insight suggested by Gev's experience is that 'we survive by forming relationships, and adapting to the minds of others' (Slade, 2013, p. 41). Gev, and second-generation survivors like him, may have felt forced to imagine the horrors their parents went through in order to reach through a barrier of silence that was also a barrier against human connection, human attachment. Parents can love their children, but if they cannot share themselves with their children, if large portions of their minds are permanently closed to their children,

then something will always be missing. It is this search for this missing piece, the lost connection with the mind of the parent, that also forms and frames the mind of the second-generation survivor. This is interpretation. But it is in line with what children of survivors say about themselves. Gev seems to have found a particularly creative way of imaging the experiences of his father, melding the bits and pieces of what he was told into beautiful form. The usual cautions about art after Auschwitz, beginning with Adorno (1967, p. 34), do not apply here, as Gev is not memorializing the Holocaust, but coming to terms with his own experience of the Holocaust, via his father.

There may be another layer to this process. If children feel imprisoned by their parents' suffering, while at the same time trying to get access to it, it may be because they have been forced to contain the raw, unintegrated experiences of the parents' Auschwitz double. If the Auschwitz double contains that with which it is impossible to go forth and live, that which is beyond time and place, beta elements as Bion (1962, pp. 6–7) called them, they will not remain static. Beta elements are prior to thought; they are the material of projective identification. Projected into the child, they will unite the child with the parents' suffering in a way that is difficult for the child to use and make sense of. One can understand the child's reaction as an attempt to contain the beta elements, or return them. The former response will take the outward form of compliance. The latter that of acting out. Gev's art was what Bion (1962, p. 3) would call an alpha function, giving form to the bits and pieces of his father's experience that he had absorbed growing up.

The standard interpretation of the relationship between survivor parent(s) and child goes something like this. Parent: How can you add to my terrible pain? You can never disagree with me, must always obey, never be angry. Often there is a terrible addendum, along the lines of 'you were born to replace so and so, who was murdered in the Holocaust'.

Some like Epstein (2010, p. 307), author of *Children of the Holocaust*, as well as several of those she interviewed, became overly good, overly compliant children. Others rebel. But the terrible parental suffering, and the hold it has on the children, including the way it trivializes the children's everyday life, is real. Not only the children's suffering, but everything they do, or could do, is insignificant compared with the suffering exacted by the Holocaust.

A 30-year-old married daughter said 'When my mother separated from her mother [in Auschwitz], her mother went left [to the gas chambers] and my mother went right. How could I possibly do anything like that?' (Danieli, 1988, p. 283).

Another child of a survivor constantly undermined his own success, because 'surpassing his parents means leaving them behind, to die' (Danieli, 1988, p. 283).

Many children feel obligated to feel their parents' pain. 'I feel the pain my mother and father went through. If I don't, I am a disloyal son' (Danieli, 1988, p. 290).

Epstein (2010, p. 60) wrote 'I listened hard. I thought I could somehow leach the pain from her by listening. It would leave her body, enter mine, and be lessened by sharing. Otherwise, I thought, it would one day kill my mother'.

Mrs B. says her life does not matter. She lives only for the children. So when her daughter does these things (average adolescent acting-out), 'I feel more upset than I felt in Auschwitz. Auschwitz doesn't matter'. In the same session, she called her daughter by her sister's name, to whom she never said good-bye in Auschwitz. When they discussed this in family therapy, the daughter came to understand her mother, and stopped calling her mother the 'Nazi mother', for being so obsessed with controlling her life (Danieli, 1988, p. 289).

Mind is the Medium of Attachment

Often studies of the problems of survivors' children run along these lines: they are children who never had a chance to live their own lives, so overwhelmed were they by their parents' anxiety, grief and despair. In general this description better fits studies done in decades past rather than more recently. It fits Trossman's (1968) claim, as well that of Epstein (1977, 2010), herself the child of survivors.

There is, however, another angle to this problem, one that runs perpendicular to the first. Children want to know about their parent(s)' emotional experience during the Holocaust. They want to be let it. To be denied this experience is the equivalent of being dropped by the mind of the mother. With this phrase the psychoanalyst Winnicott (1965a, pp. 48–50, 52) means that the 'good enough mother', as he calls her, is attuned to the emotional rhythms of her child, providing a secure environment so that the child need not be constantly attuned to the mother. That is, so that the child can just be. Mothers fail to hold their children in their minds both when they are overly intrusive and when they are absent. 'The holding environment ... has as its main function the reduction to a minimum the impingement to which the infant must react with resultant annihilation of personal being' (Winnicott, 1965b, p. 86). Not sharing, secreting large parts of the self from the child, is also a form of impingement, a failure in holding, for it prevents the child from seamlessly 'adapting to the mind' of the mother (Slade, 2013, p. 41).

Holocaust survivors fail at holding both by being too intrusive and too absent. In this they are like many parents, and with supportive therapy many children of survivors have gone on to make good lives. For holding is not something that begins and ends in infancy and childhood. It continues throughout life, as we try to find a place in which we are secure enough to just be. Bowlby conceived of this place in spatial terms. 'All of us, from the cradle to the grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figure' (Bowlby, 1988, p. 69). Winnicott conceived

of this space not just in the arms of the mother, but in the mind of the parent and significant other, a mind shared with the child, but allowing the child enough space to be. For Winnicott (1989, p. 145), childhood trauma is a 'failure relative to dependence'. Often the child will do anything to restore this dependence, including attempting to share the parent(s)' trauma, which is experienced as a barrier between them.

Hesse and Main (1999), leading attachment theorists, explain the process just slightly differently. During the normal course of child rearing, traumatized parents will re-experience their original trauma, leading to episodes of parental detachment and confusion. This is the case even with good, generally competent, parents. Incapable of understanding the source of the parents' distress, the child will either blame itself, or be drawn into compulsively trying to comfort the parent. Role reversal, the child comforting the parent, is a common attachment strategy undertaken by children of traumatized or disturbed parents. It is a leading marker of what is called ambivalent attachment, and is considered a response to unpredictably responsive caregiving (Main, 1995). Narrative competence as a witness is not a good reflection of whether parents sometimes dissociated under the stress of child-rearing and daily events. Indeed, doubling would make the parent more prone to dissociation; it is a form of dissociation. Narrative competence, while important, would not prevent the parents' trauma from being transmitted to the child, in this case in the form of parental emotional absence.

The important thing to understand about so many children of survivors is that they are both overwhelmed and excluded at the same time. It might be more accurate to say that to be overwhelmed is to be excluded. The task of attachment is not just about feeling protected, having a secure base. The task includes being in emotional attunement with one's caregiver. From this perspective, being overwhelmed *is* being excluded: excluded from a relationship of give and take, in which the mind of the parent (including the horrors the parent has undergone) is shared with the child and young adult in a manner he or she can participate in without being overwhelmed.

Consider the following odd exchange between parent and child.

There were two sides to my father. I called them Daddy Mad Face and Daddy Angel Face.

We had a game we played when we were quite young. When Dad arrived home late on a cold, dark night, we'd make him go out again, first turning up his collar and mussing up his hair. Cast by us as some poor, homeless wanderer he'd knock at the door and we'd bring him into the warmth, take his coat and lead him to the table. It was a strangely satisfying ritual that I wanted to repeat over and over again.

Dad escaped from a train bound for Auschwitz, leaving behind his mother, his brothers and sister – Lawrence, Henry, Fela, Tola – their husbands, their

wives and their children. And, as I found out only a few years ago, his first wife.

Sometimes we'd ask questions that must have caused him a lot of pain. How could you leave your mother on the train? 'They would shoot you.' Why didn't you fight? 'They would shoot you.' Why didn't you all just run away? 'They would shoot you.' How can you be sure they are all really dead? 'I went back.'

He firmly banned us from having toy guns, until we nagged for long enough. Once, looking down the sights of a toy rifle he got for my brother, he remarked almost casually, 'I saw them shoot the breasts off a woman.'

I believe that the young girl was gaining access to her father's horror in a way that was sufficiently game-like (even the part with the toy gun) that it was knowable. I think the father was playing along. He was sharing his Auschwitz double in a way that could be thought about. In other words, play transformed (or rather was the evidence of the transformation) of the raw beta elements of his experience into what Bion (1962, pp. 6–7) called alpha elements, the stuff of thoughts.

Shortly before her interview the woman who was that girl dreamed about her late father. 'He was lost and cold, his hair mussed, his collar turned up. He seemed not to know me. But then we embraced and he did. It was like a last chance to say ... What? Goodbye. Sorry' (www.holocaustcentre.org.nz/index.php/holocaust-stories/second-generation/43-ben-wichtel).

We neglect the degree to which the child and adolescent needs to know and feel something of the parent(s)' horror in order to have access to the reality of the parent. Without this access, everything feels phony, unreal, including the child him or herself. If the child is securely attached, if his or her internal working model is developed, he or she can feel something of the parents' horror. This too is the attunement that supports attachment, preventing the horror from isolating the child from the parent, or encouraging the child to reenact the parents' horror in order to feel close.

How odd it is for the child to feel abandoned by the parent because the parent will not share his or her horror. But that seems to be the way it works. In this respect, the phantom that Torok writes about, a formation of the unconscious that stems from 'a direct empathy with the unconscious or the rejected psychic matter of a parental object', arises naturally because the child wants to feel what the parent experienced but cannot know (Abraham and Torok, 1994, p. 181). To feel what the parent feels but does not know is a way to share the mind of the parent, the leading medium of attachment.

The second-generation survivor wants what he or she cannot tolerate, at least not in unmediated form – that is, not until the parent has come to terms with the experience. Whatever 'comes to terms with' means exactly, it is not sufficiently captured by the parents' ability to narrate the experience. The experience must

also be subject to attunement, modulated in such a way that the child and young adult can take it in. Exactly how this is done depends, in good measure, on the age of the child, but also on the purpose of the story of the parents' experience. Is it to share the mind of the parent, or to force the child into an alien role, such as the replacement of a lost relative? In the latter case the child of survivor is likely to remain in a state of perpetual flight. That, or stuck in some internal DP camp of his or her own, reduced to calling the parent a Nazi and the like.

Sachs (2013) has taken this argument to another step, suggesting that the alien role the child is forced into is what I have called the Auschwitz double, whose unstable elements the survivor parent could not contain. In my opinion, this remains a realm of fertile speculation. Disorders of attachment can be seen in children's behavior. The link to parental trauma cannot be seen, but it can be traced. Survivors themselves testify to the experience of living a double life. Exactly how this double life influences the transmission of trauma remains hypothetical.

Conclusion

A question remains. Is the second generation traumatized? Generally not, and so the concept of the intergenerational transmission of trauma takes on not just an ironic, but a poignant meaning. To be sure, if one listens to the children of survivors, many were genuinely troubled. Trauma has been transmitted, but the recipients rarely meet the definition of someone suffering from PTSD. If one wishes to define trauma less stringently, then perhaps one can say they have been traumatized, but it seems more accurate to say that many children of survivors were emotionally troubled, unable to become autonomous adults, at least not without therapeutic intervention.

And yet, in another sense the second generation has been traumatized. That is, many children wanted to be traumatized if that was the cost of gaining access to the mind of the survivor parent. Theirs was, in a sense, the imitation of trauma, in order to gain access to the real thing, access to which they were originally denied, either because it was secreted away or because it was overwhelming. If the children of Holocaust survivors were generally not truly traumatized, many it seems would willingly have been so for the sake of finding their place in the mind of the parent. Some try all their lives. Weissman (2004, pp. 2–3) tells the story of a young man who accompanied his father, who was revisiting Mauthausen concentration camp, site of the notorious 186 steps from which many prisoners were pushed or fell to their deaths while carrying 25-pound blocks of granite. Perhaps the son shared a moment with his father, but it was not made easier when they found stout handrails on the steps, and signs cautioning the visitor to watch his step. Perhaps the imitation of parental trauma is salutary, but history is constantly being recast.

Not every child tried to share his or her parent's experience. Some were so overwhelmed by the unmediated symbolization of their parents' trauma that they sought only to get away. Helping them get away while maintaining some connection to their parents is, or was, the therapeutic goal. For this legacy of the Holocaust is already history, almost all of the parents dead. Still, their memory remains, in the double sense that children remember their parents, and the parents' memories remain in the children. One hopes in a form that the children, and their children, can use. For already 'third-generation' survivor groups have formed (www.facebook.com/3GsWorldwide).

About the Author

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Notes

- 1 Trossman was criticized by Solkoff (1981, pp. 32–33) for his biased sample: young adults who came for help from the university's counseling center. Solkoff is concerned that almost every psychoanalytic study of survivor's children suffers from selection bias: only the most troubled children come for help. (In fact, we do not know whether this is true or not; many emotionally troubled people never seek professional help.) The proper conclusion, I believe, is not to see any of these studies as evidence that children of survivors are X per cent more likely to be troubled than other children, but that their troubles exhibit certain common characteristics.
- 2 There is also a new dissociative subtype, which may well fit some survivors. However, once again the diagnostic criteria remain the same.
- 3 References cited in this way, by first name plus T-, refer to testimonies in the Fortunoff Video Archive for Holocaust Testimonies at Yale University. This method of citation is the preferred practice of the Archive. A summary of each testimony can be found on the Yale open catalog known as Orbis. There the abbreviation is HVT plus accession number.

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