

The Children of Holocaust Survivors: Issues of Separation

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In recent years, practitioners have gained an awareness of the importance that the Holocaust plays in the lives of survivors' families. Seeking professional help can be seen by survivors' children as a gesture to further differentiate from their families of origin. This is problematic for many children because of their difficulties with separation, trust of outsiders, and ambivalence about the disclosure of information which may go against family loyalties.

Introduction

One of the dilemmas for those who survived the Holocaust is how to integrate the past with the present; how to pass on to their children both the knowledge and meaning of what they experienced, even though it may defy an explanation. The uniqueness and intensity of such an experience creates powerful forces which continue to linger for both the survivors and their families.

At this point in time, most children of survivors have entered adulthood. They may have left their parents' homes to live independently, begin their careers, and form their own families.

The majority of studies which examine survivors' children have been of a clinical nature. The conclusions that have been drawn from the clinical studies have portrayed pathology and maladjustment in the families of survivors. With the exception of those studies conducted in Israeli kibbutzim, few investigators have directly approached children of survivors for information about their own experience.

This paper reports on a study by the authors, exploring separation issues for a non-clinic group of young adult children of

concentration camp survivors.

Literature Review

Individual Dynamics of Survivors

Any discussion of the psychological effects of the Holocaust on the second generation must begin with a brief description of the effects on the parents themselves. The systematic study of the Holocaust did not begin until the early 1960's when the West German indemnification laws made it legally necessary to establish a connection between current illness or emotional problems and the Nazi persecution. W.G. Neiderland¹ was the first to coin the phrase "survivors' syndrome" to cover a specific symptomatology, including: pronounced anxiety states; depression; psychosomatic conditions; nightmares and sleep disturbances; isolation and a lack of emotional investment in the world; disturbances in cognition and memory; and "survivor

¹ William G. Neiderland, "The Problem of the Survivor," *Journal of the Hillside Hospital*, Vol. X, (1961), pp. 233-47.

guilt." Judith Kestenberg² stresses the need to include the post Holocaust experiences of the survivor as a prospective parent in any investigation. Factors mentioned covered the shock of liberation and recovery; the recognition of the extent of the losses and the need to recreate new families; the impact of emigration and immigration to a new culture. She points out that despite the frequent pathology in survivor parents, they often manifest strength and vitality in the upbringing of their children.

Family Patterns

During the mid 1960's, clinicians began to notice an over-representation of survivors' children in clinic populations and turned their attention to the second generation. B. Trossman conducted an early study of survivors' adolescent children at the McGill University Student Health Clinic. He observed four common features of the parent-child relationship: 1) parents displayed overprotective behavior; 2) the child accustomed to hearing horrifying stories became guilty over his better fortune; 3) the family shared a suspicious attitude toward the Gentile world; and 4) parents often looked toward their children to provide meaning to their lives.³ Russell, also working in Canada, noted a similar pattern of familial interactions. Parents, looking for nurturance and support from their children, were unable to respond to their children's age appropriate needs and

demands.⁴ Sigal attributed these patterns to the common denominator of parental preoccupation with unresolved mourning. As a result, parents involved in their own internal conflicts were unable to cope with the responsibilities of child rearing.⁵

Barocas and Barocas characterize the identification between parent and child as more destructive than normal. Parents with whom they worked experienced their children as extensions of themselves. Due to unrealistic expectations, the child is obliged to fulfill not only his developmental needs but also the needs of his parents in order to compensate for their sense of worthlessness. The children often expressed the need to accomplish something out of the ordinary to justify their parents' survival.⁶

Problems with aggression have been noted throughout the literature. Sigal and Rakoff found that survivor families had significant problems controlling their children and correlated these family disturbances with the pattern of preoccupation previously discussed. The parents looking to their children to resolve their own conflicts are unable to respond to age appropriate demands for attention. The children, in turn, respond with disruptive behavior, depression and anxiety. Anger, not directed toward parents, becomes channeled toward siblings. During adolescence, the children may find that they have no outlet

² Judith Kestenberg, "Psychoanalytic Contributions to the Problems of Children of Survivors from Nazi Persecution," *The Israeli Annals of Psychiatry and Related Disciplines*, Vol. X, (1971), pp. 311-25.

Judith Kestenberg, "Introductory Remarks," in E.J. Anthony and C. Koupernik, eds., *Yearbook of the International Association for Child Psychiatry and Allied Professions*. New York: John Wiley, 1973, pp. 359-61.

³ Bernard Trossman, "Adolescent Children of Concentration Camp Survivors," *Canadian Psychiatric Association Journal*, Vol. XIII, (1968), pp. 121-123.

⁴ A. Russell, "Late Psychological Consequences in Concentration Camp Survivors' Families," *American Journal of Orthopsychiatry*, Vol. 44, No. 4, (1974), pp. 611-19.

⁵ John Sigal, "Second-Generation Effects of Massive Psychic Trauma," in H. Krystal and W.G. Neiderland, eds., *Psychic Traumatization*. Boston: Little, Brown, and Co. 1971, pp. 55-65.

John Sigal, "Familial Consequences of Parental Preoccupation," May, 1972, Dallas, Texas.

⁶ H.A. Barocas and C.B. Barocas, "Manifestations of Concentration Camp Effects on the Second Generation," *American Journal of Psychiatry*, Vol. CXXX, (1973), pp. 820-21.

for the aggressive feelings that are a normal part of development, because of the guilt they feel when they misbehave or are disobedient.⁷

It is interesting to note that findings in Israel (primarily from kibbutzim), despite many similarities with studies from the West, do not seem to emphasize the same degree of pathology. Klein found that, in Israel, problems with aggression, survivors' guilt and other points observed in the West were partially alleviated by the families' sense of belonging to and building of a new nation. Survivors in Israel found themselves in a common social milieu and were able to focus better on the survival of their group than on themselves. This difference further supports Kestenberg's statement that post Holocaust factors play an important role for these families.⁸

Exactly what represents a common symptomatology for survivors' children is a question that has not yet been resolved. The most comprehensive list of possible pathogenic factors was drawn up by the American Psychoanalytic Association in 1972. Among those factors mentioned were: 1) disturbances in autonomy-separation in the broad sense of the word; 2) difficulties in identification with parents; 3) problems with aggression; and 4) over-conformity with parental ideals in relation to their need to undo the past.⁹

Systems Framework/Premise

Another concept that is helpful in understanding the dynamics of survivors' fami-

⁷ John Sigal and Vivian Rakoff, "Concentration Camp Survival—a Pilot Study of Effects on the Second Generation," *Canadian Psychiatric Association Journal*, Vol. XVI, (1971), pp. 393-97.

⁸ Hillel Klein, Minutes of Discussion Group No. 7 "Children and Social Catastrophe," American Psychoanalytic Society, New York City, December 19, 1968.

⁹ M. Williams; Workshop Summary, "Children of Survivors," American Psychoanalytic Society, New York City, 1972.

lies is that of pseudomutuality in family relationships, Wynne, *et. al.*, have noted pseudomutual relationships in families are characterized by patterns of communications that are essentially positive. Only expressions which seem to promote family cohesiveness are tolerated while aggressive/hostile feelings are dissociated. Deviations from this family norm become acts of disloyalty and provoke counter-movements, in order to re-bind the members, reestablishing the homeostatic balance of the family.¹⁰

Helm Sterlin has observed that pseudomutual families "imply centripetal forces that impede and delay each member's individuation . . ." and that shame and guilt are the major separation-delaying forces at work. Shame is defined as a feeling of humiliation and is experienced as a personal failure in the deepest sense. Guilt, on the other hand, corresponds to the pain that is felt when one hurts or imagines hurting loved ones.

This arises when we violate our conscience either through act or deed and is further differentiated from shame in that it is redeemable through acts of repentance. According to Sterlin, guilt predominates in pseudomutual families. Members bound by the family myth of togetherness must deny aggressive/hostile feelings or find them intolerable because of the guilt that is generated.¹¹

Parent-Child Relationships

In a recent study conducted by the authors, a sample of fifteen young adult children of concentration camp survivors were interviewed. Due to the over representation of clinic populations in the previous research, the authors purposely chose to

¹⁰ Lyman Wynne *et. al.*, "Pseudomutuality in the Family Relations of Schizophrenics," *Psychiatry*, Vol. 21, (1958), pp. 205-20.

¹¹ Helm Sterlin, "Shame and Guilt in Family Relations: Theoretical and Clinical Aspects," *Archives of General Psychiatry*, Vol. 30, (1974), pp. 381-89.

interview a non-clinic group. We examined the ways in which this group perceived their parents in relation to their Holocaust experience, and their separation from their families of origin.

Many of the subjects' descriptions of their parents' individual personality traits contained elements of what has been described in the literature as the "concentration camp syndrome." This can be seen in the subjects' perceptions of parents as being emotionally labile, anxious, somewhat socially isolated, and suffering from insomnia and nightmares. However, they also emphasized their parents' strengths and emotional stability within the family and in the establishment of foundations in a new land. These statements support Kestenberg's assertion that when we examine these families, we be careful not to view their Holocaust experience in isolation but include post Holocaust experiences.¹² As Phillips points out, each survivor brings with him or her a unique set of experiences before, during, and after the war as reflected in the highly individualized picture that the subjects presented of their parents.¹³ Therefore in examining the children of survivors, we question the label of "syndrome" in describing their behavior and its effects on their families. This is due to the pathological overtones prevalent in the literature and the variations in which survivors were described in our study.

Although subjects did find their parents to be preoccupied, our data did not correspond to Sigal's hypothesis of preoccupation leading to acting out disruptive behavior. On the contrary, our subjects were found to be compliant in attempting to please their parents in both behaviors and achievements.

Children were seen as having primary importance within the life of the family by all those interviewed. This extended itself into adulthood as they continued to view themselves as central to their parents' sense of security and well being. As one subject, a 22-year-old college student stated:

... there is a specialness to being the child of survivors... They (the parents) lived through their daughters being things that they didn't have a chance to be. I felt I needed to be good, to make up for their suffering. . .

These findings correspond with those of other researchers, emphasizing the theme of rebirth and investment of meaning in the child beyond his reality.

Temporary separations, other than necessary ones, among parents and children were not common events within these families. This dynamic held true throughout various life stages. During childhood, overnight trips away from the family were rare for both parents and children. Few subjects reported having ever been under the care of babysitters, or going to overnight camps. As well, none of the parents vacationed without their children. In the light of the fact that subjects viewed themselves as representing primary security, we suspect that the lack of separations may be due in part to what was described as "lack of trust" of outsiders. This further supports Trossman's analysis of a suspicious attitude toward the Gentile world. In addition, the universality of the response suggests that the emotional well-being of the individual family members depended on their cohesiveness.

The majority of our subjects reported that during adolescence, friends and peers were not lacking. However, they added that their circle was limited to Jews and, in some cases, to children of other survivors. For some, both American Jews and Gentiles were a source of discomfort, representing social difficulties: e.g., "It was like they (Gentiles) were the enemy and for a long time I was afraid that they would try

¹² Judith Kestenberg (1971) op. cit.

Judith Kestenberg (1973) op. cit.

¹³ Russell Phillips, "Impact of Nazi Holocaust on Children of Survivors," *American Journal of Psychiatry*, Vol. XXXII, No. 3, (1978), pp. 370-78.

to do something to me . . . ” and “. . . I lived in a small world. I was always uncomfortable socially, like I didn't fit in anywhere, although I desperately wanted to belong . . . ”

Furthermore, many reported that there was a good deal of pressure from their parents to remain at home with the family, rather than socialize with their peers. It appears that for these families, a strong emphasis was placed on in-group belonging and loyalty, and attempts to move outside the nuclear orbit met with resistance.

A number of subjects reported difficulty in regard to fighting with their parents. They stated that arguments were either avoided or were around less volatile issues, rather than those touching on family relationships. They expressed a fear of hurting their parents with their anger, and were further frustrated by the lack of an outlet for their feelings. “. . . How could I really fight with them? I always felt so guilty when we fought, that I'd make up with them all the time, which left me hanging.”

Discipline through restricting privileges and setting clearly defined limits was reported in only one case. The children often seemed to set their own internal guidelines through what they saw as continual pressures from their parents; i.e., “guilt trips.” These findings correlate with the problems with aggression mentioned in the literature and indicate that aggressive feelings are denied or dissociated as they are too anxiety provoking for both parents and children.

The pattern of maintained closeness within the family followed into the post-teen years for this group. The majority chose to live with their parents during this time and, for those who went away to school, there were numerous phone calls and weekly home visits. Continued interdependency between parent and child during this stage further points to conflicts around the issue of separation.

Currently, the entire sample has frequent contacts with their parents and view themselves, in varying degrees, emotionally dependent on their parents. These patterns continue even though the majority of the subjects are married and involved in the creation of their own families.

Conclusions

These descriptions of the parent-child relationships illustrate that a level of the parenting and child roles was maintained throughout the years with little qualitative change in the emotional climate of the family. The subjects reported that there seemed to be an inability on their parents' part to view them as young adults. Furthermore, the children were not addressing their parents as equals (adult-adult) but continued to request parenting in a “child-like” fashion.

Simultaneously, they described a sense of protectiveness and responsibility toward their parents and felt the need to repay them for all they had suffered. This may be related to the children's perceptions of their parents as being different from other adults. Many attributed this difference to their immigrant status, rather than the war. Whichever was seen as the cause, there was a common response in feeling that parents were more vulnerable and more in need of protection than were other adults.

A strong sense of interdependency among survivors of concentration camps and their children is clearly indicated. Issues of inter-generational loyalties and obligations appear to be pronounced to a greater degree than in families which have not suffered such past trauma and displacement. As a group, the children of survivors under examination did not display a fully developed sense of autonomy. Even though a physical separation may have taken place, children continue to be dependent on their parents (and vice versa) for emotional support and guidance. Furthermore, the issues which were prevalent

during earlier life stages continue to be conflictual, according to the subjects' own statements.

This type of situation has been described by Karpel as one of "ambivalent fusion:" family members have differentiated sufficiently to feel both the attractions and anxieties of individuation and fusion. Fusion with its loss of self-definition is both secure and suffocating. Individuation appears liberating while, at the same time, there is a fear of the isolation that may exist outside the family orbit.¹⁴ As one 25-year-old subject expressed: "I just wanted a way out, since leaving home or really standing up to them . . . I felt somehow would be like killing them . . ."

For part of our sample, marriage appeared to be an appropriate solution to leaving the family, in keeping with the theme of rebirth and the possibility of grandchildren. Although a separation may have taken place, married children continued to display ambivalence about their own abilities to care for themselves. This was seen through their constant need of advice, support, and guidance from their parents. In some cases, this was stronger than their need for support from their spouses or peers.

The struggle of individuation versus entangled family relations was further indicated in varying degrees by current expressions of guilt. The children openly talked about guilt as a pervasive element covering many aspects of their relationships with their parents. Fantasies of separation or real attempts to separate from the family often evoked powerful guilt feelings since the implicit loyalties would be violated. In the words of a 28-year-old subject: "I used to dream about getting away, travelling . . . but how could I abandon my family? It was a real dilemma,

being on my own as opposed to being a good son."

Tying in with the concept of pseudo-mutuality, setting one's own life as a priority could be seen as a hostile/aggressive move on an unconscious level. In its extreme form, this could become associated with primitive fears of abandonment and death, given the nature of the losses already experienced by these families. We can better understand why these children allowed over involved family relations to continue to counter-balance the guilt generated by natural drives for maturity. Our sample reported perceptions that these close ties were mutual need-satisfying "arrangements" both for themselves and for their parents. Furthermore, they claimed that it was their sense of responsibility toward their parents that caused this type of involvement. This correlates with their earlier descriptions of their parents as more needy and vulnerable than were other adults.

Both the literature and our sample report what was referred to as "the theme of rebirth and restoration" through one's off-spring. Here, the child is idealized and endowed with expectations beyond what is realistically feasible, resulting in continuous unsuccessful attempts on the child's part to live up to what he sees as appointed goals by parents. This ultimately can lead to failure and hence shame on the child's part.¹⁵

What our sample often referred to as feelings of guilt may be viewed as defenses against a deeper, more incapacitating sense of failure and shame¹⁶ on two levels: initially, as an inability to complete one's own individuation from one's family of origin; secondly, from attempting to fulfill the impossible task of being the idealized

¹⁴ Mark Karpel, "Individuation: From Fusion to Dialogue," *Family Process*, Vol. 15, No. 1 (1976), pp. 65-82.

¹⁵ A. Russel (1974) op. cit.

H. Klein (1968) op. cit.

¹⁶ Victor Friesen, "On Shame and the Family," *Family Therapy*, Vol. VI, No. 1, (1979), pp. 39-58.

child their parents wish them to be.

Implications for Practice

In recent years, practitioners have gained an awareness of the importance that the Holocaust plays in the lives of survivors' families. Seeking professional help can be seen by survivors' children as a gesture to further differentiate from their families of origin. This is problematic for many children because of their difficulties with separation, trust of outsiders, and ambivalence about the disclosure of information which may go against family loyalties. What this implies for those working with survivors' children is that building a trusting relationship should be a primary goal in the course of treatment. This work can be greatly enhanced if the parents are available and willing to become involved.

During the recent First International Conference on Children of Survivors (New York, 1979), participants in the audience

opposed the panelists' emphasis on pathology, themselves stating "We need self-help orientation and not expert orientation."¹⁷

Communal and family service agencies have an excellent opportunity to reach out and provide valuable assistance to this population. This could take the form of discussion groups or educational seminars to discuss issues related to the Holocaust as many survivors' children have very little factual information about the War. It has not yet been determined whether these types of groups would best be run by workers who are themselves part of this population.

The self-help modality can enhance a trusting atmosphere in which common issues can be explored. In addition, they de-emphasize the pathologic and build on the strength and vitality of these families which are often overlooked.

¹⁷ *The Jewish Exponent*, January 11, 1980.

Socratic Haiku

Process

Is the helping process,
beside the clinical wit,
The suckling teat?

Help

The help he wants
is not a crutch but to look in your face
not gold, grace.

Therapist

The insight he tries
hard to instil
Is the image upon your will.

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David Weiss