

Essay: *Children of the Holocaust*

Andrew Firestone

Introduction

Every year in April I used to read about the War, honouring my own extirpated Polish Jewish culture. Around the time of writing the original version of this article, a whole series of survivors' stories had begun to appear. It was some forty years after their experiences — what had made this interval necessary? Then Epstein's book *Children of the Holocaust* appeared, at once personally challenging and clinically helpful. I read it closely. The anecdotes were moving — but was there any evidence really that children of survivors ran into trouble more than controls? At the time I had several patients who were children of Survivors. I looked at the research literature — at the time still quite limited.

This paper describes the use of Epstein's book in my work with two patients. It was presented to the Child Psychiatry Section of the Royal ANZ College of Psychiatrists. However I was subsequently unable to bring it to completion for publication in *AJFT* (as requested). Four years later, in 1989, a visit to Auschwitz with my mother brought me great relief, enabling me, I believe, to respond to the Editors' request to publish a version of the paper at last. I recommend such a visit to other children of survivors.

Since then, Holocaust museums and a large research industry have sprouted. My own sympathies lie with those like social work professor Israel Charny (USA and Israel) and sociologist Colin Tatz (Australia) who have tried to draw out general lessons from the Jewish experience. On the other hand, anyone working with Jewish patients has to be aware of the high level of historical consciousness of victimhood that is a core part of Jewish identity. A greater percentage of Europe's Jews died in the Crusaders' pogroms than in the Second World War.

This means that children of Holocaust survivors can easily express identity difficulties (such as issues of narcissism), through a Shoah¹ focus. As one of Epstein's interviewees showed, so strong is this aspect of Jewish identity that no family involvement in the War at all is needed for Jews to identify with the fate of those caught up in the Shoah.

There are Second Generation patients, on the other hand, whose childhoods were significantly scarred by the effects of their parents' war experiences; who grew up in an

atmosphere of chronic depression, and/or with deficient parenting, due to parental preoccupation with past trauma, for example.

But now the third generation has its place in the sun. As Milan Kundera has remarked: 'There is nothing heavier than compassion. Not even one's own pain weighs so heavy as the pain one feels with someone, for someone, a pain intensified by the imagination and prolonged by a hundred echoes'.

The Survivors

The now hallowed figure of six million Jews killed in the Second World War originated in an early 'guesstimate'. Since then, research has shown that this was an underestimate. In Eastern Europe alone, in the Polish and Soviet areas, including the Baltic States and Romania, 5,820,960 are estimated to have died, of a pre-war population of 6,925,000. That is, only one in three Jews survived.

The heaviest destruction, though, was in Poland, the heartland of European Jewry, where only sixteen in every 100 Jews survived. This number would have been smaller still if not for the flight of many Polish Jews in 1941 to the Soviet Union. Thus when the War ended, there were only 80,000 Jews living in Poland — 24 for every thousand who were there in 1939. In October, 1945 an American Jewish visitor to Poland commented 'Poland is like a cemetery. When two Jews meet on the street, they are both startled to find themselves alive' (*Commentary* 1946, Vol 1 No 4: 43).

In the same journal, in 1947, Samuel Gringanz wrote 'the surviving remnant is charged with an obligation to the dead'. Soon afterwards, in the new state of Israel, in 1951, Parliament declared the 'Holocaust and Ghetto Uprising Remembrance Day' for the 27th day of Nissan,



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which falls in a period of religious mourning. Outside Israel, the day the Warsaw Ghetto Uprising broke out, April 19, is remembered.

For clinicians, it is important to bear in mind that, quite apart from the enormous personal losses to be borne by survivors, a whole culture was lost. Eastern European Jewry had its own language, Yiddish, and its own way of life. All survivors continue to experience this loss, regardless of the extent of their personal suffering.

It is also worth remembering that while media presentations emphasise the death camps, these were refined only later in the War. The Nazis, though, pursued their planned destruction of European Jewry from the beginning, through starvation and the encouragement of disease. Many survivors suffered extreme hardships in ghettos and in prolonged hiding, quite apart from the camps.

After the War, the German government instituted a large program of reparation payments to victims, according to their psychiatric as well as physical ill health. In this context thousands of survivors came to be examined by psychiatrists, in America, Israel, Europe — and Australia as well. The ‘Concentration Camp Syndrome’ was described, with both acute and chronic aspects. A noteworthy observation was the unwillingness of many to accept psychiatric help. This has been attributed to avoidance of (perhaps impossible) grief work, as well as to a reluctance to undergo further (perceived) humiliation.

Long-term effects commonly seen in survivors include chronic anxiety and recurrent nightmares, unremitting depression, and continuing preoccupation with their past experiences (‘post-traumatic stress syndrome’ in modern terms). A problem: how can grieving be completed in the absence of identified bodies and, in many cases, in the absence even of certain knowledge of death?

The Second Generation

Case Example

An Australian Jewish woman married the son of a survivor who had lost all ten of his siblings in the War. She enjoyed being with her husband’s family, as ‘the home was always full of laughter’. From time to time however, her father-in-law would suddenly burst into tears and say that he was remembering his dead. When this woman presented with depression, her husband refused to attend any sessions with her.

In 1968, the trial in Israel of a Nazi administrator of the extermination program, Adolph Eichmann, had, as intended, a searing effect on the consciousness of the children of survivors, the second generation. And in the late 1960s, clinical reports on the children of survivors began to appear.

In Melbourne, Henry Shaw, the Jewish chaplain of Monash University, noted that distressed students were often of elderly parents, who had remarried after having lost a first family in the War. In the USA, Krystal, a psychiatrist,

wrote (1968) about the aggression of the second generation, which he interpreted as being on the parents’ behalf, against their dead relatives. Some of the best research though, took place in Canada, which, like Australia, had accepted many Jewish survivors of the War.

Rakoff (Jewish General Hospital Montreal, 1966) noted that singleton children especially were presenting. The patient tended to see his life as an unexpected gift — and as a mission. It was noted that the parents were *not* conspicuously ‘broken people’. Parental expectations were very high, and two suicide attempts by teenagers were noted.

Trossman (Montreal, 1968) reported on Second Generation students at McGill University. The students seemed to expect a meaning to be given to their own lives. They presented with depression and guilt at their good fortune, and some described a relentless recounting of horrors by their parents. Some had become hostile to the Gentile world, while others had rebelled by embracing it. The parents were generally over-protective, and some students were battling ‘smothering’, while some were mildly phobic. In some cases the parents were described as ‘broken people’, and in such families difficulties in identity formation were noted, particularly in the case of a parent of the same sex.

Then Rakoff and Sigal (1973) completed a systematic study, comparing the mid-teenage children of survivors with (Jewish) controls, both groups taken from the clinical population seeking help. Questionnaires were used to elicit parental attitudes. It was noted that in the survivor group many parents declined to take part in the study. The study group parents reported more behavioural disturbance, and poorer coping skills than the controls. There were stronger feelings of alienation, and the children were more dependent on their parents, and seen by their parents as more disturbed than in the control group.

Rakoff and Sigal concluded that the survivor parents appeared to have more limited emotional resources for their children, as a result of preoccupation with the War.

Children of the Holocaust

Then in 1977 the whole matter took off in the USA, after a lecture in California by the Israeli psychiatrist Shamai Davidson attracted national press coverage. The article in the *New York Times* was written by a young journalist called Helen Epstein, who was herself the child of survivors. Her piece brought a flood of letters from children of survivors. She decided to conduct interviews with the writers and publish a book, and so the widely read *Children of the Holocaust* came into the world. It has helped me a lot, focusing my thoughts on my own position, as a member of this second generation, and providing a map for clinical work in this area.

The book describes Epstein’s interviews in Canada, Israel and the USA, as well as her own family experience. Writing it was Epstein’s own way of coming to terms with her identity. This is movingly shown by the fragmented way that her own

story has to be pieced together by the reader. She had gone to Israel as a teenager, but returned to America after three years, when she began to appreciate her American side. She took part in the Second Generation movement, which began in America in 1975. For some years this movement has flourished in Melbourne: (non-clinical) peer groups of the children of survivors meet regularly and discuss their experiences.

In contrast to her own involvement, one of her brothers became a ski instructor and avoided his background.

There are some unusual features to Helen Epstein's own family, which perhaps contributed to her capacity to write the book. While she was young, her mother (a concentration camp victim) was for three years in psychoanalysis (because she had felt like killing her children and felt trapped). Then in 1964 her mother rediscovered her relatives — who had believed her dead.

Epstein writes of the preparation of her book as 'setting out on a secret quest ... to find a group of people who, like me, were possessed by a history they had never lived'. But first, to give the flavour of the book, here is an example, her story of Rochelle.

Epstein listens in 'numbness-like fog', but cries only when she replays the tape to herself:

We had to protect our parents ... my mother had the number on her arm ... my brother would quiz them like a journalist collecting facts! My father would blackmail us 'I lost two sons to the Nazis — don't leave me' ... my mother felt so lucky to survive, she would describe terrible things and turn them into a nice fairytale with a happy ending. There were no bad Germans. I had no right to be angry with them. It seemed the Chosen People had been chosen for suffering, it was noble, I wanted to suffer. (Yet) I had to be happy to make up for what had happened, and I resented this burden. Only at 22 I became able to paint my ugly hateful feelings ...

Common Features

In some respects, Epstein's subjects and their backgrounds are strikingly diverse. She even gets a letter from a man whose parents emigrated *before* the War, who nevertheless is preoccupied with identical issues. However, clinical presentations, when they occur, tend to be of depression or of some form of 'acting out'. The dominant affect tends to be rage or emptiness, or both. Characteristic themes are a search for identity; a search for community; a sense of mission.

Here are two case examples of my own (names and identifying details have been changed).

Dora

Dora is a pharmacist born in Melbourne in 1955. She presented at the age of 30 with depression, six months after the birth of her second child. A perfectionist, Dora had been unable to manage her three year old and the new baby together as well as she believed she should. Consequently her 68-year-old widowed mother Mrs Weissman had left her flat to come and stay, and for several months now she had been helping Dora with the housework as well as child care.

Dora says she is always anticipating disaster. As well as worrying about her mother, Dora worries about her husband and children, and her younger brother.

Dora could not remember whether or not she had read the book *Children of the Holocaust*, when I spoke with her about it. She had difficulty finding a copy — none of Melbourne's Jewish bookshops had one. After reading it, she had several moving conversations with her mother. A few weeks later, she found her own copy of the book on her bookshelf, and was surprised to find that there were passages in it underlined by her.

Mrs Weissman came from a wealthy Polish-Jewish family. Early in the War she had watched her father and brother being taken away 'for hostages' by the Germans. She never saw them again. She and one sister survived Auschwitz together (and had their numbers tattooed on their arms). Dora from childhood had known that her mother had survived by pretending that she was a dressmaker. When the War ended Mrs Weissman was treated for TB, and spent some months in a Displaced Persons camp, before coming to Australia with her sister. Dora's father, an Australian Jew, died of a heart attack twelve years after the marriage. This loss probably rekindled Mrs Weissman's grief for her previous losses. At any rate, Mrs Weissman has been depressed ever since, and seldom leaves her flat.

While growing up, Dora felt responsible for 'filling mother in' on all aspects of her life, feeling that her mother lived only through her. In therapy Dora repeatedly commented on her mother's material generosity, saying that as a result any hostile feelings towards her mother made her feel guilty. She feels unable to repay her debt for the sacrifices Mrs Weissman made, putting Dora through Pharmacy College. Her mother will smile and put up with everything, and Dora would feel guilty if she was ever angry with her. When her mother read a newspaper article about the 'Second Generation' Movement of Children of Holocaust Survivors, she said to Dora 'Haven't I given you everything you want?' When Dora went overseas recently, she noticed that she worried more about her mother than her mother did about her.

David

The second patient, David, was born in Belgium (where the family, from Poland, were staying with distant relatives) two years after the War ended. A solicitor, he was 36 when he came, seeking help to become independent. Since separating from his (non-Jewish) girlfriend of five years standing, a few months before, he was living alone for the first time in his life, and was frightened by the severe anxiety he was feeling.

When David's parents had married immediately after the War, his father was 45 and his mother 27. His father's first wife and five children, as well as his parents and siblings, had all been killed by the Germans. David's father exemplified the cases described by Henry Shaw. He was old enough to be David's grandfather, and the loss of his previous family was never discussed.

David's mother, Mrs Goldstein, had lost nine siblings as well as her parents, only she and one sister surviving. Mrs Goldstein remembered her father as a 'tyrant' who oppressed her mother. War had intervened, preventing

her from re-evaluating their relationship. Three years after David's birth, Mrs Goldstein had a stillborn child, and in the same year was successfully operated on for skin cancer. Three years later a daughter was born, and some time after that, the family came to Australia.

David has no memories from before the age of five. From five to eight, when he left Brussels, he remembers his mother grieving while his aunt (her younger sister) was mothering him.

David never read about the War and avoided television programs about it. He had chosen not to visit Europe. He had no Jewish friends, though he had previously been married to a Jewish woman. She had left him after four years, saying he had been unavailable to her; he had been preoccupied with pleasing his parents: 'I used to compulsively rake the leaves from the path, just in case my mother would visit us'. David fantasised about his mother holding him, and felt that she had never loved him. David would describe how his father had constantly been rude to his girlfriend, disapproving of her as non-Jewish. If David felt angry with him, he showed no sign of it.

On my advice, David obtained Helen Epstein's book. It was two months before he had come to the end of it, but well before then he stated 'I don't want to live out of that space any more'. He talked to his mother about her background, and she cried about the beatings she had received from her father (nothing to do with the War). As therapy progressed, David said he felt less guilt towards his father. Eventually he proudly described confronting his father about his rudeness to David's girlfriend (their relationship had resumed).

David was constantly cancelling appointments, and altogether we only had some six sessions over six months. At our parting, he stated 'I want to be both single and a couple; I'm enjoying being alone, but I want to be married'. Nine months later he sent me a note to say that he was getting married.

David, like Dora, was an *older sibling* and was *over-responsible* towards his sister as well as his parents. Like Dora he was *obsessional* in personality. Like Dora he had tended to *avoid* the issue of the Holocaust. Might these together be factors tending to a clinical presentation?

Discussion

Will it be possible to demonstrate that massive psychic trauma has effects on a second generation not involved in the trauma itself?

Rakoff's suggestion that parental pre-occupation mediates the trauma is very plausible. But can elements other than trauma itself be separated out? — loss of the old culture, the trauma of migration, issues of a new language, the agedness, in many cases, of the parents? In the case of the Holocaust, these factors cannot be controlled for. The situation may be different in the case of our Vietnamese and Cambodian refugees.

One thing is certain. Every culture will compute its own experience of genocide differently. For Jews, the experience of the Second World War is only the latest episode in a long history of persecutions. No nation is more conscious

of its history, and none emphasises the persecutions more. Every Passover, at the family feast which is directed particularly towards the children, the ritual statement is made that, 'In every generation do men rise up against us to destroy us. But the Holy one, blessed be He, delivers us from their hands'. Some Passover celebrations now include specific mention of the Second World War.

However, most Western Jews are secular, and indeed immediately after the War, it was a secular interpretation of the 'meaning of the Holocaust' that prevailed. Perhaps the state of Israel would have been founded without it, but there is no doubt that the Holocaust contributed to Israel's foundation. It is this aspect that is stressed by Israeli clinicians in their work with the second generation ... They emphasise the heroism of Jews who resisted the Nazis in occupied Europe, and Israel is portrayed as a phoenix rising from the ashes of the War.

Unfortunately, outside Israel this Zionist interpretation has much less force, while the religious significance is perhaps too sacred to be elaborated. Even if it were, most Jews would not be reached by it. And so there remain, prominent in Second Generation support groups, the emptiness and the searching for meaning that Victor Frankl described 35 years ago.

Editors' Note

As this paper did not reach publication at its original submission, in 1985, Moshe Lang's much quoted 'Silence: Therapy with Holocaust Survivors and their Families', *ANZJFT*, 16 (1995), 1: 1–10 became the *ANZJFT*'s first publication on the subject.

Endnote

1. The English term Holocaust is unfortunate, for its Greek derives from the burnt offering in the Temple in the Bible, thereby implying that the deaths were a sacrifice to our God. The Hebrew word used in Israel is *shoah* — calamity, devastation — and has no religious loading.

References

- Due to the length of time that has elapsed since this review article was originally written, not all references can be supplied. The best overall reference for this early literature is Sigal, J. J. & Weinfeld, M., 1989. *Trauma and Rebirth — Intergenerational Effects of the Holocaust*, NY, Praeger.
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