Separation Crises and the Holocaust

Janet Zeleznikow and Moshe Lang*

We welcome the multi-level analysis of separation crises offered in the Quadrio and Levy article. We were pleased to note the recognition they have given to the importance of the Holocaust experience in their case study. This is particularly pleasing in light of the failure of many clinicians to consider the meaning of the Holocaust in the life of their patients (Kestenberg, 1972).

Unfortunately, however, their recognition of the significance of the Holocaust has not been taken far enough.

1. "Families are described as 'over-attached' whose members respond anxiously to the otherwise normal unfolding of separation-individuation processes and *in the absence of past traumatic separations.*"

They then describe as their example a family where mother's family of origin was "devastated by the Holocaust of World War II". All the reader is told of father's family of origin is that they were of Middle-European Jewish origin and emigrated to Australia when he was a child. Given the historical context, it is reasonable to assume that his family was also "devastated" but this is not stated. The failure to describe more specifically who died, how they died and how those who survived understood their deaths, constitute for us a worrisome omission.

To suggest then that this family's symptoms arise "in the absence of past traumatic separations" is to deny reality. Of the 8,861,000 Jews living in Europe prior to World War II, it is estimated that 4 to 500,000 survived the Nazi

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Holocaust in the underground, by hiding or escaping, in ghettos, or in slave labour camps, and no more than 75,000 outlived the Nazi death camps (Davidowicz, 1975). Similar denial is evident in statements such as "we have found that the *fantasy* that separation equals death or, 'without you I will die — I have no separate life' is common in over-attached families", when in all probability for the family in question, separation and death *were* one and the same.

2. "Anxious attachment may occur when the attachment figure(s) has been continuously available and perhaps overavailable".

In contrast to many Anglo-Saxon parents, it may have been that these parents were "overavailable" and "overattached" to their children. We would have thought that it was important to consider the multitudinous losses that these parents have endured and to keep in mind that they were raising children in the absence of a family network. Given the paucity of support available to them, it would be understandable that they might invest more in their children. Terms such as "overavailable" and "overattached" have a negative connotation. If you have lost your family, your culture, and your country of birth, to value more highly your relationship with your children may be the most healthy and adaptive human response.

3. Exploration with the family of the parents' Holocaust experience often leads to a much enhanced mutual understanding. Rather than continuing to view their parents from a narrow perspective e.g. as victim, persecutor or hero, it allows their children a richer and more complex understanding. This in turn validates the parental experience in a reverberating cycle.

Facilitating appropriate links by exploring the past and its relationship to present difficulties also provides the opportunity for resolving them.

4. "Several studies have described symptoms of restlessness, mistrust, guilt, chronic anxiety and dread of the future and psychophysical symptoms in children of survivors of the Nazi Holocaust."

What the authors fail to recognise (or mention) is that in the majority of studies in which higher levels of psychopathology were found among children of survivors of the Nazi Holocaust, study subjects were recruited from clinical populations. Other methodological flaws in these studies include the use of poorly validated and unreliable measures, failure to collect and present relevant demographic data and test results, and inadequately described experimental designs. Statistical analyses are often lacking or inadequate for the data.

Better controlled studies, examining children of survivors from non-clinical populations, have found some differences between children of survivors and comparison subjects along various personality dimensions and family communication patterns (Leon *et al.*, 1981). However, these studies have seldom revealed any significant psychopathology.

Zlotogorski (1983) found that survivor families display a wide range of family structures, with most families displaying moderate levels of both family cohesion and adaptability. He did not find extreme enmeshment, symbiotic devotion, blurring of boundaries, and disturbances in affective communication to be invariably characteristic of survivor families as is so commonly postulated in the literature.

The difficulty in adequately describing the phenomenological world of those who survived murder by the Nazis whilst many of their dear ones were exterminated, is hardly overcome by regarding them and their families as "over-attached". The view that these families are necessarily "so predisposed" is untenable in that it denies the heterogeneity, individuality, personal history, strengths and resilience of both survivors and their families.

The enormity and complexity of the Holocaust is such that it defies comprehension, yet understandably it evokes intense responses in all of us. Therefore disagreement is inevitable. The crime is so horrendous that some denial is unavoidable.

In conclusion, we would like to express our gratitude to Quadrio and Levy for raising some clinical issues regarding the Holocaust, a subject around which there has been too much evasion for too long.

References

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Response to Zeleznikow and Lang

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We also welcome the comments of Zeleznikow and Lang and agree that the issue of the Holocaust and its devastation of the Jewish people has not received adequate recognition, and we can only endorse much of what they say.

We did not set out in our paper specifically to examine the issue of the Nazi Holocaust, but rather to emphasise that the background of families presenting with separation anxiety and over-attachment frequently includes such

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horrors and we referred also to other disasters, e.g. involving the Vietnamese boat people.

We refer to the anxious response of persons "in the absence of past traumatic separations" meaning that the symptomatic offspring in these families had not experienced traumatic separation during their own lifetimes. We are making exactly the same point as Zeleznikow and Lang, viz. that the impact of the Holocaust on these families has been such that separation may continue to be experienced within these families as life-threatening. The symptomatic offspring had not experienced life-threatening separation but the legacy of the Holocaust was such that the threat persisted in fantasy if not in current reality. It is after all in the fantasy of the individual that the family history is recorded and relived.

One of us (Quadrio, 1989) has presented another paper detailing a number of families wherein a child presented symptomatically, the child being third generation post-Holocaust yet still experiencing, perhaps through a sort of collective unconscious of the family, the legacy of the Holocaust. This is not to say, as Zeleznikow and Lang also point out, that all Holocaust survivors and all subsequent generations manifest psychopathology. No attempt has been made to draw this material from anything other than a clinical population and no conclusions can be drawn about Holocaust survivors and their families who do not present clinically.

As psychotherapists we are, after all, only witnesses to these testimonials which we try to understand in the context of the history of the individual, the history of the family, and the history of the culture.

References

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