

# Children of Child Survivors of the Holocaust: Can Trauma be Transmitted Across the Generations?

"To deal honestly with extremity may require extreme representational means, and an acceptance of a degree of desensitization that is the by-product of realistic media." - Geoffrey H. Hartman 1

Kellermann  
(2) observed,  
'During the last four decades, the literature on transgenerational transmission of Holocaust trauma has grown into a rich body of unique psychological knowledge with some 400 publications.' One challenge faced in our post Holocaust world is to deal honestly with the history, theology, ethics, and memory of that unprecedented experience.(3)  
Honesty requires a confrontation with the emerging psychological knowledge of the impact of massive trauma on the individual and society;

how trauma is transmitted to subsequent generations; and to develop methods to alleviate the suffering. Those aims place a burden of responsibility on mental health professionals. Through clinical experience and empirical research we try to reveal both population characteristics and individual realities, as well as to debunk psychological myths(4) about offspring of Holocaust survivors.

To confront the controversy that surrounds the phenomenon of survivor's transmission of traumatic effects of the Holocaust requires a preparedness to ask and to respond to personal moral questions: do I have a right to ask if survivors' Holocaust trauma was directly passed on to sons, daughters, or other relatives? Can survivors' spouses and children, like therapists, be vicariously traumatized? What are the personal and social consequences of the survivor's trauma being transmitted? Which psychological processes transmit trauma? How can we effectively treat the legacy?

Such questions force us to revisit, or to confront for the first time, the spectrum of our personal and professional assumptions about the complex relationships formed between survivors, their families and society. To unravel the transmission of trauma process requires an understanding of a central dilemma in human experience: the struggle to reclaim disclaimed or unclaimed traumatic experiences in relationships across generations. How can we reclaim those experiences?

The process of reclaiming traumatic experiences demands a capacity and commitment to a sustained immersion in family communications beyond silence.(5) To explore that uncharted territory requires an empathic attunement with the effects of trauma (6); to blend those subjective experiences with recent findings from the fields of psychology,(7,8) psychoanalysis,(9,10,11), and infant research; (12,13,14) and to appreciate the 'sociopolitical context in which the trauma is embedded'.(15, 16) The sociopolitical context deals with government's self-interest, fearing litigation and compensation, which leads to denial rather than acknowledgement of past atrocities. Professor Yehuda Bauer (17) emphasized that issue in his address to the Bundestag, the German house of representatives on 27th January 1998, German Holocaust Memorial Day. He cited the American sociologist Rudolph J. Rummel's conclusion that between the years 1900 and 1987 governments and government-like organizations murdered 169 million civilians, apart from the 34 million fallen soldiers.'

To bring the Holocaust's traumatic experiences out of the shadows,(18) clinicians and researchers confront complex interactions between personal, scientific, spiritual and socio-political frameworks (19,20) which contribute to the

controversy in trauma transmission. Most disagreement occurs between clinicians of different schools and researchers centering on two levels: first, debate questioning if trauma can be passed on from one generation to the next; second, if transmission does occur, to explain how. (21)

Those who discredit the phenomenon of transmission of trauma claim that the observed effects in children of survivors are rooted in nothing more than unreliable data gathered from biased samples in poorly designed experiments.(22) Yet, well designed studies do demonstrate increased vulnerability, higher incidence of posttraumatic stress (PTSD) and other psychopathology in adult offspring of survivors when faced with stress or severe life-threatening situations,(23,24,25) and what Professor J. Kestenberg (26) called 'transposition' of Holocaust imagery and symptoms. Eva Fogelman (27) suggests a second generation 'complex', rather than a syndrome that connotes a disorder, characterized by processes that effect identity, self-esteem, interactions both in- and outside the family and worldview.

In this paper I begin to clarify an aspect of the transmission of trauma by returning to the first principle of research, observation. I describe an innovative 'split-screen' video, The Many Faces of Trauma,(28) based on a case study designed to record and analyze my reactions to viewing my mother's Visual History Foundation (VHF) testimony.(29) The two facial images, her testimony and my reactions during viewing, were synchronized on a split-screen to analyze the moment-by-moment changes in facial expressions as an index of attunement. This method was modified from the traditional parent-infant video research studies of infant responses to separations.

The Many Faces  
of Trauma

The study of visual representation of human emotions dates back to Darwin's classic (30) 'The Expression of the Emotions in Man and Animals', one of the first scientific books ever published with photographic illustrations. More recently Robertson (31) documented and filmed the effects of separation on young children aged between 18 months and 4 years, capturing the child's intense reactions of 'protest', 'despair', and 'detachment'. Current classifications of childhood attachment are based on video analysis of toddlers aged between 12 to 20 months subjected to standardized separation-reunion cycles in the 'Strange Situation'. The patterns of attachment are classified as 'secure', 'avoidant', 'ambivalent or resistant' and 'disorganized/disoriented'.(32) Visual images capture behaviour and the 'ephemeral movements of facial muscles for analysis and study...[which] (T)he naked eye was incapable of recording' (33) enabling a deeper understanding of the psychological impact of trauma.

Professor S Felman (34) documented a 'class in crisis' when her college students became 'disoriented and uprooted', the unanticipated impact of viewing Holocaust testimony videotapes.

The tapes were screened in the informal privacy of an apartment, with the students sitting on the carpet, all over the floor. During the screening some were crying, but that in itself is not an unusual phenomenon. When the film was over, I purposely left the floor to them. But even though this class, through the course, had been particularly literate and eloquent, they remained, after the screening, inarticulate and speechless. They looked subdued and kept their silence even as they left. That in itself is not unusual either. What was unusual was that the experience did not end in silence,

but instead, fermented into endless and relentless talking in the days and weeks to come: a talking which could not take place, however, within the confines of the classroom but which somehow had to break the very framework of the class (and thus emerge outside it), in much the same way as the writers we examined all broke through the framework of what they had initially set out to write.

I read this passage and recalled that some years ago, after I viewed my mother's Shoah testimony,(35) I also experienced profound and disorienting reactions. Something strange was going on for me, too. Like Felman's students, I became obsessed. Felman's reaction was to discuss the turn of events in individual 'crisis-session', to address the whole class to articulate and validate their responses of 'anxiety of fragmentation', 'panic', 'loss of direction', brought on by the viewing of a 'shattering experience' which they likened to 'a loss of language'.

In my case, I was driven to look deeper, to wonder what I might learn from my own shattering experience. I read, thought, wrote and spoke with many people about those experiences. I hypothesized that if the videotestimony's 'profoundly interactive' potential led to the intense psychological disruptions in Professor Felman's college students, then that interactivity should also disrupt a 'child' viewing his 'parent's' testimony. Furthermore, that disruptive interaction could be captured on a video split-screen for analysis.

I agreed with Dr Dori Laub, (36) 'Trauma - and its impact on the hearer - leaves, indeed, no hiding place. As one comes to know the survivor, one really comes to know oneself; and that is not a simple task.' He went on to emphasize,

The listener to trauma...needs to know that the trauma survivor who is bearing witness has no prior knowledge, no comprehension, and no memory of what happened. That he or she profoundly fears such knowledge, shrinks away from it and is apt to close off at any moment, when facing it. He needs to know that such knowledge dissolves all barriers, breaks all boundaries of time and place, of self and subjectivity. That the speakers about trauma on some level prefer silence so as to protect themselves from the fear of being listened to - and of listening to themselves. That while silence is defeat, it serves them both as a sanctuary and as a place of bondage. Silence is for them a fated exile, yet also a home, a destination, and a binding oath. To not return from this silence is rule rather than exception. ( D Laub, p. 58, bold emphasis added ).(37)

My experiences resonated with that state of exile and led me to ask: "Dare I disturb my mother's 'fated exile' of silence, her 'binding oath' where the rule is 'to not return' from the silence?" Why should I disturb her silent, traumatic memories? But I recalled that she had already given her testimony. How could I be disturbing her fated exile? Maybe I risked disturbing my own exiled self? (38)  
Perhaps we were both exiled in a double exile?

I wanted to record my responses to her visual testimony in order to provide access and a deeper understanding of the impact on me of her previous responses to traumatic events. Furthermore, if the video images captured expressions that reflected fleeting reactions to crisis and trauma, it might be possible to 'freeze' interactive moments that represented transmission of trauma.

Clinical reports and studies suggest that trauma can numb or distort affective responses in the familiar patterns of 'fight', 'flight' or 'freeze'. I hypothesized

that by videotaping myself, the second generation, viewing the survivor parent's testimony about life before, during and after the war, focused on 'moments of crisis' in the testimony, with both facial images synchronized on a 'split screen', I could capture moments of 'attunement' and 'missattunement'. These are essential psychological processes that regulate the emotional attachment patterns between parent and child.

Moments of 'missattunement' occur when a care-giver's attention is emotionally uncoupled for a time longer than the child can tolerate. The child's level of increasing anxiety and frustration usually elicits the caregiver's 'reparative' response. For example, the care-giver can return to soothe and 'repair' the distressed infant by making face-to-face contact, exchanging smiles, vocalizing, holding, comforting or caressing until the child 'settles'. If such reparative moments are unavailable, in the extreme, I hypothesized the dysfunction in the attachment - exile cycle leads to the emergence of the 'exiled self' .

To return to the split screen, by analyzing the moment-by-moment facial expressions as markers of micro-reactions to trauma, I could track the overt and concealed effects on me of my mother's recollected (and/or silent) trauma correlated with the presence or absence of attunement.

van der Kolk (39) suggested that in trauma the 'body keeps the score'. The autobiographical memory of trauma is thought to be stored in the right brain's orbitofrontal cortex. We could expect facial expressions of trauma to persistently correlate with fleeting, ephemeral moments of what Cathy Caruth (40) called 'unclaimed experience'. Those facial expressions might even display, during silent moments, the correlates of Laub's 'fated exile', in parent and child.

The technique for the video analysis was derived from studies of empathic resonance in psychotherapy between therapist and patient.(41) That technique, 'fishing for resonance', focuses on microsequences of affective regulation. I transposed the technique as follows:

Step 1. Analysis of verbal content and coding the survivor's facial expressions during 'crisis moments' before, during and after the Holocaust.

Step 2. Analysis of verbal content (and post viewing questionnaire responses) and coding of the offspring's facial expression 'crisis moments'.

Step 3. Analysis of frequency of affective resonance between survivor's and offspring's 'crisis moments' based on synchronicity between survivor's and offspring's facial expression.

Step 4. Post viewing administration of a semi-structured questionnaire to validate the 'crisis moments' in the viewer's subjective experience.

Absence of resonance

To interpret the facial images and narrative on the split-screen video is a complex task. Preliminary results indicate expected as well as unexpected phases

of attunement and misattunement with long periods of 'absence of resonance'. This absence was observed both in my mother's facial responses to her own narrative, as well as in my 'interactive' responses to it. I will bypass the detailed analysis and interpretation of the vicissitudes of responses, instead offer four interpretations for the absence of resonance.

First, the phenomenon of habituation, an expected response given that both subjects have heard many, if not all, of the related traumatic events. But Harman (42) argued that with testimonies, despite the interviewer having heard similar accounts, nevertheless, 'they are received as though for the first time. This is possible because, while the facts are known, while historians have labored - are still laboring - to establish every detail, each of these histories is animated by something in addition to historical knowledge: there is a quest to recover or reconstruct a recipient, an "affective community".'

Second, absence of resonance may represent dissociation, the mental mechanism defending against overwhelming stress. This common coping mechanism could persist throughout life and be activated at times of stress as occurs during the testimony. Third, the absence of resonance may reflect a state of mind the psychoanalyst John Steiner termed 'psychic retreat', a place of 'refuge from the world of real relationships', where patients feel protected 'even though often in pain.'(43) Although not a clinical context, moments of psychic retreat would be safe havens during the testimony.

Based on clinical experience with long-term treatment of children of survivors, I have argued for the need to re-conceptualize the earliest developmental phases of mother-infant interaction in survivor families. I hypothesized that the 'exiled self' develops before the mental structures necessary

for the 'psychic retreat'. Developmentally, Steiner located the psychic retreat between the 'paranoid-schizoid' and 'depressive' positions. The 'exiled self' develops from the earliest developmental phase, as the 'emergent self' experiences repeated traumatic impingements, coupled with the absence of reparative moments. The absence of reparative moments is a care-giving pattern seen in mothers with a history of trauma.

Ordinarily, the mother-infant empathic attunement results in the formation of secure attachments, the so-called 'secure base'. The absence of both attunement and reparative moments leads to the infant's emergent self, instead of establishing the 'proto' sense of self-esteem and relatedness, the appropriate developmental task at this age, developing on the path to exile. Over time, repeated impingements result in a progressive detachment from the caregiver, precisely at those critical moments when the infant's emergent self needs to 'connect'. Eventually the exiled self evolves from this earliest phase of the emergent self, a developmental phase prior to that of the 'psychic retreat'. This distinction has major implications for the development of later dysfunction and treatment.

The double exile

Laub captured the survivor's plight as a silence that is a 'fated exile, yet also a home, a destination, and a binding oath'. The second generation offspring witnessed that silence, that fated exile, decades before the survivor's current testimony. Her infant was the bystander, an intimate witness to the survivor's fated exile. Her infant was also a participant witness, precisely to those exiled moments when he, the infant, was hungering for relatedness. Instead he met the survivor parent's 'fated exile', a wall of silence.

Many survivors  
tragically  
remained in exile: 'To not return from this silence is rule  
rather  
than exception'. Is there a relationship between the survivor's  
fated  
exile and the child's exile, a double exile? Would destiny bind  
the  
silent, exiled parent to her silent, exiled child? Can exile be  
transmitted? Can those predictable, intolerable moments, when the  
wall of  
silence between survivor parent and child seems impenetrable, be  
breached?

To go beyond the  
wall of  
silence, to be sure, requires a double reclaimed experience, the  
reclaiming of a double exile. The double pain, to revisit the  
ghosts from  
the nursery. To meet the mother's ghosts. To meet the infant's  
ghosts.  
They are different ghosts. To reclaim experiences of exile is to  
revisit  
unspeakable feelings, to give them names. The bricks of the wall  
of  
silence: shame, humiliation, helplessness, confusion.

Chaos.

To revisit the  
moments of  
trauma transmission is to dare to confront, to name those ghosts.  
Come  
what may out of the Dark. To dismantle the walls of silence is  
threatening.

Yes.

Brick by brick.

At unsuspecting  
moments, a  
photo, a phone call, a sound echoing from childhood, a tender  
touch can  
give courage, inspiration to continue, to breach the wall of  
silence. A  
moment of exile ends. Ghosts of the nursery, come alive.

When they do, they  
create  
commotion and chaos. When they do, the exiled self is returning to  
life.  
While trauma can be transmitted across the generations, so can  
resilience  
and vitality.(45)  
Questions arise: what determines the balance between trauma and  
resilience? How is psychic equilibrium regained after it is lost,  
exiled?

Return from  
exile

My mother's  
'testimonial  
repossession' (46)  
occurred on many levels. Her testimony was recorded partly in my  
presence.  
That provided a 'first' occasion to relate from a part of herself,  
never  
before related in dialogue. That first occasion was somewhere  
between  
monologue and dialogue, a space the psychoanalyst Donald Winnicott  
(47)  
termed 'transitional space'. That space has profound psychological  
importance for the recovery from trauma. Trauma forecloses  
transitional  
space. Testimony has the potential to open up transitional space. (48)

My mother's  
testimony and  
later, my viewing, started a special journey. A return journey  
from our  
double exile&hellip; emerging from beyond the wall of silence. (49)

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