

OVERCOMING VICTIMHOOD

A Case Study on the Extended Traumatic Effects of a Holocaust Childhood

SARA BOTWINICK

Independent Scholar and Consultant, Philadelphia

Based on the textual analysis of an in-depth interview, this article looks at a child survivor's struggle with the compounded effects of childhood and Holocaust trauma as she approaches old age. Whereas this survivor was highly functional during midlife, she is in danger of being depleted of internal and external sources of nurturance at this stage in her life. To overcome her victimization, a treatment strategy is developed to rekindle her resilience and facilitate her exploration of her religious roots in conjunction with her emotional ties to her father.

Children and adolescents who were separated from their parents during the Holocaust not only carry the burden of loss and traumatic memories but may also be continually stymied by behavioral patterns acquired in the service of survival during the war (Auerhahn & Peskin, 2003; Robinson, Rapaport-Bar-Sever, & Rapaport, 1994). Whether this type of renewed victimization can take hold seems to depend to a large extent on the quality of the relationships these child survivors were able to establish and maintain with other available adults — or even peers — while their parents were unavailable for guidance and nurturance (see the vast number of personal accounts describing this development [e.g., Friedlander, 1980; Meyers, 1997], as well as accounts of treatment [Dasberg, 1987a,b; 1989]) By the same token, postwar recovery was facilitated or impeded in relation to how the child or adolescent's emotional needs were met by either a reunion with one or both parents or new relationships with significant others, such as marriage partners who enabled a healing dyad to form that revitalized the parent-child relationship by projection and adequate nurturing. However, if the child survivor had experienced negligence and insufficient mothering in the years preceding the war, there was considerable potential for difficulties in finding stable and nurturing relationships afterward. Additional aggravation

is to be expected with the onset of aging with its multiple losses.

My case study shows Lola Z.'s lifelong attempts to heal herself by trying to heal the ties to her parents in marital relationships, friendships, and in her real encounter with her mother. It addresses the quality of attachments to her parents and significant others during her childhood and traces her struggle to come to terms with changed family dynamics, altered by the pressure of persecution as an adolescent. Finally, I try to find an explanation for her pervasive sense of abandonment and "spiritual orphanhood" in the later stages of her life.

Analyzing Lola Z.'s interview brings into focus a *pivotal memory* that sheds light on her specific ways of protecting herself throughout her life—especially when she feels vulnerable in the face of adversity. This pivotal memory seems to have an imprinting power for her later life in the sense that it has a focusing and organizing effect on how she makes choices. I was also struck by her complaining bitterly several times about not finding adequate help when she was in therapy. I decided to explore this issue more thoroughly in order to suggest a treatment strategy for how an impasse like this could be overcome. Even though all the material pertaining to Lola's story is based on Lola's interview, my treatment plan is, obviously, entirely fictional as Lola was never my client.

HISTORY

Born in 1928, Lola Z. grew up in Piaski, Poland, with a sister who was five years younger. Her father was a shoemaker who was illiterate in Polish, but was very devoted to talmudic learning. Her mother who grew up in Russia did not cover her hair but was nevertheless as steeped in religious practice as her husband. Lola does not recall suffering from any significant anti-Semitic incident, although she lived in a mixed neighborhood. Because of his generosity toward his customers, her father was well respected by their gentile neighbors.

From early childhood Lola experienced profound rejection, physical abuse, and negligence by her mother. Her mother accused the five-year-old Lola of causing her to miscarry after she kicked her belly inadvertently while sharing her mother's bed. Starting at the age of eight, her mother demanded that Lola serve as her sister's babysitter. She also once accused Lola of intentionally dropping her younger sister on the floor in another attempt to kill her. Both of Lola's grandmothers, especially her mother's mother, proved to be very nurturing, but both died shortly after her maternal grandfather's death when Lola was seven years old. After her grandmothers' deaths various gentile women in the neighborhood took an interest in her. She formed an especially close emotional bond with one of them. When her father occasionally bought Lola chocolate from his meager income in an effort to counteract her mother's abuse, her mother subjected him to tirades in front of the children for wasting money in this manner and, in general, for giving too much to charity from the little he earned. Lola loved her father above all and always felt safe in his presence, even though he was not consistently available due to several long absences. Lola assumes he left because her mother was intensely jealous and had frequent reproachful outbursts toward him.

Lola's first traumatic exposure to the persecution of Jews happened when she was eleven. Looking out her basement window,

she witnessed executions of Jewish men in the marketplace. It frightened her tremendously that her father was also a target of several round-ups. To her great relief he was in each case released after a few days.

In April 1940, when the Jews were forced to move to a ghetto area within the city boundaries Lola witnessed extreme cruelty toward children. In one instance she saw mothers throwing their infants from balconies in order to prevent SS troopers from seizing them. Another time she saw a mother holding on to her baby boy while an SS soldier tore him away to kill him.

Lola has a pivotal memory of how her family had to split up shortly before the ghetto was about to be liquidated in September 1942: "My parents were saying, 'Look we have to go in different directions, because maybe one of us will survive. We cannot be together *because togetherness is the worst thing.*' And my mother, she was smart, said to me, 'Look, do whatever you think is right. . . *You are alone.*'"

With this message Lola was on her own at age thirteen. "I stepped out and I couldn't go back into the ghetto. I had 20 zloty sown into my shoes. My father had made these shoes for me. I had to rip them open. I had to take the shoes off and walk barefoot. I did not even have food. This is how I started."

Lola drifted to the countryside and worked as a shepherdess for Polish farmers for several months. After being reunited with her mother and sister, Lola survived the rest of the war with them with the help of false identity papers as Polish slave laborers. To her great distress her father was left in Poland. At their last chance meeting, her father explained to her that he needed to stay behind, "because he was a man," referring to the impossibility of concealing his Jewish identity because of his circumcision. Lola also realized that her father's poor command of Polish would not have made him a fit candidate to survive among Polish slave laborers. In 1943, Lola found out through a gentile Polish friend that her father had been killed by the Nazis.

Lola became very skillful in eliciting help and nurturance from sources other than her mother. Following her mother's exhortation she knew she had to completely suppress any trace of her Jewish identity. This enabled her to "block out" her Yiddish to such a degree that she did not even utter it in her nightmarish dreams anymore. She substituted German for Yiddish and looked for protection and nurturance from gentiles. She also befriended Russian POWs.

Shortly after the war, Lola married a Pole whom she felt drawn to because she viewed him as sharing a similar fate. He had been a slave laborer too, and he had lost both parents early in his life. Lola explains: "I wanted my father. Since I didn't have my father, I wanted to belong to someone. . . to an older man."

Even though her marriage soon turned unsatisfactory because of her husband's alcoholism, Lola found for the first time in her life consistent nurturing and support in her new mother-in-law, her husband's adoptive mother. Because Lola felt very inadequate as a mother to her two sons who were born in short succession, it came as a relief to her that her mother-in-law took over the raising of her children. Her husband's increasing elusiveness made Lola decide to leave him behind after 17 years of marriage when she emigrated to the United States with her two children to reunite with her mother and her sister. Following a well-thought-out plan, Lola managed to leave Poland by first making aliyah to Israel and then going to the United States. She accomplished this not only by enlisting her husband's and her mother-in-law's help but also by employing tremendous networking skills in the face of bureaucratic adversity. Lola calls this major achievement of uprooting and resettling the "masterwork" of her life.

Unfortunately after her arrival in the United States, her dream to live close to her mother did not materialize. On religious grounds, her mother rejected Lola's desire to live with her — because she was not keeping kosher— and soon withdrew from any sig-

nificant contact with Lola and her sons. Lola was able to cope with this situation by moving in with Mrs. B., a widowed Jewish woman who proved to be very nurturing to her and her sons.

As long as Lola moved forward and rebuilt her life she felt satisfaction. She prided herself that she was always able to achieve her goals with the help of strangers whom she met along the way without having to enlist her mother's or sister's help. She was also very satisfied with her job situation and enjoyed Mrs. B's maternal support. She was not fazed by bringing up her two sons as a single mother.

A dramatic change, however, occurred when Mrs. B, Lola's "dear person," moved away after and her sons left to be on their own. In short succession Lola was hospitalized several times for abandonment depression. During her recovery, she met her second husband, an American gentile. A good provider, he also appealed to her needs for fatherly protection, but he left her romantic longings unfulfilled. As a rationale for staying married to him, she explains that it was mainly his moral support during times of illness and melancholia that kept her bonded to him.

After being married for 21 years, Lola's husband fell ill with a malignant brain tumor. With the help of a hospice, Lola took care of him, but the situation depleted her to such a degree that she needed to be hospitalized for two weeks. During this time her stepdaughter, who had been alienated from her father for many years, tried to move her father to her own home because she sensed "that there is money involved." Lola experienced her stepdaughter's actions as "really Holocaust".¹ "She threw out my things. She

¹The term "second Holocaust" or "personal Holocaust" has surfaced in survivors' accounts to signify that experiences in the present are infused with Holocaust material to such a extent that they once again feel victimized and left with the sense "that they are doomed to live in the shadow of compromises wrought by the executioner" (see Peskin, Auerhahn, & Laub, 1997).

wanted to put me in a nursing home. . . And again, I didn't have anybody to help me. Nobody." In the end her husband refused to move, and Lola was able to take care of him until he succumbed to his illness.

Since her husband's death, Lola has been mostly taken over by anxieties, which have forced her into a homebound existence. Her main theme now is the rejection by her mother and her sister, who still adamantly refuse to see her even though they live in the same city. Only occasionally is she able to break through her agoraphobic anxieties by joining a group of fellow survivors and by taking on speaking commitments in schools. In both activities the theme of rejection by her mother reverberates; in both circles she feels driven to highlight the positive role of Polish gentiles in saving Jews during the Holocaust. Especially in the survivor group, she encounters hostility in response to her mission, which quickly alienates her from her peers.

Reviewing how she raised her children and looking at her present life circumstances, Lola feels very guilty about her lack of emotional availability and her incompetence as a mother. Just as fears of loss have permeated her emotional ties with her children in the past, they resurface now in relationship with her grandchildren. Whenever she visits her older son's family, her anxieties increase and her blood pressure goes up to dangerous levels, especially when she is expected to take care of her grandchildren. She also worries a lot about her younger son who after a divorce experienced several failed relationships and tends to keep at a distance from her.

DISCUSSION

What stands out in Lola's biography is how an incident from the time when the ghetto was liquidated continued to be reactivated in her as an intrusive memory and how it seems to prescribe for her a certain pattern of making choices in her life both during and after the war. In this pivotal memory, her mother forces her to split from

the rest of the family as she sends her on her way with these parting words: "*Do whatever you think is right. . . you are alone!*"

In normal times, a phrase like this could be associated by a 13-year-old with rejection and could result in a depressive withdrawal. However, in the cataclysmic circumstances of the Holocaust, these words became a slogan for Lola that she was able to invoke to protect herself under extremely adverse circumstances. It gave her permission to "liberate" herself from any trace of Jewish identity that might have endangered her during her lonely wanderings and struggles during the war. In these situations, Lola felt free to bond with gentiles who were available to protect and nurture her. Yet, this divestiture also meant that Lola had to abandon whatever religious and cultural practices she had cherished as a child and, especially, in her relationship with her father. For example, while she was in labor camps she had to give up speaking Yiddish, which had always provided a strong link to her father.²

The significant weakening of her ties to her father was perhaps symbolized in Lola's act of discarding the boots her father had made for her after she retrieved the money he had sewn into them. Just as she needed to rid herself of unnecessary ballast, she gave up the whole legacy bequeathed to her by her father in order to navigate her way more successfully under dismal circumstances. Given that the oppressor had degraded her father and indelibly dramatized for her not only that being Jewish represented weakness but also that Jewish togetherness was "the worst thing," she felt she had no choice.

But surprisingly, as we follow Lola as she negotiates the extreme challenges posed to her, we recognize remarkable resilience *in spite of* her leaving behind her Jewish heri-

²The Bulgarian-born writer Elias Canetti thinks that the words of the mother tongue are "charged" with a "special passion" —reflecting on his own experience of growing up speaking German, but living in his English exile. This sheds light on the deprivation caused by being cut off from conversing in one's own language for extended periods of time (Canetti, 1978).

tage. She survived ingeniously and learned to manipulate her environment at times with great spunk and flamboyance. For example, she was able to extricate herself from her unhappy first marriage and rebuild her life almost single-handedly with her two sons in the United States.

What can account for this strength, considering that Lola was neglected and abused by her mother in her early years? It seems very plausible that Lola was able to fall back on sources of nurturance other than her parents as a child and early teenager. In this context, it is interesting how Lola talks about her grandmothers: "My grandmothers were very loving mothers. They took care of me because my mother was always busy. . . Especially my mother's mother was so caring. She was like an angel. She was actually raising me."

Research has shown that the availability of a trusting relationship is extremely important not only for mustering a resilient response to circumstances unfavorable for a child's growth — as in the case of parental neglect — but also for developing a latent potential that may lie dormant for some time but can be activated when needed later on. (Loesel & Bliesener, 1990; Rutter, 1981; Vanistendael, 1998).

It seems that Lola, after initially benefiting from her grandmothers' nurturance, was able to transfer her need for attention and affection to a Polish gentile woman after they died suddenly when she was aged seven. She describes this Gentile woman as being "very good" to her and emphasizes how protected she felt in her presence. Lola witnessed a lot of adult conversations on confidential matters in this woman's house. She inferred from this fact that the adults rated her mature enough to deserve their trust. This boosted her self-confidence considerably. Even more so, knowing that she was able to hold these secrets instead of burdening her "nervous" mother with them most likely also strengthened Lola's sense of responsibility and maturity and thus pro-

moted in her a healthy sense of independence.

It is then not surprising that Lola did well throughout her life as long as she was able to allow herself to be nurtured by substitute grandmothers, "older women" like her mother-in-law or Mrs. B., or, for that matter, "older men" like her second husband. However, when these attachments fail her, Lola gets taken over by abandonment depression and agoraphobic anxieties, which force her into an extremely marginal existence. In such times of crisis, accentuated by the vicissitudes of aging, her mother's dictum "*you are alone*" seems to turn for Lola into a condemnation and a curse. Then Lola is in danger of losing sight of her achievements: An outcry such as that she is "feeling abandoned by the whole world" shows how her memories of the war color her perception of the present. Similarly, her public speaking appearances that brought her at least temporarily out of her withdrawal and tended to engage her in a positive way have the side effects of causing nightmares suffused with indelible Holocaust images.

However, Lola's experiences with the survivors group, where she felt ostracized for having praised the gentiles who had been helpful to her, highlights another side of the coin of her suffusing present experience with Holocaust past: She had no sense of how she was contributing to her own "abandonment" by being provocative. Her emotional investment in her own victimhood rendered it impossible for her to have any trace of empathy for her fellow survivors who might have suffered just as she did, or even worse, who may have been victimized to the extreme at the hands of "goyim." As long as Lola is not able to rein in her unconscious identification with the aggressor, which deprives her of any sense of how her own actions alienate other people, she will continue to ask for rejection and will feel crushed when people turn on her.

How did her mother's parting words turn for Lola from watchword to curse and condemnation in her later years? Why does the

resilience she mustered earlier not hold up at this time of life to keep this sort of undermining ideation at bay? It seems that the losses Lola experienced in her later years leave her vulnerable to intrusions of childhood memories that selectively connect her to the cumulative effects of her mother's negligence and rejection and her father's prolonged absences. Today, she has the hardest time being there for her own young grandchildren. Whenever she is expected to take care of them or merely to be with them, she experiences debilitating anxieties and psychosomatic symptoms. Perhaps because of her experience of her grandmothers' sudden deaths, her knowledge of her father's violent death at the hands of the Nazis, and her mother's continuously rejecting behavior toward her even in her old age, Lola was and is deprived of seeing a "normal" course of aging in these loved ones. This absence might account for her helplessness and psychic immobility when she seems engulfed by fears of a sudden or mysterious death, just as she witnessed with her grandmothers.

A TREATMENT STRATEGY

Lola sought professional help on several occasions in recent years, often as a follow-up to her hospitalizations. In conjunction with anxieties, depression, and an inability to concentrate, she mainly presented her ever-festering wound of feeling mercilessly rejected by her mother and sister. Especially when Lola is "down," she longs for nothing more than getting in touch with them. But Lola's turning to professionals, to Jews and Gentiles alike, has not helped her so far — in fact, it has exasperated her: *"Every counselor I go to tells me, 'Why don't you forget? Why don't you forget?' I said, 'How can I? I cannot!' 'Divorce! Divorce them!' That's the famous advice they give you. All of them."*

Considering that she was disappointed by previous therapists who challenged the desire to reconnect with her mother and sister ("divorce them!"), what would be an effective therapeutic strategy to build a working alliance with her?

Lola's case demonstrates why it is crucial for a therapist to first understand why previous treatments failed. Even though it might make sense to advise Lola to get rid of someone who does not treat her "right" by consistently rejecting her, this approach does not take into consideration that her mother and sister are the only people on earth who know her from childhood. In a way, the previous therapists unknowingly reinforced in Lola a sense of *"being abandoned by the whole world"* especially when considering that her mother had sent her off with the words that *"it is dangerous to be with someone"* when one struggles for survival. Undoubtedly, efforts to break this "spell" would have to start in the first session by showing Lola that she is understood in her legitimate desire to draw close to her mother and sister. In this vein, the therapist needs to commend Lola for her incessant attempts to straighten things out with her mother in spite of her ongoing rejections. Moreover, the therapist should point out to Lola how her prayers asking G-d to let her mother allow her to take care of her in her old age are to be seen as her commitment to "honor her mother" by fulfilling the duties of a good Jewish daughter. With this intervention, the therapist reminds Lola just how much strength and steadfastness are bound up in her efforts to pursue her mother to establish peace with her.

These initial interventions are designed to feed into a strategy that ultimately is geared to rekindle Lola's resilience—the type she mustered during the war and when she struggled against the odds as a new immigrant in the United States. To this end the therapist needs to explore with Lola how she was able to put her shrewdness to work and muster strength in the past. Discussing this topic will, inevitably, bring up numerous stories of how gentiles helped her in her struggle. At the same time, this exploration will remind her that bonding with these "good goyim (gentiles)" exacted a price from her in the past: most notably the rejection by her mother and sister, by a Jewish agency in Poland, and, recently, by a Jewish survivor

group. As a result, accepting help from gentiles throughout her life only furthered her alienation from Jewish sources of nurturance and from her own Jewish heritage.

Acknowledging the important role of the non-Jewish rescuer and ally is a strategically important step in Lola's recovery, especially because it opens up a world of ambivalent feelings regarding her own Jewish identity. In this situation, the therapist has a preeminent role to play in not only validating Lola's struggle but also in paying respect to the fact that she never gave up her Jewish identity by converting to Christianity. Even when Lola hid her Jewish identity as in her first marriage when she did not publicly acknowledge being a Jew, she did not totally suppress her self-identification as a Jew. In cases like this, the therapist has an opportunity to recast Lola's gratefulness to her gentile rescuers in the light of talmudic teachings. The maxim of "*chayecha kodmim*" (your life comes first) not only permits but requires that a person whose life is in danger should rescue him- or herself by all possible means, including enlisting the help of gentiles. In addition, acknowledging the good deeds of the rescuers and courageously standing up for them are considered important Jewish virtues, canonized by the phrase, "*hakarat hatov*" (acknowledgment of the good that was done for one).

By pointing out to her how her actions are still influenced and even guided by the religious upbringing of her pre-Holocaust childhood, the therapist might encourage her to further explore her ties with her father. In the course of her testimony, Lola occasionally invokes images of her father in a longing way. For example, she says: "It happened to me that I saw a man on the street from the back. I was sure that it *was* my father. When I came closer I realized that it was not him and I was shattered. I call this my hallucinations." In situations like this, Lola is gripped by the immediacy of her experience, but in the next instant she has to dismiss the experience as a "hallucination." But her invalidating the experience as a "hallucination"

has a shattering effect. The therapist needs to understand that what Lola calls hallucinations are really an attempt by her psyche to heal itself by reviving the internalized connection to her father as a source of energy to combat her feelings of abandonment and to gain strength in the ongoing wrestling with her mother. In order for this reinvocation of her connection with her father to be fruitful, Lola has to be helped to transform these types of flashback experiences into memories, a task that can only be accomplished if a process of mourning for her father can be initiated and facilitated (Auerhahn & Laub, 1984; Freud, 1917).

In Heinz Kohut's idiom, the connection with her father can be tapped as a resource for strengthening the self (Kohut, 1977). Moreover, the therapist can use these images to explore what made the bonding between her and her father so special *beyond* the fact that she felt safe and comforted when she was with him. A therapeutic intervention that is guided by this understanding harbors the prospect of opening up buried connections to her Jewish heritage and the way her father represented it for her—a model of Judaism that is in refreshing contrast to her mother's exclusionary and rejectionist version.

Up to now, her mother has literally deprived Lola of her Jewish heritage by denying her space in her own Jewish world after the war. Thus, she had reinforced in Lola whatever she had internalized of the oppressor's hostility toward Judaism, instead of allowing her to heal from it by welcoming her back into the Jewish world. As Lola becomes aware of how much of the Jewish religious teachings she imbibed from her father's modeling still influence her motivations and behavior, she will gain stronger self-confidence in the struggle with her mother. She will realize that some of her mother's behaviors are, in fact, unacceptable by the standards of Jewish law, most notably the commandment to love your fellow Jew (*ahavas Yisroel*).

In the style of Bowen's family therapy, the therapist could coach Lola how to wrestle

effectively with her mother. Once Lola refamiliarized herself with her own religious origins, she could be emboldened to challenge her mother on religious grounds too. The therapist could encourage her to enlist the help of an Orthodox rabbi to remind her mother of her own religious duties in relation to her daughter. The mere practice of entering into an effective battle with her mother will give Lola a sense that she is not forever condemned to be her mother's victim and to live the life of an orphan looking for substitute parents, but that she can, in fact, experience herself as being just as good a fighter as her mother.

But what are the inner resources for bringing out Lola's strength as a fighter and for tapping her underlying resilience? In addition to exploring the strong emotional connection to her father and the nurturing images of her grandmothers, the therapist needs to remind Lola of her own unusual developmental achievements as a young teenager. Lola recalls the moment she was sent off by her mother: *"She said 'You have to be on your own because of what is going on (in these times of war), you understand? If one of us survives, or more than one, it would be a miracle.' So I went. By eleven I was already a grown-up person. And I never felt anything against her for sending me away like that".*

The therapist can use Lola's recalling of her first awareness of her maturity moment as an opportunity to point out that it hints at a definite new quality in her relationship with her mother: Clearly she felt that her mother took her seriously as a person by expecting her to accept responsibility for herself in her struggle for survival. Catapulted by hostile circumstances to see her mother in a new light, Lola was now able to also read some of her mother's behavior differently. She was able, for example, to appreciate, how her mother was "smart" to steal her sister at night from the hospital where she was locked up with typhus. Lola also realized that in times of crisis her mother emerged as a fighter, whereas her father remained "quiet"

and fatalistic, given over to the attitude of "whatever will be, will be." She recalls how she was increasingly alarmed at this time that her father, who had taken prolonged leaves of absence from his family before the war, turned into a "very close family man", so much so that Lola feared he would jeopardize his chances for survival by remaining too attached to the family.

In short, all of these explorations of Lola's premature coming of age are aimed at facilitating Lola's owning up to the fact that she had developed her own sound judgment in her early teens. Reconnecting to this good sense of judgment, Lola can now be emboldened to demand from her mother that she also relate to her as an equal for the rest of her life. And then for the first time, by liberating herself from her mother's alienated image of her, Lola might realize that she has a *choice* concerning how to relate to her Jewish heritage.

SOME GENERAL APPLICATIONS OF LOLA Z'S CASE FOR WORK WITH CHILD SURVIVORS

Until larger studies on the long-term effects of trauma on aging Holocaust survivors are completed, we can still learn a great deal from case studies. The following are some tentative guidelines for working with child survivors.

The case of Lola Z shows how important it is to create a receptive environment for the survivor to share not only on the details of persecution but also of prewar experiences, including family life and cultural and religious background. This sharing enables the survivor to restore some degree of coherence as it helps "synthesize a worldless, psychotic experience, making it a human one" provided the listener is present with all empathic faculties (Auerhahn & Laub). "While survivors wanted to live one day longer than the war in order to tell, they needed this telling in order to live. . . for telling confirms who they are." Seeking to understand not only the survivors' conflicted present experience but also

where he or she comes from in all its dimensions will enable the therapist to devise an appropriate treatment strategy.

Think *resilience*. In the process of receiving the survivor's story with a nonjudgmental attitude, it is crucial for the therapist to listen for potential sources of nurturance that may have facilitated the survivor's struggle with adversity before, during, and after the war. We cannot assume that the childhood of all survivors was a "bed of roses" before persecution set in – never mind the idealizing accounts that some survivors might present in their interviews (Auerhahn & Laub, 1984). Just as today, inappropriate mothering, abuse, and neglect occurred. There were also tensions in nuclear families, as well as broken homes, economic hardship, explosive antireligious sentiments, and the like.

The relevant questions for developing a treatment strategy are: How did this particular child navigate in the face of adversities of this kind during childhood and adolescence? How did he or she develop special survival skills that might have played a role in strengthening the self once families were torn apart? Was the child able to draw on people other than parents for emotional nurturance? Paying special attention to sources of resilience will enable the therapist to evaluate the child survivor client from a more differentiated point of reference than a perspective of mere victimhood. This is the therapist's opportunity to open him- or herself up to learning from the client's story how these emotional resources and the memories of developmental achievements can be tapped in treatment to rekindle resilience in the elderly survivor. There is a body of literature in psychology devoted to jumpstarting a new perspective in investigating human growth under conditions of adversity³ that will be helpful to the practitioner, especially

in keeping abreast of various factors of resilience.⁴

A specific problem for some child survivors is that their separation from their parents was actually a protective measure. Unlike Lola, who claims never to have had resented her mother for sending her away on her own because she *understood* the necessity of this separation at age eleven, other child survivors report long-lasting difficulties because of what appeared to them as "being left behind" by their parents. In recent narratives by child survivors, coming to understand the parents' intent plays a significant role in overcoming their trauma. These resentments toward the parents borne of an unconscious sense of betrayal linger on in some child survivors' postwar lives and are sometimes even inaccessible to psychoanalytic treatment. Paul Valent (1994) movingly describes his struggle with overcoming decades of detachment that had led to the denial of his child survivor identity and his recovering feelings of abandonment when this topic was finally broached in an interview with an empathic listener. Healing is only possible when the "child in recovery" is able to appreciate his or her parents' disap-

of what sources of strength those people were drawing on who emerged from the Holocaust "unscathed" (Seligman & Csikszentmihalyi, 2000). However, with regard to the situation of aging Holocaust survivors the perspective of Positive Psychology needs to be taken with a grain of salt, because many survivors would fall by the wayside as they could not be presented as perfect success stories in accordance with the ideals of Positive Psychology. But are not these survivors the ones who have the most need for therapy and social services? Therefore, should not researchers pay more attention to them?

⁴I recommend especially Stefan Vanistendael's brochure. *Growth in the Muddle of Life – Resilience: Building on People's Strength* (1995) because it is written for practitioners who do not have the time to study big volumes. It can be ordered by sending a self-addressed envelope to Bureau International Catholique de l'Enfance, 11 rue Cornavin, CH -1201 Geneva, Switzerland. See also Aspinwall & Staudinger (2003), Loesel & Bliesener (1990), and Rutter (1981).

³Mihaly Csikszentmihalyi, one of the founders of "Positive Psychology," emphasizes that he was inspired to widen the perspectives of psychological research by pondering the question

pearance under those circumstances as an act of love. Valent writes: "*If they had not loved me desperately, they would have taken me with them. If they had not loved me desperately, they would have looked after me, rather than erected walls for me. The walls have dissolved, and I have rediscovered their love.*"

Another factor that wreaked havoc in the lives of some child survivors is that they formed strong emotional attachments with their rescuers and consequently with their rescuers' religious and cultural backgrounds. As a result, they were thrown into painful confusion when their real parents reclaimed them after the war (see the memoir by Odette Meyers, 1997). There are numerous cases where child survivors whose parents were killed during the Holocaust either felt seriously drawn to their rescuers' religion (Friedlaender, 1980) or converted in hopes of overcoming the torment of ambivalence and finding a new and "safer" spiritual and cultural home: this was the case of Cardinal Lustiger of Paris.

A case like Lola Z. teaches us that we inevitably face limits concerning what therapy (even good therapy) can accomplish in terms of restoring in aging survivors a sense of well-being. Our therapeutic work can never make up for the losses that the genocidal policy of the Nazis inflicted on survivors, but it can help them recognize how they still might be in the thrall of the self-censorship once adopted as a self-protective mechanism. A lot will be gained if survivors become aware in the course of treatment how their severing their ties from their cultural and religious heritage in some cases is no longer in the service of survival but rather a counterproductive extension of Nazi persecution in their present lives. To put it in stronger words: This type of self-inflicted censorship and deprivation works like an extended arm of Nazi persecution in the present and can therefore lead to psychic immobility and depletion of sources of nurturance (well demonstrated by Lola's agoraphobic anxieties and depression). When the client is

unable, like Lola, to gain access to her inner healing resources, the therapist needs to adopt the strategy of a rescuer, who helps him or her sort out in which ways he or she is still tied to the persecutor and is thus forced to live in a state of internal exile.

The therapist must be seen throughout therapy as actively cathecting life, even after an experience that represents the negation of life, in order to counter the overwhelming presence of death. The therapist must be seen as actively championing a different outcome than enslavement to the repetition compulsion. Rebuilding the world that has been destroyed in trauma is done with the good-enough-therapist who is not a rescuer unseating the parent (like the Nazis did), but a witness restoring the parent by containing the parental function, most essentially, the caring about life and giving birth to it (Peskin, Auerhann, & Laub, 1997).

To facilitate clients' reconnecting to their inner resources, the rescuer/therapist has *to allow them* to express their affection for their non-Jewish rescuers and even their appreciation for their ties with the rescuers' cultural background. The therapist's opening up of this venue of the survivor's emotional expression for the gentile rescuer that might previously have been seen as taboo — especially in a Jewish treatment setting — will forge a trusting bond with the therapist on which basis child survivors *can allow themselves* to remember emotionally the parent and the Jewish religious and cultural heritage they represented. For these internal ties to a lost parent to emerge it is crucial that the therapist understands that facilitating the client's grieving not only entails the acknowledgment of having lost the parent(s) and grandparents in real life but also the need to create continuity—a process in which the disruption to the inner self-other relationship caused by the actual loss is repaired and a sustaining inner relationship is ensured (Gaines, 1997).

In the case of Lola Z. the reviving of her own good "inclusive" Jewish world, as rep-

resented by her ties to her father, is of crucial importance to outweigh the exclusivistic and rejectionist Judaism demonstrated and lived by her mother. The therapist needs to model the possibility of unifying her "gentile" with her "Jewish" worlds by bringing these two worlds into an internal dialogue.

Obviously, to follow these guidelines one does not need to be a Jewish therapist nor work in a Jewish social service agency. However, it is especially important to be nonjudgmental and open-minded in learning from our survivor clients. Their special issues with their cultural and religious heritage that emerge in treatment can be reconfigured as transformational venues for a more sustained and enduring healing process.⁵

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- ⁵In addition to knowing the relevant literature, therapists treating aging Holocaust survivors should study survivors' autobiographies with a special focus on the role of nurturing attachments in their lives, as well as their resilient responses to adversity. If one is not able to attend workshops on working with Holocaust survivors, it is useful to participate in programs on trauma and trauma recovery. Last but not least, a basic knowledge of the practice of Judaism and the history of the Holocaust is essential.
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