

The Treatment and Prevention of Long-term Effects and Intergenerational Transmission of Victimization: A Lesson from Holocaust Survivors and Their Children

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The heterogeneity of responses of families of survivors to their Holocaust and post-Holocaust life experiences, described within and beyond the current notions of post-traumatic stress disorder, emphasizes the need to guard against expecting all victim-survivors to behave in a uniform fashion and to match appropriate therapeutic interventions to particular forms of reaction. The discussion delineates the meanings of the victimization rupture, preventive and reparative goals, and principles and modalities of treatment (professional and self-help) of the long-term effects and intergenerational transmission of the traumata. Highly needed training, which is traditionally absent, should include working through therapists' "countertransference" difficulties.²

Once upon a time there were gas
Chambers and crematoria; and no
One lived happily ever after.
(Langer, 1975, p. 124)

Having heard this "modern fairy tale", Langer states "one is compelled to acknowledge the new reality rushing into the void and to rewrite the Little Red Riding Hoods of our youth and past, granting to an amorphous wolf the triumphant role that fairy tales may deny but the history of the Holocaust confirms"³. In his book, "The Destruction of the European Jews", Hilberg too states that "only a generation ago, the incidents described in this book would have been considered improbable, unfeasible, or even inconceivable. Now they have happened"⁴. A country considered the most civilized and cultured in the western world committed the greatest evils that humans have inflicted on humans, and thereby challenged the structure of morality, human dignity, and human rights, as well as the values that define civilization. The Nazi Holocaust massively and mercilessly exposed the potential boundlessness of human evil and ugliness, in a silently acquiescing world.

Of the 8'861'000 Jews living in Europe prior to World War II, it is estimated that 400'000-500'000 survived the Nazi Holocaust in the underground, by hiding or escaping, in ghettos, or in slave labor camps, and no more than 75'000 outlived the Nazi death camps.⁵

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² An earlier version of this chapter was funded by the National Institute of Mental Health Contract # 092424762, 1982.

³ L.L. Langer, *The Holocaust and the literary imagination*. Hew Haven: Yale University Press, 1975, p. 165.

⁴ R. Hilberg, *The destruction of the European Jews*, London: Allen, 1961, p. V.

⁵ H. Epstein, Heirs of the Holocaust, *New York Times Magazine*, June 19, 1977, p. 12-15; 74-77. *Ibid.*, *Children of the Holocaust. Conversations with sons and daughters of survivors*, New York:

Common sense dictates that it is inevitable for the massive traumata experienced by the remains of European Jewry to have had immediate and possibly long-term effects on these victim-survivors and even their offspring. Nevertheless, the vast literature on these consequences reveals an arduous struggle in law,⁶ but particularly in psychiatry, to prove the existence of these effects. Some excellent reviews of the psychiatric literature can be found in articles in Krystal (1968), Krystal & Niederland (1971), Chodoff (1975), Israel-Netherlands Symposium (1979), Dimsdale (1980), and others.⁷ Only in 1980 did the evolving descriptions and definitions of the “survivor syndrome” in that literature win their way into the “Diagnostic and Statistical Manual of Mental Disorders”⁸ as a separate, valid category of “mental disorder” – 309.81 Post-traumatic Stress Disorder.

Literature on the intergenerational transmission of the psychological effects of the Holocaust on survivors’ offspring (children born after the war) began with Rakoff’s article in 1966.⁹ A review of this literature and an up-to-date bibliography can be found in Wanderman (1979), Danieli (1981c, 1982a) and Bergman and Jucovy (1982).¹⁰ The most recent literature voices concern about the transmission of pathological intergenerational processes to the third and succeeding generations.

In this chapter I will first present a brief summary of the differing post-war adaptational styles in survivors’ families, which I have identified and described in detail elsewhere.¹¹ This typology and the observations in it have been supported in a study by Rich (1982).¹² The heterogeneity of responses to the Holocaust and to the post-Holocaust life

Putnam and Sons, 1979. See also L. S. Davidowicz, *The war against the Jews 1933-1945*, New York: Holt, Rinehart & Winston, 1975.

⁶ M. Kestenberg, Discriminatory aspects of the German Indemnification Policy: A continuation of persecution. In M. S. Bergman & M. Jucovy (Eds.), *Generations of the Holocaust*, New York: Basic Books, 1982.

⁷ H. Krystal (Ed.), *Massive psychic trauma*, New York: International Universities Press, 1968; *Ibid.* & W. G. Niederland (Eds.), *Psychic traumatization: Aftereffect in individuals and communities*, Boston: Little Brown, 1971; P. Chodoff, *Psychiatric aspects of the Nazi persecution*. In S. Arieti (Ed.), *American handbook of psychiatry* (Vol. 6, 2nd ed.), New York: Basic Books, 1975; *Israel-Netherlands Symposium on the Impact of Persecution* (Jerusalem, October 1977), The Netherlands: Ministry of Cultural Affairs, Recreation and Social Welfare, 1979; J. Dimsdale (Ed.), *Survivors, victims and perpetrators*, New York: Hemisphere Publishing Corp., 1980.

⁸ American Psychiatric Association, *Diagnostic and statistical manual of mental disorders* (3rd ed.), Washington, D. C.: American Psychiatric Association, 1980.

⁹ V. A. Rakoff, A long-term effect of the concentration camp experience, in: *Viewpoints*, 1966, 1, 17-22.

¹⁰ E. Wanderman, *Separation problems, depressive experiences and conception of parents in children of concentration camp survivors*, unpublished doctoral dissertation, New York University, 1979; Y. Danieli, *Families of survivors of the Nazi Holocaust: Some short- and long-term effects*, in: C. D. Spielberger, I.G. Sarason & N. Milgram (Eds.), *Stress and anxiety* (Vol. 8), New York: McGraw-Hill, 1981c.; *Ibid.*, *Group project for Holocaust survivors and their children*. Prepared for National Institute of Mental Health, Mental Health Services Branch, Contract # 092424762, Washington, D. C., 1982a; Bergman and Jucovy (see note 6).

¹¹ Y. Danieli, *Differing adaptational styles in families of survivors of the Nazi Holocaust: Some implications for treatment*, in: *Children Today*, 1981a, 10(5), 6-10, 34-35; *Ibid.*, *Families of survivors* (see note 10).

¹² M. S. Rich, *Children of Holocaust survivors: A concurrent validity study of a survivor family typology*. Unpublished doctoral dissertation, California School of Professional Psychology, Berkeley, 1982.

experiences in families of survivors – implied herein in the proposed taxonomy – is, in part, intended to guard mental health professionals against the grouping of individuals as “survivors”, all of whom are expected to exhibit a single “survivor syndrome”,¹³ and the expectation that children of survivors will similarly manifest a single “child of survivor syndrome”.¹⁴ I will then present a preliminary theoretical model of victimization trauma and some implications for treatment considerations and goals, modalities, and modes. While my discussion is based primarily on work with Jewish survivors of the Holocaust and their offspring, I believe that it also applies to other victim-survivor populations.

Differing Adaptational Styles among Holocaust Survivor Families

Background

One way that survivors coped with the prolonged horrors of the Holocaust was to sustain the hope of reuniting with their families. While some did find a few surviving relatives, most learned where and how their family members and friends had perished. Unable to fully comprehend their tragedy or to express their grief or rage, they were confronted with the task of rebuilding their lives. “Marriages of despair”, formed on short acquaintance, which disregarded differences in pre-war socioeconomic and educational status, life-style, age, or other ordinary criteria for marriage, were frequent between adult survivors. Recreating a family was a concrete act to compensate for the losses, counter the massive disruption in the order and continuity of the survivors' lives, and undo the dehumanization and loneliness they had experienced.

The most tangible fulfillment of hope for the continuity and renewal of life was to bring a child into the world. Many survivors gave birth in displaced persons (DP) camps as soon as it was physically possible. Almost without exception, the newborn children were named after those who had perished. Often viewed as a blessing, miracle, gift, or symbol of victory, the children were to be the future in a world free of oppression and equal to or even better than the idealized pre-war world of their parents. In addition to the difficulties shared by most immigrants to the United States, the majority of Holocaust survivors encountered a unique cluster of pervasive negative societal reactions and attitudes comprised of indifference, avoidance, repression, and denial of their Holocaust experiences.

The “Conspiracy of Silence”

Survivors' war accounts were too horrifying for most people to listen to or believe. Additionally, bystanders' guilt led many to regard the survivors as pointing accusing fingers at them. Survivors were also faced with the pervasively held myth that they had actively or passively participated in their own destiny by “going like sheep to the slaughter” and with the suspicion that they had performed immoral acts in order to survive. Reactions such as these ensured the survivors' silence about their Holocaust experiences.

The resulting „conspiracy of silence“, which has existed both between the Holocaust survivors and society, and between survivors and the mental health professionals for over 30 years, had a significant negative impact on the survivors' post-war familial and

¹³ H. Krystal & W. G. Niederland, Clinical observations on the survivor syndrome, in: H. Krystal (Ed.) Massive psychic trauma (See note 7).

¹⁴ R. E. Phillips, Impact of Nazi Holocaust on children of survivors, American Journal of Psychotherapy, 1978, 32, 370-378.

sociocultural adaptation and, consequently, on their long-term capacity for intrapsychic integration and healing.

Survivors were forced to conclude that nobody cared to listen, and that no one who had not undergone the same experience "could really understand" them. Their profound isolation, loneliness, and mistrust of society intensified, and the task of mourning their massive losses became impossible. The silence imposed by a world that did not want to hear them proved particularly painful to those who had survived the war determined to bear witness.

The only option left to survivors, other than sharing their Holocaust experiences with each other, was to withdraw completely into their newly established families. Children of such families, although remembering their parents' and lost families' war histories "only in bits and pieces", attested to the constant psychological presence of the Holocaust at home, verbally and nonverbally, or in some cases, reported having absorbed the omnipresent experience of the Holocaust through "osmosis".

From data obtained in clinical and semi-clinical work with survivors and offspring participating in the Group Project for Holocaust Survivors and Their Children, begun in the New York City area in 1975, I have formulated four major categories of survivor families: victim families, fighter families, numb families, and families of „those who made it“. These categories are of special significance in establishing the resulting identity and self-image of the children.

These findings were derived from work with 75 survivors, ages 37-74, and approximately 300 children of survivors, ages 17-33, some of whom are married and parents themselves. All families had at least one member who survived the Holocaust, and at least one child born after the war. Since many of these people were well-adjusted by most external criteria, this sample consisted of a wider range of adjustment than is traditionally reported in clinical literature on the sequelae of the Holocaust in the families of its survivors, which usually focuses on what I call „victim families“.¹⁵

Below is a brief summary of the four family classifications which I have described in detail elsewhere.¹⁶ It should be noted that, although the survivor parent's past-war posture may or may not be identical with his or her war experiences, most survivors who headed victim or numb families were former concentration camp inmates; most of those in the fighter category were partisans and resistance fighters during the war.

Victim families. The post-war home atmosphere of survivors whose dominant identity was that of victim was characterized by pervasive depression, worry, mistrust and fear of the outside world, and by symbiotic clinging within the family. Catastrophic overreactions to everyday changes were common. Somatization, while serving as an unconscious

¹⁵ H. A. Barocas, Children of purgatory: Reflection on the concentration camp survival syndrome, in: International Journal of Social Psychiatry, 1975, 21, 87-92; V. A. Rakoff, J. Sigal, N. B. Epstein, Children and families of concentration camp survivors, in: Canada's Mental Health, 1966, 14, 24-26; J. J. Sigal, D. Silver, V. Rakoff, E. Ellin, Some second generation effects of survival of the Nazi persecution, in: American Journal of Orthopsychiatry, 1973, 43, 320-327; B. Trossman, Adolescent children of concentration camp survivors, in: Journal of the Canadian Psychiatric Association, 1968, 13, 121-123.

¹⁶ Y. Danieli, Differing adaptational styles (see note 11); Ibid., Families of survivors (see note 10); Ibid., Matching interventions to different adaptational styles of survivors, in: S. Meiri (Ed.), Massuah: A yearbook on the Holocaust and heroism (Vol. 9) Tel Aviv: M. Stern Press, 1981d.

expression of survivors' chronic grief and rage, was also used to control and manipulate other family members.

Physical problems were far more acceptable in victim families than psychological problems, which the parents viewed as evidence of Hitler's posthumous victory. Psychological help was also seen as a threatening intrusion into the symbiotic network of the family.

Yet another means of keeping the family a totally closed system was teaching mistrust to the children. Taking orders or instructions from outside authorities was experienced, at best, as passive humiliation. Children in such families were often trained to be survivors of future Holocausts and frequently reported panic and guardedness when Holocaust imagery intruded into their daily experiences. The long-term result of such experiences was often keen political liberalism.

Victim families insisted that the inside doors of their homes remain open at all times. Any assertion of healthy independence and privacy needs by their children threatened parents, who felt they were reliving their war experiences, when being separated meant total and permanent loss. The demands for symbiotic devotion and for fulfilling family goals were most heavily visited upon first-born children.

Security based on physical, nutritional, and material survival was of paramount concern in these homes. For most parents, joy, self-fulfillment, and existential questions were "frivolous" luxuries.

Survivor parents appeared to be both very certain and "disaster smart" to their children in protecting them against any negative eventuality in life. Being "right" and in control in their families, even if arbitrarily so, seems to have compensated for the survivors' prevailing sense of passive helplessness and demoralization during the Holocaust. Because wrong decisions during the war invariably meant death, many children also behaved as though every decision were a matter of life and death. Survivor parents were frequently lost and disoriented, however, in dealing with the American reality and it then became the children's task to become the family's mediators with the outside world. Thus, roles in these families were reversed and overprotection became mutual.

The children were also called upon to be the mediators inside the homes, as parents' marriages of despair frequently turned into interminable complaining about their mutual disappointments. For the male survivor, at a disadvantage compared to the female in achieving psychological recovery and in reestablishing his traditional role as head of the family,¹⁷ making a new life often became merely „making a living“. Typically, the husband became a compulsive worker and took a subsidiary position in the emotional and interpersonal life of the family. The wife would frequently berate her husband in front of her children. The offspring were called upon to take sides, to serve as confidants, to compensate for a parent's disappointment in marriage, and to parent their parents.

For reasons related to the war, the management of rage and aggression was an enormous problem for survivors. Moreover, life after the war did not afford the survivors adequate opportunity for expression of their bottomless rage, leaving them only indirect, mostly intrafamilial, means to express and experience it. The immense conflict and the meaning of aggression in their lives and their roles as parents severely inhibited the victim survivor's ability to serve as authority figures for their offspring – to set limits and to provide them with reasonable discipline and constructive channels for their normal aggression. The children's fear of being wrong, and their inhibition of anger and

¹⁷ Y. Danieli, Differing adaptational styles (see note 11).

assertiveness, tended to block creative self-initiated tasks of these often disproportionately bright, ambitious, and talented offspring.

Guilt was one of the most potent means of control in these victim families, keeping many adult children from questioning parents about their war experience, expressing anger toward them, or „burdening“ them with their own pain.

Being totally passive and helpless in the face of the Holocaust was perhaps the most devastating experience for victim survivors, one that was existentially intolerable. Because guilt presupposes the presence of choice and the power to exercise it, much of what has been termed „survivor’s guilt“¹⁸ may be an unconscious attempt to deny or undo this helplessness. Guilt as a defense against utter helplessness links both generations to the Holocaust. The children, in their turn, are helpless in their mission to undo the Holocaust both for their parents and for themselves.

Guilt also operates as a vehicle of loyalty to the dead, keeping both generations engaged in relationships with those who perished, and maintaining a semblance of familial continuity.¹⁹

Overprotectiveness and over involvement in all aspects of their parent’s lives diminished the offspring’s ability to establish outside relationships in general and marital and sexual relationships in particular. Many dreaded being on their own and becoming adults. Most feared having children, to whom they might transmit their Holocaust legacy and upon whom they would inflict a world that might suffer another Holocaust. Despite their conscious wish to make the family whole and large once again, this fear usually prevailed.

Although many children of survivors were extraordinarily driven to achieve academic or professional success, the offspring of victims often felt that surpassing their parents meant leaving them behind, and as result often unconsciously destroyed their success and accomplishments. Overly concerned not to hurt, and keenly sensitive to another’s pain, the children of victim survivors frequently entered the helping professions.

Fighter families. The term fighter was chosen to convey either the way such survivors described their physical or spiritual role during the Holocaust or the posture they adopted after the war to counteract the image of the victimized Jew. However, many who were fighters during the war lived as victims after liberation and this incongruous transformation bewildered their offspring, impairing their development of cohesive self-images.

It is important to emphasize that using the word fighter to connote the dominant identity of these survivors does not imply that active fighting, rather than sheer luck, saved all who escaped the fate of the six million Jews who died in the Holocaust.

The home atmosphere of fighter survivors was permeated by an intense drive to build and achieve, and the home was filled with compulsive activity. Any behavior that might signify victimization, weakness, or self-pity was not permitted. Illness was faced only when it became a crisis. Although physical illness was more acceptable than

¹⁸ W. G. Niederland, Psychiatric disorders among persecution victims: A contribution to the understanding of concentration camp pathology and its aftereffects, *Journal of Nervous and Mental Diseases*, 1964, 139, 458-474.

¹⁹ For additional functions of guilt, see Y. Danieli, Psychotherapists’ participation in the conspiracy of silence about the Holocaust, *Psychoanalytic Psychology*, 1984, 1(1), 23-42.

psychological disturbance, both were experienced as narcissistic insults. Pride was fiercely held as a virtue; relaxation and pleasure were superfluous.

Families of fighters, like those of victims, did not trust outside authorities. Unlike victims, however, they permitted and encouraged aggression against and defiance of outsiders, thus escaping the victim families' double bind.

Intergenerational overinvolvement and overprotectiveness were found in fighter families, but without the burden of distress and worry characteristic of victim families. Some fighter marriages were formed during the war, after a longer acquaintance period than the marriages of despair mentioned earlier.

Children of fighters had difficulty in sharing and delegating responsibility to others, both interpersonally and professionally. Their contempt and intolerance of a dependency in themselves and others acted as a deterrent to forming peer and marital relationships. In these families, the offspring had to establish a fighter/hero identity in order both to belong to the family and to separate from it. In their search for validation and esteem, children frequently sought out or created dangerous situations.

Numb families. In numb families, both parents were frequently the sole survivors of their individual families which before the war had included a spouse and children. The post-war home atmosphere was characterized by pervasive silence and depletion of all emotions, the parents capable of tolerating only a minimal amount of stimulation, either pleasurable or painful. Some children were too frightened to imagine what could have led to such constriction and lifelessness in their parents. As a result, their own inner spontaneity and fantasy life were severely restricted.

In numb families, the parents protected each other and the children protected the parents. Children were expected to somehow grow up on their own and to take care of themselves. Despite the infrequency of physical and verbal contact with their parents, they were also expected to understand that they were loved because of their parents' pained efforts to support them financially.

Offspring often adapted by numbing themselves, which resulted in their appearing less intelligent and capable of achieving than they were, or by being perpetually angry in an apparent effort to evoke negative attention instead of none at all.

The children frequently adopted outside authorities and peers as family in an attempt to seek identification models and to learn how to live. In desperate attempts to please their parents, they tried to achieve generally accepted social standards, but often felt out of place, forlorn, and not genuinely involved in their pursuits.

Since they rarely felt central or important at home, the children did not believe that others would consider them worthy of attention. In their unconscious fantasies, their (future) spouses served as the parental figures they were deprived of. Their powerful need to be babied often curbed a dire for children of their own.

Families of "those who made it". This fourth group is less homogeneous than the other three. Many of these survivors were motivated by a wartime fantasy and desire to „make it big“, if they were liberated, in order to defeat the Nazis. Persistently and single-mindedly, they sought higher education, social and political status, fame and/or wealth. As with other survivor families, they used their money primarily for the benefit of their children.

Outwardly, this group was more completely assimilated into American society than other survivors. Some achieved a "normal" posture by completely denying and avoiding their past and any reminders of it. Children of this group reported feeling cheated and bitter at finding out, usually indirectly, about their heritage. The denial in these families often resulted in inner numbing, isolation and somatization, and in this respect they resembled the numb families.²⁰

This is the only survivor group of the four discussed to have a high rate of divorce. Some who, right after the war, married other survivors, eventually divorced. While most of "those who made it" were too young at liberation to rush into marriage, they also tended to marry non-survivors.

The survivor's role in these families was the dominant one. His or her ambitions became those of the family members. Although proud of their parents' achievements, the children reported feeling emotionally neglected by them, except in those areas leading to their own demonstrable success. In contrast to their emphasis on good appearances, the parents unconsciously encouraged semi-delinquent behavior in their adolescent children, using their money or position to rescue them from the consequences.

Some survivors in this group devoted much of their careers, money, and political status to demand commemoration of and attention to the Jewish experience during the Holocaust, and dignity for its victims. They used their Holocaust experiences as a means to understand the roots of genocide, to find ways to prevent its recurrence, and to aid victimized populations in general. The Holocaust was also a central theme in the works of members of this group who were involved in the arts.

Despite some willingness to undertake psychotherapy as a culturally acceptable pursuit, "those who made it" tended to deny the long-term effects of the Holocaust upon themselves and their children and would rarely discuss the Holocaust as a factor in their psychological lives.

Some implications for treatment

My focus on the relationship between Holocaust experiences and postwar adaptational styles among survivors' families precludes discussion of pre-Holocaust background considerations that are critical to understanding post-war adjustment. These may include the characteristics and dynamics of the survivor's family of origin in pre-World War II European Jewish life, as well as such demographic factors as the nationality, age, education, occupation, and marital and social status of the survivor at the onset of the Holocaust. These background considerations should be explored in psychotherapy with survivors and their children in order to (re)establish the sense of integration, rootedness and continuity so damaged by their traumata. Furthermore, since children of survivors seem to unconsciously repeat their parents' Holocaust experiences in their own lives, those experiences should be explored in detail with the children as well.

The individual survivor's war history is crucial to the understanding of survivors' offspring. They seem to have consciously and unconsciously absorbed their parents' Holocaust experiences into their lives almost in toto. Holocaust parents, in the attempt to give their

²⁰ H. Krystal, Affect tolerance, in: *The Annual of Psychoanalysis*, 1975, 3, 179-219; *Ibid.*, Trauma and affect, in: *The Psychoanalytic Study of the Child*, 1978, 33, 81-116; P. Oswald, E. Bittner, Life Adjustment after severe persecution, in: *American Journal of Psychiatry*, 1968

best, taught their children how to survive and, in the process, transmitted to them the life conditions under which they had survived the war.

Many children of survivors, like their parents, manifest Holocaust-derived behaviors, particularly on the anniversaries of their parents' traumata. Moreover, some have internalized as parts of their identity the images of those who perished and, hence, simultaneously live in different places (Europe and America) and different time periods (1942 and the present).

Very close to most, if not all, families of survivors is the concern about the meaning of being a Jew after the Holocaust.²¹ Most of these families are extremely small. The Holocaust deprived them of the normal cycle of the generations and ages, and of natural death.²² Each family tree is laden with death and losses. Indeed, the most painful and intolerable struggle underlying all attempts at coping with and integrating the impact of the Holocaust into the lives of these families is the genuine impossibility of mourning. As one 74-year-old fighter, recently rewidowed and the sole survivor of a family of 72 people, put it, "Even if it takes one year to mourn each loss, and even if I live to be 107 [and mourn all members of my family], what do I do about the rest of the six million?"

The taxonomy that I have proposed for categorizing the families of Holocaust survivors is not intended to represent or imply pure and mutually exclusive types, nor to blur the commonality of core issues confronting Holocaust survivors and their offspring. It is intended to alert mental health professionals to the heterogeneity within and beyond the post-traumatic stress syndrome, and its (potentially) differential effect on victim/survivor family members. Indeed, the heterogeneity of responses to the Holocaust and to post-Holocaust life experiences in families of survivors emphasizes the need to match appropriate therapeutic interventions to particular forms of reaction, and to respect the unique individuality of each victim/survivor. This need similarly exists in working with other victim/survivor populations.

Some Theoretical Considerations

Before discussing my approach to treatment I will discuss a set of reflections which is the basis of my approach.

The goals of the Group Project for Holocaust Survivors and Their Children, which are preventive as well as reparative, are predicated on two major assumptions: 1) that awareness of the meaning of post-Holocaust adaptational styles and the integration of Holocaust experiences into the totality of the survivors' and their offspring's lives will be liberating and potentially self-actualizing for both; and 2) that awareness of transmitted, intergenerational processes will inhibit the transmission of pathology to succeeding generations.

While psychological/internal liberation from the trauma of victimization is the ultimate goal of treatment for survivors, the central and guiding dynamic principle is integration. That is, integration of the trauma into one's life span in such a way that it will become a

²¹ Y. Danieli, Exploring the factors in Jewish identity formation (in children of survivors), in: G. Rosen (Ed.), Consultation on the psychodynamics of Jewish identity: Summary of proceedings, American Jewish Committee and the Central Conference of American Rabbis, March 15-16, 1981b.

²² L. Eitinger, The concentration camp syndrome and its late sequelae, in: J. E. Dimsdale (Ed.), Survivors, victims, and perpetrators: Essays on the Nazi Holocaust, New York: Hemisphere, 1980.

meaningful part of the survivor's and the survivor's offspring's identity, hierarchy of values, and orientation of living. It is a longitudinal integration along the time dimension which gains a full perspective of the victimization experiences and their impact upon one's life space at any point in time. An essential aspect of the establishment of such perspective is that when we speak of integration in the case of victimization, we speak of integrating the extraordinary into one's life – that is, confronting and incorporating aspects of human existence that are not normally encountered in ordinary everyday life. In the case of victimization in the Holocaust, we often speak of reconstituting the (inner) world of one's shattered life.

In Figure 1, the concentric circles on the horizontal plane represent the individual within his or her complex physical/intrapsychic/identity, familial, social/communal, religious/cultural, national, and international spheres or systems. If one envisions this plane as moving along the vertical vector (like an elevator shaft), which represents the continuous life-time dimension in one's conception of life from past to present through one's future, an individual ideally should simultaneously be able to move freely along both the horizontal and vertical dimensions.

Victimization causes a rupture, a possible regression, and a state of being stuck in this free flow, which I will call "fixity". The time, duration, extent, and meaning of the victimization for the individual, as well as post-victimization traumata and the conspiracy of silence or second wound,²³ will determine the elements and degree of rupture, the disruption, disorganization and disorientation, and the severity of the fixity. The massive catastrophe of the Holocaust not only ruptured continuity but also destroyed all the individual's existing supports and was, as previously described, pervasively exacerbated by the conspiracy of silence that followed it.

Elsewhere I questioned, in principle, the possibility of full integration of the Holocaust by its survivors and their offspring alone, while humanity, Western culture, and society in general have not yet done so.²⁴ However, the Group Project for Holocaust Survivors and Their Children still maintains that the attempt to reestablish the sense of continuity, belongingness and rootedness, and to effect perspective and integration through awareness, are our optimal vehicles in possibly achieving our reparative and preventive goals of liberation from the traumata.²⁵

Especially with these individuals, repairing the rupture and thereby freeing the flow rarely has the meaning or "going back to normal". This is true both in terms of (re)adapting to "normal society" or returning to pre-victimization ways of being and functioning, as if one could resurrect one's previous (destroyed) fabric of life. In fact, the latter hope in particular is not only unrealizable, but clinging to it possibly attests to attempted denial of the survivor's Holocaust experiences and thereby to fixity.

Cognitive recovery involves the ability to develop a realistic perspective of what happened, by whom and to whom, and accepting the reality that it happened the way it did. For example, what was and was not under the victim's control, what could not be,

²³ M. Symonds, The "second injury" to victims, in: *Evaluation and Change (Special Issue)*, 1980, 36-38.

²⁴ Y. Danieli, On the achievement of integration in aging survivors of the Nazi Holocaust, in: *Journal of Geriatric Psychiatry*, 1981e, 14(2), 191-210.

²⁵ See R. J. Lifton, *The sense of immortality: On death and the continuity of life*, in: *American Journal of Psychoanalysis*, 1973, 33, 3-15; *Ibid.*, *The broken connection*, New York: Simon & Schuster, 1979.

and why. Accepting the impersonality of the events also removes the need to attribute personal causality, and consequently, guilt and false responsibility. An educated and contained image of the events of victimization is potentially freeing from constructing one's view of oneself and of humanity solely on the basis of those events. For example, having been helpless does not mean that one is a helpless person; having witnessed or experienced evil does not mean that the world as a whole is evil; having been betrayed does not mean that betrayal is an overriding human behavior; having been victimized does not necessarily mean that one has to live one's life in constant readiness for its reenactment; having been treated as dispensable does not mean that one is worthless; and, taking the painful risk of bearing witness does not mean that the world will listen, learn, change, or become a better place.

The task of therapy within the theoretical framework presented above to help survivors and children of survivors achieve integration of an experience which produced the state of fixity that has halted the normal flow of life in at least the four styles described earlier. Indeed, when psychotherapy dwells on certain periods in the survivors' lives and neglects other, it hinders survivors and their offspring from meaningfully recreating the flow within the totality of their lives, and may perpetuate their sense of disruption and discontinuity.²⁶

The long-term treatment modalities especially aim at the individual's "getting better" rather than merely "feeling better". „Getting better“ involves a continuous and consistent unraveling and working through of the individual's or the family's particular (unconscious) rigidified and self-perpetuated victim-survivor context or stance, in the direction of liberation and (full) self-actualization. In this process, we harness and ally ourselves with the individual's or family's present as well as past strengths and pro-life forces, such as general cognitive abilities, the elements of one's active control and mastery in the act of survival, and the rebuilding of life, hope, determination, courage, loyalty, humor, and source of goodness, support, and love in one's memories and in one's current life. The latter potentially engender one's ability for self-soothing, giving, trusting, experiencing and accepting love, asking for and accepting another's help, attaining a sense of wholeness, healing, and recovery. These abilities must develop for the individual to be able to gain perspective, integrate and contain elements of his or her Holocaust or other victimization experiences, such as evil, hate, (helpless) rage, murder, violence, brutality, destruction, chaos, injustice, shame, degradation and humiliation, indifference, loss and mourning.

The Project provides individual, family, group, and community assistance in a variety of non-institutional settings. The meaning of institutions for survivors and their offspring, and their particular sensitivity to being stigmatized or labeled crazy (stemming in part from the Nazi practice of gassing the sick and mentally ill), specifically precluded making the Project part of a mental health institution. Therapeutic methods and foci used by the professionals who staff the Project – all dictated by our goals and the needs of this population – are the dynamic/psychoanalytic, Gestalt, Transactional Analysis and Psychodrama, desensitization and Cognitive Behavior. These may be applied to all the treatment modalities provided by the Project.

²⁶ E. de Wind, Persecution, aggression and therapy, in: *International Journal of Psychoanalysis*, 1972, 53, 173-177.

The Group Project offers opportunities to participate in six types of groups.²⁷ Each prospective participant is interviewed in order to determine the appropriate therapeutic modality. Many of the participants choose to combine a variety of modalities (e.g., individual and group therapy).

The central therapeutic goal of integrating disruption and discontinuity in part informed the diagnostic and therapeutic decision to construct a three-generation family tree during the initial interviews with newcomers to the Project.²⁸ For issues and concerns particular to aging survivors, see Blau and Kahana 1981.²⁹

The Central Role of the Group Modality

From its inception in 1975, the Project has recognized the vital importance of self-help and has capitalized on group and community therapeutic modalities to counteract the sense of isolation and alienation suffered by Holocaust survivors and their children. By participating in groups, survivors and offspring who are plagued by mistrust and the feeling that nobody who had not undergone the same experiences would "really understand" them, can discuss and share their current concerns and past experiences.³⁰ Group modalities have been particularly helpful in compensating for countertransference reactions. Whereas a therapist alone may feel unable to contain or provide a "holding environment" for his or her patients' feelings,³¹ the group as a unit is able to. While any particularly intense interaction invoked by Holocaust memories may prove too overwhelming to some people present, others invariably come forth with a variety of helpful holding reactions.

The group offers a place for abreaction and catharsis as well as a multiplicity of options for expressing feelings, and naming, verbalizing and modulating them. It also encourages mutual caring which ultimately enhances self-care in these individuals. Identification with "their group", initially based on common background alone, facilitates positive change. As Foulkes (1948) suggested: "The deepest reason why these patients ... can reinforce each other's normal reactions and wear down and correct each other's (pathological) reactions, is that collectively they constitute the very norm, from which, individually, they deviate."³²

In addition, the group and community established by the Project serve to rebuild a sense of extended family and community lost to these individuals during the Holocaust. Finally, these modalities acknowledge the central role of "we-ness" in the identity of the survivors, as manifested in their common use of "we" rather than "I", particularly when describing their Holocaust experiences. The Holocaust was a group phenomenon, and

²⁷ For a schematic presentation of these groups, see Y. Danieli, The Group project for Holocaust survivors and their children, in: *Children Today*, 1981f, 10(5), 11, 33.

²⁸ Y. Danieli, The diagnostic and therapeutic use of a three-generational family tree in working with survivors and children of survivors of the Nazi Holocaust, in: A. Wilson (Ed.), *The Holocaust survivor and the family*, New York: Praeger, YEAR, (PAGES).

²⁹ D. Blau, J. Kahan, The aging survivor of the Holocaust, in: *Journal of Geriatric Psychiatry*, 1981, 14(2).

³⁰ D. Hays, Y. Danieli, Intentional groups with a specific problem orientation focus, in: M. Rosenbaum & A. Snadowsky (Eds.), *The intensive group experience*, New York: Free Press, 1976.

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³² S. H. Foulkes, *Introduction to group analytic psychotherapy*, London: Heineman, 1948, p. 29, author's italics.

perhaps only collectively can its survivors find a meaningful response to it. This seems true particularly with regard to mourning, issues of Jewish identity after the Holocaust, and the relationship of the survivors and their children with the non-Jewish world.

Training and Countertransference

Traditional training does not usually prepare professionals to deal with massive, real, adult traumata and their long-term effects.³³ I therefore cannot overemphasize the paramount importance of the training/peer supervision seminars and workshops held by the professionals staffing the Project for the survivors and their offspring. While the eagerness to read and research all available and relevant materials has produced much knowledge and understanding and the genuine caring and desire to help have been unquestionable, the commitment that made the task of integration a fulfillable one was the professionals' struggle and openness to work through their countertransference reactions – their contribution to the conspiracy of silence, the obstacles they had erected on the road to awareness and integration of their patients' Holocaust experiences, and their long-term and intergenerational effect. Attention to their own reactions and mutual support have also helped reduce the incidence of burnout among these professionals.

I hope that increased awareness of the countertransference reactions, which I have identified and elaborated upon elsewhere,³⁴ will liberate professionals to optimally serve this and other victim-survivor populations. My research strongly suggests that the source of these reactions is the Holocaust, rather than the actual encounter with its survivors and their offspring.³⁵ I believe that therapists' difficulties in treating other victim-survivors may similarly have their roots in the nature of the victimization.

³³ R. S. Wallerstein, Psychoanalytic perspectives on the problem of reality, in: *Journal of the American Psychoanalytic Association*, 1973, 31(1), 5-33.

³⁴ Y. Danieli, Countertransference in the treatment and study of Nazi Holocaust survivors and their children, in: *Victimology: An International Journal*, 1980, 5(2-4), 355-367; *Ibid.*, Psychotherapists' participation, see note 19.

³⁵ *Ibid.*, Group project, see note 10.