

The Long Shadow

Moshe Lang, a leading family therapist in Australia and author of numerous books in the area of his professional expertise, has written the central article of this edition's symposium. Detailing several case histories of Holocaust survivors and members of their families, it offers comment and reflection upon the long shadow cast by the trauma, as well as upon the resolutions he is often instrumental in affecting. Responses to his article by academics and mental health professionals from Australia and overseas comprise another section of the symposium, while two children of survivors also offer their thoughts and words in articles that add new chapters to a story many thought was already completed.



Mary Beth Edelson, *The Nature of Balancing*, 1979

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

Family Therapy with Holocaust Survivors and their Families

Moshe Lang

Between 1965 and 1979 I worked in a child psychiatric clinic. For the first five years I saw children individually and in groups for assessment and psychotherapy, after which I began working with whole families. Since 1979, I have been in private practice working with families, couples and individuals. A large number of them are Jewish and many are Holocaust survivors and their descendants. Not a week passes without someone weeping about the Holocaust.

Although I have written extensively about my work, this is the first time I am writing about Holocaust survivors and their families. I approach the task with trepidation. I am afraid of trivialising the enormity of what happened. To me it is still incomprehensible. Yet, if I do not write, I would be repeating a central feature of the Holocaust - namely silence.

I present a number of stories of my work with families who came with symptoms, problems or complaints that seemed unusual and at times bizarre. Although all 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.

Psychological and psychiatric literature abounds with papers detailing the detrimental effects of the Holocaust on survivors and their families. Generally overlooked is the amazing resilience of the survivors, the strength and vitality that made it possible for them to overcome their pasts and build new lives for themselves and their families in a new country.

I. SHOWER PHOBIA

In my early days as a child psychologist, I was asked to see Shirley, an eight year-old girl who had a very unusual problem. She refused to take a shower, reacting with extreme panic when her parents insisted. She had seen a number of professional people but none could explain her intense reaction. Discussions with her previous therapists and the reading of her file were not helpful. The basic information was that the family was Jewish, the father in business, and the mother a housewife. Born in Europe, they had come to Australia in 1946.

In the assessment interview with Shirley, I asked her to do a drawing. She drew houses and chimneys - big houses

with lots of chimneys. I showed her cards of people in different situations and asked her to make up a story about each. A repetitive theme emerged of people going into a house to take a shower and never coming out.

I made some enquiries which revealed that her parents were Holocaust survivors. Talk about the Holocaust was a constant feature of family life. With this new information I was able to tell Shirley that I thought I understood why she was unwilling to have a shower and explained it to her. She was able to talk more about her fears and told me she wasn't only afraid of the shower, but also of the soap. To her the soap was her grandparents. Once the connection between the presenting problem and the Holocaust was established, understanding and resolving the problem was relatively easy.

Perhaps most people who went through the Holocaust cope by remaining silent. Some, however, are preoccupied



Zygmunt Kranz, Mother and Child

by it and their family life is dominated by conversations about the past. Such a preoccupation may account for Shirley's parents' failure to see the connection between her fears and their recurring discussions. The helping professionals may have contributed to this by not involving the parents more directly in therapy. Thus, her parents were not aware that their conversations and their war experiences affected Shirley.

II FAILING

Letters of referral from the school counsellor and a child psychiatric clinic introduced me to the family. Anna, who was fourteen, was failing at school with increasing frequency, but at times she would perform brilliantly. This frustrated her teachers since she appeared to be 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 although periodically depressed. There was agreement that the main culprit was her father who was excessively demanding. When she did well he would be overgenerous and overindulgent, 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 profoundly ambivalent relationship to her father. 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's file contained Anna's developmental history and details of her parents' marriage. It showed that her mother had been born in Australia and that her 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. Her mother remained in the background. In conversation with father, I casually asked if he spoke Yiddish, and of course 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. Now 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 quite ready to do so.

"You are proud of your achievements as a businessman

and understandably so. My guess is that you had very little education and came to Australia without the language, without a profession or a 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. Then, 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, listening very intently and he was very keen to respond. As time was up, I had to stop him but said I was most interested to hear more. To my surprise, he came to the next session alone. He said



Audrey Bergner, *The Book of Stories of My Life* by M. Ravitch

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 in which he lost control and went on a rampage with a sub-machine gun, killing Germans. Invariably he awoke sweating and screaming.

Half in jest I said, "Is this a nightmare or sweet revenge? Sounds to me like a *mitzvah*."

He laughed a little 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. But she never enquired, and he never told her the content of his dreams.

He insisted that his daughter knew nothing of his nightmares, 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, his daughter in her own room would be unaware of his nightmares. He was willing to continue coming provided he could come alone; he did not wish to involve his wife and daughter. I expressed my misgivings but accepted his conditions. I was partially

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 for 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.

The father 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 anxieties to him but decided, nevertheless, to go along with his wishes. Therapy is and should be negotiated and co-constructed. Although I thought therapy should continue, he 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 his family perished in the gas chambers.

Even though Anna's father 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 it overt by saying I understood and encouraged him to talk about what he chose and 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 perished. As one Holocaust survivor said: "To talk is to desecrate the memory".

III CONSTANT WARFARE

For some time I had known Ruth as a senior and responsible social worker. One day she rang and asked whether she and her brother David, a prominent medical specialist, could come to discuss worries about their parents.



Audrey Bergner, *The Book of Stories of My Life* by M. Ravitch

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 decided to tell his wife about his nightmares. To his surprise she was much relieved. She had imagined it was much worse. She was worried that every night, rather than getting even with his persecutors, he was back in Auschwitz.

When they came, she said that most of the burden of their parents fell on her. Recently however, the constant phone calls from each of them had become too much for her and she had pleaded with her brother to become more involved. She was delighted that, for the past few months, he had done so. He agreed that she had always carried much more of the burden. His parents were in awe of his career and success and would do nothing to disturb him. Then he took over and presented 'the case'.

Since their mother had arrived from Europe, she had had bouts of depression. She had had ongoing psychiatric care of an organic nature including three administrations of electroconvulsive therapy, medication and frequent hospitalisations over the last forty years.

In recent years, particularly since the father's retirement, interaction between the parents had become increasingly hostile. Separately, each would ring Ruth several times a day complaining how impossible the other was. Over the years, his mother complained of her husband threatening to kill her. Since discussing it more fully with Ruth and other colleagues, he felt it was time to seek psychotherapy and he believed that I might understand the situation better because I was Jewish and had a special interest in the Holocaust. Specifically, he asked me whether I would see both his parents together because, until now, only his mother had been seen.

I was not sure if I could help as there had been a long history of depression, of marital problems, and the parents were in their late sixties: people at that age did not relish discussions of their problems. Both children acknowledged that this was so but urged me to try, saying there was nothing to lose. Eventually I agreed to an assessment interview provided that both of them came too. "Wouldn't it inhibit them?" David asked.

"I expect so," I replied. "That's one reason I'd like you both to be present."

All four came to the next session. Some of the 'case history' was repeated.

"Yes, I do get very unhappy and agitated," the mother agreed. "I've told various doctors over the years that my husband is going to kill me, but they don't believe me; they think I'm *meshuga*."

I asked the father, "Do you tell your wife you are going to kill her?"

"Of course I do," he replied. "If the doctors had asked me, I would have told them so. She drives me crazy. In the kitchen, if anything is moved an inch out of place the Third World War starts. Every plate has a different towel, if I use the wrong towel I hear about it for days. If I go to the toilet and leave the light on, I hear about it for months. It's as if she is trying to drive me out of the house or out of my mind. So of course I say I'll kill her."

"How long have the two of you been fighting like this?"

I asked.

This was a bombshell. Suddenly they both became quiet and pale. Until that moment, each had spoken eagerly, wanting to get in first and interrupt the other. Now neither of them wanted to speak.

Eventually it emerged that it had started when they were on the run and in hiding. In the Lodz ghetto, with their families about to be rounded up, they were prevailed upon to escape if they could. They reluctantly agreed to go and left the ghetto to go to a Christian family who had been their parents' business partners before the war. They were hidden and then moved on, hiding again until the war ended. They were cooped up for months on end. As well as fearing discovery, they worried constantly about what had happened to their families, even though they expected the worst. To exacerbate matters, almost every night the people who hid them quarrelled, not realising they could be overheard. The wife wanted to send them away since they were risking their lives and the lives of their children for two Jews.

"In turn," they told me, "we were driving each other crazy just by our looks and whispers, but we *had* to be quiet. Somehow we survived only to discover that our families had been liquidated. We've been fighting ever since; we've never stopped."

"Maybe your fighting is a celebration of victory, a triumph over Hitler," I suggested. "After having to be so quiet in hiding for so long, now that you are free, you can yell and scream to your hearts' content."

They became thoughtful and quiet, so I continued: "There is one other question I'm keen to ask and I hope you won't mind. What were the last words you remember your parents saying?"

Again they were taken aback. They became tearful as they remembered the words, 'Look after each other'.

One day, when the parents came without their children, they were sitting on a couch in the corridor rather than in the waiting room. I saw them sitting very close together and engaged in either an animated conversation or a fight. When they came to my room I asked whether they would give me permission to say something very personal which they might think was *meshuga*. They nodded. I told them that I had noticed them in the corridor and didn't know whether they were fighting, or whether two young lovers were having an animated conversation.

I wasn't sure which explanation they thought was more accurate but I could see they clearly preferred the latter. I took it as an invitation to continue. I said that most couples at their stage in life were bored with one another, having no energy left; yet here they were, engaged in such lively exchanges. Perhaps one of the secrets of the success of their marriage was the constant challenge to understand what was going on, what they were doing to each other, in the same way as they puzzled me when I saw them in the corridor.

Neither they nor I could work out how much of what I said was serious and how much in jest. But I was certain that they liked what I said. It meant a lot to them. My contact with this family still continues as the need arises. The mother still gets depressed from time to time; the father threatens her from time to time, and occasionally they drive each other crazy. But the constant debilitating phone calls to Ruth have ceased, as has the need for electroconvulsive therapy and hospitalisation.

Having the whole family present was a major factor in achieving this relatively positive outcome, particularly the presence of David. Over the years, his parents were exceedingly proud of him. They attempted to spare him the worries of their predicament. He, in turn, protected them from the knowledge of how deeply distressed and concerned he was. This arrangement of mutual protection increasingly placed Ruth in an intolerable position, which began to change when Ruth enlisted David's assistance and all came together to therapy. His presence confronted his parents with the reality of his anxiety and caring for them. More importantly, it confronted them with their achievement of having such a capable son. The parents' life was constant warfare. The events of the past dominated their life, even though they did not talk about them. They were preoccupied with sickness, death, guilt and shame. David represented a successful present and a bright future, health, success, pride and joy. Bringing them together to therapy made them confront more fully those differences and led to a new and healthier integration.

Ruth's role could easily be overlooked. Often children of migrants become the experts on the local culture and spokespersons for the parents who become dependent on them. At the age of ten, Ruth had already accompanied her parents to the bank to ask for a loan. The Manager, aware of the situation's strangeness had joked, "It's the first time I've ever approved a loan to a ten year old!"

Many survivors have lost parents, brothers and sisters. Their children often become all of these. David and Ruth assumed the role of parents to their own parents, as if they were a nuclear family with 'father' much admired but distant and peripheral, and 'mother' overburdened, over-responsible and under-appreciated. Ruth's professional achievements were not acknowledged by her family. When I showed them this story, the father commented, "You know, we had no one to talk to. We lost everybody and we lost our faith, so we couldn't talk to a Rabbi. We poured out our

troubles to Ruth. Now that we can talk to you, at last Ruth can live her own life - a bit."

IV DROPPING HER BUNDLE

Mrs Cohen did not want to come for family therapy at all. She came only because her children asked her. They were concerned that, since her son-in-law's death about eight months ago, she had not been the same. She had



Audrey Bergner, *The Book of Stories of My Life* by M. Ravitch

'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. Prior to her son-in-law's death, Mrs Cohen had been a dedicated teacher, a proud housewife, and a concerned and conscientious mother.

When I enquired further, I was told that the daughter who had lost her husband behaved 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 them. Mr Cohen 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 details. Their 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 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

do something else 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.

On the other hand, maybe 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."

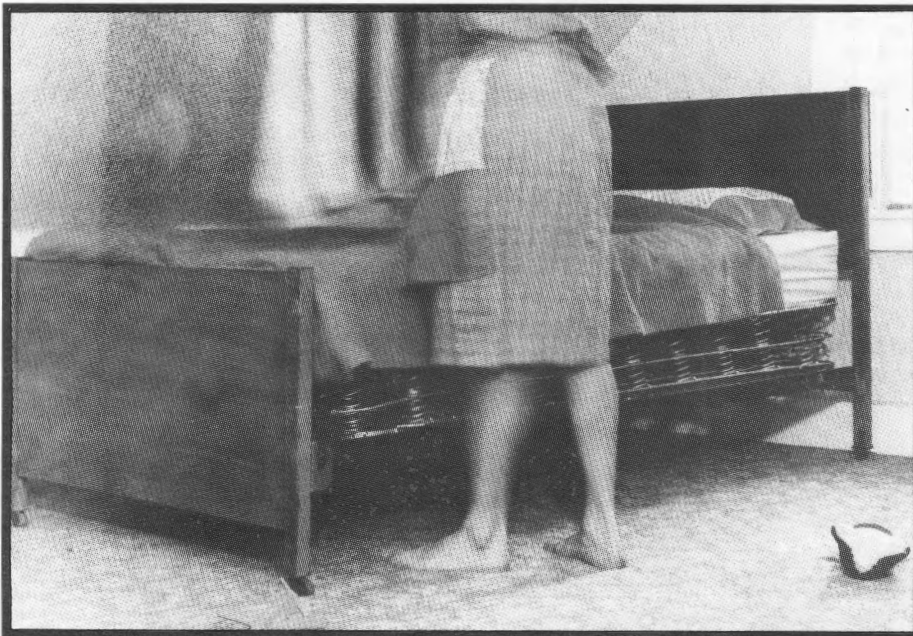
It was this last comment, more than anything else, that appealed to Mrs Cohen. It obviously meant a great deal to her. She turned to her children and said, "You see, I am right. I am the hero. You know what I think? Maybe I will talk to you, but then again, maybe I won't. I need to think about it."

"What do you think we should do?" asked the children.

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

She chose to come alone. She indicated it was my recognition of her ambivalence and struggle that made it easier for her to come. My acceptance and praise of her silence made it easier for her to talk.

Mrs Cohen, like many survivors, was able to keep her grief over all her losses inside. 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 of a spouse. Perhaps in her case, to



Anne Turyn, Untitled, 1983

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, particularly among psychologists, that talking about things which are painful is often helpful; and perhaps there is some validity to that. 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 said, externally she had been strong while internally she had been in pain. Perhaps if she were to talk, she would get some comfort and relief. In so doing, she would

experience the loss of a young life was more painful and more congruent with her Holocaust experiences.

Mrs Cohen, like all Holocaust survivors, 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 functioning immediately - that of being strong and not yielding to pain or weakness. Mrs Cohen took the opposite view, believing that she was entitled to grieve and 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, too, needed to grieve 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.

V. STIFF NECK

Arthur was a G.P. who had a solo practice in Spring Hill. He had referred patients to me from time to time and they spoke of him with affection, communicating how well he cared for them. Over the years, he had always impressed me as knowledgeable, sensitive and conscientious.

One day, the familiar voice over the phone said, "The patient I want to refer to you today is me. One of the main reasons is that I know you are interested in the Holocaust."

In our first interview he told me that he suffered from a very stiff neck which made it difficult to turn his head to the left. Not only did he feel that everyone was aware of his disability, but it caused him great shame and embarrassment. He had undergone all possible medical investigations and had been through the gamut of treatments, but no cause was found for his problem and nothing had helped. Years of individual and marital therapy had made no difference either.

After his first year of residency, Arthur applied for the position of assistant to an elderly G.P. with a country practice. He took the train to the interview and it was then that he first experienced his stiff neck. It has persisted ever since - for thirteen years.

"You indicated it has caused you a lot of social embarrassment," I said. "What have people actually said to you?"

It seemed that no one had remarked on his disability, and apart from the relevant professionals, he had spoken of it only to his wife. Even to her, however, he had not revealed fully how much it bothered him, wanting to minimise the whole problem.

As I listened, the urge to indicate the connections in his

story became so strong that I had the greatest difficulty in restraining myself. The themes of the stiff neck, the inability to turn to the left, the onset occurring on the train, the possibility of separating from his family and the years of shame and secrecy all led me to the Holocaust. Nevertheless, I decided not share my thoughts at that time. Instead I said, "I have known you for a number of years and have never noticed anything unusual about your neck." He was clearly relieved and reassured.

He went on to tell me that he had two younger sisters and that he knew his father was Jewish and had been in Auschwitz where he lost his family. Coming to Australia after the war, his father had married a non-Jewish woman and lived in Melbourne. Arthur's parents had cared lovingly for him and his sisters and family life was quiet and uneventful. His father had a small men's-wear shop in the suburbs, and was a careful and conscientious man who made a comfortable living. Arthur had made up his mind to be a doctor when he was a young boy. He had worked very hard, both at his medicine and helping his family and knew that he was his father's pride and joy. Arthur knew his father had been through the camps and that his family had perished. How he knew he wasn't quite sure for the subject had not been discussed.

I asked if Arthur knew where his father had been born, if his father had had brothers and sisters, where he had gone to school, what he had done before the war, and whether he had photographs of his family, but there was nothing Arthur could add.

"Why do you feel that the Holocaust is relevant to your problem?" I asked finally.

"I've tried everything I can think of, so perhaps something from my father's past has somehow affected me. I decided to try and explore it," Arthur said. "Up till now I have never thought much about the Holocaust. I was not brought up Jewish. My wife and my kids have no Jewish background - apart from my father who never mentions it. What do you think?" he asked.

"Are you aware how the Jewish people are described?" I asked.

He shook his head. "The biblical description is that of a stiff necked people," I said.

"You mean I am stiff necked and a Jew but I have kept quiet about both," Arthur said with a wry smile.

"I would like to prescribe something," I said. "Would you be willing to tell your wife about the intensity of your problem? Tell her as much as you can and ask her to tell you as fully as possible what she knows and feels about it? Also think of who else you can trust and see if they are aware of your disability - but only if it makes sense to you. If not, leave it and we will talk about it next time."

When next we met, Arthur told me it had been difficult for him to speak openly to his wife about his problem but

that it was important for him to do as I had suggested. She was not surprised by how much his disability dominated his life; she had been aware of it for some time. She was certain, though, that his stiff neck was not visible to her or to anyone else, but she had felt constrained from saying so until now. She had been distressed that he was so affected, but even worse, she had been very hurt that he had excluded her and not let her share and help him with the problem. This had inhibited her from talking about it, and she was very pleased that he decided to bring it into the open.

Arthur also told me that he had thought about talking to others: he could see the wisdom of it, but first he wanted to explore his idea that there was a Holocaust connection.

Over the next two years we explored his relationship with his father more fully. It became clear that Arthur's need to be a good doctor and a responsible and loving son was an expression of deep loyalty to his father. Somehow he sensed the losses his father had suffered and this was his way of making up for them and attempting to heal his father's wounds. Although his parents had their own family doctor, the person they trusted and consulted was Arthur. Even though Arthur felt unable either to prescribe or treat, he still carried the burden. His parents also shared with him their worries about his sisters and their families and seemed to expect him to 'cure' everything. He consequently found himself in the position of medical, emotional and financial adviser to the whole family - always being supportive and reassuring, but never telling of his own anxieties and problems and how burdened he felt by all this responsibility. He remembered even as a school boy and medical student the anxiety and fear he felt should he not do well enough and so disappoint his father. He didn't wish to tell his parents for he believed this would make them worry even more and so increase his own burden. Now he was reluctant to ask about his father's past because of the possible detrimental effects.

"Consider the alternative," I said. "You believe your father's past may be relevant to your thirteen years of suffering, yet until now you have decided not to discuss your problem or his past. Until now, you've not given him any choice. I suggest you consider doing so. Also, perhaps tell your parents how you feel about being responsible for the whole family and how anxious and vulnerable it makes you feel."

Arthur was still reluctant, worrying that his father might see himself as being blamed for the problem.

"Alternatively," I said, "it may help resolve your problem and your father would know that he played an important part in helping you. Perhaps the best way to get him to open up is for you to change. That would help your father to change too."

Finally Arthur agreed to approach his father indirectly by talking to his mother first who told him that his father suffered from frequent nightmares, waking in great distress,

sweating and shaking. She would comfort him but never enquired about the content of the nightmare and he never volunteered it.

It was clear that Arthur had to talk to his father but he was concerned that his probing might open the flood gate of memories so terrible that they might push his father over the edge into deep depression or even insanity.

"But what if he is simply waiting for someone to indicate that they wish to hear?" I said. "What if he especially wants you to know? In the same way as when you told your wife about your neck, it was a comfort to you and her; it may be a great comfort to him. He may also find it reassuring to know you are ready and willing to hear."

Arthur was still fearful. I suggested to him that after he told his father about himself, he tell him he knew about the nightmares and would like to hear about them, but should then leave it to his father to decide.

When eventually Arthur did ask, his father welcomed the opportunity, relating how he had been taken with his parents in a cattle truck to Auschwitz where they were lined up - he sent to the right to work, his parents to the left to the gas chambers. He could not bear to look to the left. This was his recurring nightmare.

His father told him of his life in Poland, of his brother and sisters, his experiences in Auschwitz and afterwards, until the time he came to Australia. After this, his father often talked of his visual memory of his parents walking to the left, his feeling of guilt and shame as he stood by unable to help. However, there were happy memories that he shared with Arthur, particularly of his family life before the war. These were unexpected.

As we became increasingly caught up in the intensity of the story and the gradual opening up of communication between Arthur, his parents, his wife and family, the problem of Arthur's stiff neck was forgotten and it gradually faded away. When and how it disappeared Arthur did not know; it was lost in the intensity of his father's story.

When I asked Arthur how he understood the disappearance of his stiff neck after thirteen years of constant pain, all Arthur - the well trained physician - could think of was, "Somehow everything loosened up, including my neck."

Probably Arthur's explanation is as good as any. Physical complaints may develop as metaphors or exquisite symbols for what actually occurs in life. Often within families, the most powerful communications are non-verbal. As Arthur grew up, he would have been exposed to his father's nightmares, though perhaps he did not remember them. The mystery of how Arthur developed such a specific symptom relevant to his father's nightmares is difficult to explain. It seems that both Arthur's and his father's life paralleled the nightmare and the symptoms - when his parents were marched to the left, he could not look. He was unable to share

what happened, and allowed no one to see. His wife knew of his nightmares but did not look at them. Neither parent looked at Arthur's weaknesses only his strengths. Arthur had to be strong and would not let anyone see his 'soft spots'.

Of the many traumatic and horrendous experiences Arthur's father endured, the one that remained frozen in time and was revisited every night was the point of separation from his parents.

Similarly for Arthur, the onset of his stiff neck which stayed with him, ever present for thirteen years, was at the point of separation from his family. This is a common experience in Holocaust families.

For Arthur and his father the healing started when the private anguish of each was communicated and shared. When they connected around the separation pain, they began to overcome their torment.

REFLECTION

Four of the families described here had previously sought psychiatric help but none had raised issues concerning the Holocaust nor shared their memories. Silence, like talking, is interactive. Similarly, it may be presumed that their previous therapists neither enquired nor communicated their willingness to listen to such material. When these families were offered the opportunity to explore their Holocaust experiences they all took it in varying degrees.

The avoidance of the Holocaust in therapy was not the exception but the rule. To a lesser extent, this is still so. Often the files in psychiatric institutions, whether in the U.S.A., Israel or Australia, recorded only 'born in Europe', 'arrived U.S.A./Australia/Israel' and the year - nothing more. On the whole, the personal, ethnic and professional background of the helper made little difference. In one study, when analyst and patient were both Holocaust survivors, it was still avoided. Migrants who come to a new country commonly wish to leave their old world behind. Holocaust survivors certainly hoped for this too and those in the helping professions often fitted in with this wish by ignoring the past.

Primo Levi described one of the guards in Auschwitz taunting the inmates by saying, "None of you will survive, but if you do and you try to tell what happened here, no one will believe you."

The survivors often experienced even worse: generally, no one was even interested; they didn't want to hear. Silence, to some degree, was therefore imposed by the social context and, to a large degree in therapy, it was imposed by the therapist. Not only were they not heard, they were often blamed for the crimes committed against them. They had failed to resist, to run away, were too passive, their families had gone to the gas chambers like lambs to slaughter.

On some occasions when I presented my work on the Holocaust to Mental Health Professionals, I was asked why survivors could not simply forget and forgive: why were they so morbidly preoccupied. Frequently, I receive letters

urging me to consider the merits of forgiving. Such an attitude in professionals working with survivors and their families may exacerbate their sufferings. Directly or subtly, the message is conveyed that there is something wrong or even pathological in not wishing ever to forget or forgive. Naturally, when their children were young, parents wished to protect them from their horrendous experiences: 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 willing and ready to hear. In therapy, it is often incumbent on the therapist to assist the children to 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 ex-



Audrey Bergner, *Book of Stories of My Life* by M. Ravitch

periences if it is for their children's sake rather than to gain personal relief for themselves.

Silence or communication is never total. Often those who have not spoken have communicated something in some way. Others who frequently speak of the Holocaust nevertheless remain silent about some aspects, usually associated with their inner feelings. When Holocaust survivors are symptomatic, they have the context of what happened and therefore a context for understanding their symptoms.

Often their children experience symptoms and the pain 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 family prior to the Holocaust. Thus the children grow up without a context to understand their own sufferings, without an extended family and without any stories of the family and thus they may feel more alienated and confused about their suffering. They experience self-recrimination: "What right have we to suffer since our trauma is so insignificant compared to that of our parents?"

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

In psychotherapy, talking is the cure; silence is 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 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." Silent suffering and guilt is often a testimonial, a memorial to those who have perished.

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 many there is a struggle between remaining silent and talking. This is often paralleled within their family where the children wish parents to communicate and parents are reluctant to do so.

The role of the therapist is to promote neither silence nor communication, but to indicate a willingness to listen if the families choose to talk. The therapist needs to indicate a readiness to engage in discussion about their ambivalence to talk or not, and elicit their fears and anxieties about it. The therapist should be sensitive to the advantages and limitations of talking and be willing to discuss them with the family.

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, of how often, for how long and with what aim, is of paramount importance.

The choice needs to be informed and the therapist needs to be open about possible options. The family may then be invited to become actively involved in deciding how they can work together.

Because these families have experienced unparalleled loss, the therapist should indicate a willingness to be there for them on a permanent basis 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 sub-groups or individually. Sometimes, complete or significant recovery is achieved; often, however, accepting minimal goals is necessary. Frequently, the therapist needs to help members of the family, usually the children, accept the inability or unwillingness of their parents to change. Even if only the children's acceptance and understanding of their parents 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 can predict this with certainty. In families of survivors, their Holocaust history may or may not be germane. The therapist needs to be alert to the possibility that the Holocaust is of no relevance. Holocaust survivors can be depressed, 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 would be required or pressured to relive the Holocaust. When the Holocaust is relevant, the task of therapy is to facilitate the sharing of experience, the free flow of information between the generations and the promotion of understanding which may lead to healing and recovery.

Holocaust survivors have experienced unimaginable trauma. Often they witnessed their families' extermination. The Holocaust was not only a systematic attempt to murder all the Jews, but also to humiliate and degrade them.

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

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