

1

Intergenerational Memory of the Holocaust

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The struggle of man against power is the struggle of memory against forgetting.

—MILAN KUNDERA, 1978/1982, p. 3

The literature on Holocaust survival and second-generation effects has been prone to controversy beyond criticisms of research methodology, sample selection, and generalizability of findings (e.g., Solkoff, 1992). A critical backlash has also been evident (Roseman & Handleman, 1993; Whiteman, 1993), even from among the children themselves (Peskin, 1981), against the penchant of the early Holocaust literature to formulate the transmission of deep psychopathology from one generation to the next. Such an unbending formulation has understandably aroused readers' strong skepticism and ambivalence, in part because to expose the magnitude of the Nazi destruction is to confirm Hitler's posthumous victory (Danieli, 1984, 1985). But seeking to correct this early bias wherein Holocaust suffering is equated with psychopathology has, often enough, also created an overcorrection that discourages understanding the Holocaust as a core existential and relational experience for both generations. This stance also has made it difficult to integrate the Holocaust literature with the posttraumatic stress disorder (PTSD) literature (that followed it), which appears thus far not to have been similarly burdened with the accusation that to explore negative effects is to pathologize and demean survivors. What the extensive clinical and research material on the Holocaust—its contradictions as much as its consistencies—has taught us is the diversity of meanings of Holocaust suffering for both generations that can neither be accounted for by narrow psychopathological diagnoses (Bergmann & Jacovy, 1982) nor be contradicted by survivors' and their children's undeniable resiliency and coping. In the growing polemic between those who stress the negative effects of trauma (e.g., Krystal, 1968), and those who focus on survivors' strengths and coping skills (e.g., Harel, Kahana, & Kahana, 1988), our body of work (e.g., Auerhahn & Laub, 1984, 1987, 1990; Auerhahn & Prelinger, 1983; Laub & Auerhahn, 1984,

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International Handbook of Multigenerational Legacies of Trauma, edited by Yael Danieli. Plenum Press, New York, 1998.

1985, 1989; Peskin, Auerhahn, & Laub, 1997) has rejected the polarization of researchers into those who claim that no (ill) effects of the Holocaust are to be found in survivors and their children versus those who claim that there are (negative) effects. Instead, we have shifted the focus away from value-laden judgments of psychological health to the issue of knowledge, and have come to view both generations as heterogeneous and therefore as consisting of individuals with different kinds and degrees of Holocaust knowledge. We find that it is the very individualized quality of knowing massive psychic trauma that compellingly informs as well as shapes one's subsequent life experiences, world view, fantasy world, relationships, decision making, and action. Therefore, both character and psychopathology indelibly bear the marks of knowing trauma, and it is through this lens that we attempt to examine the intergenerational effects of massive psychic trauma. Much of our work has sought to examine the question of what kind of knowledge of the Holocaust is possible, and to trace the threads of different forms of traumatic knowledge as they have woven through the conscious and unconscious of both generations. Indeed, we view the ongoing debate among researchers and scholars as to the extent of impact the Holocaust has had on individuals as part of the continuing struggle of all of us to fully grasp the nature of massive psychic trauma.

In this chapter, we summarize our current understanding of the many ways massive psychic trauma is known, for central to the response to trauma are the issues of knowing and forgetting. The chapter focuses on the attempt to know, the defenses against knowledge, the different levels of knowing that are possible, the inevitable limits of knowing, and implications for healing, and will progress from an initial focus on survivors to a later focus on the next generation. That is because in our clinical work with survivors and their children, as well as in our work collecting oral histories of Holocaust survivors at the Fortunoff Video Archive for Holocaust Testimonies at Yale University, we have found that knowledge of psychic trauma weaves through the memories of several generations, marking those who know of it as secret bearers (Micheels, 1985). Furthermore, we have found that massive trauma has an amorphous presence not defined by place or time and lacking a beginning, middle, or end, and that it shapes the internal representation of reality of several generations, becoming an unconscious organizing principle passed on by parents and internalized by their children (Laub & Auerhahn, 1984). Traumatic memory thus entails a process of evolution that requires several generations in which to play itself out. We initially understood this to be the result of conflicts arising from the paradoxical yoking of the compulsions to remember and to know trauma with the equally urgent needs to forget and not to know it (Auerhahn & Laub, 1990), but now see the situation as infinitely more complex. For along with any conscious or unconscious needs to know or not to know exist deficits in our abilities to grasp trauma, name it, recall it, and, paradoxically, forget it. We know trauma because it thrusts itself upon us unbeckoned. But we also fail to know it and frequently forget it because we are incapable of formulating and holding such knowledge in mind. Often, we cannot form an initial memory; at other times, the memory, once held, disappears. This process is exemplified by our psychiatric nosology, which has repeatedly omitted and reinstated the diagnosis of trauma, under various names, over decades (Solomon, 1995). On the political level, Dennis Klein (1991, p. 3) has noted an equivalent process in the tendency of some to deny or marginalize the Holocaust, coining the term *history's memory hole* to describe this phenomenon. It is no wonder, then, that survivors are unable to complete the process themselves, leaving their children to carry on the working through of trauma. These children become burdened by memories that are not their own (see Auerhahn & Prelinger, 1983; Fresco, 1984). As one child of survivors told us, "I am a prisoner of an empty space." The child echoes what exists in parents' inner worlds; the child's psychic reality thereby reveals the indelible marks left by trauma.

FORMS OF TRAUMATIC MEMORY

In an earlier work (Laub & Auerhahn, 1993), we briefly discussed eight forms of knowing massive psychic trauma. In this chapter, we expand on these forms as well as add two new forms to the list. As before, we have organized the different forms of knowing along a continuum according to psychological distance from the traumatic experience. The different forms of remembering trauma range from not knowing; to screen memories (which involve the substitution of true but less traumatizing memories for those that cannot be brought to mind); to fugue states (in which events are relived in an altered state of consciousness); to retention of the experience as compartmentalized, undigested fragments of perceptions that break into consciousness (with no conscious meaning or relation to oneself); to transference phenomena (wherein the traumatic legacy is lived out as one's inevitable fate); to its partial, hesitant expression as an overpowering narrative; to the experience of compelling, identity-defining, and pervasive life themes (both conscious and unconscious); to its organization as a witnessed narrative; to its use as a metaphor and vehicle for developmental conflict; and, finally, to action knowledge. These different forms of knowing also vary in degree of encapsulation versus integration of the experience and in degree of ownership of the memory—i.e., the degree to which an experiencing “I” is present as subject. Variations in distance dictate variations in the presence of imaginative elaboration and play.

While we consistently and deliberately use the term *forms of knowing*, each form also progressively represents a consciously deeper and more integrated *level of knowing*. For example, the transition from fugue states to fragments represents a cognitive and emotional breakthrough, whereby material that was previously not consciously known at all becomes known in partial, undigested fragments. Witnessed narrative, while representing fuller conscious knowledge, is still sufficiently chained to perception and the particular witnessing situation not to permit such knowledge to be used in the playful elaboration of metaphor. We prefer, however, to refer to these phenomena as forms rather than levels, so as not to imply that there are stages of remembering through which one must go sequentially. Additionally, these various forms of knowing are not mutually exclusive and may coexist in an individual at any point in time. Nevertheless, we believe that survivors know mostly through retention of fragments of unintegrated memories or by reliving such memories in transference phenomena; children of survivors tend to know through particular themes that prove central to their lives; and those not directly affected know of trauma through experiencing their own conflicts and predicaments in its language and imagery.

Not Knowing

Trauma happens, often with no experiencing “I.” While being powerfully present and exerting an eclipsing influence on ego functions, its historical truth may never have been fully grasped by the victim or have attained the status of a psychic representation. That is because massive psychic trauma breaks through the stimulus barrier and defies the individual's ability to formulate experience. It registers in a moment of the breakdown of functional barriers of the ego and hence creates a fragmentation of the self. Erecting barriers against knowing is often the first response to trauma. An adult facing severe trauma often reexperiences infantile remnants of primary traumatization while attempting to ward them off by primitive mechanisms of defense (e.g., denial, splitting, amnesia, derealization, and depersonalization). These early defense mechanisms result in a nonreceptivity to the experience and, in varying degrees, the splitting off of reality. Additionally, severe trauma undermines and, at times, destroys the

psychic representation of that internal other whose presence is a prerequisite for the dialogue with oneself that engenders knowing (Laub & Auerhahn, 1989). As a result of these factors, trauma may remain irretrievable to conscious memory even years later, when acknowledgment and the lack thereof can continue to exist simultaneously, without integration.

There are various levels of not knowing. The first involves the presence of an absence, that is, evidence of a painful state of concurrent awareness in the survivor of a depleted self and of an intense experience that is disconnected and forgotten but nevertheless affectively permeates and compromises life strategies of adaptation and defense.

In her analytic hours, Leah, a Holocaust survivor, repeatedly talked about disappointments with her son. The analyst asked her to let go of her son and tell him what came to mind. She spoke of her loneliness, despite having friends who were available every evening—was it perhaps because of her earlier losses that she had never mourned? Her daughter was going to have a child; Leah was scared. Indeed, she felt scared all the time when not preoccupied with something. The analyst inquired about her associations to the idea of a child being born. “Yes,” she said, “it died in my arms.” She had a baby in the ghetto, who had died one day without having been ill. The analyst commented that Leah had never told him about the child. She replied that she did not think about it any longer, that she thought she had overcome it, and now practically did not know if it.

Rachel Peltz (1994), a psychologist and child of survivors, recently recounted a conversation with her father, who had lost a wife and child or children at the hands of Nazis. Dr. Peltz had never known for certain how many children her father had had or what their names were. When, during a drive together, she finally was able to bring herself to ask him, he became pale and the car was filled with his silence. Then, in a terribly embarrassed tone, he said, “I cannot remember.” Dr. Peltz remarks plainly, “My father was a very loving and highly related person, but he couldn’t remember who his children were.”

This type of erasure of children who were killed in the war is presented in the videotaped testimony of the Holocaust survivor Bessie K., from which Lawrence Langer quotes in his book of collected essays, *Admitting the Holocaust* (1995, p. 143). In her testimony, Bessie K. recalled how she attempted to hide her baby boy in her coat while German guards were separating men, women, and children before forcing them into cattle trains:

But the baby was short of breath, started to choke, and it started to cry, so the German called me back. He said in German, “What do you have there?” Now, I didn’t know what to do, because everything was so fast and everything happened so suddenly. I wasn’t prepared for it.

To look back, the experience was—I think I was numb, or something happened to me, I don’t know. But I wasn’t there. And he stretched out his arms I should hand him over the bundle; and I hand him over the bundle. And this is the last time I had the bundle . . .

Soon after, in the Stutthof concentration camp, she met the doctor who, in the ghetto, before her deportation, had operated on an infected breast. She continued:

And when she [the doctor] saw me there she was so happy to see me, and right away she says, “What happened, where’s the baby, what happened to the baby?” And right there I said, “What baby?” I said to the doctor, “What baby? I didn’t have a baby. I don’t know of any baby.”

Yet another survivor, Helen Landsbury (reported on the ABC news show *20/20*, 1995), has no recollections of her Holocaust experiences, nor does she recall reunification after the war with her two surviving siblings, with whom she was persecuted during some of the war years. Instead, she fondly remembers the prewar years of her early childhood and her postwar

marriage to a non-Jewish British soldier. She left her siblings in Europe to begin a new life in England, where she raised her children as non-Jews and talked to her new family only about the “before,” never about the war itself. She had no idea that her siblings, who eventually emigrated to the United States, were still alive, and that they continued to search for her for 50 years. By the time they finally located her through the American Red Cross, she was in her seventies and facing ovarian cancer. At that point, she was finally able to acknowledge regret and a sense of loss over having given up her ties to Judaism, and over the gap in her memories. Herein we have an example of a woman who forgot not only her war experiences but also her living siblings, in addition to having relinquished her religious identity. We believe that the siblings as well as her religion were forgotten precisely because of their linkages to those war experiences that could not be brought to mind.

We have encountered other survivors who, to this day, deny that they ever were in the camps, despite irrefutable evidence to the contrary. This state of not knowing leaves survivors in grief not only for dead loved ones who cannot be recaptured even in memory but also for those lost autobiographical memories that give us a sense of who we are. The lack of knowledge that prevents the revival of despair that would accompany memory leaves survivors alone and unknown even to themselves, and leaves their children with a sense of void and mourning for a past they do not know (Auerhahn & Prelinger, 1983; Fresco, 1984). In many cases, these children, born after the Holocaust, carry those dead children who have been forgotten by the parents. In Dr. Peltz’s case, for example, she named her own child after her unknown sister (see Auerhahn & Laub, 1994, for a more extensive discussion of the effects of erasure of trauma on the second generation).

Of course, it is not just survivors who can live in a twilight state between knowing and not knowing. Albert Speer, the architect of the Third Reich, lived for years with both denial and knowledge of Nazi atrocities according to a new biography by Gitta Sereny (1995) entitled *Albert Speer: His Battle with Truth*. Speer had come to believe that often-stated phrase of many victimizers, “I didn’t know.” Grand (1995), working with perpetrators of incest who had themselves been sexually abused as children, has described several examples of dissociative, ahistorical states in these perpetrators that seemed to exist without speech and without memory, allowing these victims-turned-aggressors to disavow a sense of agency with regard to the evil they had committed and to genuinely experience themselves as innocent.

Screen Memories

The example of Helen Landsbury, the Holocaust survivor who gave up her familial, ethnic, and religious identities, illustrates the creation of an alternative, possibly false, self that screens over the absence of memory. Such a path can readily lead to mythmaking or the creation of false memories that constitute another form of knowing that goes beyond the first level’s awareness of an absence to the creation of a fiction that covers over that absence. These fictions, which often contain half-truths, hint at traumatic knowledge even while screening against it. There are various degrees of awareness of this mythmaking and of conscious intention in the fictionalization process itself.

An extreme and pathological form of this kind of dissociation and fictionalization is found in a Vietnam veteran seen by one of the authors in treatment. Tom is a 47-year-old, unmarried biological male who presented to a gender identity program for the initial purpose of helping him clarify his gender identification. As therapy progressed, the patient denied any ambivalence and became more and more insistent on undergoing sex reassignment surgery. He reported that since the age of 9, he had cross-dressed in private, wishing that he was “the other

side.” At the age of 21, he had joined the Navy, working for 4 years, first in engineering and then in radio communications. He served four 6-month tours on a ship off the coast of Vietnam, where his ship was frequently bombarded by heavy guns and artillery. For 20 years after discharge, Tom suffered from headaches and from hearing the bombarding sound of guns pounding in his sleep. Finally, at the age of 45, he moved his cross-dressing out of the privacy of his home and into the public domain: He went out cross-dressed as a female for the first time. The headaches disappeared and the pounding of the guns stopped. Both briefly returned when the staff of the gender identity program temporarily rejected his request for permission to begin taking female hormones. When permission was finally granted and he began living full time as a female, his headaches and flashbacks disappeared once again.

Tom refused to engage in any psychological exploration, preferring instead to concretize and live out his wish to be “the other side.” He soon broke off treatment. His is an example of a case wherein the trauma that is blocked out has no voice, having had its connection to what is consciously experienced severed. Individuals with more ego strengths are generally more consciously aware of the movement from trauma to fiction, at times deliberately using art as a way both to tell and not tell their traumatic stories. Indeed, fictionalization is an inherent part of any attempt to recall trauma, for the truth of trauma can never be fully recaptured. Instead, we have found most true trauma stories to be factually accurate in many ways and factually inaccurate in many ways, containing the facts as perceived (an arduous, incomplete, and interpretive process) and as defended against. In many works of art that attempt to give voice to, or master, trauma, there often is a “lie,” a distortion, covering over the as yet unworked through and unknown aspect of trauma.

British writer J. G. Ballard provides an example of an individual attempting to work through his traumas in his art and, in the process, fictionalizing the facts in such a way as to conceal—and thereby reveal—the unworked-through and most difficult aspects of the traumas. Ballard’s 1984 novel *Empire of the Sun* (upon which the movie by the same name was based) describes his real-life childhood experiences while interned, along with his father, in a Japanese prisoner-of-war camp near Shanghai during World War II. The novel (and film) painfully detail a young boy’s separation from both parents and subsequent experiences alone in a brutalizing prison camp over a period of 3 years. Asked in a radio interview why he chose to have the boy in the novel, who depicted his life, be interned alone rather than with his father, which was Ballard’s actual experience, Ballard responded that his own experiences had been so awful that it was as if he were alone. We wonder, however, whether the writer is evading a truth: The brutalization may have been felt even more keenly precisely because it occurred in Father’s helpless presence, underscoring Father’s inability to protect. Perhaps it was *this* abandonment and its corrosive impact on the father–son relationship that Ballard could not bring himself to depict.

Not only artists but also patients may substitute a fictionalized story that can be told for a truthful one that cannot. We have seen patients who, at first, presented stereotypical abuse stories, only later to reveal atypical, more personal, and hence more painful stories, ones which they had felt, initially, could not justify their pain. They had been unable to allow themselves to know their own stories intimately.

Even when the facts are completely known, survivors often regard them as fiction while, simultaneously, accepting their authenticity. Aharon Appelfeld (Roth, 1988, p. 28), a survivor and Israeli novelist, has admitted, “Everything was so unbelievable that one seemed oneself to be fictional.” Appelfeld consciously admits to writing a story that is believable as a substitute for the true story that is not believable and appears to be the fiction, acknowledging (Roth, 1988, p. 29; italics in original), “*The things that are most true are easily falsified.*” Not only do

nonvictims, at times, not believe survivors, but also survivors often do not believe themselves. Deena Harris, M.D., a daughter of survivors, narrates in the 1994 BBC film *Children of the Third Reich*, how she located a catalogue containing artwork done by her mother and her mother's classmates in a school for Jewish children in Dusseldorf, Germany, during the war years. The catalogue included information about the fate of each of the individuals featured. Dr. Harris gave the catalogue to her mother as a gift, which represented the mother's only written record of the existence and fate of her schoolmates. As her mother read through the album and noted that after most of the names the words "killed in the Holocaust" were inscribed, she looked up at her daughter and, to the latter's astonishment, said in a hushed tone of voice, "You know, until this moment, I thought that I had made it all up." (We are reminded herein of Freud's observation that when a fact first emerges from the unconscious, it often has attached to it a "no." Perhaps the unconscionable facts of massive psychic trauma can likewise impress us only if accompanied first by a denial of their reality.)

Among perpetrators, the use of screen memories has been noted by Bar-On (1993) and von Schlippe (1993) in the form of the guilty remembrance of true but minor atrocities or single vignettes of minor sins that are shamefully acknowledged, paradoxically reassuring perpetrators of retaining a conscience, while screening out a deeper guilt from greater atrocities that are "forgotten."

Our last example comes from the analysis of a son of a perpetrator (a Nazi concentration camp physician), conducted by Dr. Werner Bohleber (1994), and illustrates an active, deliberate destruction of truth.

Rolf was a 32-year-old engineering student who presented for treatment with examination problems and work disturbance. He reported sitting in front of his drawing board for hours, doing nothing, as the day would seem to fly by. He had no feeling of personal wholeness or of continuity of identity and felt, instead, that he consisted only of fragments.

Rolf's parents lived together for many years without getting married, for his father never divorced his first wife. Only after the first wife's death, when Rolf was 24 years old, did they finally get properly married. This illegitimacy was a great source of shame and secrecy in the family. Only when Rolf was 16 years old did his parents inform him, for the first time, about their marital status. When his mother tearfully confessed this to Rolf, he recalls that it made no difference to him. He had stated, "What I don't know cannot bother me." His father noted approvingly that Rolf was reacting sensibly.

Treatment initially focused on Rolf's difficulties with time. The analyst connected the patient's forgetfulness with regard to the time of sessions with the parents' prohibition against his knowledge of the family situation. Rolf brought up some biographical information about his father, specifically about his father's gambling, but stated that there was no point in talking about the past. The analyst expressed his sense that there was a veil over the past, as if it had been cut off so as to not allow it to affect him emotionally. Rolf then recalled how, as a child, he used to ask his mother about her wedding, but that she would evade his questions. One time, he discovered a white dress in her cupboard and asked if that was her wedding dress, whereupon Mother started to cry. He never asked her about the wedding again, not wanting to know.

At some point in treatment, the analyst had a troubled feeling that something was wrong with Rolf's story. He suspected that his father had had an incriminating Nazi past and looked into the relevant literature, quickly obtaining confirmation of the father's documented participation in medical experiments, murder, and atrocities. At first, the analyst assumed that Rolf was unaware of the facts. As he slowly confronted Rolf with them, he discovered, instead, that Rolf knew many of the facts all along, even while denying and rationalizing them with half-truths and excuses. He could not admit that his father had been a party to criminal acts, at one

point observing, "All this seems so unreal to me . . . I cannot bring it together in my own mind, that this is supposed to be my father and that he did such things earlier in his life. It's as if it were two different people." All this was said without emotion and, indeed, much of Rolf's life was discussed without his knowing what his feelings were, and with the sensation of standing next to himself. Rolf expressed the belief that his father's past had nothing to do with him and that "when you don't talk about it, it is all gone."

In his discussion of Rolf's case, Dr. Bohleber (1994) focused on the paradoxical fact that the therapy was marked by the father's Nazi past despite, and also precisely because of, the patient's tendency to deny it. Such a stance made it seem unreal both to patient and analyst, and the analyst had to deliberately call to mind the cruelty, criminality, and inhumanity of the things hinted at and kept secret in order to ensure that they retained their psychic presence.

For the purpose of this chapter and our understanding of not knowing and of screen memories, what is noteworthy is the story about the parent's wedding and the secrecy of the patient's illegitimacy. During his childhood, Rolf had sensed that there was something wrong with his family, and that there was a secret about his parents. But behind the tale of their wedding, something painful was hidden that he was not allowed to touch. The scene in which he had asked his mother whether the white dress was her wedding dress made him realize that if he were to touch on the past, it would sadden his mother. In order not to cause her any pain, he gave up his desire to know—his curiosity and thirst for knowledge were lastingly damaged. With his parents' approval, he had adopted the motto, "What I don't know cannot bother me." Thus, his loyalty toward his parents undermined the value of truth and exposed him to constant doubts about what was true, undermining not only his ability to acquire professional skills and knowledge but also his ability to know himself and to let himself be known by others. He could not establish intimate relationships, not even in the transference.

Rolf's parents, too, never owned their involvement in atrocities and never consciously expressed guilt, shame, or regret with regard to this involvement. Instead, all the secrecy and shame were consciously experienced as connected to the inconvenient, legalistic matter of the parents' marital status and the patient's illegitimacy, both of which screened out a darker secret.

Fugue States

Although the first two forms of traumatic memory discussed, those of not knowing and of screen memories, are characterized by the disappearance of traumatic content or of a connection to an experiencing "I," other forms are marked instead by the intrusive *appearance* of split off, fragmented behaviors, cognitions, and affect, which are pieces of the traumatic memory or experience. These fragments (of behavior, cognition, or affect) may be actual (undigested and not worked through) percepts, screen memories, or condensations of real events. With the emergence of this fragment in the individual's behavior or psychic life, varying degrees of knowing are possible. Individuals exhibit different degrees of awareness that they are remembering, with the most extreme form being repeating an experience without the experience being integrated into memory at all; that is, at its most extreme, fragments are "recalled" without the individual knowing that the "I," or subject who experienced the event, is different from the one who recalls it—there is a collapse of the two at the moment of "recall," with no reflective self present. The experience simply *happens*—without any subject whatsoever. The affect is so intense that there is no signal experience of it. The individual becomes the affect, or the affect is shut off. In either case, the memory is not integrated, and the experience cannot be recounted.

This third form of knowing trauma involves actually reliving (rather than remembering). Such reliving is usually discussed in terms of flashbacks wherein an *entire* experience is reenacted. The most classic example is the “battle fatigue syndrome” described in World War II soldiers (Grinker & Spiegel, 1945). This form of reliving often involves the experience of vivid imagery, usually (but not always) visual in nature.

This form of traumatic memory contrasts with the previous ones in that what is known in fugue states is kept separate from the conscious self in such a way as to preserve the latter intact. The ego’s protective mechanisms, however pathological, are still operative. The integrity of the experience itself is likewise preserved—it may be repressed and recovered as a *whole*.

Interestingly, the reliving of a whole experience in a fugue state, which characterizes soldiers in an acute delirium, has not, to our knowledge, been reported in Holocaust survivors. (Rachel Yehuda (personal communication, November 1995) reports a relatively low level of dissociative phenomena and the absence of a significant correlation between trauma and dissociation in Holocaust survivors as compared with other traumatized populations.) We wonder whether recovery of the trauma as a whole necessitates certain pre- and posttraumatic conditions—in particular, whether repression of the whole occurs only when there is the possibility of experiencing a whole—when there is a certain normalcy and integrity both coming into and going out of the experience; that is, in order to repress and “remember” (relive) trauma as a whole, there must be an entrance into it from a state of normalcy, as well as a subsequent return to such a state. The world must still have its rules, and the scaffolding of reality must remain. Holocaust survivors entered concentration camps after the demolition of all their preexisting structures. Social and family networks had been destroyed, as had their sense of predictability regarding self and others. After the experience of atrocity, most survivors found neither community nor significant others to whom to return.

Fragments

A fourth form of remembering involves the retention of parts of a lived experience in such a way that they are decontextualized and no longer meaningful. The individual has an image, sensation, or isolated thought, but does not know with what it is connected, what it means, or what to do with it. The fragment may, at times, be restricted to only a single perceptual modality as yet another way of eluding knowledge. What the observer sees in these cases is not a memory but, rather, a derivative, a symptom that infuses the individual’s life. The individual may know that the symptom is irrational yet be unable to discount it.

Hans, a man in his mid-40s, consulted a psychoanalyst with a very specific wish. He wanted to recapture an elusive memory that seemed to be haunting his life. He was aware of bewildering states of unusual intensity, for which he sought a link in a forgotten memory.

Hans felt that things had been going badly over the previous 15 years, since he had broken up with a woman with whom he had had a 10-year relationship. He had not established a stable relationship with a woman since. There were also psychosomatic complaints that bordered on the delusional—electricity running through his body, ringing in the ears, and a particular sensitivity to noise, especially sirens. If ever he found himself at the scene of an accident, he felt compelled to speak to the injured person, to apologize for not being able to save his or her life. He could not bring himself to touch a pistol, felt unable to concentrate or read, and was aware of a fear of knowing that jeopardized his professional successes.

Hans had been born in 1938 to a Protestant family in a little town in eastern Germany. When he was six, Hans was hospitalized for a mysterious disease, later diagnosed as typhoid or meningitis. The most important and enigmatic figure in his recollections of the hospital was

a Jewish female doctor from the nearby concentration camp Buchenwald. Her help in the hospital may have been needed because of the shortage of medical personnel. The boy and this doctor formed a special relationship, and she would spend hours talking to him. The girl he had sporadically dated for over a decade, as well as several of the women who had touched him emotionally, were all dark-haired and attractive like the Jewish doctor.

Toward the end of the second month of therapy, Hans confided that he felt he was close to the secret: The Jewish doctor had been killed, executed, and he was somehow responsible for that. He saw her lying down, her face covered with blood; a shot had been fired. Could he have mistakenly fired a pistol that was lying there, or somehow have pushed the hand of a German officer so that a pistol was fired?

In sessions that followed, the memory emerged more fully, with an unusual intensity of affect. Hans recalled an air-raid, with everyone taking cover in the basement. After the air raid, most of the people returned upstairs. Only he and the doctor had remained. The doctor had turned to him, said she would come back shortly, and left, but did not return. He walked into the adjacent room where she had gone, only to find her hanging from the ceiling. In panic he grabbed her body, trying to pull her down, screaming, "Auntie doctor, auntie doctor, please come down!" Perhaps this had been the final blow to her life, because in pulling, he might have choked her even more. Other personnel came running. One of the SS officers pulled out his pistol and shot her—perhaps she had still been alive? The little boy screamed and cursed the SS man, and had to be restrained. The image of sirens returned to him, together with images of being in an ambulance and of electric shocks. The analyst hypothesized that the electric shocks might have been administered in order to help him forget.

At this point in Hans's life, something began to change. He took a job caring for an old man, spending nights in the hospital, and attempted to address the man's depression. Fearing that the man might commit suicide, Hans removed the man's pistol, the first time he had touched a pistol since childhood. This successful attempt at saving somebody's life represented a movement beyond the fragments of behavior in which he would apologize to those injured in accidents. Having recovered the memory he had lost, its intrusive fragments no longer blocked Hans from pursuing his life. Many of his somatic symptoms receded at the same time. He was also able to start a relationship with a nurse in the hospital and thereafter broke off treatment.

Transference Phenomena

When unintegrated fragments from the past are enacted on the level of object relations, the survivor's "knowledge" is in the form of transference experiences. This form of knowing involves the grafting of isolated fragments of the past on to current relationships and life situations that become colored by these "memories." The fragmentary quality of these transplants is responsible for the resulting absurdity, inappropriateness, and distortions in present experience. As with the previous form of knowledge, there are degrees of meshing past with present, as well as degrees of self-knowledge about doing so. Transference reactions vary in intensity from the psychotic delusional state to the minipsychotic episode, to more classical neurotic transferences that involve retention of the observing ego (the individual is cognizant of the present but nevertheless views the present in light of the past). Thus, even if the survivor recognizes the irrationality of traumatic grafts, such grafts can continue to exert their influence, distorting reality according to past scripts. For detailed examples of such transferences, see Auerhahn, Laub, and Peskin (1993) and Laub and Auerhahn (1993).

Survivors may, at times, lead their lives in resonance with such transferences and attempt to have their children do the same. For example, self-discipline was often an absolutely neces-

sary (if not sufficient) condition for survival in the Nazi concentration camps, where a shoelace tied incorrectly could mean death. Accordingly, obligations in the present may at times continue to be experienced as life-and-death matters, with consequences for superego functioning. Real life and real relationships do not possess the power to attenuate these imprints from the past, which insidiously spill into and permeate the present. Thus, the survivor's strong sense of obligation often contaminates leisure time. His or her sense of being driven is directly traceable to the concentration camp experience wherein failure or relaxation meant death. Likewise, separations continue to be experienced as final. This is a continuation of the inmates' attempts to stay together as a means of survival and human support under conditions where neither was possible. Children of survivors often inherit these messages, for example, that life is hard, one cannot experience pleasure, and families must stay together, without necessarily being able to trace these messages back to their parents' Holocaust experiences.

Overpowering Narratives

A sixth form of "holding" a traumatic experience does not involve derivatives that are enacted, but rather memories for which there is a more conscious knowing. The memory can be described and the event narrated. There is an "I" present—a person who remembers and relates to the experience that happened. This "I," or internal witness, holds the experience together and synthesizes it into a narrative. The moment the fragment comes to mind, however, it breaks away from the narrator, obliterating or, at the very least, obscuring the rest of current reality. The individual loses perspective: He or she is in the experience once again; he or she is the same age again. The narration occurs without emotional or rational perspective, without the sense of "I have lived through that x number of years ago, when I was a particular age, with particular people, and had particular wishes." The memory is timeless, the image frozen. Instead of interacting with current life, as in the previous form of traumatic memory, an overpowering narrative obliterates or obscures it. In transference phenomena, a derivative (not even a memory) is reenacted, rather than remembered, and infuses the rest of the individual's life through symptoms. The present form does consist of a memory, one that, however, crowds current reality out and occupies a great deal of psychological and emotional space. The individual is stuck with images and affect with which he or she cannot cope. He or she may stop such images in their tracks when pursuing daily life, so that they do not interfere. At night, however, during sleep, they assume a life of their own, appearing in regularly recurring nightmares that are not only remembered in vivid detail but also affectively color the day that follows. For instance, many Holocaust survivors retain memories of their last moments with loved ones from whom they were separated and fantasize last moments before those others were killed. These memories and fantasies remain compelling and painfully ever present, obscuring or obliterating the present. Survivors will often shift to the present tense when narrating these memories, which are regarded by some researchers (e.g., Shoshan, 1989, p. 193) as standing at the center of survivors' trauma and as being the memories that are "the most preserved." The continuous mourning evoked by these unworked-through memories often is replaced, in survivors' children, by a longing and nostalgia that is similar to a depressive state (Shoshan, 1989). These memories of final separations, from which survivors cannot find comfort, are often reevoked at moments of separation from their own children, at times causing both generations to dread separations and regard them as potentially final.

Particularly gruesome events such as public executions or acts of cannibalism have such staying power that they obliterate the survivor's sense of living in the present. These unintegratable memories endure as a split-off part, a cleavage, in the ego. Ever greater amounts of

energy are required to maintain ego functions, until real life becomes a fringe phenomenon around the nucleus of the trauma. Some survivors of massive psychic trauma show a great deal of achievement in their professional lives, amassing wealth, substantial personal acclaim, and social status. But they experience it all as insubstantial. If one talks to them, one finds that there is no sense of enjoyment, no full sense of living. They are absorbed in the nightmare that they find at the center of it all. Indelible memories create a kind of parallel life.

Life Themes

A seventh form of knowing is that of living out life themes. Just as fragments move into transference phenomena, overpowering narratives are enacted as life themes, wherein a more complex degree of personality organization and sublimatory processes form a nucleus for one's identity and striving. Memory in the form of an overpowering narrative is transformed to the level of life themes when a degree of distance from the traumatic event is established, and when there is less immersion in the concrete details of the trauma. As opposed to the multiplicity of different transferences that might occur from fragments, a life theme tends to be unitary, an organizing principle that becomes the center of an individual's personality. It takes the form of an organizing principle around which relationships and aspirations find their place. It is like a center of gravity for the direction or course the individual's life takes. The individual limits and shapes his or her internal and interpersonal life according to the life theme, which is often not only played out in relationships (as are transferences) but can also become a cognitive style. Thus, life themes involve a unique personality configuration, deriving from the particular way that the individual perceived and distilled his or her traumatic legacy. Transference repetitions, in contrast, involve bombardment of unintegrated percepts of the past without necessarily entailing a theme. Transference phenomena may be seen as roughly analogous to the role of plots in a novel, whereas a life theme is more analogous to the overall theme of a novel.

Life themes enacted in close relationships are often found in children of Holocaust survivors. An example of an adaptive life theme is the tendency in children of survivors to become mental health workers—they have an interest in secrets, and a need to decode them and help those who suffer from them. An example of a negative life theme is the sense of futility involving human relationships in general, and verbal communication in particular, that characterizes some second-generation individuals. For these people, the events of the Holocaust could never be fully articulated or shared and, therefore, there could be no hope for ever achieving real intimacy. The issue of communication (literally, knowing another and ultimately knowing oneself) thus becomes a focal theme for many children of survivors (Danieli, 1985; Peskin *et al.*, 1997).

David was a 30-year-old college graduate who lived in his father's home and worked in the family butcher store, where he performed common labor. His father's life was a replica and continuation of the concentration camp he had helped to build as a foreman: It consisted of hard labor without any leisure, holiday, or pleasure of any kind, except for pride and security in the ability to outwit and manipulate "the system," and emphasis on material possessions, acquisitions, and worldly achievements. Defenses—particularly disavowal of feeling—were continued, as the father evidenced contempt for human contact and Jewish tradition, and attempted not to feel anything but, instead, to work only, mimicking a machine that obeyed orders to produce, as he had once done in the camp. Only on the High Holy Holidays did he come alive, as he might once have been, when he chanted the ancient religious prayers and allowed himself to feel affect within the only world that still seemed right—that of the *shtetl* (the vanished Jewish communities in Eastern Europe).

David begrudgingly submitted to his father's grip on him, affected through his father's threats of suicide and death, and had neither friends and interests, nor hobbies. Like his father, David could not permit himself to feel or experience anything. For David, coming alive—in Jewishness, in relationships—was dangerous, as it risked going crazy, the imagined consequence of the abandonment of constriction or of religiosity. Without control, David imagined that all regulation of affect might be lost. To permit a range of feelings might necessitate experiencing overwhelming murderous or suicidal feelings. To think, he feared, would necessarily lead to action, especially, to the committing of mass murder. Defenses against the loss of control were obsessive rituals (e.g., having to remember broadcasts and names), inhibitions, phobias, and somatizations, as well as physical limitations (e.g., difficulties focusing, and difficulties walking due to pains in his knee).

At one point during college, David attempted to abrogate his religiosity overnight: He removed his *yarmulka* (skull cap), took a non-Jewish girl out on a date to a non-kosher restaurant, kissed her passionately, and attended a church concert with her. He subsequently became extremely anxious, afraid that he would have uncontrollable feelings and lose his sanity. He proceeded to take LSD; during the trip he experienced a range of feelings that he could not put into words because of their exquisite beauty and intensity. He felt totally alone in facing his inner life. By abrogating religion, he felt that he had lost the only intimate friend he had had—his personal God to whom he could pray and who would always respond. He withdrew from his frightening “nervous breakdown” into the aforementioned constricted lifestyle. Becoming aware of and knowing his own feelings and experiences, separate from those prescribed by his father as part of a special bond between them, constituted a transgression David could not commit for fear of losing the only bond that existed for him to another human being.

Witnessed Narratives

An eighth form of traumatic memory involves witnessing, in which the observing ego remains present as a witness. On this level, knowing takes the form of true memory. When the individual narrates on this level, there is a distance, a perspective retained by the observing ego. The ego is present and understands itself to be continuous with the remembered subject but currently at a different stage. The memory is very vivid but not immediate. An “I” remains present—there is a person who remembers and relates not only to the experiences that are recalled but to the experience of remembering as well (e.g., see Auerhahn & Laub, 1984; Laub & Auerhahn, 1993).

Trauma as Metaphor and More

A ninth form of knowing trauma is the use of the imagery and language of massive psychic trauma as metaphor and vehicle for developmental conflict. This form of traumatic memory parallels the witnessed narrative to the extent that the distance between event and witness is preserved, yet goes beyond (but paradoxically never reaches) the previous level of knowing in that an element of play vis-à-vis the event enters, enabling the event's use as a metaphor that has some latitude. The imagery of trauma becomes more conscious, colorful, plastic, and variable than that found in the other levels of knowing. It readily appears in free associations and in dream associations, and does not have to be inferred or drawn out from ingrained silent modes of action. There is a disengagement from the event and its legacy as the individual chooses only those aspects of the event that reverberate with his or her internal conflict. The

developmental conflict, rather than the event, is paramount and is the moving force behind the search for an appropriate vehicle for expression; that is, the motive for this form of traumatic memory comes more from a need to organize internal experience than, as with the previous forms, from a need to organize the external historical reality.

Nevertheless, traumatic imagery is not without its impact on how developmental conflict resolves as well as how psychic structure emerges. Once a particular developmental conflict is expressed in the imagery of atrocity, it is altered by dint of the particular metaphor used. Thus, inner reality both shapes the ultimate assimilation of such events and is, in turn, shaped by it. Major historical acts of genocide and atrocity leave their imprint on the quality and resolution of infantile conflict. The following case example is presented to illustrate not only the use of the Holocaust as metaphor, but also especially the manner in which such use may organize the intrapsychic life of an individual.

Gail, a 33-year-old married mother of two, entered analysis suffering from periods of depression, guilt, and phobic inhibition. The classical unfulfilled and unfulfillable love story dominated the clinical picture. She was the only daughter of a Jewish family that was affected, albeit indirectly, by the Holocaust. Most of the paternal grandparents' extended families (siblings, cousins, uncles) had perished in Europe during World War II. Her father, though professionally accomplished, yielded to her mother in everything, sacrificing his ties to Judaism and to his orthodox parents. The daughter felt both intensely part of and cruelly deprived of Judaism's genuine customs and traditions, and yearned for the Jewish heritage that she considered to be her secret prohibited tie with her father.

A "forbidden" romance occurred in late adolescence with a boyfriend who was Jewish. He was the son of an immigrant, nonassimilated family, studying the same profession as her father's and ideologically committed to Zionism, Jewish history, and, in particular, the study of the Holocaust. This cherished romance was ended after less than a year by the boyfriend's death, emphasizing for Gail the forbidden and fated nature of such a relationship, and indeed of all love relationships, and reinforcing her unconscious choice as well as sense of destiny to remain banned, outside, and unaccomplished in her family and career.

It is of interest to follow the vicissitudes of the transference neurosis in this patient. Castration themes made their appearance as early as the first week of analysis in Gail's response to the new analytic situation. These took the form of vividly imagined Holocaust atrocities. Gail was tied to the couch and the analyst was a Nazi surgeon who was going to perform an abortion on her—chop her body into pieces and flush it down the toilet. The air flowing from the air-conditioning system was the poison gas of a gas chamber. This theme found expression in an early screen memory of a tonsillectomy, an operation in which her father was present and slowly faded away in "a green mist." Much later on, Gail called this "my Auschwitz." She later used the same term for her grandfather's death. He was a beloved, benign, protective male figure for whom she was in a chronic state of mourning, thus holding onto him and avoiding heterosexual contact. This compromise solution practiced in fantasy and in life took the form of a transference resistance in her analysis. She quickly withdrew from her initial perception of the analyst as the Nazi surgeon and came to see him as the reincarnation of some of the previous men in her life—her loving, protective, benign grandfather or the romantic boyfriend, who died so early. Her grandfather, boyfriend, and, on a certain level, her father, too, were seen as afflicted, dying men—well-intentioned and caring, yet smitten by death, disease, or life circumstances.

The transference relationship quickly assumed the same tenor. The analyst was seen as a secluded, forlorn figure, isolated from the mainstream of successful, battling professionals. Expressions of mourning and guilt for not having cared enough for him or even for having

harmed these damaged men in her life were prevalent in the first 2 years of the analysis. In the first year, Gail once arrived in tears with a newspaper clipping in which a panel was announced, at which Holocaust survivors were going to speak of their experiences. Her analyst was among the panelists. She “had known it all along”; indeed, her unspoken fantasies of him had always been that he was carrying the scars of having escaped the gas chambers and ovens. While compassionately wanting to protect her “analyst–victim,” she was doing her best to extract equal protection from him and thus have a mutual bond sealed forever. It is this phenomenon that we recognize as her particular transference resistance. Her attempt to forge a mutually protective, nurturant relationship with a man in a world colored and besieged by savage Holocaust imagery metaphorically expressed, effectively silenced yet nevertheless gave a specific, original stamp to her own internal conflict that centered around her lifelong sense of herself having been injured and castrated, as well as her own feelings of envy and repudiated vengeful and castrating wishes. To meet men in a real world—“a leap into a sea full of sharks” in which she experienced herself as a shark also—was the more dreadful because it was imbued with imagery of real atrocities the patient had known about as a child. The model for identification in such a world was either the butchered, bloody victim or the victorious, sadistic Nazi, who left behind him a trail of blood, infirmity, and destruction—both equally repellent. Therefore, whenever confronted with men and her own feelings toward them, she always withdrew into the “caring for the victim” stance. It was irrelevant whether she was victim or caretaker herself.

In many ways, this account sounds like a young woman’s Oedipal dilemma, couched in prevalent events of history that lent themselves to metaphorical use: a secret, mutual adoration between daughter and father assuming the content of a secret ethnic and religious bond. The conflict and prohibition against this internally forbidden, secret love tie were projectively experienced as a possessive, jealous, destructive witch–mother–camp guard and a seductive, yet, in the last resort, withholding father who perhaps offered and teased but ultimately kept his treasures to himself. The basic question is whether such themes went beyond providing appropriate content to the time-honored developmental conflicts—whether the metaphor acquired a life of its own, subtly changing the actual objects and processes it stood for and producing structural changes. Can external reality change the contemporary unconscious, even while that unconscious makes use of reality to deal with its own conflicts (Appy, 1988)?

Action Knowledge

The deepest level of traumatic knowledge is perhaps the level of action knowledge, in which knowing becomes consciously consequential and thus determines subsequent action. Knowing on this level entails knowing not only the facts but also what to do with those facts (Laub & Auerhahn, 1985). An example of such knowledge is to be found in a little-known demonstration in Berlin in March 1943, of Christian women whose husbands were Jewish. At that time, there were 10,000 Jews living legally in Berlin, 8,000 of whom were employed by the armament industry. Two thousand of these individuals were the husbands of Christian women. In order to give the Führer a birthday present, it was decided to make Berlin *Judenrein*—to send all 10,000 Jews to Auschwitz. Hundreds of Christian wives of Jewish men and their children began to demonstrate in front of Rosengarten Platz, where the men had been gathered. When the Gestapo threatened to start shooting, they dispersed, only to return day after day, until every one of the 2,000 men was released, including 25 who had already been sent to Auschwitz. Herein we have an example not only of individuals who knew both the fate of the Jews and their own ability to act and to say “no,” but also an example of an act of resistance

that has been forgotten by historians, perhaps because it challenges bystanders' claims not to have known and not to have had choices.

A second example of action knowledge is told by Peter Steinbach, a historian of German resistance, about his own father, who had been a middle-class police officer in Germany when World War II started. This story stands in direct contrast to the earlier one, discussed as an example of the use of screen memories, about Rolf and his family. The elder Steinbach enlisted in the army and was transferred to the Eastern front, where he promptly landed in the hospital due to illness. In the bed next to him lay an SS officer who was seriously wounded, and who was hallucinating about his involvement in mass shootings. Steinbach became extremely agitated and distraught, and secured a transfer to Norway, where he spent the rest of the war. After the war, the father, unlike most other German fathers, told his son about his war experiences and stated, "These were my choices. I wasn't heroic and I wasn't a great guy, but at least I didn't shoot Jews on the Eastern front. Now we have to live with what I did and didn't do" (Sa'adah, 1995). Not only had father known, during the war, what the Nazis were doing and what his choices were, but also, after the war, he was able to recognize the ways in which he had and had not compromised himself. This knowledge allowed for a dialogue with his son (underscoring for us the connection between knowing and telling; see Laub & Auerhahn, 1985) and, we suggest, allowed his son to pursue historical knowledge both personally and professionally as a student of the German resistance; that is, in the second generation, the erection of defenses against knowing trauma can result in the development of deficits with regard to other forms of knowledge, as we saw in the case of Rolf (in the section on screen memories), whose failure to acknowledge his father's culpability served as an impediment in his pursuit of academic and personal knowledge, as well as the case of David (in the section on life themes) who, like Rolf, neither knew what he felt nor could tolerate another knowing him intimately.

IMPLICATIONS FOR HEALING

Our focus in this chapter has been on what kind of intergenerational knowledge of trauma is possible. We believe that there are many levels of remembering and preserving the horror of atrocity, all of which range along a continuum of differences in the degree of presence of an observing ego and its synthetic functions. When ego functions preserve their integrity, and when defensive operations, although stretched, are still effective, the knowledge of massive trauma can be screened out through total repression or through relegation to dissociative states. When ego functions break down in their defensive capacity, phenomena of depersonalization, derealization, and nonreceptivity to experience set in. Percepts penetrate the stimulus barrier nevertheless and regain access to consciousness in a variety of ways, according to the balance between the power of the experience and the ego's capacity to deal with it. When the balance is such that the ego cannot deal with the experience, fragmentation occurs. Hence, the registration of massive psychic trauma predisposes the ego to a nonintegration of fragments. The most tangible form of knowing trauma is, in its crudest, undigested, and unassimilated version, like a split-off foreign body, casting a perpetual shadow on life events and therapeutic trials. This is the form of knowing that tends to characterize the generation of victims.

Therefore, although none of the various forms of traumatic memory are mutually exclusive, and several may, to a greater or lesser degree, coexist in any particular individual at any given point in time, it is generally true that victims know mostly through retention of unintegrated memories or by reliving such memories in transference phenomena. Children of victims tend to know through particular themes that prove central to their identities and characters, and

children of perpetrators tend to know through screen memories, whereas those not directly affected by massive psychic trauma know of it through experiencing their own conflicts and predicaments in its language and imagery. Any movement from level to level within one individual does not occur in a simple, progressively linear fashion. Instead of a distinct transfer from one form of knowing to the next, there is an opening up of the walls between forms. During the process of healing, the traffic between forms is increased, and the permeability of boundaries is enhanced. Fragments may shift toward overpowering narratives; overpowering narratives and transferences may be realized as witnessed narratives. Yet there are limits to such movement. For example, the use of traumatic schemes as metaphor cannot be found in victims to whom the trauma is too real to be used playfully, and too present and unresolved to lend itself to the function of defense.

It is precisely the limits of movement and healing within the generation of victims that at times propel the second generation to attempt to heal the first by completing the transformation from one form of knowing to another. We have encountered numerous children of survivors and of Nazis who have attempted to repair their parents' lives by eliciting testimonies or writing down the parents' histories. Many are journalists or therapists, engaged in professions that valorize the spoken word, knowing, and the telling of stories (i.e., the witnessed narrative) as ways to impact on others and/or heal [see *The Collective Silence: German Identity and the Legacy of Shame* (Bar-On, 1993) for examples of children of Nazis]. We have met other children of survivors and of Nazis who appear to belatedly be attempting to enact the actions compelled by Holocaust knowledge: They are activists in political and social movements, preventing a second Holocaust, as they see it, and retroactively responding to the first, impacting on the world by living out a kind of action knowledge. Yossi Klein Halevi, a child of a Holocaust survivor as well as a journalist and former member of the Jewish Defense League, depicts his once fanatical activism, in a recent (1995) memoir, as a direct response to his and his father's Holocaust knowledge. Such children would agree with Hallie's (1982) suggestion that perhaps it is only those who resist evil who truly know it. They have accepted as their life theme the belief that traumatic knowledge is not neutral; it compels reaction and impels to action.

MODES OF TRANSMISSION

We would like to briefly address the question of modes of transmission of memory from one generation to the next. No doubt the pathways are multiple, complex, and mediated by numerous variables. Using a population of women who were sexually abused as children, Armsworth, Mouton, De Witt, Cooley, and Hodwerks (1993) and Stronck and Armsworth (1994) have researched the indirect effects of parents' childhood trauma on the second generation, specifically the manner in which parents' own traumatic past induces insecure attachment to their own mothers and disconnected, intrusive, and flawed parenting styles that result in insecure attachments in their own children. We have focused in much of our work (see especially Auerhahn & Laub, 1994; Auerhahn & Prelinger, 1983; Laub & Auerhahn, 1984, 1993; and Peskin *et al.*, 1997) on a second pathway of intergenerational effects, that of direct effects, or what is sometimes called *vicarious traumatization*—the fact that children both pick up on the defensive structures of traumatized parents and intuit the repressed, dissociated, and warded off trauma that lurks behind the aggressive and traumatic overtones that are found in adults' parenting styles. It is an irony of the PTSD literature that it is widely accepted that therapists working with victims of trauma will suffer vicarious traumatization (see such recent publications as Pearlman, 1995), yet the fact that a young child who cannot readily differentiate his or her boundaries from those of the parent on

whom his or her life depends should pick up on the parent's warded off, dissociated, and traumatized self and be seriously impacted by identification is still in dispute (see Solkoff, 1992). We maintain that children of survivors are witnesses to the Holocaust—to a reality in which aggression surpassed anything predictable or even imaginable—for they cannot but be profoundly affected by it despite their, at times, outward silence, for their innermost psychological structures are shaken by Holocaust knowledge. Children of survivors can become chained to parents' versions of reality, which may become the matrix within which normal developmental conflict takes place. These children are less immediately constrained from giving expression to their parents' conflicted themes; their distance from the experience itself, as well as the compelling quality of their heritage, can make them inevitable spokesmen for it.

Parents who are survivors often convey Holocaust themes in nonverbal ways. All parents wish very much to raise and nurture their children, even while they also wish to have the children out of their way. Thus love and aggression, hate and adoration, are part and parcel of the normal vicissitudes of parenting for all of us. This is difficult enough for most parents. But for traumatized parents who have experienced in their bodies the consequences of unrestrained brutality, the fantasy of aggression is not something that they can comfortably allow as an outlet for frustration. The possibility of action is too real and threatening. Likewise, their child's normal expressions of aggression and hate resonate in traumatized parents with their own overwhelming and repressed rage at the same time that the aggression conjures up the rage of the perpetrator whose victims they came to be. Furthermore, children of survivors, like all children, must organize their own instinctual lives. In addition, they must organize the stories of atrocities and massive trauma to which they have been exposed. Indeed, children of survivors, stimulated by images of atrocity and murder, experience instinctual danger. Their parents' stories of violence, which are threatening and traumatizing per se, can become fused with the children's own aggression, as well as become screens onto which this aggression is projected, at the same time that these stories shape and organize the children's fantasies and instinctual lives. Thus, infantile aggression and sexuality, stimulated by parental care, can become fused with Holocaust content if Holocaust affect and imagery are evoked in that relationship. Children of survivors may sense that their very activities or even their own developmental steps reactivate the trauma of the parents, who often react to the children's aggression as well as to their individuation and separation with Holocaust-related imagery and intensity, supporting the children's identification with victimizers by making them feel that their feelings and legitimate needs are murdering the parents (Danieli, 1985; Peskin *et al.*, 1997).

Furthermore, children's normative developmental needs and conflicts may reactivate parents' traumatic histories. A child's individuation and differentiation, as in the adolescent's normative departure from home, can be experienced by a parent as a devastating abandonment from which the parent cannot imagine recovering. We have encountered a number of survivors who could not cope when their children separated and became different from the dream of the reconstituted family the parents had lived for. Leah, the survivor mentioned in the section on not knowing, provides an example. Leah had lost parents, siblings, and a "forgotten" baby boy during the Nazi Holocaust. Upon rejoining her husband after liberation, she was unable to get pregnant and so adopted a baby boy, following which she did become pregnant and gave birth to a girl. The little boy became the center of her new life. She found in him an intimate companion and confidante. During adolescence, the boy became involved in drugs and petty crime. Leah felt devastated and betrayed. She wondered what she could have done wrong. When the son, as an adult, single-handedly engaged in a campaign against co-workers who made anti-Semitic remarks, he experienced this as directly linked to fighting his mother's battles (a form of action knowledge). He could not understand why she did not perceive him as continuing her

legacy, especially later, when he became an orthodox Jew and had nine children, raising them to be Talmudic scholars in an attempted recreation of the old *shtetl* as he imagined it. Taking things to the extreme, as children of survivors sometimes do, he became so observant that, as proscribed by ultra-Orthodox Judaism, he could not allow himself to touch Leah, because she was a woman and not his biological mother. Neither would he let his children stay in her house, because she did not keep kosher properly. For the son, this was his attempt to rebuild his mother's lost world, but for Leah, who had become more worldly and modern than her son, it was the straw that broke the proverbial camel's back. She endlessly mourned the otherness and estrangement of her son, who was not the same as her original child and her fantasy of him. The son who was to have restituted her vanished family was lost. Although he tried to negotiate with her a new and different relationship, she wanted little to do with him, refusing to accept him on any terms other than those that *she* had envisaged as a way of rebuilding the life that had been destroyed. She was inconsolable regarding her "second Holocaust" (Peskin *et al.*, 1997) and could accept no compromise. For his part, the son's fanaticism and adherence to ritual and the letter of the law precluded warmth and human contact with his mother, despite his love for her. He, too, felt alone and estranged, and believed that he could turn for a sense of connection only to God. He eventually practiced no profession and put all his trust in God to provide for his children. This further increased the rift from his mother, because the God he trusted so much had utterly failed her by letting her entire family perish. Ultimately, it was only through their mutual concern and love for these children, the third generation, that a very tenuous and conflicted connection between mother and son was maintained.

Not coincidentally, Leah's daughter became a journalist and married an assimilated Jewish American man who could not understand his wife's inability to psychologically take leave of her mother. The daughter felt continually forced to choose between mother and husband and, despite Leah's advice to get on with her life and cleave to her husband, could not tolerate her mother's pain of being left behind.

Thus, in Leah's case, a baby was erased and then unconsciously compared against and searched for in a son (the second generation) who was found wanting in his ability to bring lost loved ones to life, while another child, a daughter, continually accepted the burden of filling her mother's void, even at the cost of her own individuation-differentiation. The anticipated birth of yet another (daughter's) baby (the third generation, as mentioned earlier in the section on not knowing) finally resurrected the forgotten memory of that first baby even while other children of the third generation (those of the adopted son) allowed for a partial reapproachment and reconciliation with the limits of substitution. Children and grandchildren can thus serve as reactivators of trauma even while they also serve (and offer themselves) as opportunities (and second chances) for healing (Danieli, 1994).

CONCLUSION

The child of traumatized parents who unknowingly labors against a received, devitalized life, often takes for granted that life's dimensions of time and space are shrunken and retracted from the start. As long as both generations do not discern that their life expectations are diminished by the trauma, they remain in the grip of that event. For, while survivors' double reality of horrific past and present life might contaminate and destroy the very essence of an average, expectable environment with the actuality of chronic foreboding, their children may all too unwittingly normalize the parents' agony by feeling life as expectably low keyed and attenuated. Generational continuity may be the most poignant and consequential casualty of this

chronic inattention. We have sadly encountered numerous instances of children of traumatized parents who either consciously forsook their right to become parents, felt fated never to have families of their own, or gave up on the possibility of intimacy. In all these instances, they unconsciously accepted the victimizers' verdict of unfitness by relinquishing their birthright to join the natural order of generations (Danieli, 1985; Peskin *et al.*, 1997). It behooves those of us who are mental health professionals to prevent the perpetuation of trauma that deprives the next generation of its right to a life of its own because of the misfortunes that befell the first. We must combat the impact of trauma that, by the use of brutal force, has become reality for survivors and, by mechanisms of repetition and reenactment, has been carried into the memories of the next generation.

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