

# THE SHADOW OF EVIL

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NEARLY 30 YEARS AGO, WHEN I WAS BEGINNING WORK AS A child psychologist, one of my first patients was Shirley, a shy, 8-year-old girl who was brought to my office by her worried parents because she refused to take showers and hated the very sight and smell of bar soap. While she consented to bathe, she began to cry and shake whenever her parents tried to get her to take a shower, fighting them off and running to hide in a closet, where she huddled and whimpered until they gave up. Her parents had already consulted a number of mental health experts, who made various guesses about the cause of her problem (mostly having to do with unresolved oedipal conflicts), but were unable to explain the intensity or oddness of the phobia.

In the assessment interview, I asked Shirley to draw a picture, something I typically do with young clients, and she drew buildings and chimneys big, square, featureless buildings with lots of wide chimneys. She took special pains with the smoke issuing from the chimneys, furiously blackening in great, dark plumes. When I showed her some T.A.T. cards and asked her to make up stories about each, she repeatedly spoke of people going into a house to take a shower and never coming out again. I was not at all surprised to learn that Shirley's parents were Jews who had migrated to Australia (where they saw me) from Europe in 1946. And yet, not one of the mental health professionals they had consulted had thought it necessary to speak to the parents at all, let alone ask them what now seem to be very obvious questions about their wartime experiences and how these might have influenced Shirley.

Indeed, I soon found out that both parents were Holocaust survivors. Both had been in concentration camps and had lost most of their families. In order to understand Shirley's problem, it was important to remember that the Holocaust remained a constant, living presence in their lives. Unlike many survivors who keep a rigid, unbreakable silence about these experiences, Shirley's parents hardly talked of anything else; they were preoccupied with what had happened and obsessed by their memories and the need to give them voice. Their daughter's life had been saturated from birth in this sea of words, and she had been spared no terrible detail. To Shirley, "showers" meant betrayal and death people went in and never came out and "soap" was the greasy substance into which her own grandparents had been rendered.

The Holocaust experience of Shirley's parents dominated their life; the present was only a shadowy reality. Nothing would ever explain or make comprehensible what they had endured, and the terrible weight of this insoluble human tragedy had the effect on their daughter of imbuing ordinary events with ambiguous, confusing and ominous double meanings. At the same time, they were not aware of the effect their conversations were having on Shirley. In large part, therapy with this family consisted of helping them see the connection between their constant talk and Shirley's condition. Her phobia cleared up relatively quickly once I explained to her, in the presence of her parents and with their full agreement, that soap and showers had other, entirely different, benign meanings than the ones she had attached to them. I concentrated on salvaging for the little girl the innocuous meaning of everyday realities helping her understand that in her life, a shower was nothing more than the warm pressure of water, a bar of soap only a nice-smelling agent for cleaning the body. Things were what they seemed, without the terrifying shadowy meanings her parents had inadvertently given them.

BUT HOW AND WHEN CAN parents "appropriately" explain the unspeakable to a child, explain that their parents, grandparents, siblings, cousins, aunts, uncles were tortured or murdered, that they themselves could not do anything about it and, indeed, were almost murdered themselves? "Auschwitz was another planet," Holocaust survivor Primo Levi wrote. "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."

The desperate struggle between the imperatives of silence and speech is almost always a feature of therapy with the families of Holocaust survivors. On the one hand, the children in these families have been imbued since birth with an engulfing sense of imminent catastrophe. In some families, like Shirley's, this is reflected in their obsessive, unquenchable speech about horrors that can never be "talked out," that metastasizes, poisoning the meaning of even ordinary utterances.

On the other hand, the response of many families of Holocaust survivors is to muffle the voice of remembered trauma within an impenetrable silence. Often the memories of the Holocaust emerge in a convoluted language of mental, emotional and physical symptoms that can be startlingly specific metaphors for unspoken truths. Arthur, a physician whom I had known for some time, consulted me after 13 years of suffering from a painfully stiff neck that made it impossible for him to turn his head to the left the pain had begun while he was on a train, leaving his home and his family for the first time to take up a position as a doctor in a remote region. Since then, he had seen a host of medical and psychological specialists, all to no avail.

He called me as a last resort, he said, because he found the condition not only physically debilitating but deeply shaming and humiliating as well. Indeed, he was embarrassed to mention the subject even to me. He was certain that everyone noticed his problem (though nobody had ever mentioned it to him) and he could not bear to discuss it fully

with his wife. Having exhausted all other possibilities, he had begun to wonder if his neck problem might be related to the fact that his father was a Holocaust survivor and had lost his entire family during the war. How Arthur knew this, he wasn't sure, because he did not remember any discussion of the subject at all in his family. Furthermore, although his father was Jewish, Arthur had not been raised as a Jew, his wife was not Jewish, nor had his children ever been exposed to Jewish culture or religion, so he didn't understand why he thought his symptoms might be related in some way to the Holocaust. "It doesn't really make sense, does it?" he asked. I asked Arthur if he knew how the Jewish people are described. He said, "No," looking surprised. "A stiff-necked people," I responded. He smiled wryly and said, "Do you mean I am stiff-necked and a Jew and I haven't talked about either?"

The difficulty Arthur had talking about his pain came less from a sense of haughty superiority, as the term "stiff-necked" is usually understood, than from feeling he could not afford to show his pain or display any personal problems at all. His entire family, including his parents, his siblings and their families, depended on him for their well-being; they brought to him not only their high blood pressure, arthritic joints, head colds, cuts and contusions, but their financial dilemmas, their marital arguments and the school problems of their children. As their universal healer, Arthur was expected to reassure and relieve them, when he didn't simply cure them outright. It was implicitly understood, however, that the fixer himself was not to have any anxieties, problems or worries of his own. From earliest childhood, Arthur was driven by a visceral, almost inexpressibly deep feeling of utter loyalty to his father. Somehow, without being told, he sensed the losses his father had suffered and had spent his life trying to make up for them, which meant not only *being* perfect, but conveying the impression that perfection was not especially difficult for him.

In this respect, Arthur's behavior is typical of many children of Holocaust survivors. They usually think that they have to protect their parents from the knowledge of their imperfections, weakness, anxiety or unhappiness. They feel their parents have suffered enough and perceive that their parents may not have the resources to cope with further disappointments. They believe they are not entitled to suffer because their pain is utterly trivial compared to what their parents have been through.

Not surprisingly, Arthur was loath to confide his unhappiness to his father, let alone open a perilous conversation about the Holocaust. But he also yearned for this long-delayed conversation and felt that it somehow offered a possible answer to the baffling mystery in which his own pain was cloaked. For months during the time he saw me, Arthur waffled, hesitating between his hunger to know and a feeling of anxious dread. Warily, he first approached his wife and then his mother. He told his wife about his neck pain for the first time, and she responded with sympathy, reassurance and relief that at last he shared his distress with her. He asked his mother about his father's Holocaust experiences, and she told him that his father still suffered from nightmares almost every night, from which he woke sweating and shaking, but that he had never told her about, and she had never inquired about, the content of the dreams.

Still, Arthur hesitated. "It might harm him to bring all this terrible stuff up," he said. "What if the memories drive him into a serious depression?" Even more horrible to Arthur was the possibility that his father might blame himself for his son's problems. I suggested that perhaps Arthur could relieve his father of a terrible burden by giving him the opportunity to talk about his experiences. Perhaps his father *wanted* Arthur to know what had happened to him, but was afraid to begin speaking without an invitation.

Indeed, Arthur finally did ask the question, and his father responded like a man who had been waiting a long time to answer. He spoke at length and in great detail about his childhood in Poland, about his large, boisterous family who lived in a village near Lodz where the family had a small tailor's shop, and about his brothers and sisters. Then, he talked about the terrible day it had all ended, when he had been crammed into a cattle car with his parents, relatives, neighbors and other villagers for the long, brutal trip to Auschwitz. As he and his family emerged from the train when it finally arrived at the concentration camp, the Nazis lined them all up; those fit for work were sent to the right, those judged too old or too infirm were sent to the left, to the gas chambers. Arthur's father's last memory of his parents was seeing them marched off to the left, while he stood, frozen in horror. Ever since, his father said, he has had the same nightmare almost every night in which this same scene plays over and over, with one difference: in the dream, he could not bear to turn his head to the left to look at his parents being taken away from him to their deaths, but stood with his eyes straight ahead, in agony, shame and guilt that he could not save them.

Both father and son felt good about the conversations. Though it was difficult and painful, they knew they had done something that was long overdue. Subsequent to this first fateful conversation, many more ensued, with Arthur asking questions and hearing both about the bad and good times. It opened up conversations between Arthur and his wife, between his father and mother and, ultimately, the whole family.

The searing memory of the father had been transmitted into the very flesh of the son, while the metaphor of not being able to "look at" the truth had been a living reality for this entire family. Arthur's neck pain, which had begun in a train, on the day of his first separation from his own parents, vanished soon after father and son connected deeply in conversation and the family silence was broken and his sense of shame disappeared.

Often, children of Holocaust survivors are caught in excruciating dilemmas, obliged by bone-deep feelings of filial loyalty to make up for their parents' suffering, the specifics of which they may never have been told and the extent of which are beyond the possibility of reparation. Nonetheless, the children of survivors may be implicitly expected to substitute and console their parents for all those family members who were lost, becoming the parents of their parents, becoming their dead relatives, somehow embodying in themselves an entire, idealized, vanished network of human connections.

The dilemmas are compounded by their parents' silence about their own childhoods and family lives in Europe before the catastrophe. The children of survivors often are raised as if they had no origins, as if ordinary family history and all

personal history had been obliterated in one fell swoop before they were born. Without access to an inner reservoir of family events and stories told to them by their parents and relatives, they have no psychic gallery of family characters with their idiosyncratic personalities to provide examples of what it means to be happy or sad in the ordinary course of human life, to love, to grieve, to succeed, to fail. When they suffer, their only point of reference is the vast, unimaginable suffering of their parents, which makes their own unhappiness seem insignificant, unworthy, even shameful. "What right do I have to suffer," a son or daughter might say, "since my misery is so small, so trivial compared to what my parents experienced."

Extreme family loyalty is a common feature among children of Holocaust survivors. Indeed, for the child of Holocaust survivors to "leave" the family of origin, even if only to become an independent adult or to raise one's own family, may be implicitly perceived as a kind of betrayal. In some families, loyalty is bought through an imposed, paradoxical silence not about what had happened during the war, but about everything that happened to the family thereafter. The shadow of absolute evil that suffuses the lives of children of survivors can make it a form of family disloyalty to question any of the lesser evils in life after the Holocaust.

WHY CAN'T SURVIVORS FORGIVE and forget? Why are they so morbidly preoccupied?" I have been asked that repeatedly at professional meetings. In nearly 30 years of working with families of Holocaust survivors, I have found that the issue had seldom been raised by previous therapists, who communicated a subtle wish to be excused from hearing about experiences that seem too horrible to be contained by the neat boundaries of ordinary clinical categories. But if silence is often imposed on Holocaust survivors by their own therapists, there are also times when silence must be honored. In the "talking cure" of therapy, silence is usually associated with defensiveness, resistance, negativism, denial and shame. But silence may also be a mark of profound respect, a recognition that ordinary language is inadequate before certain vast and terrible realities. This taboo applies not only to what is forbidden, but to what is sacred, as well. Of course, silence can maintain the suffering and perpetuate the symptomatology both for the Holocaust survivor and his or her family. Therefore, silence has a cost, particularly for children who grow up sensing deep pain in their family but having no context for understanding.

Fourteen-year-old Anna, usually a bright and cheerful student, was brought into the clinic because she had grown more and more depressed and withdrawn during the past two years, and her usually good grades had slid inexorably downhill. Her teachers and the evaluating psychiatrist agreed that Anna's father, a successful, self-made businessman, was the culprit; when she performed well at school, he was overgenerous with praise and rewards, but usually he was demanding, critical, dissatisfied and judgmental, interrogating her about school every night and berating her for every slip in her performance. The more he demanded of her, the less she was able to produce; the more displeasure he showed, the greater her depression, sense of worthlessness and general apathy. She never would be able to please him, she felt, so why even try?

I learned from the clinic file that Anna's father had come to Australia from Europe in 1947, and during our first session, I asked him about his background, whether he spoke Yiddish and where he had spent the war years. He affirmed that he did speak Yiddish, but intimated the other two questions were off limits at least in front of his wife and daughter. I persisted, balancing my wish to communicate respect for his choices, while conveying as strongly as possible my willingness to hear. When a survivor says he does not want to talk, there is still a question I want to raise "Why not?" Is it because he thinks I am not interested, that I couldn't cope with what he tells me, or that I would condemn or judge him; or, does he not want to talk in front of his family because they are not ready or willing to hear? Sometimes, the process of clarifying this is more important than whether the client talks or not.

Anna's father told me that he had been in a concentration camp for about 10 months. I asked him directly if his family had perished and he paused, then said that yes, Hitler had gotten them all. I suggested to him that he was probably very proud of his achievements as a businessman in Australia, and rightly so. I guessed that he had come to this country without family or connections, without much education, without English, without a trade, but through sheer intelligence and determination, he had made a success of his life. He must have had to be extremely tough and demanding on himself, I said, to make it. Probably, he was asking of his daughter not more, but much less than he had always demanded of himself. I also suggested that if he had lost every member of his family, his daughter must mean a great deal to him she must mean everything, in fact. Perhaps, somehow, he felt she had to make up for all he had lost, including his own youth.

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, he came to the next session alone to talk to me about his experiences, not wanting the presence of his wife and daughter. He told me that he suffered from a recurrent nightmare in which he went on a rampage, killing Germans with a submachine gun. "Is this a nightmare or a *mitzvah* (a commandment to perform a good deed) you carry out every night?" I asked, half in jest. He laughed, but said he was very afraid he would lose control, become insanely violent and end up in jail.

I saw this man for several months, during which time he told me some of the details about his life in the ghetto and the concentration camp, about witnessing the murders of his family and the terrible mix of guilt, shame and rage he had felt ever since. He thought it was wrong of him to talk about these things at all, even to me, and certainly to his family. "There are some things a man should keep to himself," he said, and insisted that he could not tell his wife and daughter about his experiences. His wife comforted him when nightmares woke him, but even she did not know their content; she never inquired and he never told. For a long time, he didn't budge from his adamant refusal to talk to his wife and

daughter about his experiences, or to bring them into therapy, though I would have preferred to work with the whole family.

The months of talking with me reduced his rage and loosened the tight control he felt he had to exercise, so that he was finally able to tell his wife the content of his nightmares. This seemingly small concession had a large therapeutic effect. His wife was not only touched by his confidence in her, but also relieved that he was dreaming about getting even rather than being back there reliving the horrors of Auschwitz. Not only were her understanding and empathy important to him, but the experience of talking both to her and to me, however sparse and limited his disclosures, helped him and his family substantially. His nightmares did not cease, but they diminished in intensity, and speaking to his wife seemed to have the effect of quieting his fears of losing control and going on a mad, violent rampage. Feeling less tormented, he also felt less need to control his daughter, and so became less demanding of her, less critical, calmer and more patient. Her teachers reported that she was much happier and her schoolwork had rebounded to its previous high level.

To many clinicians, the outcome of this therapy might seem ambiguous and not entirely successful. According to standard therapeutic tenets, this man resisted a full "cure" he continued to have nightmares and he terminated therapy before resolving, or even fully revealing, his difficulties. And yet, I came to believe that his very integrity was bound up in refusing to "talk everything out" and thus perhaps reduce his own suffering. Like mourners who find the prospect of "getting over" the death of a loved one more terrible than their agonizing grief, perhaps he could not bear to relinquish completely the dark emotions that comprised the harsh but vivid memorials to all those he had lost. Perhaps he was willing, as a responsible father, to allow himself to feel "better" enough to protect his daughter. But to feel any better than *that* might have seemed a dishonorable betrayal of the family, forgiveness of the unforgivable, shameful accommodation to absolute evil. Who has the wisdom to deny that in the face of such a moral enormity as the Holocaust, continual suffering is not a form of valor?

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." The survivors often experienced even worse: generally, no one was interested. They simply 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. Silence, like talking, is interactive.

Not only were Holocaust survivors not heard, they were often blamed for the crimes committed against them. They had failed to resist or 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?

Mrs. Cohen, for example, a 58-year-old teacher, did not want to come for family therapy at all, but consented only because her husband and children would not stop badgering her. Since her son-in-law's death eight months earlier, she had, as they put it, "dropped her bundle." Normally strong, resilient and tough-minded, she wouldn't go back to her job, neglected her housework, moped around in her bathrobe in a state of lifeless depression. Oddly enough, while she seemed drained by grief, her daughter whose husband had died was holding up bravely, behaving, in fact, exactly the way the whole family thought Mrs. Cohen should.

Asking Mr. and Mrs. Cohen about their background, I encountered some reluctance to discuss the Holocaust. Only in answer to specific questions did I learn that they had been through the camps, but they would not supply more detail than that. Their children, on the other hand, perhaps overenthusiastic about the benefits of therapeutic catharsis and certainly very disturbed by their mother's sudden "weakness," were convinced that Mrs. Cohen needed to "talk it all out." If I could get her to unburden herself of all her bad memories, she might "come good again."

Mrs. Cohen, however, did not buy this theory. "Life is not so simple," she said. When I asked her to explain, she said she had been "carrying a lot that they don't understand .... Maybe I was strong, but that was only on the outside. Inside, it has been terrible turmoil and struggle." She would say no more and insisted on her right to her silence. The children, meanwhile, insisted just as vehemently that she should "tell the therapist everything" and "get on with it."

At this point, all four members of the family looked at me for guidance. Unfortunately, I said, I found it difficult to decide myself what was the "right" or "therapeutic" thing for Mrs. Cohen to do. I said I understood why Mrs. Cohen's daughter, particularly, wanted to hear her mother's story; the young woman was expecting a baby and not only had she lost her husband, but she had no grandparents. For the sake of the new life inside her, she felt she needed a more complete, emotionally richer account of her forebears.

On the other hand, I said, perhaps Mrs. Cohen wanted to remain silent as a way of showing respect to those who had not survived. Furthermore, it might be that her son-in-law's death was the first time in her adult life that she could allow herself to mourn, not just for him, but for all those she had lost. Perhaps, after devoting her life to her husband and children and teaching duties, she now felt she could let herself go, give up the hard appearance of unconquerable strength and fortitude. "You have described your mother as weak and cowardly for giving in to feelings," I told her children. "Perhaps she is really a hero for finding the courage to cry after all these years." At which point, Mrs. Cohen raised herself in her chair and said in a strong, clear voice, "You see, I am right. I am the hero, and maybe I will talk to you, but then, again, maybe I will not. I will think about it."

The family went home, with my suggestion that they *all* should think about it, and that if Mrs. Cohen did not want to burden them with her story, she should not have to; maybe it would be better for her, if she wished, to come alone to the next session. She chose to do just that, telling me it was my recognition and sharing of her ambivalence, my willingness to accept her silence, that made it easier for her to come.

In fact, Mrs. Cohen did want and need to talk to her family. But in their anxiety to get back their indomitable mother, they had offended her, as if all she needed was a quick course of therapeutic ventilation. They failed to understand her ambivalence between the need to move on, to forget, to spare her children, and the more deeply buried urge to talk, to bear witness. Many Holocaust survivors live in dread that when they die, their story will die with them, that their children will never know. Fearing the awful specter of social forgetfulness, disbelief and denial, these survivors are jolted anew by the challenge to "never forget," while being yoked again to the heavy burden of remembrance.

And yet, the decision to talk or not to talk is theirs alone to make. Often, a great deal of therapeutic progress can be made simply by helping survivors and their families talk about the difficulty of talking, about the moral and psychological conflicts inherent in revealing knowledge that is often unacceptable to other human beings and even unknowable to anyone who did not know it firsthand.

Mrs. Cohen took her time and eventually talked to me at length. She also talked to her family. This created some conflict between her and her daughter, and also for the daughter herself, who wished to remain strong and calm while pregnant. Yet at the same time, she wanted to hear what her mother was saying without the accompanying pain, unlike most children of survivors who often complain that their parents had given them the facts but not the feelings. Both mother and daughter struggled about how to talk. This process brought them closer and made them less polarized. Mrs. Cohen, to some degree, resumed her old ways, and her daughter was able to give in and begin to grieve a little for her husband.

Holocaust survivors and their families rarely seek help because they have been through the Holocaust; they come because they have current problems. Their Holocaust backgrounds may emerge during therapy, and it may or may not be relevant. One of the tasks of therapy is to explore whether it *is* relevant and, if so, in what manner. Therapy with families of Holocaust survivors is often anomalous and rarely very brief. It may take a very long time or be subject to sudden terminations, or continue intermittently over the course of years. It does not bend easily to therapeutic pieties. Rather than imposing a particular school, theory or intervention on these families, the therapist needs to be flexible, a sort of emotional general practitioner, who can be called on regularly or from time to time, willing to see the patient alone or with a spouse, the whole family, or any combination. And the goals, even the definitions, of therapy, may be maddeningly ambiguous, limited and shadowy. Sometimes, the successes are quite striking; other times, the only indication that therapy has taken place is a sense that the participants are obscurely comforted, perhaps by their acceptance of the final impossibility of resolution.

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