

HOLOCAUST CONFERENCE

Melbourne, 5 August, 1988

On August 5, to coincide with the visit of Professor Israel and Judy Charny to the Williams Road Family Therapy Centre we organised a one-day Conference on *The Holocaust: Clinical Perspectives*.

We aimed to begin opening up in public what we had been sharing in private. The Holocaust is a central event of our century, an evil that continues to cast a shadow over our lives, and our work as therapists. It raises the spectre of terror, annihilation and genocide in our pasts and our futures. We have found it hard to talk about: commonly we have met denial, forgetting and ignorance. Irving Howe (1986) has referred to "the helplessness of the mind before an evil that cannot quite be imagined, or the helplessness of the imagination before an evil that cannot quite be understood" (page 30).

Yet if imagining and understanding and remembering are at the heart of our work as therapists we cannot stand helpless and "not know". Such 'not knowing' is part of how it all happened in the first place. When we decided to call a meeting, we were aware of our anxieties: that some things should not be talked about, that we would be engulfed in overpowering emotions, that our group would somehow be hurt or violated, that our words wouldn't be able to do justice, or that we might trivialise our subject.

Yet we were aware that on a population basis there are proportionately more Holocaust survivors in Melbourne than just about anywhere else outside Israel. We knew we wanted to talk in a public forum. Over 50 people accepted our invitation to participate. We are pleased to record that we were able to share and expand our experiences in ways that have given us courage to continue confronting this most terrible subject. Here are some of the themes.

Our first speaker Janet Zeleznikow spoke of the silences and evasions around the Holocaust, both in the wider society and

amongst therapists and researchers. The silence has taken many forms. Therapists often did not ask questions “because the family had suffered so much already”, or imposed stereotypes about survivor guilt or difficulties in separation/individuation. Such categorisations said more about therapists guiltily defending against their own sense of helplessness, than about the fragility and psychopathology of Holocaust families. Janet reminded us that we were talking about people who had shown enormous resiliency and strength to survive. Certainly such a family therapy had consequences, but the research literature had focused on the psychopathology of Holocaust survivors and their children, to the exclusion of studies of well-functioning children. Janet reported on her own research. A study of 450 primary school children at Jewish schools had demonstrated that having a grandparent who had been in a camp did not increase the likelihood of a psychiatric disorder. Herself a child of survivors, she spoke very movingly of the consciousness of the Holocaust in her own life. She compared this to the experience of the hospitalised children of survivors as reported by Axelrod in 1980. Over 80% had had their first admission at the same age their parents had been incarcerated or experienced a major Holocaust event. She concluded “I don’t know why some children of survivors commemorate the Holocaust by reliving it in a hospital and some by writing papers”.

Moshe Lang extended these themes. He noted that in his 25 years of practice in Melbourne over one third of his clients were Jewish, yet this was the first time he had ever spoken in public about the Holocaust. Even for families not immediately involved, the Holocaust still cast a long shadow. For example, for people who had left Europe before World War II, their generation had been profoundly affected by the experience of growing up without grandparents or extended families. Moshe told stories of families he had seen where the key to understanding their troubles lay in talking about their Holocaust experiences. These families had had chronic conflicts and symptoms which had not responded to multiple forms of therapy and psychiatric intervention. However, the significance of the Holocaust had never been explored. When this issue was opened up there were dramatic and positive changes. The therapeutic value of exploring the sources of families’ resilience and will to survive cannot be overestimated.

Brian Stagoll spoke of how the Holocaust brought out his uncertainties as a therapist. As a non-Jew, safely born in Australia, he felt historically ignorant, and prone to denial and guilt. He recounted two stories of working with children of Holocaust survivors. For both, now in their mid-30s, there was loneliness, despair, resignation, and the shadow of suicide. For both there was difficulty in ascribing the outcome of therapy as clearly good or bad. Powerful emotional experiences had been remembered and shared in an affirming way, but both times there was also a sense of unfinished, and of retreat. The hurts remained. Perhaps some wounds can never be healed, only registered. There can be a danger in seeking false consolations by simplifying or stereotyping. Abstract theories can be another way of forgetting, and explanations a way of leading us from confronting and witnessing the Holocaust.

Ofelia Brozky presented her work in Sydney with Latin American torture and trauma survivors. Ofelia had experienced terror in Argentina. She pointed to a chilling historical link: many torturers there had been trained by Nazi war criminals who had escaped to South America. Ofelia revealed new symbols in the genograms of families she was seeing, symbols for “disappeared”, “exiled”, “stolen baby” . . . modern emblems of terror now confronting family therapists. She advocated that “there are no special treatments”. What survivors need is the chance to regain an identity and a trust in themselves and in society, “to restore all the colours taken away by the grey zone of torture”. To do this required both our best therapeutic skills *and* the development of accepting and aware communities. Ofelia reminded us: “There is no such thing as a bystander.”

Israel Charny led the group for the last part of the Conference, and echoed and expanded on the themes of the earlier speakers. Israel is Director of the Family Therapy Program at Tel Aviv University, and has published extensively in family therapy. He is also Director of the Institute of the Holocaust and Genocide in Jerusalem, and the author of several books on the psychology of genocide, most recently (1982) *How can we commit the Unthinkable: Genocide, The Human Cancer*. (An interview with Israel Charny will appear in the Journal during 1989 — Editor).

Israel declared that the Holocaust was “a holy subject”, an event that must be remembered, with dread and with awe. “We have seen mankind at its worst. What can we do with this knowledge?” One response has been a terrible silence, and a numbing and anaesthetisation of consciousness.

Israel noted that early attempts to break the silence and discuss the Holocaust in psychotherapy were reported as failures. In reports from Canada in the late 1950s, for example, very few survivors stayed in psychoanalytic therapy. Later, particularly in Israel, with more active and family-based approaches, and a community becoming more responsive, therapists were able to offer more. Still, “results” have always been problematic. There are many levels of the traumatisation of the soul, some so shattering that there is no “treatment” possible, only a witnessing and an identification with the struggle to regain lost dignity and lost belief in humanness. Such work is still precious. Studies of families of survivors have suggested that parental silence about the Holocaust is associated with vulnerability of the children, who “know without knowing”, and can carry enormous burdens of responsibility and obligation. To help such families set aside times for active mourning is very important.

Still, in the end Israel did not know how some people had survived, and stayed human through the worst of unthinkable evil.

Israel turned to the subject of genocide. Genocide was a contagious social process that fed on denial, numbing and the corruption of language. The forces towards genocide had increased, not decreased, in the forty years since the Holocaust. What was once science fiction is no longer a fiction anymore. How can we understand the evident “normality” of genociders, and the contagion of evil arising in groups and social processes? How can we recognise the early signs of a genocidal process? What are our responsibilities as therapists and as citizens?

We did not answer these questions, but we were starting to break the silence and confront the unthinkable. We plan to keep our dialogues going, and we thank everyone who joined us in the Conference.

**MOSHE LANG
BRIAN STAGOLL**

Williams Road Family Therapy Centre
Windsor 3181