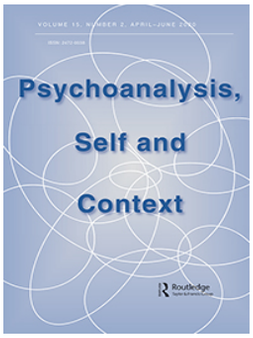

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PATIENT AND PSYCHOTHERAPIST MEETING IN SHARED INTERGENERATIONAL TRANSMISSION OF GENOCIDAL TRAUMA

IRIT FELSEN, PH.D.

This article focuses on the unique benefits and potential challenges in psychotherapy when patient and therapist share the same historical trauma. Focusing on several poignant enactments, this article illustrates co-constructed changes as they manifested in the encounter between a patient who is a son of Holocaust survivors and a therapist who is a daughter of Holocaust survivors. A series of enactments that led to poignant "moments of meeting" reveal the multilayered interplay of shared effects of historical trauma, on one hand, and differences in personal background (within the family and in the environment around it) and in subjective perceptions, on the other hand. It is posited that the feeling of deep, implicit mutual "knowing" around the unique experience of growing up with parents who survived genocidal trauma allowed moments where clashes and differences showed up to create seismic shifts in previously unformulated trauma-related mental schemas and relational models. The profound sense of implicit mutual "knowability" countered and prevented a potential retreat into a sense of "failed intersubjectivity," the sense of incommunicability and impossibility of shared understanding, which is a core element in the intersubjective experience of children of trauma survivors.

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Consequently, these moments of meetings propelled changes in relational patterns associated with persecution for both patient and therapist.

Keywords: failed intersubjectivity; Holocaust; intergenerational transmission; "moment of meeting"; siblings

"Beyond right or wrong there is a field. I will meet you there."

— Rumi

INTRODUCTION: HISTORICAL TRAUMA

The concept of "Historical Trauma" recognizes that extreme traumatic events in previous generations reverberate in the descendants of survivors. This phenomenon, which originates from the study of children of Holocaust survivors, has since been observed in other trauma-exposed populations (SAMHSA, 2014a, pp. I-23). Recent meta-analytic studies have concluded that parental trauma does have effects on the (unexposed) children (Lambert, Holzer, & Hasbun, 2014; Leen-Feldner et al., 2013). Intergenerational transmission can result in a wide range of effects, which are multi-determined by biological and psychological processes within the family and by environmental influences outside the family, as well as by subjective appraisal and differential susceptibility of individual children with regards to aspects of both resilience and vulnerabilities in the family.

This article describes the benefits and challenges in the analytic synergy between a therapist and a patient who share the same historical trauma. The profound sense of shared understanding of a unique, implicit, and explicit experience as children of survivors is highlighted, while the important impact of differences in subjective personal perceptions and relational schemas is also emphasized. This particular patient–therapist dyad and the clinical process described are intended as an illustration of (one of many) multilayered potential interactions between aspects of shared historical trauma and varied personal experiences among individual children of survivors.

THE THERAPEUTIC DYAD: IRWIN AND I

Irwin was a 58-year-old single male with a long history of substance abuse. He had been briefly married and divorced many years before our meeting, and had no children. Irwin's parents both survived the Holocaust as young adolescents in Poland; when I met him, they were aging and his father was very ill. Irwin had conducted a successful business from home, but other than going to the gym early in the morning and visiting his parents daily, he led a rather lonely and isolated life. This was in stark contradiction to his lifestyle in earlier years, which included continuous multisubstance abuse and "partying," and many sexual escapades, which began in college and continued for decades.

When I met him, Irwin had already decided to give up his addictions and was struggling to maintain sobriety. His decision followed a very frightening episode when,

while "high," he experienced and nearly acted on a fit of murderous rage against his neighbor, a man of German descent who had never done anything offensive toward him. Irwin realized then that his substance abuse was out of control—it was, as he put it, turning him into a monster. He began psychiatric and psychological treatment, attending AA meetings regularly, and exercising "religiously." Irwin had become aware of the dark depressions and ongoing tormenting anxiety—his "Dibbuk" (evil spirit)—which had been with him since his early years. Realizing how these feelings had prevented him from following his ambitions, such as attending graduate school, and how destructive he had been in his past relationships with women, Irwin came to view himself as a "destroyer." He resigned himself to not having a life partner or even sexual partners. He frequently used pornography to relieve his anxiety and as a substitute for many of the other addictions he had given up.

Irwin's father suffered from severe depression, had frequent explosive outbursts, and at times required psychiatric hospitalization. The parents owned a small grocery store, and Irwin's mother was often burdened with running both the store and household while her husband was incapacitated. As the oldest child, Irwin had often been left to care for two younger siblings and perform household chores while his mother tended the store. As the first American son of immigrant parents, and a brilliant boy, Irwin was the one who read, translated, and explained things for his parents and their immigrant friends. He had become "the one who knows, the one who can." However, as a gifted and very anxious youth, Irwin was also left feeling there were no adults who could truly "see" him and provide the guidance he so needed. His parents were unable to provide him with either idealizing transferences or practical guidance in navigating his world. It was flattering as a child to be so revered, but, as he put it, this reverence became like a suit he wore, rigid and constricting, that prevented him from emerging, and others from seeing who's inside.

Irwin was the care-taking child in his relationship with his parents, and very susceptible to the impact of their often-dysregulated affective states. He experienced interpersonal and intersubjective interactions with his parents as extremely intrusive and aversive—as, in fact, disorganizing experiences (Scharf & Mayseless, 2011). "Irwin … Irrrr-win" he would imitate his mother's voice to me, like a torture he could not escape, or "would you want the sandwich? I prepared it for you … You like it. … why don't you have it …?" He responded by pushing back disproportionately aggressively; which, in turn, would leave him feeling very guilty and "bad," recognizing that his elderly parents were "walking on eggshells" around him.

Irwin hated being Jewish and being the son of Holocaust survivors. He detested everything that reminded him of this identity, which he viewed as an "illness or a cancer." He expressed his visceral disgust through vivid images and memories of feeling physically repulsed by the foreign accents of his parents' survivor friends, by "the smell of herring fish on their breath," by anything that reeked of the "old world." He wanted to be an American boy, free from the "Holocaust Theme Park" that his parents' home was to him. For Irwin, Jewish identity was saturated with victimhood, which he hated and wanted no part of. The image of the fearful, helpless victim was

painfully and symbolically seared in his memory by the story of how his maternal grandfather was killed. When the Germans came to the house, he hid under the bed, and it was there he was shot to death. "Under the bed! Hiding!" Irwin told me, barely able to put into words the horror and shame this death conjured for him.

Despite, or because, of his complicated relationship with his Holocaust legacy, Irwin sought me as a therapist. He knew I was myself the child of survivors and specialized in treating other children of survivors. He knew I was from Israel and received my Ph.D. from Hamburg University, in Germany. My foreignness, my accent, my familiarity with the "old world" were, however, experienced in ways that turned out to be helpful in our relationship. Irwin knew I spoke German and Polish, and he delighted that he could repeat expressions he had absorbed in childhood from his parents, and, garbled as his renditions were, I could usually recognize them, and tell him their precise meanings. Our joint enjoyment in deciphering the language spoken by the adults from our childhoods enabled what Irwin had previously associated only with loathsome victim self-experiences to be transformed into something different. These interactions were similar to "moments of meeting" described as:

> the moment when a bout of free play evolves into an explosion of mutual laughter; or, the moment that the baby learns, with much teaching and scaffolding by the parent, that the word that they will use for that barking thing is "dog." (Stern et al., 1998)

As we worked together, an exquisitely well-choreographed, playful, serious, intellectually sparring, yet emotionally attuned way of being-together evolved. In fact, Irwin brought me a gift: a framed anatomical medical drawing of the brain, titled "Irwin's brain," in which he marked a brain structure "Irit's area," indicating my ability to understand him as if I lived inside his brain. Stern et al. stated further that, in this special moment between two participants,

> The meeting is also intersubjective in the sense that each partner recognizes that there has been a mutual fittedness. Each has captured an essential feature of the other's goal-oriented motive structure. To state it colloquially, each grasps a similar version of "what is happening, now, here, between us." (p. 908)

Irwin needed to check our "mutual fittedness" moment by moment, to ascertain that nothing he said or did would go unnoticed by me. For instance, he would say outrageous things, such as: "You must be multi-orgasmic today, it is raining!" since he knew I did not mind rainy weather, which he abhorred. Irwin enjoyed making clever puns, using humor and all kinds of verbal and intellectual "acrobatics," all the while checking my close tracking of it, making sure I noticed every cue. It seemed equally important to him that this "jolting" did not disrupt my equilibrium. In this way Irwin "probed" my authenticity (Slavin, 2012), did I blush, did I seem uncomfortable, am I what I appear to be, and can I really "get" him, all of him, and tested my ability not to

be overwhelmed by his "too much-ness," as many had been in the past, so I could actually "see" him and relate to him.

Despite frequent sexual references, there were no erotic feelings in our relationship. Rather, there was a sense of comfort, as in an old childhood friendship or family relationship going back to playing together as children. In fact, we named this good feeling "playing well together in the playpen." Irwin said he felt as if I entered his childhood memories and, sometimes, by us entering his memories together, their meaning was changed. For example, Irwin scornfully and painfully disclosed that, when his mother felt depressed, she would "pick herself up" by watching her videotaped Holocaust testimony. For him, this epitomized his mother's pathology and perverse addiction to her victimization. Irwin had been unable to view his mother's video testimony and he felt guilty about it, as he knew it was hurtful to her. He asked if I would watch it, which I did. Afterward, Irwin felt he could watch it too, for which he was grateful. When I reflected that his mother's behavior was perhaps her way of reminding herself of what she had been able to survive and master, Irwin's experience of her underwent a significant shift. He could see her behavior as not necessarily pathological but helpful to her at difficult moments. This recognition allowed him to own his part in co-constructing her victim identity, to the exclusion of her strength and resilience. Irwin was able to glimpse the selective process by which he had excluded remarkable aspects of his mother's strength, not only those she had shown during the Holocaust but many manifestations continuing into her old age. These shifts opened the door for us to explore other aspects of his co-constructed experiences of his parents, especially of his mother. Irwin's growing capacity to expand and integrate his internal schemas of his parents made him better able to tolerate vulnerable aspects of himself, aspects formerly associated with victimhood, and hence dissociated and defended against by aggressive reactivity and exaggerated and irrational risk-taking. Irwin began to explore and reflect upon the motivations behind a long pattern of placing himself in dangerous neighborhoods or situations. For example: Irwin recounted how, during a trip to Costa Rica, he impulsively joined a group that was hiking up a volcano. Being the overconfident, rule-breaking daredevil he was, he wandered off and got lost. Night fell and stranded him on the mountain. The temperature was dropping, and he had no water, no appropriate clothes, and no flashlight. By sheer luck, after wandering in total darkness, he stumbled onto a path and saw a shack. Two men came toward him armed with machetes. Luckily, they turned out to be searching for him. Now recognizing his aversion and defense against his internal self-image as victim, Irwin became able to identify the compulsion behind his need to put himself in dangerous situations and "prove" the opposite.

An enactment: "Relational assassination"

One particular moment of meeting occurred about 1 year into therapy. Irwin stormed into my office with angry strides, grabbed the armchair from its normal position, and

dropped it directly in front of me. Before he was even seated, he announced: "I nearly didn't come today! I'm very ambivalent about being here! There is something I have to get off my chest!" He then told me about one of our interactions 2 weeks earlier, during which he was discussing his feeling that his current medication regimen, while helping with his psychiatric symptoms, was inducing sexual side effects: "When I told you I was finding it extremely frustrating that, when I was masturbating in front of the computer, I could not even get a full erection, you smirked!"

I understood that not being able achieve a proper erection, or reach orgasm, was frustrating and deprived Irwin of one remaining form of temporary relief from his anxiety. Irwin experienced this dysfunction as emasculating and humiliating. As he talked about it, I was acutely aware of his feelings of shame and self-depreciation, which he communicated both through nonverbal cues and, explicitly, by disparaging language about his "failing plumbing" and his useless attempts to get "something to happen with this limp thing." I was also aware, however, of how injured Irwin felt by any reflection on his loneliness, vulnerability, and sense of loss, all of which made him feel "pathetic." When I expressed anything indicating that I perceived sadness or hurt in him, he would bristle and express his disgust with the fields of psychology and psychiatry, which, he would rage, encourage "toxic excessive looking inward." I had learned through previous interactions that, when Irwin revealed feelings that made him feel vulnerable, he needed me to be a silent listener.

While Irwin accused me of having "smirked," his anger rushing toward me, I mindfully sat back, reminding myself to slow down, to remain calm. This was not easy when faced with the intensity of his affect. I checked my internal state and tried to recapture how I had felt when he talked to me about his masturbation. I connected with a deep sadness and mourning as I listened to his pained, self-deprecating description. Irwin had previously mentioned his sense of having lost who he was supposed to have become, his painful realization that he had squandered his talents, and his sorrow at having remained alone, without a family of his own, despite the ease with which he attracted women in his younger years. He could speak about these issues only in angry self-repudiation, not allowing himself to express the sadness I was feeling on his behalf. I knew that if I said anything about it, I would only shame him further, and prevent him from letting these feelings come to the surface. I truly did not find even a smidgen of "smirking" in my reactions to what he had told me. I felt certain of that.

I looked Irwin straight in the eyes, as he was seated with his knees nearly touching mine and his face only 20 inchesaway from mine, and I said very sincerely, "I am so sorry it seemed to you that I was smirking. It was not at all the way I felt." And then, feeling it very deeply, I added, "I really thank you for bringing it up. I really appreciate it." While this could have been said reflectively, from a theoretical perspective that calls for the recognition of conflict as a growth-promoting encounter in relationships, this was not the level from which my statement sprang. My feeling of gratefulness to Irwin for bringing up his hurt with me, instead of depriving me of this knowledge, emerged from a deep and personal place within me. This gave it its implicit and fully authentic affective impact.

Irwin was visibly shocked and dumbfounded. After a startled moment, he said, "You are thanking me? It's anathema! Isn't it a selfish thing I did?!" I replied, "No, you're giving me a chance, despite feeling offended and angry. It shows me how much you care, and I appreciate it. By telling me what offended you, you are giving me a chance to apologize and explain myself."

Althoughthere were many changes and shifts that occurred incrementally and subtly over time, this was a critical "moment of meeting" between us. As Stern et al. (1998) stated,

> A major subjective feature of a shift in *implicit relational knowing* is that it will feel like a sudden qualitative change. This is why the "moment" is so important in our thinking. The "moment" as a notion, captures the subjective experience of a sudden shift in *implicit relational knowing* for both analyst and patient. (p. 906)

This shift was distinctly experienced by both Irwin and me. There was a certain stillness, a pause, in which an internal landscape palpably shifted. As Stern et al. further stated,

> When a "moment of meeting" occurs in a sequence of mutual regulation, an equilibrium occurs that allows for a "disjoin" between the interactants and a *détente* in the dyadic agenda (Nahum, 1994). Sander has called this disjoin an "open space" (Sander, 1983) in which the infant can be alone, briefly, in the presence of the other, as they share the new context (Winnicott, 1957). Here an opening exists in which a new initiative is possible, one freed from the imperative of regulation to restore equilibrium. The constraint of the usual implicit relational knowledge is loosened and creativity becomes possible. … The moving along will now be different because it starts from the terrain of the newly established intersubjective environment, from an altered "*implicit relational knowing*." (p. 909)

As we began to explore what we both experienced in this moment, I spoke of my gratitude at not having been "written off," at having been, instead, given the opportunity to have a voice; at how my perceived transgression did not erase the good in our relationship. Irwin explained that this experience was utterly foreign to him. He expressed amazement: Once he "saw" it, he could not believe how he had been living before, without sharing what now seemed so clear and true. He described to me the relational paradigm he was used to, his family's typical reaction to any perceived transgression in relationships, as "psychological annihilation." This consisted of a "piling up of insults," in absentia, upon the perceived offender, hitherto a well-liked friend or relative. This "character assassination" was followed by a final "symbolic extermination" of the person and the relationship "forever."

Like Irwin, I also had a deep familiarity with the relational imperative not to speak of negative emotions, as well as with the hopeless wish to be listened to and understood at precisely such times. Cortina and Liotti (2010) discussed the distinction

between intersubjectivity and attachment in the relationships between parents and children, articulating that whereas attachment is about safety and protection, intersubjectivity is about sharing and social understanding. Intergenerational consequences of extensive trauma experienced by the parents have been associated in particular with recollections of "failed intersubjectivity," experiences of not being understood by others and of not understanding others, in the intergenerational relationships in Holocaust survivors families (Wiseman, 2008; Wiseman & Barber, 2008). For both of us, Irwin and I, the imprint of trauma in the intersubjective field of the family elevated the relational danger associated with conflict and differences. However, our defenses and relational adaptations were different, as a result of critical differences in our particular personal histories and familial contexts.

Sources of individual differences within shared historical trauma

1. Parental posttraumatic stress disorder and its impact on family life

The most important source of difference between Irwin and me was the fact that Irwin's father suffered from clinical-level posttraumatic stress disorder (PTSD) and depression, causing him to be frequently explosive, at times completely dysfunctional at home and at work, and sometimes requiring psychiatric hospitalizations. Recent meta-analyses based on multiple methodologically sound studies of trauma-exposed parents and children concluded that evidence indicates that parental PTSD, not parental exposure to trauma, is associated with child distress and behavior problems and can lead to various psychological outcomes in the children. Additionally, parental PTSD is associated with marital discord, elevated hostility in the family, and compromised parental availability (Lambert, Gikzerm, & Hasbun, 2014; Leen-Feldner et al., 2013). Irwin's family environment was fraught with marital conflict and family stress, which have been shown in developmental and epidemiological studies to be associated with problematic sibling relationships (Whiteman, McHale, & Soli). Furthermore, role-reversal was identified in empirical studies in Holocaust families and in other trauma-exposed families as a major vehicle of intergenerational transmission of symptoms of PTSD, anxiety, and depression (Field, Om, Kim, & Vorn, 2011; Lang & Gartstein, 2018; Letzter Pouw, Shrira, Ben-Ezra, & Palgi, 2014). For obvious reasons, such as the time between the parents' immigration and the birth of the child, and the progression of the parents' acculturation to their new environment, role-reversal dynamics might have been more likely to occur with the firstborn child than with children born later in the family, as was the case in Irwin's family. The father's chronic PTSD compromised not only his own parental functioning but the mother's as well, and introduced additional pressures for role-reversal as Irwin's mother needed to rely on her firstborn son while she was providing for the family in the store. These additional responsibilities intensified the special position Irwin already occupied in the relationships with his parents and his siblings. The subjective

perceptions of family relationships are very important in determining the siblings' relationships (Dunn, 1983; Dunn & McGuire, 1992). Perceived parental differential treatment is associated with poorer quality of sibling relationships (Whiteman, McHale, & Soli, 2011) but only if the difference is perceived as unfair, and subjective feelings about older siblings functioning in "complementary" roles, that is, caretaking roles, can differ (Howe & Recchia, 2014). As adults, Irwin's younger siblings were distant and resentful toward him and seemed much less obsessively involved in the care of their aging parents and more able to pursue their own lives. Irwin's own report conveyed that as a child he was both consciously proud and nonconsciously resentful of his special roles in the family, and as an adult he was painfully impacted by the burden of his special relationships with his parents.

I. Birth order from a systems' perspective: External factors and subjective perceptions

Unlike Irwin, who was the oldest in his family, I am the youngest of three in mine, and in many ways have benefited from this position in my particular family. The time between the end of my parents' traumatic experiences and my birth was much longer than for children like Irwin and my older siblings, born immediately after World War II. By the time I arrived, my parents had had more time to recover and reintegrate, and to establish themselves professionally and economically. Most important was the fact that, in contrast to Irwin, my own parents' postwar adjustment, especially from the distance of 15 years after the end of WWII, was better in terms of their mental health and external measures of success, their ability to function adequately in their parenting roles, and the general affective quality of family atmosphere. I was the youngest child with much older siblings, yet my siblings did not need to parent me or themselves due to the presence of well-functioning parents and a stable home life. The presence of parental clinical PTSD and its influences in the hierarchical and lateral aspects of family life was thus a critical source of differences between Irwin and myself.

Additionally, Irwin's younger siblings and I benefited from the presence of older siblings in immigrant families, who usher in the new culture and new ways of "doing things with others" (Lyons-Ruth, 1998, 1999), thus altering the parents and the family relational environment for younger siblings. In families of trauma survivors, earlier-born children—often the eldest child in particular (Wardi, 1992)—provide additional protection by substantially absorbing parental anxieties, thereby shielding their younger siblings from residual parental posttraumatic reactions. Irwin's younger siblings seemed to have different outcomes than his, reflective of a more shielded developmental path. Their relational adaptations were much more like mine. Finally, the role of the environment outside the family in fostering resilience has been progressively recognized in the field of trauma prevention and intervention (Brown, Kallivayalil, Mendelsohn, & Harvey, 2012; Harvey, 1996), thus another important source of differences between Irwin and me might be reflected in empirical findings, which show some benefits to having grown up in Israel relative to elsewhere (Danieli, Norris, & Engdahl, 2016b).

From a system view of the intersubjective field as comprising *all* family members, including the siblings *and* their survivor parents (Dunn, 1983; Howe & Recchia, 2014; McHale, Updegraff, & Whitman, 2012; Vivona, 2007), all of the aforementioned factors are relevant to the differences between Irwin and me and to the examination of the role of earlier-born siblings in the relational world of later-born siblings. It is important to clarify that birth order has not been associated with consistent findings about effects of parental trauma (Felsen, 1998). Indeed, research on sibling relationships has shifted the focus from examining the role of structural variables such as birth order, gender, and birth-spacing to relational aspects and subjective perceptions of the interactions among siblings and parents. Although interest in the sibling relationship has increased since the 1980s and research has accumulated significant insights (see the seminal paper by Dunn, 1983), these have not yet been integrated into studies of Holocaust families or other trauma-exposed groups. Yet understanding the impact of parental trauma on each sibling, on the relationships among siblings (Felsen, 2018), and on the implications of these relational models to adult relationships and to therapy with children of trauma survivors is needed.

Encountering differences within the shared experience of trauma

Whereas Irwin feared the annihilation of relationships by a "piling of insults" that are never directly addressed with the "offender," culminating in a final "assassination" and cutoff of relationships, I fear the silent piling up of unspoken slights and resentments that drain relationships of real intimacy from within, also without recourse. I had co-constructed my role in my family and, later, in my professional life as a therapist, as "the one who talks" about feelings. My greatest fears were about leaving the other alone with their unspoken distress, and experiencing my own loss of connection with the other. For me, being unable to speak about negative emotions signaled an annihilation of intimacy though a deadening loss of authentic connection. My grateful response to Irwin gained impetus from, and was amplified by, my personal agenda. I was moved by being given the opportunity to have my perspective seen, by our relationship being sufficiently protected and "held in mind" by Irwin that he gave me a chance to repair the impasse. The intensity of our "moment of meeting" derived from this deeply felt authentic joining of our similarities and differences with regard to dynamics related to trauma. Although my personal experiences were not made explicit in Irwin's therapy, they amplified the authenticity with which my response to Irwin emerged, presenting him with a new implicit experience. Elaborating upon the new intersubjective experience, and reflecting upon it explicitly in the context of Irwin's lifelong relational learning, gave it the meaning it came to have.

This moment of meeting became pivotal, and Irwin returned to it later. During the following session he said,

> What stayed with me was … when you said "Thank you, because you gave me a chance …" Such [a] truism, but it was totally not on my screen. Like I'm from a spaceship. That was very missing in my family, because of the "character assassination." … This is very much an issue in my family. My mother is an "assassin," my sister is an "assassin" [of people perceived as having transgressed]. … My mother has her own entire "pogrom."… With them, any attempt to talk about it falls on deaf ears. … As it used to be with me … Until now …

For Irwin, reflecting on his implicit relational pattern evoked explicit allusions to his parents' history of persecution. In this use of metaphoric language, what had hitherto been implicit was making its way into explicit knowledge of the context in which such schemas were learned and their connection to trauma and loss. This transition exemplified the dance of explicit and implicit (Fosshage, 1995, 2003, 2011) in the process of therapeutic change.

I suggest that the "clash" between Irwin's expectation of "relational annihilation" and my apology and thanking him were transformative because they were couched in the context of our prior relationship and our shared experiences as children of survivors. The ways the legacy of trauma shaped my own subjectivity were part of our implicit and explicit intersubjective encounter, changing Irwin's fragmented and dissociated ways of experiencing himself. Irwin's sense of self as a child of survivors was replete with shame and self-hatred, as well as guilt for having these feelings. My feelings about my identity were very different, and they allowed Irwin to experience a very different option from his own. Irwin put his perception of the implicit difference in my way of living our legacy into explicit symbolic terms when, only half-jokingly, he surmised that in the years I worked for the Israeli Government in Europe I might have been an Israeli "Mossad" agent, the antithesis of the passive victim. I believe this image reflected, metaphorically, how, through the mediation of someone whose experiences were extremely similar, sharing his childhood memories from within his head, Irwin was beginning to intuit his way to another manner of living our shared legacy.

Irwin was noticing and manifesting changes in his relationships to people outside therapy. He would point at instances where it would be clear to him that in the past, he would have been incensed and would have reacted in anger, whereas now he was able to respond in a more modulated way, not taking things immediately as such an offense. He began to reflect upon this interpersonal sensitivity, stating "even negative attention was better than none." He reviewed how he has always felt compelled to feel that he connected with the other, created some personal contact, through humor, sexualizing the relationship, or otherwise, and how outraged and infuriated he felt when failing at it with some stewardess or clerk. He began to explore his need to feel that the interaction was between two people, not impersonal, and that he has some power to reach the other emotionally, positively or negatively.

Irwin began to emerge from his long self-imposed isolation. He began to explore possibilities of volunteering and then joined a volunteer training session, which was followed by him becoming a mentor to a new immigrant Jewish boy from Russia. This

connection was very meaningful to Irwin, and he was doing well with the boy. However, gradually things got complicated by the interactions with the boy's single mother, who seemed to have poor boundaries and was repeatedly creating situations in which Irwin felt manipulated and taken advantage of. Despite difficulties with the mother, Irwin persisted for a significant period of time working with the boy and accessed the support of the professionals heading the volunteer program. In addition, Irwin began exploring the possibility of joining some other groups to socialize around topics of interest to him, through the websites that publicize "meet-ups." Most significantly, Irwin became able to leave New Jersey without the tormenting ambivalence and guilt that he had experienced so intensely in the past. He was thus able to pursue his passion of becoming certified in deep-water scuba diving, and that became a focus of joy, interest and pride. Irwin now felt that he, too, had "something to talk about" and shared beautiful photographs of his diving adventures online with his family and friends. When others spoke of their families and children, he no longer felt like he had nothing to show or share. The trips also brought him in contact with people who shared his interests, and he noticed that he was more social and less easily ruffled in his interactions with others, including various service providers and fellow divers and tourists. Irwin described to me several interactions where it was clear to him that in the past, he would have felt irritated and insulted and would have reacted aggressively. He was pleased to reflect about how his internal reactions were so much more benign and there was a new sense of self respect and dignity that he was proudly communicating to me about the way he navigated some abrasive others, remaining regulated and managing to steer things away from an unnecessary confrontation to an amicable resolution.

However, change does not eradicate previous patterns; rather it creates new layering of options to respond in different ways. Our final critical "now moment" and "moment of meeting" occurred about two years later, > as will be discussed in the following section.

Specters of trauma: Must there always be persecutor and persecuted?

Irwin had been paying me regularly and without delay, submitting the receipts I gave him to his insurance, and getting reimbursed directly by them. At one point, however, the insurance company sent me a check for reimbursement for his services, and because he had always paid me promptly, Irwin asked me to cash in the check, made to my name, and credit him the sum of money rather than send it back to the insurance company and have him wait for the reimbursement again. I did not realize that this would be a problem, and agreed to do that.

A little while later, I received a threatening letter from the insurance company. The letter stated that reimbursement for services that was not appropriately due to the patient was paid out to me and that I was to pay the insurance company the sum of $600 immediately or some kind of action would be taken against me. To make things

worse, the insurance company confused in the two letter patients, Irwin and another patient of mine, who were both serviced by the same insurance company. The other patient was also paying me directly and promptly, so I had never had any dealings with the insurance company for either of these patients.

What ensued was very confusing to me, and it is difficult to even recall all the details. However, it was clear that there was a confusion on the insurance company's part between the two patients, and it was also clear to me that I had not been paid more than I was supposed to, as I had credited my patient the amount for which the check was made to my name. I could not disclose to the patients the other's name, and it did not even occur to me to think of accessing the assistance available to psychologists through our professional organization, our professional liability insurance, or any other legal assistance. My thinking and coping have become immediately constricted by fear, and impaired by my own activated deeply ingrained fear of the "authorities" and their persecutory powers. I felt small, alone, and vulnerable, a Jew in a foreign land, at the mercy of this anonymous insurance company who is going to deprive me, unjustly but with impunity, of my rights and of my ability to practice. The other patient who was entangled in this insurance mistake was, incidentally, an attorney. But it did not occur to me to discuss the matter with her, as the original check in question was sent to me as reimbursement for services rendered to Irwin.

I did raise the issue with Irwin, who exploded with rage at me, stating: "Do I not always pay you on time and for every session???" to which I could only answer with the affirmative. However, I tried to say, "They claim that they reimbursed you more than they should have, and now they want the money back from me, threatening to act against me." Clearly, I almost pleaded with him, it is not I who owe them the money … However, Irwin was very angry, and it was not clear whom exactly he was angry with. Although he never stated that he understood the nature of the mistake, he did not want to reimburse me, nor did he want to take it up with his insurance. He angrily asked, "Why should it come off of *m*y hive??!" I felt I could not get through to him. In fact, at some point, he even blamed me for the impasse between us, and stated something like, "It was so unlike Irit, to do this. …"

I was frightened, and at that time in my life, the amount of money was significant. I tried to process with Irwin our feelings, maintaining as best I could the view that none of us has done wrong, but that there is a problem that needs to find a solution that should avoid harm to both of us. At some point, Irwin agreed to contact his insurance company to ask about this problem, which he presented to me as a huge favor, describing it as "sticking my neck out for you." He strongly stated that he was willing to do that much, but not more. I felt abandoned to the mercy of the enemy. Irwin's statements, "Why should it come off of *m*y hive" and "sticking my neck out" invoked a state of fighting for one's survival, a desperate "each to his own" mode, of being in a mortally dangerous world, a world in which each of us has to protect their own skin, or "hive," and the survival of one might be at the cost of the other's. Feeling sick with these emotions I fought to stay in touch with the here-and-now of our relationship and our reality. I fought the physiological experience in my body that felt like a life-threatening,

no-way-out situation. Through calming my body sensations and self-talk I was able to anchor myself again in my life, away from the traumatic residues of my parents' lives. I said to myself, I can do this. I can pay the money, I can absorb this injury, financial and relational, it is not a mortal one. I care very deeply for this patient, and this is the enactment between us of what has been happening, and what we have been discussing, as characteristic for his family's way of dealing with conflict. This is the test, when it happens between us, will I be able to do something different. I told myself that he must be unable to see it this way right now. But I can. I will survive if I pay this money out, even if unjustly. I will be able to continue to work with Irwin, because I can see that he is unable to work though this issue at this moment. It is, I comforted myself, "the cost of doing business" with people who have difficult intersubjective paradigms. As I told Irwin of my decision to just let it go and pay the money to the insurance company, he softened and told me that when we finish working together he will pay me half of that sum. At that time, the end of our work together was in sight, as Irwin was finally moving to Florida as his permanent residence, something he had been wanting to do for years but had been unable to tolerate the anxiety about the distance from his aging parents. Accepting that while he would not be able to see his parents every day, he will still be able to come often enough or when needed was a significant liberating step for Irwin, who in the past often cancelled trips to Florida even on the day he was supposed to fly due to his fear that something will happen to his parents during his absence. Irwin hated the weather in the Northeast, and finally was able to allow himself to move to where he felt happier, where he could engage in his favorite activities of swimming and deep-sea diving and with others around it.

Irwin never did pay me back the money. Instead, he gave me a gift, a sweatshirt he had ordered especially for me with the words "World's best therapist" printed on it. However, after he left, it took me a while, but I came to see more clearly that in a way, I was wrong in my fearful enactment. He was right, in a way. Perhaps I should have not paid the money that I did not owe the insurance company. I should have told them to sort it out with their clients. I should have recognized that I have my professional bodies to turn to for advice. I should have not been so mortally frightened of the persecutory authorities and their unlimited capacity to harm me. In this way, Irwin's and my paradigms of coping with the legacy of persecution and trauma have changed us both. He became less compelled to aggression and to his irrational risk-taking, and I became aware of my irrational fear reaction, so I can be better able to work through it. Perhaps we were both better for it. Coming face-to-face with previously unformulated and nonconscious schemas can feel like a pane of glass shattering to reveal a different reality. Although the initial response that I described might not be completely eradicated, I will always feel the embodied sensation, the moment in which my reality shifted. I cannot "un-see" what I have seen, my shock at my blindness and paralysis induced by the obsolete trauma-related responses. I believe that Irwin has equally benefited from his encounter with his own trauma-related specters.

In conclusion, this article describes the multilayered interactions between shared historical trauma and differences in the subjective perceptions and responses of patient

and therapist who are both children of Holocaust survivors. The evolution of research on intergenerational transmission in children of Holocaust survivors over several decades has led to the recognition that the effects of parental trauma on their children are complex and multidetermined. The developmental outcomes depend on *particular* parental characteristics, which can have *multiple varied* influences on the children, leading to a "*multifinality*" of consequences, on *individual* children even within the same family (Danieli et al., 2016b; Felsen, 2018; Kellermann, 2019; Leen-Feldner et al., 2013; Letzter Pouw et al., 2014). The developmental outcomes of intergenerational transmission depend also on the differential susceptibility of children (Rousseau & Scharf, 2015), and the susceptibility of each child to the effects of parental trauma is a function of multiple variables, including structural variables such as birth order, gender, age spacing, and time of birth, but more important, by relational aspects and subjective perceptions of interactions among family members. These multiple factors create complex interactions encompassing prenatal and perinatal biological and psychological influences within the family and around it. Research evidence has shown that there is a great variability within the population of children of survivors, and only a subgroup of the "second generation" suffer from more severe psychological and psychiatric symptoms (Levav, Levinson, Radomislensky, Shemesh, & Kohn, 2007). The focus of study of has shifted from transmission of psychological and psychiatric disorders to the effects of parental trauma in the subjective, phenomenological, and relational world of their children (Scharf, 2007; Wiseman & Barber, 2008). Focusing on several poignant enactments, this article illustrates co-constructed changes in previously unformulated mental schemas related to the legacy of persecution and genocide in patient and therapist. Although differences in the individual subjective experiences of each as children of survivors, colored by their respective backgrounds (American and Israeli) and particular families of origin, mobilized mutual change, the resultant changes were impelled by the profound connection and perceived kinship related to the shared experience as children of survivors. This intimate implicit mutual "knowing" facilitated, perhaps even forced, seismic shifts in nonconscious schemas, as it did not allow a retreat into "failed intersubjectivity," the sense of incommunicability and impossibility of being understood, which is at the core of the experience of "child of survivors." This clinical case highlights the variability within the "second generation" with regard to the impact of the burden of the Holocaust and the significance of such differences for the therapeutic relationships between patient and therapist who share the same background.

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