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Children of Dutch War Sailors and Civilian Resistance Veterans

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Nowadays it is generally acknowledged that the Nazi persecution, as well as other extreme experiences during World War II, left deep mental scars. There is also a growing realization that children of traumatized parents can struggle with more or less severe psychological problems. Albeit initially piecemeal, around the end of the 1960s, (auto)biographical and scientific publications about the “second generation” began to appear. The majority of the publications relates to survivors of Nazi concentration camps, in particular to Jewish survivors (Chapters 1–3). The literature is considerably less voluminous about the offspring of war sailors and former civilian Resistance fighters. Nevertheless, physicians, psychologists, psychiatrists, and social workers come in contact with these now adult children regularly. Their general impression is that the problems and complaints of these “children” are closely associated with the experiences of their parents during World War II.

The extant literature reflects a growing awareness of the heterogeneity within the group of “victims of war and persecution” and the “second generation.” Another important conclusion from the literature about the offspring of war victims is that they do not constitute a separate diagnostic entity. Also, the problems of these children cannot be exclusively expressed in psychopathological terms. What possible makes the second generation a separate category is the complex psychodynamics of their problems and complaints, and their relationship to their parental traumatic experiences. Despite the absence of evidence for a “second generation syndrome,” a number of complaints and symptoms are frequently observed. These symptoms are diverse and include social isolation, authority conflicts, and work and relationship problems, as well as delinquent behavior and psychoses.

The family dynamics described shows a number of characteristics, such as reversal of the parent–child roles (parentification), and separation and identification problems (Coopmans, 1993). It seems that a “family secret” often is connected with loyalty demands and conflicts. The family secret is directly linked to the pattern and quality of the communication about parental war experiences inside the family. The conflict between wanting to know and not

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wanting to or being allowed to know, in other words, the quality of communication or the lack of it, may have major consequences for the inner and interpersonal life of the children. In some cases, this is a demonstrable cause of pathological development.

In order to gain insight into the problems of the offspring of war sailors and Resistance veterans, it is necessary to understand the way in which the war has affected their parents. Not only the war traumas, but also the way in which the parents have coped with them, have proved to be of importance to the psychosocial development of the children. The following describes the stress war sailors and participants of the Resistance were exposed to during World War II, the late effects of these war traumas, including the disturbed family dynamics, and the effects on the development of the children.

THE PARENTS

War Sailors

The sailors of the merchant navy during World War II may be categorized as a “forgotten group” of war victims in Holland. According to Dutch law, merchant sailors who were disabled during the war, like military veterans, are eligible for a disability pension. In 1980, around 475 sailors received such a pension. Former war seafarers are not formally organized.

The Stress on War Sailors. The stress the sailors were exposed to during the 5 years of war was characterized by a constant threat to their lives and frequent, or even continuous, interruption of sleep. The principal dangers were enemy submarines and airplanes. The freight carried by the ships consisted mainly of highly explosive materials, such as gasoline and ammunition. In contrast to concentration camp survivors, sailors experienced primarily psychological stress that consisted of continuous and long-lasting confrontation with danger, without the ability or possibility to fight back or escape—a particularly vicious kind of helplessness. In addition, the sailors were separated from their families for years and deprived of knowing the fate of their relatives in the occupied homeland. Many of them lost brothers, a father, or close friends in the same convoy, without having any opportunity to rescue them (Weisaeth & Eitner, 1993).

The Number of War Sailors. Six hundred and forty merchant vessels and 200 coasters sailed under the Dutch flag during World War II. These ships were manned by 12,000 Dutch and 6,500 foreign sailors. Of these ships, 46% were lost, mainly due to submarine attacks. Twenty-one hundred Dutch sailors did not survive.

Studies of War Sailors. Askevold (1980) studied a group of Norwegian war sailors and compared them to Norwegian concentration camp survivors. Of the 35,000 Norwegian sailors in the merchant navy who sailed for the Allied forces, 6,000 were killed at sea. Askevold recognized in both groups a similar symptom complex, consisting of fatigue, irritability, lack of initiative, emotional incontinence, disturbed sleep, and recurrent dreams. For the sailors, these dreams were typically filled with alarm bells, torpedo hits, explosions, and burning ships. The description of the aging Norwegian war sailors is strikingly similar to our observations of Dutch Resistance veterans (Op den Velde *et al.*, 1993).

Participation in the Resistance

The participants in active civilian Resistance against the German occupation during World War II were a rather heterogeneous group of people. What these people had in common was that they served the same cause and took the same dangerous, sometimes fatal, risks. One part of the Resistance engaged in the “large,” more “noticeable” activities, such as raids on distribution and registry offices, sabotage, espionage, liquidations, courier services, and organization of strikes. However, a much larger group occupied itself with less conspicuous, but surely not less risky, activities, such as helping persons in hiding, mostly Jews; providing for shelter, food and ration tickets; counterfeiting; and delivering identity cards.

Motives for Resistance Participation. The motives for active participation in the Resistance were diverse. In some cases, strong political or ideological beliefs were the dominating factors, but more often, one became involved as a result of the spontaneous and growing disgust with the enemy, or sympathy with the people threatened with death or deportation. In several cases, lust for adventure and excitement or coincidental, circumstantial factors played an important role.

The Number of Resistance Veterans. After the liberation in 1945, no registration of Resistance participants took place. These veterans, who had operated in secrecy, opposed any formal registration. Therefore, the exact number of Resistance participants is unknown. Bastiaans (1957) estimated the number of Resistance veterans to be 76,000 (less than 1% of the adult population of Holland during World War II); of these, 2,000 took part in armed Resistance. Of the 16,000 Resistance participants deported between 1940 and 1945, only 4,000 survived the war.

Stress as a Consequence of Resistance Participation. The various stresses to which the members of the Resistance were exposed during the German occupation may be outlined as follows (Op den Velde, Frey-Wouters, & Pelser, 1994):

- The participation in the Resistance, no matter in what form, meant a period of permanent stress that could exceed the limits of personal endurance. There was a continuous fear of loss of life and the stress of responsibility for the lives and well-being of family members and the Resistance group.
- It was often necessary to keep information from even close family members. This could easily lead to a drifting apart and having to lead a double life. In addition, there was the constant fear of betrayal or being arrested. People of Christian or humanistic denominations found themselves confronting immense moral conflicts. It was sometimes “out of necessity” that they did things and made choices that were contrary to their deepest beliefs, such as planning for or participating in liquidations.
- Arrests, interrogation, and torture are obviously traumatic. Added to this must be the fear of “talking,” the thought of actually having endangered the lives of comrades or having betrayed them, and being imprisoned or on death row, with the associated passivity, uncertainty, and mock executions. Some Resistance fighters were interned for months or years in prisons or concentration camps. Undernourished and exhausted, they were forced to carry out heavy labor under very difficult, often cold, and wet circumstances, knowing full well that weakness or illness could mean death. They had to survive without any privacy, in dreadful hygienic conditions, in the face of hunger, humiliation, and helplessness.

- Many have, while in prison or concentration camps, suffered severely from the powerlessness with which they had to watch fellow prisoners—comrades from the Resistance, Jews, Poles, and prisoners of war—tortured and murdered before their eyes.

The war situation of Dutch Resistance fighters differed from those of World War II military combat veterans. Military combat during World War II was generally characterized by the alternation of periods of fighting and danger with periods of rest and the absence of imminent threat. Participants in the Resistance were exposed to continual fear and stress. However, the sailors of the allied merchant marines were in a situation that could be said to resemble that of the Resistance fighters (Op den Velde *et al.*, 1993).

They were deprived of understanding, appreciation, and the necessary care for their physical and mental sufferings. The encounter with war victims may elicit strong emotional reactions in family members, relatives, significant others, and professional helpers. These reactions range from disbelief to pity and overinvolvement, and go hand in hand with distress, anxiety, and denial, often leading to the tendency to avoid confrontation with the memories of the traumatized individual.

The Late Effects of War Trauma

Most Dutch people experienced the liberation as a victory of good over evil. Those who had actively fought against the Nazi occupiers had every reason to be proud of their personal contribution to the victory and might have expected to be treated and appreciated as heroes. However, they often experienced exactly the opposite, for example, indifference, or even hostility and rejection (Op den Velde, Koerselman, & Aarts, 1994).

After the liberation in 1945, the disorganized and plundered country immediately claimed all its energies for reconstruction. In a way, every citizen considered him- or herself a victim of war. Collectively, as well as individually, the people tried to forget the five frightening years of Nazi occupation. The vast majority of the Dutch population had strongly disapproved of the behavior of the Nazis, yet only a few openly expressed it or offered active Resistance. Most people simply lacked the courage to risk their lives for ideals such as freedom and a just society. Members of this silent majority did not appreciate being reminded of their own lack of courage and their guilt feelings. Thus, the social appreciation of war victims as well as war heroes became beset with ambivalence. The result was that the war sailors and participants in the Resistance, as a special group of people in need of support and care, were largely ignored. As a consequence, many of them stifled their emotions, enhancing their feelings of neglect and rejection by society in general.

On top of that, some members of the Resistance suffered an additional disappointment. Typically, they had expected a much better postwar society, one with more justice, “civil courage,” and mutual responsibility. They often responded to their disappointment with disillusionment, bitterness, or an apathetic and depressive-like mood. On the other hand, many participants in the Resistance themselves wanted to forget the past. They joined with the larger society’s focus on recovery and rebuilding. They, too, wanted to start a new life and shake off the past by working hard and achieving as much as possible.

In actual fact, survivors of severe war stress may display the following symptoms and ailments:

- They are, even many years after the liberation, still quite often (involuntary) reminded of painful events from the war years.

- Hyperarousal, leading to increased startle reactions, feelings of fear, stress, and agitation, are continuously present.
- Sleeping problems, often accompanied by terrifying dreams or nightmares in which war experiences are relived, are frequent.
- There is a desire to keep silent about scary and life-threatening experiences, and to put up a brave front.
- The connection on the one hand between the psychological and physical problems and, on the other, the war experiences, is often denied.
- Many have difficulty with noticing and expressing emotions.
- There may be either excessive activity or serious passivity, the later often accompanied by depression of affect and vitality.
- By association through a stimulus from the environment (pictures, scents, sounds, anniversary dates, of important events during the war) or from within their own minds, they relive some traumatic experiences over and over.
- Avoidance behavior is often present, for they wish, as much as possible, not to be reminded of the war (no television, no newspapers, etc.). But sometimes there is, in contrast, an opposite need to dwell continually on, or talk about, the past.
- There may be a strong or overdeveloped need for self-justification, and/or a strong sense of justice, which can lead to placing great demands and rigid requirements on the surroundings and family members.
- Although, after the liberation, many Resistance veterans and war sailors, in contrast with Jewish survivors, found their families and social surroundings intact, among them there is quite often talk of "survival guilt." This guilt may be related to the powerlessness they experienced and to the death during the war of comrades with whom they felt a very close relationship, or because of their own behavior in order to survive.
- Regardless of the fact that looking back at the war is difficult and arduous, there is, sometimes, also a strong pull toward that period of intense mutual involvement and comradeship. After the liberation, it has proven very difficult, for some, to go on living without the familiar framework of good and bad characteristics of wartime. Owing to the lack of usually intense, comradeship, friendship, and purposiveness, postwar life seems to have lost color and meaning.

Many of these features, especially those that focus on alternating between reliving and denying traumatic experiences, fit the syndrome of posttraumatic stress disorder (PTSD). The prevalence of current PTSD in these now elderly Dutch Resistance veterans is between 25% and 50% (Op den Velde *et al.*, 1996). Many former Resistance fighters, however, must struggle with problems of a psychosomatic and/or characterological nature, which are not included in the concept of PTSD (Op den Velde, 1985). Another characteristic is the period of latency, a (seemingly) symptomless interval. In about half of the veterans, PTSD only became manifest more than 20 years after the end of the war (Op den Velde *et al.*, 1993, 1996). Already, in 1946, Tas, himself a survivor, predicted the possibility of a delayed onset of posttraumatic reactions in survivors of Nazi persecution. A latency period in World War II survivors has been described by various authors (Bastiaans, 1957; Krystal, 1968). It is a matter of ongoing debate whether this latency phase, or so-called symptom-free interval, is indeed typified by the absence of disturbances. Bastiaans (1957) studied Dutch Resistance veterans who had survived the concentration camps. He characterized the latency period as pathological adaptation to so-called normality and repression of traumatic war experiences. In this phase, neurotic overactivity combined with

tenseness and irritability were present, as well as psychosomatic syndromes such as hypertension, myocardial infarction, asthma, and gastric ulcers in high frequency. The period of latency typically coincides with the period in which their children grow up.

The Third Traumatic Sequence. The “third traumatic sequence,” an expression coined by Keilson (1992), refers to a period following the actual traumatization. Research by Keilson has shown that conditions or circumstances under which young survivors grew up after 1945 are of great significance to the nature and severity of subsequent complaints. Understanding and empathy for the traumas of the children often turned out to be, independent of the nature of the war traumas, essential for rehabilitation. Conversely, the lack of psychosocial support had a negative influence on their ability to cope. The third traumatic sequence refers not only to the possibility to cope within the personal realm but also to a general social interest. When understanding and support are adequate, the postwar period does not have to be, by definition, a traumatic sequence.

FAMILIES OF WAR SAILORS AND RESISTANCE PARTICIPANTS

The Family Secret

Many of the conflicts between parents and their children, in cases where these manifest themselves, reflect the psychological and social problems of the parents. In principle, two opposite forms of communication are seen: on the one hand, keeping quiet, and on the other, talking excessively about war experiences and traumas. However, the reality is always more complex. Keeping quiet can be revealing, and speaking can be obscuring. We can state that communications about traumatic experiences—verbal or nonverbal—are always present in the family realm.

In many families of war sailors and participants in the Resistance, we observed that the traumatized parent had difficulty discussing his or her war experiences with the children. Many of these parents stated as a motive for remaining silent the “vulnerability” of children. They hoped to protect their children from their own burdening war memories by painstakingly avoiding the theme of war. But in many cases, feelings of guilt and shame played a role in this keeping silent. The intent to suppress their war experiences, which comes through in the parents’ decision, concerns both negative experiences such as fear, sadness, the feeling to have failed, powerlessness, and humiliation, and positive ones such as mutual solidarity and shared hope. In some cases, the negative experiences were so dominating that they rendered the parent unable to remember the pleasant experiences. They made sure, however, not to tell most shocking experiences to the children. The tragedy is that the intention not to share war traumas with the children had the opposite effect. The aversion of the parents to acknowledge and deal with their traumas, together with the fear of injuring and burdening their children, often made the communication diffuse, confusing, and ambivalent. A child, dependent as he or she is on the parent(s), registers what he or she sees and feels with the parent. The parent weeps, is depressed or emotionally inaccessible, enraged or wakes up screaming, and has nightmares. In everyday life, sudden emotional outbursts may occur, from the child’s point of view, without an apparent or actual reason. Or the parent may not react at all to disobedient or provocative actions of the child. Children receive and register messages and hints about their parents’ past, even where no “open” communication takes place or is even intended. The children may respond to the loaded silence and the partial and indirect telling by withdrawing in fear or, sometimes obsessively, trying to plug the holes in the fragmented knowledge of the family history.

The effect on the child who experiences the echo of (war) traumas without knowing or being allowed to know can be damaging. Knowledge of the traumatic history of the parents, however brief and deficient, can lead its own life in the fantasy of a child, in the form of un- or subconscious fantasies that fill the child with fear and shame. The child, in turn, may keep quiet, yet remain agitated. Threatening and burdening impressions about the parents' behavior may develop, however without the possibility of testing them against reality. The parents' silence about (part of) their experiences and their demeanor keep the children from asking questions. Their fear of what they possibly might learn is another reason to remain silent. We know of cases where the child walked around nursing a more or less suppressed suspicion that the parent had been "on the wrong side" during the war (Op den Velde & De Graaf, 1985). Only through the stories of others, after the parent's death, did the child find out what really happened.

By now, many of the children have reached middle age and developed the need to learn about their parent's history only to test their own thoughts and feelings against reality. The initiative may come even from the grandchildren. But often there is much uncertainty about the effect of this "search." They do not know whether they do harm or good by asking the parents about their experiences. They often have a need to help and understand their parents, and they are afraid that their questions may actually reopen old wounds. Usually, the fear to break through family secrets stems from strong feelings of loyalty toward the parents.

Even when the war experiences, at least on the surface, are no secret within the family, the family "secret" may play a role with regard to the outside world. Daily life with traumas from the war period, stimulated by parents or not, can trigger in the children a feeling of being different from other children, albeit to a lesser degree than observed with the Jewish second generation. This can produce a feeling of social isolation. The world within the family appears to be different from the world outside the family sphere. But responsibility and loyalty count also at a mature age, especially to the (former) family and their own parents.

The Loyalty Conflict

Taken literally, loyalty means "true to the law." Here, however, it concerns a personal and mutually preserved standard. The parents conscious and subconscious wishes and desires, ambitions, fears, and guilt feelings always influence the way they relate to the children. In this way, some war victims unintentionally pass on to their children the fact that the outside world is untrustworthy, dangerous, and hostile. When the children feel that one of the parents has suffered considerably during the war, they may develop a strong sense of loyalty. Their behavior is also predominantly geared to accommodate the desires and needs of the parents. And parents expect their children to be spared further suffering and, through the children, for their own lives to become "meaningful" again. The children are prepared to make themselves available for the emotional care of the parents. However, this encroaches on the room for the development of personal identity of the children. During the growth toward independence, a child—unpunished—must be able to establish distance from the parents. This is a sometimes difficult task for children of war sailors and participants in the Resistance.

The conflict between the need to break away and the obligation of loyalty can reach sizable proportions. Faced with this situation, the child can turn in two directions:

1. The child can forego and deny the need to become independent, remaining largely involved with the family, even when not living "at home" anymore. Parents and children thus continue to live in a state of mutual dependency and restrict their contacts outside the family to superficial and business relations.

2. When the child does not relinquish his or her need for independence, breaking away can be accomplished only after a hard battle. Mounting conflicts with the parents are often the result. The feelings of loyalty diminish due to the emergence of strong, negative emotions toward the parents that had been previously suppressed. It is understandable that severe inner conflicts and guilt feelings are the price paid for this "breaking away." Manifest or latent puberty, or authority conflicts are therefore often present in the life story of children of war victims.

Therapeutic contacts with these children reveal that they have great difficulty expressing criticism toward the parents, and that they cannot bear it when an outsider tries to make them aware of their, understandably, negative feelings toward their parents. Simultaneously, the suppressed guilt feelings about severing the loyalty, and the associated fantasies about the hurt they caused their parents, are being relived. In their minds, their parents already suffered so much, even when the realistic picture of the true dimensions of the suffering is missing. Many times, the actual relationship of the grown-up children and the now elderly parents has a distinctly compromising character. Seemingly, there is an acceptance of the status quo and the limited nature of their contacts. Both parties try to have a "good" relationship, electing to have common standards as a base: Children are obligated to visit their parents; adults do not quarrel; parents are happy when their children are socially successful. Therefore, current relationships are often characterized by obligation, lack of spontaneity and intimacy, and persevere only due to an avoidance of frankness and sincerity.

These children's history of providing emotional care and accommodating the desires and needs of the parents are sometimes generated so that as adults, they may be especially altruistic and engaged in humanistic activities. Many of them choose a social or helping profession (Op den Velde, Aarts, & De Graaf, 1991; Major, 1993).

The problems of children of participants in the Resistance differ in an important dimension from those of children of Jewish survivors. The suffering of the Jews was caused by others, without their having had any choice in the matter. Their children cannot blame their parents for their ancestry. However, there often exists in these children a lack of understanding for, in their eyes, the severe defenselessness and complacency of their parents during the attempt by the Nazis at genocide, which causes them to feel great fear and (self-)reproach.

Children of members of the Resistance, however, must regard their parents as heroes who dared face danger. It is difficult to blame or criticize a hero, even if you experience yourself as a victim of his or her choices. In both situations, that of condemning the parents for being weak or of honoring them as a heroes, the identity development of the child is burdened. The development of their own personality on the basis of identification with the parents is rather difficult: In the first case the identification with a weak and defenseless parent is very unattractive; in the second, a meaningful competition with a "hero" is impossible (Op den Velde *et al.*, 1991).

Psychodynamic Considerations

To understand "intergenerational transmission of trauma," it is necessary to explore the underlying psychodynamics. By repression and somatization, the traumatized parent may attempt to release his or her consciousness from tortured memories and emotions. Fear of return of persecution, blocked aggression, feelings of guilt, shame, and a damaged self-image become split off: One is not capable of personally experiencing these feelings and characteristics as an integral part of the self. When such a person becomes a parent, his or her child is in-

evitably confronted with the split-off memories and emotions. One of the hazards is that the split-off part of the parent is projected onto the child.

In the course of treatment of persons whose (one or both) parents, during the war, as war sailors or participants in the Resistance, had been exposed to severe stress and mortal danger, it is necessary to take the previously described mechanism into account when reconstructing the past and family dynamics. The complexity of these dynamics may well be apparent from the fact that the relationship between parent and child is hardly ever a simple, unidimensional (e.g., hostile) demeanor. Love and hate are often easily suffused with each other. It is, however, typical that the original intrapsychic struggle of the war victim–parent with weakness and power, and good and bad, is continued in the relation with the child, and sometimes also with the partner.

CHILDREN OF WAR SAILORS AND RESISTANCE VETERANS

Studies of Children of War Sailors and Resistance Veterans

Haenen, Van den Hout, and Merckelbach (1994) examined children of Dutch war sailors 0–18 years of age at the time of the war. Complete questionnaires were obtained from 191 subjects (74%) and compared to standard controls. In 78 cases (41%), the father died during the war. On the Symptom Checklist (SCL-90), the children of war sailors had significantly elevated scores for phobia, hostility, and insomnia. Age was not related to their SCL-90 scores, nor was whether or not their father had survived the war. Fourteen percent of the children matched the *Diagnostic and Statistical Manual of Mental Disorders* criteria for PTSD. There was a positive relationship between PTSD and problems in raising their own children. A study of Dutch postwar children born to war sailors has not been conducted.

Major (1993) studied 288 children of Norwegian male Resistance fighters. Few of the participants in the Resistance reported that their offspring had any problems, but they believed that their war experiences may have had some impact on their children. The majority of the children have experienced their upbringing as positive. Former concentration camp prisoners among the Resistance fathers communicated with restrained openness about their war experiences. However, even in those families where the father rarely or never spoke about his ordeals, most children felt they were always aware the father's imprisonment. Many children of camp survivors mentioned their father's special behavior with regard to food and eating. The fear of not having enough to eat is still prevalent among several of them. The children often reported a strict prohibition against throwing away food, especially bread. Major concluded that the children of the Norwegian Resistance veterans seem to be quite healthy. Nevertheless, some of the offspring really feel that they have suffered because of their father's parental behavior. Children reporting that their fathers' war experiences made a deep impression scored significantly higher on depression and anxiety (Hopkins Symptom Checklist) than children reporting less impression. Furthermore, children with fathers avoiding communication had significantly higher scores on the Hopkins Symptom Checklist than those with fathers who talked openly. Significantly higher scores also were found for children with depressed or hot-tempered fathers, and for children growing up in families where the mother had to "excuse" the father's behavior, attributing it to his war experiences (Major, 1993).

Schreuder, Van der Ploeg, Van Tiel-Kadiks, Van Mook, and Bramsen (1993) studied children of Dutch war victims, including Resistance veterans, who applied for treatment at a specialized institute for World War II victims. Their symptoms did not differ from those of average

patients of a psychiatric outpatient clinic. No significant differences were found between the mean values of the group with one traumatized parent as compared to the group with two traumatized parents.

Six of 46 children of war victims under study displayed reexperiencing symptoms that contain the psychotraumatic experiences of the parents (Schreuder & Van Tiel-Kadiks, 1994). In all cases, these concerned nightmares and flashbacks with extraordinary clarity. Their avoidance symptoms were related to situations that are associated with the traumatic experiences of the parent. These 6 exhibited a complete clinical picture of PTSD, without having had war experiences themselves. Much attention was paid to the traumatic war experiences of the parents in all six families. The vivid impressions that appear in their dreams and flashbacks, and awarded a high reality content, led the researchers to speculate that these patients must have been inundated with the traumatic experiences of the parents already at a young age. Similar observations in children of Holocaust survivors have been described by Barocas and Barocas (1979).

Intergenerational Traumatization

We would like to stress that there are families of war sailors and participants in the Resistance in which the above mentioned problems are surmountable or seem to be of little consequence. This may mean that war experiences were and are freely discussed in these families. Good communication is, after all, an indication of an adequate coping process. Obviously, not every survivor of severe war stress is mentally damaged.

At first glance, many problems of children of war sailors and members of the Resistance appear to be not much different from problems of peers whose parents have been severely traumatized in other ways. After exploration, however, it frequently becomes apparent that the current issue ties in with the special situation in the family, where the family rules and the communication and interaction patterns were largely determined by war experiences of the parent(s). Only rarely did the children who entered psychotherapy spontaneously tell about the war experiences of the father and/or mother. Even during the documentation of the life history, this important fact quite frequently did not emerge. Mostly, this became apparent only during the course of the psychotherapeutic treatment. When the war history ultimately became a theme in the therapy, it caused great confusion for these children. The family secret was in danger of being disclosed.

That traumatized parents can directly stimulate the continued existence of the war in their children can be illustrated through the following cases:

D. is a 32-year-old unmarried woman. She is an only child. She came for treatment after a suicide attempt. She suffers from strong feelings of uncertainty, culminating in a forced apprehension, phobias, and contact disorders. During the initial period of her treatment, she suffered from hallucinations, which caused her to refuse to eat cooked food. D.'s father was the youngest son of a farmer's family. Together with three brothers, he helped care for Jews who were in hiding and helped with the concealment of weapons, obtained from airdrops, for the local Resistance group. Often, he served as a lookout when his brothers took part in an action. During a raid on the farm, in early 1945, one of his brothers was shot and killed on the spot. His father, two other brothers, and seven of the people in hiding were arrested and subsequently deported to a concentration camp. His mother, who had been arrested as well, was released after a few days. D.'s father did not dare use his weapon during the raid. Instead, he fled and hid in the woods for several weeks. After a while, he managed to go into hiding with friends, where he stayed until liberation. His father was the only one to return. Emaciated, sickly, and broken, he died a few years later. D.'s father suffered

from intestinal disorders and severe attacks of stomach pains. He maintained that this was due to the bad, uncooked food that he ate while hiding in the woods. D.'s father considered getting her "ready" for war an important part of raising his daughter. He forced D. to eat uncooked food in order to condition her stomach and intestines, and he stressed that this was her only chance to survive the next war. As part of the "survival training," she was forced to go camping under the most primitive and dreadful conditions during her vacations. During the one and only discussion we could arrange with D.'s father, it became apparent that he was suffering from a chronic paranoid disorder. This had not previously been recognized. He never came to grips with his severe feelings of guilt toward his deceased brothers. When he spoke about his brothers, he became very emotional and frightened. Central to his experience stood the failing of his father, who had neglected adequately to prepare him and his brothers for the war. D., as well as her mother, adopted by induction the father's world of thoughts and feelings. Socially, the family was very isolated. (This might well be a repeat of the father's flight and the subsequent isolation in the woods.) The father managed to maintain himself as a bookkeeper after the war. D.'s mother lacked initiative and acted submissively and obediently with regard to D. as well as her husband. D.'s treatment had little success. She discontinued it in order to be able to care for her father. We managed to keep seeing her on an outpatient basis, but the impossibility of discussing her relationship with her father prevented actual change. Attempts to involve both parents in the treatment failed (Op den Velde & De Graaf, 1985).

K. was born in 1952. During the war, his father served as a commander of a merchant vessel. Twice he survived the loss of his ship due to a torpedo attack and witnessed the loss of many of the crew members, for which he felt responsible, during the sinking of the ships, and during a tormenting period in a damaged lifeboat, with increasing exhaustion, hunger, and, in particular, thirst. It took 3 weeks before they were discovered by an Allied airplane and subsequently rescued. On his last voyage, he was severely injured by machine-gun fire. After the war, the father was granted a disability pension. K.'s mother was employed as an editor. The father was responsible for the housekeeping and daily care of the children. He often spoke about his dreadful time as a war sailor. To correct his son, he always brought up the courageous behavior of a teenage sailor in the lifeboat, who died without complaining in sight of rescue. At the age of 12, K. began to suffer from nightmares in which he perished in a lifeboat. He had spells in which he experienced severe pain and thirst, like in his nightmares and also during waking states. His school performance dropped, and he underwent repeated medical examinations that failed to disclose the origin of his pain attacks. He never dared tell his parents about his dreams. When he was seen for psychiatric examination at the age of 27, he lived a very restricted life in the parental home and had the full picture of PTSD.

Authority Problems

Authority conflicts may develop when parents treat their children in a rigid, authoritarian, and demanding manner, and, in doing so, neglect their emotional needs. The child cannot compete with a parent who has "proven" his or her moral and mental superiority during the war. We can understand an authority conflict as a reaction to such an authoritarian parent. Also, when a child avoids an open conflict with the parent(s), it is possible that the child is looking for a confrontation outside the home. The children's defiance toward authorities, whether directed at police, teachers, employers, or even their own partner, may be regarded as an attempt to continue the "Resistance" of the parents, or to experience it themselves.

Also, problems in school or at work are often a display of Resistance against the demanding parent. The emotional vacuum in which some of these children were raised renders them helpless and lonely. Poor performance in relation to intellectual opportunities is often a subliminal revenge against the emotional shortcomings and the demanding behavior of the parents.

Mainly because of this unconscious aspect, the child, as well as the parents, can suffer immensely. The result can be additional uncertainty and lack of self-confidence. However, in some cases, the basis for this problem is the identification with the “failing parent.” The continuous tension in a family may result in concentration problems that may also cause (relatively) poor performance in school or at work. But the children will only infrequently resist the expectations of the parents. Their achievements in school and career are often good to excellent but still do not provide the children emotional peace. The need for acceptance by the parents, both as children and as persons, may stay unsatisfied and bring about a paradoxical feeling of failure.

Separation and Individuation

The difficulties with developing or maintaining relations other than with the parents are often related to mutual expectations of loyalty. When the parents are emotionally dependent on their children’s care and attention, the children may feel guilty about their desire for a life with others. Also, there may develop problems with partners, because their first loyalty is to their parents. The family secret may be a reason for unsatisfactory relationships as well. Part of the personality of the child, namely, the part that is related to the war and the parents’ traumas, cannot, or can only with great difficulty, be shared with others. Frequently we established that (un)conscious conflicts with the parents are being repeated or agitated in other relations.

The basis for the issues described previously is a number of intrapsychic conflicts often connected with separation, identity, and affective problems. The special family interactions are the driving force. Separation–individuation problems may display themselves at various levels. When the parent is emotionally dependent on the love and attention of the still-young child or is not able to support the child’s growth and development, the necessary separation and individuation processes can become problematic. The child, then, can build an identity independent of the parent only under penalty of loss of love and appreciation from the parent. When the child reaches the age at which he or she feels the urge to leave the parental home, separation problems may manifest themselves (again) in demands of loyalty and feelings of guilt.

Separation–individuation problems are often regarded as characteristic in children of Holocaust survivors. They exist as well in children of members of the Resistance. We are of the opinion, however, that the psychodynamics of these problems in the two groups are quite different. After all, unlike former members of the Resistance, Jewish survivors often suffer from the destruction of large segments of their family. In most cases, their children are for them the most important, sometimes even the only, reason for living and a source of (emotional) security. The onset of separation–individuation problems with the children in the Jewish group therefore tends to take place at a very early stage. We have the impression that separation–individuation issues with children of participants in the Resistance become important mainly during the Oedipal phase. Especially during this phase, the child can easily become a weapon in conflicts between the parents. Such an Oedipal collusion can dominate the life of a child for a long time and considerably influence the development of his or her identity. The depressed, scared, and self-estranged parent is hardly an ideal identification object for a child, not just because he or she is a joyless, negative object, but also because the parent often displays such strong ambivalence in his or her own attachment behavior. Fearful of losing the parent’s love, the child may, nonetheless, identify with the parent, and therefore also with his or her depression, fears, and traumatic memories. But even when the child resists or defends against such an identification, he or she may consider him- or herself bad and guilty, because of abandoning the parent and leaving the parental home.

The identification process may also be problematic when the parent derives pride and self-esteem from wartime experiences and exhibits this as an act of heroism with which the child is unable to compete. Thus, the child will develop a feeling of always falling short. He or she may attempt to compensate for this feeling of failure by fantasies of grandeur and pretentious behavior. However, these fantasies and associated behaviors may be created to compensate for the parent's failure. The children identify themselves (partly) with the emotions and behavior of their parents, be they depression, guilt feelings, fear, bitterness, self-discipline, pride, or self-control. Consequently, the response of the parents to their traumatic conflicts influences the identity of the child. Some acquire a philosophy of life that is based on their parents' historical dramas. For these children World War II thus has become "a history of today."

Emotional Constriction

Inability to express emotions and fear of intimacy are quite noticeable in children of war sailors and participants in the Resistance. The awareness and expression of aggressive feelings are especially problematic. These children also often have difficulty dealing with guilt, fear, and grief. In many cases, traumatized parents are not, or are only with difficulty, capable of dealing with their emotions. Suppression or concealment of feelings occurs often, combined, sometimes, with severe and sudden emotional outbursts. The affect intolerance of the parents is one of the reasons the children react with suspicion and apprehension toward their own and other people's emotions. But these affective problems can develop also in situations where the child becomes the one who takes care of the parents. The child, after all, must suppress his or her own needs and desires in order not to be a burden to the parent. There is clinical evidence for the presumption that affect intolerance of the traumatized parent results in problems with affect tolerance in their children. The need to care for the well-being of the parents is in many cases considerably exacerbated due to the frequent suffering of the parent who participated in the Resistance from more or less severe physical illnesses, such as gastric ulcers, heart infarction, rheumatic afflictions, or diabetes.

The problems within families of war sailors and Resistance veterans can form the basis for sometimes genuinely serious psychiatric disorders, such as psychoses and serious personality disorders. During our work in psychiatric institutions, we were confronted with disorders of children of war victims that were difficult to treat and, initially, hard to grasp. However, as soon as the traumatic background of the parent(s) became clear, the children's symptomatology became much more understandable.

CONCLUSIONS AND RECOMMENDATIONS

The few scientific studies conducted do not indicate that, as a group, children of war sailors and Resistance veterans are less healthy or have a particularly high prevalence of mental disorders. However, because no relevant control groups were systematically examined, the question of the actual mental health of these groups cannot be answered unequivocally. The symptoms of children of war victims, in fact, are not different from those of the average clients of mental health services. There appears to be no notion of specific diagnostic categories. Case analysis does, however, show a number of regularities: The psychosocial issues of the offspring of war sailors and participants in the Resistance seems to center around authority conflicts, problems with study and work, and relational problems.

1. It is advisable, during the recording of the life history, always to determine whether the parents of the patient were exposed to traumatic circumstances during the war. When this is the case, it is important to request detailed information.
2. With regard to the nature of the problems, especially when they are the result of a disrupted or burdened family interaction, a psychotherapeutic approach is indicated. Considerable attention must be given to contending with problems within the parental family. When exploratory psychotherapy is decided upon, managing the transference relationship is often found to produce great problems. This is associated with anxiety surrounding independence, loyalty conflicts, and the fear of being manipulated by the therapist.
3. As soon as the war experiences can be discussed with the parents in the form of a meaningful and honest exchange of experiences and feelings, a noticeable improvement is usually observed. A word of caution is in order here. Remaining silent with regard to their traumatic experiences must be considered a part of war victims' defense patterns. This defense must not be automatically appraised as "Resistance against treatment." We consider it to be a mistake to demand of former war sailors, Resistance fighters, and survivors of concentration camps that they discuss their experiences, just because "once in a while it is good to get it off your chest." We are of the opinion that the objections of war victims against becoming involved with the therapy of their child must be respected. The necessity to create an atmosphere of security and trust is paramount. In the course of treatment of a second-generation child, it is advisable first to attempt to engage him or her in a discussion with their parent(s) about the war years. Only then, after several attempts have failed, should consideration be given to inviting the parent in question, possibly accompanied by the partner or the child, for a discussion in the psychotherapy session.

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