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Silence Therapy with Holocaust Survivors and their Families*

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Stories of family therapy with Holocaust Survivors and their families are presented. They came with symptoms or complaints that seemed unusual and at times bizarre. Although they had seen other members of the helping professions, the Holocaust had never been mentioned. Only when it was explored did their problems become comprehensible and meaningful, providing the context for alleviating or resolving their complaints.

The positive aspects of survivors' silence are explored. Silence is often experienced as strength, courage, and a testimonial to those who perished.

The amazing resilience of the survivors, the strength and vitality that made it possible for them to overcome their pasts and build new lives in a new country, are highlighted.

INTRODUCTION

In my 30 years of practice, I have seen many Holocaust survivors and their families. I have presented and published my work extensively yet, until 1988 when the Williams Road Family Therapy Centre organised a conference on 'The Holocaust: clinical perspectives' (Lang & Stagoll, 1989), I had remained silent on this aspect of my work.

In preparation for this conference I began to confront the reasons for my silence. I was afraid of trivialising the enormity of the Holocaust and feared I would be unable to do justice to the experience of the people involved.

Two years ago *Generation* published "The Long Shadow" (Lang, 1993) describing my work with Holocaust survivors and their families, accompanied by responses to the article by academics and mental health professionals from Australia and overseas; two children of survivors also offered their thoughts.[†]

This article presents a number of cases of families who came with symptoms or complaints that seemed unusual, at times bizarre and devoid of meaning. Though all the families had seen other members of the helping professions, the Holocaust had never been mentioned. Only when it was explored, did their problems become comprehensible, providing the context for alleviating or resolving them.

In the Holocaust six million Jews, including one and a half million children, were systematically murdered. Those who survived experienced deportation, starvation, deliberate degradation and humiliation, as well as an organised attempt to destroy their personalities and identities. Daily they witnessed the Nazis' brutality and killing; often this included members of their own families. Some were forced to participate in the process of extermination.

* I am deeply grateful to the many Holocaust survivors and their families who over the years trusted me with their pain and memories. My particular thanks to those families who gave their permission for their stories to be told. Some personal details have been altered to protect the identities of the people involved.

To Tess, special thanks for writing this article with me.

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† The present article contains a later version of two stories which first appeared in *Generation* as well as three new ones. The stories in this article plus seven additional ones will be published later this year in a book which will include three more sections i.e. therapy with children, couples and adults (Lang & Lang, 1995).

Survival became the imperative in the death camps. How to avoid the next selection, how to avoid beatings, how to minimise the cold and hunger became the day to day aims. They tried not to be noticed, since being noticed was dangerous. They became like robots; memory, conversation and affect were switched off. Many who saw their parents, siblings or children murdered dealt with it by becoming mute for long periods.

After the war survivors emigrated to new countries, to U.S.A., Canada, Israel, Australia, South America. Often when they attempted to talk about their experiences, they encountered disinterest and an unwillingness to hear. Even worse, at times they were blamed for the crimes committed against them. They failed to fight, they didn't try to escape. They were often asked in an accusing manner, "How come you managed to survive when so many did not?" Many tried to avoid seeking psychiatric help. Those who did, in the majority of cases, their Holocaust experience was not discussed. Their own need to remain silent interacted with the attitudes of society around them as well as with the mental health professionals entrusted to care for them.

The psychological and psychiatric literature abounds with papers detailing the detrimental effects the Holocaust has had on survivors and their families (e.g. Braham, 1988; Chodoff, 1975; Ertinger & Krell, 1985; Krystal, 1968; Krystal & Niederland, 1971). Generally overlooked is the amazing resilience of the survivors, the strength and vitality that made it possible for many of them to overcome their pasts and build new lives for themselves and their families in a new country.

FAILING

Letters of referral from a school counsellor and a child psychiatric clinic introduced me to the family.

Anna, 14, was increasingly failing at school, although at times she performed brilliantly. This frustrated her teachers, since she was a very capable student. Though usually a friendly, chirpy girl, at times she was morose and withdrawn. A psychiatric evaluation confirmed that she was intelligent but periodically depressed. In the letter there was agreement that the main culprit was her father who was described as excessively demanding. When she did well he would be over generous and indulgent, but at other times he would be dissatisfied and critical, insisting upon more effort and better results.

Anna was seen by the clinic intermittently for about two years, while the parents were seen separately. She was preoccupied with her ambivalent relationship to her father, Isaac. Her failure to please him consistently made her feel depressed and worthless. Despite help from the school and the clinic, the family experienced no improvement and had asked to be referred to me.

The clinic file contained Anna's developmental history and details of her parents' marriage. It showed that mother had been born in Australia and that father arrived here in 1947 and was self-employed.

At our first session we discussed Anna's schooling and her general state. Nothing new was revealed about her. The mother remained in the background. In conversation with

father, I casually asked if he spoke Yiddish. He did. I asked where he came from and where he had spent the war. He indicated that this was something he didn't want to discuss in front of his wife and daughter. I persisted and asked if he had been in a concentration camp. He replied that he had been for about ten months before liberation. I asked about his family and, once again, he indicated that he preferred me not to ask. Again I persisted, asking if they had all perished. He responded that Hitler had got them all.

This was the only new material that emerged in the interview, although the father also communicated with pride that he was a successful businessman. At the end of the session he asked what I thought; he was paying and he wanted an answer for his money. Because I had taken him further than he wished, and since he pressed me, I felt I should respond by sharing my preliminary thoughts, even though I was not yet ready to do so.

"You are proud of your achievements as a businessman and understandably so. I guess you had very little education and came to Australia without the language, without a profession or trade. To be so successful you must be very tough and demanding on yourself. Probably you are asking of your daughter not more, but in fact, much less than you've asked of yourself. Also, if you lost every member of your family, your daughter must mean a great deal to you. Perhaps in some way she has to make up for the parents, brothers and sisters you lost and possibly for your own youth too."

His wife and daughter were transfixed. He was very keen to respond, but I had to stop him since time was up. I said I was most interested to hear more but asked if we could leave it until next time.

To my surprise, Isaac came to the next session alone. He said he wanted to talk to me but didn't wish his wife and daughter to hear. Since the war he had suffered from a recurrent nightmare from which he would wake up sweating and screaming. In the nightmare, he lost control and went on a rampage with a sub-machine gun, killing Germans.

I said half in jest: "Is this a nightmare or sweet revenge? Sounds to me like a *mitzvah* (a good deed)."

He laughed a bit and answered seriously that he was very afraid he would lose control, go insane or end up in jail.

I commented that surely his wife knew about his nightmares and he agreed, saying that she regularly helped him when he awoke, bringing him cold towels or whatever he needed. She never enquired, and he never told her of the content.

He insisted that his daughter knew nothing of his nightmares and that she never heard a thing. He responded to my doubts by claiming that because they lived in a big, double-brick house with good sound insulation, and because his daughter had her own room, she would not have heard. He was willing to continue to come, provided he could come alone; he did not wish to involve his wife and daughter. I expressed some misgivings but accepted his conditions. I was partially comforted by the knowledge that his daughter had a good working relationship with the school counsellor, whom I knew.

I saw him regularly for a few months. He told me some details of his concentration camp, ghetto and war experiences; of his witnessing the murders of members of his family; and of his inordinate difficulty in controlling his rage. He talked of his guilt for surviving, his disturbing memories and profound shame, with occasional expressions of pride in his achievements.

He then decided to tell his wife about his nightmares. To his surprise she was much relieved. She had worried it was much worse, imagining that every night he was back in Auschwitz, rather than getting even with them. Her response meant a great deal to him.

He made it clear that coming back to see me felt wrong because there were things a man should keep to himself and problems he should sort out by himself. I responded that I supposed this attitude had served him well till now, but possibly at a great price. He was unwilling, or perhaps unable, to share anything of his past experiences or current problems with his daughter.

When he decided to stop seeing me, his nightmares continued but their intensity was diminished. When he awoke, he would speak to his wife about them, and his fear of losing control abated.

Isaac and the school reported that Anna had changed significantly. She told the school counsellor that her father's critical outbursts had lessened and that he was far less demanding. She was much happier and her academic performance became consistently good. As his fear of losing control diminished, so did his need to control his daughter.

Although I worked with this father alone, I would have preferred to work with the whole family. I wanted to maintain direct contact with his wife and daughter; but he chose otherwise. I communicated my anxiety to him but decided, nevertheless, to go along with his wishes. Therapy is and should be negotiated together. Although I thought therapy should continue in this case, Anna's father chose to terminate. Perhaps he could not permit himself to resolve more of his difficulties. The nightmares were his way of remembering and maintaining his rage. To feel even better may have evoked more guilt for surviving when the rest of his family had perished in the gas chambers.

Even though Isaac told me a great deal of his experiences, he intimated on occasions that there was much that he was unwilling or unable to reveal. I made this overt by saying I understood, and encouraged him to talk about what he chose to, and to remain silent on other things.

The decision to remain silent is not just to protect the person and those close to him, but is often a mark of profound respect for those who died. As one Holocaust survivor said, "To talk is to desecrate the memory".

The children of survivors are often placed in an impossible position. They are expected to make up for all the losses of their parents. Exploring Isaac's Holocaust experience gave a deeper meaning to the comment that he was 'over-demanding'. Therapy made

this unrealistic and damaging expectation overt, and as a result less confusing and debilitating for his daughter. Perhaps Isaac's willingness to break his silence and come alone to the second session was due to my persistent and vigorous interest in his story and my positive comments on his achievements. Survivors experienced much shame and degradation, so the more positive the therapist can be, the better, with a very significant qualification: to avoid denying or diminishing the guilt, rage and horror that they experienced.

Survivors are particularly sensitive to denial because the Nazis were assisted in their monstrous plan by the use of 'official language'. The systematic attempt to exterminate the Jews was 'The Final Solution', the inmates of the concentration camps were not people, just 'numbers', human corpses were referred to as 'dolls', gassing human beings to death was 'special treatment'. For Holocaust survivors today a major source of rage and pain is the current attempts to deny that it ever happened. Survivors often say, "We have no words, what we have seen and experienced is unspeakable". According to Primo Levi (Levi, 1988a page 6 & 1988b, page 129) "Auschwitz was another planet. Even if you were there, you still didn't know what it was like for someone else there. Ordinary language cannot convey what happened there. Simple words like hunger and cold couldn't capture the sort of hunger and cold we experienced".

When survivors cannot find the words, the therapist needs to convey that language is often inadequate, that to understand fully is impossible, but to demonstrate a willingness to struggle to achieve as much understanding as possible.

Perhaps the most significant communication is in the silences — the nonverbal pauses, the mutual understanding. Writers such as Elie Wiesel (1970, page 16) suggest that the Holocaust can never be written or spoken about directly. It can only be evoked obliquely. Even if language were available and comprehension were possible, some things are too horrible to confront. Both therapist and patient need to be able to acknowledge that they are unable or unwilling, on a given day or altogether, to confront such horrors directly. Often we have to avert our gaze.

ANOREXIA

For about a week I was inundated with phone calls from friends, professionals and strangers urging me to see a family whose only child, Becky, aged 17 was suffering from advanced anorexia.

The parents and Becky came to the first interview. Becky had been of normal weight three years ago, when she had decided she was too fat. She went on a diet and continued to lose weight; her periods stopped and she had little energy. Her parents became alarmed and took her to their doctor, who diagnosed anorexia and referred her to a psychiatrist. About two months earlier her weight had been so low that she had been hospitalised.

In hospital she was seen as difficult and uncooperative. She refused to join the patients' groups and was uncommunicative. She continued to lose weight, so her privileges were gradually withdrawn. Firstly she was not allowed to get dressed, then she was not allowed to continue her studies for the final high school exams. This caused her the greatest consternation. Force feeding was now being considered.

One of the treatments offered by the hospital was family therapy, which she refused to attend. In order to see me she needed special permission to leave the hospital. Her psychiatrist and the hospital team were reluctant to grant her the privilege of getting dressed and going out, but finally, after much debate, they agreed.

Before her anorexia Becky had been an able and conscientious student, although she had always been fussy and easily upset. She had a few good friends, but her main interest was her studies, so her social life was minimal.

This information was given to me by Becky's parents. When I questioned Becky, she responded very reluctantly in monosyllables, though she had been listening intently.

The parents watched anxiously as they expected me to engage Becky. To their surprise I told her to feel free to talk or not, that I would assume, if she chose not to participate, that she had good reasons, and if she wanted to keep them to herself, I would understand. Since her parents had so much to tell me, if Becky was quiet they would have more time to talk. Though Becky remained relatively quiet and contributed minimally, she seemed more involved and relaxed from then on. Her wariness and hostility were diminished.

As we continued to meet it emerged that the parents, especially the father, were very critical of how Becky had been treated by the medical profession. He felt that he and his wife were being blamed for their daughter's condition, without at any time being consulted. He believed she was getting worse, particularly since her hospitalisation, and could not see how the regime there could make her better. Only after expressing his anger and criticism of the treatment was he able to change focus and talk about himself.

Eventually he said that he felt he had deserted his daughter; he blamed himself and was full of remorse. Part of his life pattern was not being available to his daughter because he worked so hard to provide his family with material things. He also intimated that he had been through the Holocaust, and it hovered like a dark cloud over our meetings. Nevertheless he told me little about it until he finally said that he could not help but see the hospital staff as "the Nazis", taking his daughter away to a "concentration camp" whilst he watched passively and allowed them to "torture" her. He saw this as a repetition of silently watching as his parents were taken away to the gas chambers.

The mother's assessment of Becky's treatment was similar to her husband's, though less intense. While she thought his way of thinking about it was extreme, she welcomed his increased involvement, which was something she had hoped and pleaded for over the years.

Eventually I said, "If that's how you see it, what are you going to do?"

Becky's father said, "What I really want to do is take her away."

I encouraged him to consider what the consequences would be if he did so. Eventually he made a plan to go to the hospital and discharge his daughter, then the two of them would go on a long vacation. He agonised over the risks involved, but after much anxiety he decided he had to mount a "rescue operation", regardless of the dangers. During these weeks of discussion and agonising, Becky's weight stabilised but did not improve, and she remained quiet but attentive. I suggested that her silence was perhaps due to her not wishing to endorse overtly her father's plan, though she liked it. Perhaps she wanted him to relinquish his passivity and make the decision.

Becky's father did eventually carry out his plan. This proved to be a turning point for positive changes, both for Becky and her parents.

Becky and her father went away together for six weeks. There were daily confrontations about when to get up, where to eat, what to do, how much to tip, when to go to bed and so on. Becky, however, gradually gained weight and on their return Becky resumed her studies and graduated with distinction. The long road to recovery continued for Becky and her family.

The treatment offered to Becky followed accepted medical practice; its private meaning for the family was not considered. For Becky and her mother, the treatment afforded another example of the father's passivity. For him, it was a repetition of helplessly standing by while his parents went to their deaths.

DISSATISFIED

Peter, a prominent medical specialist, came to see me. He said that his wife and children were wonderful and that his home life was all he could wish for, yet he was unhappy and confused. He found little pleasure in his family, his work and his many other activities.

"It reminds me of a saying", I said. "There is only one thing in life worse than not getting what you want and that is getting what you want. I understand you have worked hard all your life to achieve all this, anticipating feeling happy and satisfied — but that has not eventuated. It must be very confusing for you. The problem is not just that you feel bad, but it calls into question your philosophy of life. You have done everything right and been very successful, but now the results are disappointing. I am talking too much; I want to ask you, why you think you are so dissatisfied?"

Peter said that was why he was here — if he'd known the answer he wouldn't have needed to come.

"Though you haven't come up with the answer, you must have thought a great deal about it", I said. "So tell me what you have considered, what ideas or explanations have come to mind."

"Of course I've thought about it a lot over the past two to three years", Peter replied, "but I can't get a handle on it. I'm used to finding solutions to problems, and I find it

frustrating that I can't come up with anything on this one. Maybe it's my marriage, or my wife, because it's when I'm with her that I feel most unhappy. She notices my sadness and tries to talk to me about it. I've told her that maybe I should leave and she said she wanted me to do whatever I thought best, and she will support my decision."

The more Peter described his wife, the better she seemed. Over the years she had been very supportive. They shared many interests — sport, theatre and music, and enjoyed doing things together. It was as if he needed to find faults but couldn't.

"From your description", I suggested, "it seems that your wife and marriage are not the problem. But perhaps it is the way you are and what you brought into the marriage. There seems to be nothing in your present situation that is cause for your dissatisfaction. Maybe there is something in your earlier life. I suggest you think about it and we'll talk more next time."

Peter had thought a lot about his problem. He realised that leaving his wife was "crazy", but he thought that since he could not leave himself, maybe the best thing to do was to leave the person closest to him. He was intrigued by the suggestion that perhaps events in the past might be relevant. We talked about his past, and the question that touched him most was what had made him decide to be a doctor. He reacted like a naughty child and, as we talked, his sense of shame increased.

Peter had been an unhappy child. He had often complained to his parents about his health and they regularly took him to their family doctor, who was nice and kind. He joked and listened to Peter, but all the time Peter really wanted to tell him how unhappy he was, mainly because of his parents.

Both Peter's parents were Holocaust survivors who had been through the camps and lost most of their families. His father had terrible outbursts of anger, throwing things, yelling, criticising his wife and, on occasion, hitting her. Peter's oldest brother would argue with and defy his father and would be hit and punished. As a result, Peter kept quiet and tried to avoid getting into trouble by pleasing his parents if he could and, on the whole, he managed. The price was that he lived in fear, and was lonely and miserable.

His father spoke of only one aspect of the Holocaust — of what a hero he had been. Somehow he had managed to escape from the camps, join the partisans and kill Germans. He kept repeating the story of his heroism, his courage and his killings. At night, however, he cried out and screamed in his sleep, as though he was scared. This was never mentioned and all pretended it never happened.

His parents regularly went away, leaving the children with babysitters, and Peter was always frightened that they would never return. His mother regularly complained of headaches, dizziness, abdominal pain and other ailments. She spent her days visiting specialists and seemed to enjoy telling her friends about the eminent doctors and professors she had seen. She believed this enhanced her social standing. She never talked about her war experiences or her husband's violence and criticism.

Peter was scared of being sick and dying, and also feared that Hitler might come and take him away. Luckily he had an imaginary playmate who was very fast and knew where to hide. They often planned what they would do if Hitler came to Melbourne.

Looking back, Peter realised that because his family doctor was the only kind and competent adult he knew, he had decided to become a doctor. The reasons for his embarrassment and shame were his hypochondriasis, the way his family was and his failure to tell his doctor why he came so often.

Peter knew his parents were proud that he was a doctor. They boasted about him to their friends, but they never said anything positive to him.

This story was elicited over some time, during which I offered a series of responses.

"I can understand your feeling of shame about why you chose medicine. Yet if the choice was between being a chronic patient, like your mother, or being a medical specialist, you made the right choice."

"Not only did your parents do little for you, mostly you tried to avoid them — your father's violence and your mother's hypochondriacal influence. It is as if you had to raise yourself, to be your own parent. One of your tasks was to minimise their negative influence. Perhaps the shame you experienced was like that of your parents. Like them you may have felt guilty and ashamed because you kept quiet when your father was violent to your mother and brother. In the same way, your parents may have felt ashamed by their own passivity and failure to do anything about the murder of their families. Like you, without good reason."

"Perhaps you cannot allow yourself now to enjoy your own achievements while your parents suffer and remember the loss of many relatives and friends. Maybe loyalty demands that you should refrain from enjoying your success. At the same time, given your family background, it is amazing that you have been such a good husband and father."

I suggested to Peter that he find out more about his parents' earlier life either from them or others — but he was not interested. Rather, the more he talked about his early life, the more he got in touch with his anger towards them, mixed with hatred towards his father. He began to understand how he felt and did not wish to get more involved with them.

Towards the end of therapy Peter said, "You know what? When I first came to therapy I understated my unhappiness. Now I understand that it is related to my past, yet if anything I was ready to take it out on my wife. In a way, when I said I might leave her, she felt blamed for my unhappiness. It is painful for me to face the fact that though I hate my father, in this I was similar to him. His past has haunted and tormented him and he took it out on my mother and us kids. Similarly I took it out on my wife. When I rejected your suggestion to find out more about my parents, it was because I wanted to put the past behind me. I want to understand what happened to me, but I don't want to dig any further into what happened to my parents."

It is common in mid-life, when people have achieved all outer manifestations of success and are at the zenith of their career, that the satisfaction they expect does not materialise. They feel cheated and confused. In a sense, Peter's experience was no different, yet it had an individual meaning to him. His choice of career was shrouded in embarrassment. He could not see the degree to which his feelings of failure and shame related to his parents' Holocaust past and his early family life. After exploring this part of his life, however, he was able to make the connection and begin to overcome his shame and dissatisfaction.

Peter was reluctant to invite other members of the family to our sessions. He felt that for most of his life he had thought of other people and their needs and wanted his therapy to be for him alone, for considering his thoughts and needs. He wished to express his vulnerability, his weaknesses and his hatreds without worrying about its effect on anyone else. I understood and agreed, even though I said he might, at some future date, wish to explore his family history further.

MORBID JEALOUSY

Gary was the epitome of the successful businessman. He lived in a large house in an upper class suburb and his children went to private schools. He wore an Italian suit and a gold ring and in a quiet way he let you know he drove a Mercedes.

Once he began to say why he had come, his easy confidence disappeared; he spoke with embarrassment and shame. The contrast was striking, particularly as he was a veteran of three years of individual, marital and family therapy with three different therapists. His problem remained unaltered.

He said he had a good wife, a good marriage, good kids, good business and a beautiful home. He had been married about 20 years when some four years ago he began to worry that his wife had been unfaithful to him before their marriage. They had gone out together for some time before they married, and then decided to break up. During this short break she had gone out two or three times with another man, and it was with this man that he imagined she 'betrayed' him.

This thought took increasing hold of him until he was constantly and morbidly preoccupied with it. For a while, he managed to keep it to himself, but eventually he subjected his wife to nightly interrogations about what had happened between her and this man. He really knew that "she didn't do anything bad", and even if she had what was all the fuss about now? He had broken it off — she had been free. Since their marriage, she had been a devoted wife and mother. Why could he not stop tormenting himself?

A careful exploration of any possible precipitating event seemed unhelpful. The most likely was that his daughter had left home. He was not altogether happy about this, but accepted it since she was sharing a flat with friends whom he knew to be from good homes.

During the next few meetings, the details of his business and family emerged. His Jewish mother had left Eastern Europe in her teens, worked in England where she met her husband, a Scotsman. Gary's father died when he was four, and his mother emigrated to Australia. Here she worked in a factory on various shifts. As she was unable to care for Gary, she placed him with a family in the country, where she managed to visit him about once a month. Gary wondered whether his mother could have kept him, or had no other choice.

After a few months and despite occasional encouraging signs, we ended up getting nowhere. Neither of us had any understanding of the origin or meaning of his complaint. I suggested as a last resort to involve his mother. At first, he was most reluctant, since it was important for him to continue to appear successful and competent to his mother, more than to anyone else. Letting her know of his problem was anathema to him but we could not think of anything else to do. His wife was about to leave, driven to distraction by his unfounded jealousy. In desperation he eventually agreed to involve his mother. Although he wanted to talk to her first, he could not bring himself to do so — so he agreed to ask her to the next session.

When Gary told his mother his problem she became white and could not speak. I asked if she could tell us anything that would help to understand Gary's problem.

She said, "It's all my fault, it's all my fault; I left home against my parents' wishes. I married out and so betrayed and shamed my parents who disowned me. Then my whole family perished in the Holocaust. Since then, every night I have nightmares in which my mother comes and reproaches me. I always wake up crying and saying "Leave me alone; it's enough!" I think God has punished me for marrying against my parents' wishes by leaving them killed, and by my husband dying. Then I was left with a little boy I couldn't look after and now this."

In her nightmare, her conversation with her mother was in Yiddish, a language she had not used for nearly 50 years. Gary was now also very pale, struck by the identical words his mother used, as he had when he talked about his wife's betrayal.

Gary's mother emphasised that this was a nightly event which she had never told a living soul. To her surprise, I asked, "Did you send Gary away to protect him from your nightmares?" Whilst her answer was a convoluted "Yes, no or maybe", both Gary and I clearly understood her non-verbal response as "Yes".

Although she struggled with the idea emotionally, she seemed to accept and be relieved by it.

Over the next few months, Gary and his mother came both separately and together. Many things were explored and resolved, but the unmistakable turning point in therapy was his mother's confession of her secret nightmares, and the striking similarity with Gary's own torment.

We can hypothesise that transmission of trauma from one generation to the next occurred. There is no doubt that Gary's mother never told him about her past, her guilt, her shame, her nightmare, her persecution. Yet he was profoundly and minutely influenced by her exper-

ience. The puzzling aspect is how this communication takes place from one generation to the next.

It seems clear that intense pain and trauma lead to extensive and severe denial and repression, which in turn provide a fertile ground for maintaining family secrets, particularly in the context of an intense, ambivalent relationship in which one generation impacts strongly on the next. The healing occurs by lifting the veils of secrecy and making the covert unconscious communication overt and part of ordinary conversation.

All of Gary's previous three years of therapy, and his many hours of therapy with me in which his marriage, his family relationships, his sexual history and his business affairs were explored, all failed to provide a context that explained or provided any understanding of his problems. The problem remained isolated in his life, and defied comprehension.

This stood in marked contrast to the fateful session with his mother, when all three of us felt instant recognition like a bolt of lightning — at a level at which logic does not enter. This insight was experienced viscerally, in the heart and in the gut. It was the turning point in therapy, which led to a smooth and eventual resolution of Gary's and his family's problems.

By the time I saw Gary, he was so dominated by his problem that he was immobilised by frequent bouts of depression lasting some days. His nightly interrogation of his wife made sleep almost impossible and his health was affected. His daughter was reluctant to visit, and his son's school performance had deteriorated.

Gary's attitude to life was rigorously antihistorical. He lived life in the here and now, being uninterested in and ignorant of his parents and their family history. Life began when he and his mother arrived in Australia: there was no pre-Australian past.

His mother's inner life, in contrast, was almost totally dominated by her pre-Australian past. The breaking of her silence helped her to reduce the nightmares and become more involved in her present day life, and also made Gary more interested in his own and his family's history. The healing process began when they relinquished the rigid positions they had occupied.

Gary did not regard himself as Jewish. The Holocaust had no personal meaning for him. His mother was in England when the Holocaust took place. It was her family who perished. This made Gary a third generation person affected by the Holocaust — indeed a very long shadow.

Gary accused his wife of betrayal in a manner similar to his mother's self-accusation of betrayal. Both experienced unending secret shame in relation to their problems. The only connection with the onset of Gary's problem was that his daughter left home at the same age as his mother had left her family. As we explored this connection, Gary acknowledged separation difficulties which he had previously denied.

I found it hard to believe that Gary's mother had never mentioned her nightmares to him, so over the next few months I explored this. In the end, I was satisfied that she had never told him about her nightmares. They were, however, together often enough for him to have been aware that she did have nightmares, since she frequently woke up screaming in a sweat. This they both "forgot".

It is likely that the content of her nightmares was indirectly communicated. Gary knew he had no family except his mother. From a very early age, he knew other children did have families. His mother never spoke of his father, her parents, her siblings and so on. Her silence must have been exceedingly eloquent. Perhaps he even enquired as a child, but the response was only silent pain.

TIME TO GRIEVE

Mrs Cohen did not want to come for family therapy at all. She only attended because her children had asked her to, and only for their sake. They were concerned that since the death of her son-in-law, about eight months ago, she had not been the same. She had 'dropped her bundle', staying at home, refusing to go back to work and neglecting her housework. It seemed as if she had lost interest in living. Before her son-in-law's death, Mrs Cohen had been a dedicated teacher, a proud housewife, and a concerned and conscientious mother.

Her widowed daughter who was pregnant, and her son, had been urging their mother to get out of the house, to resume her normal life, and go back to work. They said they had never seen her like this and were very concerned. They hoped that I might be able to convince her to become her old self again.

When I enquired further, I was told that the daughter was behaving as she wanted her mother to behave. She kept her chin up, put on a brave face and got on with life. Their mother's behaviour was a total puzzle to both children.

Mr Cohen was in many ways similar to his wife. He was a respected school headmaster and a devoted father and husband. He agreed with his children that his wife should "snap out of it", but without the intensity and conviction they displayed.

It was only in answer to specific questions that I was told the Cohens had spent the war years in Europe. When I enquired further, they somehow intimated that they had been through the camps and had suffered a great deal; however, they refused to give me any further detail. The children indicated that they had a good idea of what their parents had been through. They thought of them as people who could cope with anything.

They agreed that their mother should talk to me about what she had been through because that might help her to "come good again". Mrs Cohen wasn't so sure. When I asked why, she indicated that it was not so simple. When I gently asked whether she could perhaps tell me more, she responded by saying, "I have been carrying a lot; also they don't understand... Maybe I was strong, but that was only

on the outside. Inside it has been a terrible turmoil and a great struggle”.

The longer the conversation went, the more polarised the family became. The children insisted that their mother tell me everything and get on with it. The mother maintained her right to be the way she was. She was not so sure that talking was such a good idea.

Eventually they all turned to me and insisted that I tell them what I thought. I replied that I found it very difficult to answer because I was also struggling with the same issues: how to work out which was the best way. To decide between the two alternatives was very difficult. On one hand, it is a commonly held belief, especially amongst psychologists, that talking about painful things is often helpful. Perhaps there is some validity in that way of thinking. Mrs Cohen said that she had been carrying a heavy burden for a very long time; perhaps, therefore, it was time for her to unburden. Further, she had said that she had been strong externally but was internally in pain. Perhaps if she were to talk she would get some comfort and relief. In so doing, she would do something for her children that for some reason was very important to them: reveal an important part of their family history. Particularly now that Mrs Cohen's daughter was expecting a baby, perhaps it was very important for her to know of her family history.

On the other hand, I said there were very good reasons for Mrs Cohen to maintain her silence. Perhaps she wished to maintain the silence because it was her way of showing respect to those who had not survived. Also, perhaps she felt that it was wrong for her to relinquish her suffering. She was entitled now, after so many years, to allow herself time out for grieving. Until now it had not been appropriate to grieve; it had been time to build, work and plan for the future. Perhaps now she could afford the “luxury” of mourning and grieving — not just for her son-in-law but for all the others as well.

“I also recall”, I told the children, “that you described your mother as weak, or cowardly, for behaving the way she has during the last few months. Perhaps she has been weak for giving in to the pain and suffering, but perhaps she is a hero for finding the courage to cry after all these years.”

It was this last comment, more than anything else, that appealed to Mrs Cohen and meant a great deal to her.

She turned to her children and said, “You see, I am right. I am the hero. You know what I think? I need to think about that. Maybe I will talk to you, but then again, maybe I will not. I need to think about it.”

“What do you think we should do?”, the children asked me.

“Perhaps you can all go home and think about it”, I replied. “But among other things, you could also think about whether you all come together next time or if only mother should come. She may not want to burden you with her story. I will leave it to all of you.”

Mrs Cohen chose to come alone, indicating that my recognition of her ambivalence and struggle had made it

easier for her to come again. My acceptance and praise of her silence made it easier for her to talk.

Like many survivors, Mrs Cohen managed to keep her grief over all her losses inside, but when a new loss is experienced after so many years of silence and control, it reactivates the grief and intensifies the memories of the old losses. For most survivors at Mrs Cohen's stage of life, the most common loss is the death of a spouse. Perhaps in her case, the loss of a young life was more painful and more congruent with her Holocaust experiences.

As a Holocaust survivor, Mrs Cohen belongs to an ageing population. Perhaps it could be said that they have now reached a stage in life in which it is normal to attempt to remember the past and try to integrate it with the present and the future. It is time to reflect on life and perhaps this also made it impossible for her to retain her former way of functioning.

Families can become highly polarised or split around Holocaust experiences. In this family, the children took the extreme position of pushing Mrs Cohen to resume her former way of functioning — of being strong and not yielding to pain or weakness. Mrs Cohen took the opposite view, believing that she was entitled to grieve and to remain silent. Such a public split often obscures the private and submerged ambivalence. Mrs Cohen also wanted and needed to talk and remember and eventually share her memories with her family. Her daughter also needed to grieve and cry for the loss of her husband but felt constrained from doing so. She had to concentrate on the future and the life growing inside her.

For the daughter, too, there may have been another aspect about which she remained silent. She indicated that she knew her mother's story. Since she described her mother as strong and able to cope with anything, it is probable that her mother had told her story by stating the bare facts in a matter-of-fact manner.

Children of survivors, particularly when they are expecting their first child, become acutely aware of the absence of grandparents and extended family and the lack of continuity in family life.

As Mrs Cohen's daughter expected to become a mother, perhaps she became more closely identified with her own mother and more interested in her, not just as a mother but also as a daughter. For her own sake, and for the new life inside her, she needed a richer and more emotional description of what had happened to her family, so that her physical loss would not be accompanied by silence about the dead.

Holocaust survivors experience intense conflict and ambivalence: about the urge to talk and bear witness and the opposite impulse to remain silent; between the wish and need to leave it all behind them and the intense commitment never to forget, to remember everything. Indeed some live with a dread of forgetting. They want to protect their children and keep them free of the horror, yet they are dismayed by the idea of the children not knowing. They often idealise their parents, yet at the

same time feel rage towards them for leaving them 'abandoned and unprotected', for relying on them, their children, in the death camps and for making them witnesses to their degradation, shame and death.

This kind of conflict is experienced by each individual, as well as between members of the family. Individuals take opposite positions and the family becomes polarised.

Under the Nazis there was one ideology and one truth; there were no choices. Life was dominated by terror and the effort to survive. Against this background it is very useful to offer multiple descriptions of survivors' lives, symptoms, choices and the meanings that can be attributed to them. The more sensitive these descriptions are to the reality of their experiences and the social and historical context in which they emerged, the more enabling and freeing it is to survivors and their families in lifting the veils of silence.

REFLECTION

Four of the families described here had sought psychiatric help, and in every case their Holocaust experiences had not been raised. The families did not mention the Holocaust and did not share their memories, and it can be assumed that their previous therapists did not enquire or communicate their willingness to listen. When these families were offered the opportunity to explore their Holocaust experiences they all took it, at least to some degree. Silence, like talking, is interactive.

The avoidance of the Holocaust in therapy used not to be the exception but the rule. Often the files in psychiatric institutions (whether in the USA, Israel or Australia) recorded only "born in Europe", "arrived USA/Australia/Israel" and the year — nothing more. On the whole, the personal, ethnic and professional background of the helper made little difference. Even when analyst and patient were both Holocaust survivors, it was still avoided (Danieli, 1988; Kestenberg, 1972). Yet in general the psycho-analytical literature has confronted the Holocaust whilst family therapy has not. Migrants who come to a new country commonly wish to leave their old life behind, and Holocaust survivors certainly hoped for this too. Those in the helping professions often acceded to this wish by ignoring the past.

Primo Levi described how a guard in Auschwitz taunted the inmates by saying, "None of you will be left to bear witness, but even if someone were to survive, the world would not believe him". (Levi 1988a, page 1) The survivors often experienced even worse. Generally, no one was interested; they didn't want to hear. Silence, to some degree, was often imposed by the social context and, to a large degree in therapy, by the therapist.

Not only were Holocaust survivors not heard, they were often blamed for the crimes committed against them. They had failed to resist, to run away, had been too passive, their families had gone to the gas chambers like lambs to the slaughter. Even their very survival was questioned. Did they survive at the expense of others by collaborating with the enemy, or by committing immoral acts?

On some occasions when I have presented my work on the Holocaust to mental health professionals, I have been asked why survivors could not simply forget and forgive: why were they so morbidly preoccupied? I often receive letters urging me to consider the merits of forgiving. Such an attitude in professionals working with survivors and their families must exacerbate their sufferings. Directly or subtly, the message is conveyed that there is something wrong, or even pathological, in not wishing to forget or forgive.

Even in the psychological literature written by therapists who have worked with survivors, the silence caused by mutual avoidance of the subject by the survivors themselves, their families, the therapists and society in general, is usually referred to as a "conspiracy of silence" or as "collusion" (see for example Danieli, 1984, 1988; Niederland, 1967).

This is a regrettable use of language. 'Conspiracy' is defined as "an evil, unlawful, illegal, reprehensible act or plot involving two or more persons"; "an agreement by two or more persons to commit a crime, fraud or other unlawful act". It involves, therefore, blaming and condemning victims, and places further demands on them to refrain. It is one thing to say that people choose to be silent and that their silence is detrimental to them and their families, and thus to encourage them to speak. It is quite another to use condemnatory language.

Silence or communication is never total. Often those who have not spoken have communicated in some other way. Those who speak of the Holocaust frequently remain silent about some aspects of it, usually those aspects most associated with their inner feelings.

When their children were young, parents naturally wished to protect them from their horrendous experiences, from the knowledge of how cruel, treacherous and dangerous the world could be. For many, this tendency to protect continued, and often the parents waited for signs from the children that they were ready and willing to hear. In therapy, it is often incumbent on the therapist to help the children convince their parents that they are able to cope with the unknown horrors that may unfold. This can be a long, complex and painful process. More often, parents are willing to share their experiences if it is for their children's sake rather than to gain personal relief for themselves. Of course, there are also some survivors who talk compulsively and at times inappropriately in a manner that is damaging to their children (see 'Shower Phobia' — Lang & Lang, 1995).

Holocaust survivors have the memory of what happened, and therefore a context for understanding their symptoms. Often their children experience the symptoms and the distress of their parents without the knowledge of the trauma that gave rise to them.

Usually the parents who are non-communicative about their Holocaust experiences are also silent about their lives and the lives of their families before. Thus the children grow up without a context in which to understand their own sufferings, without an extended family and without any family stories. This may make them feel more alien-

ated and confused about their suffering and cause self-recrimination such as “What right have we to suffer since our trauma is so insignificant compared with that of our parents?”

One task of therapy is to facilitate communication, enabling the parents to tell of their experiences and the children to discover more of their family history. This gives meaning and understanding to their suffering.

In psychotherapy, talking is cure; silence is usually associated with defensiveness, resistance, negativism and denial. The positive aspects of silence are often overlooked. The sufferer may experience silence as strength and courage. Silence can be a mark of respect. To remember, we stand together in silence; in silence we pray to honour the dead. As one survivor said, “When they walked into the gas chambers 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.” Silent suffering and guilt is often a testimonial — a memorial to those who have perished. “They have no grave and no tombstones, my silence is their resting place, their memorial candle”, another survivor said to me.

Many who survived say that what kept them going more than anything else was the wish to stay alive in order to tell, to bear witness. Many live in dread that when they die, their story will die with them. For most survivors there is a struggle between remaining silent or talking, and this is often paralleled within their families, where the children wish parents to communicate and the parents are reluctant to do so.

It is not the role of the therapist to promote either silence or communication, but rather to indicate a willingness to listen if the families choose to talk. The therapist needs to show a readiness to discuss the family’s ambivalence about talking or not, and to elicit their fears and anxieties about it. The therapist may be helpful by offering indirect ways of communicating and thus provide a compromise solution. As has been observed, oblique methods are often the only ones appropriate when confronting the enormity of the Holocaust.

To the Nazis, all the camp inmates were the same — merely numbers. They had no identities and no choices. In therapy, therefore, giving the family the choice of whether to come or not, of who should come, how often, for how long and with what aim, is of paramount importance. The therapist should offer multiple descriptions of any event and allow the family to choose. The choices need to be informed, and so the therapist needs to be open about possible options. The family may then be invited to decide how they can work together.

Because these families have experienced unparalleled loss, the therapist should indicate a willingness to be permanently available to them, as a sort of psychological or emotional general practitioner, someone on whom they can call regularly or from time to time as required, either jointly, in smaller groups or individually.

Sometimes complete or significant recovery is achieved. Often, however, it is necessary to settle for less. Frequently

members of the family, usually the children, need to accept the inability or unwillingness of their parents to change. Even if the children’s acceptance and understanding of their parents is all that is achieved, this can be an important source of comfort and satisfaction to all.

The task of therapy is to explore the possible contexts that are relevant to the presenting problem. No psychological theory or empirical evidence can predict this with certainty. In the families of survivors of the Holocaust history may or may not be pertinent. Holocaust survivors can be depressed, or their children can have marital difficulties or fail at school, without it being in any way related to the Holocaust. It would be a tragedy if, whenever a Holocaust survivor or anyone of his or her family consulted a member of the helping professions, they were pressured into reliving the Holocaust.

It is common for families to feel embarrassed or defeated when they seek psychiatric help. How much more so for survivors when their experience has taught them that to display vulnerability or weakness was exceedingly dangerous, often resulting in death. It is particularly important for the therapist to be conscious of this but also of the family’s history of resilience in overcoming untold difficulties. The more the therapist highlights their strengths, the more willing and able they will be to acknowledge their difficulties and presumed weaknesses.

The ability of Holocaust survivors to rebuild their lives, to work, laugh, dance, marry and raise their families, is evidence of vitality and resilience of extraordinary proportions. It should never be forgotten.

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