

The Long Shadow

Edwin Harari

There are few papers on the lives of Holocaust survivors during the first twenty or so years after the end of World War Two and even less discussion on how some enduring states of mind among the survivors may have influenced the mental health of their children and grandchildren. In this paper I would like to address some of the reasons for this silence.

THE SURVIVOR GENERATION

The survivors who made their way to Western countries after the War found themselves in societies eager to forget. The imperative for the survivors was to find whomever else of their family and friends had survived, to rebuild their shattered lives and communities and to participate in the promised prosperity of the new society.

In the first twenty years after the War, the majority of clinical papers dealing with the psychological experiences of survivors described single cases or, at best, a small number of patients treated by a psychotherapist, usually a psychoanalyst. Such case studies often are viewed with suspicion by academic psychiatrists and psychologists who consider them to be too "impressionistic" and "unscientific" with the result that this clinical literature has been ignored by the teachers of the helping professions. The few larger scale clinical studies published in the first twenty-five years after the War were mostly conducted in the context of assessment for compensation and reparation claims against the (West) German Government; the language of such studies is the objectifying nomenclature of clinical psychiatry, and the aim of these investigations was not primarily therapeutic but to describe and assess the extent of psychopathology. The ignorance of clinicians mirrored the indifference of society.

This indifference may also have been reinforced by the survivors themselves. In 1961, the American psychoanalyst, Niederland, described the phenomenon of "survivor guilt". This concept has been much misunderstood. Niederland described a group of Holocaust survivors suffering from various forms of depression, anxiety, chronic aches and pains and other forms of physical and emotional distress; sometimes the patients described that a part of themselves felt emotionally dead. Niederland made use of the concept of identification as formulated by Sigmund Freud, and elaborated by his daughter Anna Freud, to suggest that the survivors carried with them 'the ever present feeling of guilt, accompanied by the conscious or unconscious dread of punishment for having survived the very calamity to which their loved ones succumbed.' It was as though, at least during those first two decades after the War, to be alive was



Survivors searching for survivors, Bernard Stehle, 1988

an unconscious source of guilt and shame for having betrayed the dead. Such feelings caused the survivor to feel unworthy of help and to minimise the significance of the Holocaust experiences as a source of his current distress.

From a clinical perspective, this collusion of silence between society, clinicians and the Holocaust survivor has a parallel in the experiences of some Australian soldiers who were taken prisoner by the Japanese during the second

World War and who survived the forced labour camps in Thailand. These survivors report how, in the years following the end of the War, they did not think that a war-weary society wanted to hear any more tales of horror, in addition to which the soldiers were silenced by their deep sense of shame at having been taken prisoner and at having survived when so many of their comrades had not. I have treated some American veterans of the Vietnam War who witnessed atrocities and who reported similar feelings a decade or more after their trauma.

If soldiers found it hard to speak and were not sure who could listen to them, the silence of the Holocaust survivor was deepened by yet another factor. In the twenty years following the end of the War, the dominant form of psychotherapy in the U.S.A., U.K. and Israel was psychoanalysis. The majority of psychoanalysts were Jewish. Most of them had escaped from Europe in the 1930's leaving behind many family members and friends who subsequently perished in the Holocaust. A smaller number of

engaged in a battle for survival; ruminations and nightmares about a recent Holocaust had to be subordinated to the urgent reality of preventing another one. By a cruel irony the very success of the Jews of Israel in defending themselves against great odds may have made it seem that the Holocaust represented a failure of collective fighting will by the Jews of Europe. Even their own (Israeli-born) children and neighbours may have viewed the survivors with contempt, thereby compounding the survivors' guilt and shame and silencing them even more.

We should also consider that the clinical techniques of psychoanalysis in the early post-war years were ill-suited to helping the survivors. Psychoanalysis was useful primarily for people suffering from various forms of neurosis, where the patients' 'inner' life distorts his perceptions of his 'external' (i.e. social) reality, rendering the world more anxiety-provoking than it actually is. For the Holocaust survivor it was not the destructiveness or perversity of his 'inner' world that led him to experience his social world as problematic; it was, in fact, the external world which had been totally, remorselessly and incomprehensibly brutal.

In time, psychoanalysis developed clinical models and therapeutic methods to deal with the overwhelming trauma of external reality, and some of the most insightful papers on healing the Holocaust survivor reflect these advances in psychoanalytic thinking. However, by that time (i.e. late 1960s) great changes were afoot in clinical psychiatry and psychology which muted the survivor's voice in therapy.

The so-called biological revolution in psychiatry had dawned, based on the hope that understanding the neurochemistry of the brain would lead to effective drug treatments rather than the psychoanalytic emphasis on tracing the symbolic meaning of subjective experiences. At the same time, various forms of the Human Potential Movement became popular; these emphasised an individual's authentic choices and capacity for rapid change, and were disdainful of psychotherapy approaches that appeared to dwell on the past or which allowed a person to blame others for his or her current unhappiness.

All these factors contributed to the silence of the Holocaust survivor.

CHILDREN OF SURVIVORS

While the Holocaust survivor faced the problem of making sense of a civilised world transformed into a charnel-house, the children and grandchildren of survivors face a different set of problems which, broadly-speaking, consist of two separate though overlapping difficulties.

The first is the child's experience of parents who are



D. Lester, 1990

analysts came from families who had lived in the U.S.A. or U.K. for one or more generations. While not grieving over the deaths of their family members as were their more recent migrant colleagues, therapists from these 'established' families may have had to face the painful question of whether they and their communities had done as much as was humanly possible to save their fellow Jews in Europe. A key element in psychoanalytic therapy is the therapist's ability to tolerate the powerful, and at times provocative or destructive, feelings that the patient feels towards him. If the analyst has unresolved guilt or anxieties, or if the patient senses that this is so, then patient and/or therapist may tacitly or unconsciously avoid those matters which may be too painful for either of them and which they fear may turn the hitherto benevolent therapeutic relationship into a sado-masochistic one.

Similar considerations apply to survivors who sought therapy in Israel. Here, however, there is yet another significant factor which may have deepened the silence still further. In the post-war years, the fledgling Jewish state was

persistently emotionally absent from the child's life, because the parents are chronically depressed or are constantly preoccupied with thoughts and images of the trauma they endured and the loved ones they lost. If the parents' emotional absence is sufficiently prolonged and severe it may lead the child to construct his inner world so as to fill this gap. This may be done in many ways - some creative, others 'pathological', some which conform rigidly to family or societal values, others which defy such values.

The second aspect is the child's experience (which may not be fully accessible to conscious introspection), that he/she represents for the parent or grandparent a substitute and a consolation for what they lost during the War, most particularly siblings or other children. The child experiences his/her identity in terms of being an idealised replacement for the dead family members. Conformity to or rebellion against this identity, with consequent concerns for the welfare of the parents, may consume a great part of the child's emotional life, especially in the adolescent years, but often persisting into the child's adult and married life.

It might have been expected that once family therapy approaches won professional legitimacy in the late 1970's the traumatic experiences of the Holocaust survivors would at last gain a forum, albeit via the neuroses of their children and grandchildren. However, this did not happen. I think this reflects the ideology of the family therapy movement which, in its zeal to distance itself from psychoanalysis, concentrated on the functioning of the family as a whole (i.e. as a system of behaviours) and minimised the unique subjective experiences of individual family members and their personal histories. Furthermore, this neglect of the individual led to the growth of a cadre of family therapy professionals who were unskilled in handling the often powerful feelings that patients evoke in their therapist. Once again history was silenced.

Psychotherapy demands a synthesis of the perspectives of the individual, the family and the socio-cultural context. It also requires respectful attention to how the past may be alive in the present and distort the future in people's relationships, often in ways of which they are not fully aware. It is easy to write and lecture about this need for synthesis. It is much harder to practice it in the clinical context where societal myths and human frailties, including our capacity for self-deception and professional myopia, have led clinicians to neglect Holocaust survivors and their children.

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Yael Danieli

What cannot be talked about can also not be put to rest; and if it is not, the wounds continue to fester from generation to generation. (Bruno Bettelheim)

Lang's cases illustrate some of the key concepts in the field of family therapy with members of Holocaust survivors' families. Most prominent among them is the conspiracy of silence - a major focus of my own work - between survivors and society, between survivors and mental health professionals; on all its levels - interpersonal, intrafamilial, and intrapsychic. His discussions clearly demonstrate that accurate interpretations of the historic meanings of patients' symptoms are experienced as grounding and liberating. What is important is not only to share but to integrate Holocaust experiences into the parents' and children's lives.

The first case presented, of a 'shower phobia' in an



Julia Margaret Cameron, Aurora, 1864

eight year-old daughter of survivors, raises the question of the manner and nature of the survivor parents' discussions of their Holocaust experiences. The parents talked constantly about the Holocaust but perhaps as if she were not there: not with her as a participant in a dialogue, where her feelings and concerns, as well as the meaning she gave their stories, would be included. Like many other children of survivors, because she felt excluded, her symptoms perhaps attest to her attempt to make it her own world.

It would be wrong to conclude that survivor parents should not talk of their experiences. It is the not talking that creates bewilderment within the family. It is the com-

municating at a level not comprehensible to and containable by the child. Research has demonstrated that the more able and willing the parents are to acknowledge and openly share their experiences, the less likely are their children to experience depression and separation difficulties. The rest of Lang's cases do, indeed, illustrate various effects of non-talking and non-communicating.

Most of his analyses reveal that silence makes the



Zygmunt Kranc, Prisoner

shadows longer. I found myself partly disagreeing with some of his reflections on the nature and meaning of silence. For example, while silence may serve useful functions for some survivors, I do not find 'merit' in it.

There are different kinds of silence: there is the silence of an awareness of not being able to communicate fully what it was like, a lack of words. Language does not lend itself to the expression of some 'unspeakable' events and experiences. 'We have no words,' survivors say. Secondly, silence may be a recognition by survivors that evoking their memories may overwhelm them and they do not want to be flooded again by painful old emotions such as horror, fear, rage and unbearable grief. So that when we speak of silence, we include an entire range of meanings of what the person is silent about and his/her motivation.

Elie Wiesel stated that the hearts of the survivors have served as graveyards for the known and the nameless dead of the Holocaust, for those who were turned into ashes and for whom no graves exist. Many children of survivors share

this sentiment. Much of the holding on to the guilt, shame and pain of the past has to do with these internally carried graveyards. Some survivors fear that talking may lead to successful mourning, which may also lead to letting go and thereby to forgetting the dead and committing them to oblivion. Silence highlights absence - the unshared, the unsharable - the missing people, culture, feelings and identity.

Silence often serves as a blank screen onto which different meanings can be projected. Lang points out that while the parents have the historical context for understanding the meanings of their behaviour, their children have neither the experience nor the knowledge to comprehend it. In 'silent' homes, the children indeed grew up in painful bewilderment: they did not understand the inexplicable torment within the family nor their own sense of guilt. Further, silence created for many children an awesome mystery fraught with myths and fantasies. A poignant example is a son of survivors in our *Project* who, after the death of both his parents stated, "I have no past. I am an orphan of history." In therapy, when the therapist complies with silence s/he implicitly agrees with the survivor that the Holocaust still has the power to destroy them and/or their children today.

Lang suggests that the 'positive' aspects of silence are often overlooked, and argues that "the sufferer may experience silence as strength and courage: that silence can be a mark of respect". In silence we pray to honour the dead". He also quotes a survivor, "when they walked into the gas chamber they were silent. Those who watched them watched in silence. The whole world remained silent. To talk about it now in order to gain personal relief is to desecrate their memory".

However, another survivor responds, "When there was silence it was imposed by the gun. They did not walk in silence into the gas chambers. People were pushed in in the most cruel way, beaten, dragged, yelled at. We know that people were screaming inside. The one thing that nobody mentions of the camps is the constant screaming, the noise, the hollering. You were never spoken to, you were screamed at. There was no silence."

Some survivors did not want to burden their families but by keeping silent they may have harmed them. Such families could very well have been quite proud of the strength of these survivors.

In my view, silence in itself is not a memorial. Bearing witness is the memorial, is the respect for the dead and for the living, without which there is no meaning to their destruction.

There is a difference between ritualistic silence upon entering a memorial such as Yad Vashem and silence about what happened. One is reverence. The other one may be avoidance and/or denial. Research has shown that talking in the therapy of post-traumatic stress disorder in general is

helpful.

I differ with Lang's notion that the Holocaust can at times be of no relevance to its survivors or their offspring. In practical terms, there is no way to determine this except through therapeutic inquiry.

In the *Group Project for Holocaust Survivors and their Children* we use the multi-generational family tree as an integral part of the therapeutic process. Although it triggers an acute sense of pain and loss, it serves to recreate a sense of continuity and coherence damaged by their Holocaust and post-Holocaust experiences. Exploring the family tree opens communication within families and between generations. Constructing the tree together underlines again the importance of the full psychological availability of the listener. We believe that whether family therapy is feasible or not, viewing the individual within the dynamics of his or her family and culture is of great therapeutic value.

For silence ultimately makes the shadow longer.

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strong, since all these years she kept so much inside. In fact, maybe she is now grieving in her own way. Maybe she is a hero for having the strength to grieve. She likes that idea, and decides to come back alone.

The idea of Hero is built on so many layers: the layer of Moshe, saying that he himself does not know what he should do; the layer of the mother's strength and resilience; the idea of grieving as another form of strength. Moshe's ability to give people options for meaning that dignify and ennoble them is a counteracting influence to the current emphasis on the sufferer as victim.

What makes Moshe's ideas especially relevant to the field of trauma is his attention to the concept of Silence. Silence and Talking. Talking, he says, is automatically privileged by his profession, but we use silence at funerals, when we honour the dead. So, unlike many professionals who require clients with terrible memories to express and work through them, he is very careful not to pressure people to break their silence unless and until they are ready. Neither does he believe that just because they or their families went through a Holocaust experience that their problems must automatically stem from that.

However, he makes one larger point: it is not only the professionals but the public at large who are reluctant to bring up issues so dreadful and so black. They think, "Yes, I know it was awful, but it's time to pack it up and get on with our lives." And unless clients bring the Holocaust up themselves which, due to the general ban against it they are

Lynn Hoffman

These stories about working with survivors and their children show Moshe Lang's trademark redemptive touch. There is no problem that he does not find a finer meaning for, even within the overall horror of genocide. A mother who has been strong and self-sufficient until her daughter's husband dies, suddenly 'drops her bundle'. She sits and stares, letting her house become dirty and refusing to go outside. Moshe asks about her history and learns that she was in Europe during the war. Responding to his questions, she tells about her Holocaust experience where many people in her family did not survive. The children urge her to come to Moshe alone, to tell him the sorrows locked up in her heart. She refuses. It is the tradition in their family to be "strong". Moshe tells her that he is in the same dilemma. On the one hand, he believes it is sometimes good to talk. On the other, silence is a way to respect the dead.

He does not know which way she should go. But he adds one thing: perhaps she is finally able to stop being so



Ralph Eugene Meatyard, *Untitled*, 1963

reluctant to do, it will play no part in therapy. Most of the people Moshe writes about here had been in therapy a long time with no effect; in every case, the issues surrounding the Holocaust had never been discussed.

Moshe believes this is a mistake. In a country where so many people are immigrants, and many Jews fled Hitler to settle there, the memories are still strong and any new death or disaster can trigger old feelings. A most interesting point is that the fall-out from these memories often affects the next generation, even when the children have never been told anything. To protect their children, parents may have kept these inadmissible events to themselves and yet their children, even when grown, find themselves acting out in dumbshow a version of what had been kept secret.

What stands out in this article is the intelligence and humanity of the writer. In a memorable line, Moshe says: 'Silence, like talking, is interactive.' In this article, it is not just silence, but Moshe's way of talking about silence, which is interactive.

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Florence Kaslow

While reading Moshe Lang's article, I was struck by the similarity of his patients to mine, although we reside and practise thousands of miles apart. Jewish Holocaust survivors who live in diaspora countries such as Australia, the U.S.A., Canada, South Africa, Mexico, Argentina and Chile have generally tried to acclimatise to their adopted homelands, and perhaps to compartmentalise the memories and fantasies about the personal/historical events that occurred in Germany, Poland or Czechoslovakia. On the one hand, this has been necessary so that they can rebuild their lives, establish new families and live in the present while planning for the future with a modicum of optimism. Yet, on the other hand, they know and are periodically reminded that they must not forget because to forget would be to fail to be vigilant.

Nonetheless, we know that when people suffer from post-traumatic stress disorder and its accompanying

symptoms - anxiety, depression, pessimism, fear, obsessive-compulsive behaviour patterns and the inability to trust so that close interpersonal relationships elude them - they may take many years to recover. The recovery includes talking about the memories of the experience, often with much repetition. Ultimately, it is beneficial if some understanding and integration of the horrifying facts and experiences can take place. This may not be feasible for Holocaust survivors; some find that there is no way to accept and forgive this widescale inhumanity. In addition, therefore, to a legacy of being victims of incomprehensible cruelty, sadness and grief over multiple losses make healing and recovery quite difficult. This survivor experience is not akin to that of a traumatic disaster such as an earthquake or hurricane. These are not deliberate or premeditated acts and are not initiated by a nation's desire to purge the world of certain groups of people it deems to be unworthy.

When survivors emigrated, they were often socialised not to talk about their tortured past. Few wanted to hear the horrendous stories, and certainly not repeatedly. Survivors tried to hide the numbers tattooed on their arms and to look and act like everyone else. They turned their time and attention to earning a living; to learning new languages, customs and lifestyles; to building a family and creating a new future. They tried to submerge the shame and guilt they felt for being tainted by such a era, from having lived in the world of the concentration camp and/or hiding out to escape capture and extermination. If their new spouses, children and eventually grandchildren heard too little about their past, these latter often fantasised about situations and behaviours that were as bad or worse than any which may actually have befallen the victims. If the sufferers remained overtly preoccupied with the Holocaust and talked and cried about it often, the children frequently tried to take care of and protect their parents from further hurt and harm. Many became perfectionists, excessively devoted and enmeshed - realising they couldn't break away as part of their own normal development because their parents could not tolerate additional losses or abandonments by cherished family members. Only in the past two decades have groups of Holocaust survivors and their families begun to get together in countries in the diaspora to share their experiences, form support networks, make it legitimate to speak out and build Holocaust memorials so that 'We Shall Not Forget.'

It is against such an historical backdrop and internationally generic, yet Australian specific, context that Lang has written his compelling article. His willingness to accept silence as emanating from not only a desire to protect current relations, but as a sign of profound respect for those who perished, is quietly and profoundly illuminating.

Generation also asked Dr Florence Kaslow to offer reflections on her experiences with the offspring of Nazis. While she was clear that no parallel was to be drawn

between the suffering of the two, her experience offered a valuable, added insight into the long - and twisted - shadow of the Holocaust. We gratefully acknowledge Contemporary Family Therapy (Human Sciences Press, 1990) for allowing us to draw on parts of her work which appear below.

SURVIVORS OF PERPETRATORS: THE POLAR OPPOSITE.

An effort is made to explore the perpetrator legacy herein through the retelling of an unanticipated therapeutic encounter that recently took place when the author was in Germany.

In 1989, I was scheduled to do a four day workshop on theories of family therapy in Germany. The participants were a group of about 30 beginning second-year trainees in a post graduate family therapy program. Their first year had focused predominantly on the self of the therapist, and they had explored family of origin issues. Most had also been in individual therapy. The first morning I asked them to each share with me their goals for and from the workshop. When one of the men, Hans, who happened to be one of several participants rotating the translator role blurted out "I'd like to finally find out - if I'm the son of a murderer - what am I?", I reacted with stunned silence and then an acknowledgement of the comment with a nod. Most of the others raised questions about the different schools of thought, and we breathed a collective sigh of relief.

On the third day, I did a demonstration session with a patient couple who periodically lived together. Each had been previously married to others, and had children from their earlier unions. Each seemed to have numerous unresolved loose ends with their families of origin and their first spouses. They were highly ambivalent, caught in their inability either to let go of the relationship or to make a definite, permanent commitment. One of my suggestions to the couples' therapists was that they might consider conducting a multigenerational session with each of the parties and his/her parents. Some trainees said they had read about this approach (others hadn't), but none had seen it done or had used it. They requested that I include such a demonstration on the fourth day.

By then I had developed a good rapport with Hans, and some others in the group had gradually let me know that they harboured the same anxiety that he had expressed. Therefore, I asked if he would like me to illustrate how to prepare for and conduct a multigenerational session around the dilemma he had presented. This meant he would be the "identified (index) patient" and would select members of the group to represent his relatives. We went through the potential pros and cons of utilising his real life story. He seized the opportunity saying he was desperate for relief from this lifelong nightmare and that he felt safe enough with the group to take the risk. The previous year they had all done a great deal of self-disclosing and he was comfortable doing so again.

First, I conducted an individual session with him to get a brief history and his view of what was troubling him. He



Samuel Bak, The Family, 1974

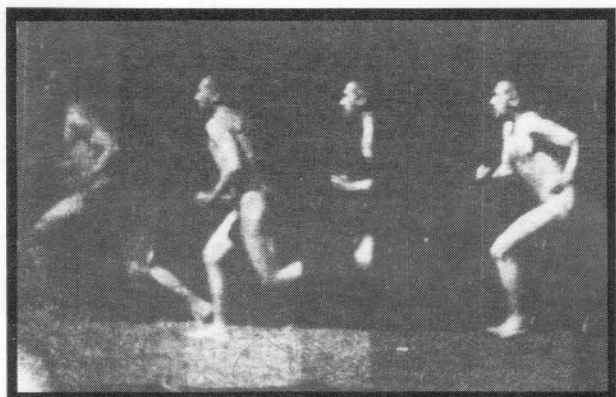
relayed that he knew his father was a member of the SS during World War Two, but that beyond that, his father would not discuss what he had done or why. Hans was plagued by his fantasies of the atrocities his father had committed. In anger he had left the family during his mid-teen years. From ages 18 to 28 years he had become a drug addict and lived his life in the drug culture. At age 28, he realised he had to stop using drugs or he would die, as some of his comrades had. He went into a drug treatment program for six months and by the day of our session, had been in recovery for four years. He was single and unable to stay

involved in any long term meaningful relationship. With all of the treatment he had received in the in-patient program, a twelve step recovery program, individual therapy, and the family therapy training program's focus on self, no one had touched the critical issue of his father's active allegiance to and participation in the Nazi Party. Hans knew that for him to attain any peace he 'needed to know' about his father's history and his heritage.

From the group, he quickly selected a surrogate father, mother, and younger sister, in that order.

As soon as they were seated in a circle in the centre of the room, Hans "attacked". His opening thrust spilled out.

"How many people did you kill?", "Why did I have to be born the son of a murderer?" "How could you join the Nazi party?" I had never done a multi-generational session



Thomas Eakins, 1884

before, real or simulated, that opened with such a dramatic avalanche of anger. I had not had time to welcome them and go over the purpose and ground rules for the session. Before I had time to intervene - the mother forcefully countered, "Why can't you leave him alone? He has suffered enough. You are always badgering him and getting into trouble. That all happened so long ago. It's over with - let it alone." Sister chimed in "He's been a good father to us. That's what counts. I love him as the man and father he has been to us. Why must you torment us all with this?"

The father blurted out, "I don't know; I don't remember; it's a long time ago. Leave me in peace. If you were alive then you would have gone. Everyone wanted Germany to be victorious and a great country again. We didn't ask how it would be done; we believed in our leaders."

Now that everyone had spoken in his or her own voice, there was a pause. I was able to intervene in a soft, firm and hopefully soothing voice. At this juncture I had to win the 'battle for structure' quickly so the session could proceed; I turned to the father and said:

"Your excruciating pain is obvious and I wish there were some way to alleviate it quickly; but there isn't. My experience is that one must face what has long been festering and unspeakable and go through it rather than ignore it. Only then can it be handled and perhaps some relief experienced... As difficult as it may be for you, it is critical for your son's well being, perhaps even his survival, that you answer his questions. His goal in bringing you here was not to destroy the family, but to try to find out who you are, what makes you tick, and who he is."

All eyes turned toward the father. Trembling and with tears in his eyes he blurted out "Yes, I killed people, lots of people; we believed it was the right and patriotic thing to do."

Hans' aspect changed visibly. His facial muscles relaxed and he leaned slightly toward his (surrogate) father. He whispered audibly, "Thank you for finally being honest. Maybe now I can try to trust and respect you and become part of the family."

Much more transpired but the above recapitulates the essence of the session. During the "therapy" hour and the debriefing, many of the other workshop participants were sitting either mesmerised or profoundly moved to tears. It turned out that over half of them were children of men who has served in the SS or SA, some as guards in the extermination camps. Many raw nerves had been exposed.

Both the father and mother in the simulation were children of Nazi servicemen and had thrown the same questions Hans posed to their fathers - only to be silenced. Thus, the simulation had taken on a profound reality for all. They reported that this was the first time anyone had dared to tackle the family issue of greatest and gravest import for them. Several stated that it was like being struck by lightning. They hadn't realised how essential it was to deal with their shameful nation and family heritage for their own growth and if they were truly going to be able to deal with the special 'hell' some of their clients poured out to them.

I have rarely been as deeply moved and, through tears, I shared this with them - indicating that I was experiencing cognitive dissonance being a foreigner and a Jew allowed to see into the most hidden recesses of their souls. I thanked them for this unexpected privilege while pondering if it had really been possible that my empathy had (temporarily?) transcended my own commitment to Judaism and my identification with the oppressed and wronged as I had reached out to try to heal Hans' pain and that of others in the drama that unfolded in that room. Hans gasped, as he had not been aware of my Jewishness. I had thought all of them realised that what little German I spoke was really Yiddish. The stoicism and intellectualism had all vanished.

In the final wrap-up portion of this last day, the feedback was that the simulation had been the most important aspect of their work with me, both professionally and per-

sonally. They were most grateful to me for being willing to demonstrate multigenerational family therapy utilising the "born guilty" theme as the central issue of the conflict in the family system. It had not been planned that way; it erupted out of a seemingly inevitable chain of events.

RETROSPECTIVE AND SPECULATIONS

From a psychodynamic therapeutic perspective we see the utilisation of many defense mechanisms by the perpetrator families. These include denial, repression, projection, projective identification and identification with the aggressor. Hans had incorporated the aggressive, attacking, demeaning behaviour for which he was criticising his own father. The family members longed for more closeness but instead lacked cohesion and were quite disengaged although negatively bound to one another.

Perpetrator families, like victim families, are still scarred by the legacy of the Holocaust. They swing from one extreme to the other - either talking about it too much (and bemoaning the fact that they did not emerge victorious); or they maintain a stony silence - not wanting to bring to light their part in the bloody and cruel actions of their country. The children are left to piece it together from tales they hear and books that they read. Like Hans, many need to know from their own father: "Were you a murderer and if so, what am I if I was born the son of a murderer?"

At the philosophic, existential level, there are a host of different questions to be raised. These have perplexed, even tormented me, since my return home. How long shall the sins of the father be visited upon the sons and daughters? What kinds of reparations and apologies are necessary? Will any acts of atonement ever be sufficient? How long will it take? Can one ever be free of the guilt of being born to parents who were part of a country that committed mass murder of six million Jews and millions of others who were not members of the Aryan race they exalted? How can anyone "forgive" and "forget" this inhumane, deliberate annihilation - the premeditated crime of genocide? If we forget, we contribute to the likelihood that future genocides will be committed. Such a thought is intolerable!

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George Halasz

*Rejected by mankind, the condemned
do not go so far as to reject it
in turn. Their faith in history
remains unshaken, and one may well
wonder why. They do not despair.
The proof: they persist in surviving -
not only to survive, but to testify.
The victims elect to become witnesses.*

Eli Wiesel

As a child I had always had a sense, an awareness, that my parents had suffered greatly during the war. I vaguely knew that they had lost many members of their family. We did not talk about such things. It was only as an adult that I slowly began to realise that my parents belonged to a special generation, the diminishing group of Holocaust survivors.

How is it possible for survivors of the Holocaust, the witnesses, to pass on their experiences to their children and grandchildren, the second and third generation, so that they may come to relate to the Holocaust on their own terms?

In the normal course of family life, sons and daughters can expect to hear stories from their parents about their heritage. Imagination can open the doors to the old homes and allow a partaking of the Sunday family dinners where they could virtually smell the boiling chicken soup, the frying potatoes, the cabbage, and taste the sweet, raisin-filled cakes. Old photos of bearded grandfathers with their proud wives surrounded by dozens of grandchildren can help sustain such images.

In contrast, for Holocaust survivors, there is no reasonable way for them to relate the past to their children. Such parents are unable to share their experiences as ordinary stories. If they are able to speak at all, they might qualify their story. 'Of course you can never understand what it was like, no one can, only those who were there understand.' The children of the Holocaust survivors are foreigners, not only in their own families but also in the wider community. Their childhood was different even if it seemed the same.

There is no possible way for Holocaust survivor parents to relate their experiences to their children and still provide a belief in a safe world. If they decide on openness and honesty and choose to pass on their experiences of suffering and horror, then their *real* experiences surpass even the most fearful of their children's fantasies. The parents in this case transmit an experience of the world, their world, filled with dread and cruelty beyond the worst nightmares of their children.

If parents choose to relate their survival as positive evidence of a miracle, personal courage, triumph or just chance, this partial truth would mask other aspects of their suffering - their helplessness in the face of the temporary triumph of evil, the inexpressible rages, the losses unable to be grieved over and the residual humiliation. The children hear words of hope but feel a sense of disbelief. The conflict between the words and the mood creates a split. Children cannot tolerate such splits for too long without consequences. One outcome of such a split is an unintegrated development. The children come to believe either in the words or in the feelings, but not both.

Some parents choose to remain silent about the past. This decision, prompted by a desire to protect their children from their unbearable experiences, only widens the natural and universal gulf that lies between parents and children. The silence, a reticence born of a wish to shield their children, creates a Big Secret, a vacuum filled by the children's fantasies. Often these may be comforting illusions or occasionally dreaded nightmares, but most commonly they are a combination of both.

The second generation has adjusted in many ways. Some of them have coped well, others have not. Children of survivors are easily overlooked as the active inheritors of a culture of incomplete mourning. In such cultures, sadness will often make do with attachment to substitutes. The 'lost childhood' of the second generation is the absence of opportunity for them to share with the survivor parents the essentials of ordinary development.

The second generation's inheritance leads to stereotyped reactions. These range from, at one extreme, total rejection of the old values, over-compensating, side-stepping the inherited culture of the grief-imbued history. This assault on the past, resisting the inheritance, leads to excessive individualism and assimilation. Some feel the shortcomings of materialism, reach the limits of the 'me' culture and swing to the other extreme. This results in the rejection of modernity, the New World and its values. The attack on the present leads some to fundamentalism, seeking comfort in group isolation. Substitutes for grief rarely soothe the emptiness. These public markers of personal struggles in adjustment and coping are readily visible. But there are the deeper issues of adjusting, coming to terms with life, bridging the unmanageable gap between the parents' past and the ordinary challenges of the present.

These subtle, long-term effects are easily overlooked. The 'natural' pessimism about life, the disbelief in good luck or good fortune, the suspicion that safety is fleeting, forever being on guard, excessive anxieties at times of separations or travel, the easy assumption of the worst outcome in difficulties - are these any less evidence of struggles in coping and adjusting for the second generation, sequelae of the long shadow cast by the Holocaust?

I spend a considerable part of my professional life dealing with the predicament of young individuals and their families in distress. I try to understand their present-day difficulties in terms of the past. I believe that understanding, through serious listening to the details, the particulars of the problems, is the first step towards a solution. It was probably inevitable that eventually the time would arrive when I would dare to confront the deeper consequences of my belonging to the second generation.

So far in my life there have been two phases when I delved deeply into my past. In my late twenties, I entered psychoanalysis. At one level, this was part of professional training in my field of work. Of course, there were many other levels and motives. Later, as I approached my forties, I resumed my explorations, this time deciding to write a family history. My research began with talks with my parents about their past. They had belonged to the group of 'silent' parents so my direct knowledge of their war experiences was minimal.

On my regular Sunday-morning visits, our conversation turned to their life before, during and after the war. Before the war, their early family life sounded ordinary enough. However, hearing of their war experiences was numbing. I struggled to remain in touch, listening, fighting the 'instinct of necessary oblivion'. The key to their survival, their dual survival strategy, was to combine self-reliance with silence. Survival became the organizer of their outlook on life. Measured vigilance, the mental background activity for safety and survival was heightened to eternal vigilance for signs of threat. Survival was earned daily.

Gradually I began to gain a deepening appreciation of how our early family life was affected by the chaos and havoc wrought by the Holocaust. Slowly a feeling of profound stress emerged. As they turned back the pages of their history, I began to feel more and more separate from them, alone and confused.

In my childhood, I had lived through a period of turmoil during the Hungarian Revolution. Being uprooted at the age of seven from home and country somehow fused with my parents' wartime experiences. As the weekly talks uncovered more and more of their history, the extent of my confusions was unmasked. I realized that I had believed that somehow, I had lived through their wartime experiences! Their horror of Nazism from the forties, was blended with my childhood hatred of Communism from a decade later. Their survival strategy, first forged in the post-war period, became my survival strategy at the time of the revolution. As history intruded on our family, the parents' and the child's survival strategies unintentionally entwined.

Once this layer of confusion was clarified I discovered an urgent need to confront other confusions, to untangle, to understand our separate histories fully, to get our histories 'right'. I began to wonder how these confusions arose.

I had always believed that I had grown up in an ordinary, unremarkable, if over-protective family environment with caring, loving, hard-working parents. But how could I have come to such a conclusion of 'ordinariness' when my parents had lived through a unique phase of history? I began to wonder if the semblance of ordinariness camouflaging their extraordinary background could have caused my confusions. Could such a discordance, such a contradiction have created my bewilderment? I concluded that my presumed ordinary background was a personal myth, a fantasy. Could the survival strategy of silence, so essential in the past, have contributed to such a fantasy?

As I grappled with these contradictions, the dialogue between the generations was able to begin. The fantasy perspective gradually, painfully, gave way to the real. Parallel lives slowly merged to mutual concerns of getting the past 'right'. It was time for the curtain of illusion to rise. The disavowal of the 'facts', the well-known silences, could slowly be transformed into a dialogue.

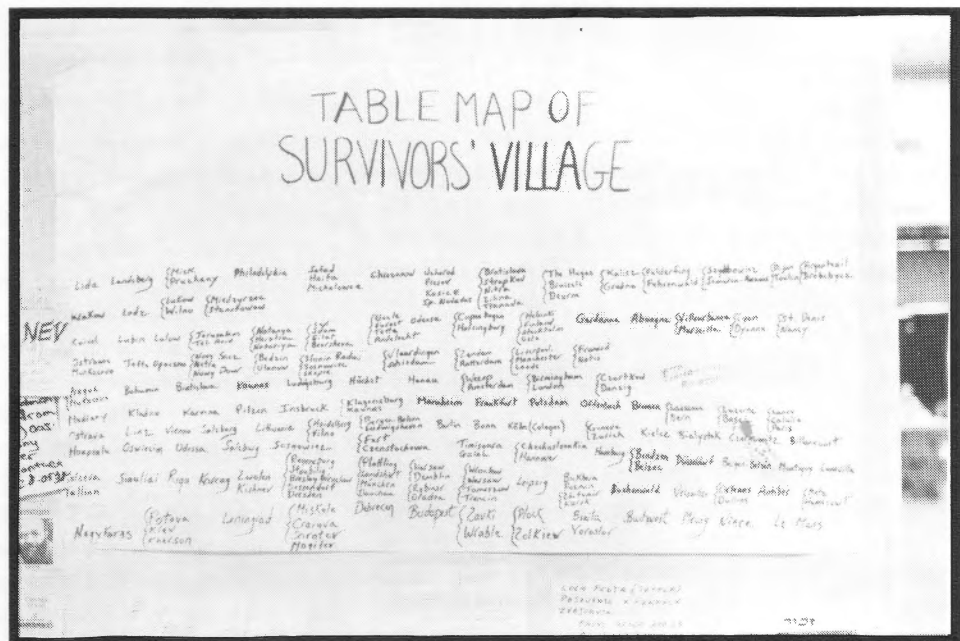
My parents and I experimented, opening up a new dialogue. We tried and succeeded in sustaining the dialogue across the generations. We passed the test of creating a new trust where both the past, as it was, and the present, as it is, for both them and me, could survive. Their core issues of genocide, annihilation, survival, guilt, shame, death and helplessness could find their place alongside my ordinary childhood fantasies, murderous wishes, joy and comfort, monsters, dread of helplessness and dependency. These core feelings had troubled both my parents and me.

Throughout our shared past we had managed to keep these terrors under lock and key, in the steel box of Helen Epstein's *Children of the Holocaust*. None of us could risk turning the key. The memories were too dreadful. It threatened to be too disruptive. All those years of avoiding the suppressed terrors found expression in the unbridgeable gulf of silence that the new dialogue had finally bridged. The two cultures in our family produced foreigners between the generations. As our family history unfolded, those separate cultures from our past found a common language in the

present and met for the first time.

My new-found emotional understanding of our family tradition of self-reliance offered a new vantage point of empathy towards my mother and father. My parents had endured their earlier enforced deprivation with active self-reliance knowing that the terrors of feelings and impulses, the fear of needing anyone, becoming dependent, exposed the vulnerability self-reliance so thoroughly masked. Self-reliance coupled with silence provided a successful strategy for survival, at the cost of concealing the core issues.

I have continued with my questions about our family history. As I extracted and uncovered our deepest family wounds on my long and intense journey, I can begin to reflect on how our family had perpetuated the memory of the Holocaust: how our family silence inadvertently led to the creation of a family myth of an 'ordinary' past: how the



Bernard Stehle, 1988

silence had grown into a dreaded Big Secret needing half a life-time to unlock. And how fortunate I had been to be able to transform the Big Secret into the new reality with my mother and father.

This was, and continues to be, a personal journey, my quest for my lost heritage. So far, I have managed to salvage an odd mix of a burdensome past with a discovery of the extraordinariness of my parents' history. Through claiming my culture of incomplete mourning, I have transformed some of the fantasies that were substitutes for my absence of memory from the depths of our family silence. The gradual discovery of the richness of our family history has countered some lesions of self-image that almost became a permanent elision in my self-awareness.

Just as my new-found vantage point allowed for a deeper understanding of my mother and father, so my attitudes towards relationships with relatives and friends, have come under closer scrutiny. My relationship to religion, previously filled with terror, shame and dread also began to give way gradually to a sense of curiosity. These changes in turn have been paralleled by new stirrings of other changes, both in my current life-style and hopes for the future. But that is for another day.

My journey continues as irregular progress, stops and starts, interrupted by sudden shut-downs when my emerging understanding becomes too threatening. The dialogue with my parents has led to my discovering both strengths and vulnerabilities in our family history. These discoveries are slowly replacing my earlier laundered version of our family history. Where will it all lead?

As in the first generation, some of the survivors elected to become witnesses, perhaps we, the second, as part of that legacy, must also face a difficult decision. We have a choice. Either we choose to remember the fullness of the burdensome past, to transmit the story of the Holocaust to the next generation, or we can choose to forget.

If we choose to remain silent, our personal decision may have results for many generations to come. The next generation may experience the continued silence as an elision in their self-awareness. The choice is ours. How will we decide to relate our experience of the Holocaust to the next generation?

I would like to express my heart-felt gratitude to my mother and father, Alice and Laszlo Halasz, for their courage, and for being prepared to teach me from their past in order that I might begin to understand.

Dr George Halasz is a Melbourne psychiatrist and child of survivors.

Agnes Seemann

Moshe Lang's article makes some crucial points which are all too often overlooked when considering survivors of the Holocaust. He writes of strength, resilience and of the many faces of silence while tracing various ways in which the shadow of the Holocaust can affect individuals.

In both popular and professional writings, Holocaust survivors have repeatedly been portrayed as emotional cripples: as people who have been unable to lead normal lives



Francesca Woodman, *Untitled*, 1977-78

and who - as a result of their trauma - have damaged the emotional lives of their families. I am concerned that the very labelling of these people as 'cripples' and 'damaged' has caused deep and unnecessary pain. Moreover, even if survivors and their families do have problems, the causes may not be related at all to Holocaust experiences. It is and has been too easy for therapists, family members and even friends to make an automatic connection between a Holocaust background and the problems people may be experiencing.

Little attention has been given to the large numbers of survivors and their families who have not been part of therapists' case loads. These people, unavailable for study, have consequently not been a focus for research. As a result, there has not been general acknowledgement of the incredible feat achieved by the many who succeeded, as Yitz Greenberg described it, 'in rebuilding their lives from the ashes.' Their establishment of families and the creation of a new way of life appears to have been largely taken for granted by both the survivors themselves and the rest of the world. Never adequately understood or celebrated, it has remained an almost invisible feat. I therefore welcome the way survivors are described by Moshe Lang as having 'strength and vitality... [and the ability to be] resilient and tough.' I think it is important for us to recognise that these qualities have provided the foundation for the re-establishment of world Jewry.

Moshe has also contributed an important analysis of why many survivors choose to be silent about their experiences. Some reasons are unique to particular people or

families. In other cases, survivors are silent in response to the general attitude of society. They experienced immense pressure simply to forget and get on with life as well as a wish to protect their loved ones from the pain and horror of those experiences.

I appreciate Moshe's respect for each individual's unique way of dealing with grief and pain of such enormity. He has also reminded us that silence is a way of showing respect and honoring the dead. However, I think we also need to recognise that sometimes the misunderstandings and tensions generated by the silence have caused pain rather than shielding people from it.

Beginning to think and talk about the Holocaust after many years of not doing so has been a common experience for many people in the later stages of life, after the more pressing needs of consolidation have been achieved. It is at this point that they are able to look backwards because they now have both the time and the emotional stamina to do so. Many have only recently chosen to tell of their experiences, either formally, through communal oral history projects, or informally to their children and grand-children. Even when this sharing occurs at this later stage, it can be an important event. The stories in Moshe's article demonstrate that people have the ability to work through and resolve traumas of great magnitude.

The shadow of the Holocaust has touched us all, whether we were there or not. That shadow reminds us of what we have lost; but we must not allow it to cause us to forget the strengths we have always had.

Agnes Seemann is a psychologist and family therapist. She is the Co-ordinator of the 12th Hour Oral History Project.

Dina Wardi

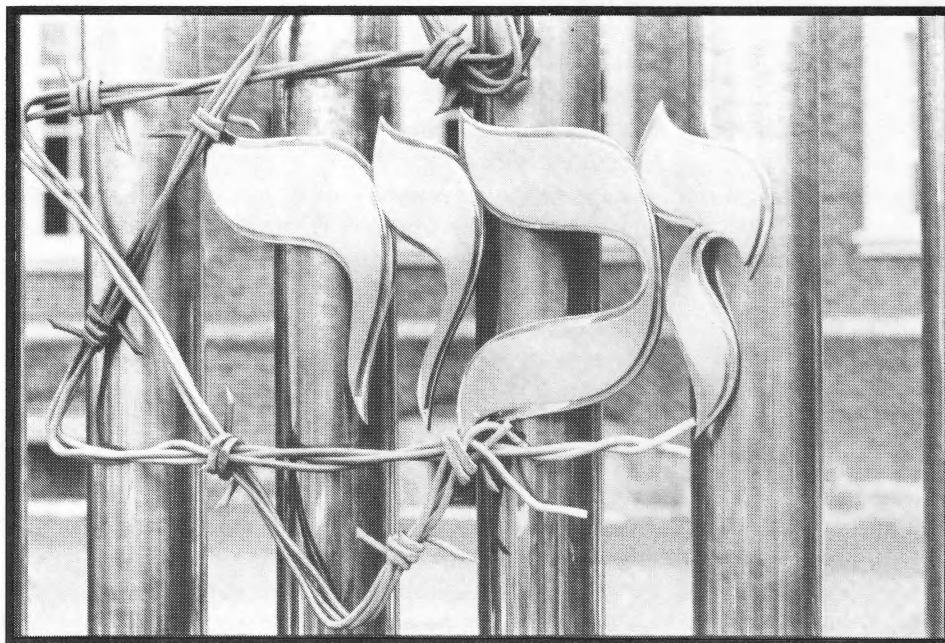
In the treatment of two generations of Holocaust survivors Mr Lang and I employ somewhat different psychotherapeutic models. Whereas Mr Lang practices family therapy, I make use of a combination of individual and group psychotherapy. And yet, very similar central themes and areas seem to emerge in both practices. No wonder that, reading Mr Lang's illuminating paper, I was overcome by a feeling of fraternity, almost of intimacy, although in reality we have never had occasion either to meet or to share our work experience.

Were I to choose a sub-title for Mr Lang's article, I would suggest *The Voice of Silence*; for the axis upon which this whole paper revolves is precisely silence and the crucial dilemma of whether to respect it or break it. I definitely share Mr Lang's appreciation of the positive content and valuable meaning of this silence, as opposed to its negative interpretation as a mere manifestation of defensiveness and resistance. Indeed, 'the sufferer may experience silence as strength and courage' and 'silent suffering and guilt is often a testimonial, a memorial to those who have perished'. At the same time, however, we must not forget that survivors' silence habitually conceals repressed attachment to long dead objects. In fact, I believe that we should make a clear distinction between the personality organisation - in terms of ego strength and defence mechanisms - of the first generation of survivors, which is obviously the result of first hand traumatic experience and that of the second generation, only indirectly affected by massive trauma. The silence brought into the therapy room by each generation should consequently be understood, and hence handled, in different ways.

For the first generation, silence bears a specific connotation. Throughout the Holocaust it served as a major strategy of survival. It was, of course, the first imperative for those who were in hiding, but it was also an indispensable defence mechanism for those who suffered the humiliations of labour camps, death camps, or death marches. To illustrate my point, let me repeat the words of a woman survivor, quoted in my book *Memorial Candles - Children of the Holocaust*: "When I heard the echo of the shot at my mother, who was marching behind us in the death march, I was stricken dumb. I couldn't utter a sound. For more than a month I was unable to speak. I never came back to myself ever since." At that critical moment she was instinctively aware that her slightest sound would bring instantaneous death. The immediate result of this intolerable silence was temporary physical muteness, but in fact emotional muteness is still with her today: "I never came back to myself ever since."

Many Holocaust experts share the opinion that overt silence serves many survivors as an external defence, concealing a covert psychic closing off and robotization. It often becomes an all-pervading way of existing, unconsciously adopted in order to defend the fragile ego from becoming flooded with unbearable memories of terror and pain and with too-intense feelings of shame and guilt, thus averting the risk of ego fragmentation. In the course of therapy, survivors sometimes break this external silence and gradually agree to reveal portions of their story. Yet, in most cases, they avoid telling the whole story, feeling perhaps that its disclosure might shake their all too precarious internal equilibrium; and perhaps rightly so.

But second generation patients have not gone through this process. They have only been reared in this thick silence,



Zachor (Remember!), Michel Schwartz

and consequently they have often internalised silence, as the defence mechanism that has long been their parents' sole armour. This is why I believe that our attitude to silence in the therapeutic dialogue with second generation patients should be somewhat different. With them we need be less concerned with the risk of shattering indispensable defences or denials, that might lead to fragmentation of the ego. Here our objective is simply to help patients open up and ventilate the content of their silence, or better, to make them realise that what is concealed behind their silence is mostly a tangle of internalised self object parts, intricately connected with long dead relatives.

When touching upon the transgenerational transgression of trauma, for me the central issue of Mr Lang's paper is the puzzling question of transmission within the thick inter-generational silent dialogue. It seems to me that many survivors, having been unable at the time to mourn for perished family members and adequately separate from them, have preserved an internal attachment to them which they subsequently try to perpetuate in the post-Holocaust offspring. By means of projective identification mechanisms, they have often unconsciously projected onto their children the identities of their own dead, thus forcing upon them a double identity or a dual emotional life.

This is the process by which survivors invest their children with the role of what I call 'memorial candles'. Only overt dialogue can enable these patients to shake off the burden of trauma thus transmitted unto them by their

survivor parents. As Mr Lang rightly states, 'healing occurs by lifting the veils of secrecy and making the covert unconscious communication overt.' But this is not all. In order to accomplish complete healing, memorial candles must establish an open dialogue, not only with their parents, but also with those of their self object parts strongly attached to dead objects, which in reality are not theirs but rather their parents', and only by the above mentioned process have become internalised in their own identities.

Like Mr Lang, I have often noticed that, in the case of both survivors and second generation, the necessity to face a factual separation

seems to set off a covert struggle, stirring up a mass of complex emotions, mostly manifested as anxiety, fear and guilt feelings, but always connected in some way with Holocaust losses.

Separation from the role of memorial candles, or their gradual disentanglement from their enmeshed relations with their parents, is a feature noticeable in many of Mr Lang's patients. The clearest example can be observed in the case of Ruth, whose solitary containing and support of her parents' entire Holocaust burden, while her brother David is completely spared, clearly indicate that she is her family's memorial candle. By gradually breaking their silence and telling their story, the parents partially relieve the anger and guilt feelings that chain them to their common traumatic past, and in consequence, both past and present burdens become more evenly redistributed.

Dina Wardi is one of the first psychotherapists in Israel to work with the children of survivors. She is also engaged in research on the subject and is the author of *Memorial Candles*.

Naomi Rosh White

European Jews' testimony about the *Shoah* confronts us with recollections shrouded in silence and with a merging of past and present. Survivors, their children and their grandchildren live with these tangled threads and Moshe Lang draws our attention to the role of silence and speech when responding to the Holocaust. He observes that mental health professionals frequently overlook or ignore the events of the war when working with troubled individuals and families, and that this omission has, on occasion, prevented the alleviation or resolution of families' complaints.

Moshe Lang is careful not to draw on the dualities of pathology and health, problem and resolution, but despite his wariness of them, they lie below the surface of the case descriptions. Yet notions of problem and resolution sit uncomfortably with the impact of the Holocaust on people's lives. There is a sense in which no 'resolution' of the difficulties presented by these experiences is possible if individuals' ways of being after the war are viewed as intelligible responses to unprecedented attempts to systematically denigrate and annihilate a people. This tension between the desire to alleviate suffering and the recognition that the expression of undiminished rage, anguish and grief is a legitimate, even appropriate, way of remembering is a challenge faced by therapists who work with survivors and their families.

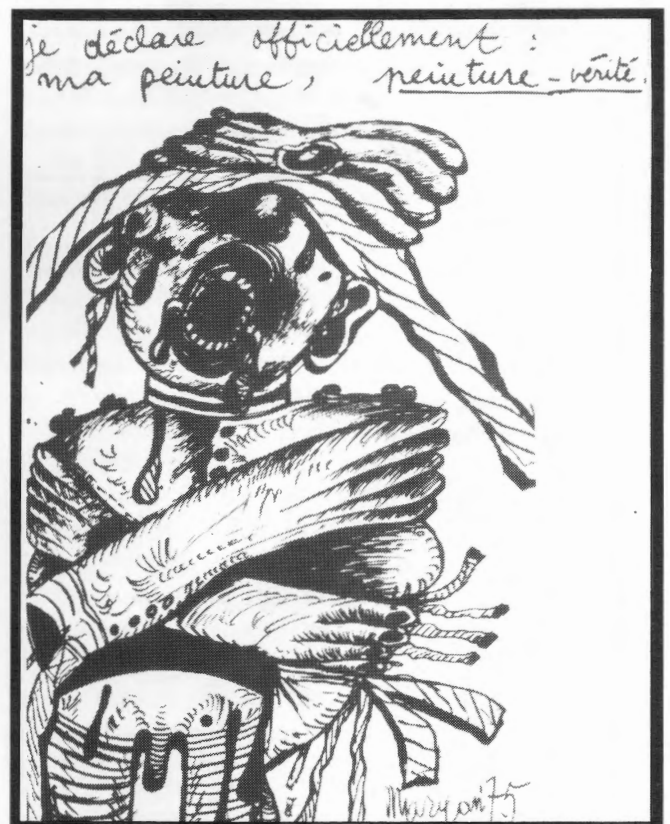
As I am not a therapist, I am not able to address how this challenge might be met, nor to discuss the intrapsychic aspects of the therapeutic process. However, I would like to suggest that family therapy can be viewed as a situation in which individuals are given the opportunity to tell their stories to attentive listeners. Through the telling of these stories, both the storytellers and listeners are able to explore the meaning of the events of the Holocaust in their lives. In addition to providing an opportunity for this exploration of meaning, the telling of stories in this (and other) settings contributes to the formation and affirmation of personal and collective identity for both the teller and the family members who are listeners.

When we come to think about our own identities, we probably find ourselves thinking along at least two lines. There are those aspects of ourselves which we feel are distinctive and which differentiate us as unique individuals from other people. On the other hand, there are those aspects of ourselves which we feel we hold in common with those around us: as men, women, sons, daughters, Jews, Christians and so on. These two aspects of identity, the individual characteristics and the shared characteristics, are interwoven even though we can speak about them separately. Moreover, shared or collective identity has some additional characteristics. There is a perception of resemblance among those who are classified (and classify themselves) together. And there is also a sense of a shared future.

How, then, does this sense of a shared history and a shared future develop? How is it maintained and preserved? One way is through the telling of stories. Storytelling is central to our sense of ourselves as human beings, to our personal identity, as well as to our identity as Jews. The narrative section of the Bible contains hundreds of legends and fables: stories of three thousand years ago are retold today, and they continue to affect us. Since the eighteenth century, the Hassidim have contributed tales and anecdotes which draw on folk wisdom and religious beliefs. Many Jewish festivals involve the retelling of stories which remind us not only of particular events but also of the human condition.

It is also an instrument of continuity and of change. As listeners to survivors' stories about their experiences, we are each drawn into a world which the teller is recreating for us. When we enter this Holocaust world we cannot fail to be transformed. The person listening to the survivors' stories is changed by the content of the story, and by the relationship he or she establishes with the survivor as a result of listening. Our perspective, our way of understanding the world in which we live, must inevitably be altered.

By linking the past to the present, stories are also a means of ensuring continuity. Stories enable us to affirm and validate emotional and social bonds, and to link the past to our sense of who we are today. They accord dignity to the



Maryan S. Maryan, 1976

teller, enabling him or her to give meaning to experience. Telling stories establishes a continuity which is an essential element of social life. Anna Ornstein, an American psychoanalyst, comments on the significance of this continuity for children of survivors. She writes:

Having facilitated group discussions for children of survivors for many years, I found that these children learned to judge their parents' own comfort with their memories in keeping with the parents' ability to tell their children not only of their experiences during the Holocaust, but also about their lives prior to that. More than anything, these children wanted to know about the family members of their parents; what kind of people their grandparents were, how many and what kind of siblings they had, and so on...

For the children of survivors this had become a particularly important process, not having any material possessions, such as photographs, a piece of clothing or furniture. Memories, as these can be transmitted orally or through literature and art, have become the sole carrier of the past. For survivors and their children, memories have attained symbolic significance and they appear to have a great need for their preservation.

As the rapidly expanding literature on the children of survivors demonstrates, this continuity emerges from the complex and diverse ways in which the surviving victims of Nazism live with its tragic and powerful legacy. Some forge a close identification with this suffering; others find themselves struggling to distance themselves from its rivers of pain. Regardless of the path that is taken, however, it is clear that what Moshe Lang has called 'the long shadow' is grounded in family members' Holocaust experiences, and that this shadow takes its form in part from the movement between silence and speech.

Naomi Rosh White teaches in the Department of Anthropology and Sociology at Monash University and is the author of *From Darkness to Light: Surviving the Holocaust*.

linger beyond your face. It is hard for me to relate, though I know that I am here because of you. Yet I feel no love, no sense of familiarity, not even a morsel of self recognition, I think that I am even repulsed.

You must be in your late fifties in the photos. There is something of the Polish gentleman in your dress and appearance; indeed, even with the little that I know of you, I do know that you were a man with many admirers. I know that your brothers were scattered before the war to places throughout the world - Leeds, Manchester, Perth and Sydney - and you were the only one who remained. Why didn't you go? Why couldn't you read the signs as others did? I wasn't there, of course. Maybe I wouldn't have acted any differently. But your two sons left, or you sent them away, the older to Palestine, and the younger (my father), to Czechoslovakia, and later Italy.

They say that you were called a "Rav", which means a religious teacher, though you don't appear to be religious in the photos. They say that your home in Lodz was always the centre of the local community on Shabbat, with many visitors and hangers-on who all looked up to you. You were in textiles, I believe.

I know that Lodz was once a thriving Jewish community - many times larger than Sydney or Melbourne. I



Jonathan Lester

Dear Grandfather,

I never knew you. I had often looked at your unsmiling face and piercing eyes in the worn photographs that my father left me but, until now, I have seldom let my mind

cannot even imagine what it was like. Moreover, nobody alive today can tell me what you were like.

Your daughter Balla (whose face melts me in the photos), who was married and (I think) had children (my cousins), stayed on with you and my grandmother (whose name I don't even know). Your name was Eliyah, that much I do know. "Rav Eliyah" they called you. My middle name is Eli and I carry your memory.

I think what dismays me is the complete anonymity of your existence and your demise. It is as if you never existed. Solemn eyes, staring from a photo, saying that they should mean something to me - but they don't. I can only imagine what happened to you, to my grandmother, to Balla and all your family. I must admit that until now I have resisted reading too much about the Lodz ghetto, largely because I didn't want to face the necessity of placing myself in your shoes.

You and your family were probably rounded into the ghetto; crowded into a single room. Your hangers-on were probably there. Your weight and your age suggest to me that you wouldn't have fared too well. What of my grandmother? If you survived the ghetto, then you were probably crowded onto a train late in 1944 and sent to Auschwitz, where the platform selection process would have ensured that you went straight to the gas chamber. You were probably eliminated within thirty-six hours of your arrival, as was my grandmother (if she made it that far), as were Balla's children (if she had any). As for Balla herself, I can only imagine that she lasted longer in the camp before becoming sick and being gassed, or meeting some other terrible end. Possibly, my late father heard of her death from someone, but now it's a secret I shall never know.

I think about your humiliation, your helplessness, your



pride being whittled away; and whilst I have contempt for and feel wretched about your oppressors, I can also feel the silent scream emanating from you. I hate the epithet "like sheep to slaughter", but I can't help wondering, why did you submit - and allow Balla to submit as well? I know that fighting and resistance was futile. I know that you could not have imagined your complete subjugation of dignity or the fate that awaited you all. I don't feel pity so much as personal blame. And I feel guilt, in a de facto sense. In your photos, there is no hint of premonition, there is almost indifference and arrogance. In Balla's photos, there is overwhelming sadness, a sense of helplessness, to do with being bound to her parents and to her family.

And so what that you were a good Jew! So what that you were respected and admired by a small group of admirers! Because where did it lead? It is ironic that these two facts were probably your final undoing. Is it because of your Jewishness and your pride that you and your family were still there at all, and ultimately eliminated, murdered, snuffed out.

And how am I to feel?

Today, we have a catch-cry of 'Never Again!' It means standing up for who you are. It may not be my lifetime obsession on the outside, but it's there on the inside. It's because of you that I feel as I do. And would I have behaved any differently? What if it had been me? At least you sent two of your children away which is why I am here and able to ensure your continuity. You were able to let go - even if only a little - to allow your two sons to leave. That must have been hard: somewhere inside, you must have known that you would never see them again.

If I could reach my hands across time, to shake your hand, to embrace you, to say 'papa' or 'zayde', to say, 'I am You', I'm sure I would.

But how can I touch you, when I never knew you? I cannot even imagine your voice. Indeed, you would have spoken either Polish or Yiddish which are both alien to me. How can I love what I have never felt, or known?

In writing you this letter, I am feeling something. It feels like forgiveness. I forgive you for never knowing me for these forty years of my life. Until now, I had never felt or contemplated you. But I am doing so now.

It may be half a planet away, and half a century ago, but I do feel connected. I've never wanted to find you before but now I think that I do. I say it with tears in my eyes and a lump in my throat. It scares me to do so. Now I can look forward to being with you... of knowing and of feeling... 'Papa.'

Jonathan Lester is the Associate Producer and originator of the forthcoming ABC documentary, *Angst!* about Jewish comedians whose parents were Holocaust survivors.
