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Editor's Introduction

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EDITOR'S INTRODUCTION

BY JAY GREENBERG

Psychoanalysis, now well into its second century as an intellectual discipline and a method of treatment, faces a challenge that comes with maturity both for individuals and for institutions. If we are to remain vital and generative (following Erikson 1950), if we are to avoid the kind of stagnation that comes with complacency, we must take hard looks both at who we are and at how we have become who we are.

This is especially important because psychoanalysis is, on the one hand, a discipline that is designed to influence the lives of people who come to us in great need of help with their suffering and on the other hand a method that is plagued by uncertainty about both its concepts and its efficacy. Because of this, psychoanalysis, and individual psychoanalysts, are vulnerable to being influenced by charismatic figures and by ideas that are compelling but not yet fully examined.

Like psychoanalytic treatment itself, the examination of what we have become as a discipline and a profession is certain to be arduous and painful. The problem goes back to the beginning, to Freud's tortured confession to Fliess that "I no longer believe in my neurotica" (1897, p. 259). We see in this *cri de coeur* and in Freud's confession later in the letter that personal resonances shaped his theorizing. Sustaining the seduction hypothesis, he acknowledges, would entail indicting the fathers of hysterics as perverts, "not excluding my own" (p. 259). Exploring the personal provenance of our theories brings with it personal torment.

Some 35 years after Freud wrote to Fliess the problem surfaced again, publicly and prominently. Theory had changed radically during the 1920's—the centrality of aggression and of signal anxiety are only two of the most prominent changes—and analysts had to account for how they could have believed that they had cured patients despite

lacking the concepts that were by 1930 seen as essential to the therapeutic impact of psychoanalytic treatment. Edward Glover set himself the task of explaining why every psychoanalyst, Freud included, could have claimed cure by interpretation alone when the theory itself was incomplete, inaccurate, and incapable of informing the kinds of interpretation that were necessary for cure.

Less personally anguished than Freud had been, and perhaps emboldened by his adroit use of an evolved and maneuverable metapsychology, Glover was able to argue that interpretations that were "inexact" could have therapeutic if not quite analytic effects (Glover 1931). His paper seems only to have put a band-aid on the problem, for some analysts and temporarily, but what remains striking even today is that apparently he was the only analyst to have noticed that there was a problem at all. His effort, like Freud's, stands as evidence of how much hard work it takes to reckon with ideas that have taken hold of an intellectual discipline.

In those early days, psychoanalytic thinking was at least relatively homogeneous conceptually (a circumstance perpetuated by the expulsion of dissidents) and also relatively confined to a small geographic area. Because of this, theorists did not have to grapple with a situation that characterizes our contemporary environment, the proliferation of theoretical systems, and the development of psychoanalytic ideas across many different cultural communities. This challenges us to continually interrogate our ways of thinking about the origin, dissemination, and impact of ideas that compete to shape our theories and our practice. We need, it is fair to say, a sociology of psychoanalytic beliefs.

In "The Intergenerational Transmission of Holocaust Trauma: A Psychoanalytic Theory Revisited," Robin Pollack Gomolin, by training both a sociologist and a psychoanalyst, courageously and provocatively undertakes an exploration of the dissemination of what has become a widely accepted idea both within and outside of psychoanalysis. Gomolin summarizes the idea when she writes that there is a tendency in much of the psychoanalytic literature to "describe unique psychopathology in the offspring of the Holocaust survivors and a psychological mechanism that leads the survivors' children to occupy two spheres of existence, the past and the present" (see this issue).

Gomolin's project is to examine this idea, that is, to explore whether it stands as a finding of psychoanalytic (and non-analytic) investigations or whether it needs to be thought of as an assumption that gives shape to and perhaps even determines clinical and extra-clinical observations. In order to pursue her topic, Gomolin pushes herself to ask a further question: if the concept of intergenerational transmission is not simply an objective conclusion drawn from the data, what factors other than the data might account for the origin and, equally important, the dissemination and wide acceptance of the concept. She concludes that "… theories about an intergenerational transmission of Holocaust trauma that emerged in the wake of the analyses of the survivors' children reflect external factors and unconscious vicissitudes … " (see this issue).

Something similar could be said of virtually all psychoanalytic conclusions; as Freud quickly discovered, the intensely personal nature of our work makes this even more likely than it is in other disciplines. But conclusions about the impact of trauma generally, and massive trauma suffered by large groups of people in particular, are especially difficult to discuss without fear of inflicting further injury. As Emily Kuriloff (2014) has noted, the fact that so many psychoanalytic theorists experienced the Holocaust personally may have contributed to the widespread neglect of trauma that characterized mainstream thinking in the decades following World War II. Perhaps we have recreated, on a far larger scale, Freud's inability to reckon fully with his own history.

But Gomolin's paper is not just about psychoanalysis as a discipline, or about the transmission of ideas in a general sense, or even about the impact of the many instances of violence and genocide that have been inflicted on groups of people throughout human history. It is also about a specific lived experience that has affected millions of people. And it is about the attempts of several generations of psychoanalysts to understand the impact of that violence and to try, in whatever ways are at their disposal, to ameliorate the suffering of some who have been affected. Clinicians, those who are theoretically inclined and those who are not, have grappled with the questions raised by Gomolin and have arrived at very different conclusions.

Accordingly, I have invited five psychoanalysts to discuss Gomolin's paper. Three of the discussants, approaching the question from different but complementary perspectives, vigorously challenge her

methodology and/or her conclusions. Sam Gerson reminds us that in addition to clinical reports we have a great deal of first-person testimony in the writings of Holocaust survivors and of their first generation descendants. Gerson believes that these writings, which reflect "the amalgam of suffering and strength that often characterizes survivors and their offspring" (see this issue) "convey more of the essence of the psychological experience of children of survivors and of the intergenerational transmission of trauma than do many of the interpretations and formulations presented by the psychoanalysts whom Gomolin quotes" (see this issue). Gomolin, he claims, is too narrow and too selective in her engagement with the literature.

Basing her critique on "the evidence derived from clinical experience including both verbal associations and intersubjective impressions subjected to self analytically disciplined inferences" (see this issue), Ilany Kogan concludes, *contra* Gomolin, that there is a "specificity and uniqueness of the symptoms of Holocaust survivors' offspring resulting from the fact that, even though each second-generation child possesses a unique individual identity, all share similar links to the image of the Holocaust trauma and all share similar unconscious tasks for coping with it" (see this issue). Kogan further argues for what she calls a "universal theory of the transmission of trauma. This universal theory argues that the affected parents' inability to mourn, coupled with a desire to protect the offspring from the dark shadow of persecution, results in long-term effects that are passed on for further psychosocial processing to the next generation" (see this issue).

Jill Salberg, in general agreement with Kogan, sees an appreciation of the "universal theory" as part and parcel of a broader change in which "new models of the mind have shifted the [psychoanalytic] paradigm. We have come to think about psychic pain and symptoms, problems in relationships, the psyche/soma connection and how Big History, culture, race and gender enter our lives in a more expansive, interpenetrating way" (see this issue). Salberg sees intergenerational transmission as an essential consequence of the nature of human attachment, and of new conceptualizations of mind as "constructed intersubjectively between parent and child and in dialogue with someone's culture and environment" (see this issue). She invokes "a complex picture of what being attached to this particular parent feels like, what I have termed

the texture of traumatic attachment and what demands are placed upon the child's mind while also searching for a safe base of attachment" (see this issue) as the mechanism of intergenerational transmission.

In contrast to Gerson, Kogan, and Salberg, and in considerable agreement with much of Gomolin's argument Ornstein, Ornstein, and Halpern suggest that, not only the concept of intergenerational transmission, but the idea of Holocaust survival itself paints with too broad a brush. Approaching the problem from personal as well as clinical experience, they write that,

> Until we learn how a person lived through the Holocaust, we cannot begin to understand recovery and mourning, or what cannot be recovered or mourned or how these experiences shaped the lives of the children of the survivor. To understand … we have to ask for the details and the particular meanings their survival had for them and for their children. (see this issue)

In their view, psychoanalysts "diagnosed survivor syndrome indiscriminately in the survivors of the Holocaust and their children" (see this issue) and they insist, emphatically and passionately, that "The intergenerational transmission of survivor's conscious and unconscious experience did not consist solely of trauma" (see this issue).

In light of even this brief overview, it is clear that Jane Kite is correct when she notes in her discussion that "In its way Gomolin's paper calls every important question in psychoanalysis. How do we understand the workings of memory? Trauma? The particular relatedness of analyst and patient? And, perhaps most importantly, what is the analyst's inevitable contribution as a person—personal knowledge in Polanyi's terms to the patient's analysis" (see this issue). Kite argues that every psychoanalyst should be keeping Gomolin's questions in mind, with every analysand, in every treatment.

This makes the paper especially important now, as psychoanalytic theory and practice are undergoing significant transformations. Noting only one of many possible themes, several of the discussants note that one central aspect of these transformations is that we increasingly appreciate the importance of what is called, in a kind of professional shorthand, "environmental influence." This includes experience that is

traumatic as well as experience that is not, it includes what happened in the past as well as what is happening in the present, it includes events that take place in the consulting room and those that take place elsewhere, and it includes events that take place within large social structures as well as within dyads and smaller groups such as the family. The new emphasis which, following Kuriloff (2014), may have come slowly in part because of the effects that the Holocaust had on a generation of analysts, demands of us that we reflect carefully on what we believe and why we believe it. It is in this spirit that *The Psychoanalytic Quarterly* is pleased to publish Robin Gomolin's challenging paper and the five equally challenging discussions.

REFERENCES

Erikson, E. (1950). *Childhood and Society*. New York: Norton & Co.

Freud, S. (1897). Freud to Fliess, Letter 69. *S.E.* 1.

Glover, E. (1931). The therapeutic effect of inexact interpretation: A contribution to the theory of suggestion. *Int. J. Psychoanal.* 12:397–411.

Kuriloff, E. (2014). *Contemporary Psychoanalysis and the History of the Third Reich: History, Memory, Tradition*. New York and London: Routledge.

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The Intergenerational Transmission of Holocaust Trauma: A Psychoanalytic Theory Revisited

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THE INTERGENERATIONAL TRANSMISSION OF HOLOCAUST TRAUMA: A PSYCHOANALYTIC THEORY REVISITED

BY ROBIN POLLACK GOMOLIN

In this paper, I revisit the theory of an intergenerational transmission of Holocaust trauma. The theory argues that psychological symptoms and ego impairments observed in Holocaust survivors' children are unique: a consequence of a vicarious exposure to their parents' traumatic experiences. Using qualitative and quantitative research methods, I reviewed fifty-five case descriptions of children of Holocaust survivors. Though many decades have passed since the inception of this theory, the psychoanalytic literature continues to discuss the ongoing psychological difficulties of survivors and their offspring. I posit that the discourse of trauma that emerged in the wake of the analyses of the children of Holocaust survivors also reflects external factors and unconscious vicissitudes related to the sharing of a "chosen trauma." I liken the creation of the theory about the Holocaust survivors' children to the construction of a monument. Within that monument the anxieties, projections, and theoretical and political ideologies, as well as the unconscious experiences, of theorists are contained.

Keywords: Intergenerational transmission of trauma, second generation, massive psychic trauma, survivor syndrome.

INTRODUCTON

My interest in the children of Holocaust survivors and the theory of an intergenerational transmission of trauma is longstanding. The roots

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of this interest are personal. Growing up in Montreal, a city that resettled many survivors, I attended a Jewish day school until University. Many of my friends and classmates were the children of survivors and refugees.

Later, in the early 1980's, as a social worker on a crisis intervention unit, I had professional contact with children of Holocaust survivors, most of whom had severe psychological impairments. The clinical understanding of the time, as I acquired it through their psychiatrists and my supervisors, was that a parent's Holocaust experiences led to illness in their offspring.

During this same period of time, I continued to have many close friends who were also children of Holocaust survivors. They were happy, successful achievers whose lives looked no different than mine. I was struck by the difference in functioning between these two groups of Holocaust survivors' children. Twenty years later, in a research project for my doctoral dissertation, I returned to this observation.

As I immersed myself in a review of the literature, I learned there was a polarization in findings regarding the mental health of the survivors' children. In the psychoanalytic literature, some writers describe unique psychopathology in the offspring of the Holocaust survivors and a psychological mechanism that leads the survivors' children to occupy two spheres of existence—the past and the present. This mechanism is called "transposition" and extends beyond identification (J. Kestenberg 1980, p. 148). There are numerous elaborations of this mode of affective functioning that is seen as specific to children of Holocaust survivors.[1]

As a counterpoint to the psychoanalytic literature, findings from numerous other studies indicate that within Holocaust survivor families, a range of psychological adjustment exists just as in other populations. These results suggest that a host of variables influence the psychological and social development of children of survivors (i.e., a parent's immigrant status, gender differences,

[1] See Faimberg 1988; Grubrich-Simitis 1984; Kogan 1995a, 1995b; Levine 1982.

education, and parents' post-war integration into a new community).[2,3]

It was the commitment of some psychoanalytic theorists to a discourse of trauma about the survivors' children and the argument that their symptoms and unconscious repetitions are *uniquely* structured by their parents' Holocaust trauma that fascinated me. What was in the clinical presentation of the Holocaust survivors' children that made some psychoanalysts believe that their symptoms were qualitatively different? What had they experienced in the transference that impassioned this conviction? Had the nature of this particular trauma influenced the analytic functioning of the clinician and the conceptualization and presentation of clinical material?

I gathered all the psychoanalytic papers that had been written about children of Holocaust survivors between the years of 1967 and 2003.[4,5] Reading and rereading them, I got to know the theorists through the

[2] See Antonovsky et al. 1971; Baron et al. 1993; Felsen and Erlich 1990; Gay and Shulman 1978; Leon et al. 1981; Rose et al. 1987; Russel 1985; Rustin 1980; Schwartz 1994; Sigal and Weinfeld 1989, 1998; Solomon 1998; Suedfeld, 2000; Suedfeld and Soriano 1998; and Zlotogorski 1983.

[3] Ijzendoornet et al. (2003) conducted a meta-analysis on 32 samples involving 4,418 participants. These investigators tested the hypothesis that secondary traumatization in Holocaust survivor families existed and found no evidence for the influence of the parents' traumatic Holocaust experiences on their children. Their results suggest that secondary traumatization emerged only in studies on clinical participants, who were physically or psychologically stressed for other reasons.

[4] Fifty-one journal articles and two books were selected through an examination of eight databases and the pursuit of references in identified works. The books contained the first clinical descriptions of children of survivors and continue to be prominently cited. Thirty-six of the articles were clinical papers (71%). The remaining 15 were theoretical papers or presentations based on qualitative interview data (29%). The fifty-five clinical descriptions included 31 female patients (56%) and 24 male patients (44%). The distribution of cases by gender indicated some differences over time, with males representing the majority of patients between 1968-1980 and females representing the majority of patients between 1980 and 2003.

[5] In the psychoanalytic literature written after 2003, writers continue to claim that children and grandchildren of Holocaust survivors "live out a state of alternating reality and fantasy, in effect a double reality of past and present" (Kahn 2006, p. 78). Blum (2007) writes, ". . . there are persistent traumatic residues with can have pathogenic effects on adult symptoms, character, and object relations. The patient experienced cumulative trauma, interwoven with his unconscious conflicts and fantasies" (p. 65). See also papers by Connolly 2011; Gerson 2009; Grünberg 2007; Grubrich-Simitis 2010; Gorden 2011; Moore 2009; and Rosenblum 2009.

words they used to describe their patients and the analytic process. I studied how they connected these descriptions to the central assumptions of the theories that emerged from them. Through a quantitative analysis, I also examined specific characteristics of these papers.

In this essay I present the central findings from my analysis of the literature on the children of Holocaust survivors. Ultimately this essay will not tell you why authors continue to argue for a theory of an intergenerational theory of Holocaust trauma. Instead, it will offer insights into factors external to the clinical process that may have lead them in this direction; it will also suggest that the theories about an intergenerational transmission of Holocaust trauma that emerged in the wake of the analyses of the survivors' children reflect external factors and unconscious vicissitudes related to the sharing of a "chosen trauma."[6]

EARLY OBSERVATIONS OF THE SURVIVORS' CHILDREN AND THE BIRTH OF A THEORY

In the late 1960's and early 1970's, some clinicians began to note that large numbers of children of survivors' children were presenting in psychiatric clinics. Preliminary observations expressed caution with regard to forging definitive links between the psychological vulnerabilities of children of survivors and their parents' Holocaust experiences.[7,8] By the early 1980's, however, many psychoanalytic papers on the topic begin with the assertion that the survivors' Holocaust experiences have dire psychological consequences for their offspring.[9]

[6] Volkan (1997) uses the term "chosen trauma" to describe how the collective memory of a calamity that once befell a group's ancestors can become a shared mental representation of the event. It includes "realistic information, fantasized expectations, intense feelings, and defenses against unacceptable thoughts" (p. 48).

[7] See Furman 1973; Laufer 1973; Rakoff, Sigal, and Epstien 1966; Rosenberger 1973; Sigal, Silver, Rakoff, and Ellin 1973.

[8] This body of literature unfolded within three different periods: 1968-1982, 1982-1990, and 1990-2003. 27% published in the first period, 35% in the second and 40% in the third.

[9] See Auerhahn and Prelinger 1983; Barocas and Barocas 1979; Bergmann 1982; Gubrich-Simitis 1984; Jucovy 1985; Kestenberg, J. 1982a; Laub and Auerhahn 1989; and Levine 1982.

In one of the first early papers where the transmission of trauma is presented as inevitable, the author states that symptoms seen in the survivors' children are strikingly similar to the "survivor syndrome" of their parents,[10] referring to them as "children of purgatory" and "the next generation of Holocaust victims" (Barocas 1975; Barocas and Barocas 1979). Within the titles and introductory paragraphs of many early papers, authors present beliefs regarding the parenting abilities of the survivors and the transmission of trauma to their children. For example, Barocas and Barocas (1979) write:

> Only recently, the study of genocide in the World War II era has suddenly captured the feelings and interests of people around the world. Today there is growing concern that the devastating experiences of the survivors have been revisited upon their children. The after effects of the concentration camps are being handed down unto the second generation, the heirs of the Holocaust. [p. 330]

When the authors' initial "concern" for the children of survivors becomes a conclusion that they are the "heirs" of their parent's experiences, the prediction of transmission appears rather certain. The children of survivors will inherit their parents' Holocaust related symptoms: these are the "after effects" that are "being handed down." The use of the word "unto," a biblical reference to an image that is larger than man, suggests that it would be impossible for children of survivors to transcend their parents' Holocaust experiences.

Several sentences later the introductory statement concludes, "One more evil legacy of the Holocaust is the realization that the concentration camp experience will have a profound impact on successive

[10] The term "survivor syndrome" was conceived within the initial literature on Holocaust survivorship and emerged as a result of the German government's restitution program. Restitution was the financial compensation awarded to Jews who were victims of the Holocaust. Claims for payment required examination by physicians. According to Niederland (1968) clinical observation of about 800 survivors of Nazi persecution revealed that the survivor syndrome is composed of the following manifestations: anxiety (the most predominant complaint), disturbances of cognition and memory, chronic depressive states, tendency to isolation, tenuous and unstable object-relations, with marked ambivalence notable in lasting disturbances of object-relations, regressive and primitive methods of dealing with aggression result in schizophrenic-like symptoms (Niederland 1968).

generations" (p. 330). In this statement the authors discursively link the potential intergenerational consequences of the Holocaust with the Holocaust itself, placing the reader in a revisionist dilemma: to doubt the transmission of trauma (i.e., profound impact upon successive generations) is to also doubt "the evil legacy of the Holocaust."

A dramatic use of language and imagery is a dominant feature of the psychoanalytic literature on children of Holocaust survivors. In some of these papers, for example, abstracts are replaced by excerpts from books written by survivors, or quotes from Job or Kierkegaard. Images of human incineration precede clinical vignettes and hypotheses about transmission (Auerhahn and Prelinger 1983). Papers begin with fragments of survivor testimonies and brief analytic vignettes are presented to both demonstrate and confirm how the Holocaust "evoked a timeless concretism in the psychic functioning of the second generation born after these events" (Grubrich-Simitis 1984, p. 301).

The transition from speculation about a transmission of trauma to a more definite acknowledgement of such a process by the early 1980's may have been encouraged by the compelling and emotionally tinged language that was used to describe the traumas and plight of the survivors. Additionally, the findings of a psychoanalytic group that was investigating the effects of the Holocaust upon successive generations also contributed to the growing certainty about a transmission process. Over the course of six years the group met monthly and studied thirty-four cases (from the United States and other countries). The results of its loose investigations were published in 1982 in a book called *Generations of the Holocaust.*

In describing the background of the group's work, Judith Kestenberg, a founding member of the group, refers to its efforts as "detective work" (1982a, p. 40). At first, according to Kestenberg, as she and her colleagues began to scrutinize data from cases, they were unable to discover any Holocaust related material within their interviews and review of material from the analyses of the survivors' children. They then, "gradually developed techniques of inquiry that helped the analyst to recall material that had not been included in the patient's protocol transcript but that emerged in follow-up interviews or continued analysis" (p. 40). Regarding this review of material Kestenberg writes:

> That scrutiny of the manifest content of dreams for images of the Holocaust—
>
> such as fires, escapes, shooting, uniforms or boots helped us investigate the over determination in dream, whereby repressed wishes were condensed with representations of Nazi persecution. [p. 40]

The question must be asked: to what extent did this group of clinicians actively (and perhaps unconsciously) work to locate what they believed were the hidden Holocaust meanings within the clinical material they reviewed?

Many of the observations published in this volume are impressionistic and based upon a high degree of inference.[11] For example, in writing about the behavior of a very psychotic patient who attempts suicide before his release from hospital, Bergmann (1982) comments, "If we assume that the deluded father and son developed a transference psychosis, the hospital may have been equated with a concentration camp, and their behavior becomes intelligible" (p. 253). In her discussion of Rachel's fears about robbers entering her bedroom, Judith Kestenberg (1982b) writes, "Once she thought the would be robber was her father checking up on her. She had fantasies of little people invading her body. They most probably represented sperms given to her by her father to recreate six million Jews" (p. 141).

At the same time, some authors questioned the transmission process. As early as 1985, Ornstein for example, challenged the concept of the "survivor syndrome" and the transmission of its symptoms to subsequent generations: "In other words," she writes, "a loosely compiled set of symptoms, serving a specific purpose and confirmed without systematic study, had, over time become an unquestioned fact" (p. 100). She adds that when the children of Holocaust survivors presented for treatment with psychological issues similar to those of their contemporaries, their issues were "explained as a consequence of the parent's Holocaust experience" (p. 100).

[11] An example of highly impressionistic data can be found in Rachel M's "Metapsychological assessment in the generations of the Holocaust" (Kestenberg, J. 1982b, pp. 137-155).

Similar criticisms like Ornstein's were raised about the original diagnosis of the survivor syndrome and its relationship to the survivors and their children.[12] Terry (1984) claims that the "survivor syndrome" was based upon a large number of brief interviews of survivors who came to be examined for restitution compensation. The diagnosis was intended to capture the symptoms of the survivors *upon* liberation: in this context, its mandate was to *emphasize pathology*. That is, the diagnosis was not meant to be a long-term prognostic indicator of the survivors' adjustment. Nadler (2001) similarly states that the diagnosis of "survivor syndrome conveyed the message that all survivors continue to suffer long after the traumatic event and that the suffering has clinical and pathological meaning" (p. 161).

Despite these criticisms, the "survivor syndrome" became the lens through which the impairments of the survivors' children were seen. Following the publication of *Generations of the Holocaust* in 1982, this linkage is intact in the psychoanalytic literature, establishing the Holocaust as the nodal point of the symptoms that are observed in the survivors' children. After the publication of the volume, the psychoanalytic literature formalizes a series of conceptualizations all of which claim that the survivors' Holocaust experiences organizes the mental life of their children. The literature identifies many areas of functioning as difficult for children of survivors, frequently noting difficulties with regulating aggression, separation anxiety, low self-esteem, impairment in the capacity to symbolize, as well as narcissistic tendencies. Within the psychoanalytic literature, theorists also argue for specificity, claiming that the symptoms of the survivors' children are atypical and require new theoretical conceptualizations.[13]

In short, my analysis of the citation pattern in this body of literature indicates that *Generations of the Holocaust* gave birth to a new generation of writers who continue to use this text to support their subsequent

[12] Discussion of this controversy is found in Eissler 1967; Kijak and Funtowicz 1982; Kijack 1989; Krell 1984; Marcus and Wineman 1985; Ornstein 1985, 1989; and Terry 1984.

[13] See Bergmann 1982, 1983; Faimberg 1988; Grubrich-Simitis 1984; Kestenberg 1972, 1980; Kogan 1995b; Levine 1982.

claims about the psychological difficulties observed in the children of survivors.[14]

HOW DOES TRANSMISSION OF HOLOCAUST TRAUMA OCCUR?

The style of the papers written about the survivors' children varies. Some offer in depth descriptions of patients while others may include scant details about the clinical process. Some writers reference a particular aspect of a patients' symptom or treatment process that then frames a theoretical argument about the transmission of trauma.[15] Most papers begin with an assertion of transmission making it difficult to trace the actual development of this theory or a linear discussion of how transmission actually occurs. In my reading of these papers, I was able to identify three psychological dynamics that writers believe promote an intergenerational transmission of Holocaust trauma.

I refer to the first dynamic as *the Holocaust is unknowable*. Based upon the central assumption that memories of extreme trauma remain inaccessible to consciousness, writers claim that survivors are unable to symbolize their traumatic Holocaust experiences. Because these experiences cannot be represented through secondary processes without overwhelming the survivors' psychic equilibrium, the survivor is unable to "work through" the trauma. Transmission to the next generation is a vicissitude of this failure: the offspring of the survivors unwittingly enact scenes from their parents' Holocaust experiences. According to Auerhahn and Prelinger (1983), the experience of the survivor's child is a result of a "vicarious traumatization" (p. 31).

[14] See Adelman 1995; Auerhahn and Peskin 2003; Bergmann 1983; Grubrich-Simitis 1984; Fonagy 1999; Jucovy 1985, 1992; Kogan 1988, 1989a, 1989b, 1990, 1992, 1993, 1995a, 1995b, 2002, 2003; Pines 1992; Wilson 1985; Wilson and Sinason 1999; Winship and Knowles 1996.

[15] For example, Auerhahn and Laub (1984) presented a single dream fragment from a patient that illustrated their understanding of the burden of traumatic memory. But there is no introduction to the patient or any discussion about the nature of this patient's treatment (p. 330).

As a consequence of the Holocaust survivor parents' failure to integrate their extreme trauma, the children of survivors, (according to many writers), inherit an "absence," an "empty circle," a "psychic hole," a "wound without a memory" that unconsciously represents the survivors' failure to commit the trauma to secondary forms of awareness.[16] The following excerpt articulates this understanding:[17,18]

> Survivor's children, with their empathetic capacity and relative distance from the experience, may serve as an easier medium for knowledge to evolve and memories to emerge, with associations and imagery. But theirs is a displaced knowledge-at the center there is a hole and event that defies representation and instead is experienced as an absence. Paradoxically, in individuals who have no direct relationship to such experiences, the interplay between the reality of atrocity and developmental conflicts can be elucidated with more clarity and in greater detail than in those who have been directly involved with massive destruction. [Laub and Auerhahn 1993, p. 288]

A second dynamic that promotes the transmission of Holocaust trauma is the survivors' *failure to mourn*. Most writers claim that due to the magnitude of the trauma and loss, survivors were in a state of perpetual mourning: this influenced their ability to establish stable emotional relationships with their children. The offspring of the survivors assume the roles of replacement children and restitutive self-objects. Gampel (1992) speaks to this idea in the following excerpt:

[16] See Fresco 1984; Laub 1989; Kogan 2002.

[17] This dynamic appears in 45% of case descriptions.

[18] Spence (1994) notes that psychoanalytic theories rely upon figurative language. Lacking access to the mind, psychoanalysts use metaphors as substitutions (p. 84). In these papers writers rely on numerous metaphors to describe the impairments observed in the survivors' children (i.e., wounds without memory, phantom pains, empty circles, psychic holes, concretism, transposition, vampire complexes, telescoping). In reality, once the alleged impairment is cloaked within a metaphor there is no way to check the meaning because metaphors are tropes, mechanisms that resist the disclosure of meaning.

> The extent to which survivor parents have or have not been able to work out their mourning influences their child at many levels. It is a known fact that the mourning of loved ones who have disappeared and who are without graves remains frozen and unfinished. Under such conditions how can a mother count on her ability to protect her child from danger? How can she herself-constrained in that state of suspended mourning with the living dead immured within her-accept and modify the death anxieties projected by her child? [p. 49]

A sub-theme of the survivor's failure to mourn is the "failure of empathy"—a trauma-induced loss of the communicative dyad that influences many aspects of parental functioning, including containment, titration of drive impulses, and the differentiation of self and object boundaries (Laub 1989, pp. 380, 393).[19]

A third dynamic of the intergenerational transmission process is *the children of survivors inherit their parents' internalization of the Nazi aggressor.* The majority of theorists believe that during their prolonged exposure to the extreme conditions of the camps, the survivors' internal objects were narcissistically depleted. Threatened by their abandonment, and in order to avoid a descent into primary process via the unleashing of primitive drive states, they internalized the Nazi perpetrator (as a way to maintain a connection to secondary levels of cognition). The survivors' identification with the perpetrator, the argument goes, was transmitted to their offspring through the various interactive functions within the parental-child dyad.

Bergmann (1983) summarizes this third dynamic: "The survivor has internalized the Nazi aggressor. This is transmitted to the child of survivors who is also the "object of a reincarnation of oppression" (p. 22). Bergmann's view receives support from many psychoanalysts who contend that inhibitions, as well as excesses in aggressive strivings in

[19] In 53% of case descriptions the patients' symptoms are explained from this perspective. The majority of papers supported this view including: Adelman 1995; Auerhahn and Laub 1984; Barocas 1975; Barocas and Barocas 1979; Gampel 1992; Grubrich-Simitis 1984; Herzog 1982; Kogan, 1998, 1999, 1992, 2002, 2003; Laub and Auerhahn 1989; Levine 1982; Prince 1985a, 1985b; Wilson and Fromm 1982; Winship and Knowles 1996.

children of survivors, are linked to this internalized, transmitted dynamic.[20,21]

The Relationship Between the Three Dynamics and Symptoms Observed in the Survivors' Children

The symptoms of the survivors' children can be related to each dynamic. For example: The survivors' *failure to mourn* may result in children (born after the war) competing with the children of their parents' who died during the war, or, with other family members of their parents who perished. This promotes a constellation of symptoms that include specific affects (i.e., unconscious rage at the dead child followed by guilt) as well as difficulties in the ability to "establish a stable autonomous self" (Levine 1982, p. 88).

Children of survivors who are exposed to their parents' failure to integrate their traumas (*the Holocaust is unknowable*) exhibit specific ego deficits which according to Levine (1982) present as a "localized failure to appreciate the make believe nature of fantasy, as opposed to a psychotic process." He refers to such a failure as "concretization of fantasy" (pp. 88-89).

Symptoms in the survivors' children associated with the *internalization of the Nazi aggressor* are linked to inhibitions in the areas of autonomous strivings and aggression. The following excerpt suggests that throughout their maturation, children of survivors remain vulnerable as they attempt to resolve developmental conflicts.

[20] Krell (1984) criticizes the application of psychoanalytic concepts such as "survivor guilt" and "identification with the aggressor" to the survivors' experiences, as well as the ongoing view that both concepts constitute the pathogenic basis of the survivor syndrome and the intergenerational transmission of trauma (p. 53). Krell asks, "If we cannot explain psychologically the aggression of the perpetrators, how can we presume to explain the pathology of the survivors as the introject of the aggressor's aggression through the unconscious mechanism of identification?" He later adds that "to equate the survivor's aggressiveness with Nazism, however it is expressed, continues the dehumanization of the survivor" (p. 523).

[21] 53% of the cases use this theme in relation to patients' symptoms. There is a statistically significant difference at the .05 probability level (2 tailed test, Chi-square = 4.795, Prob = .091). The statistical analysis indicates that the popularity of this perspective decreases over time with the growth of this literature.

> During the separation-individuation stages as well as the oedipal phase, whenever conflicts around differentiation and rivalry are involved, i.e. whenever the working through of aggressive impulses is necessary, the sado-masochistic polarization and splitting into perpetrator-victim, persecutor-persecuted may develop directly between parents and children often with devastating sharpness. In this way, the severe disturbance in dealing with aggressive impulses—a disturbance central to the survivor syndrome—extends to the new family and is handed down to the children. [Grubrich-Simitis 1981, p. 434]

Although writers are clear about the different dynamics that promote an intergenerational transmission process, most report that the impairments in the survivors' children are a consequence of all three dynamics. Comments by Pines (1992) illustrate how symptoms are multi-determined. Her patient's "psychic regression to an early fixation point" is linked with her parents' and her own *failure to mourn*, while the attacks on the analysis as well as Pine's counter transference experience of feeling tortured, is associated with the patient's *internalized Nazi perpetrator* (pp. 94-96). Silence and secrets in the analysis are viewed as a vicissitude of failures in the holding environment and her parents' inability to integrate their trauma, i.e., *the Holocaust is unknowable*. In this example, as well as in many others, there is no indication that any of these three dynamics lends itself to a more (or less) concentrated presence within a given symptom, or that one dynamic generates a more potent state of impairment, as I would think they might.

The Holocaust experiences of the survivor parents presented within these papers of course vary greatly, as do many other details that are highly relevant data with regard to their possible contribution to the psychopathology that is being observed in their children.[22] Yet no distinction is made between the degree of exposure to the trauma and the development of symptoms in the survivors' children.

[22] See for example the cases of Leon described by Brody (1973) or patient C described by Winship and Knowles (1996). The actual exposure of these patients to any vicarious experience of a parent's Holocaust history is questionable and certainly quite different from those children of survivors whose parents had a direct experience of concentration camps and extreme trauma.

Given that writers contend that the magnitude of the trauma is related to the ability to integrate it, the second hand exposure of the children of survivors differs, and thus one would expect to find a range of impairments in their symptoms (i.e., in the areas of symbolization and affective functioning). However, this is not the case. Children of parents who were partisans, in hiding, or who fled as refugees experienced the same symptoms as those whose parents had been incarcerated in concentration camps.

In terms of classifying the symptoms and impairments observed in the survivors' children, most writers argue that they are a consequence of historical trauma and cannot be classified by traditional DSM classifications of illness. This insistence is voiced by Wilson and Fromm (1982) as follows:

> We contend that the vicissitudes of development in the children of survivors are best understood, not in the light of mental illness, but of their historical niche. We further contend that efforts to study them with reference to any population can only serve to blur distinctions unique to each group. [p. 290]

In pursuit of their argument for specificity about the symptoms observed in the survivors' children, theorists then create new theoretical constructs to describe how psychological and bodily symptoms observed in the second generation enact scenes from their parents' Holocaust past. What is interesting about this need to classify the symptoms of the survivors' children within the context of a "historical niche" is that most of these patients have siblings who seem to be symptom free. Yet there is little discussion in these papers about why one child in a family is afflicted by a transmitted trauma while another escapes unscathed.

The first and most widely recognized construct is *transposition,* which according to its creator, Judith Kestenberg (1980, 1982b), transcends the concept of identification and is more basic than the Oedipus Complex. *Transposition* is seen as an organizing agency that arises from the survival complex of generations. This mechanism enables the child of survivors to occupy two spheres of existence, the Holocaust past and the present.

In her discussion of *transposition,* Kestenberg (1982b) describes how this process incorporated a patient's bodily functions in order to depict her father's Holocaust experiences. When her patient withholds her stools, Kestenberg sees this as a way for Rachel to rescue Jews from the concentration camps and keep them imprisoned within her intestines, an organ, which Kestenberg believes, serves as a "time tunnel" to the past (p. 141). Kestenberg's creation of this psychic mechanism leads the way for other clinicians to observe and describe similar mechanisms in their patients who are also children of survivors.[23]

In my many readings of these papers, I had sensed the imperative to isolate the symptoms of the Holocaust survivors children from the psychopathology of everyday life. Yet it was the confirmation of this nascent observation through quantitative analysis that for me, allowed it to become fully represented as a question that demanded answering during the analysis of my data. Reflections on this will be offered later in my discussion.

The "Survivor Syndrome" Diagnosis and the Questionable Foundations of this Theory

Prior to 1982, writers use the literature written about the "survivor syndrome" to create a link between the psychological impairments of the survivors' children and the Holocaust. This is achieved by transcribing forensic descriptions of survivors from examinations they underwent for their restitution claims into psychoanalytic terms.[24] A meta-psychological profile of the survivor was created as seen through the following comments of Grubrich-Simitis (1981). In summarizing the literature on the survivor syndrome this writer offers her psychoanalytic interpretation of its symptoms in context of an intergenerational transmission process. While she cites the work of many clinicians who suggest caution with regard to diagnosing the children of survivors and a lack of "specificity in such patients" she goes on to state:

[23] See for example Grubrich-Simitis (1984) who introduces new constructs called *metaphorization* and *concretism,* Bergmann's (1982) discussion *concretization,* or Faimberg (1985) who coins the phrase "telescoping of generations."

[24] Grubrich-Simitis 1981; Barocas and Barocas 1979; Kestenberg, J. 1982a; Levine 1982.

> Nevertheless *one* fundamental fact that speaks for specificity: the fact which should again be considered that in the concentration camps a psychotic universe was *realized*. For the psychotic, the experience of the end of the world is the result of a radical displacement of cathexis and a breakdown of inner reality; for the survivors, it was a catastrophic *external* event which they *really* experienced. [p. 436]

She also claims that at the deepest psychic level the survivors' experiences are "worse than the worst imaginable oral cannibalistic or anal sadistic fantasies" and that as a consequence of their psychological regression, survivors experienced "the sudden and catastrophic loss of faith in sublimatory and symbolic capacities," a state Grubrich-Simitis compares to the breaking of the incest barrier (p. 437).

As a consequence of the survivors' realization of a "psychotic universe," according to Grubrich-Simitis, their children will be similarly impaired. She writes, "Seen in this way it is not surprising that in patients of the second generation a severe impairment of the ego function of reality testing and differentiation has frequently been found" (p. 438). In her paper, Grubrich-Simtis does not present clinical cases to support her strong comments, but rather, cites the few, pre-existing papers on the subject. It is her passionate, articulate blending of classic psychoanalytic theories with high-level inferences applied to the earliest writings of several analysts, that in my view, then allows for the children of survivors to be "seen in this way" (i.e., suffering from a transmitted trauma).[25]

Though no clinical data supports Grubrich-Simtis' strong claims, after its publication, this paper becomes one of the most frequently cited pieces in the literature on children of Holocaust survivors (as is the case with *Generations of the Holocaust*).[26] Though I question the certainty of her convictions, I found no evidence to suggest that other psychoanalytic writers do so. In fact, as authors begin to reference this paper to support their claims about their patients who are children of survivors, the inferential nature of Grubrich-Simitis' paper assumes a clinical life

[25] She references the work of Barocas and Barocas 1979; Brody 1973; Lipkowitz 1973; and Kestenberg, J. 1980.

[26] Woolgar and Latour (1986) note that articles published in the first years of subspecialty continue to be predominantly cited, forming the technical basis of future operations (p. 127).

of its own as seen in the following excerpt from a paper written by Jucovy (1985):

> Further relevant and confirmatory opinion has been expressed by Grubrich-Simitis (1981), who points out that the threat of narcissistic depletion was due not only to extended periods of deprivation of external narcissistic supplies but also to superego changes deriving from the massive assault on the prisoner's psyche. These changes consisted of a regression to archaic forms of super ego functioning and led especially to grave changes in the ego ideal. [p. 45]

Jucovy does not disclose that Grubrich-Simitis's comments are inferential. By featuring them within his discussion in a manner that depicts her statements as facts, Jucovy elevates high-level meta-psychological inferences to the status of confirmed theories. Many of the early papers are similarly written, with authors summarizing the literature on the survivor syndrome and then claiming a direct transmission to the offspring of the survivors.[27] What is actually "transmitted" is highly inferential thinking and scant, impressionistic data, both of which set up second and third waves of writings about the survivors' children.

The impressionistic and inferential data that grounds a theory of transmission is also accompanied by a "free range" usage of non-clinical material, either through its direct substitution for clinical data, and/or its use as support and confirmation of clinical conceptualizations. Writers use excerpts from books written by survivors, survivor testimonies gathered for archival purposes, anecdotal stories, scenes from movies or plays, to lend support to the theory of an intergenerational transmission process between Holocaust survivor and child. Haesler (1981) for example, quotes Primo Levi, quoting Coleridge in support of his understanding of how the survivor's "defense against memory" leads to defensive operations during child rearing that has negative consequences upon a child's development (pp. 53-54).

Non-clinical material "stands ins" or "doubles" as actual data in many of the papers that make claims about a transmission of Holocaust

[27] Barocas and Barocas 1979; Bergmann 1982; Gampel 1982; Oliner 1982; Jucovy 1982; Grubrich-Simitis 1981, 1984; Kestenberg, J. 1972, 1980, 1982a, 1982b; Lipkowitz 1973; Levine 1982; Sigal et al. 1973.

trauma.[28] At times, the content of this non-clinical material is overwhelming, leaving the reader emotionally vulnerable, which makes it easy to mistake what is often "thoughts shared aloud" for actual theory. In fact, the theory that is generated (from the non-clinical material) perhaps provides a welcome relief from the terrifying scenes that writers present as segues to the understandings they construct (i.e., children witnessing their parents and grandparents being executed, truckloads of children being emptied into an open pit and burned alive, a woman being executed by a Nazi while her lover's penis is still inside her). Hypotheses about a transmission process may offer temporal relief from descriptions of atrocity that are difficult to bear, lending credence to the claims of various writers that *the Holocaust is unknowable.*

Some contributors to this body of literature also present the same patient repeatedly, while others use clinical descriptions in the pre-existing literature to support their narrative about the transmission of Holocaust trauma. One patient, Rachel, makes numerous appearances in the English psychoanalytic journals. Though she officially retired from the role of patient when she terminated her third analysis in 1989, details from the rich descriptions of her character pathology appear in the psychoanalytic journals many times after that date. The two analysts who analyzed Rachel[29] continued to write about her years after her terminations. Analysts who never treated Rachel borrow details from their writings to support their clinical appreciation of an intergenerational transmission process.[30] I found myself wondering whether Rachel has any idea how influential her image has been with respect to the development of this theory.

Some writers present the same patient in different articles giving them different names in each—a conclusion I drew by finding common material in papers. For example: In "The empty circle" (1989), Laub discusses how Mrs. A's father gave her a manuscript he wrote that

[28] See Auerhahn and Prelinger 1983; Gampel 1992; Grubrich-Simitis 1981; Laub and Auerhahn 1989; Laub 1989; Wilson and Fromm 1982; Wilson 1985; Winship and Knowles 1996.

[29] Judith Kestenberg and Ilany Kogan are the two analysts identified as Rachel's analyst.

[30] See Kestenberg, J. 1980, 1982a, 1993; Grubrich-Simitis 1984; Peskin, Auerhan, and Laub 1997; Auerhan and Peskin 2003; Kogan 1989a, 1989b, 2002.

chronicled sexual experiences in the concentration camp (p. 514). In the "Primal scene of atrocity" (1998), Auerhahn or Laub's patient (it is not stated who the analyst is) Helen also possesses her father's manuscript entitled *Sex in Auschwitz* (p. 366).[31] In some of the cases where the same patients are presented in different papers but given a new identity, the data is inconsistent.[32]

Presenting the same patients "anew" conceals the actual number of patients analyzed, lending the impression that the number is larger, while falsely generating the actual data that is being theorized about. As my study of these papers deepened, I began to think of these inconsistencies as "slips." Recognizing them as such led me to see the powerful influence these clinicians had upon the meanings they grafted on to the symptoms and associative material of their patients—meanings that always traced a patient's symptoms back to the Holocaust—meanings that were always highly narrated by the analyst with the patient receding into the background of the presentation. Perhaps this is simply an artifact of an era gone by—one in which analysts had complete authority with regard to the accuracy of their interpretations.

In my readings of these papers, I also experienced the use of highly emotional language by writers as a plea to both suffer and recognize with them the Holocaust as a unique event with unique consequences for forthcoming generations. The language used to describe the children of survivors draws the reader into the clinical material in a particular way. In

[31] Mr. B, a patient described in Peskin, Auerhahn, and Laub (1997), was also Mr. A in Laub and Lee (2003). The similarity in biographical details of both patients, as well as the clinical understanding and interpretation of his conflicts made the likeness exact. Both patients lost contact with their biological father following their parent's divorce. Both were adopted by their stepfather and were not permitted to have contact with, or receive gifts from, their biological father. Both patients are described as "helpless victims of fate" and their lifelong conflicts are seen as enactments of the struggles connected to the same alienated paternal image (pp. 4-6 in Peskin, Auerhahn, and Laub 1997; pp. 451-457 in Laub and Lee 2003).

[32] Two examples of this are the case of patient A, who is described in Peskin, Auerhahn, and Laub (1997) and Mr. B in Laub and Lee (2003). In Laub (1998), Mrs. A has a nightmare about her little boy. "In the child's throat was a sort of a boulder wet and slippery like mucosa" (p. 519). In Auerhahn and Laub (1998), Helen has a nightmare only in this version of the dream "her daughter had to recite something to an impatient listener who tried to force the words out of the daughter's mouth. It was like a mucosa, wet and slippery" (p. 368).

relation to the way words can act upon the reader, Greenberg (1996) writes, "Words are never neutral: they are our main way of acting upon others. Words plead, coerce, seduce, wound, embrace, draw in, push away" (p. 201). Language may also enact the trauma of the writer as noted by J. Berger (1999) who states that, "Language can act out, compulsively repeat and haunt future uses of language. Like the body or the psyche, it can be wounded and wound. A text can be traumatized and transmit trauma" (p. 80). Similarly, Puget (1988) claims that clinical material from a shared and traumatic reality distorts the analyst's manner of listening and analytic function (p. 86). These comments deepened my understanding of these papers and their writers.

The Holocaust *is* an unprecedented event in history. The consequences of this trauma upon psychic integrity could also be likened to "a psychotic universe realized" (a comment made by Grubrich-Simitis' to convey her understanding of the survivors). Though I knew the symptoms of the survivors' children were not unique as these writers claimed, I recognized that a part of me wanted to reserve the right to see them that way. Yet I recognized a deeper, *knowable* truth—that these writings about the survivors' children were also a conjoint narrative that "contained" (in the true analytic sense of the word) the wounds of these patients, as well as the wounds of the clinicians who were treating them.

MOURNING THE HOLOCAUST AND ITS EFFECTS ON TECHNIQUE AND THE REPORTING OF CLINICAL DATA

In many papers, writers reveal their personal feelings about the Holocaust. Pines (1992), for example, shares her realization that throughout her work with children of survivors she has been engaged in a rediscovery of how the Holocaust impacted her life; specifically in regard to her understanding of how deeply affected she was by the "guilt of the survivor" (p. 103). She elaborates further in the following quote:

> The sense of continuity that is so important was brutally broken in my patients' lives but also to some degree, in my own. It is as though an unquiet grave for our murdered forbearers, a hole in family tradition as a result of 20th century

> European history, cannot be repaired by the normal process of mourning. [p. 103]

Prince (1985a) opens his paper by revealing that he is the same age as his father was when he had his first child. His father however was "ripped away from his family and forced into a slave labor battalion" (p. 51). Prince shares his desire to pass on the story of his father's survival (p. 51).

Fresco (1984) begins her moving account of eight interviews with children of survivors by identifying herself as belonging to the same "category" as her subjects (p. 417). There is no transition between quotes from interviews and Fresco's narrative of her interview process, making it difficult to distinguish between the author and her subjects. Perhaps this comment at the beginning of her article illustrates what I perceived as a merging of experiences between Fresco and her subjects.

> There were eight of them, all Jews, born between 1944 and 1948, mostly in France. Four men and four women. Almost the same story. But, quite obviously, they represented no one other than themselves. Once embarked on the subject that had brought us together, they told me what they could and wanted to tell me. Similarly I understood and retained what I could and wanted to understand and retain. In other words, we are far from being everything that is recounted here—still less, no doubt, only what is recounted here. [p. 417]

The first papers that come to press contain dramatic statements that divert the reader's attention away from a demand for specific knowledge about an actual transmission process, to the active concern and feeling of moral obligation that many writers were experiencing in their work with survivors and their children. Kestenberg (1972) writes:

> In 1971 Germany feels free of responsibility for the damage to survivors and would not think of helping survivors children. It is up to us to examine the problems of survivors' children and to provide help gained through psychoanalytic insight. [p. 312]

Lipkowitz (1972) presents a similar concern during his analysis of Alex. Questioning the responsibility of the German government in regard to the effects of the Holocaust upon the mental health of the second generation, he asks:

> If indeed the concentration camp experiences triggered serious psychiatric sequelae which reproduce themselves over generations, would not the government responsible for the initial barbarity maintain responsibility for its ultimate effects? [p. 154]

Jucovy (1992) expresses his understanding with regard to the impact of the Holocaust on the clinician:

> It has been said that during this period of persecution not all victims were Jews, but all Jews were victims. It is considered especially important for mental health professionals who have suffered no direct and personal losses, to inoculate themselves with at least a homeopathic dose of the traumatic experiences and to feel the pain and loss of dignity and humanity as many others did. [p. 278]

These excerpts suggest that analysts treating the children of survivors (whether they had a first degree relationship to the Holocaust or not) are processing this calamity within the holding environment of the therapeutic alliance, as well as in and through writings about this group of patients.

One example of how this mourning process enters the consulting room is described by Grubrich-Simitis (1984) who suggests that analytic treatment with children of survivors should include a period called the "phase of joint acceptance of the Holocaust reality" (p. 303) whereby the analyst and patient experience together the feeling of the "monstrosity of the Holocaust reality" (p. 314). The analyst, she maintains, must have the "conscious" need to do so and it must "exist independently of the analysand" (pp. 314-315). She asserts that this "reality affirming phase" will be "mutually therapeutic because it furthers the analyst's own work of mourning" (p. 315).[33]

Peskin, Auerhahn, and Laub (1997) present their belief that the children of survivors suffer from the transmitted derivatives of the

[33] The mourning of analysts as seen in these writings brings to mind the work of La Capra (2001) who suggests that when distinctions between the writer and her object of study become blurred, relations may become disarticulated, there can be a post-traumatic acting out whereby the text is "haunted or possessed by the past" (pp. 22-24). He adds that those traumatized by extreme events, as well as those who empathize with them, may have a "fidelity to the trauma, a bond with the dead that invests their recording of it with unconscious value, making its reliving and memorialization a necessity" (pp. 22-24).

Holocaust (the *Holocaust is unknowable*) that appear in their character structure in ways that "eclipse life" forcing them into a series of "solitary reenactments" (p. 2). The nature of an unconscious transmission, according to these writers and many others, precludes patients who are the children of survivors from being able to recognize the link between their psychological difficulties and their parents' experiences. The analyst, they believe, must provide clarity to the patient about how the Holocaust haunts their contemporary experiences.

As they bid farewell to the neutral analyst, Peskin, Auerhahn, and Laub (1997) write that the role of the therapist is one of therapeutic rescuer in which the therapist is "an agent of both historical and personal change" who must "actively champion" outcomes for patients that negate the Nazi presence of death (pp. 21-22). In the case of E, who did not want to marry her gentile boyfriend for fear it would create too much conflict for her elderly survivor parents, Peskin, Auerhahn, and Laub (1997) explain the basis of their intervention (which was to tell her that if she waited until they died to marry her boyfriend she would end up wishing for her parents death) in the following way:

> The therapeutic intervention, a culmination of the therapy process, unsealed the family's empathetic vacuum, on which the patient's barren plan that was probably bound to fail because it nullified her right to exist. The emotional vacuum of this plan was an ironic legacy of the demonic failed empathy of the Nazis. Altruistic and self- sacrificially heroic as it was, the plan sadly betrayed how much the camps' death print had become assimilated and normalized in the family. The daughter had continued the extremity of the death march by taking an extreme position that sealed off the possibility of dialogue and negotiated solution. [p. 19]

The belief that the survivors' Holocaust trauma will lead to impairments that "eclipse" the lives of their children becomes embedded in the clinical stance of many clinicians. It creates a brand of therapeutic action that, more often than not, directly assists and urges patients who are the children of survivors to construct understandings that pursue a connection between their travails and the Holocaust. In the words of Peskin, Auerhahn, and Laub (1997), to do otherwise implicates the

therapist's participation in a "defensive deception that abrogates their responsibilities as agents of healing" (p. 21).

The certainty that their patients' symptoms are a consequence of a transmitted historical trauma coupled with the belief that modifications in their analyses is required, leads analysts to offer historical reconstructions rather than, or within their, transference interpretations. Interpretations of patients' aggressive and sadistic behaviors for example, are always based upon the internalization of the Nazi perpetrator. Kogan (1986, 1988, 1989a, 1989b, 1990, 1992, 1993, 1995a, 1995b, 2002, 2003), for example, applies the perpetrator-victim motif to most her patients. Their emotions are pathologically moored to failed maternal objects and Nazi imagery. As a consequence, they all trigger the same counter-transference experiences in Ms. Kogan of persecution, force, and aggression.

Historical reconstructions are not limited to the interpretation of aggression. When a patient becomes pregnant through artificial insemination her procreative quest is seen as based upon a need to restore life as a consequence of losses her parents suffered during the Holocaust (Peskin, Auerhahn, and Laub 1997). Historical reconstructions or interpretations are prolific within the papers about the survivors' children and when they are rejected, or met with resistance or silence, this is seen as further confirmation of a transmitted trauma as it signifies the survivor parents' inability to integrate their Holocaust trauma. The following comments of Auerhahn and Prelinger (1983) speak to a view that is held my many writers; that the resistance of children of survivors' is always related to the dynamic of *the Holocaust is unknowable:*

> A sense of nothingness-expressed as having nothing to tell and manifested by a great deal of silence in the analytic situation-characterized the analysis at times and is partially explained by the transmission of symptoms from the parent. Partially because the sense of emptiness may also be understood as a representation and coding of the parent's original traumatization which consisted of an encounter with a meaningless void in which her sense of the other and internal world were shattered. [p. 35]

At some point in my study of these papers, I began to feel that these patients were imprisoned within the perceptions and beliefs of the clinicians who were treating them. When children of survivors presented issues involving aggression and passivity they were always related to an *internalization of the Nazi aggressor.* Depression was always linked to a *failure to mourn* and ego impairments were always a consequence of the Holocaust being *unknowable.* It seemed unlikely to me that the link between any given set of symptoms and a trauma could be so clearly formulated. Nor did it seem likely that a particular set of historical interpretations could liberate these patients from the stubborn symptoms that plagued their lives, as many writers suggested they did.

Keeping in mind that one of the central assumptions of this theory is that the *Holocaust is unknowable,* it is striking that in so many papers theorists claim knowledge of intimate psychic processes that, by their own admission, are beyond anyone's capacity to access. For example: How can anyone know, as Gruibrich-Simitis claims to, that at the deepest psychic level, the survivors' experiences in the camps were "worse than the worst imaginable oral cannibalistic and anal fantasies?" Perhaps, as many of these writers suggest, it is true that in the very moment the psyche apprehends death, a simultaneous rupture in consciousness occurs. It's a plausible theory. But if as claimed, this rupture creates that which is *unknowable,* how were these clinicians able to arrive at such definite understandings of the survivors' experiences during the analyses of their children? And why?

DISCUSSION

Scholars within the social sciences and psychoanalysis emphasize the influence of the observer upon the object of study. They claim that scientific theories are not neutral and "contain important personal statements of the theorist" (Ticho 1982, p. 851). Rosnow and Rosenthal (1997) refer to the unintended human aspects of research that confound the investigator's conclusions as "artifacts" (p. 3).[34]

[34] Similar thoughts are voiced by Gee 1999; Gergen 1991; Guntrip 1975; Latour and Woolgar 1976; Laudan 1977; Polanyi 1958; Rosenthal 1966, 1994; Rosnow and Rosenthal 1997; Slife and Williams 1995; White 1987.

While the theory of transmission of Holocaust trauma reflects clinical observations, I believe it also reflects the influence of social, personal and cultural factors upon the treatment of the survivors' children. These "artifacts" also influenced the recording of their analyses and resist excavation. The "pact of silence" that many writers claim exists between survivors and their children, also exists within the psychoanalytic literature and its readership. We shy away from the potential deconstruction of this theory because of the deeper and more personal meanings it holds for us.

In 2003, Brenner and Ferro respond to Ms. Kogan's paper "On being a dead and beloved child." To the best of my knowledge they are the first psychoanalysts who questioned, albeit gently, the link between the Holocaust and psychopathology. They suggest that "the obligatory screen of the Holocaust" impedes Ms. Kogan's deeper analysis of her patient's conflicts around sex and aggression, as well as the actual subjectivities of patient and analyst (p. 783).

I too resisted challenging the theory. Though I completed my doctoral research in 2004, it lay silent on a shelf for many years. How could I, a beginning psychoanalyst, challenge the work of those more experienced? But years have passed and my ongoing analytic work with patients has taught me that each patient leads us to clinical understandings—understandings that are unique to their psychic reality—understandings that are emergent and cannot be known by analyst or patient at the outset of treatment. The need to "see" and "know" that the symptoms of the survivors' children are a consequence of a vicarious trauma defies this core analytic value. In this regard, the discourse about the survivors' children undermines its initial goal. The symptoms of every patient seem to recount the same story, despite a unanimous claim that they, the symptoms are unique.

I suggest that the need for specificity and uniformity with regard to the symptoms of the survivors' children is better understood if one considers that there may have been a relationship between this need for specificity and the processing of the survivors' restitution claims. In *Generations of the Holocaust*, Milton Kestenberg shares his experiences as an attorney who was actively involved in the filing of indemnification claims on behalf of many survivors.

Milton Kestenberg (who, in addition to his wife, was a founding member of the psychoanalytic group that was investigating the effects of the Holocaust) states that at first, the German government claimed that persecution, internment, hard labor, and the loss of family and community could not cause psychopathology unless the survivor had a pre-existing disposition for mental disorders such as manic depressive illness, psychosis, and schizophrenia. Many claims were therefore denied.

After 1965, the indemnification laws changed. Psychiatric conditions were also recognized as being caused by persecution. However, as Milton Kestenberg (1982) notes, despite this modification, German psychiatrists persisted in their refusal to accept persecution as a probable cause of psychiatric illness (pp. 70-71). He cites numerous cases in which worthy claims were repeatedly rejected even after 1965.

It is clear from the content of early writings that clinicians experienced intense emotional reactions as they faced the desperate situation of displaced survivors and the German government's demand for proof that the survivors' symptoms were a consequence of their Holocaust trauma. It's hard to imagine the bind of clinicians who were examining survivors for restitution claims—how difficult it must have been to separate personal feelings from professional judgments (Ornstein 2012).[35]

In reality, there was no way for any examiner or lawyer to prove direct causality between a survivor's mental impairments and persecution. However, one way to lend support to the claim that the psychological infirmity of the survivors was a direct result of their incarceration, I am suggesting, would be to establish the pattern of its transmission to their offspring. It seems reasonable to consider how the need to provide evidence of the survivors' trauma may have *unwittingly* motivated some clinicians to develop a theory about a transmission process that would include a unique diagnosis for the second generation, as well as descriptions of the psychological mechanisms that would bear witness to the original events of their parents' persecution and the effects they suffered as a consequence of the Holocaust.

[35] With respect to the many emotional and counter-transference challenges clinicians faced working with survivors of the Holocaust see Eissler 1967; Kijack 1989; Krell 1984; Marcus and Wineman 1985; Ornstien 1989; Sterba 1968; Suedfeld and Soriano 1998.

It is my opinion that a formal or conventional DSM diagnosis of the survivors' children would have jeopardized the claim that the survivors' psychological illness was a result of persecution. It would have introduced the possibility that the children inherited their disorders from their parents who had a pre-existing condition prior to the Holocaust. Hence, it would have been imperative to negate any genetic link between the pathology of the second generation and their parents. The negation of a genetic link could be achieved through the creation of a new diagnostic discourse that legitimized the claim that the affective roots of pathology in the survivors' offspring were historical rather than constitutional. The need to ground the symptoms in a historical event may also partially explain why the healthy siblings of the symptom presenters were excluded from discussion. How would their ability to transcend a transmission process be explained?[36]

By binding the children of survivors to the original symptoms of their parents' "survivor syndrome" diagnosis (a link that I believe is tenuous at best), we get as close as possible to a live recording of the Holocaust and its traumatic effects. The theory of an intergenerational transmission *transposes* the past into the present and future by creating meanings (through symptoms) that will continue to transcend time. The writers, like their patients, occupy two spheres of existence, as the Holocaust and traumas from the past infuse the presence of the transference relationships as described in these papers (as symbolized through historical interpretations being offered in the transference).

These writers, like their patients, acknowledge that they too are scarred by the breach in consciousness that the Holocaust signifies. Within their papers they note that the Jewish culture obliges the recording of historical trauma, reserving pages of their papers for the presentation of historical rather than clinical details.

In his discussion of Jewish identity post-Holocaust, A. Berger (1995) states that each period in Jewish history redefined the relationship or covenant that exists between God and the Jewish people. He writes, "Following the Holocaust, the covenant cannot be imposed from above, and the deity seems more hidden than ever" (p. 26). After the

[36] While it is true that siblings surely metabolized their parents' Holocaust experiences differently, it seemed significant to me that the symptoms of these patients were presented in an isolated manner and framed solely in context of the Holocaust.

Holocaust, he describes how the obligation to the covenant changed to a more inclusive one that is less ritually based with regard to the terms of its fulfillment (p. 26). His essay argues that the secular, "may mask a profoundly religious act" and that Holocaust writings "bear witness" to a process which remobilized the Jewish response to the post Holocaust imperative to "morally improve and repair the world" (pp. 25-26).

I believe that the intergenerational theory of Holocaust transmission represents a "mobilized response" to the worst persecution Jews have faced in their history as a people. Though it was cloaked within the development of a theoretical discourse, it is not simply a collection of clinical impressions. It, too, is a Holocaust writing which "bears witness" to this genocide through the recording of the symptoms, dreams, associations, and enactments of the survivors' offspring.

It is clear from the writings of many scholars that after the Holocaust, the Jewish tradition of recording was charged with a new level of imperative—one that deemed that the Holocaust must be encoded within the psyche in a manner that is never forgotten.[37,38] One way to safeguard against the expulsion of this experience from the psyche would be through the creation of a theory that claimed the effects of the trauma have been incorporated into the mind in a way that renders them *unknowable*. As so many writers of these papers claimed, what can't be known can never be worked through, mourned, or integrated through secondary processes—creating a cleavage in the Jewish collective unconscious.

In relation to mourning and the Holocaust, Mitscherlich-Nielsen (1989) writes:

> Rethinking a thing, thinking it anew and differently, goes hand in hand with the work of mourning. One might even say that betrayal is the unavoidable consequence of an ongoing process of learning to relinquish, to let go. [p. 415]

[37] With regard to the social function of remembering see Berger, A. 1995; Bergmann 1985; Luel 1984; Fackenheim, Steiner, Popkin, and Weisel, 1967; Yerushalmi 1982.

[38] In his book *Zahor, Jewish History and Jewish Memory*, Yerushlami (1982) writes that Freud understood the Jewish imperative to record history. He cites a speech that Freud wrote and Anna Freud delivered at the fifteenth International Congress just after he escaped Vienna. Freud used a reference to Yabneh from the Talmud as a parable to express the Jewish imperative to record history (see Yerushalmi 1982, p. 11).

To complete the process of mourning the losses of the Holocaust (as described above) implies a "betrayal" to the six million whose deaths can only receive any permanent marker within the minds of living Jews. After Auschwitz, within the deepest levels of Jewish consciousness letting go, knowing and completing the work of mourning signifies the crematorium, where what was once unconscious dread was able to find live expression.[39]

When examined within this context it becomes possible to see how the crucial dynamics of this theory the *failure to mourn* and *the Holocaust is unknowable* reflect the unconscious position of the analyst and the Jewish collective unconscious, rather than their being an exclusive diagnosis about the ego impairments of the survivors' children. The *internalization of the Nazi perpetrator is* a constant reminder to Jews that vulnerability leads to incineration. It is the internalization of these three dynamics that led to the popular outcry, "*Never Again.*"

Not "letting go," however, binds the psyche to a series of repetitions that are dynamically structured by states of perpetual mourning and hyper vigilance. A new symptom forms, one, which transmits a Jewish existence post Holocaust that *must* include the irrevocable image of the survivor—an image that ultimately confines survivors, their children and now a 3rd generation to images of traumatized victims who remain bereft of proper ego functioning.

In a footnote of his paper "The empty circle," Laub comments that his conceptualization of "the empty circle" (or "a trauma-induced condition of ego regression mediated by the death instinct to a state of inner objectlessness" particular to children of survivors) is "receiving support from advances in the neurosciences that have found lasting hormonal changes in a high percentage of adult children of Holocaust

[39] In his paper, "Trauma: the seductive hypothesis" Reisner (2003) writes, "To put it rather bluntly, trauma, the traumatized, and trauma treatment have become the stuff of a particular cultural fantasy. In the language of this fantasy, trauma is seen as exceptional rather than formative, traumatic events are given priority over traumatic effects and the symptoms of trauma are seen as pathological in themselves, to be avoided rather than accepted and integrated" (p. 399) A few paragraphs later he adds, "Trauma, particularly in America has achieved a special status, accompanied by a rarefied narrative. In the current zeitgeist, the "survivor" of trauma inhabits a privileged and exceptional space and is imbued with special qualities" (p. 400).

survivors."[40] The effects of the Holocaust are now being recorded within the somatic unconscious. In this sense, an intergenerational transmission process can also be viewed as an intergenerational imperative to record the trauma of the Holocaust in a way that maintains it as an active wound–obligating survivors, their children, and their children's offspring to continue claiming their place within the psychoanalytic literature (Auerhahn 2013; Behm 2007; Bodenstab 2004; Brown 2007; Ellman 2013; Flescher 2012; Garwood 1996; Gerson 2009; Hamburger 2015; Kaplan 2000; Moore 2009; Sossin 2007; Weiland-Burston 2012).

With regard to *the unknowable* and emotions that defy representation through language, Puget (1988) writes that tolerating the existence of an *unknowable* mental space outside the ego represents an attack on the omnipotence of knowledge (p. 123).[41] Consider that in the case of these patients (the children of survivors), psychoanalysts were not only dealing with countertransference experiences stimulated by patients with primitive character disorders, but that these encounters were compounded by associative material that contained images that truly defy imagination. When some theorists contemplated that during their camp experiences survivors regressed to the anal sadistic stage of development and were abandoned by their internal objects, I suspect that they were in part perhaps, trying to convert the *unthinkable and unknowable* into some consistent form.[42] Hence a theory of transmission about the Holocaust creates a gentler narrative about humanity's most basic instincts, one that is palatable in that it both soothes and denies our most primitive fears by organizing them into a theory that is capable of integration.

CONCLUSION

Through my research I sought to gain a deeper understanding of why some psychoanalysts were committed to a discourse of trauma about the

[40] He is citing the work of Yehuda et al. (1996).

[41] Rothstein (1980) writes that theories help ease the clinician's tension of the unknown, assuaging their sense of helplessness. He writes, "Armed with the narcissistically invested paradigm, the practitioner can face the uncertainty of the clinical situation" (p. 388).

[42] In relation to this comment about the survivors' regression Ornstein (1989) comments that had survivors been able to regress to savage and childhood mental states, their suffering would certainly have been lessened (p. 105).

second generation and why their narratives of these analyses were written in a way that established this link.[43] My interpretation of the data led me to see a relationship between restitution claims and the development of this theory about the survivors' children, the profound impact the diagnosis of "survivor syndrome" had a upon the clinical understandings of the survivors' children, and the influence of a "shared trauma" upon the analytic setting.

During the analysis of my data, I was often torn by the neutrality the research stance imposed upon me. As a Jew, I resonated with the many sentiments of mourning that are situated within these case descriptions. I struggled with my central finding that the symptoms and ego impairments observed in the survivors' children are not unique. However, what became clear to me after many months of examining these papers and my statistical data was that the need of these analysts to record a narrative about the Holocaust took precedence over their development and presentation of a more complete understanding of the survivors and their children.

I don't doubt that these patients' fantasies, associations, and delusions contained Holocaust imagery.[44] Nor am I suggesting that the survivors' Holocaust experiences had no influence upon the emotional development of their children. Who could doubt it? However I am suggesting that factors external to the clinical process influenced the ways in which the associative material of survivors' children was received and presented within these papers. I believe that this group of theorists emphasized pathology and dissociation rather than resilience and psychic continuity, and did so to insure that when we remember the

[43] In relation to the risk the analyst's narrative poses to exploring alternate understandings about patients' dynamics, Tuckett (1993) writes, "There is the possibility that a good, well told and coherent story creates the risk of seduction, which in the context of communication to others can be summed up thus: the more a narrative is intellectually, emotionally and aesthetically satisfying, the better it incorporates clinical events into rich and sophisticated patterns, the less space is left to the audience to notice alternative patterns and to elaborate alternative narratives" (p. 1182).

[44] It is interesting to note that writers like Appy (1995), Moses (1995b), Volkan (1995) and Severino (1986) write about the use of a Holocaust fantasy in non-Jewish patients who had no familial connection to the Holocaust. When one thinks about the proliferation of Holocaust books and movies in the last five decades, in all likelihood, Holocaust imagery has likely become part of all our "psychic vocabulary."

trauma, we remember the bitter rather than the sweet, and that we think of the dead and keep them "immured" within us always (Gampel 1992).

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REFERENCES

Adelman, A. (1995). Traumatic memory, intergenerational transmission of Holocaust narratives. *Psychoanal. St. Child*, 50:343–367.

Antonovsky, A., Maoz, B., Dowty, N., & Wijsenbeek, H. (1971). Twenty-five years later: A limited study of sequelae of the concentration camp experience. *Social Psychiatry*, *6*(4):186–193.

Appy, G. (1995). The meaning of "Auschwitz" today: Clinical reflections about the depletion of a destructive symbol. In *Persistent Shadows of the Holocaust*, ed. R. Moses. Madison, CT: International University Press. pp. 3–28.

Auerhahn, N. (2013). Evolution of traumatic narratives: Impact of the Holocaust on children of survivors. *Psychoanal. St. Child*, 67:215–246.

Auerhahn, N. & Laub, D., (1984). Annihilation and restoration: Post-traumatic memory as pathway and obstacle to recovery. *Int. Rev. Psychoanal.*, 11: 327–344.

Auerhahn, N. & Laub, D. (1998). The primal scene of atrocity. The dynamic interplay between knowledge and fantasy of the Holocaust in children of survivors. *Psychoanal. Psychology*, 15:360–377.

Auerhahn, N., Laub, D., & Peskin, H. (1993). Psychotherapy with Holocaust survivors. *Psychotherapy*, 30:434–442.

Auerhahn, N. & Peskin, H. (2003). Action knowledge, acknowledgement, and interpretive action in work with Holocaust survivors. *Psychoanal. Q.*, 72: 616–655.

Auerhahn, N. & Prelinger, E. (1983). Repetition in the concentration camp survivor and her child. *Int. Rev. Psychoanal.*, 10:31–46.

Barocas, H. (1975). Children of purgatory: reflections on the concentration camp syndrome. *Int. J. Social Psychiatry.* 21:87–92.

Barocas, H. & Barocas, C. (1979). Wounds of the fathers: the next generation of Holocaust victims. *Int. Rev. Psychoanal.*, 6:330–340.

Baron, l. Reznikoff, M. & Glenwick, D. (1993). Narcissism, interpersonal adjustment, and coping in children of Holocaust survivors. *J. Interdisciplinary and Applied Psychology*, 127:257–269.

Behm, A. (2007). Being German: Reflections on my work with holocaust survivors. *Psychoanal. Perspect.*, 5(1):135–140.

Berger, A. (1995). The Holocaust, second-generation witness and the voluntary covenant in American Judaism. *Religion and Amer. Cult.*, 5:23–47.

Berger, J. (1999). *After the End: Representations of Post–Apocalypse.* Minneapolis, MN: Univ. of Minnesota Press.

Bergmann, M. (1982). Recurrent problems in the treatment of survivors and their children. In *Generations of the Holocaust*, eds. M. Bergmann & M. Jucovy. New York: Columbia Univ. Press. pp. 247–267.

———. (1983). Therapeutic issues in the treatment of Holocaust survivors and their children. *Amer. J. Social Psychiatry*, 3:21–23.

———. (1985). Reflections on the psychological and social function of remembering the Holocaust. *Psychoanal. In.*, 5:9–20.

Blum, H. P. (2007). Holocaust trauma reconstructed: Individual, familial, and social trauma. *Psychoanal. Psychology*, 24(1):63–73

Bodenstab, J. (2004). Under the siege: A mother-daughter relationship survives the Holocaust. *Psychoanal. In.*, 24(5):731–751.

Brenner, C. (2003). Commentary on Ilany Kogan's "On being a dead and beloved child." *Psychoanal. Q.*, 2:767–776.

Brody, S. (1973). The child of a refugee. *Psychoanal. S. Child*, 28:169–191.

Brown E. M (2007). A child survivor of the Holocaust comes out of hiding. Two stories of trauma. *Psychoanal. Perspectives* 4(2):51–75.

Eissler, K. (1967). Perverted psychiatry? *Amer. J. Psychiatry*, 123:1352–58.

Ellman, P. (2013). Facing the pain: Learning from the power of witnessing the Holocaust. *Int. J. Psychoanal.*, 94(6):1185–1189.

Fackenheim., E., Steiner., G., Popkin, R., & Weisel, E., (1967). Jewish Values in the Post-Holocaust Future. A Symposium.

Faimberg, H. (1988). The telescoping of generation: genealogy of certain identifications. *Contemp. Psychoanal.*, 24:99–117.

Felsen, I. & Erlich, H. S. (1990). Identification patterns of offspring of Holocaust survivors with their parents. *Amer. J. Orthopsychiatry, 60*(4):506–520.

Ferro, A. (2003) Commentary on Ilany Kogan's "On being a dead and beloved child." *Psychoanal. Q.*, 52:777–783.

Fresco, N. (1984). Remembering the unknown. *Int. Rev. Psychoanal.*, ll: 417–427.

Furman, E. (1956). An ego disturbance in a young child. *Psychoanal. S. Child.* 11:312–335.

———. (1973). The impact of Nazi concentration camps on the children of survivors. In The *Child in his Family, Vol 2*: The Impact of Disease and Death, eds. E. J. Anthony & C. Koupernick. New York: Wiley. pp. 379–384.

Gampel, Y. (1982). A daughter of silence. In *Generations of the Holocaust*, eds. M. Bergmann, & M. Jucovy. New York: Columbia Univ. Press. pp. 120–136.

———. (1992). Thoughts about the transmission of conscious and unconscious knowledge in the generation born after the Shoah. *J. Social Work and Policy in Israel*, 5:43–50.

GARWOOD, A. (1996) The Holocaust and the power of powerlessness: Survivor guilt an unhealed wound. *British J. Psychotherapy*, 13(2):243–258.

GEE, J.P. (1999). *Discourse Analysis, Theory and method*. New York: Routledge.

GERGEN, K. (1991). *The Saturated Self*. New York: Basic Books.

GERSON, S. (2009). When the third is dead: Memory, mourning, and witnessing in the aftermath of the Holocaust. *Int. J. Psychoanal.*, 90(6): 1341–1357.

GORDEN, C. (2011). Time is on my side: The intergenerational transmission of unmourned trauma and its impact on agency, narrative, and time. *Contemp. Psychoanal.*, *47*(3):364–385.

GRüNBERG, K., (2007). Contaminated generativity: Holocaust survivors and their children in Germany. *Amer. J. Psychoanal.*, 67(1):82–96.

GRUBRICH-SIMITIS, I. (1981). Extreme traumatization as cumulative trauma: Psychoanalytic investigations of the effects of concentration camp experiences on survivors and their children. *Psychoanal. S. Child*, 36: 415–450.

———. (1984). From concretism to metaphor: thoughts on some theoretical and technical aspects of the psychoanalytic work with children of Holocaust survivors. *Psychoanal. S. Child*, 39:301–320.

———. (2010). Reality testing in place of interpretation. a phase in psychoanalytic work with descendants of Holocaust survivors. *Psychoanal. Q.*, 79(1):37–69.

GREENBERG, J. (1996). Psychoanalytic words and psychoanalytic acts-a brief history. *Contemp. Psychoanal.*, 32:195–211.

GUNTRIP, H. (1975). My experience of analysis with Fairbairn And Winnicott. *Int. J. Psychoanal.,* 77:739–754.

HAESLER, Y. (1981). Modes of transgenerational transmission of the trauma of Nazi persecution and their appearance in treatment. *J. Social Work Policy in Israel.*, 5-6:51–60.

HAMBURGER, A. (2015). Refracted attunement, affective resonance: scenic-narrative microanalysis of entangled presence in a Holocaust survivor's testimony. *Contemp. Psychoanal.*, 51(2):239–257.

HERZOG, J. (1982). World beyond metaphor: thoughts on the transmission of trauma. In *Generations of the Holocaust*, eds. M.S. BERGMANN & M. E. JUCOVY. New York: Columbia Univ. Press. pp. 103–119.

IJZENDOORNET, M. H., BAKERMANS-KRANENBURG, M. J. & SAGI-SCHWARTZ, A. (2003). Are children of Holocaust survivors less well-adapted? A meta-analytic investigation of secondary traumatization. *J. Traumatic Stress.*, 16(5): 459–469.

JUCOVY, M. (1985). Telling the Holocaust story: a link between the generations. *Psychoanal. In.*, 5:31–49.

———. (1992) Psychoanalytic Contributions to Holocaust Studies. *Int. J. Psychoanal.*, 73:267–282.

KAHN, C. (2006). Some determinants of the multigenerational transmission process. *Psychoanal. Rev.*, 93(1):71–92.

KAPLAN, S. (2000). Child survivors and childbearing; memories from the Holocaust invading the present. *Scan. Psychoanal. Rev.*, 23(2):249–282.

KESTENBERG, J. (1972). Psychoanalytic contributions to the problems of children of survivors from Nazi persecution. *Israel Annals of Psychiatry and Related Disciplines*, 10:311–325.

———. (1980). Psychoanalyses of children of survivors from the holocaust: Case presentations and assessment. *J. Amer. Psychoanal. Assn.*, 28:775–804.

———. (1982a). Survivor parents and their children. In *Generations of the Holocaust*, eds. M. Bergmann & M. Jucovy. New York: Columbia Univ. Press. pp.83–101.

———. (1982b). Rachel M's metapsychological assessment. In In *Generations of the Holocaust*, eds. M. BERGMANN & M. JUCOVY. New York: Columbia Univ. Press. pp. 137–155.

———. (1993). What a psychoanalyst learned from the Holocaust and genocide. *Int. J. Psychoanal.*, 74:1117–1130.

KESTENBERG, M. (1982). Discriminatory aspects of the German indemnification policy; A continuation of persecution. In *Generations of the Holocaust*, eds. M. BERGMANN & M. JUCOVY. New York: Columbia Univ. Press. pp. 62–77.

KIJAK, M. & FUNTOWICZ, S. (1982). The syndrome of the survivor of extreme situations-definitions, difficulties, hypotheses. *International Review of Psychoanalysis*, 9:25–33.

KIJAK, M. (1989). Further discussions of Reactions of psychoanalysts to the Nazi persecution, and lessons to be learnt. *Int. J. Psychoanal.*, 16:213–222.

KOGAN, I. (1988). The second skin. *Int. J. Psychoanal.*, 15:251–260.

———. (1989a). The search for the self. *Int. J. Psychoanal.*, 70:661–672.

———. (1989b). Working through the vicissitudes of trauma in psychoanalysis of Holocaust survivors' offspring. *Sigmund Freud House Bulletin*, 13:25–33.

———. (1990). A journey to pain. *Int. J. Psychoanal.*, 71:629–640.

———. (1992). From acting out to words and meaning. *Int. J. Psychoanal.*, 73: 455–466.

———. (1993). Curative factors in analyses Holocaust survivors' offspring. *Int. J. Psychoanal.*, 74:803–814.

———. (1995a). Love and heritage of the past. *Int. J. Psychoanal.*, 76:805–824.

———. (1995b). *The Cry Of Mute Children: A Psychoanalytic Perspective Of The Second Generation Of The Holocaust.* London: Free Association Books.

———. (2002). Enactment and treatment in the Holocaust survivors' offspring. *Psychoanal. Q.*, 71:251–272.

———. (2003). On being a dead and beloved child. *Psychoanal. Q.,* 72: 727–767.

KRELL, R. (1984). Holocaust survivors and their children. *Comprehensive Psychiatry.* 25:521–528.

LA CAPRA, D. (1992). Representing the Holocaust. Reflections on the historian's debate. In *Probing the limits of Representation*, ed. S. FRIEDLANDER. Cambridge, MA: Harvard Univ. Press. pp. 108–127.

———. (1994). *Representing the Holocaust: History, Theory, Trauma.* Ithaca: Cornell Univ. Press.

———. (2001). *Writing History, Writing Trauma.* Baltimore: Johns Hopkins Univ. Press.

LEVINE, H. (1982). Toward a psychoanalytic understanding of the children of survivors of the Holocaust. *Psychoanal. Q.,* 51:70–92.

LAUB, D. (1989). The empty circle: children of survivors and the limits of reconstruction. *J. Amer. Psychoanal. Assn.*, 46:507–530.

LAUB, D. & AUERHAHN, N. (1989). Failed empathy: A central theme in the survivor's Holocaust experience. *Psychoanal. Psychology,* 6:377–400.

———. (1993). Knowing and not knowing massive psychic trauma. *Int. J. Psychoanal.,* 74: 287–302.

LAUB, D. & LEE, S. (2003). Thanatos and massive psychic trauma: The impact of the death instinct on knowing, remembering, and forgetting. *J. Amer. Psychoanal. Assn.*, 51:433–463.

LAUDAN, L. (1977). *Progress and its Problems: Towards a Theory of Scientific Growth.* Berkeley: Univ. of California Press.

LAUFER, M. (1973). The analysis of a child of survivors. In *The Child in his Family, 2: The Impact of Disease and Death*, eds. E.J. ANTHONY AND C. KOUPERNICK. New York: Wiley. pp. 363–373.

LEON, G. R., BUTCHER, J. N., KLEINMAN, M., GOLDBERG, A., & ALMAGOR, M. (1981). Survivors of the Holocaust and their children: Current status and adjustment. *J. Personality and Social Psychology, 41*(3):503–516.

LEVINE, H. (1982). Toward a psychoanalytic understanding of the children of survivors of the Holocaust. *Psychoanal. Q.*, 51:70–92

LIPKOWITZ, M. H. (1973). The child of two survivors: a report of an unsuccessful therapy. *Israel Annals of Psychiatry and Related Disciplines*, 11: 141–155.

LUEL, S. (1984). Living with The Holocaust: Thoughts on Revitalization in Psychoanalytic Reflections on The Holocaust. Selected Essays. eds. S. LUEL & P. MARCUS. Hoboken, NJ: Ktav Press.

MARCUS, P., & WINEMAN, I. (1985). Psychoanalysis encountering the Holocaust. *Psychoanal. In.*, 5(1):85–98.

MITSCHERLICH-NIELSEN, M. (1989). The inability to mourn today. In *The Problem of Loss and Mourning: Psychoanalytic Perspectives*, eds. D. DEITRICH & P. SHABAD. Madison, CT: International Universities Press.

MOORE, Y. (2009). Thoughts in representation in therapy of Holocaust survivors. *Int. J. Psychoanal.*, 90(6):1373–1391.

MOSES, R. (1995a). *Persistent Shadows of The Holocaust: The Meaning to Those Not Directly Related.* Madison, CT: International Universities Press.

———. (1995b). An Israeli view: In clinical reflections about the depletion of a destructive symbol. In *Persistent Shadows of the Holocaust*, ed. R. MOSES. Madison, CT: International Universities Press. pp. 3–28.

NADLER, A. (2001). The Victim and the psychologist: changing perceptions of Isareli Holocaust survivors by the mental health community in the past fifty years. *Hist. Psychology*, 4(2):159–181.

NIEDERLAND, W. (1968). Clinical observations on the "survivor syndrome." *Int. J. Psychoanal.*, 4(9):313–315.

OLINER, M. (1982). Hysterical features among children of survivors. In *Generations of the Holocaust*, eds. M. BERGMANN & M. JUCOVY. New York: Columbia Univ. Press. pp. 247–266.

ORNSTEIN, A. (1985). Survival and recovery. *Psychoanal. In.*, 5:99–130

———. (1989). An interview with Anna Ornstein. In *Healing their Wounds*, eds. P. MARCUS, & A. ROSENBERG. New York: Praeger.

———. (2012). Personal Communication.

PARENS, H. (1997). The unique pathogenicity of sexual abuse. *Psychoanal. In.*, 17:250–266.

PESKIN, H., AUERHAHN, N., & LAUB, D. (1997). The second Holocaust: Therapeutic rescue when life threatens. *J. Personal and Interpersonal Loss*, 2: 1–25.

PINES, D. (1992). Impact of the Holocaust on the second generation. *J. Social Work and Policy in Israel*, 5:85–105.

POLANYI, M. (1958). *Personal Knowledge.* Chicago: Univ. of Chicago Press.

PRINCE, R. (1985a). Knowing the Holocaust. *Psychoanal. In.*, 5:51–61.

———. (1985b). Second generation effects of historical trauma. *Psychoanal. Rev.*, 72:9–29.

PUGET, J. (1988). Social violence. *Free Associations*, 13:84–139.

RAKOFF, V., SIGAL, J. J., & EPSTEIN, N. B. (1966). Children and families of concentration camp survivors. *Canad. Ment. Hlth.*, 14:24–26.

REISNER, S. (2003). Trauma: The seductive hypothesis. *J. Amer. Psychoanal. Assn.*, 51:381–414.

ROSENBERGER, L. (1973) Children of survivors. In *The Child in His Family. Vol. 2: The Impact of Disease and Death*, eds. E. ANTHONY & C. KOUPERNICK. New York: Wiley. pp. 375–377.

ROSENBLUM, R. (2009) Postponing Trauma: The dangers of telling. *Int. J. Psychoanal.*, 90(6):1319–1340.

ROSENTHAL, R. (1994). Science and ethics in conducting, analyzing, and reporting psychological research. *J. Amer. Psychological S.*, 5:127–134.

———. (1966) Covert communication in the psychological experiment. *Psychological Bulletin.*, 67:353–367.

ROSNOW, R. & ROSENTHAL, R. (1997). *People Studying People: Artifacts and Ethics in Behavioral Research.* New York: W. H. Freeman and Company.

ROTHSTEIN, A. (1980). Psychoanalytic paradigms and their narcissistic investment. *J. Amer. Psychoanal. Assn.*, 28:385–395.

SCHWARTZ, S. (1994). Non-genetic familial transmission of psychiatric disorders? Evidence from children of Holocaust survivors. *J. Health Soc. Behav.*, 35(4):385–402.

SEVERINO, S. (1986). Use of a Holocaust fantasy. *J. Amer. Academy of Psychoanal.*, 14: 227–239.

SIGAL, J. SILVER, D., RAKOFF, V., & ELLIN, B. (1973). Some second generation effects of survival of the Nazi persecution. *Amer. J. Orthopsychiatry*, 43: 321–327.

SLIFE, B. & WILLIAMS, R. (1995). *What's Behind the Research? Discovering the Hidden Assumptions in the Behavioral Sciences.* New Jersey: Sage.

SOLOMON, Z. (1998). Transgenerational effects of The Holocaust: The Israeli Research Perspective. In *International Handbook of Multigenerational Legacies of Trauma*, ed. Y. DANIELI. NY: Plenum. pp. 69–84.

SOSSIN, K. M. (2007). Nonmentalizing states in early-childhood survivors of the Holocaust: Developmental considerations regarding treatment of child survivors of genocidal atrocities. *Amer. J. Psychoanal.*, 67(1):68–81.

SPENCE, D. (1994). The Rhetorical Voice in Psychoanalysis: Displacement of Evidence by Theory. Cambridge: Harvard Univ. Press.

STERBA, E. (1968). The Effect of persecutions on adolescents. In *Massive Psychic Trauma*, ed. HENRY KRYSTAL. Madison, CT: International Universities Press. pp. 51–59, 259–263.

SUEDFELD, P. & SORIANO, E. (1998). Separating the qualitative and quantitative dimension from the data versus analyses distinctions: Another way to study Holocaust survivors. *The Reference Librarian*, 61/62:113–129.

TERRY, J. (1984). The damaging effects of the survivor syndrome. In *Psychoanalytic Reflections on the Holocaust: Selected Essays*, eds. S. A. LUEL & P. MARCUS. Brooklyn, NY: Ktav Publishers.

TICHO, E. (1982). The alternate schools and the self. *J. Amer. Psychoanal. Assn.*, 30:849–862.

TUCKETT, D. (1993). Some thoughts on the presentation and discussion of the clinical material of psychoanalysis. *Int. J. Psychoanal.*, 74:1175–1189.

VAN IJZENDOORN, M. H., BAKERMAN-KRANENBURG, M. J., & SAGI-SCHWARTZ, A. (2003). Are children of Holocaust survivors less well adapted? A meta-analytic investigation of secondary traumatization. *J. Traumatic Stress*, 16:459–469.

VOLKAN, V. (1995). What the Holocaust means to a non-Jewish analyst. In. *Persistent Shadows of the Holocaust*, ed. R. MOSES. Madison, CT: International University Press. pp. 81–87.

———. (1997). *Bloodlines*. Colorado: Westview Press.

White, H. (1987). *The Content and the Form: Narrative Discourse and Historical Representation*. Baltimore: Johns Hopkins Univ. Press.

Wilson, A. (1985). On silence and the Holocaust. A contribution to clinical theory. *Psychoanal. In.*, 5:63–84.

Wilson. A. & Fromm, E. (1982). Aftermath of the concentration camp: the second generation. *J. Amer. Academy of Psychoanal.*, 10:289–313.

Wilson, M. & Sinason, M. (1999). Paralysis of symbolic functioning in the child of a Holocaust survivor. *Psychoanal. Psychology*, 13:117–134.

Winship G. & Knowles, J. (1996). The transgenerational impact of cultural trauma: Linking phenomena in treatment of third generation survivors of the Holocaust. *British J. Psychotherapy*, 13:259–266.

Woolgar, S. & Latour B. (1979). *Laboratory Life: The Construction of Scientific Facts*. New Jersey: Sage.

Yehuda, R., Schmeidler, J., Giller, E. Jr., Siever, L., & Binder-Brynes, K. (1996). The relationship between PTSD characteristics of Holocaust survivors and their adult offspring. Unpublished manuscript.

Yerushalmi, Y. (1982). *Zakhor Jewish History and Jewish Memory*. Saint Louis, MO: Univ. of Washington Press.

Zlotogorski, Z. (1983). Offspring of concentration camp survivors: The relationship of perception of family cohesion and adaptability to levels of ego functioning. *Comprehensive Psychiatry*, 24(4):245–354.

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The Enduring Psychological Legacies of Genocidal Trauma: Commentary on "The Intergenerational Transmission of Holocaust Trauma: A Psychoanalytic Theory Revisited"

By Sam Gerson

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THE ENDURING PSYCHOLOGICAL LEGACIES OF GENOCIDAL TRAUMA: COMMENTARY ON "THE INTERGENERATIONAL TRANSMISSION OF HOLOCAUST TRAUMA: A PSYCHOANALYTIC THEORY REVISITED"

BY SAM GERSON

The author critiques Gomolin's thesis that the concept of "intergenerational transmission of trauma" is an artifact arising from the countertransference needs of the psychoanalysts who first treated children of Holocaust survivors. Gomolin's own research into this area suffers from the serious methodological issue of not having investigators who were blind to the hypothesis under question. As such, her conclusions should be regarded as opinions based on subjectively selected material from the literature and not as objectively reliable or valid. In addition, thousands of studies across multiple disciplines and with varied patient populations have found that there are transgenerational effects of trauma and that the psychodynamic sequela, (including symptomatology, and resilience), deserve attention in the psychoanalytic treatment and study of descendants of survivors of genocide.

Keywords: Holocaust, Intergenerational transmission of trauma, survivor syndrome, children of survivors, trauma.

The concept of "intergenerational transmission of trauma" has stimulated thousands of theoretical and research investigations in multiple social

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science, psychological, medical, biological, and political disciplines. Originally formulated, and still widely associated with, children of Holocaust survivors, the concept has been applied to descendants of survivors of many forms of violence. These include the trans-generational impact of genocide in multiple cultures (e.g., Armenia, Cambodia, Rwanda, Native-Americans), the impact of slavery in African-American populations, the sequela of involuntary displacement and refugee experiences, and the legacies of war, terror, and family violence (Salberg and Grand, 2017).

Broadly speaking, research into the phenomena of intergenerational transmission of trauma has focused on two areas. The first domain concerns the psychological dynamics and psychiatric symptomatology of transmitted trauma. The second domain of research and theory concerns itself with the mechanisms of transmission of trauma. This later focus has, in recent years, bifurcated into a detailed examination of psychodynamics (e.g., the roles of attachment process and the impact of resilience and protective factors), and to a focus on biological, biogenetic, and epigenetic processes and markers of the intergenerational transmission of trauma. Even a cursory survey of the contemporary literature impresses one with the on-going fertility of the concept of intergenerational transmission of trauma, its processes, and its clinical, social and political manifestations (Gerson 2009; Richman 2002; Rosner 2017).

In her paper, Robin Gomolin, approaches this topic from an historic perspective in which she examines the earliest psychoanalytic theorizing about the concept of intergenerational transmission of trauma as it was applied to the offspring of survivors of the Holocaust. She states that her purpose was not to investigate or illuminate the processes of intergenerational trauma, but rather to raise questions about how the concept itself was formulated. She concludes her research with the opinion that both the concept and phenomena of intergenerational transmission of Holocaust trauma was primarily a product of the needs of the clinicians who formulated it, rather than it being inherent in the children of survivors themselves. As she stated:

> Ultimately this essay will not tell you why authors continue to argue for a theory of an intergenerational theory of Holocaust

> trauma. Instead, it will offer insights into factors external to the clinical process that may have lead them in this direction; it will also suggest that the theories about an intergenerational transmission of Holocaust trauma that emerged in the wake of the analyses of the survivors' children reflect external factors and unconscious vicissitudes related to the sharing of a "chosen trauma." [p. 464]

Her research sheds a novel perspective on the role of the subjectivity of the psychoanalysts she surveyed—a subjectivity that belies their seemingly objective assessments and formulations about children of survivors. This is a perspective that I found to be thought provoking even while it raises serious conceptual and methodological critiques. First and foremost, I want to note that I believe that the authors' interest in the subjectivity of the analysts leads her into an implicit suspicion of the inherent validity of the concept of intergenerational transmission of trauma in children of Holocaust survivors. There is, in my understanding of the extensive research—both within the psychoanalytic and the broader psychological literature, and of perhaps greater importance, in autobiographical literature—ample evidence for the concept of intergenerational transmission of trauma in children of survivors. I shall return to this later in this commentary after some preliminary comments on the methodological approach that informs the author's findings and subsequent theorizing.

The author enters into her research with the following query and observation:

> The question must be asked: to what extent did this group of clinicians actively (and perhaps unconsciously) work to locate what they believed were the hidden Holocaust meanings within the clinical material they reviewed? [p. 467]

> Scholars within the social sciences and psychoanalysis emphasize the influence of the observer upon the object of study. They claim that scientific theories are not neutral and "contain important personal statements of the theorist." [p. 485]

I believe that we are obliged to address the same question and concerns about Robin Gomolin's own work—namely, how did the author's own hypotheses affect her selection of the clinical and theoretical data

she reported, and the themes she extracted from her reading of the literature? Specifically, in my review of the authors' dissertation (upon which the findings of the current paper are based), I did not find any reference to any data analysis that was performed by a reviewer who was blind to Gomolin's own research questions and potential hypotheses. I raise this question after reading some of the original sources that the author quotes and finding that the author's representation does not align with my own reading of the original source material. I offer one example chosen because it comes from an analyst who Gomolin inaccurately characterizes as contributing to a view that there exists a specific set of psychological markers in children of Holocaust survivors.

Gomolin writes that:

> In the psychoanalytic literature, some writers describe unique psychopathology in the offspring of the Holocaust survivors and a psychological mechanism that leads the survivors' children to occupy two spheres of existence—the past and the present. This mechanism is called "transposition" and extends beyond identification (J. Kestenberg 1980, p. 148). There are numerous elaborations of this mode of affective functioning that is seen as specific to children of Holocaust survivors.
>
> As a counterpoint to the psychoanalytic literature, findings from numerous other studies indicate that within Holocaust survivor families, a range of psychological adjustment exists just as in other populations. These results suggest that a host of variables influence the psychological and social development of children of survivors (i.e., a parent's immigrant status, gender differences, education, and parents' post war integration into a new community). [pp. 462-463]

In contrast to this characterization, Kestenberg (1980) noted in the same article that:

> In surveying accounts from analyses of survivors' children, I had to take into account the differences in their symptomatology and background, the differing histories of their parents, and their pre-Holocaust personalities. Although I recognized that the severity and duration of the trauma, the age when

> traumatization occurred, the country of origin, and the postliberation experiences had a direct bearing on the quality of parenting, I could spot many features which were common to all cases known to me and other characteristics which were frequent but not universal. This did not add up to a "survivor's child syndrome," which would imply pathology. It appeared to be a complex (or, as Bergmann put it, a constellation) which differed in quantity and import from patient to patient. The same features which in one case contributed to pathology, in another case became the basis of strength. [p. 776]

One problem in Gomolin's rendering of Kestenberg's writing is that she not only elides Kestenberg's specific reference to the influence of multiple variables, but it also obviates much of contemporary psychoanalytic literature. For example, Felsen (2018) notes, "The literature about Holocaust survivors and their children has shown that the functioning of both generations is characterized by general resilience alongside specific vulnerabilities. These vulnerabilities may appear in particular areas of the lives of children of survivors despite concurrent good functioning in other areas" (p. 433).

Kestenberg's (1980) concluding sentence above about the fluidity between strength and trauma is of great import as we consider Gomolin's bifurcation between her own early observations of psychopathology and well being in children of survivors. Gomolin writes about the stimulus of her research as follows:

> Later, in the early 1980's, as a social worker on a crisis intervention unit, I had professional contact with children of Holocaust survivors, most of whom had severe psychological impairments. The clinical understanding of the time, as I acquired it through their psychiatrists and my supervisors, was that a parent's Holocaust experiences led to illness in their offspring.
>
> During this same period of time, I continued to have many close friends who were also children of Holocaust survivors. They were happy, successful achievers whose lives looked no different than mine. I was struck by the difference in functioning between these two groups of Holocaust survivors'

> children. Twenty years later, in a research project for my doctoral dissertation, I returned to this observation. [p. 462]

Herein we encounter a false dichotomy between "severe psychological impairments" and "happy, successful achievers"—a binary which describes two points on a continuum of illness versus health and in so doing obscures a consideration of psychodynamics that do not neatly align themselves with a diagnostic approach. The unfortunate consequence of this approach to organizing the data is that it pits the presence of resilience against the presence of psychological conflict and dynamics. Surely, one can be quite functional and "happy" and also have darker aspects of representations of self, other, and the world, and certainly the dynamics created by the confluence of resilience and trauma are continuous and fluid and cannot be captured in a simple binary diagnostic system of health and illness.

In this regard, I wish to highlight the numerous autobiographical works by children of survivors since I believe that each of these works represents the amalgam of suffering and strength that often characterizes survivors and their offspring (Berger and Berger 2001; Bukiet 2002; Eisenstein 2006; Epstein 1979; Florsheim 1989; Hoffman 2004; Richman 2002; Rosenbaum 1999; Spiegelman 2011a, 2011b; Weisel 2000). Each of these authors has, after all, by dint of their publication, demonstrated resilience in the face of trauma. I offer the following brief examples simply to point toward great achievement in the face of adversity among children of survivors. Consider, first the work of Art Speigelman (2011a, 2011b), the widely acclaimed author of *Maus*, who dramatically portrayed how the shadow of his parents' experience was a constant, yet incomprehensible companion. He wrote that:

> … my parents didn't talk in any coherent or comprehensive way about what they had lived through. It was always a given that they had lived through "the War" which was their term for the Holocaust. I don't think I even heard the word "Holocaust" till the late '70s, but I was aware of "The War" for as long as I was aware of anything. [2011b, p. 7]

And this from Thane Rosenbaum's (1999) compelling novel entitled *Second Hand Smoke*:

> Without the workings of a will or a bequest, he had received an inheritance, that he would have rather done without, the kind of legacy he'd just as soon give back. But it doesn't work that way.... He couldn't even explain what it was that he had. Splintered, disembodied memories that once belonged to them were now his alone, as though their two lives couldn't exhaust the outrage. The pain lived on as a family heirloom of unknown origins. What he saw he couldn't exactly identify, what he remembered was not something he actually knew. It was all interior—like a prison, like a cage. [p. 1]

One last example is from an edited book of thirty essays by Michael Bukiet (2002), entitled *Nothing Makes You Free: Writings of Descendants of Jewish Holocaust Survivors*. In his introduction to the volume Bukiet wrote:

> In a way, life has been even stranger—though infinitely less perilous—for the children than the parents. If a chasm opened in the lives of the First-Generation they could nonetheless sigh on the far side and recall the life Before, but for the second generation there is no Before. The beginning was Auschwitz.... No one who hasn't grown up in such a household can conceive it, while every 2G has something in common... [p. 13]

> Other kids parents didn't have numbers on their arms. The Other kids parents didn't talk about massacres as easily as baseball. Other kids parents had parents. [p. 14]

> ... how do you cope when the most important events of your life occurred before you were born? [p. 18]

> There are lots of ifs in this essay. That's because the only thing the Second Generation knows is the imponderable, which means that we don't know anything and distrust anyone with an answer. The wonderfully equalizing thing about the Khurbn (Holocaust) is that it denies all wisdom, there is everyone it touches into the abyss of ignorance. [p. 22]

I believe that these few quotes convey more of the essence of the psychological experience of children of survivors and of the intergenerational transmission of trauma than do many of the interpretations and formulations presented by the psychoanalysts whom Gomolin quotes. The ideas of the psychoanalysts about the psychodynamics of children of survivors may sound to us as doctrinaire and extreme in their conviction; and yet they are examples of a particular theoretical perspective held by many in that generation of psychoanalysts and also how they conveyed their beliefs in absolute terms that may read as overly authoritative to current psychoanalytic thinkers.

Interestingly, one of the analysts that Gomolin favors for questioning "the link between the Holocaust and psychopatholgy" is Charles Brenner (2003). In his response to Ilany Kogan's (2003) paper about the trauma of being a "replacement child" for the mother's earlier child who died in the Holocaust, Brenner stated that no psychoanalytic account could be adequate without a rendering of the person's psychosexual development and then he added that: "I do not think it is possible to separate the effects of being a replacement child—Holocaust or no Holocaust—from the effects of other individual and ubiquitous influences on childhood conflict" (p. 773). In response to this sentiment, I am drawn to say "Oedipus or no Oedipus—always the Holocaust." Reading Brenner's argument reminded of an experience I had in supervision many years ago when my (Jewish) supervisor responded to a dream presented by my patient, a 23-year-old child of survivors. In the dream a Nazi was chasing her down an alley. The supervisor asked me if I knew who the Nazi was, and noticing my perplexed look, he stated, "The Nazi is either her father or you into whom she has projected her sexual longings." I mention this moment together with the Brenner quote because they illustrate a counter-point to Gomolin's thesis that there was a concerted effort by Jewish psychoanalysts to highlight the suffering of survivors and their children. No doubt this was true for many, yet there was also an effort by many Jewish analysts, and particularly those who had immigrated to the United States to escape Nazi occupied Europe and who were sensitive to the proto-fascist threats of the McCarthy era, to erect an illusory barrier between the present and past in order to create a new future. The elision of the impacts of the Holocaust, both personal and clinical, by American psychoanalysis in the post-war period has been

well documented by Aron (2013), Kurlioff (2010), and Prince and Prince (2009).

These considerations notwithstanding, I think that Gomolin is accurate in arguing that there was a concerted effort by many analysts to help survivors of the Holocaust in their quest for reparations from Germany for the horrific damages inflicted by the genocidal Nazi regime. As she points out, the term "survivor syndrome" (Niederland 1968) was coined in an attempt to delineate a set of symptoms that resulted from the traumas of Nazi oppression and was developed, in part, to contest the claim by German authorities that survivor's symptomatology could be attributed to "pre-existing conditions." Gomolin does not, however, offer any documentation to support her theory that:

> … one way to lend support to the claim that the psychological infirmity of the survivors was a direct result of their incarceration, I am suggesting, would be to establish the pattern of its transmission to their offspring. It seems reasonable to consider how the need to provide evidence of the survivors' trauma may have *unwittingly* motivated some clinicians to develop a theory about a transmission process that would include a unique diagnosis for the second generation, as well as descriptions of the psychological mechanisms that would bear witness to the original events of their parents' persecution and the effects they suffered as a consequence of the Holocaust. [p. 487]

In this speculative rendering by Gomolin, the children's symptomatology was invented to help justify parental claims for reparations and as a bulwark against any argument that there was a genetic link between parent and child that could explain the psychopathology of each.

As I read it, Gomolin's theoretical excursions into exogenous causes for the concept and phenomenology of intergenerational transmission of trauma can best be understood as a motivated attempt to refute the concept itself. For example, she posits that the concept represents "a mobilized response" to memorialize the Holocaust by creating a theory in which the trauma lives on through the generations to come. In this regard, she also employs Volkan's (2001) concept of "chosen trauma" as a cultural imperative that organizes a community around an amalgam of

historical and mythological narratives of shared suffering. Volkan (2001) used the term "chosen trauma" to describe how the collective memory of a calamity that once befell a group's ancestors can become a shared mental representation of the event. Most problematic about Gomolin's use of the concept of "chosen trauma" is the fact that the Holocaust is not yet "a calamity that befell a group's ancestors"; rather, it remains a lived experience for the remaining survivors and for the succeeding generations who were raised with direct knowledge of, and experience with, the impacts of the Holocaust on the survivors. The Holocaust may indeed develop into a "chosen trauma" and serve purposes that are political and personal as time goes on.

Gomolin's article makes us appreciate the range of forces that informed the subjectivity and countertransference of many of the early psychoanalysts who treated children of survivors and theorized about the connection between their parents' Holocaust experiences and the child's psychodynamics. Yet, her application of the concept of "chosen trauma," as well as the self-selected themes and speculations that Gomolin offers in her paper does not provide a compelling argument against the voluminous literature on the enduring consequences of genocidal trauma on the generations that issue from survivors.

REFERENCES

Aron, L. (2013). Psychoanalysis as Holocaust survivor, In *A Psychotherapy for the People: Toward a Progressive Psychoanalysis*, ed. L. Aron & K. Starr. New York: Routledge, pp. 110–127.

Berger, A. & Berger, N. (2001). *Second Generation Voices: Reflections by Children of Holocaust Survivors and Perpetrators*. Syracuse, NY: Syracuse Univ. Press.

Brenner, C. (2003). Commentary on Ilany Kogan's "On being a dead and beloved child." *Psychoanal Q.*, 72(3):767–776.

Bukiet, M. (2002). *Nothing Makes You Free: Writings of Descendants of Jewish Holocaust Survivors*. New York: W.W. Norton & Company.

Eisenstein, B. (2006). *I Was a Child of Holocaust Survivors*. London: Riverhead Books.

Epstein, H. (1979). *Children of the Holocaust*. New York: G.P. Putnams & Son's.

Felsen, I. (2018). Parental trauma and adult sibling relationships in Holocaust-Survivor families. *Psychoanal. Psychology*, 35(4):433–445.

Florsheim, S. (1989). *Ghosts of the Holocaust: An Anthology of Poetry by the Second Generation*. Detroit: Wayne State Univ. Press.

GERSON, S. (2009). When the third is dead: Memory, mourning and witnessing in the aftermath of the Holocaust. *Int. J. Psychoanalysis*, 90:1341–1357.

HOFFMAN, E. (2004). *After Such Knowledge: Memory, History, and the Legacy of the Holocaust*. New York: Public Affairs.

KESTENBERG, J. (1980). Psychoanalytic contributions to the problems of children of survivors from Nazi persecution. *J. Amer. Psychoanalytic. Assn.*, 28:775–804.

KOGAN, I. (2003). On being a dead and beloved child. *Psychoanal. Q.*, 72: 727–767.

KURLIOFF, E. (2010). The Holocaust and psychoanalytic theory and praxis. *Contemp. Psychoanal.*, 46(3):395–422.

NIEDERLAND, W.G. (1968). Clinical observations on the "survivor syndrome." *Int. J. Psychoanalysis*, 49:313–315.

PRINCE, R. & PRINCE, R. (2009). Psychoanalysis traumatized: The legacy of the Holocaust. *Am J. Psychoanal.*, 69:179–194.

RICHMAN, S. (2002). *A Wolf in the Attic: The Legacy of a Hidden Child of the Holocaust*. New York: The Haworth Press.

ROSENBAUM, T. (1999). *Second Hand Smoke*. New York: St. Martin's Griffin.

ROSNER, E. (2017). *Survivor Café: The Legacy of Trauma and the Labyrinth of Memory*. Berkeley, CA: Counterpoint.

SALBERG, J. & GRAND, S. (2017). *Wounds of History: Repair and Resilience in the Trans-Generational Transmission of Trauma*. New York: Routledge.

SPIEGELMAN, A. (2011a). *The Complete MAUS: A Survivor's Tale*. New York: Pantheon.

———. (2011b). *MetaMaus*. New York: Pantheon.

VOLKAN, V. (2001). Transgenerational transmissions and chosen traumas. *Group Analysis*, 34(1):79–97.

WEISEL, M. (2000). *Daughters of Absence: Transforming a Legacy of Loss*. Herndon, VA: Capital Books.

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Could I Be Mistaken? The Problem of *Personal Knowledge* in Psychoanalytic Theory: Commentary on Robin Gomolin's "The Intergenerational Theory of Holocaust Trauma: A Psychoanalytic Theory Revisited"

BY Jane V. Kite

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COULD I BE MISTAKEN? THE PROBLEM OF *PERSONAL KNOWLEDGE* IN PSYCHOANALYTIC THEORY: COMMENTARY ON ROBIN GOMOLIN'S "THE INTERGENERATIONAL THEORY OF HOLOCAUST TRAUMA: A PSYCHOANALYTIC THEORY REVISITED"

BY JANE V. KITE

In this commentary, it is argued that analysts' passionately held personal beliefs inevitably shape their theories, and that trauma (avowed or disavowed) plays an outsize role in this process. The question of the intergenerational transmission of models of trauma among like-minded analysts and the impact of these models/beliefs on clinical work is also addressed.

Keywords: Polanyi, trauma, Holocaust, personal knowledge, second generation, Kuriloff, Freud, trauma-based theories.

In her abstract, Robin Pollack Gomolin tells us that she will revisit the *theory* of intergenerational transmission of Holocaust trauma. I italicize *theory* here in order to emphasize that all theories, including psychoanalytic theories, are by definition provisional and subject to revision and change, as difficult as this may be. Psychoanalytic theories in particular seem to resist change, based as they are largely in the arduous *personal* struggles of theorists at the interface of their own personal histories and the formal demands of their field. Although prefigured as the inevitable impact of the theorist's "temperament" on his chosen theory by the philosopher and psychologist William James in 1907, it was Polanyi (1958)

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who introduced us to the irreducible, indeed essential contribution to scientific theories of the person doing the theorizing. He names this contribution *personal knowledge*. "Into every act of knowing," he states, "there enters a passionate contribution of the person knowing what is being known … and this coefficient is no mere imperfection but a vital component of his knowledge" (Polanyi quoted in Ticho 1983, p. 857). I think it is also fair to say that the "passionate contribution of the person knowing to what is being known" is fundamentally a belief, not a fact, and that psychoanalytic theories are now recognized as having their deepest roots in personal beliefs.[1] *Personal knowledge,* then, is both the vital source of our ongoing work as analysts and the chief resistance to revising our theories. We experience them fundamentally as passionately held beliefs, indistinguishable from who we are as people. Who could, or would, challenge the "passionate contribution" of the analyst knowing what is being known when it comes to the Holocaust?

In his preface to *Personal Knowledge,* Polanyi goes on to acknowledge that (in speaking about the "intellectual passions" of Kepler and Einstein), "what I accept of their work as true today, I accept *personally*, guided by passions and beliefs similar to theirs, holding in my turn that *my* impulses are valid universally, even though I must admit the possibility that they may be mistaken" (quoted in Ticho 1982, p. 145). Can we admit that we may somehow be mistaken (or at least misguided) in the passionate beliefs we bring to any psychoanalytic encounter, and in our passionate agreement with like-minded theorists? Is it really possible to reliably hold our own hard won beliefs in abeyance while analyzing, given that our analyzing instrument in chief is our own unconscious (Freud 1912, p. 115)? In its way, Gomolin's paper calls every important question in psychoanalysis. How do we understand the workings of memory? Trauma? The particular relatedness of analyst and patient? And, perhaps most importantly, what is the analyst's inevitable contribution as a person—*personal knowledge* in Polanyi's terms—to the patient's analysis.

[1] "What are the hidden, unconscious models that, treated as facts, determine the form and understanding of our experience, and how do we achieve optimal self-observation with which to recognize these models as beliefs rather than facts, and thus to include them as objects rather than determinants of the psychoanalytic process?" Ronald Britton, "Between Mind and Brain: Models of the Mind and Models in the Mind," quoted in Hagman (2017, p. 185).

Gomolin's work places the thorny subject of trauma at center stage in the analysis of second generation Holocaust survivors, and further begs the question of the shadowy though insistent role of the analyst's personal trauma in theory building. Emily Kuriloff (2014) has recently pointed out clearly and convincingly that the field of psychoanalysis has actively avoided the *fact* of actual trauma for most of the 20th century, while privileging the fantasies and inner conflicts associated with intrapsychic life inside and outside the consulting room. Real trauma, real abuse, real incest, and real psychic devastation have all been conspicuously sidelined historically. Kuriloff also suggests (correctly, in my view) that our neglect of trauma as a field may be linked, at least in part, to the deep imprint of Holocaust trauma in the lives of the émigré analysts themselves, and the lines they understandably drew around what was and was not knowable. She explicitly asks the question implicit in Gomolin's paper, which is what effect did the personal histories of these analysts, including histories of Holocaust trauma, have on their theoretical and clinical work? She also asks, in effect, whether we have inherited *as analysts* intergenerationally transmitted models of trauma that are only now coming to light. What is conscious and what is unconscious is always a question.

Gomolin's research in this paper turns up the centrally important point that theories of intergenerational transmission of Holocaust trauma in particular have proved resistant to question and to change because their theorists have labored under a double imperative. One mandate (the psychoanalytic mandate) has been to understand and treat second generation Holocaust survivors deeply, effectively, and open-mindedly, as we would any analysand, while the other (insistent, personal) mandate—the Jewish cultural obligation to remember and record historical trauma—is also uniformly present. "… after the Holocaust," she writes, "the Jewish tradition of recording was charged with a new level of imperative—one that deemed that the Holocaust must be encoded within the psyche in a manner that is never forgotten" (p. 489). Following an exhaustive analysis of the writings of these passionate theorists, her conclusion is that "the need of these analysts to record a narrative about the Holocaust took precedence over their development and presentation of a more complete understanding of the survivors and their children" (p. 492). In its most concrete form, this

mandate maintains that the analyst *must* have the conscious need to reaffirm the reality of the Holocaust with the patient, and that this need *must* "exist independently of the analysand" (Grubrich-Simitis, cited in Gomolin, this issue). The seemingly arbitrary prescriptive need to commandeer the direction and tone of the analyses of second generation patients here sounds extreme, and perhaps was extreme. But I would add here that personal knowledge—conscious and more importantly unconscious experience in Polanyi's sense—will always push through the formal constraints (abstinence and neutrality) of prescribed analytic technique, and that this is inevitably also part of our humanity as analysts. Gomolin's question, I believe, is whether or not the need to uniformly invoke the Holocaust in the treatment of second generation survivors actually compromised the experience of their analysands in a way that was in itself traumatic rather than healing.[2]

That Gomolin is fiercely ambivalent about the conclusions she reaches based on her research is an understatement. At one point near the end of her paper she makes a "belief" statement herself, as if to soften her own findings about the mandate to memorialize the Holocaust in the treatment of every second generation survivor. "*I believe,*" she writes:

> that the intergenerational theory of Holocaust transmission represents a "mobilized response" to the worst persecution Jews have faced in their history as a people. Though it was cloaked within the development of a theoretical discourse, it is not simply a collection of clinical impressions. *It, too, is a Holocaust writing which "bears witness" to this genocide through the recording of symptoms, dreams, associations, and enactmentsof the survivors' offspring.* [p. 489, italics added]

[2] It's important to note that not all émigré analyst survivors are committed to memorializing the Holocaust. Some have proved singularly resistant to approaching trauma of any kind with their patients, to the point of actively steering away from it rather than into it. One analyst colleague mentioned to me many years ago that while he was trying to give voice in his analysis to his early experience of what would become vicious physical abuse at the hands of his mother, his first generation survivor analyst could only say, "It can't have been that bad. Look how well you've turned out!" My speculation is that these analysts have had to disavow the impact of Holocaust trauma virtually completely to ensure their own psychic survival.

It is clear throughout this fine paper that Gomolin's personal sympathies are with the effort made by this cohort of theorists to intrapsychically encode and memorialize the Holocaust as a form of never forgetting. The roots of her interest are personal (passionate, in Polanyi's terms), and they predispose her to believe that the mandate to bear witness is of paramount importance. It is equally clear, however, that her meticulous systematic research supports the hypothesis that in many cases it probably wasn't possible for patients to construct their own psychic truths free of the saturated suggestions and implantations of their analysts. Did the mandate of these analysts to "never forget" recruit the memories/experiences of their analysands in the service of "understanding" the role their parents' Holocaust experiences played in their histories to the detriment of their own personal knowledge? Was this kind of impingement in some sense unethical treatment?

Gomolin, herself a believer in the mandate to record the Holocaust, takes on the potentially thankless task of asking if it is plausible that in *every* case a child of Holocaust survivors carries the same pathology as a defining feature. The particular lilt of "in every case" brings to mind Freud's famous rationale for his abandonment of the seduction theory of neurosogenesis over the summer of 1897: "Let me tell you straight away the great secret which has been slowly dawning on me in the last few months," he wrote to Fliess in the famous letter of September 21st, 1897, "I no longer believe in my *neurotica* (theory of the neuroses)." After mentioning his "continual disappointments" in his self-analysis, as well as failures and abrupt departures in the analyses he has been conducting, Freud comes to the "astonishing thing," which is "the fact that in *every* case the father, not excluding my own, had to be blamed as a pervert" (1897, p. 259, italics added). This is linked in turn to the "certain insight" that because there are no indications of reality in the unconscious, it is impossible to distinguish between truth and "fiction that has been cathected with affect," i.e., unconscious fantasy. This moment in our history is familiar to all of us. Realizing that the causes of neurosis could not be uniformly attributed to the father in every case, i.e. could not be credibly based in every case in real sexual trauma (truth), Freud was forced to revise his thinking. He was at the same time becoming slowly aware in his own self-analysis that unconscious sexual and aggressive fantasies played a major role in his mental life, and in a

dramatic about-face he ultimately arrived at the belief that the Oedipus complex, not actual sexual trauma, was the enduring root of neurotic suffering. This is the "every case" echo in Gomolin's paper. In my view, she is asking some version of the same question 100 years later. Is it really possible that in *every* case there is a single prepotent explanation (cause) for pathology in second generation patients based on Holocaust trauma in one or both parents?

Gomolin's research brings us directly back to the historical divide within psychoanalysis between trauma-based theories on the one hand, and the centrality of oedipally-based conflict and unconscious fantasies on the other. In the minds of many contemporary analysts, Freud's shift from a trauma model to a developmental model of neurosis linked to psychosexual stages came at great cost to the free range of psychoanalytic theory and thinking. Invoking Gomolin's brilliant use of the concept of "monument" as container for the analyst's theory of mind, we can see this as a paradigm shift on Freud's part, involving a formal move away from trauma as model and monument to Oedipal struggles as model and monument in a way that occludes a clear link between the two. A monument is static. Its manifest purpose is as a spur to memory, but it also commands memories of a certain sort, contravening the fluidity of free-floating attention, and the possibility of bumping into something new. I believe that Gomolin is trying to thread much the same needle here, with the important difference being that while she is interrogating it, she isn't abandoning the theory of the intergenerational transmission of Holocaust trauma. Is it possible, she asks, that some—maybe most—second generation survivors suffer from "survivor syndrome" as a result of the direct transposition of their parents' Holocaust trauma from past to present, while others don't? Closely linked is the question of how vehemently the passionately held beliefs of the analyst may be projected into their patients as a way of underscoring, again and again, what they themselves "know" to be true. I would add speculatively to this debate the question of whether we might view this pattern at its extreme as a kind of "confusion of tongues" between analyst and patient. We might ask the question of whether patient and analyst are effectively speaking two different languages, and whether what is encoded in the psychic language of the analyst survivor may be silencing the nascent language of the patient. Gomolin hasn't abandoned trauma theory

externally or internally, particularly as it may pertain to the unconscious exchanges in analysis.

I have gone into this in some detail because I believe that Gomolin struggles in this paper with a version of Freud's dilemma in 1897. She suggests that while important, Holocaust trauma may not be consistently central in the difficulties the second generation brings to analysis, and need not prefigure the script. At the very least, she suggests, these difficulties are also informed by the sexual and aggressive wishes and relational needs that inhabit the life of any child, and need room to emerge of their own accord within the transferences and countertransferences of the clinical encounter. Typically it is the analyst, she finds, who steers the analysis in the direction of Holocaust trauma, based on needs and convictions of his or her own. And unlike Freud, who had only Fliess to blow away and disappoint, Gomolin is confronting an entire discursive universe with the sobering findings that her research has turned up. How brave is that?

After the systematic reporting of all of her data and its analysis, in her concluding paragraphs Gomolin distills her own personal conflicts in pursuing this research to their essence, and comes to her own conclusions. Let's listen again:

> During the analysis of my data I was often torn by the neutrality the research stance imposed on me. As a Jew, I resonated with the many sentiments of mourning that are situated within these case descriptions. I struggled with my central finding that the symptoms and ego impairments observed in the survivors' children are not unique. However, what became clear to me after many months of examining these papers and my statistical data was that the need of these analysts to record a narrative about the Holocaust took precedence over their development and presentation of a more complete understanding of the survivors and their children.[3]

I think it is fair to say that these are not the conclusions she wanted to reach. She is aware that she is treading on, or at least near, sacred ground. As she read the literature and analyzed the data, she found, cumulatively and in general, that it had been as if the theorizing of first

[3] The quoted paragraph here is from a slightly earlier version of Gomolin's paper.

and second generation Holocaust trauma had enjoyed a kind of diplomatic immunity within the psychoanalytic literature, and that the usual methods of clinical inquiry and provisional hypotheses did not apply. Gradually she found that it was tacitly and uncritically understood within the Holocaust discourse that collective trauma would prevail over the infinite vicissitudes of individual trauma.

I believe that Gomolin came to these conclusions honestly but not happily. Those analysts who ventured to suggest ever so carefully along the way that the analyses of second generation survivors might *suffer* from a central focus on the reality of the Holocaust and its established sequelae have not fared so well. In her response to a rather modest observation by Ferro[4] in his commentary on her pivotal paper "On Being a Dead Beloved Child," Kogan takes pointed umbrage:

> In his poetic discussion, Dr. Ferro brings up the interesting idea that the Holocaust can be a metaphor to the narrative scenery of analysis. I feel that the Holocaust can only be considered the historical atrocity that it was! While we have historical evidence of other tragedies involving genocide, there is no comparable master plan for the deliberate eradication of an entire nation, whose members were regarded as unfit to inhabit the earth. [2003, p. 801]

Gomolin risks the same reception here. But let's look again at where she gets as she summarizes her understanding of her potentially troubling findings. As I see it, Gomolin's hard won conclusions both contain and illuminate Kogan's impassioned plea:

> The intergenerational transmission of trauma and the many vivid descriptions of survivors within this psychoanalytic theory do represent *vital* clinical observations. There can be little doubt, however, that this theory also reflects the impact of the Holocaust upon this particular group of writers. In this regard, *a discourse of theory can be likened to a monument. Within it, the*

[4] "This analysis seems to have been encumbered by the fact that analyst and patient belonged to the same group with common transgenerational memories, which came to constitute a "known," in the light of which it was not possible to interpret as freely as might have been optimal or to make use of the unforeseen and unforeseeable" (Ferro 2003, pp. 781-782).

> *anxieties, projections, theoretical and political ideologies and unconscious experiences of the theorists are contained.* [italics added]

I will break in here to say that it was no different for Freud and his Oedipal theory; it contained everything for him. This is the point at which personal knowledge (in Polanyi's sense) both animates and necessarily constrains any given theory. Gomolin continues:

> I believe that this group of theorists chose to emphasize pathology and dissociation rather than resilience and psychic continuity, and did so to insure that when we remember trauma, we remember the bitter rather than the sweet, and that we think of the dead and keep them "immured" within us always. [Gampel 1992, quoted in Gomolin, this issue]

Gomolin faces an impossible dilemma here, the tension embedded in all analyses in one way or another. If we do the difficult work of mourning, the bitter and the atrocious necessarily recede in our minds, and we don't live with the dead. We live ourselves. If, on the other hand, we get caught up in the often-intractable struggle against mourning, we may well forfeit the opportunity for real change, and in effect continue to (necessarily) suffer our losses in the ongoing effort to memorialize them.

Near the beginning of her paper, Gomolin somewhat provocatively telegraphs that "Ultimately this essay will not tell you why authors continue to argue for a theory of an intergenerational theory of Holocaust trauma" (p. 464). The closest she comes to a direct answer is the observation that these authors share "external factors and unconscious vicissitudes related to the sharing of a chosen trauma." I would argue here that the external factors and unconscious vicissitudes involved in sharing a chosen trauma amount to shared *personal knowledge* in Polanyi's sense. When Polanyi speaks of accepting the work of other scientists as "true," he suggests that his initial acceptance is "guided by passions and beliefs similar to theirs," and as such is also distinctly subjective. Based on Gomolin's findings, the same can be said about the discourse among theorists of the intergenerational transmission of Holocaust trauma; given shared passions and beliefs, their findings are legitimately experienced as (shared) truth, and strengthened as such. I'd like to return here to a critical point Polanyi makes about the "passions and beliefs"

driving theoretical arguments, and ultimately the scientific discoveries of Kepler and Einstein. He "holds" (assumes as a matter of course) that his own "impulses" (to accept their work as true) are valid *universally*, "*even though I must admit the possibility that I may be mistaken*" (Polanyi, 1958, p. 857, italics added). He reminds us here that truth claims based on "the passionate contribution of the person(s) knowing what is being known" are universal, and initially enthusiastically assumed (within that theoretical discourse) to be *valid* universally. This point is preceded by a wry caveat, however, which may illuminate an unspoken central point in Gomolin's argument. "I believe," Polanyi says, "that they (Kepler and Einstein) were competent to follow these impulses, *even though they were being misled by them"* (p. 857, italics added). "Competent to follow these impulses"? What I take him to be saying here, in his understated way, is that two brilliant scientists, a mathematician and a theoretical physicist 300 years apart in time, were *driven* to follow their personal hunches and beliefs to the very end, ultimately discarding many of them while others succeeded in changing their theoretical universes. Gomolin is pointing out in this exhaustively researched paper that it is the uncritical *acceptance* of their beliefs about the intergenerational transmission of Holocaust trauma among these ardent (competent) theorists/psychoanalysts that is universal, while acknowledgment of the possibility that their claims might be in some measure misleading, and that the hypothesis they vigorously represent and defend may not stand up to scientific scrutiny, is disavowed.

I would argue that Gomolin does tell us in effect why these gifted analysts and theorists continue to argue for a theory of an intergenerational transmission of trauma, privileging Holocaust trauma as a form of collective memory. Her point is that they are passionately agreed on what they know to be true *personally*. They are collectively memorializing a theory of the intergenerational transmission of Holocaust trauma by inhabiting it and speaking it as a matter of principle. And there is nothing wrong with this on the face of it; it does have the ring of truth. That they also hold conscious and unconscious models (monuments) of experience with a certainty that demonstrably tests the bounds of clinical theory and practice *is* a problem though. This problem, if we can justly call it that, is that the "monumental" nature of these analysts' compelled beliefs (*personal knowledge*) lodged in a "chosen trauma" may

overwhelm the psychoanalytic process in their work with individuals, and that this way of working in *every* case may be mistaken.

REFERENCES

FERRO, A. (2003). Commentary on Ilany Kogan's "On being a dead, beloved child." *Psychoanal. Q.*, 72(3):777–783.

FREUD, S. (1897). Letter to Fliess, September 21, 1897. *S.E.* 1, p. 257.

———. (1912). Recommendations on Analytic Technique. *S.E.* 12, p. 115.

HAGMAN, G. (2017). Review of R. Britton, *Between Brain and Mind: Models of the Mind and Models in the Mind. Psychoanal. Q.*, 86(1):185–190.

JAMES, W. (1907). Pragmatism. In *William James: Writings 1902-1910*. New York: Library of America. (1987). pp. 479–624.

KOGAN, I. (2003). On being a dead and beloved child. *Psychoanal. Q.*, 72: 727–767.

KURILOFF, E. (2014). *Contemporary Psychoanalysis and the Legacy of the Third Reich*. New York: Routledge.

POLANYI, M. (1958). *Personal Knowledge*. New York: Harper Collins.

TICHO, E.A. (1982). The alternate schools and the self. *J. Amer. Psychoanal. Assn.*, 30:849–862.

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Holocaust Studies and the Nature of Evidence: Commentary on Gomolin's "The Intergenerational Transmission of Holocaust Trauma: A Psychoanalytic Theory Revisited"

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HOLOCAUST STUDIES AND THE NATURE OF EVIDENCE: COMMENTARY ON GOMOLIN'S "THE INTERGENERATIONAL TRANSMISSION OF HOLOCAUST TRAUMA: A PSYCHOANALYTIC THEORY REVISITED"

BY ILANY KOGAN

This commentary addresses several problematic aspects of Gomolin's paper, which includes a critique of the theory of transgenerational transmission of Holocaust trauma. These aspects are the following: a) the author's evaluation of psychoanalysis and her validation of analytic theory; b) the author's criticism of common psychoanalytic concepts relating to trauma; c) the approach to the universal theory of transgenerational transmission of trauma; d) the inaccurate use of concepts and the weakness of the author's arguments; e) the lack of evidence of her conclusions; f) the author's political bias and the way she relates to her Jewish identity.

Keywords: Transgenerational transmission of trauma, chosen trauma, enactment, evaluation of analytic theory, critical realism.

Gomolin's paper is a critique of the theory of transgenerational transmission of Holocaust trauma.[1] According to this theory, Holocaust

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[1] I had the opportunity to discuss this paper with two colleagues and friends, Dr. Warren Poland and Dr. Ira Brenner, and am grateful for their input.

survivor parents who are unable to mourn share their trauma with their offspring, who, by means of imagination, attribute the trauma to themselves. The fantasied trauma is nourished by the offspring's perception of the often unspoken reality of the trauma that the parents suffered and the anxieties it generated. Only if they free themselves from participating in this process, can the survivors' offspring embrace a new life.

In the psychoanalytic literature regarding children of survivors, the main mechanism by which the trauma is transmitted to them is early, unconscious identifications that carry in their wake the parents' perception of an everlasting, life-threatening inner and outer reality (Axelrod et al. 1978; Barocas and Barocas 1973; Kestenberg 1972; Klein 1973; Laufer 1973; Lipkowitz 1973; Rakoff 1966; Sonnenberg 1974). The child has no choice but to experience the parents' suppressed themes, thereby echoing what exists in his parents' inner world, often by enacting these themes in his own life (Laub and Auerhahn 1984; Kogan 1995, 2002).

The psychological symptoms and ego impairments observed in the offspring of Holocaust survivors may be a consequence of their vicarious exposure to their parents' traumatic experiences. These symptoms have unique characteristics connected to the trauma of the Holocaust. Prominent analysts such as llse Grubrich-Simitis (1984), Ira Brenner (2002, 2004, 2019), Judith Kestenberg (1972, 1980a, 1980b, 1982), Kestenberg and Brenner (1996), Henry Krystal (1968, 1981, 1988, 2007), Dori Laub (1998, 2017), Anna Ornstein (1985), and Henri Parens (2004, 2007) among others, have studied the varied and complex phenomena in the realm of the transmission of the Holocaust trauma from survivor parents to their offspring.

In her paper, "The Intergenerational Transmission of Holocaust Trauma: A Psychoanalytic Theory Revisited" Dr. Gomolin claims that the theory of transmission of the Holocaust trauma is built on impressionistic clinical material and loose research. Based on her quantitative and qualitative analysis of fifty-seven papers, she posits that the discourse of trauma that emerged in the wake of the analyses of Holocaust survivors' offspring reflects external considerations (such as claims for restitution from the German government) and unconscious vicissitudes related to the sharing of a "chosen trauma." She questions the validity of the transmission theory by suggesting that its creators were influenced

by their own anxieties, projections, and theoretical and political ideologies, as well as by their unconscious experiences.

DISCUSSION

In her paper, Dr. Gomolin raises important questions not only regarding the theory of transmission of the Holocaust trauma, but also regarding common psychoanalytic concepts. I wish to address several problematic aspects of her paper: a) the author's evaluation of psychoanalysis and her validation of analytic theory; b) the author's criticism of common psychoanalytic concepts relating to trauma; c) the approach to the universal theory of transgenerational transmission of trauma; d) the inaccurate use of concepts and the weakness of the author's arguments; e) the author's political bias and the way she relates to her Jewish identity.

A) THE AUTHOR'S EVALUATION OF PSYCHOANALYSIS AND HER VALIDATION OF ANALYTIC THEORY

In my opinion, the paper by Dr. Gomolin, which questions the validity of the theory of the transmission of the Holocaust trauma, indirectly raises the much larger question regarding the validity of psychoanalysis itself. Many analysts have addressed the issue of whether psychoanalysis is a science, and what kind of science at that. For example: Stolorow and Atwood (1992, 1998) claim that psychoanalysis is a science of intersubjectivity, or a subjective science; Balsam (2012) regards it as "a hybrid discipline somewhere between science and the humanities" (p. 176); Chodorow (2003) describes it as "a theory and practice involving people whose thoughts, feelings, motives, passions, fantasies, and desires are at stake and who interact with and affect each other in a clinical situation" (p. 466).

By questioning the validity of a theory based on the evidence derived from clinical experiences including both verbal associations and intersubjective impressions subjected to self analytically disciplined inferences, the author indirectly undermines the entire theory of psychoanalysis. Unlike her, I believe that conceptualization in psychoanalysis must be guided by

the evidence of clinical observations and clinical facts, since observation is the touchstone of truth.[2] Based entirely on her reading of reading of reports and absent contrary clinical evidence, the author expresses her surprise that this "weak" transmission theory has made such a great impact on further generations of psychoanalysts, who continue to use it to support their clinical findings. She believes that the clinical findings described in this respect by a great many analysts (among whom I have had the honor of being included), are artifacts of a loose, unscientific theory. She thus dismisses both the theory and the clinical facts supporting it as distorted and false. I find it hard not to wonder how Dr. Gomolin does evaluate psychoanalysis, which has the same inferential clinical basis as the theory she devalues.

Thus, the author evaluates a clinical based psychoanalytic theory by using tools that are foreign to psychoanalysis. In this regard, I find Warren Poland's eloquent words relevant and to the point:

> Every discipline has its own phenomenology, and the yardsticks of another discipline can never suffice for evaluating what is alien to that latter's sphere. What emerges in the inquiry in the sharply defined and disciplined psychoanalytic setting, including focus on the intersubjective impact of resonating self-inquiries, cannot validly be repudiated by external reviews of the literature. Units of outer behaviour can neither validate nor repudiate phenomena beyond their specific universe. Sophisticated academic and statistical analyses would likely conclude that analysts conjure up a non-existent Unconscious. Gomolin uses the tools of academic scholarship to evaluate from a distance the literature describing clinical psychoanalytic experience, essentially providing the tendentious results of someone who is a non-participating observer of observations of participant observers. To my mind, this is scholasticism in the guise of scholarship. [Poland 2018, personal communication]

[2] I base my opinion on "critical realism," which claims that observation has epistemological priority over conceptualization. The view of "critical realism" in the light of the analyst's subjectivity has been explored in depth by the Hanlys (2001).

B) THE AUTHOR'S CRITICISM OF COMMON PSYCHOANALYTIC CONCEPTS RELATING TO TRAUMA

The arguments that the author considers critical in refuting the theory of intergenerational transmission of the Holocaust trauma are cogent in regard to common analytic concepts relating to the theory of trauma. These are: 1) the specificity and uniformity of symptoms of Holocaust survivors' offspring; 2) the differing degrees of pathology exhibited by sibling offspring; and 3) recognizing and reconceptualizing the "unknowable."

1) The Specificity and Uniformity of Symptoms of Holocaust Survivors' Offspring

The author contests the fact that children of concentration camp survivors and children of partisans and ghetto fighters seem to exhibit the same symptoms. It is indeed true that the awareness that their parents were helpless pawns in the hands of a malevolent destiny, as in the case of concentration camp survivors, destroyed the child's idealization of his parents at an early age in the child's life. That is why the children of partisans and ghetto fighters faced an easier task psychologically, because they could continue to idealize their parents. However, since the vicarious traumatization of Holocaust survivors' offspring is caused by many complex factors (e.g., the parents' inability to mourn, survival guilt, psychic numbness, narcissistic expectations, the wish for restitution of lost children or family members), clinical observations have shown that children were at times overawed and overwhelmed by their parents' traumatic past even in the case of partisans and ghetto fighters. This conclusion is thus based on clinical evidence.[3]

The specificity and uniqueness of the symptoms of Holocaust survivors' offspring result from the fact that, even though each second-generation child possesses a unique individual identity, all share similar links to the image of the Holocaust trauma and all share similar unconscious

[3] To be valid, conclusions must be drawn from evidence, such as clinical evidence. Theories can raise questions, but only evidence can support conclusions.

tasks for coping with it. This has held true for all offspring of traumatized victims.

2) The Differing Degrees of Pathology Exhibited by Sibling Offspring

I believe that the extent to which survivors' children take upon themselves the burden of parental needs varies with the child, as do their need to enact fantasies related to past trauma or current conflicts.[4] No two children have the same family experience. Based on their clinical research, analysts have discovered that, in the case of the Holocaust trauma as in cases of trauma in general, pathological symptoms are the result of the intertwining of trauma-induced pathology and personal pathology.[5]

3) Recognizing and Reconceptualizing the "Unknowable"

During the analysis of the survivor's offspring, we may be able to gain some information about the survivors' experiences by helping the offspring search for the "unknown" belonging to their parents' past. This awareness, making the unconscious conscious—which was stressed by Freud in many of his works—can be achieved by exploring the meaning of the patients' metaphors[6] and enactments.[7] This is a way to reveal the traumatic themes that the offspring have consciously denied or repressed. Searching for the "unknown" is a method that is applicable to all analytic work, but is especially important in the work with patients

[4] I wish to point out that in cases in which the parents succeeded in working through feelings of mourning and guilt connected to their traumatic past, and in conveying their history to their children in a healthier way, the children have a much smaller tendency to enact their parents' experiences in their own lives (Kogan 1995, 2015).

[5] The question of how much of the pathology that one sees may be attributed to the parents' Holocaust experience and how much to other incidental and personal sources was addressed by many analysts and summarized by Bergmann 1982.

[6] The use of metaphors in psychoanalysis was explored by Arlow (1979), who pointed out the role of the metaphor as a derivative of the basic, persistent unconscious fantasy life of the patient. Metaphor is a way by which what was previously unknown may be recognized and reconceptualized in a novel way.

[7] I have explored and illustrated in depth the phenomenon of enactment in the life of Holocaust survivors' offspring (see Kogan 1995, 2002, 2003, 2015, 2016).

whose lives have been influenced by the traumatic experiences of their parents.

C) THE AUTHOR'S APPROACH TO THE UNIVERSAL THEORY OF TRANSGENERATIONAL TRANSMISSION OF TRAUMA

The theory of transgenerational transmission of the Holocaust trauma is a specific case of the universal theory of the transmission of trauma. This universal theory argues that the affected parents' inability to mourn, coupled with a desire to protect the offspring from the dark shadow of persecution, results in long-term effects that are passed on for further psychosocial processing to the next generation (Akhtar 2009). Volkan (1988, 2001, 2013, 2014, 2019), who extensively examined the impact of past and present historical events, cultural elements, political movements, and their mental images on the psyche of individuals, claims that when members of a victim group are unable to mourn such losses and reverse their humiliation and helplessness, they "deposit" in their offspring the images of their injured selves and psychological tasks that need to be completed. If the next generation cannot effectively fulfil their shared tasks—and this is usually the case—they will pass them on to the third generation, and so on. From a different prism, trauma often has an impact on the generations to come, with clinical findings demonstrating that every phase of a child's psychosexual development can be invaded by the traumatic memories of parents (Bergmann 1982; Faimberg 2014).

In this regard, Poland (2018) states that the transgenerational transmission of conflicts is one of the few observations born and confirmed by generations of clinical experience. One of psychoanalysis's most valuable discoveries—a discovery that has facilitated new insights in many disciplines—is that children identify with the unconscious conflicts of their parents. Clinical research (Kogan 1995, 2007; Faimberg 2005; Volkan 2019) has shown that it is not simply the issues that parents anguish, argue, and fight over that remain with and shape the character of their children. It is rather the set of conflicts, which the parents found unspeakable, that the children pick up and are central to transmission

across generations, shaping both the offspring's identity and internal struggles.[8]

The Holocaust, which resulted in the genocidal destruction of nearly two-thirds of Europe's Jewish population, is the most studied trauma of this sort. This does not mean that other massive traumas might not have similar long-term effects. Indeed, intergenerational transmission of trauma is a likely by-product of the ruthless tyranny of slavery in North America, the bloodshed that accompanied the Partition of India, the mass killing in the battlefields of Vietnam, Cambodia, and Laos, the genocidal atrocities in Bosnia, Rwanda, and Darfur. I would ask the author whether her devaluation of the theory of the transmission of the Holocaust trauma includes the universal theory of the transmission of trauma across generations.

A further problematic issue is the author's claim that the analyst who observes the impact of the "historical niche" on the psychic structure of the patient is neglecting a "deeper" analysis of sex and aggression. There indeed was a time when this was the approach of analysts to traumatized people. From the 1960's onwards, "classical analysis" changed in this regard (Fornari 1966; Mitcherlich 1971; Mitcherlich and Mitcherlich 1973; Wolman 1971).[9] The widening scope of psychoanalysis brought forward the realization that drive and culture are aspects of experience that is phenomenologically unitary. This new approach considers the intertwining of the external world (historical, cultural, and political external events) and the internal world of the patient is a key factor in psychopathology. Shall we ignore all these changes? Will this not be a retrograde attitude to the subject?

D) THE AUTHOR'S INACCURATE USE OF CONCEPTS AND THE WEAKNESS OF THE AUTHOR'S ARGUMENTS

In our discussion of Dr. Gomolin's paper, Brenner (2018) pointed out that by claiming that the Holocaust is the "chosen trauma" (Volkan

[8] It is interesting to note that deeply introspective memoirs, although not on their own reliable evidence, repeatedly offer strong support of this observation. See, for instance, Michael Arlen's *Passage to Ararat*, a report of his own introspective discovery of the roots of his denial of Armenian identity as they derived from his father's unspoken inner conflicts in that area (Poland 2018).

[9] For an extensive review of the history of this change, see Volkan (2019).

1987, 1996) of the Jewish people (p. 1, p. 4), the author uses this concept in a mistaken way. I wish to clarify this point: according to Volkan, "chosen traumas" are shared mental images of the large group's real, fantasized, and even mythologized humiliating and traumatic historical events at the hand of the Other, which are transmitted from one generation to another, and which have undergone a process named by Robert Waelder (1936) as "change of function." The "chosen trauma" can function as the source and symbol of an entitlement ideology, which may be reactivated during ethnic conflicts or diplomatic negotiations. Volkan (2013) stresses that this term does not apply to recent shared traumas that are not yet fully mourned, and still induce intense feelings in people. He concludes, therefore, that the Holocaust should *no*t be seen as the "chosen trauma" of the Jewish people, but rather as a marker of their shared identities.

The arguments which Dr. Gomolin uses to prove the theory's lack of validity contradict each other: the author states that the theory was built on clinical impressions, and many writers of the "new generation" used this theory to support their abundant clinical material. She then contradicts this statement, claiming that the theory lacks clinical evidence as it is accompanied by a "free range" of non-clinical material (literary and cultural), which is in turn used as a substitute for clinical data, and/or to support and confirm clinical conceptualizations. This reader is confused: are there too many clinicians who naively support this theory by their clinical material without questioning it (as Dr. Gomolin so cleverly does), or is there too little clinical material, which is substituted, as she claims, by non-clinical material, which cannot indeed be considered a proof for this theory? In addition, the author argues that some psychoanalysts present the same patient in different articles, giving them a different identity in each. The author does not take into account the possibility that this may be due to the analysts' attempt to preserve the patients' privacy.

E) THE AUTHOR'S POLITICAL BIAS AND THE WAY SHE RELATES TO HER JEWISH IDENTITY

The author's political bias in this paper is quite obvious. For example, her explanation of the specificity and uniformity of the symptoms of

Holocaust survivors' offspring is not psychoanalytical, but derives from a political prism. She states: "… the need for specificity and uniformity with regard to the symptoms of the survivors' children is better understood if one considers that there may have been a relationship between this need for specificity and the processing of the survivors' restitution claims" (Gomolin, p. 486).

Reading this paper, I was hurt and infuriated by the author's political stance. I felt that Dr. Gomolin was not only trying to erase the long-term effects of the Holocaust, but was also accusing the analysts who deal with this subject of colluding with their patients for their own gratification (relieving the therapists' anxieties, guilt feelings, etc.) and especially for purposes of fraud (to help the patients get restitution money from Germany). She states as follows:

> It seems reasonable to consider how the need to provide evidence of the survivors' trauma may have *unwittingly* motivated some clinicians to develop a theory about a transmission process that would include a unique diagnosis for the second generation, as well as descriptions of the psychological mechanisms that would bear witness to the original events of their parents' persecution and the effects they suffered as a consequence of the Holocaust. [p. 487, italics in the original]

Is there any evidence that the author seriously questioned her own motivations to accuse these analysts of tendentiously corrupting their impressions, beyond her defensive proclamation repudiating the possibility of personal bias because *she* is Jewish? Having worked for the last thirty-five years with offspring of survivors who never spoke of their earlier experiences with parents who were massively traumatized by the Holocaust, it is impossible to read the author's statement without being aghast.

In discussing this paper with Dr. Ira Brenner (2018), he pointed out the existence of a political movement in the United States and elsewhere that slams the class-action lawsuit that some children of Holocaust survivors filed against Germany, demanding compensation for psychotherapy. I will bring only a few examples of the many negative reactions, published by DW-World (2007):

> I am disgusted by yet another claim of Jews asking Germany for compensation. Enough is enough. Germany paid already the Great Price. –Agatha King, Canada

> I hope that Germany stands up to these people who say they can't work because of something that happened 60 or more years ago. If Germany doesn't, lazy and pathetic people like this will forever take advantage. Germany has paid the price 100 times now for what the Nazis did. –Thomas Rice, U.S.

> This isn't about suffering second generation survivors anyway. This is just another attempt by a few lawyers getting together to try and exploit the Holocaust for their own enrichment. The extortion needs to stop. Germany must stand up and fight this and the rest of the world must stand behind her in support. –Greg Hellwig, U.S.

> Will these people ever stop blaming Germany and Germans for their problems? If the offspring of survivors claim they are having problems because of what their parents went through, when will it end? Will the grandchildren also be eligible? Enough is enough! Germany needs to just say no to these new Jewish demands! –Arden Reinhardt Knapp, U.S.

The idea that the theory of the transmission of the Holocaust trauma was developed in order to reinforce the claim by Holocaust survivors' offspring for restitution money for psychiatric treatment from the German government has already appeared in German psychoanalytic literature (Held 2014). Basing himself on Gomolin's unpublished manuscript from 2013, Held concludes: a) we need a completely different method of research to evaluate the theory of transmission of the Holocaust trauma; b) Holocaust survivor parents have not been damaged by the Holocaust trauma in their function as primary objects.

In view of the above, I want to raise the hypothesis that Gomolin's critique of this theory may have been influenced by external factors such as the above-cited political ideology, which may find an audience in the Far Right as well as in the Far Left.

I also wish to relate to the author's pretentious moral superiority in her criticism of her cultural and psychoanalytic ancestors. Her style is full of sarcasm, and she refers to the work of others with derision, taking words or sentences out of context, and making them look absurd. For example, she denies the transmission of the Holocaust trauma by claiming that "What is actually 'transmitted' is [not the Holocaust trauma, but] highly inferential thinking and scant, impressionistic data, both of which set up second and third waves of writings about the survivors' children" (p. 477).

Gomolin identifies herself as a Jew, a fact that caused me great discomfort. I wish to quote Warren Poland (2018), who states:

> I am troubled by someone saying that something said or done cannot be anti-Semitic, because the speaker is a Jew. Identifying oneself as a Jew as a way of repudiating personal bias may itself be an unintended confession of bias. One's identity, whatever it is, cannot ever be a certificate of immunity from prejudice. Here it would seem to be a statement that nothing anti-Semitic or anti-one-part of the Jewish community can exist because the author is Jewish. [personal communication]

In regard to the author's reference to the "Jewish collective unconscious," Poland asks: "Would our literature now accept as authoritative a critique of the 'black collective unconscious' as objective because its author proclaims his own blackness?"

In my view, the author's conclusions from her analysis of the literature on the subject are interpretations of the material, not evidence that the theory is wrong. Following the "Zeitgeist," Gomolin's interpretations are primarily a denial of discoveries based on psychoanalytic investigation and secondarily derivatives of Holocaust denial, arguing the sadly familiar trope that the Holocaust trauma is not valid, but it is rather an artificial building of a monument for political aims.

That *The Psychoanalytic Quarterly* published this paper and asked different analysts to express their views on the subject is a testament to its eagerness to bring thinking into the marketplace of ideas, and is evidence of the journal's wish to give open consideration to all ideas that question common psychoanalytic concepts. I would like to end my

commentary by thanking the Editor for giving me the opportunity to take part in this discussion.

REFERENCES

Akhtar, S. (2009). *Comprehensive Dictionary of Psychoanalysis*. London: Karnac.

Alpert, J. L. & Goren, E. R. (eds.) (2017). *Psychoanalysis, Trauma, and Community: History and Contemporary Reappraisals*. New York: Routledge.

Arlen, M. J. (1975/2014). *Passage to Ararat*. New York: Farrar, Straus and Giroux.

Arlow, J. A. (1979). Metaphor and the psychoanalytic situation. *Psychoanal. Q.*, 48:363–85.

Axelrod, S., Schnipper, O. L. & Rau, J. H. (1978). Hospitalized offspring of Holocaust survivors: Problems and dynamics. Paper presented at the Annual Meeting of the Amer. Psychiatric Assn., May 1978.

Balsam, R. M. (2012). *Women's Bodies in Psychoanalysis*. London and New York: Routledge.

Barocas, H. A. & Barocas, C. B. (1973). Manifestations of concentration camp effects on the second generation. *Amer. J. Psychiatry*, 30:820–821.

———. (1979). Wounds of the fathers': The next generation of Holocaust victims. *Int. Rev. Psychoanal.*, 6:331–340.

Bergmann, M. (1982). Recurrent problems in the treatment of survivors and their children. In *Generations of the Holocaust*, eds. M. S. Bergmann & M. E. Jucovy. New York: Basic Books. pp. 248–267.

Brenner, I. (2002). Forward. In *The Third Reich in the Unconscious: Transgenerational transmission and its consequences*, eds. V. D. Volkan, G. Ast, & W. Greer, Jr. New York: Brunner/Routledge. pp. xi–xvii.

———. (2004). Psychic Trauma: Dynamics, Symptoms, and Treatment. Northvale, NJ: Jason Aronson.

———. (2018). Personal communication.

———. (In press). (ed.) *International Textbook of Holocaust Studies*. London: Routledge.

Chodorow, N. (2003). From behind the couch: Uncertainty and indeterminacy in psychoanalytic theory and practice. *Common Knowledge*, 9(3):463–487.

DW-World (2007). https://m.dw.com/en/readers-slam-second-generation-holocaust-lawsuit/a-2696146

Faimberg, H. (2005). *The Telescoping of Generations: Listening to the Narcissistic Links Between Generations*. London: Routledge.

———. (2014). The right to our own history: Paradoxical transference and the "Friendly Foreigner," Commentary on Orna Guralnik's paper. *Psychoanal, Dial.*, 24(2):154–162

FORNARI, F. (1966/1975). *The Psychoanalysis of War*. A. Pfeifer, trans. Bloomington, IN: Indiana Univ. Press.

FREUD, S. (1915). The unconscious. *S.E.*, 14:159–215.

FROMM, G. (ed.) (2011). *Lost in Transmission: Studies of Trauma Across Generations*. London: Karnac.

GRUBRICH-SIMITIS, I. (1984). From concretism to metaphor. *Psychoanal. S. Child*, 39:301–319.

HAMBURGER, A. (ed.) (2018). *Trauma, Trust, and Memory: Social Trauma and Reconciliation in Psychoanalysis, Psychotherapy, and Cultural Memory*. New York: Routledge.

HANLY, C. AND HANLY, M.A. (2001). Critical realism: Distinguishing the psychological subjectivity of the analyst from the epistemological subjectivism. *J. Amer. Psychoanal. Assn.*, 49:515–532.

HELD, T. (2014). Child survivors der Nazi-Verfolgung: Was haben wir damals verstanden und was nicht? *Psyche*, 8:681–703.

KESTENBERG, J.S. (1972). How children remember and parents forget. *Int. J. of Psychoanal. Psychotherapy*, 1-2:103–123.

———. (1980). Psychoanalyses of children of survivors of the Holocaust. Case Presentation and Assessment. *J. Amer. Psychoanal. Assn.*, 28:775–804.

———. (1982a). A metapsychological assessment based on an analysis of a survivor's child. In *Generations of the Holocaust*, eds. M.S. BERGMANN & M.E. JUCOVY. New York: Basic Books. pp. 137–158.

———. (1982b). The experience of survivor-parents. In *Generations of the Holocaust*, eds. M.S. BERGMANN & M.E. JUCOVY. New York: Basic Books. pp. 46–62.

KESTENBERG, J.S. & BRENNER, I. (1996). *The Last Witness*. Washington, D.C. American Psychiatric Press.

KEVAL, N. (2016). *Racist States of Mind: Understanding of the Perversion of Curiosity and Concern*. London: Karnac.

KLEIN, H. (1973). Children of the Holocaust: mourning and bereavement. In *The Child in the Family: The Impact of Disease and Death*, eds. E.J. ANTHONY & C. KOUPERNIK. New York: John Wiley. pp. 393–409.

KOGAN, I. (1995). *The Cry of Mute Children. Psychoanalytic Perspectives on the Second Generation of the Holocaust*. London and New York: Free Association Books.

———. (2002). "Enactment" in the lives and treatment of Holocaust survivors' offspring. *Psychoanal. Q.*, 71(2):251–273.

———. (2003). On being a dead, beloved child. *Psychoanal. Q.*, LXXII(3): 727–767.

———. (2007). *The Struggle Against Mourning*. Lanham, MD: Jason Aronson. In German: (2011). *Mit der Trauer kampfen: Schmertz und Trauer in der Psychotherapie Traumatisierter Menschen*. Trans. E. Vorspohl, Stuttgart: Klett-Cotta.

———. (2015). From psychic holes to psychic representations. *Int. Forum Psychoanal. Vol. 2*, 24:63–76.

———. (2016). My father, my self. *Psychoanal. Q.*, 85:563–587.

KRYSTAL, H. (1968). Patterns of psychological damage. In *Massive Psychic Trauma*, ed. H. KRYSTAL. New York: International Univ. Press.

———. (1981). The aging survivor of the Holocaust. *J. of Geriatric Psychiatry*, 14:165–189.

———. (1988). *Integration and Self-Healing*. Hillsdale, NJ: Analytic Press.

———. (2007). Resilience: accommodation and recovery. In *The Unbroken Soul Tragedy. Trauma and Resilience*, eds. H. PARENS, H.P. BLUM & S. AKHTAR. Lanham, MD: Jason Aronson. pp. 47–64.

LAUFER, M. (1973). The analysis of a child of survivors. In *The Child in His Family: The Impact of Disease and Death*, ed. E.J. ANTHONY & C. KOUPERNIK. New York: John Wiley. pp. 363–373.

LAUB, D. & AUERHAHN, N.C. (1984). Reverberations of genocide: Its expression in the conscious and unconscious of post-Holocaust generations. In *Psychoanalytic Reflections of the Holocaust: Selected Essays*, eds. S.A. LUEL & P. MARCUS. Denver: Ktav Publishing House. pp. 151–167.

LAUB, D., AUERHAHN, N.C., & HAMBURGER, A. (eds.) (2017). *Psychoanalysis and Holocaust Testimony: Unwanted Memories of Social Trauma*. New York: Routledge.

LIPKOWITZ, M.H. (1973). *The child of two survivors: The report of an unsuccessful therapy*. Israeli Annals of Psychiatry and Related Disciplines, 11:2.

MITCHERLICH, A. (1971). Psychoanalysis and aggression of large groups. *Int. J. Psychoanal.*, 52:161–167.

MITCHERLICH, A. & MITCHERLICH M. (1973). *Die Unfähigkeit zu trauern: Grundlagen kollektiven Verhaltens [The Inability to Mourn: Principals of Collective Behaviour]*. Munich: Piper.

NASO, R. C. & MILLS, J. (eds.) (2016). *Humanizing Evil: Psychoanalytic, Philosophical and Clinical Perspectives*. New York: Routledge.

OFER, G. (ed.) (2017). *Bridge Over Troubled Waters: Conflicts and Reconciliation in Groups and Societies*. London: Karnac.

ORNSTEIN, A. (1985). Survival and recovery. *Psychoanal In.*, 5:99–130.

PARENS, H. (2004). *Renewal of Life: Healing from the Holocaust*. Rockwell, MD: Schreber.

———. (2007). An autobiographical study: healing from the Holocaust. In *The Unbroken Soul Tragedy. Trauma and Resilience*, eds. H. PARENS, H.P. BLUM & S. AKHTAR. Lanham, MD: Jason Aronson. pp. 85–116.

POLAND, W. (2018). Personal communication.

RAKOFF, V. (1966). Long-term effects of the concentration camp experience. *Viewpoints*, 1:17–21.

SONNENBERG, S.M. (1974). Children of survivors: workshop report. *J. Amer. Psychoanal.* Assn., 22:200–204.

Stolorow, R. & Atwood, G. (1992). *Contexts of Being*. Hillsdale, NJ: Analytic Press.

Stolorow, R., Atwood, G. & Orange, D. (1998). On psychoanalytic truth. *Int. J. Psychoanal.*, 79:1221.

Volkan, V.D. (1987). Psychological concepts useful in the in the building of political foundations between nations (Track II diplomacy). *J. Amer. Psychoanal. Assn.*, 35:903–935.

———. (1996). Bosnia-Herzegovina: Ancient fuel of a modern inferno. *Mind and Human Interaction*, 7:110–127.

———. (2013). *Enemies on the Couch: A Psychopolitical Journey through War and Peace*. Durham, NC: Pitchstone.

———. (2014) *Animal Killer: Transmission of War Trauma from One Generation to the Next*. London: Karnac.

———. (2017). *Immigrants and Refugees: Trauma, Perennial Mourning, and Border Psychology*. London: Karnac.

———. (2019). *Ghosts in the Human Psyche: The Story of a Muslim Armenian*. London: Routledge.

Volkan, V.D., Ast, G., & Greer, W. F. (2002). *The Third Reich in the Unconscious: Transgenerational Transmission and Its Consequences*. New York: Brunner-Routledge.

Waelder, R. (1936). The principle of multiple function: observations on over-determination. *Psychoanal. Q.*, 5:45–62.

Wolman, B. B. (ed.) (1971). *The Psychoanalytic Interpretation of History*. New York: Basic Books.

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Survival, Recovery, Mourning, and Intergenerational Transmission of Experience: A Discussion of Gomolin's Paper

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SURVIVAL, RECOVERY, MOURNING, AND INTERGENERATIONAL TRANSMISSION OF EXPERIENCE: A DISCUSSION OF GOMOLIN'S PAPER

BY ANNA ORNSTEIN, SHARONE ORNSTEIN, AND JEFFREY HALPERN

How could one practice psychoanalysis after Auschwitz? After the War, psychoanalysts in North America, using ego psychology, searched for ways to acknowledge the collective and individual traumas of the Holocaust and preserve psychoanalysis's roots in intrapsychic conflict. They explored how Holocaust trauma was transmitted to the children of survivors. We discuss Gomolin's important review of this literature on the transmission of Holocaust trauma to the next generations and its continued repercussions. These psychoanalysts' efforts were instrumental for the recognition of post-traumatic stress disorder and in drawing psychoanalysts' attention to the importance of the Holocaust experience for their patients. As Gomolin elucidates, their motivations and goals were multiply determined. Their efforts were also harmful, however, because they concluded that the survivors' experiences and memories of the Holocaust were generic and a screen for the survivor syndrome, which was inevitably transmitted to their children as a survivor complex. This reduced the myriad and complex experiences of individual survivors and their children to the contents of a psychoanalytic theory. We highlight that qualities of attachments and relationships and the sturdiness of values differed before the War in the individuals who survived. They survived with varying levels of self-cohesion and abilities to improvise in life-threatening situations. The traumas of the Holocaust were unequal and who survived was most often decided by random luck. We discuss the

importance for survival of relationships before and during the Holocaust. In addition, disavowal and omnipotent fantasies could make the difference between life and death. Recovery depended on delaying mourning, on new relationships, and becoming parents. The transmission of Holocaust experiences was mediated by parental empathy and eventually by finding memorial spaces to mourn.

Keywords: Holocaust; intergenerational transmission of trauma; children of survivors; recovery; delayed mourning.

INTRODUCTION

How psychoanalysts in the United States tried to make sense of the Holocaust and its consequences for the next generations is the subject of Robin Gomolin's valuable paper. Her perceptive examination of this psychoanalytic literature, which began in the mid-1960s and continues to inform psychoanalytic writers today, is painful. Psychoanalysts dismissed the differences in circumstance and experience that were critical to how individuals survived psychologically under extreme conditions. Their studies minimized how recovery was uneven across different domains of self-experience or that survivors often recovered spontaneously with time. Their studies also assumed that the impacts of the Holocaust on parenting were identical.

It is the individual before the Holocaust, and changed by the subjective experience of the Holocaust, who, as a parent, shaped the lives of the children. It is through the subjective experiences of the children that we learn what shapes the parent's experiences took in the lives of the children. The physical conditions and the psychological struggles of survivors differed significantly. Almost everyone lost family and community but their traumas, even in the same death camp, differed. People survived in ghettos as horrible as the camps, in cities with false papers, in sewers, or they escaped as refugees. Some survived the death marches. Some survived fighting as partisans. Who was the survivor before and who were his family and friends? What did this person do, and not do, to survive? For whom did he or she live? What feelings, thoughts, and fantasies fueled the will to live? As we hear the survivors' varied accounts, we

can begin to understand recovery and mourning, what cannot be recovered or mourned, and we can begin to understand intergenerational transmission of the Holocaust experience.

We reshape recovery, mourning, and parenting differently for the survivor and ourselves when we understand a survivor through the lens of his or her memory and experience rather than through the lens of a monolithic theory of trauma and the monolithic event of the Holocaust. How we listen can produce or worsen symptoms, which are then recorded as data. Theories of collective trauma can re-traumatize. Interpreting the relative significance of environmental trauma and unconscious fantasy in psychopathology has vexed psychoanalytic thinking beginning with Freud and Ferenczi. Freud was acutely aware of the atrocities committed by a "civilized" world. Freud's three sons volunteered for service in the Austro-Hungarian military, allied with Germany and the Central Powers during the First World War (Gay 1988). The War gave us the diagnosis of shell shock. Its cause was controversial but the military, the public, and the soldiers themselves most often assumed it was cowardice (Bléandonu 1994). The genocide of an estimated one and a half million Armenians took place during World War I (Balakian 2003). It was planned and executed by the Ottoman bureaucracy (Balakian 2003). Already, hundreds of thousands of Armenians had been massacred in the mid-1890s (Balakian 2003). The headline in *The New York Times* on September 9, 1895 was "Another Armenian Holocaust." Although the practice existed long before this, the term concentration camp was coined by Spain in 1896 for the rounding up of civilians into detention prisons in their war with Cuba (Boot 2002). Similarly, the term was used by the United States in the Philippine American war in 1900 (Boot 2002). The term developed some public notoriety when the British, during the Second Boer War (1899-1902), deported the civilian Boer population to concentration camps. Twenty-six thousand women and children died in the camps from starvation and disease (Bossenbroek 2012).

A young Wilfred Bion, as commander during World War I of a new machine of war, the tank, suffered shell shock (Bléandonu 1994). Later, he developed ideas that had implications for the study of trauma starkly different from the ideas of the North American psychoanalysts. In 1938, Freud escaped to London, but his four sisters died in Nazi concentration

camps over the next several years, one in Theresienstadt and three probably in Auschwitz (Gay 1988). Although each collective trauma has distinctive features, holocausts, that is, genocides, crimes against humanity, and war crimes, traumas perpetrated by one group of human beings against another, continue into the present.

Beginning in the 1960s, psychoanalysts identified a constellation of symptoms—the survivor's syndrome, also known as concentration camp syndrome—a unique and severe version of what was later known as post-traumatic stress disorder, that did not consider the psychological relevance of an individual's personality and past before the Holocaust (Niederland 1968). As a psychoanalytic concept, it was detrimental, but as a contribution in the development of post-traumatic stress disorder, it was beneficial. Post-traumatic stress disorder replaced the diagnosis of traumatic neurosis. The diagnosis was a new perspective for survivors who suffered from PTSD and for the field of psychiatry (Krystal 1968). It allowed that it was the material reality of the Holocaust that was traumatic because the terror and helplessness overwhelmed the survivors' psychic reality. The capacity to think, feel, symbolize, remember, and find meaning were damaged. Suffering did not originate in unconscious fantasy or intrapsychic conflict. In 1980, *The Diagnostic and Statistical Manual of Mental Disorders* added post-traumatic stress disorder, as a set of characteristic symptoms in response to external threats of death or serious injury.

North American ego psychologists after the War used an emphatically intrapsychic model that disposed analysts to a dichotomous view of unconscious and environmental influences. The traumas of the Holocaust presented multiple challenges to psychoanalytic theory (Bergmann, M.S. 1982). Many psychoanalysts regarded external threats to self-preservation as traumatic only when it corresponded to libidinal wishes and anxieties and became an internal trauma. Fear of injury and death existed in the unconscious as fear of castration and the loss of the protective powers of the superego. Such perspectives on trauma could not illuminate the experiences of the Holocaust. In the Holocaust, the injurious reality of the environment eclipsed psychical reality. This threatened continuity with psychoanalytic theory before the War. Psychoanalysts wanted to draw attention to the immensity of the trauma

of the Holocaust while preserving continuity with the psychoanalytic orientation in psychic reality.

In their efforts to integrate the individual's trauma in the Holocaust with psychoanalytic thinking, these psychoanalysts generalized from the top down: theory predetermined significance. As Gomolin elucidates, the early and still influential psychoanalytic studies treated the Holocaust as a homogenous shock that "bleached away" (Ornstein, A. 1985) the survivors' personalities and lives before the War and considered the intergenerational transmission of damage as inevitable. Survivors and the children of survivors objected; once again, they were dehumanized by a pejorative category, "the survivor syndrome" (Epstein 1979). While acknowledging the validity of their arguments, psychoanalysts continued to use the term (Bergmann, M.S. 1982). They frequently acknowledged, and even appeared to agree with, criticisms of their work, only to persevere in their generalizations.

To make psychoanalytic theory relevant to the Holocaust, psychoanalysts worked to reconcile the material reality of the Holocaust with the psychic reality of the Oedipus complex. For some analysts, Gomolin observes, the solution was to replace the Oedipus complex with the survivor complex in children of survivors (Levine 1982). Survivor's guilt was a cardinal feature of both the survivor complex and the survivor's syndrome, and:

> … universally found to exist as a core affective state … ascribed to identification with the aggressor … and to ambivalence or death wishes toward siblings and parents … . There is an analogue between survivor's guilt and certain oedipal problems … The inability to express hostility openly without becoming "a little Hitler" may increase death anxiety and survivor's guilt in the child … Survivor's guilt, related though it was to actual events during the Hitler period, nevertheless provided a screen for earlier feelings of ambivalence and death wishes toward the survivor's parents. [Bergmann, M.V., 1982, p. 306]

The formulation of a survivor complex (Kestenberg, J. in Bergmann, M.S. 1982) in the children of survivors, analogous to the Oedipus complex, was an attempt to integrate oedipal dynamics in a

child whose parents have been traumatized by the Holocaust. This group of psychoanalysts focused in treatment on the inability to mourn, identification with the Nazi aggressor, and guilt. Survivor's guilt, as a descriptive term, may be useful. But guilt for universal oedipal fantasies is distinct from guilt for what one did to survive, or guilt for what one failed to do—and the shame one felt about it. Psychoanalysts in America, who were bystanders to the Holocaust in Europe, were also vulnerable to survivor's guilt (Kuriloff 2014). What did they fail to do?

On another level, the theory of transmission of the Holocaust across generations retells the biblical narrative of the Exodus, recalled at every Passover; that in each generation you should feel as if you too have come out of the Holocaust. A collective Jewish memory has faded for non-religious Jews. Psychoanalysts, who were not religious Jews, sought continuity in psychoanalytic theory. Memorializing the historical event of the Holocaust links it to Jewish mythic memory (Yerushalmi 1996). For many, the Holocaust became the center of gravity for Jewish identity (Berger 1995).

Psychoanalysts know that listening requires continuous work and reflection. Gomolin's paper is also a study of how psychoanalytic listening fails. Gomolin suggests that the reasons psychoanalysts did not pursue questions about individual survival were multiply determined. Perhaps, for the first analytic Holocaust investigators, asking about individual psychological survival betrayed the millions who died. The work of mourning, as Gomolin writes, was also a betrayal of those who died. Guilt that one had lived indicated an arrested mourning, an attempt to preserve the links to those murdered. Suffering and the links to those murdered were transferred to the next generation: "The children of survivors show symptoms which would be expected if they had actually lived through the Holocaust" (Barocas and Barocas 1979, p. 330). A set of symptoms constituting a unique and identifiable syndrome, transmitted to the second and third generations as a survivor complex, although detached from the lived experiences of individuals, emphasized the magnitude of an otherwise unspeakable horror.

Some prominent psychoanalysts, safe in the United States throughout the War, cautioned that the psychoanalysts who were survivors of the Holocaust, having adopted American optimism, risked minimizing the dark and destructive urges of human beings (Bergmann in Kuriloff,

2014, p. 59). These prominent psychoanalysts maintained that the survivors' identification with the Nazi persecutors was almost inexorable and this identification was transmitted to their children. In analysis, the patient's frustration, anger, or despair that the analyst did not understand was an opportunity to work through this identification. A view of survivors and their children coalesced, Gomolin notes, with the publication of *Generations of the Holocaust* in 1982. The book's authors expanded upon the survivor syndrome and transmission of injury to later generations. Many of the ideas in the book had deleterious consequences. Psychoanalysts lost possibilities for learning about survival and recovery. Survivors and their children lost someone who could listen.

Evidence of increased pathology among Holocaust survivors in the non-psychoanalytic research literature, which used larger and more representative samples, gave a more complex picture. Results differed with the domain of experience examined as well as the methodology, sample selection, time elapsed since the War, and questions asked in the study. Questions tended to focus either on adaptation or symptomatology. In some studies, survivors revealed lower thresholds for traumatization but responded with good adaptation or resilience (Barel et al. 2010; Ferren 1999; Rousseau et al. 2003).

The research literature on possible intergenerational transmission of trauma is voluminous. Studies of the children of survivors revealed a range of meanings that children assigned to their parents' Holocaust history; they were haunted by their parents' past and admiring of their resilience (Ornstein 1989; Prince 1985). The varied personalities, childhoods, traumas, and recoveries mirrored the varied effects found in their children (Prince 1985). Studies, cited by Gomolin, could not find significant differences in psychopathology between the children of survivors and control groups. One study used a control group of children with immigrant Eastern European Jewish backgrounds whose parents were not survivors (Leon et al. 1981; Solkoff 1981; Zlotogorsky 1983). Despite the more complex portrait that emerged in the non-psychoanalytic clinical reports and research studies, the psychoanalytic literature continued to insist on the inescapable transmission of pathology to the survivors' children (Laub and Auerhahn 1989; Solkoff 1992). It is noteworthy that this psychoanalytic literature emphasizing the monochromaticity of the survivor syndrome and its intergenerational transmission

figures prominently on the website of the United States Holocaust Memorial Museum in Washington, D.C.

Many of the early psychoanalysts who explored the characteristics of the survivor syndrome, to the exclusion of other domains of experience, were correctly concerned that psychoanalysts and other therapists would not grasp the repercussions of the genocide in survivors—and later, in the children of survivors—seeking their help. Some psychoanalysts did overlook the Holocaust because what seemed important to them was the infantile neurosis. Other psychoanalysts, including Heinz Kohut, who escaped Vienna after Freud in 1939, did not attend to the clinical impact of the cataclysm in Europe on their patients for other reasons. Heinz Hartmann, who, in 1938, also fled Vienna, became the dominant psychoanalytic theoretician in the United States. He never wrote about the Holocaust or the survivors, but elaborated on adaptation—the average expectable environment, conflict-free ego functions and neutralization—in his endeavor to develop psychoanalysis into a general psychology (Kuriloff 2014, p. 17). Perhaps theory protected psychoanalysts from the immediacy of individual suffering. Many had lost relatives and immediate family in Europe.

Gomolin describes how survivors, resettled in the United States, sought consultations with psychiatrists and psychoanalysts, not for treatment, but for help in obtaining financial restitution from the Federal German Republic. The psychoanalysts, mostly Jewish émigrés themselves who spoke German, were forced into a perverse position that distorted the development of their psychoanalytic ideas about the Holocaust. Originally, the United States and the newly formed West German government regarded crimes against humanity, genocide, and war crimes as insufficient grounds for reparation. Reparations for survivors of the Holocaust were not a priority for the Allies in the settlement agreements with the Germans at the end of the War. Until 1965, the Germans indemnified only verified permanent physical injuries and property loss. Subsequently, when German courts permitted the consideration of psychiatric conditions, the courts only accepted claims that cited the German psychiatric literature. German psychiatrists asserted that the effects of severe trauma were transient. A psychiatric disorder that persisted was categorized, post hoc, as genetic or congenital and therefore a preexisting condition. Delayed manifestations of trauma could not be

attributed to events during the Third Reich. Claims had to be filed in German. Many claimants spoke Polish, Yiddish, Hungarian, French, Italian, but not German. The Germans protracted the proceedings for years, and then often denied the claims. Petitioning the former German Nazi government for "blood money" was humiliating and enraging for survivors. It also elicited contempt. American psychiatrists and psychoanalysts, working with lawyers, both submitted to, and worked resourcefully around, the bureaucratic and psychiatric requirements. Psychoanalysts looked for and documented psychopathology, which, they argued, was specific to the Holocaust and unrelated to preexisting conditions (see Gomolin, this issue). Detecting Holocaust trauma in the survivors' children reinforced the specificity of the survivor syndrome and met the eligibility requirements for restitution (Kestenberg, J. 1972). When psychoanalysts turned to writing about the Holocaust, the data from these applicant interviews became an important resource. They admitted, only to dismiss, the bias in the data collection. It is likely that the agenda to convince the Germans to pay restitution colored their published observations (Kestenberg, M. 1982).

My (Anna Ornstein) thinking about survival, recovery, mourning, and transmission of experience to the second generation is rooted in my family life before the War, when opportunities for Jews in Hungary were shrinking. When the Germans invaded and we were deported to Auschwitz, I was seventeen. I survived with my mother. After the War, I married. Paul had lost all his family except his father and survived in slave labor camps on the Eastern front and in hiding. We studied medicine together in Heidelberg, Germany where former Nazis were our professors and classmates. Some still wore military trousers or boots. Our friends, who remained our close friends, were the other Jewish survivors in our class. After medical school, we emigrated to the United States to continue our training. We became parents. My thinking is also rooted in my clinical practice, treating survivors and their children in psychoanalysis and psychotherapy, and my work in the community with children of survivors. I have questioned the conception that there exists an inevitable transmission of psychopathology due to the Holocaust because it ignores the complexity and the profound differences in ways people survived, recovered, mourned and parented (Ornstein 1981, 1985, 1989, 2010; Ornstein and Ornstein 1985).

SURVIVAL

It is crucial to remember that the traumas were unequal. It mattered whether the survivor was raped, subjected to medical experimentation, forced into prostitution for the German guards, or made "choiceless choices" to collaborate (Langer 1980). Adaptation could require moral compromises, but moral compromises were not always identifications with the Nazi aggressor. Psychological survival in a prolonged and cumulative catastrophe requires a capacity to adapt to hideous realities while preserving a sense of self and an emotional life. Individuals survived with varying degrees of self-cohesion and abilities to improvise in life-threatening situations. The quality of survivors' relationships and the sturdiness of their values prior to trauma were often decisive. It mattered that exhausted by forced labor, the survivor did not kneel down. Or standing still for hours at *appell,* the survivor did not stagger. This took relentless focus. Nothing about it was passive. It mattered what a survivor did to resist, even in the smallest ways. Blind luck mattered. While physical survival required submission, psychological survival was an active process. This active process was unrecognized in the psychoanalytic literature. The literature emphasized the survivor's passivity before the Nazi perpetrators and that the passivity produced consequences, after the War, in survivors and their children.

Jewish survivors of the Shoah came from different countries and spoke different languages. They were religious and observant, atheists but culturally identified Jews, or scarcely considered themselves Jews and felt betrayed by their communities when they were treated as Jews. Some Jews had been traumatized by pogroms before the War. Not all survivors were Jews, but Poles, Romani, socialists, homosexuals, Jehovah's Witnesses, disabled, and Soviet prisoners of war. Some were from cities, cultured, educated, and rich, others were from villages, with little education and poor. Some survivors had family histories of depression, bipolar disorder, schizophrenia, and other psychiatric disorders prior to the War. Some survived with another family member. The ages of the survivors were more homogenous; children and older adults were killed immediately. Children who did survive, having a child's comprehension and memory, experienced their traumas differently. Some Jews survived because, while risking their lives to smuggle families to Palestine, they

also carried out the orders of Eichmann's Kommando officers, kept secret the mass murders in Auschwitz and instead reassured the larger Jewish community that they would be spared (Munkacsi 2018). Some survived after they were selected by Allied organizations for rescue because they were eminent scientists, musicians, intellectuals, or writers, as was the case with Freud.

Psychoanalysts have observed the protective value of disavowal in surviving chronic trauma (Ornstein, A. 1985). Disavowal creates separate streams in subjective experience; we perceive reality, but we are immune to its meaning. Knowing and not knowing is essential to psychological and physical survival in extreme conditions. Dissociation, viewed as a more severe discontinuity in subjective experience, was also adaptive in many circumstances. Belonging to a small group in a concentration camp was lifesaving and part of this disavowal (Ornstein, A. 2012). Enclosed by electrified fences and guard towers, a person could stay emotionally alive within a small group. In the group, as in a family, the prisoners felt agency and respect as well as ordinary anger, jealousies, and affections. They had conversations. While supplying a context for an "ordinary" emotional life, the group sustained the members' alertness to dangers outside the group, a Nazi guard's temper or another prisoner stealing someone's bread (Ornstein, A. 1985, p. 98). Although prisoners could be vigilant to immediate threats in the camp, they frequently did not link these proximal threats to the looming threat that was the purpose of the camp: that the line a survivor was standing in, trying to stay awake in, was to the gas chambers. Even after the gas chambers broke down or filled to overcapacity, and the prisoners were ordered back to the barracks, it could take a survivor years to realize what that line was for. At Auschwitz, the Nazis understood that nameless terror and music along a path lined with geraniums that led to the showers produced disavowal and dissociation. But many knew what the smell from the smokestacks was.

The quality of early attachments and access to a preserved core of infantile omnipotence and fantasy was sustaining in circumstances of severe trauma. Henry Krystal, one of the early psychoanalysts who studied the survivor syndrome and pioneered PTSD, was the only one in his immediate family to survive three years in Auschwitz, Buchenwald, and Sachsenhausen concentration camps and slave labor. He survived,

he wrote, because of a belief in his indomitability and the strength of his maternal attachment: "I feel that 'healthy' infantile omnipotence is the most important asset for dealing with life's stresses and potential trauma. It is the emotional mainspring of extraordinary reserves. It provides a profound, unshakeable conviction of one's invulnerability" (Krystal 2004, p. 68). After describing how a mother, experienced as omnipotent, can offer herself as an "auxiliary organ" operating to soothe her child, he said, "Invoking my mother's image, I preserved my capacity to fight for my survival for some time" (Kuriloff 2014, p. 138). Krystal observed that although he appeared to others very well adjusted, he had many PTSD type problems (*The New York Times* 2015). Paul Ornstein, a psychoanalyst, writing about escaping from a slave labor camp on the Eastern front in the Carpathian Mountains, described how his omnipotent feelings and fantasies made it possible to:

> feel that I took my fate into my own hands and that somehow it was up to me whether I survived or not. This unrealistic feeling of confidence, at a time when many of my fellow inmates fell into apathy, depression and a degree of listlessness, helped me remain alert and vigilant and therefore able to take advantage of accidently arising opportunities to escape. [Ornstein, P. H. 1997]

Henri Parens, a child psychiatrist and psychoanalyst, whose parents had divorced before the War, escaped alone at age eleven from a concentration camp in Vichy France. His mother planned his escape before she was deported to Auschwitz and killed. When asked how he survived before and after this, he replied, "Well, my mother loved me" (Kuriloff 2014, p. 140).

RECOVERY

At first, recovery was a continuation of survival. Survivors were malnourished and ill. They walked hundreds of miles to get "home." Soviet soldiers were known to rape women on the road. Survivors found their homes destroyed or an unwelcoming family of strangers living in them. Liberated, the survivors were now displaced persons and refugees without money or possessions, learning who had lived while looking for

work, a country, a community, a home, and new relationships. Those still alive when the camps were liberated in 1945 were mostly young adults. Who in the family survived, if anyone, framed recovery—but mourning had to be delayed. Relationships, marriage, work, adjusting to a new country and raising young children came first.

The Harrison Report (1945) detailed the conditions in the Displaced Person's Camps in Germany: "Weddings were a regular scene in the larger DP camps and an extremely high birth rate among Jewish survivors stood in blatant contrast to the birth rate among the German population. Thus, in 1945, there were 14 births per 1000 Jews, while 5 births per 1000 in the German population." This contradicts Krystal's claim that "… survivors of Nazi persecution after consciously rejecting the idea of having children, had a high rate of miscarriages and a low birth rate" (Krystal 1968, p. 192). Despite The Harrison Report's conclusion that the United States appeared "to be treating the Jews as the Nazis treated them except that we do not exterminate them," evidence that values and ideals internalized before the Holocaust were not bleached away was clear immediately in the displaced persons camps: in the devotion to schools, the publications of newspapers and books, and the celebrations of weddings and births. While still vigilant, startled by knocks on the door or disturbed by certain smells, a survivor undertook to pick up a life (Helmreich 1992).

Raising a family organized a survivor's recovery and could provide continuity, affirmation, and even a feeling of ultimate triumph, which helped restore a sense of self. Pursuing ambitions and success organized and drove recovery as well. With the end of the War, survivors could try to live again in accord with their values and, within the context of dislocation, seek traces of a continuity with one's self and culture. A willing listener is necessary for recovery. Survivors looked for people who knew what had happened and the few who could hear. Finding in the new country other survivors who shared the Jewish cultural values of Europe before the War, and with whom they could acknowledge the losses, if only implicitly, allowed them to begin new lives.

Many Holocaust memories are unspeakable, but many survivors urgently wanted others to know about them. A listener, in or outside a treatment setting, had to be willing to learn, in some detail, what the survivor had suffered. Some traumas felt shared, but others, such as rape,

although frequent, felt isolating and private. It is not only that speaking about memories could re-traumatize. To speak, in yet another newly learned language, about starvation, torture, or seeing one's family killed and to encounter distaste, disbelief, reassurance, or advice, also traumatized and silenced the survivor. A receptive listener, however, could animate a survivor's emergence from numbness to the memories linked to fear, grief, and rage. Until memory did not threaten self-cohesion, a survivor's disavowal, attempts to forget, and numbness, enlisted now for recovery, needed to remain. When grief included acceptance of ambivalent feelings toward those lost and, especially if the acceptance of ambivalence could be weighted with healthy idealization, mourning was possible. Recovery, in contrast to the adaptation necessary in prolonged trauma, encompasses re-finding an often-precarious sense of fulfillment. Survivors had not only to adapt but to engage with their lives.

MOURNING

Psychoanalysts repeatedly stated that survivors of the Holocaust were unable to mourn, which resulted in the transmission of trauma to their children. Survivors were denied the rituals that facilitate mourning and had to find other ways to mourn. In the Holocaust, no bodies were recovered; no graves marked; and whole communities were destroyed. Survivors of 9/11 said that not only were the lives of their loved ones lost, but their deaths were lost as well. After such devastation, it is necessary to create conditions for a delayed mourning. It has been said that to write poetry after Auschwitz is barbaric (Adorno 1981). And yet, poetry, music, painting, architecture, and other works of art that expressed grief after the Holocaust became memorial spaces. These shared memorial spaces evoked belated grief and rage (Ornstein, A. 2010). Mourning after collective traumatic loss, however, is distinct from mourning after individual traumatic loss. The unique mourning shared by survivors of mass trauma, is not for the loss of a family but for the loss of an entire community (Ornstein, A. 2010).

Survivors needed time for new relationships before they could mourn. This is contrary to Freud's view that a lost relationship had to be mourned before a new one could begin. Mourning, wrote Freud, contains the "loss of capacity to adopt any new object of love … [and a]

turning away from any activity that is not connected with [the lost object]. It is easy to see that this inhibition and circumscription of the ego is the expression of an exclusive devotion to mourning which leaves nothing over for other purposes or other interests" (Freud 1917, p. 244). Parents who survived the Holocaust celebrated their children's weddings and the births of their grandchildren with the same excitement as other parents. However, these joys combined with an acute awareness of those missing in their families. Freud also thought that joy was only possible after mourning. Perhaps surprisingly, occasions of joy make grief possible. My (Anna Ornstein) joy made it possible to feel intense sadness and anger and has been part of a life-long mourning. I experienced this for the first time in 1961, having settled in the United States, completed psychiatric training and become the mother of three small children in a new home in Cincinnati. This was sixteen years after liberation. I was happy, watching our children playing together, and then for the first time, I felt, in full, my grief. On other occasions, I have felt exultation. When a young girl I had watched grow up was lifted up on a chair at her Bat Mitzvah, her family dancing around her, I thought about her grandmother who fought in the Polish Resistance with false papers, smuggling guns through the sewers of Warsaw, and I joined the dancers with the feeling that this, is victory.

INTERGENERATIONAL TRANSMISSION OF EXPERIENCE

The intergenerational transmission of the survivors' experience did not consist of trauma alone. Survivors conveyed their experiences of their lives before the War to their children as well. Children wanted to hear especially the stories about grandparents, aunts, and uncles they never knew. When parents could tell these stories, the way they told the stories, and their awareness of how their children listened, as well as their ideals and values, were transmitted to their children. This could reconstruct for the parents and introduce to their children a sense of continuity through the generations. The Holocaust injured, but did not predictably destroy, the values and ideals of those who survived. It awakened an unconscious and conscious urgency in parents to communicate their

values and ideals to their children. This urgency became part of the legacy of the second generation (Ornstein, A. 1989).

Children and grandchildren could be reparative for survivors. In a healthy reparative process, survivors take pride in their children as separate and different individuals. Destructive efforts at a reparative process ensue, for example, when children are used as replacements for those lost in the Holocaust. Hitler and the Nazis promised the Jews only death (Ornstein, A. 2012) but when a parent consistently or chaotically hurts or neglects a child, it is a greater betrayal of trust than the impersonal injuries inflicted by industrialized cruelty. Responding to a child's separate emotional needs is a challenge at times for all parents (Ornstein and Ornstein 1985). Parents' abilities to reflect on their parenting have origins in the ways they were parented. Secure attachments, a capacity to regulate affect and the internalization of values and ideals, were protective against severe and prolonged trauma. We need to know more, however, about how severe trauma overwhelms earlier influences. We need to investigate the degree to which earlier secure attachments and later devastating events affect survivor parents' capacity to provide attunement, emotional regulation, and empathy for their children (Fonagy and Target 2002; Schecter 2019).

The parents' empathy, that is their ability to recognize a child's developmental needs and distinct comprehension, mediates the meaning of the Holocaust for the children (Ornstein, A. 1985). Gomolin reports that some psychoanalytic writers perceived a global "failure of empathy" in survivors (Laub and Auerhahn 1989). They granted that survivors had dissimilar experiences, yet insisted that there was a "generic survivor experience, common to all those who were directly affected by the Nazi persecution, whether in hiding, ghettos, labor camps, or extermination camps" (Laub and Auerhahn 1989, p. 380). They postulated that this generic experience was engraved in the survivors' children. Paradoxically, for these psychoanalysts who were emphatic about the significance of Holocaust experience for survivors, ultimately the experiences of survival are generic, and the actual events of the Holocaust are a screen.

To understand the psychoanalytic significance of Holocaust experience requires that we listen not from the perspective of the theory but from the perspective of the patient. One learns about unconscious

intergenerational transmission of Holocaust experience through the unique transference countertransference relationship in an analysis. One can learn in other ways as well. Adelman (1995) in her study of twenty pairs of survivor mothers and their adult daughters, using semi-structured interviews, showed that the Holocaust did not have to remain unspeakable. When the survivor mothers managed their own affective states and accepted their daughters' emotional reactions, the daughters were able to put into words what they understood about their mothers' experiences. As a result, both mothers and daughters were able to integrate traumatic memories. As this qualitative study made clear, "failure of empathy" is not a given or if present, it is changeable. This is an example of *inter*-generational transmission of experience.

Over the decades the stature of Holocaust survivors has changed. Today, a survivor has a more public identity. Being a survivor can be a source of pride. Children of survivors feel pride in their parents and themselves. In addition, survivors, children, and grandchildren of survivors feel responsibility to bear witness, teach, and encourage in others a responsibility to learn. The Holocaust is unbearable, but when the Holocaust is approached as unknowable, and survivors seen as heroic, realities are concealed. Specifically, when we do not see the efficient cruelty in the Nazis as knowable and human, we do not see the cruelty we can do to others.

The Chinese government has installed surveillance cameras with facial recognition software in the streets and in the interiors of Uyghur homes and is deporting more than a million Uyghurs, Kazakhs, and Kyrgyzs into a network of internment camps (Batke 2019; Zenz 2018). The Burmese government, its leading figure, a woman awarded the Nobel Prize for Peace, has organized massacres of the Rohingya people (United States Holocaust Memorial Museum 2017). The Syrian government is expanding its program of mass imprisonment, torture, and killing (Amnesty International 2016). Turkey continues to deny the Armenian Holocaust (Balakian 2003). Such denial has been called the "final stage of genocide" (Lipstadt in Balakian 2003). Since World War II, an incomplete list of genocides includes Cambodia, Bosnia, Rwanda, Guatemala, East Timor, Bangladesh, Sudan, and Iraq. These genocides have received little attention from psychiatrists and psychoanalysts. The "lost boys of the Sudan," refugees from war and genocide, many now

parents in the United States, have turned to Holocaust survivors for help in how to tell their children what happened. The United States was founded on genocide, war crimes, and crimes against humanity. In enslaved families, transmission of trauma occurred through many generations, but not through the parents when children were sold separately. The United States government, backed by laws, institutions, and voters, continues to separate children from their families through its prison systems and immigration policies.

The Holocaust injured all survivors irreparably, but to varying degrees. The pain of the losses endures but the same sense of self and relationships that kept survivors alive, gave them possibilities to recover, mourn, and live a full life. Survivors have transmitted to their children and their grandchildren not only their traumas, but the ways they survived and recovered from their traumas. Gomolin gives us an invaluable depiction of our need as psychoanalysts to explain what we have not yet understood. We grasp for feelings of knowing using our familiar theories and disengage from the painful work of reflective immersion in the individual's conscious and unconscious lived experience of brutal, random, survival. Her paper illuminates how, when we are overwhelmed by the fact of the Holocaust and the lure of our theories, we cannot hear the complexities in the lives of individuals who survived the Holocaust, or survived the many other mass atrocity crimes in our world. We then lose possibilities for understanding how experiences are transmitted to the next generations.

REFERENCES

Adelman, A. (1995). Traumatic Memory and the Intergenerational Transmission of Holocaust Narratives. *Psychoanal. St. Child*, 50:343–367.

Adorno, T. (1981). *Prisms*. Cambridge: The MIT Press.

Amnesty International (2016). Human Slaughterhouse: Mass Hangings and extermination at Saydnaya Prison, Syria.

Balakian, P. (2003). *The Burning Tigris: The Armenian Genocide and America's Response. AHistory of International Human Rights and Forgotten Heroes*. New York: Harper Collins.

Barel, E., Sagi-Schwartz, A., Ijzendoorn, M., & Bakermans-Kranenburg, M. (2010). Surviving the Holocaust: A meta-analysis of the long-term sequelae of a genocide. *Psychological Bulletin*, 136(5):677–698.

Barocas, C. & Barocas, H. (1979). Wounds of the fathers: The next generation of Holocaust victims. *Intern. Rev. Psychoanal.*, 6:331–340.

Batke, J. Where Did the One Million Figure for Detentions in Xinjiang's Camps Come From? January 8, 2019. Uyghur Human Rights Project, UHRP.org last accessed June 1, 2019.

Berger, A. (1995). The Holocaust, second generation witness and the voluntary covenant.*American Judaism, Religion and American Culture*, 5:23–47.

Bergmann, M. S. (1982). Epilogue. In *Generations of the Holocaust*, ed. M.S. Bergmann & M. E. Jucovy, Basic Books: New York. pp. 3–29.

Bergmann, M. V. (1982). Thoughts on superego pathology of survivors and their children. In *Generations of the Holocaust*, ed. Bergmann & Jucovy. New York: Basic Books. pp. 287–309.

Bléandonu, G. (1994). *Wilfred Bion: His Life and Works* 1897–1979. Translated by Claire Pajaczkowska. New York: Other Press LLC.

Boot, M. (2002). *The Savage Wars of Peace: Small Wars and the Rise of American Power*. New York: Basic Books.

Bossenbroek, M. (2012). *The Boer War*. New York: Seven Stories Press.

Epstein, H. (1979). *Children of the Holocaust*. G. P. Putnam and Sons: New York.

Ferren, P. M. (1999). Comparing perceived self-efficacy among adolescent Bosnian and Croatian refugees with and without posttraumatic stress disorder. *Journals of Traumatic Stress*, 12:405–420.

Fonagy, P. & Target, M. (2002). Early intervention and the development of self-regulation. *Psychoanal. Inq.*, 22(3):307–335.

Freud, S. (1917). Mourning and Melancholia. *S. E.* 13.

Gay, P. (1988). *Freud: A Life for Our Time*. New York: W. W. Norton & Co.

Harrison, E. (1945). The Harrison Report. U.S. Representative on the Intergovernmental Committee for Refugees. https://www.einsenhower.archives.gov/research/online. Last accessed June 1, 2019.

Helmreich, W. (1992). *Against All Odds; Holocaust Survivors and the Successful Lives They Made*. New York: Simon & Schuster.

Keegan, J. (1999). *The First World War*. New York: Alfred A. Knopf.

Kestenberg, J. (1972). Psychoanalytic contributions to the problems of children of survivors from Nazi persecution. *Israel Annals of Psychiatry and Related Disciplines*, 10:311–325.

Kestenberg, M. (1982). Discriminatory aspects of the German indemnification policy; A continuation of persecution. In *Generations of the Holocaust*, eds. M. Bergmann & M. Jucovy. New York: Columbia Univ. Press. pp. 62–77.

Krystal, H. (1968). *Massive Psychic Trauma*. New York: International Universities Press.

———. (1978). Trauma and affects. *Psychoanal. St. of the Child*, 33:81–116.

———. (2004). Resilience: accommodation and recovery, In *Living with Terror, Working with Trauma: A Clinician's Handbook*, ed. D. Knafo. Lanhman, Maryland: Jason Aronson. pp. 67–82.

KURILOFF, E. A. (2014). *Contemporary Psychoanalysis and the Legacy of the Third Reich, History, Memory, Tradition.* New York and London: Routledge, Taylor & Francis Group.

LANGER, L. (1980). The dilemma of choice in the deathcamps. *Centerpoint: J. Interdis. Stud.* 4(1):53–58.

LAUB, D. & AUERHAHN, N. C. (1989). Failed empathy—A central theme in the survivor's holocaust experience. *Psychoanal. Psychol.*, *6*(4):377–400.

LEON, G. R., BUTCHER, J. N., KLEINMAN, M., GOLDBERG, A., & ALMAGOR, M. (1981). Survivors of the Holocaust and their children: Current status and adjustment. *J. Personality and Social Psychology*, *41*(3):503–516.

LEVINE, H. (1982). Toward a psychoanalytic understanding of the children of survivors of the Holocaust. *Psychoanal. Q.*, 51:70–92.

THE NEW YORK TIMES. "Another Armenian Holocaust." September 9, 1895.

THE NEW YORK TIMES. Henry Krystal, Obituary. October 14, 2015.

MUNKACSI, R. (2018). *How It Happened: Documenting the Tragedy of Hungarian Jewry.* ed. N. MUNK. McGill-Queen's Univ. Press: Montreal & Kingston.

NIEDERLAND, W. G. (1968). Clinical observations on the "Survivor Syndrome." *Int. J. Psychoanal.* 49:313–315.

ORNSTEIN, A. (1981). Aging after the Holocaust: The effects of the Holocaust on life-cycle experiences. *J. Gerontological Psychiatry*, 14:135–155.

———. (1985). Survival and recovery. *Psychoanal. In.*, 5:99–130

———. (1989). An interview with Anna Ornstein In *Healing Their Wounds.* eds. P. MARCUS AND A. ROSENBERG. New York: Praeger.

———. (1994). Trauma, memory, and psychic continuity. *Progress in Self Psychology*, 10:131–146.

———. (2010). The missing tombstone: Reflections on mourning and creativity, *J. Amer. Psychoanal. Assn.*, 58:631–648.

———. (2012). Mass murder and the individual: Psychoanalytic reflections on perpetrators and their victims. *Int. J. Group Psychotherapy*, 62(1):1–20.

ORNSTEIN, P. H. (1997). Omnipotence in health and illness. In *Omnipotent Fantasies and the Vulnerable Self*, eds. C. ELLMAN AND J. REPPEN. Northvale, NJ: Jason Aronson. pp. 117–30.

ORNSTEIN, P. & ORNSTEIN, A. (1985). Parenting as a Function of the Adult Self, In *Parental Influences in Health and Disease*, ed. J. ANTHONY AND G. POLLACK. Boston: Little, Brown and Co.

PRINCE, R. M. (1985). Second generation effects of historical trauma. *Psychoanal. Rev.*, 72(1):9–29.

ROUSSEAU, C., DRAPEAU, A., & RAHIMI, S. (2003). The complexity of trauma response: A 4-year follow-up of adolescent Cambodian refugees. *Child Abuse and Neglect*, 27:1277–1290.

SCHECTER, D. (2019). And then there was intersubjectivity: Resonating and regulating child self and mutual dysregulation during traumatic play in the wake of violence. In press.

Solkoff, N., (1981). Children of the survivors of the Nazi Holocaust: A critical review of the literature. *Amer. J. Orthopsychiatry*, 51:29–42.

———, (1992). Children of survivors of the Nazi Holocaust. *Amer. J. Orthopsychiatry*, 62(3):342–348.

United States Holocaust Memorial Museum, Bearing Witness Report, November, 2017, "They tried to kill us all." Atrocity Crimes Against Rhohingya Muslims in Rakhine State, Myanmar.

Yerushalmi, Y. H. (1996). *Zakhor: Jewish History and Jewish Memory*. Seattle and London: Univ. of Washington Press.

Zenz, A. (2018). Thoroughly Reforming Them Toward a Healthy Heart Attitude: China's Political Re-Education Campaign in Xinjiang. Sept 6, 2018. *J. Central Asian Survey*. https://www.tandfonline.com/doi/full/10.1080/02634937.2018.1507997. Last accessed June 1, 2019.

Zlotogorski, Z. (1983). Offspring of concentration camp survivors: The relationship of perception of family cohesion and adaptability to levels of ego functioning. *Comprehensive Psychiatry*, 24(4):245–354.

———. (1992). Children of the survivors of the Nazi Holocaust: A critical review of the literature. *Amer. J. Orthopsychiatry*, 62(3):342–358.

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WHEN TRAUMA TEARS THE FABRIC OF ATTACHMENT: DISCUSSION OF "THE INTERGENERATIONAL TRANSMISSION OF HOLOCAUST TRAUMA: A PSYCHOANALYTIC THEORY REVISITED"

BY JILL SALBERG

This discussion works to situate intergenerational transmission of Holocaust trauma literature within psychoanalysis and trauma studies, arguing that it is timely for a new appraisal of our psychoanalytic theories regarding these transmissions. I find Gomolin's re-interpretation narrow and unpersuasive, and her focus tends to disregard current literature in psychoanalysis. I make a case for a reappraisal that is saturated with theories and research from attachment theory, affect regulation, intersubjectivity, field theories, epi-genetics, and new evaluations of testimonial research. This interpenetration will offer us greater understanding to the complexity of trauma transmissions across many generations, cultures, traumas, and their historical context.

Keywords: Testimony, transgenerational transmission, trauma, unconscious transmissions, unresolved mourning.

Like many of us, I was born into a post-Holocaust world. My birth in 1952 was after the immediate end of World War II and the liberation of the survivors from the death camps, but pre-dates the opening of

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dialogue about the Shoah and the world's willingness to learn about the survivor's experiences. How were we to understand and make meaning out of the trauma that in many ways destroyed a sense of a moral world and gave us a new face of evil? Silence was the original response by the world. How could we even *think* when the world was completely and stunningly without words? This then was the surround that survivors encountered and, while there were survivors who couldn't stop the flood of details and memories many other survivors were mute, incapable of speaking about their experience. Silence also occurred in the consulting room (Bergmann and Jucovy 1982; Kuriloff 2014) as émigrés and refugee psychoanalysts (who treated survivors and refugee patients) never raised questions, never asked their patients to speak of the horror that hung over their sessions. As Gerson poignantly queries, "What then can exist between the scream and the silence?" (2009, p. 1342). This was the early post-war years, the long winter of silence during which there was a shared incapacity to bear, understand or even begin processing of the enormity of this atrocity.

Decades have now passed and, as the generation of adult survivor's dies and child survivors reach old age, we are thrust into a gap between living testimony and witnessing in a post-survivor world. We need to think long and hard about what may or will be transmitted to later generations and how remembrance will be transformed. While much good work has been done in the fields of trauma, witnessing, and psychoanalytic theory, we are also at a point currently in psychoanalysis in which new models of mind have shifted the paradigm. We have come to think about psychic pain and symptoms, problems in relationships, the psyche/soma connection and how Big History, culture, race, and gender enter our lives in a more expansive, interpenetrating way. It makes sense that a new appraisal of our psychoanalytic understanding of the transmission of Holocaust trauma from survivors to their offspring might be necessitated. However, I also believe that this has already been underway (see Davoine and Gaudilliere 2004; Grand 2000, 2009, 2015, 2017; Gerson 2009; Harris, Kalb, and Klebanoff 2016; Salberg 2015, and others). *The Psychoanalytic Quarterly*, in publishing Gomolin's article and inviting a distinguished group of discussants presents us with another opportunity for re-evalution. I am appreciative to have been invited.

Gomolin has given us a complicated and complex re-examination of the psychoanalytic theorizing and clinical case studies of the traumatic effects on survivors and the transmission of trauma to the next generation. Drawing upon her own close reading and research analysis of articles and books (from 1967 to 2003) and the research of Ijzendoorn et al. (2003), Gomolin determines that psychoanalytic authors continue to argue for an intergenerational theory of Holocaust trauma transmission based on Niederland's (1968) conceptualization of a "survivor syndrome." This was a "created" diagnostic category that would enable survivors to be considered eligible under the German government's restitution program. This premise, Gomolin states, "suggests that it would be impossible for children of survivors to transcend their parents' Holocaust experiences" (p. 465). Additionally, she critiques the work that emerged from a professional study group formed by Martin Bergmann for colleagues, who were treating survivors, and struggling in their consulting rooms. Out of this group came Bergmann and Jucovy's (1982) edited collection *Generations of the Holocaust,* a volume that has also influenced many psychoanalysts. Gomolin fears this book and other articles cemented clinical theories about inter-generational transmissions. Gomolin writes, "It was the commitment of some psychoanalytic theorists to a discourse of trauma about the survivors' children and the argument that their symptoms and unconscious repetitions are *uniquely* structured by their parents' Holocaust trauma" (this issue, italics in the original). Ultimately Gomolin believes that the clinical case data does not support the theoretical stance of unconscious trauma transmission from parent to child. She offers instead that survivor's children's "issues" can be better explained by Volkan's large group psychological approach of "chosen trauma" reflecting external factors that a group utilizes to cohere around, a "shared mental representation."

While many of her points are well articulated and have merit in terms of how over-arching and self-referential the theory became, I am left puzzled. Why did Gomolin ultimately decide to turn away from more contemporary psychoanalytic theories and look further afield to focus only on Volkan's ideas on "chosen trauma"? While Volkan's work is exceedingly valuable and comprehensive in the way he crosses the disciplines of history, culture, politics, and psychoanalysis, this particular aspect of his work is not focused, as psychoanalysis is, on the individual.

Here is my main point of disagreement with Gomolin's enterprise. In lieu of either refining the theoretical constructs or updating ideas about the complexity of mind based on current theory, research, and contemporary conceptualizations of mind —that is constructed intersubjectively between parent and child and in dialogue developmentally with someone's culture and environment—I am left feeling that Gomolin does not believe in the potential value of expanding psychoanalytic thinking. Instead she replaces it with a sociological one: Volkan's (1997) work on "chosen trauma" and how large ethnic groups, religious groups, or national groups handle and transmit trauma. While Volkan's work is important and unique, Gomolin used its most sociological aspects to elucidate and emphasize the large group aspect with trauma transmission. In this way, she became less engaged with the intrapsychic, interpersonal, relational, and intersubjective world of the individual and of what transpires inter-generationally within familial attachments and transmissions. Why recreate a very old split within psychoanalysis and choose between the internal world and the external? Why disengage from a psychoanalysis that relies on unconscious mental life that is now in contemporary discourse complexly configured and includes a dynamic unconscious, along with dissociative unconscious phenomena and implicit procedural unconscious aspects?

One might say that splitting has been operative in psychoanalysis from its inception, particularly it's long and complicated relationship with trauma and its complexity. While Freud and Breuer in their joint work, *Studies in Hysteria* (1895), initially embraced trauma as causative of psychological suffering, before long Freud no longer "believed" in it. What has become known as his abandonment of the seduction hypothesis created simultaneously a psychoanalysis based fundamentally on internal processes and a conception of trauma as a real-world event. This turning away from trauma may in fact have been Freud's only way to fully conceptualize his theory of mind, and psychoanalytic ideas and technique that we have been engaged with ever since. Effectively we see a form of splitting that occurred for Freud, of the internal world populated by phantasies, drive derivatives, and conflicting forces as separated from the potential interface with, and thus being affected by, the external world of actual occurrences.

Ferenczi (1949) famously disagreed and offered his complex detailed argument in "Confusion of the Tongues Between the Adults and the Child." In believing that his patients had been sexually abused by important grown-ups in their lives and simultaneously denied acknowledgment of the trauma by others, what I see as a *failure of witnessing*, Ferenczi created a new space to think about how external events impact us and how they become internalized as part of the internal world. I want to underscore the enormity of this alteration of psychoanalytic understanding. He writes:

> Through the identification, or let us say, introjection of the aggressor, he disappears as part of the external reality, and becomes intra- instead of extra-psychic; the intra-psychic is then subjected, in a dream-like state as is the traumatic trance, to the primary process, i.e. according to the pleasure principle it can be modified or changed by the use of positive or negative hallucinations. In any case the attack as a rigid external reality ceases to exist and in the traumatic trance the child succeeds in maintaining the previous situation of tenderness. [p. 228]

Here is a new, transformed conception of mind and the world. It is now conceived of as an active interchange between a child's experience of real life trauma and betrayal, and the child's mental attempts to process without benefit from significant adults. We are told that external events can impact internal processes and a new mechanism, identification with the aggressor, causes introjection. It also alludes to how a trauma will become both known and unknown. However, the suppression of Ferenczi's work kept it outside of psychoanalytic scholarship for years to come.

ENTER GHOSTS

Trauma studies re-enter psychoanalysis through at least three sources that I am aware of. The first is through the well-known and important work of Selma Fraiberg (1975) and her associates in their "Ghosts in the Nursery" paper. Working within a psychoanalytically traditional Freudian model Fraiberg believed that the ghosts of the parents unremembered past were placing their children in dire jeopardy,

necessitating non-traditional home treatment interventions in families. Their early theoretical understanding was:

> Our hypothesis is that access to childhood pain becomes a powerful deterrent against repetition in parenting, while repression and isolation of painful affect provide the psychological requirements for identification with the betrayers and aggressors … In each case, when our therapy has brought the parent to remember and re-experience his childhoods anxiety and suffering, the ghosts depart, and the afflicted parents become the protectors of their children against the repetition of their own conflicted past. [pp. 420-421]

I believe this work rested upon the assumption of the crucial nature of secure, safe attachment. Given that the traumatic physical and sexual abuse in the history of the parents she worked with, Fraiberg was intervening to prevent trans-generational transmissions not only of fear and anxiety, but of actualizing violent behavior. Both her ideas and her interventions were remarkably prescient of where the field would later be moving.

The next entry point is the painful process of Holocaust survivor's symptoms, stories, testimony, and witnessing projects.[1] The early theorists and theories, many of which Gomolin critiques, need to be seen in their own historical context. We must remember that not only was there a powerfully felt need to create a diagnosable category for German restitution payments but also a theoretical climate in which one-person drive theory, conceptualizations about the death instinct, and Hartmann's ego psychology dominated the field. Bergmann (1982), Grubich-Simitis, (1984), Kestenberg, (1982), Krystal (1985), Jucovy, (1985), and others, to my mind, were being quite revolutionary in their arguing that trauma, writ large in reality, could impact the mind of someone and affect their relationships. Despite their utilizing classical theoretical interpretative concepts, Big History was beginning to be formulated as an important context within which to understand psychic life. The wealth of data furnished by Laub's (1989, 1993, 1998) work taking video testimonies

[1] Although not in the purview of this discussion, the third way trauma also entered psychoanalysis was through the very important work with the survivors of childhood sexual abuse; see Davies and Frawley (1994) and Alpert (1995) and others.

(which began in 1979) including his co-founding the Fortunoff Video Archive of Holocaust Testimonies at Yale University also greatly advanced what we could learn about the impact of Holocaust trauma on survivors and their families. Laub was not only a dedicated psychiatrist and psychoanalyst but, as is well known, also a child survivor and a child of a Holocaust survivor. It is not a small thing that Yale now also houses a graduate Genocide Studies program founded in 1994, expanded in 1998 that conducts research and seminars and provides training to researchers from afflicted regions including but not limited to Cambodia, Rwanda, and East Timor. Much as we wished, never again has not happened.

Gomolin's argument and perspective acts as a kind of critique of analytic assumption of expertise and authority. This is one point I very much agree with, which echoes long-standing critiques of analyst's claim to authoritative truth or knowledge (see Greenberg 1999; Mitchell 1998). These critiques and others were effective in shifting the field from a one-person to a two-person psychology and to a more co-constructed understanding of the analytic process (Aron 1996; Hoffman 1998; Mitchell 1995). Simultaneously, the rediscovery of Ferenczi's work on trauma and alteration of technique that became available with the translation and issuance of his clinical diary along with the explosion of attachment research in concert with Bowlby and his work moved psychoanalysis further. Aron and Harris argued that, "The history of the presentation and publication of Ferenczi's (1933) 'Confusion of Tongues' paper on the powerful, traumatizing effect of incest and families' collusive silence must rank among the saddest and most tragic moments in the history of psychoanalysis" (p. 6). This became a kind of paradigm shift away from classical Oedipal interpretation focus to earlier pre-oedipal material, from internal conflict to acceptance of the effects of external trauma on mind, and greater acceptance of what had been a more interpersonal interactive in the here and now moments of treatment approach. This further resulted in shifting psychoanalysis expansively towards an intersubjective model of mind and technique.

I read some of the psychoanalytic writers that Gomolin references and have a different perspective, seeing how far we are moving along in our understanding of the complex processes at work in trauma transmissions. Faimberg (1988, 1996, 1998, 2005) has written extensively about

these intergenerational occurrences, seeing them as narcissistic identifications of the child's mind by the parents unsettling affects. In her book and many articles, she explores the effects that the Holocaust and emigration has had on multiple generations and how the historical context of such a large trauma makes demands on our minds. She sees understanding the internal response, not so much as a pathologizing of the survivor, but as a complex inner world of attempts to know and un-know affects and experiences simultaneously. I would consider this as efforts towards transforming the trauma. Having spent time giving a workshop with Faimberg in 2017, I know that she believes, "In all advanced psychoanalyses, if you are listening carefully, the history of three generations will become audible." I view this as expanding our psychoanalytic model from the family of origin, what Grand and I (2017) refer to as the "transgenerational turn," into a trans-generational model. Multiple generations and siblings would make psychoanalysis less hierarchical and expand horizontally.

Further, psychoanalysts such as Apprey (1996a, 1996b, 2003) do see links between the traumatic effects of the Holocaust and the trauma of slavery, writing about transgenerational hauntings and errands that one generation installs in the unconscious of the next (see also the work of Gump 2000, 2010, 2017; Grand 2000, 2014; Grand and Salberg 2017; Harris, Kalb, and Klebanoff 2016a, 2016b; Salberg 2015; Salberg and Grand 2017). Relational trauma theory is rooted in the social world, in the collective experience of persecution and trauma as in ethnic genocide, sexual abuse, and political and racial abuses. This has resulted in expansiveness theoretically in how to think about trauma transmissions (see Davoine and Gaudilliere 2004; Grand 2000, 2009; Layton 2006, 2008, 2013; Guralnik 2014, 2016; Reis 2005; Thomas 2009 and others). Davoine and Gaudilliere have been in the forefront of examining this kind of social link, seeing how history has been a causative factor in psychosis, not biology as destiny. Layton has written extensively juxtaposing relational psychoanalysis with social, political, and cultural processes, seeing the interpenetration and reproduction of structures in all of this.

My own work on transgenerational transmission of attachment trauma (2015, 2017) was provoked by my need to understand a transmission of early death and maternal abandonment in my own family. What I came to understand was that attachment functions as the mode

of transmission in most if not all transgenerational transmission circumstances. A vast literature on this topic includes (although not limited to) contributions by the following: Ainsworth (e.g., Ainsworth et al. 1978), Beebe and Lachmann (2013), The Boston Change Process Study Group (2010), Bowlby (e.g., 1958), Coates (2004a, 2004b, 2012, in press), Fonagy and Fonagy (1999), Hesse (1999), Holmes (1999), Lyons-Ruth (2002, 2003), Main and Solomon (1986), Seligman (2000), Slade (2014), and Tronick (1989). The violence of trauma fractures someone's experience of being in the world and pulls at the fabric of attachment, our intrinsic way of feeling safe. When a child's parent has had a trauma, we can assume that some part of their mind has been affected. In whatever way they are affected, some part of them will not be accessible; there will be a tear in the fabric of attachment for this child. It is this rupture inside of someone who is parenting a child that I believe is sensed by the child.

Attachment is the oxygen of relationships and necessary to feeling safe, loved, and learning how to be connected to other people. If a parent's inaccessibility is *great* I believe the child, in a desperate search to be found in the parent's mind (Fonagy 1997), will attune to the parent's absence as well as their presence. In doing this they enter some place of the trauma inside of the parent. For me it is not an either/or situation but a complex picture of what being attached to this particular parent feels like, what I have termed *the texture of traumatic attachment* and what the demands are placed upon the child's mind while also searching for a safe base of attachment.[2] How much do they have to, in Lyons-Ruth's (2002, 2003) vernacular, enter a role reversal and emotionally regulate and "parent/take care of" their parent? One patient of mine has maintained that as a child she knew that if she could soothe her mother when mother was depressed or upset by stroking her arm or hair—then she had some chance of getting some mothering from her.

Reis (2009, 2015) has written from an interesting intersection of analytic theories of subjectivity, infant research (as part of the BCPSG),

[2] As Reis writes, "Bowlby's attachment theory was grounded in his appreciation for ethology. It is about how the species survives. Attachment behavior is not about the warmth or understanding one gets, but about strategies for survival of the individual (in a dyad). So, if that is disturbed (by trauma as it can be) it may create a disturbance of survival that is passed to another generation" (personal communication, 2018).

and trauma and witnessing. He believes that what is described in the clinical cases and theories in the transgenerational transmission literature is much the same as what is found when caregivers in general have unresolved mourning or trauma (non-Holocaust related). Drawing upon Fonagy, Holmes, and the work of Lyons-Ruth on disorganized attachment, Reis concludes that it is not trauma but the mental state of the caregiver, the fragmentation that is transmitted via the attachment relationship that is causative of problems. This is in line with my own thinking regarding trauma transmission:

> We can sometimes err on the side of believing that transgenerational transmission is a clear transmission of something, be it content or experience. Perhaps we need to think of it more as a sequelae of a traumatized person's fragmented states of mind, a person who is then parenting a child. It is the dysregulated affective states of the parent that infuse the child's attachment experience and can evoke fantasies of the parent's missing stories. [Salberg 2015, pp. 40-41]

In reviewing the research by Ijzendoornet et al. (2003) that Gomolin has utilized to support her work, I find some of their results actually to fit in line with an expansive view of transmission, not as they summarize and argue as showing no evidence of transmission. Although overall they determine that their findings show no statistical evidence for secondary traumatization in survivor families, in reading their data analysis results I believe it is more complicated than that. Ijzendoornet et al. report some evidence for secondary traumatization and some evidence for resilience whereby parents protected their children from being affected by the Holocaust (p. 465). They suggest three factors that might explain their findings. All the factors related to a PTSD model having to do with: 1) repeated exposure to traumatic events, 2) presence of a genetic predisposition to PTSD, and 3) social support in coping. They determine that nothing untoward occurred in the children's attachment relationships; there was no evidence for genetic bias looking at dizygotic twin studies and lastly that secondary support was present post-war. I find these conclusions assumptive leaps. They based their analyses on the many existing studies in the literature and, like Gomolin, did a meta-analysis of the data. None of these studies did in-

depth interviewing of parents (such as the AAI) or the children to really assess attachment bonds and fissures in those attachments. If they had, I believe they might have found the complex attachment patterns that I am referring to and often is found where trauma has left its imprint.

Further, this research group never looked at epi-genetic studies, which I believe reflects the more advanced understanding of how changes resulting from extreme traumatization may in fact be transferred from parent to child. The epigenetic research coming out more and more points towards clear biological changes related to levels of PTSD in parents and have also been found transmitted to children of survivors of trauma. The biological markers of trauma as seen in cortisol levels, receptor site alterations, and mylenization changes are found to affect gene expression and are inheritable in the next generation (see the work of Bowers and Yehuda 2016; Yehuda et al. 2014, 2015 on Holocaust intergenerational transmissions, and Perroud et al. 2014 on the Tutsi genocide and transgenerational transmission of maternal stress and others). My understanding of this is that children inherit altered biochemistry that can leave them more vulnerable to registering fearful and anxious situations and to being more fearful and anxious themselves. Traumatized mothers are raising children with these more fearful propensities. This becomes the fuller legacy of trans-generational transmission of traumatic forms of attachment: an alteration in both the biology and the attachment systems.

We see more subtle and complex formulations in the work of Schechter (2003, 2004, 2017) who has been researching and documenting trauma and post-traumatic stress in a mother's history. He finds that inevitably for these mothers emotional regulation becomes heightened and directed towards calming themselves down: "PTSD is a disorder of emotion dysregulation in which traumatic memory traces and their associated affects overwhelm the individual such that their priority must turn to survival and self-regulation rather than affiliation and mutual regulation" (p. 265). In his research he has found that the mother's PTSD state triggers alarm in the child without any conscious or external link to an actual fearful situation.

The child and mother experientially are in a *new* traumatizing dynamic: "the child and mother are left with a new traumatic experience that they share and have co-constructed that nevertheless transmits 'the traumatic' essence in part at least of mother's prior experience"

(p. 267). In this way Schechter reprises and extends the early work of Sullivan (1953), where he proposed that acute anxiety in the mother is contagious and infects the infant. My own sense of this is that the prior literature which Gomolin critiques was too focused on either the content of trauma being transmitted, or a kind of one to one correspondence of a dynamic. I believe what is unconsciously transmitted on the implicit level of communication is often subtler. The research work and writings from BCPSG's and Schechter's documents this well.

Additionally, I want to say that traumatic states are not the only transmissions that are occurring. They are noteworthy because of their disruptive effect and the ways in which they rupture attachment. But to leave the impression, as a great deal of the Holocaust literature does, that trauma and damage pervades all of the survivor's life and their children's minds has rightly been criticized (see Ornstein 1981, 1985, 2006; Richman 2002, 2014). Here is an aspect of where I agree with Gomolin's critical review of the literature. Gomolin argues, "this group of theorists emphasized pathology and dissociation rather than resilience and psychic continuity, and did so to ensure that we remember the trauma … " (p. 492). She makes clear that the emphasis on damage, destruction, and pathology has lingered from the early theorists. This reminded me of Richman's reviewing of Ornstein's (2006) poignant memoir. Richman urges us to see that the thinking in the field has suffered by its dichotomous view of trauma, that is identifying who was damaged from who was resilient. I have come to believe that this is once again a form of splitting endemic to our minds and our theories. In this way I think Gomolin has, as Ornstein and Richman have already done, pushed me to continue seeing how much more inclusive our theories need to be. This inclusiveness requires an end to splitting and as Grand (2018) wrote:

> … We cannot fail to honor real human resilience, as it exists, during and after trauma, in the living and in the dead. But all too often we have an either/or vision of the human spirit. Either is dead or alive. Either it is evacuated or it is heroic. We tend to oppose and essentialize these portraits of the survivor. In my view, neither alone is an adequate rendering of traumatic experience. Neither alone honors the nuances of survival. Both polarities can represent a failure of recognition, de-individuating those who have already been objectified. [p. 11]

I would see Gomolin's support of Volkan's important ideas as a necessary expansion to and coterminous with relational approaches to trauma. Every survivor was imprinted in some way by the trauma, forever in process of trying to heal from something that may never fully heal and *also* resilient in untold ways. We need to keep both in mind even when one seems more dominant or more consciously accessible. Even the most resilient survivor still suffered trauma and has that imprint, why not the reverse in someone whose traumatic imprint strikes us more strongly? We need to find and see their resilience as well.

I would also like to add another way that the field is expanding in evaluating and utilizing testimonial research. The work in Scenic Narrative Microanalysis follows changes in clinical research on social trauma in the past two decades. Hamburger (2014, 2018) presents his work aimed not at a construction of the actual trauma, but a re-enactment that occurs during the testimonial experience. Utilizing multiple readers, they are attempting to decode the survivor's communications:

> A systematic analysis of the testimonies demonstrates that narrative fragmentation (breaks, retraction of statements, contradictions, silences, and refusals) form a second, desymbolized language, a pattern of destruction, which communicates effectively with the interviewer, who reacts with communicative ruptures and parapraxes—an action dialogue, which is observable even in the raters' assessments and discussions. [2014, p. 240]

This work is cutting edge in terms of seeing how all interactions are profoundly intersubjective events, happening on multiple levels of experience and in different registers. This article reviews and analyzes a testimony taken by Laub. The research detects lapses or mental confusion, and paramnesias in Laub's report. Hamburger believes these "errors" reveal the sharing by interviewer/witness with interviewee the internal storm of memory enacted in the testimony process. Additionally, Laub's (2017) continuing work with Hamburger and others on understanding how trauma is transferred during the testimonial process suggests greater utilization of intersubjective understandings of transference and counter-transference phenomena and thus an on-going expansion in our theoretical understandings.

This was Reis's (2012) contention when he noted how the enactive and performative aspects of the expression of trauma are always an intersubjective process. We can no longer parse out what the survivor has in their mind and what is enactively occurring with another, be it the interviewer or the next generation. Reis (2015), in discussing Hamburger's research, writes: "It is as if Shmuel [survivor giving his testimony to Laub] already knows what Hamburger will meticulously demonstrate through his research: that trauma is not a one-person-phenomenon and that unconsciously interactions will continue trauma's psychic contagion" (p. 335). We mentally share states of mind with each other. Additionally, we are particularly porous to those to whom we are attached.

My own emphasis in understanding transgenerational trauma transmissions has been to focus on attachment and dysregulated maternal function looking at how attachment and affect regulation is disrupted during and after trauma. The recent research work of Schechter and Hamburger reveals how this disruptive process is further played out in witnessing and testimony and points us towards where reparative work on attachment dyads must be done. I do feel that this is very much where the attachment field has interpenetrated psychoanalytic theory, the theories of intersubjectivity, and more recently field theories (see Baranger and Baranger 2008).

I am left puzzled by why Gomolin turned away from what is a more psychoanalytic way of making meaning of the complicated unconscious communications that operate between and across generations. By turning to Volkan's specific work on "chosen trauma" and not perhaps where other parts of psychoanalytic theory have developed, Gomolin has limited her own field of vision. This seems to fit as well her only examining articles, research and books from 1967 and ending in year 2003. Much has changed from the one-person theories of those early years and the psychoanalysis that is current in today's literature. Contemporary writings reveal a complexity and diversity that can update and transform our older understandings of the effects of trauma on individuals, groups, and generations of people who are affected as well as the complexity involved in witnessing. In this regard, Bion's (1963) concept of the container-contained is apt. I believe it will and must take multiple generations to process and metabolize the many different types of traumatic

Holocaust experiences (labor camp, concentration camp, being hidden, kindertransport, surviving in the forest or in a barn to name a few varieties) along with forms of resilience.

In closing, I want to suggest that the *Quarterly*'s providing of this forum for this article has allowed what I imagine is another kind of witnessing circle. Gomolin has provided a passionate review of some of the literature on Holocaust intergenerational transmission of trauma. Inviting a diverse group of discussants allows for an interchange that while not always in concert is a kind of brainstorming approach to this profoundly problematic area. Although I haven't always agreed with Gomolin, I can see places of resonance and it's made me remember how flexibly responsive our theories can and should be to the times we live in. Our current historical context has specters of the horrors of totalitarianism that swept through Europe allowing for the evil genocide of the Holocaust. It is my hope that psychoanalysis and the more recent advances in terms of attachment research, epigenetics, evolution of trauma witnessing, and the trend towards greater understanding of intersubjectivity will ripple out into the world, into political, social, and cultural conversations. We do our biggest disservice by remaining in our ivory towers viewing history from a distance.

REFERENCES

Ainsworth, M., Blehar, M., Waters, E. & Wall, S. (1978). *Patterns of Attachment*. Hillsdale, NJ: Erlbaum.

Alpert, J. L. (1995). *Sexual Abuse Recalled: Treating Trauma in the Era of the Recovered Memory Debate*. NJ: Analytic Press.

Apprey, M. (1996a). Broken Lines, public memory, absent memory: Jewish and African Americans coming to terms with racism. *Mind and Human Interaction*, 7(3):139–149.

———. (1996b). *Phenomenology of transgenerational haunting: subjects in apposition, subjects on urgent/voluntary errands*. Ann Arbor, MI: U.M.I. Research Collections.

———. (2003). Repairing history: Reworking transgenerational trauma. In *Hating in the First Person Plural: Psychoanalytic Essays on Racism, Homophobia, Misogyny, and Terror*, ed. D. Moss. New York: Other Press.

Aron, L. (1996). *A Meeting of Minds: Mutuality in Psychoanalysis*. New York: The Analytic Press.

Aron, L. & Harris, A. (2010). Sándor Ferenczi: discovery and rediscovery. *Psychoanal. Perspectives*, 7(1):5–42.

Baranger, M. & Baranger, W. (2008). The analytic situation as a dynamic field. *The Int. J. Psychoanal.*, 89(4):795–826.

Beebe, B. & Lachmann, F. M. (2013). *The Origins of Attachment: Infant Research and Adult Treatment.* London/New York: Routledge.

Bergmann, M. & Jucovy, M. (1982). *Generations of the Holocaust.* New York: Columbia University Press.

Bion, W.R. (1963). *Elements of Psycho-analysis.* London: Heinemann.

Boston Change Process Study Group (2010). *Change in Psychotherapy: A Unifying Paradigm.* New York: W. W. Norton.

Bowers, M.E., & Yehuda, R. (2016). Intergenerational Transmission of Stress in Humans. *Neuropsychopharmacology Reviews*, 41:232–244.

Bowlby, J. (1958). The nature of the child's tie to his mother. *Int. J. Psychoanal.*, 39:350–373.

Breuer, J. & Freud, S. (1895). Studies in Hysteria. *S.E. II.*

Coates, S. (2004a). John Bowlby and Margaret S. Mahler: Their lives and theories. *J. Amer. Psychoanal. Assn.*, 52:571–601.

———. (2004b). The role of maternal state in mediating trauma and resilience in preschool children after September 11. Paper presented to the Jewish Board of Family and Children Services, October 2004.

———. (2012). The child as traumatic trigger: Discussion of Laurel Silber's "Ghostbusting Transgenerational Processes." *Psychoanal. Dial.*, 22:123–128.

———. (2016). Can babies remember trauma? symbolic forms of representation in traumatized infants. *J. Amer. Psychoanal. Assn.*, 64(4): 751–776.

Davies, J. M. & Frawley, M. G. (1994). *Treating the Adult Survivor of Childhood Sexual Abuse: A Psychoanalytic Perspective.* New York: Basic Books.

Epstein, H. (1979). *Children of the Holocaust: Conversations with Sons and Daughter of Survivors.* New York: Penguin Books.

Faimberg, H. (1988). The Telescoping of Generations: Genealogy of Certain Identifications. *Contemp. Psychoanal.*, 24:99–117.

———. (1996). Listening to listening. *Int. J. Psychoanal.*, 77:667–677.

———. (2005). *The Telescoping of Generations: Listening to the Narcissistic Links between Generations.* London and New York: Routledge, Taylor & Francis Group.

———. (1999). *Attachment Theory and Psychoanalysis.* New York: Other Press.

———. (2017). Listening to transmissions between generations: working with intergenerational secrets, wounds and strengths – psychoanalytic and relational approaches. Confer Workshop with Dr. Haydee Faimberg and Dr. Jill Salberg, London, Nov. 2017.

Ferenczi, S. (1949). Confusion of the tongues between the adults and the child: The language of tenderness and of passion. *Int. J. Psychoanal.*, 30: 225–230.

Fonagy, P. & Fonagy, P. (1999). The transgenerational transmission of Holocaust trauma: Lessons learned from the analysis of an adolescent

with obsessive-compulsive disorder. *Attachment & Human Development*, 1(1):92–114.

Fraiberg, S., Adelson, E. & Shapiro, V. (1975). Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant–mother relationships. *J. Amer. Acad. Child & Adolescent Psychiatry*, 14:387–421.

Grand, S. (2000). *The Reproduction of Evil*. Hillsdale, NJ/London: Analytic Press.

———. (2009). *The Hero in the Mirror: From fear to fortitude*. London and New York: Routledge, Taylor & Francis Group.

———. (2014). Skin memories: On race, love and loss. *Psychoanal., Culture and Society*, 19(3):232-249 and reprinted as Chapter 2 in *Trans-Generational Trauma and the Other: Dialogues Across History and Difference*. London and New York: Routledge Taylor & Francis Group.

———. (2018). "Trauma as Radical Inquiry." In *Decentering Relational Theory: A comparative critique*, eds. L. Aron, S. Grand & J. Slochower. New York: Routledge.

Grand, S. & Salberg, J. (2017). *Transgenerational Transmission and the Other: Dialogues Across History and Difference*. New York & London: Routledge/ Taylor & Francis Group.

Gerson, S. (2009). When the Third is Dead: Memory, Mourning and Witnessing in the Aftermath of the Holocaust. *Int. J. Psychoanal.*, 90: 1341–1357.

Greenberg, J. (1999). Analytic Authority and Analytic Restraint. *Contemp. Psychoanal.*, 35(1):25–41.

Grubrich-Simitis, I. (1981). Extreme traumatization as cumulative trauma: Psychoanalytic investigations of the effects of concentration camp experiences on survivors and their children. *Psychoanal. S. Child*, 36:415–450.

Guralnik, O. (2014). The Dead Baby. *Psychoanal. Dial.*, 24(2):129–145.

———. (2016). Sleeping Dogs: Psychoanalysis and the Socio-Political. *Psychoanal. Dial*, 26(6):665–663.

Hamburger, A. (2014). Refracted attunement, affective resonance: Scenic-narrative microanalysis of entangled presence in a Holocaust survivor's testimony. *Contemp. Psychoanal.*, 51(2):239–257.

———. (2018). *Trauma, Trust and Memory: Social Trauma and Reconcilliation in Psychoanalysis, Psychotherapy and Cultural Memory*. New York: Routledge.

Harris, A., Kalb, M. & Klebanoff, S. (2016a). *Ghosts in the Consulting Room: Echoes of Trauma in Psychoanalysis*. New York and London: Routledge/ Taylor & Francis Group.

———. (2016b). *Demons in the Consulting Room: Echoes of Genocide, Slavery and Extreme Trauma in Psychoanalytic Practice*. New York and London: Routledge, Taylor & Francis Group.

Hesse, E. (1999). The adult attachment interview: historical and current perspectives. In *Handbook of Attachment: Theory, Research, and Clinical Applications*, ed. J. Cassidy & P. Shaver. New York: Guilford, pp. 395–433.

HOFFMAN, I.Z. (1998). *Ritual and Spontaneity in the Psychoanalytic Process: A Dialectical-Constructivist View*. New York: The Analytic Press.

KESTENBERG, J. (1972). Psychoanalytic contributions to the problems of children of survivors from Nazi persecution. *Israel Annals of Psychiatry and Related Disciplines*, 10:311–325.

KRYSTAL, H. (1985). Trauma and the stimulus barrier. *Psychoanal. In.*, 5(1): 131–161.

KURILOFF, E. (2014). *Contemporary Psychoanalysis and the Legacy of the Third Reich: History, Memory, and Tradition*. New York and London: Routledge.

LAUB, D. (1989). The empty circle: children of survivors and the limits of reconstruction. *J. Amer. Psychoanal. Assn.*, 46:507–530.

LAUB, D. & AUERHAHN, N. (1989). Failed empathy: A central theme in the survivor's Holocaust experience. *Psychoanal. Psychology*, 6:377–400.

———. (1993). Knowing and not knowing massive psychic trauma. *Int. J. Psychoanal.*, 74:287–302.

LAUB, D. & HAMBURGER, A. (2017). *Psychoanalysis and Holocaust Testimony: Unwanted Memories of Social Trauma*. New York: Routledge.

LAYTON, L. (2006). Attacks on linking: the unconscious pull to dissociate individuals from their social context. In *Psychoanalysis, Class and Politics: Encounters in the Clinical Setting*, ed. L. LAYTON, N. C. HOLLANDER, & S. GUTWILL. London, UK: Routledge. pp. 107–117.

———. (2008). Relational thinking: from culture to couch and couch to culture. In *Object relations and social relations: The implications of the relational turn in psychoanalysis*, eds. S. CLARKE, H. HAHN, & P. HOGGETT. London, UK: Karnac. pp. 1–24.

———. (2013). Psychoanalysis and politics: Historicizing subjectivity. *Mens Sana*, 11(1):68–81.

LYONS-RUTH, K. (2002). The two-person construction of defenses: Disorganized attachment strategies, unintegrated mental states, and hostile/helpless relational processes. *J. Infant, Child & Adolescent Psychotherapy*, 2:107–119.

———. (2003). Dissociation and the parent–infant dialogue: a longitudinal perspective from attachment research. *J. Amer. Psychoanal. Assn.*, 51: 883–911.

MAIN, M. & SOLOMON, J. (1986). Discovery of an insecure disoriented attachment pattern: procedures, findings, and implications for the classification of behavior. In *Affective Development in Infancy*, eds. T. BRAZELTON & M. YOUNGMAN. Norwood, NJ: Ablex, pp. 95–124.

MITCHELL, S. (1995). *Hope and Dread in Psychoanalysis*. New York: Basic Books.

———. (1998). The analyst's knowledge and authority. *Psychoanal. Q.*, 67: 1–31.

NIEDERLAND, W. (1968). Clinical observations on the "survivor syndrome." *Int. J. Psychoanal.*, 49:313–315.

ORNSTEIN, A. (1985). Survival and recovery. *Psychoanal. In.*, 5(1):99–130.

———. (2006). *My Mother's Eyes: Holocaust Memories of a Young Girl.* Cincinnati, OH: Emmis Books.

Perroud, N., Rutembesa, E., Paoloni-Giacobino, A., Mutabaruka, J., Mutesa, L., Stenz, L., Malafossse, A., & Karege, F. (2014). The Tutsi genocide and transgenerational transmission of maternal stress: Epigenetics and biology of the HPA axis. *World J. Biological Psychiatry,* 15(4):334–45.

Reis, B. (2005). The subject of history/the object of transference. *Studies in Gender & Sexuality,* 6:217–240.

———. (2009). Performative and enactive features of psychoanalytic witnessing: The transference as the scene of address. *Int. J. Psychoanal.,* 90:1359–1372.

———. (2015). How deep the sky: Discussion of special issue on evolution of witnessing. *Contemp. Psychoanal.,* 51(2):333–347.

———. (2018). Personal communication.

Richman, S. (2002). *A Wolf in the Attic: The Legacy of a Hidden Child of the Holocaust.* New York: The Haworth Press.

———. (2014). *Mended by the Muse: Creative Transformations of Trauma.* New York & London: Routledge, Taylor & Francis Group.

Salberg, J. (2015). The Texture of Traumatic Attachment: Presence and Ghostly Absence in Transgenerational Transmission. *Psychoanal. Q.,* 84(1): 21–46.

———. (2017). *The Wounds of History: Repair and Resilience in the Transgenerational Transmission of Trauma.* New York & London: Routledge, Taylor & Francis Group.

Seligman, S. (2000). Clinical implications of current attachment theory. *J. Amer. Psychoanal. Assn,* 48:1189–1194.

Slade, A. (2014). Imagining fear: attachment, threat, and psychic experience. *Psychoanal. Dial.,* 24:253–266.

Sullivan, H.S. (1953). *The Interpersonal Theory of Psychiatry.* New York: W.W. Norton & Company, Inc.

Thomas, N. K. (2009). Which horse do you ride? trauma from a relational perspective, discussion of Prince's "The Self in Pain: The Paradox of Memory, The Paradox of Testimony." *Amer. J. Psychoanal.,* 69(4):298–303.

Tronick, E. Z. (1989). Emotions and emotional communication in infants. *Amer. Psychology,* 44:112–119.

Volkin, V. (2001). Transgenerational transmissions and chosen traumas: an aspect of large-group identity. *Group Analysis,* 34(1):79–97.

Yehuda, R., Daskalakis, N.P., Bierer, L.M., Bader, H.N., Klengel, T., Holsboer, F., & Binder, E.B. (2015). Holocaust exposure induced intergenerational effects on FKBP5 methylation. *Biological Psychiatry: J. Psychiatric Neuroscience and Therapeutics,* 80(5):372–380.

Yehuda, R., Daskalakis, N.P., Lehmer, A., Desarnaud, F., Bader, H.N., Makotkine, I. Flory, J.D., Bierer, L.M., & Meaney, M.J. (2014). Influences

of maternal and paternal PTSD on epigenetic regulation of the glucocorticoid receptor gene in Holocaust survivor offspring. *Amer. J. Psychiatry*, 171(8):872–80.

WINNICOTT, D. W. (1968). Playing: its theoretical status in the clinical situation. *Int. J. Psychoanal.*, 49:591–599.

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RESPONSE TO COMMENTARIES ON "THE INTERGENERATIONAL TRANSMISSION OF HOLOCAUST TRAUMA: A PSYCHOANALYTIC THEORY REVISITED"

BY ROBIN POLLACK GOMOLIN

At the beginning of my paper, I presented the following line from a paper by Barocas and Barocas (1979): "One more evil legacy of the Holocaust is the realization that the concentration camp will have a profound impact on successive generations" (p. 330). I stated that linking the potential consequences of the Holocaust (in this context to the survivors' children) with the Holocaust itself placed the reader in a revisionist dilemma. To doubt the transmission of trauma and its profound impact on successive generations is to doubt the evil legacy of the Holocaust (Gomolin 2004, 2010, 2019). Given the outcry from some of the individuals who responded to my paper, my comment was prophetic.

I believe that the discussions by Salberg, Kogan, and Gerson cast me as unsympathetic to the Holocaust and survivors. Their questioning of the integrity of my research, subjectivity, religious identity, and commitment to psychoanalytic theory can be read as a symbolic refusal to engage with the major points of this paper. The discussion by Kite is keenly attuned to my thoughts about the impact of the analyst's personal beliefs upon the analytic process. Ornstein's response echoes my criticisms of this theory.

I knew that my paper would be provocative, especially to those analysts whose professional work has focused on survivors and their

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children. I did not expect the degree of discrediting commentary and interrogation of my identity that some discussants levied.

Salberg

Salberg asks why I "ultimately decide to turn away from more contemporary psychoanalytic theories and look further afield to focus *only on* Volkan's ideas on chosen trauma" (my italics). While I refer to the term "chosen trauma," I do so to orient the reader to the idea that my research examines artifacts within this theory about the survivors' children. This inaccurate statement represents Salberg's ongoing misreading of my paper. For example: "I am left puzzled by why Gomolin turned away from what is a more psychoanalytic way of making meaning of the complicated unconscious communications that operate between and across generations" (p. 576). "I would see Gomolin's support of Volkan's important ideas as a necessary expansion to and coterminous with relational approaches to trauma" (p. 575).

While Salberg writes that I "fear" that early writings "cemented clinical theories," I would claim that this is a fact, as opposed to a fear. My analysis of citation patterns in this sample of papers reveals that they formed what Woolgar and Latour refer to as "the technical basis of future operations" (p. 127). Following the publication of the book *Generations of the Holocaust* and several other early papers, the theory of transmission in this sample of papers became an accepted fact, as opposed to an ongoing line of inquiry.

A meta-psychological profile of the survivor's psyche was established based on the "survivor syndrome." It is this view of the Holocaust survivor (not too long after liberation) that led to the development of a theory of a trans-generational transmission in their offspring. With respect to this profile, Ornstein (1989) expressed strong concern about theories that suggested that the survivors' psychological experience in the camps denoted the pathological regression to infantile mental states (p. 105). She writes, "had survivors been able to regress to savage mental states, their suffering would certainly have been lessened" (p. 105).

Similarly, Krell (1984) criticizes the application of psychoanalytic concepts such as "survivor guilt" and "identification with the aggressor" to the survivors' experiences, as well as the ongoing view that both concepts constitute the pathogenic basis of the survivor syndrome and the

intergenerational transmission of trauma (p. 523). He writes, "If we cannot explain psychologically the aggression of the perpetrators, how can we presume to explain the pathology of the survivors as the introject of the aggressor's aggression through the unconscious mechanism of identification?" (p. 523). He adds that to "equate the survivor's aggressiveness with Nazism however it is expressed, continues the dehumanization of the survivor" (p. 523). Though other writers express similar concerns (Haesler 1992; Marcus and Wineman 1982), the earliest writings and beliefs about the meta-psychology of the survivor *did* lead to a persistent belief that their children are destined to vicariously experience and enact their parents' traumas. *A theory based on such a tenuous link troubles me.*

Salberg writes that my work engages a sociological perspective rather than "refining or updating psychoanalytic ideas and constructs." She adds that I don't engage the "intrapsychic, interpersonal, relational and inter-subjective world of the individual" (p. 566). While her response to my paper updates theories on transmission through the use of more contemporary theories on trauma, emotional regulation, and attachment, my research had a *different* objective that comments like this repeatedly dismiss.

She writes that, "Gomolin has *limited* her field of vision," (italics added) and adds that my paper ends up recreating "a very old split within psychoanalysis" (p. 566). I would argue that I created a methodology and applied it to a "split" in the existing literature regarding the psychological functioning of children of Holocaust survivors. Are they sick or not? If they are sick, are they suffering from a transmitted trauma? If it is a transmitted trauma, how was this conceptualization arrived at? My paper examines a rigid vision of the survivors and their children that is both "limited" and limiting.

It remains my conviction that the children of Holocaust survivors in this sample of papers were suffering from neurotic, mood, and personality disorders and that they were given a social diagnosis "child of survivors" that impeded the ability of some clinicians to see their mental suffering as separate from their parents' traumatic experiences. Theories create schemas about individuals that lead to self-fulfilling clinical prophecies—even in the well-intended and well-analyzed clinician.

Kramer and Akhtar (1988) write about a 35-year-old businessman who was suffering from chronic depression and was *also* a child of survivors. However, this patient's status as a child of survivor was an insignificant detail in a much larger discussion of early object relations.[1] The authors' interest in this patient's psychopathology led them elsewhere, highlighting one of the main points of my paper—*the impact of the clinician's personal and professional beliefs upon the conceptualization of clinical data.*

In the first footnote of her paper, Salberg notes that the third way trauma entered the psychoanalytic discourse was "through the very important work done with survivors of childhood sexual abuse" (p. 565). After I completed my original analysis of the papers on children of Holocaust survivors, I was asked by a member of my research committee to compare the papers about the children of Holocaust survivors to a set of psychoanalytic papers written about survivors of sexual abuse. A significant finding that emerged from this analysis was that despite the fact that the victims of sexual abuse experienced direct contact with perpetrators, clinicians did not modify the analytic frame or their interventions out of fear they would be experienced in the transference as perpetrators. *If there was no need for modifications in the frame with individuals who had direct exposure to abusers, why was this modification seen as necessary with children of survivors who had suffered a vicarious trauma?* This finding was significant with regard to my subsequent understandings of this theory.

With regard to Faimberg's comment that "in advanced analyses, the history of three generations will become audible," it is my experience that the social and psychological experiences of our patients' forbearers are audible the moment they enter into dialogue with us. Although my research questions the conceptual foundation of this theory and external influences upon its construction, let me be clear about my belief that children of survivors were certainly influenced by their parents' Holocaust experiences. It could not be otherwise.

I have worked with many individuals who are first generation—children of immigrant parents who were displaced by social unrest, civil

[1] This paper is *not* a part of the literature on survivors and their children. I just happened to come across it by chance.

wars, flight from poverty, and other hardships. Psychological vulnerability and resilience in individuals *are* often deeply connected to parents' experiences of trauma, survival, and adaptation. Psychoanalytic theories, regardless of their bent, reflect this integration of lived experience. However, individuals absorb their parents' (and grandparents) experiences *differently* and create narratives that are unique to them. In my deep reading of these papers about the survivors' children it became clear to me that while each of these patients was surely unique, their narratives as written by these clinicians, were not.

Kogan

Kogan's response to my paper is similar in style to many of the psychoanalytic papers written about the survivors' children. It is highly emotional, full of assumptions, and relies upon numerous outside sources to support her opinions and feelings. Kogan dismisses my thoughts, chocking them up to symptoms related to my anti-psychoanalytic bias, my Jewish identity, and revisionist leanings. This attempt by Kogan to discredit my paper in an angry, entitled tone, is precisely its point—this theory was influenced significantly by the emotional experiences of the psychoanalysts who created it.

Kogan claims that by questioning the content and style of this group of papers that I "indirectly undermine the entire theory of psychoanalysis" (p. 527). I suspect that it is raw emotion that compels this phantastic leap. It is quite clear that what I question specifically *is the direct link that was made between the* "survivor syndrome" *and the symptoms of the second generation, the influence of the restitution process upon the conceptualization of clinical data and the impact of the analyst's own mourning upon the analyses of the survivors' children.* Kogan and others fail to address these and many other critical points raised in the larger literature on Holocaust survivorship. Instead, they cite each other's papers to support the many claims they put forth about the second generation. I liken their process to the concept of "group think."[2]

[2] "Groupthink is a kind of decision making in which maintaining group cohesiveness and solidarity is more important than considering the facts in a realistic manner" (Aronson, Wilson, Akert, Sommers, 2016, p. 518).

To be clear, I have not questioned "conceptualization in psychoanalysis." What I question are "factors external to the clinical process" that influenced the development of this theory. When I read many of the early papers written by Judith Kestenberg and others, they were based on loose impressionistic data. Wondering whether her young patient's intestines represented time tunnels to the past from which Jews escaped, is loose and unscientific, and hardly qualifies as clinical data. Had thoughts like these been generated without the Holocaust as the backdrop, I wonder whether they would have been so generously received.

Chodorow (1978) criticizes Kestenberg's previous work on the development of maternal feelings in young girls. She writes, "Her methodology is problematic. She postulates the existence of that which she wants to demonstrate. She looks for evidence to support her position" (p. 22). It is my belief that Kestenberg's research protocol with the survivors' children is similarly flawed.

While I thank Poland for his thoughts, he might have offered comments that would have led to a more generative discussion. For example: when I discovered in my readings of these papers that psychoanalysts were modifying the analytic frame to accommodate to their belief that the neutral analyst was perceived in the transference by the survivors' children as a Nazi perpetrator, I extended my original literature survey to include a review of psychoanalytic papers written on neutrality. Poland has a very eloquent paper on the subject and it, along with many others, had a substantial impact on how I began to think about the need for this modification in the analytic frame that many analysts advocated for. What does Poland think of Grubrich-Simitis's need for "reality affirming phase" of analysis, or Laub's claim that it is imperative that analyst abandon their neutrality and offer patients Holocaust based interpretations? Given his beliefs on neutrality and analytic expertise, Poland might have addressed this defining feature of the literature on children of survivors.

Kogan writes that I contest the fact that children of concentration camp victims and children of partisans, ghetto fighters, and refugees seem to exhibit the same symptoms. In the sample of papers I examined children of survivors, regardless of the magnitude of their parents' exposure to the Holocaust, suffered from the same symptoms. If the trauma is a vicarious one, as authors like Kogan and others claim, I

believe the magnitude of a parent's exposure should have resulted in different symptoms in their offspring. Having a parent or parents who fled Europe versus a parent or parents who were incarcerated in camps represent very different exposures to the Holocaust, yet they produce the same transmitted symptoms. How can this be?

To this point Kogan responds, "It is indeed true that the awareness that their parents were helpless pawns in the hands of a malevolent destiny, as in the case of children of survivors, destroyed the child's idealization of his parents at an early age in the child's life … clinical observations have shown that children were at times overawed and overwhelmed by their parents' traumatic past even in the case of partisans and ghetto fighters" (p. 529). This passionate response fails to address the important question of why psychoanalysts addressed survivors and their children as a homogeneous group.

Moreover, in some of these papers, the patient's link to the Holocaust is quite vague. For example, Winship and Knowles (1996) describe patient C, a 25-year-old woman with anorexia and suicidal depression. C's mother was not Jewish and though her father was, he did not live as a Jew. C *thought* she had heard her father speak of family members who died in the Holocaust. These writers suggested that her symptoms were "an enactment of some unconsciously driven fear, a phantasy of the Holocaust that had been buried" (p. 264). This is quite a stretch in my opinion.

Kogan claims that all children of survivors "share similar links to the image of the Holocaust trauma and all share similar unconscious tasks for coping with it" (p. 5). It is definitive unequivocal statements such as this one that give this theory about the survivors' children untouchable status. I have interviewed and spoken with many children of survivors who do not share this view. Many perceive their parents' survival in a different way and feel they inherited strength, wit, and a host of adaptive coping mechanisms. They shared with me how when they sought help for psychological issues they felt betrayed by clinicians who insisted that their parents' Holocaust experiences were the source of their difficulties. Kogan does not speak on behalf of all children of survivors.

There is a difference between thinking about how the Holocaust may have influenced a survivor's child and the certain belief that it does. Kogan's papers always arrive at the same understandings of her patient's

conflicts with her numerous countertransference experiences "enacting" a victim perpetrator dynamic. If all my patients unfailingly evoked the same countertransference dynamic in me, I would question my contribution to this perpetuation. Kogan's theoretical insistence and certainty about her theory leaves no room for this (at least at the level of her writings).

Kogan writes, "a further problematic issue is the author's claim that the analyst who observes the impact of the 'historical nice' on the psychic structure of the patient is neglecting a deeper analysis of sex and aggression" (p. 532). In my paper, I refer to this response of Brenner and Ferro to Kogan's 2003 paper "On being a dead and beloved child." To the best of my knowledge these are the first comments in the psychoanalytic literature that gently question the link between the Holocaust and psychopathology in the survivors' children. Ferro writes, "I have wanted to propose, however, another angle from which to view the analytic event, considering the Holocaust as tragic common scenery, but also recognizing that in not focusing on the Holocaust, one can still recognize the sorrows, defenses, and symptoms described" (p. 783).

Ferro and Brenner's comments to Kogan's 2003 paper are reminders that personal beliefs influence the analytic space. The following comment by Michels (1981) is also a reminder of this. He notes that, "different analysts with different theories can construct quite different analysands out of what began as the same patient and confirm their theories in the process" (cited by Hurwitz 1980, p. 440). It is our responsibility to ensure that patients have access to an analytic space that permits a full and free usage of the transference and that our writings testify to our patients' creation of meaning during the analytic process.

Kogan asks, "Are there too many clinicians who naively support this theory by their clinical material without questioning it (as Gomolin cleverly does), or is there too little clinical material, which is substituted, as she claims, by non-clinical material, which cannot indeed be considered proof for this theory?" (p. 533). As I clearly write, some writers give the same patient a different name and write about them in multiple papers (without indicating this). This leads the reader to believe that the sample of patients is larger than it actually is.

Many conceptualizations about the survivors' children are supported by lines of poetry, excerpts from archival material, and other

non-clinical sources. As poignant as these words may be, I do not consider them "proof for this theory" (p. 9). And though Kogan writes that the reason for this representation of patients is related to protecting the patient's privacy, I don't think this curious reprocessing of patients is in service of disguise.

For example, in Kogan (1989) she describes an event in which Rachel rushes back to Kogan from a trip abroad where she spent a night with a foreigner, who to her appeared to be an Arab spy. In Kogan (2002), Hannah also rushes back from a trip to Europe where she left her shoes in the hotel room of a strange man with whom she has casual sex. Hannah, like Rachel, imagines her anonymous lover to be an Arab spy (Kogan 1989, p. 663; Kogan 2002, p. 260). It's plausible that Rachel and Hannah are the same patient, as parts of their biography appear to be the same. Both present for treatment in states of derealization after learning their survivor fathers had lost previous families in the camps. However, in a 2002 publication, Kogan presented them as separate patients, leading to further confusion about their identities. Are Rachel and Hannah one patient or two? Laub's many papers also contain similar recycling of clinical details. When I realized that segments of biographies were used to create new patients and papers, I was discouraged and dumbfounded. Either this was being done to pursue narcissistic professional goals through ongoing publications, or these patients' clinical details were being used to create a narrative about the Holocaust. I chose to believe the latter option.

Kogan writes that she was "hurt and infuriated" by my political stance and claims that I attempt to "erase the long term effects of the Holocaust" and accuse the analysts "who deal with this subject of colluding with their patients for their own gratification and especially for purposes of fraud (to help patients get restitution money)" (p. 534). I think Kogan's emotional response to my paper has interfered with her ability to read my personal communication with Ornstein about this issue. It clearly articulates our empathy to the clinicians who worked with survivors. The earliest papers on the subject disclose many analysts' deep concern about jeopardizing the survivors' claims by diagnosing them with a DSM illness. This fact has nothing to do with my politics.

I have no idea who Held is, and if he or anyone has used my data to support a revisionist politic, this is beyond my control. But why *must* it

lead Kogan to conclude that my work has been influenced by extremism? Fueled by her emotional rhetoric, Kogan accuses me of "pretentious moral superiority" because I have "taken words out of context, making them look absurd" (p. 536). I have questioned and challenged a body of literature that she is a major contributor to. Many of the comments in these articles *are* highly impressionistic and I was unable to locate analytic logic within their saturated content. Moreover, the earliest writings did continue to produce second and third wave writings about the Holocaust.

Kogan's many papers continue to provide evidence of this fact. Gabriella, Hannah, and Kay—patients of Kogan's from almost 40 years ago—reappear in her 2015 publication with details of their biographies cut and pasted from previous articles. Nurit, a patient Kogan wrote about in 2003, also returns to print in two later publications (Kogan 2015, 2016). That Kogan uses her many publications to keep the Holocaust alive within the psychoanalytic literature is a fact that I assign meaning to.

On the final pages of her response, Kogan cites Poland's comment that my being Jewish is not "a certificate of immunity from prejudice." I wrote this paper as an empathic researcher and psychoanalyst. Had I not, this paper would have been about professional ambition rather than the complex factors that led to the creation of this theory about the survivors' children.

Gerson

Gerson begins his response by claiming that I concluded that the theory about the survivors' children was "primarily a product of the needs of the clinicians who formulated it" (p. 502). I would like to call attention to the excerpt from my paper he offers which is clearly far more tentative than his claim.

He suggests that my interest in the subjectivity of the analysts led me into "a suspicion of the inherent validity of the concept of intergenerational transmission of trauma" and that "we are obliged to address the same question and concerns" about my subjectivity and methods of data analysis (p. 503). While Gerson did read parts of my original dissertation, he did not have access to the full analysis of data that was appended

in my doctoral thesis. So let me elaborate a bit to quell his ideas of corruption.

The following data was extracted from the fifty-one articles and two books which were selected through an examination of eight data bases: year of publication, type of article, patient's age, education, professional status, employment, previous psychiatric history, information about the survivor parent, non-survivor parent, siblings, friends, marital and communal relations, reason for referral, presenting symptoms, length of treatment, outcome of treatment, type of treatment and interventions, conceptualization of patients' psychological conflicts, interpretation of patients' symptoms, transference and countertransference dynamics, disclosure of the author's relationship to the Holocaust, literature cited. The same data was also extracted from a second sample of papers written on survivors of sexual abuse. This data was analyzed by SSPS (statistical package for the social sciences). In seeing the numerous charts within my dissertation, Gerson must have surely recognized that my methodology and analysis of data had little to do with my subjectivity. How I made sense of my findings surely is.

Gerson quotes a section of my paper in which he feels I "inaccurately characterize" the ideas of psychoanalysts who describe unique pathology in the offspring of the survivors and create novel mechanisms to describe how they live in the past and present. This body of literature, especially the papers written in the first decades, is filled with novel descriptions of how children of survivors enact their survivor parents' traumas. The theory was built on these ideas and I am not sure why he chooses to claim otherwise.

This body of literature is also filled with emotion—so much so, that to discount its influence upon the construction of this theory is massive denial. Kestenberg and Kestenberg, for example, in questioning whether the Holocaust represents a unique form of genocide in comparison to the Armenian genocide and other social catastrophes write:

> There is no doubt that all traumatic events have a similar effect on the victimized population; yet each situation is different. The point made here is relevant to the topic of the background of parents who are the survivors of the Holocaust. What they have in common is the threat to their continuity as a people and the degradation of their seed as not worthy of

> propagation. According to Nazi laws, God's chosen people who were to be multiplied like the sounds on the shore, were abandoned and destined to become but ashes, used to fertilize the conqueror's land. [1982, p. 55]

Many renditions of this passionate plea characterize the literature about children of survivors in these papers. They outnumber and override the comment Gerson puts forth as evidence of Kestenberg's objectivity.

I don't believe my thoughts about the relationship between restitution and the need to view illness in the second generation as historical, are as speculative as Gerson suggests. My paper offers numerous examples (both in its body as well as in footnotes) of how concerned clinicians were about jeopardizing the restitution claims of survivors by diagnosing them with a DSM illness. Gerson is however correct that my thought that this concern may have unwittingly led them to create a discourse about the second generation is a *personal belief* that I arrived at after months of examining these papers and my statistical results. Unlike Gerson, I do believe that my paper offers an alternate and expanded view of this theory, rather than a "compelling argument against" it.

Kite

I thank Kite for recognizing the "emotional labor"[3] associated with the writing of this paper. She is the first discussant to speak to my commitment to the research process and the difficulties I struggled with as I came to terms with the data I collected. Without interrogating my subjectivity or discrediting it, she provides us with an elegant discussion of this paper's value and one of the essential questions it raises regarding the impact of the analyst and his or her theory upon the treatment setting.

Kite frames her discussion by introducing Polanyi's claim that "every act of knowing contains the passionate contribution of the person knowing what is being known." Polanyi also writes, "that systems of knowledge are understood, validated and shared by individuals. Eventually they become the factual truth that is upheld by members of any given

[3] Emotional labor is a term associated with Arlie Hochschild, a prominent American sociologist.

community" (p. 203). As Kite points out, the theory about the survivor's children has received "diplomatic immunity" within psychoanalysis, exemplifying Polanyi's point.

I realized that in writing and publishing this paper that I was challenging the "factual truths" held by many. My doctoral research was completed in 2004 and though at that time colleagues encouraged me to write a journal article, I feared the response it would bring from psychoanalysts who had contributed to and endorsed this body of knowledge. Additionally, since my research had been completed at a modern analytic degree-granting institute in Boston, I believed the larger psychoanalytic community would greet the work with suspicion and question my training in psychoanalysis.

In 2006, I began a second analytic candidacy at PINE Psychoanalytic Center in Boston. Within the first few years of my training, I had 3 control patients and received supervision from psychoanalysts with very different theories and personal beliefs about the practice of psychoanalysis. As different as the three supervisors were, they instilled within me a core value of analytic listening—of not getting ahead of the patient with regard to "knowing" the unconscious meaning of clinical data. These important learning experiences and my ongoing work with patients, led me to revisit my doctoral research and bring it forth to publication.

What I am most deeply appreciative of in Kite's discussion is her recognition of the angst I continue to experience with regards to this paper. She points out—as others have failed to acknowledge as a consequence of their personal beliefs—that I *do* believe this theory contains vital understandings of experiences and conflicts related to being a child of Holocaust survivors. I also know that it is much more than that.

As Kite points out, we cannot work without our theories. Theories allow us to frame and deepen therapeutic work. However, based on my reading of these papers, it is clear that theories organized and heavily influenced the conceptualization and interpretation of transference dynamics. For me the "legacy of loss" I associate with these papers is their failure to appreciate and bring forth psychoanalytic insights into the mysterious ability of the mind to maintain and reconstitute itself during and following massive psychic trauma.

Ornstein

Written from the vantage point of a concentration camp survivor and psychoanalyst, Ornstein describes the process of survival, mourning, and the intergenerational experience. She articulates what I know to be the truth about this topic, survival and recovery was varied and dependent on multiple factors. Survivors of the Holocaust are not a homogenous group. However, the psychoanalytic view, as seen in these papers, emphasizes their vulnerabilities as the "after effects" they pass on to their offspring (Barocas and Barocas, 1979, p. 330).

In reading the quote from the Harrison Report that Ornstein cites, my memory returns to my aunt in-law's description of her wedding in a DP camp in Paris. She wore a community wedding dress, fashioned from the silk of a parachute used during the war. As she described the details of her marriage ceremony with the pleasure that such recollections bring, I had difficulty understanding how she and the others who wore this special dress found the strength to hope and dream their futures after experiences of such devastating loss. But it has always been clear to me, despite the difficulties and challenges that most survivors faced, they cried and laughed and cried again—restoring themselves through the raising of children; the self–object experiences that Ornstein describes as reparative and essential to recovery.

Ornstein writes of the "urgency" with which many survivor parents "communicate their values and ideals to their children" (pp. 555–556). This urgency grounded healthy ambition and growth in the many children of survivors I know personally and have met with professionally. Their parents did not treat them "as if they were reincarnations of lost relatives, on one hand and of the Nazi oppressors on the other" (Kestenberg 1980, p. 76). My own experiences listening to survivors and their children supports Ornstein's statement that the Holocaust is "not unknowable, it is unbearable." She points out that survivors needed receptive listeners who could bear their experiences. Many clinicians could not.

Berger (1995) comments that children of survivors "possess a unique purchase" with regard to understanding the impact of this genocide (p. 24). Some influential analytic writers claim that the only way to

fully understand the impact of the Holocaust upon survivors is by studying their children. Consider the following statement:

> Survivor's children, with their empathic capacity and relative distance from the experience, may serve as an easier medium for knowledge to evolve and memories to emerge with association and imagery. Paradoxically, in individuals who have no direct relationship to such experiences, the interplay between the reality of atrocity and developmental conflicts can be elucidated with more clarity and greater detail than in those who have been directly involved with massive destruction. [Laub and Auerhahn 1993, p. 288]

Other writers put forth similar thoughts (Auerhan and Prelinger 1983; Klein 1983): Should any patient serve as a "medium" for our professional or personal curiosity? How do we protect them from our own instinct to know?

Hirschberg (1989) notes that remembering and recollecting in psychoanalysis is "an active process in which the present and the past are integrated" (p. 354). When children of survivors presented their memories to psychoanalysts they were fulfilling this basic analytic task. For the survivors' children "remembering" was regarded as a "unique purchase" that led to formulaic understandings of them. I thank Ornstein for reminding us that true analytic listening requires our "immersion in the individual's conscious and unconscious lived experience of brutal, random, survival" (p. 558).

Our work is painful. The traumas of our patients find refuge within our psyches. We sift their pain through our own. Psychoanalytic theories and language emerge from this intra-psychic experience. In the numerous clinical presentations and discussions I have attended, I have never heard analysts openly discuss this critical aspect of our work. Perhaps it is time that we do so instead of arguing divisively over whose theory better privileges the unconscious.

REFERENCES

Auerhan, N. & Prelinger, E. (1983). Repetition in the concentration camp survivor and her child. *Int. Rev. Psychoanal.*, 10:31–46.

Barocas, H. & Barocas, C. (1979). Wounds of the fathers: the next generation of Holocaust victims. *Int. Rev. Psychoanal.*, 6:330–340.

Berger, A. (1995). The Holocaust, second-generation witness and the voluntary covenant in American Judaism. *Religion and Amer. Cult.*, 5:23–47.

Brenner, C. (2003). Commentary on Ilany Kogan's "On being a dead and beloved child." *Psychoanal. Q.*, 2:767–776.

Chodorow, N. (1978). *The Reproduction of Mothering. Psychoanalysis and the Sociology of Gender.* Berkeley: Univ. of California Press.

Ferro, A. (2003). Commentary on Ilany Kogan's "On being a dead and beloved child." *Psychoanal. Q.*, 52:777–783.

Hirshberg, L. M. (1989). Remembering: Reproduction or construction. *Psychoanal. Contemp. Thought*, 12:343–382.

Hurwitz, M. (1986). The analyst, his theory and the psychoanalytic process. *Psychoanal. St. Child*, 41:439–466.

Kestenberg, J. (1980). Psychoanalyses of children of survivors from the Holocaust: case presentations and assessment. *J. Amer. Psychoanal. Assn.*, 28:775–804.

Kestenberg, J. & Kestenberg, M. (1980). *Psychoanalyses of Children of Survivors.* Victimology, Visage Press. Vol. 5, No. 2.

———. (1982). The experience of survivor parents. In *Generations of the Holocaust*, ed. M. Bergmann & M. Jucovy. New York: Columbia Univ. Press.

Klein, H. (1983). The meaning of the Holocaust. *Israel. J. Psychiatry Related Sci.,* 20:1–2.

Kogan, I. (1989). The search for the self. *Int. J. Psychoanal.*, 70:661–672.

———. (2002). Enactment and treatment in the Holocaust survivors' offspring. *Psychoanal. Q.*, 71:251–272.

———. (2003). On being a dead and beloved child. *Psychoanal. Q.,* 72: 727–767.

———. (2015). From psychic holes to psychic representations. *Int. Forum Psychoanal.,* 24(2):63–76.

———. (2016). My father myself. *Psychoanal. Q.*, 85(3):563–587.

Kramer, S. & Akhtar, S. (1988). The devlopmental context of internalized pre-oedipal object relations. Clinical applications of Mahler's theory of symbiosis andseparation and individuation. *Psychoanal. Q.*, 57:547–576

Krell, R. (1984). Holocaust survivors and their children. *Comprehensive Psychiatry.* 25:521–528.

Laub, D. & Auerhahn, N. (1993). Knowing and not knowing massive psychic trauma. *Int. J. Psychoanal.,* 74:287–302.

Ornstein, A. (1989). Treatment issues with survivors and their offspring. An interview with Anna Ornstein. In *Healing Their Wounds: Psychotherapy with Holocaust Survivors and Their Families*, eds. P. Marcus & A. Rosenberg. New York: Praeger, pp. 105–117.

Polanyi, M. (1958) *Personal Knowledge.* Chicago: The Univ. of Chicago Press.

WINSHIP G. & KNOWLES, J. (1996). The transgenerational impact of cultural trauma: linking phenomena in treatment of third generation survivors of the Holocaust. *Brit. J. Psychotherapy*, 13:259–266.

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Shelley Orgel, M.D. 1928-2018

Lynne Zeavin

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SHELLEY ORGEL, M.D. 1928-2018

BY LYNNE ZEAVIN

Shelley Orgel died on December 26, 2018. He had been unwell for two months, diagnosed with congestive heart failure. Those who know him best said that for some of the time he was ill he was able to continue to do those things he loved most, namely listen to music and to spend time with his beloved wife, Doris and his children who had come to visit him. Those who are close to him say that in his last weeks, though he endured difficulties breathing and moving, he did not want to burden those around him, which was characteristic of the way he was as a father and a friend. When he didn't arrive for a longstanding study group he was in, people knew that something must be wrong.

Shelley Orgel was born in Brooklyn, New York on January 17, 1928. His father, Joseph, a literary scholar, named him for the poet Percy Shelley. Shelley Orgel grew up in Brooklyn, the elder of two children (he has a younger sister, who is still living). He left Brooklyn to attend Harvard College when he was sixteen years old. At Harvard, he studied pre-med, which is said to have been what his parents expected of him. He always had a questing mind and as a young man was politically radical. He met his future wife, Doris, who was studying at Radcliffe, at a protest.

He and Doris returned to New York after college and he went to NYU for medical school. But there is an interesting family story that was told about this: apparently, around the time he was graduating from college, his younger sister was also considering whether she could go to college. The parents were hesitant, seeing as she was a girl and would likely just get married. The story has it that Shelley told his parents that if she

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wasn't permitted to go to college, he would not pursue medical training either. With that the parents relented and allowed her to follow her plans.

Shelley and Doris had three children: Paul, a concert pianist, Laura, a clinical psychologist, and Jeremy, a psychoanalyst who now live in Vermont, Portland, and San Francisco respectively. I spoke with each of them to fill in various details of family life as they recall it with their father. Each of them depicts a family life where a love for music, art, theatre, and literature were prominent. Shelley's daughter recalls that for each of their birthdays, his children were taken to a performance as a way of celebrating—a "date" with their father—which she recalled as meaningful and very special. His children recall Shelley as a loving father, but never an interfering one. He set high standards for his children—he wanted each of them to find something they loved to do and to pursue that, but he didn't impose his idea of what it—or they—should be. He allowed them to find themselves, and when they did he was supportive.

The household was musical—Shelley himself studied the piano seriously for a number of years. Shelley and Doris would often listen to music together, and later became avid concertgoers. Shelley and Doris were married for seventy years, and by all accounts their marriage remained the centerpiece of his life. He is remembered for loving *The New York Times*, and pouring over it each Sunday. He became an avid gardener, a consolation after leaving the city after the children were born, and, in later life, a serious cook. One has the sense of how abidingly nurturing he was. Shelley is survived by his wife Doris, who was a translator and children's book author, his children, five grandchildren, four stepgrandchildren, and two great grandchildren.

How Shelley became interested in psychoanalysis is not entirely clear to his children, but it is suspected that it was a mix of his interest in Freud, literature, and the study of the human mind. As a psychoanalyst, Shelley was impassioned and devoted. He taught on the weekends, driving into Manhattan from Connecticut, and was increasingly busy with professional obligations—The Board on Professional Standards of the American Psychoanalytic Association, *The Psychoanalytic Quarterly*, and The Center for Advanced Psychoanalytic Study at Princeton, along with various reading groups that linked him with good friends in California,

New York, Boston, and abroad. He also wrote many fine papers on a range of topics. He wrote on time and timelessness; on suicide (and Sylvia Plath); he wrote many clinical discussions, on The Dead Father of André Green, on the future of psychoanalysis, termination, and a wonderful paper on Freud's repudiation of the feminine, which was given as the Freud lecture at NYU Psychoanalytic Institute (now IPE), where he taught and was an esteemed and sought after Training & Supervising Analyst for the whole of his career. Shelley's writing is like he was: it is gracious and wide sweeping; the characteristically long sentences gather together a mix of capacious feeling, opinion, observation, and reflection.

My own experience with Shelley Orgel derives from the good fortune of having had him as my Training Analyst when I was at NYU. I know I share with many others an experience of him as not only exceptionally compassionate, but unusually able to convey his compassion in language that was precise yet emotionally alive. Sometimes it was exactly his attunement to an inchoate state of mind that would allow for its emergence in treatment; other times he gave new meaning to a more familiar area by offering understanding that was theretofore completely out of reach. Though he valued the classical psychoanalytic ideals of neutrality and abstinence, his language was infused with the depth of his own thinking and personhood that allowed him to become knowable over the years. He was always interested in the story of a life, the details of parental figures and siblings, their inner worlds and motivations, as a way of making sense of one's own inner world and life. Years after my analysis concluded, if I would see him, either informally at a meeting or a concert, or at those times that I went back to talk with him as his patient, he was a bit looser, but he remembered everything with the same quality of compassionate attunement. He knew that psychoanalytic understanding could constitute a life-saving gift.

I was struck in reading "A Patient Returns" (2013), in which he describes the circumstance of patients returning to analysis after termination. This paper touches on themes that are characteristic of Shelley's concerns: the early figures of a person's life; their significant effects on the patient's capacities to navigate Oedipal conflicts and to rediscover in a more integrative way a relationship with the parental couple; to develop the capacity to love and to mourn, particularly amidst the

relentless press of life and loss as one grows older. He describes his own feelings upon encountering his patients who have left, his lively interest in their lives and their minds, his own feeling of gratitude for them, which he parses with characteristic clarity and perhaps new openness, an openness he is also writing about as different and significant for him at this stage of his life and career. He reflects on this openness with patients, and notes with sensitive appreciation the impact of sitting face to face, of his own ability to be transparent and to use humor, which he believes helped to modify the feelings of inner loneliness or persecutory dread of some of his patients. This paper conveys—as so many of his papers do—the breadth and profundity of his respect for and understandings of what it means to be human, our most profound desires and difficulties, the fact that to properly mourn one needs a sense of a live, human connection:

> Sitting together also lets returning patients, immersed in the pain and frustration of thwarted, blocked mourning for past and impending losses, find access to this necessary, ultimately liberating process. I believe the process of mourning a lost object requires a sense of connection with living, present, interactive others. In some of my patients, tears long held back begin to flow when a true connection is made with a responsive other. Societies and religions "know" that those who mourn need to share their experiences and memories with one another. Eating together, a genetic forerunner of internalization, or its opposite, shared fasting, is a common ritualistic restorative experience for mourners in many religions and societies. In fact, many grief- stricken but solitary patients have said they could not weep when alone. [p. 943]

In this paper, one senses Shelley's own reflection on and coming to terms with the inevitable losses that are characteristic of time passing. One senses his unusual capacity to house these losses without closing down, without turning away or diminishing his own robust appreciation for what it means to be consciously alive.

Shelley Orgel, for me—and for so many who knew him—was an exemplary psychoanalyst: deeply feeling, inquisitive, attentive, incisive, compassionate, and resonant with the world around him. He was curious—always curious. He provided a generative and stabilizing force for

so many: his family, his patients, and supervisees, and I imagine, for his friends.

His 2013 paper leaves us with this:

> Future endings may be dictated by natural forces beyond my control. Simultaneously, people of my generation must live with our own multiplying losses of beloved contemporaries, inevitable at my stage of life. It seems to be only human to want to cling to our valued present objects under these universal circumstances. Yet it is our task, and I would say our form of love, to try to enable our patients to exist and thrive as Other, and eventually without us. With all patients, but especially those who return because they could not endure separation from us without severe pain and decompensation, it is vital that *we* are able to let *them* go. [p. 942, italics in the original]

It is now our task to let him go—and we can be guided in this by his example of what it is to mourn while remaining fervently alive. It is also a comfort to realize that—as Jonathan Lear writes, "When we take in any teaching, the teacher comes along with it. He or she comes along with it, personalizing what we have learned" (2017, p. 196). Shelley Orgel was a teacher. His lessons remain alive within us, even as we mourn. One aspect of what he leaves is a tremendous sense of gratitude for having known him, and gratitude can keep his memory alive.

REFERENCES

Lear, J. (2017). Wisdom Won From Illness: Essays in Philosophy and Psychoanalysis. Cambridge, MA: Harvard Univ. Press.

Orgel, S. (2013). A patient returns. *J. Amer. Psychoanal. Assn.*, 61(5):935–946.

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EDITOR SEARCH ANNOUNCEMENT
The Psychoanalytic Quarterly

The Psychoanalytic Quarterly invites applications for the position of Editor-in-Chief for an initial 5-year term, beginning January 1, 2021. The next Editor will first serve as Editor-Elect in concert with the current Editor-in Chief for 2020.

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CORRECTION

The Psychoanalytic Quarterly wishes to apologize to Dr. Andrea Celenza for the misspelling of her name in the Book Review Essay from No. 1 of this year, "Eros is Alive and Well, Still" by Rosemary H. Balsam. It has been corrected in the online version of the article.

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Book Review Essay: Intimacy and Separateness in Psychoanalysis by Warren S. Poland. New York: Routledge, 2017. 206 pp.

Steven H. Goldberg

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BOOK REVIEW ESSAY: INTIMACY AND SEPARATENESS IN PSYCHOANALYSIS BY WARREN S. POLAND. New York: Routledge, 2017. 206 pp.

BY STEVEN H. GOLDBERG

> "Psychoanalysis has its own hard problem … . It is the challenge to integrate the phenomena of human separateness and commonality … .How well can anyone keep in mind separateness and unified human experience all at once."
> —Poland 2017, p. 4

> "Writing is my way of trying to understand … .This mirrors how I work, or try to work, in practice, always an inquiry to try to find whatever meaning lies behind what has unfolded."
> —Poland 2017, p. 5

A prolific and widely read contributor to the psychoanalytic literature for nearly a half century, Warren Poland has been one of the most thoughtful, articulate, and creative presences on the psychoanalytic scene. Writing in a clear, engaging, and literate style that consistently draws the reader into an intimate dialogue with an ever-active mind, a new collection of Poland's collected papers from 2000 to the present is a gift to colleagues and an invitation to consider and reconsider what we think we understand. Although I had read many of these papers when they first appeared in journals, the opportunity to read the entire

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collection as a whole deepened my understanding and appreciation of Poland's distinctive contributions. Even readers with views most discordant with his main themes and preoccupations would likely find themselves in enriching conversation with Poland and with some of the ideas explored in these twenty essays. I use the term "essays" here advisedly, since that word captures something of the curious, searching, at times playful, and emotionally resonant qualities of Poland's prose.

Poland's voice in these essays is essentially a conservative one—a term that often carries negative connotations, but is meant here in a more positive sense of conserving what is useful and generative from the past, while discoursing with current critiques and new directions in psychoanalytic thinking. While Poland has strongly held positions on certain theoretical and clinical tenets, which I will articulate in what follows, he also maintains a certain interest in current critiques and a willingness to find bridges that challenge and serve to re-invigorate his own thinking. Poland's contributions here are evolutionary rather than revolutionary, searching for continuities rather than divergences, even in relation to his own earlier work (1996). While at times there can be a more polemical undercurrent, more characteristic is Poland's commitment to following his own distinctive voice, embedded though it is in a modern Freudian tradition. While the range of his interests is wide, he would not be described as a truly integrative thinker. This collection is not the place to go for extended consideration of new paradigms and trenchant questioning of previous insights and practices currently prominent in our literature.

Most chapters in this book contain at least one clinical vignette, and the clinical writing is consistently lively, emotionally compelling, and illustrative of the points Poland wishes to illustrate. At their best, the vignettes embody a quality of "open writing" (Coen 2000) that allows the reader to question, disagree, and generate his/her own understanding of the clinical processes described. This quality of openness is also evident in the more discursive writing outside of the clinical vignettes. There is an appealingly personal quality to Poland's writing, which invites and enables the reader to feel and think his/her way into his attempts to shed light wherever he turns his attention. That he is willing to challenge some of his own ideas, as I will attempt to show, adds to this quality of invitation to think, reconsider, and disagree. Poland aspires to, and often enough displays, an attitude for which he cites the painter

Vuillard: "To sum up, I have a horror (or rather an absolute terror) of general ideas that I have not arrived at myself. It is not that I deny their validity. I'd rather own up to my shortcomings than pretend to an understanding I don't really possess" (p. 9). In both my more appreciative, and in some instances more critical, comments on some of the ideas put forward in these essays, I will be attempting to accept what I take to be Poland's invitation to engage, debate, and think more deeply about the issues under discussion.

Poland wisely writes about the dangers of separating into parts what is best considered as whole: "In dissecting out that which we study, we isolate those excerpted pieces and thus create borders that do not exist in nature .... As a result, the question 'What have we left out?' must never be far from our minds" (p. 89). His advice notwithstanding, I will be discussing this collection of essays in three groupings which, though importantly overlapping, are nevertheless sufficiently discrete to justify that narrative approach as I attempt to explore and engage with Poland's main ideas. These groupings, which constitute leitmotives that amplify each other throughout the collection, are: the interpretive attitude (Chapters 2, 5, 6, 7, 8, 10, 11, and 12); the dance of intimacy and separateness (Chapters 1, 2, 3, 4, and 10); and so-called applied analysis, including the analysis of cultural artifacts and psychoanalytic culture itself (Chapters 2, 13, 14, 15, 16, 17, and 18). Note that several of the essays are included in more than one grouping, which speaks to the interconnectedness of these papers and of the themes that they explore. Mention should also be made of the excellent preface by Nancy Chodorow, and the equally fine editor's introduction by William Cornell. In concluding my essay, I will discuss the final chapters of Poland's book, three pieces that sensitively and searchingly explore the topic of endings, and which elaborate in fresh ways on some of the themes covered in the earlier mentioned three main groupings.

THE INTERPRETIVE ATTITUDE

> "... psychoanalysis is defined by *how* an analyst explores, not by *what* the analyst then finds. And the patient learns that *how*."
> –Poland 2017, p. 60, italics in the original

At a time when many analysts are questioning the primacy of insight and interpretation of hidden content, Poland takes great pains to argue for a more encompassing view of interpretation, which he terms the interpretive attitude, and which he believes lies behind and animates all of the analyst's interventions—interpretive and non-interpretive. Rather than re-defining or re-conceptualizing the nature of interpretation itself, as some contemporary authors have done, he focuses on this background mindset and intentionality, which has its own transformative potential. The interpretive attitude is essentially synonymous with an analytic attitude, and for Poland, it demarcates the boundaries of psychoanalysis. Even the analyst's witnessing—a non-interpretive intervention to be discussed extensively in the next section—presumes this attitude of respectful curiosity in the service of the other and of deep understanding of hidden forces involved in the patient's struggles.

This emphasis on the continued and abiding importance of the analyst's interpretive attitude is a central "credo" of this collection, as Poland argues for the primacy of an attitude which is not universally embraced in our current psychoanalytic culture: "Correcting prior magical valuation of manifest interpretation does not require and should not lead to repudiating the interpretive attitude" (p. 49). It should be noted, as stated in the epigraph to this section, that Poland has moved significantly from an emphasis on content to a broader emphasis on process and on dyadic interaction in the psychoanalytic engagement, which puts him closer at least to this aspect of psychoanalysis post-Bion, post-Winnicott, and post-other influential voices in contemporary psychoanalytic theorizing.

Poland's emphasis is less on explicit or declarative interpretations of mental contents, which are necessarily tentative and incomplete in any case, and more on this background attitude—not what the analyst thinks as much as how he thinks. This is observed and gradually internalized by the patient as a new capacity for self-reflection and self-analysis. This emphasis is memorably stated as follows:

> This implies that what matters most from the analyst's side in what develops in an analysis are not simply the mechanics of manifest technique, but more likely their implications, the unspoken and also unconscious meanings that evidence the analyst's analytic approach—the mind-set, outlooks, and feelings, all of which are ways of thinking and engaging the

> world that the patient can and does read, even when the analyst's own mind may not be conscious of them. [p. 65]

The essential debate that Poland is engaging involves the increasingly questioned relevance of so-called declarative interpretations, which seek to reveal mental contents and memories that are symbolically represented in the patient's mind and are thus amenable to being uncovered through verbal interpretation. In current psychoanalytic discussions, there is considerable interest in a range of other, non-interpretive interventions that reach toward pre-verbal experience and memory that are encoded procedurally rather than symbolically, and arguably are not amenable to uncovering through explicit interpretive means. Poland's main argument here and throughout this book is that the interpretive attitude—if not declarative interpretations themselves—remains central and even definitive of psychoanalytic work. Further, he claims that such interpretive interventions may in fact reach deep, pre-symbolic levels and provide background for non-interpretive interventions that the analyst might employ. He repeatedly counsels us to speak "*of the* archaic but *to* the mature" (p. 56, italics in the original); "*The analyst's attitude of working with analytic curiosity towards understanding and insight is the essential factor that shapes the psychoanalytic situation and makes possible the psychoanalytic value both of non-interpretive non-insight oriented activities and of formal declarative interpretations*" (p. 53, italics in original). No doubt not all analysts will be comfortable with Poland's position on the pursuit of knowledge and insight as *constitutive* of psychoanalytic work, or at least psychoanalytic work with a full range of patients.

To this argument, Poland adds several modifying points of interest. In agreement with authors such as Joseph (1985) and Fonagy (1999), Poland agrees that early object-related memories are accessed in the manner in which the patient relates to the analyst, "how they are with us in the transference" (p. 56). He writes, "*Valid regard for the patient's ways of relating as manifesting what we may interpret as evidence of procedural memories offer us the possibility of examining those processes for their informative value, approaching them with the same interpretive attitude that we carry to the content of more mature associations*" (p. 56, italics in original). And even symbolically represented, post-verbal memories have deep roots in earlier and

preverbal experience, according to Poland, so that the distinction between verbal and preverbal is an artificial and misleading one.

Further developing this line of thought, Poland writes, "Experience teaches us that the unconscious power of 'procedural' forces can be tamed by the new-grown strength of a patient's personal insights" (p. 57). The latter is an assertion that many analysts would now question, as it would not accord with their clinical experience with more disturbed, dissociated, and severely traumatized patients. And certainly it seems fair to note that in his emphasis on the efficacy of verbal interpretation and insight, Poland leaves out serious consideration of the limitations of such an approach or, for that matter, what the analyst does when insight fails to produce change.

An additional feature of Poland's interpretive attitude is that it must include some reference to the past as well as to the here-and-now present, lest it lack the quality that Poland, borrowing from Kermode (2000), terms "immediacy." "Without the emotional power of unvoiced meanings and their context from the past, the here and now is merely the present tense, a more or less interesting passage of time and events, rather than the unspoken 'vivid contrast between past and present' that gives emotional immediacy to any moment" (p. 101). Poland writes that without regard for what is alive from the past, attention to the here and now loses its poetry and becomes "ineffective, dry, and academic" (p. 101). Certainly a fair point, but it leaves out the notion that the past is always alive in the present, just as the present is always alive in the patient's recollections of the past. The unconscious does not distinguish between past and present.

Poland's exposition, elegantly stated and compelling in certain ways, represents an attempt to broaden the notion of interpretation to include more primitively organized experiences and more severe developmental disturbances by invoking an interpretive attitude that underlies all psychoanalytic approaches. And his move from an emphasis on content to an emphasis on attitude and process is welcome and clinically germane. But partly because it fails to sufficiently broaden the concept of interpretation itself, Poland's conceptualization leaves open important questions for discussion and debate. To begin with, his definition of interpretation is one that many analysts, myself included, would find overly narrow, perhaps falling into a trap of establishing a categorical idea that belies a more holistic clinical reality. While he rightly notes that the word "interpretation" has lost its specificity in psychoanalytic

discussion, he makes clear that, in his own thinking, an interpretation must both make something more explicit *and* extend into new linkages (p. 50). It explores, uncovers, and leads to insight. What is lost in this conceptualization is that insight is something that occurs in the patient's mind, and it may result from a number of different kinds of intervention on the part of the analyst, many of which would fall outside of Poland's view of interpretation. (Elsewhere in the collection, as if in dialogue with himself, Poland acknowledges that non-interpretive interventions, such as witnessing, may lead to insight and psychological growth. This is further discussed in what follows.)

In addition, Poland espouses a view regarding what is distinctly psychoanalytic as opposed to more broadly psychological that many contemporary analysts would find overly constraining: "What underlies an approach as specifically psychoanalytic rather than simply broadly therapeutic is the central concern for the power and import of unconscious forces at work" (p. 68). This much would seem widely if not universally accepted. But he continues in a way that is sure to provoke controversy: "What is uniquely psychoanalytic in practice is the disciplined effort to expose, explore, and understand those forces, including, in the process, the pressures that have led to keeping those forces hidden" (p. 68).

Poland's unwavering emphasis on the "disciplined effort to expose, explore, and understand those forces" as definitional of a psychoanalytic approach would be problematic for a significant number of analysts, myself included, in light of Ferenczi, Winnicott, Bion, Ferro, Daniel Stern, and many other psychoanalytic contributors. While Poland's view might more readily apply to patients functioning at a more neurotic level, with a certain amount of self-identity and structural intactness, it might not apply nearly as well to patients functioning at a more psychotic level, those with early attachment disorders, those with a weak sense of self-identity, and those with severe developmental derailments as a result of mistreatment and trauma. For these and other patients, what Killingmo (1989) refers to as "affirmative interpretations," or what Alvarez (2010) refers to as "descriptive level: ascribing or amplifying meaning" as opposed to "uncovering interpretations" might have a more salient role in an analytic treatment, though some, perhaps including Poland, would question the designation psychoanalytic for those treatments. Similar considerations might apply to dissociated patients,

who require an approach in which efforts to expose, explore, and understand may be less central (P. Goldberg 2004; Gurevich 2015).

Such interventions, for the patients and phases of treatment for which they are appropriate, do not prioritize a disciplined effort to expose, explore, and understand, even if, in some broad sense, such an attitude of curiosity and wish to understand the patient's mind might well exist in the mind of the analyst. For treatment of the above-mentioned conditions, many analysts would want an attitude broader than an interpretive attitude, something closer to a developmental or reparative attitude, perhaps existing alongside an interpretive attitude.

There is one more set of ideas germane to the interpretive attitude that I want to mention: Poland's reflections on the nature and limitations of empathy. Poland wants repeatedly to remind the reader of the essential separateness within intimacy of patient and analyst, so that empathy is a means to understanding, but not the only, and not always an accurate, road to understanding. This emphasis on intimacy within separateness is a second credo that runs throughout these essays. Empathy, according to Poland, only has meaning in the context of two separate individual minds. He emphasizes the essential incompleteness of understanding of one mind toward another, and the danger of under-appreciating the observer's biases. In various places and in various ways, he also stresses the importance of the analyst's toleration of uncertainty and not knowing. These points of emphasis convey a deeply held ethical sensibility that is characteristic of the personality that emerges in the pages of these essays.

Poland's discussion of empathy, with its emphasis on essential separateness, places him in dialogue with authors who emphasize the value of experiences of "at-one-ness," (Bion 1970), regression to earliest states of merger (Winnicott 1955), intersubjective third (Ogden 2004), and psychoanalytic field (Ferro 2005). In his characteristic way, Poland attempts to be integrative and appreciative of such current conceptualizations while not embracing them more fully. On the more integrative side:

> There is substantial debate about the legitimacy of such an idea of a dyadic unity. Many argue that each person remains a unique individual whatever the relationships that exists, while others emphasize that there is no such thing as a person

> outside the fabric of an interpersonal context. Whatever one's preference in this conflict, there is no doubt that the relationalists who focus on and privilege the dyadic unity of the clinical couple have raised observations that enrich us and questions that cannot be ignored. [p. 106]

But his discomfort with such notions of oneness, of an intersubjective third, or of some sort of intersubjective field can be clearly sensed if not explicitly stated a few sentences later: "Empathy can only approach knowing: it can never lead to full knowledge. For empathy to be valid, respect for the difference between self and otherness is essential" (p. 106).

I think there is a certain respectful if ambivalent openness and curiosity here, but I believe it highlights Poland's unease with current conceptualizations that espouse a more expanded view of the unconscious than he allows, for the most part, in these essays. This expanded view might be briefly summarized as 1) encompassing an intersubjective third space of co-creation, a shared space in which unconscious to unconscious communication takes place and self-other boundaries are less in evidence; and 2) a recognition that certain aspects of unconscious experience really are beyond words, accessed more in the "music" or in aspects of bodily experience, perhaps unrepresented or poorly represented, and not accessible in words. While Poland makes clear that he is aware of such an expanded view, these more current conceptualizations are not his main focus of interest.

WITNESSING AND OUTSIDERNESS

> "The growth of a true self is intrinsically part of growing respect for the other; growing respect for the other is intrinsically part of the growth of a true self. The capacity to appreciate self and the capacity to appreciate the otherness of the other do not simply go hand in hand; they are mutually interdependent and mutually enriching, all part of the same unitary phenomenon of growth. Self definition and awareness of otherness are a unitary phenomenon seen from different angles."
>
> –Poland 2017, p. 27

> "An analyst's capacity to help depends on a caring curiosity that is itself founded on recognition and appreciation of one's

> own outsiderness, that is respectful of the patient's separate sense of strangeness … "
> –Poland 2017, p. 45

In this group of essays, Poland not only develops further his ideas regarding the interpretive attitude emphasized in other chapters in this collection, but he also expands his interest into a particular non-verbal, non-interpretive, essentially interactive mode of therapeutic action that exists alongside of, and in a mutually reinforcing relationship with, interpretive interventions. (Elsewhere in this book, he acknowledges a relational, interactive dimension of all interpretive activities.) Poland terms this manner of intimate yet essentially separate relating to the patient "witnessing," though in a more recently written chapter he writes that in further consideration, he prefers the term "regarding." Since the term witnessing, for better or for worse, has caught on in analytic discourse, in no small part because of Poland's work, I will stay with that term, keeping in mind the somewhat more felicitous term "regarding."

The boundaries of what constitutes witnessing as distinct from other non-interpretive functions are somewhat elusive, though Poland's concise definition is as follows: "This silent but active presence, this respectful attention on the analyst's part, this silence of engaged nonintrusiveness rather than abstinence, complements the analyst's interpretive functions. The two, interpreting and witnessing, go hand in hand, each facilitating the other" (p. 15). He allows that witnessing is related to concepts such as Winnicott's holding, Bion's containing, and Kohut's empathy, but he writes that witnessing is further along a developmental path, representing a more mature transformation of these functions, and embodying separateness in a way that these other conceptualizations do not. While these other concepts have connotations of "at one with," witnessing rather has connotations of "alongside of." Poland attempts to convey this quality of alongsideness in a moving and extended clinical vignette, in which a man's apparent detachment and insistence on self-sufficiency concealed a deeper experience of transferential merger, which only through painstaking interpretive work and coexisting witnessing allowed for a greater feeling of separateness and respect for both self and other. " … my presence as a sensitive respectful other who witnessed his growing self-analytic labors also was essential to

his realization of himself as a unique one in a world filled with unique and interacting others" (p. 21).

Poland's struggle to understand and to integrate into his overall thinking the concept of witnessing is particularly palpable in "Regarding the Other," a brief and previously unpublished piece he wrote as the opening chapter of this collection, looking back on his 2000 paper and chapter in this book, "Witnessing and Otherness." Here is Poland in one of the ways in which he is at his best—in dialogue both with the reader and with himself, ever curious and pushing the limits of his understanding, perhaps further than he thought he might go. "Experience has led me to conclude that there is a contribution the analyst makes *even more basic than that of advancing the patient's self-inquiry*. It is the analyst's respectful recognition of the patient as having a self in its own right, distinct and with its own values regardless of those of the analyst. Not only is such an attitude essential for exploration to unfold, but also *it has a fundamental beneficial import in and of itself*" (p. 6, italics added).

In the context of the other essays in this collection, it is a bit surprising, though to me reassuring, that Poland goes so far as to assign this non-interpretive and interactional entity importance on a level equal to the pursuit of self-understanding, with therapeutic import in itself as well as in concert with interpretation and an underlying interpretive attitude. In this sense, Poland would seem once again to be in a generative conversation with himself, since in other essays he had designated the pursuit of understanding as the *sine qua non* of a psychoanalytic approach. But here we find Poland making a clear assertion that it is this quality of intimate separateness and recognition of the other that underpins and is intrinsic both to witnessing and to the interpretive attitude. Note, however, that Poland intentionally stops short of developing a more fully relational and intersubjective view of witnessing that would encompass ways in which the analyst tolerates and in some sense processes what is unbearable for the patient (Gerson 2009).

From here, Poland moves into a discussion of the "hard problem" of separateness and commonality referred to in the epigraph to this book review essay. Like many other authors, Poland writes about the analyst's to and fro experience of merger, as the analyst is drawn into the patient's internal object world, alternating with separateness, as the analyst re-gains an outside perspective that differentiates himself from the

patient. But while some authors delve more inquiringly into the merger aspect and emphasize its value and importance, Poland is more invested in the separateness side, which for him is perhaps more accurately a quality of intimate separateness, and which is perhaps less explored and emphasized in current psychoanalytic discussions.

In these essays, Poland is surely one of the poets of a psychoanalytic sensibility of separateness within intimacy. Throughout this collection, he explores the nuances of separateness, outsiderness, and witnessing, emphasizing that, like witnessing, interpretive interventions necessarily convey a message of separateness. Intimate separateness is sharply distinguished from merger: "No matter its helpful or even kindly quality, an interpretation implies a powerful statement of negation and separation deeply structured within it, a negation central to the analytic process" (p. 23).

Poland draws upon the work of both Heidegger and Levinas as philosophical underpinnings to these psychoanalytic issues of oneness and twoness. Regarding Heidegger, Poland writes, "The dyad, a unified whole not as a symbiotic or psychotic state but as an essential quality of being, was mapped by Heidegger, perhaps the major philosophical conceptual author of this modern meaning of intersubjectivity" (p. 25). On the other hand, he invokes Levinas inasmuch as "Levinas … came to see behind the self that was an interwoven part of a unified world a more basic model of the self as always opening in awareness of otherness, an irreducible aspect of being. For him, one's very sense of being is always shaped by the surprise of otherness" (p. 27). While Poland conveys genuine interest in Heidegger's views, it is clear that his greater sympathy is with Levinas. The ethical implications of this latter view of the self as always confronted with the existence of the other are emphasized by Poland, and constitute an insistent leitmotive that weaves in and out in this volume.

This emphasis on the clinical and ethical importance of recognition of the otherness of the other is developed further when Poland writes, "Analysis cannot be conceived without appreciation of the intersubjective context within which it unfolds. Nevertheless, when the work goes well, the patient's individuality, profoundly respected from the start, grows in autonomous strength through the collaborative work" (p. 7). As we saw in his discussions of the interpretive attitude, it is attitude that

is primary, a prioritizing of process over content. And yet we sense Poland's abiding discomfort with too much emphasis on the dyadic, intersubjective qualities of analytic engagement, when he refers to such notions as the tendency to merge, the analytic field, and the bi-personal field, as "derivative manifestations" (p. 7), presumably derivative of the quality of intimate separateness which he views as foundational for analytic work.

Where these discussions lead is to Poland's powerful and important assertion that the capacity to appreciate self and the capacity to appreciate other, and the growth of those capacities in analysis and in life, are mutually interdependent, "a unitary phenomenon seen from different angles" (p. 27). Both interpretive interventions and silent witnessing facilitate growth of a consolidated sense of self and a respectful awareness of the other as a separate being in the world. Neither awareness of self as distinct from others, nor sense of other as distinct from self is achieved easily in the course of development or in the work of analysis, and is a lifelong and never resolved struggle. Painful loss is involved in the experience of separateness and of otherness. "When I passed the 50 year marker, I asked myself what was the most important thing I had learned in that half century … It is that *the patient is somebody else!* I am the other's other" (p. 6, italics in the original). One wonders why such awareness remained so elusive until Poland lays bare the difficulty.

A brief vignette from my own experience helps me to grasp the importance of the phenomena that Poland is exploring. As an 18-year-old away at college and on a weekend ski trip, I became suddenly quite ill and returned as soon as I could to the university health service. There, to my shock and amazement, I was told that I almost certainly had an acute appendicitis and should take myself to the university hospital for surgery immediately. Terrified, and somewhat immobilized, not knowing anything about surgery, hospitals, or appendicitis, I called the trusted individual I was seeing in a psychoanalytic psychotherapy. After I explained the situation, and after he conveyed his concern and assured me that the hospital to which I was referred was an excellent institution, he paused for a moment, and then said, from what I now take to embody the position of intimate separateness that Poland articulates, "So, what do you want to do?" A simple and unsurprising question, but for me at the time it was revelatory. What did *I* want to do? I? A bit disoriented, I

wondered, "Did I have a choice? Who was I to decide?" Was I really so essentially my own person, on my own and responsible for myself as a young adult in life? While the implications of that brief interaction reverberated for me over a number of subsequent years, I think in retrospect it was one moment that crystallized my own ongoing growth of a more consolidated sense of self and other, and a more nuanced understanding of the dance of intimacy and separateness. It has also served for me as a compelling example of how an ostensibly non-interpretive intervention may generate invaluable insight.

But now to some further questions and areas of discomfort regarding Poland's ideas on witnessing, outsiderness, and separateness. Some of these concerns will echo questions already raised in relation to Poland's discussion of the interpretive attitude, because there, too, issues of separateness and otherness are intrinsic. Poland makes it clear that while witnessing and interpretation exist side by side throughout analysis, witnessing takes on increased importance in later phases of analytic work, when the patient's capacity to experience separateness is better consolidated. That being the case, is witnessing more a process moving the analysis, or a result of an analytic process? No doubt both, but then what is the relative balance of each? And what is the role of witnessing, or even of separateness, in patients or in early phases of analysis when separateness is not easily tolerated, when it has a disruptive impact, and when those earlier notions of holding, containing, and at-one-ment are arguably more necessary and helpful? What is the role of witnessing in patients for whom experience of a bounded and somewhat coherent sense of self is not yet achieved?

An additional but related question is whether it is the really the case that all interpretive interventions have a quality of negation, of conveying an essential separateness. This objection may hinge, of course, on what one means by interpretation. Once more to restate Poland's view, an interpretation involves a tentative statement of what is going on in the other's mind, as well as "extending linkages" (p. 50) that were previously unconscious. Viewed from this narrower frame, Poland's point is convincing. But as previously noted, many analysts nowadays would have a broader notion of interpretation, as in fact Poland in some sense manifests in his notion of an interpretive attitude which lies behind ostensibly interpretive and non-interpretive interventions. It is not clear to me

that, in this broader sense, interpretation always confers a message of negation and separateness, so that many interventions that would be guided by a background interpretive attitude may at least as much convey a sense of merger or at-one-ment as of intimate separateness. Might not certain interpretive interventions bring together patient and analyst at least as much as they separate?

I think there is a further question concerning the kinds of patients that Poland writes about in these essays, which presumably reflects something of the nature of the patients he works with in analysis as well as the focus of his interests. For many of us, and in my experience even more so for younger colleagues, patients may require long periods of work before separateness is well tolerated and until they have any real boundaries between their own minds and the minds of others. Such patients often do not benefit from uncovering interpretations, and need considerable therapeutic work before they develop sufficient internal capacity and structure to benefit from linking interpretations and interpretations of internal conflict. Symbolic capacity may be absent and a long time in developing. Many of these patients have great difficulty tolerating separateness or the analyst having a mind of his/her own. To what extent does Poland's expanded notion of an interpretive attitude, or his conceptualization of witnessing, encompass sufficiently the kinds of interventions that these patients require? Many analysts, working in these areas of suffering and with these kinds of patients, will want more. Here, Poland's thoughtful caveat may be germane: "an understanding is a place where the mind comes to rest" (p. 144). This may represent one area in which Poland places limits on the scope his inquiry.

ANALYSIS OF CULTURE AND OF PSYCHOANALYTIC CULTURE ITSELF

> "… despite their different universes, the two [psychoanalysis and poetry] share a common aim, that of reaching through words for the essence of personal being beyond words."
> –Poland 2017, p. 156

Poland has written extensively on art and culture—what is generally know as "applied" analysis—though Poland sees such work as integral to

psychoanalytic thinking and progress: "The future strength of psychoanalysis will be determined less by what is newly discovered in the psychoanalytic consulting room than by how psychoanalysis engages with the culture at large" (p. 134). This assertion is perhaps intended to be provocative, but Poland unfortunately does not elaborate on just what he means and why he believes this to be the case. Does he mean, for example, greater engagement with other disciplines in the academic, scientific, and medical communities? Is he alluding to serving and training new groups, including expanding our reach into a broader spectrum of ethnicity, race, gender, and culture? It would be interesting to know more.

While a number of essays in this book deal prominently with analysis in relation to art and culture, the most fully developed of these chapters is the discussion of Proust's essay on reading fiction. In this chapter, Poland uses Proust to draw out a comparison of the roles of creative writer and psychoanalyst. He finds a compelling parallel between the role of the psychoanalyst and some of Proust's observations regarding the role of the author of great literature in opening the mind of the reader—with that opening itself, rather than any particular teaching to which it is open, as most important:

> Thus the author/analyst does not provide the other's new world view but merely works to shape the possibility of its opening. Again Proust, 'To make it [reading] into a discipline [ie instruction] is to give too large a role to what is only an incitement. Reading is on the threshold of the spiritual life; it can show us the way into it; it does not constitute it.' [p. 124, brackets in the original]

The analyst and the analytic process are intended to catalyze, not to indoctrinate the analysand into any pre-existing set of ideas.

This notion of the analyst's role in "catalyzing" something that then happens in the patient's mind conveys a somewhat different sensibility about the nature and role of interpretation than that explicated in many of the other essays in this volume—an awareness that seems always present but often less emphasized in Poland's exposition. It is a more two-person conceptualization that empowers the patient and lessens the authority of the analyst. The allusion to "the spiritual life" is also

intriguing and may suggest a further potential opening of thinking about interpretation and insight. It may be that a certain freedom conferred in writing about "applied" analysis allows Poland to move away from a more categorical proclivity in his more clinically focused discussions of interpretation. I also take it as another example of Poland's willingness to engage in discussion with himself, which in turn encourages a similar attitude on the part of the reader.

Poland continues to draw upon Proust in his discussion of the reader/analysand's translation and digestion of the creative writer/analyst's words, without which there is no emotional experience or psychological growth. He argues, "The *becoming-as-if-at-one-with* and the *separating from* are at the heart of both reading and analyzing" (p. 122, italics in the original). But as much as reader and analysand become engrossed in the "becoming-as-if-at-one-with," their essential separateness is insisted upon. Again Poland quoting Proust:

> But the most elevated conversation and the most insistent advice are of no use to it [the reader's mind] either, for they cannot produce this activity directly. What is needed, then, is an intervention which, though coming from another, is produced deep inside ourselves, the impulsion of another mind certainly, but received in the midst of our solitude. [p. 124, brackets in the original]

Here again, in addition to a more explicit two person approach which acknowledges the patient's essential role in the gaining of insight, we encounter Poland's emphasis on an essential otherness and solitude, a barrier which words can cross only when they incite and resonate with the solitary privacy of the inner world of the patient: "The task is incitement, the struggle to open a mind" (p. 132).

Several of the pieces in this grouping of chapters are inspired in some way by Shakespeare, to whom Poland returns lovingly and repeatedly in this collection. (Shakespeare, Freud, and Proust are, for Poland, the great psychologists/teachers from the past.) In a brief essay on *Twelfth Night*, in which he writes of his different understandings of the play each time he reads or sees it from youth to old age, he acknowledges what he owes to that towering figure. In this essay, he recounts his experience of an unusual production of Shakespeare's *Twelfth Night,*

which inspired him to posit a phase of "polymorphously normal sexuality" at the origins of individual development. He writes, "It is often forgotten that there is a unity that precedes individuation and a sexuality that is non-gendered but comes before both bisexuality and male/female identity, and indeed extends more broadly than that simplistic dualism would suggest" (p. 146). Interestingly, in this essay, Poland voices a more embracing acceptance of "a unity" and of "the oceanic oneness that is part of human psychic reality" (p. 49) than is otherwise characteristic of his thinking. Once again I sense that this accounts, at least in part, for Poland's insistence on the importance of applied psychoanalytic work, which may allow a certain freedom of thought in its relative distance from the demands of the clinical.

In his ideas about polymorphous sexuality inspired by *Twelfth Night*, Poland's writing, and the way in which he has been inspired by Shakespeare's play, exemplify the very point that he made in the chapter on Proust about the ways in which creative writing can open the mind of the reader and catalyze new and unexpected ideas. Two essays that deal with the experience of whimsy argue for the existence of playful and creative acts that are essentially free of conflict. As the study of psychopathology, psychoanalysis focuses on areas of conflict. As the study of life, according to Poland, psychoanalysis can include recognition and interest in non-conflictual acts of creative imagination: "We must find a way so that when we search the index of our knowledge, the listing for 'How the mind works' does not say 'See Pathology'" (p. 145).

Poland's discussion of psychoanalytic culture itself focuses on the tension between curiosity/creativity and narcissism: "Behind our convergences and divergences lies the restless marriage between narcissism and scientific curiosity" (p. 88). As he wisely observes, personal ambition is essential to advances in our field. And yet, "narcissistic intensity needs taming, vanity needs to mature, if ambition is to contribute to progress" (p. 91). Narcissism is also evidenced in demands for exclusivity that, while playing a role in fostering creative ideas, can lead to a radical claim of primacy and eventual failure to re-connect with the mainstream of psychoanalytic discussion and debate. Poland argues, "New insight, like interpretation, is both a commemorative event and a new beginning. Each new advance strengthens the possibility of further advances—but

only when the glow of success does not dazzle one into the fixity of conceit" (p. 98).

And finally, true to the essentially conservative mindset that I mentioned in my introduction, Poland cautions about the uncritical, or insufficiently critical, acceptance of new ideas. Among the hazards of which we are advised to be aware are the ways in which new ideas can potentially serve purposes of defense: "Aware of the subtlety with which defenses can mask themselves and knowing the sophisticated skill of our minds, we appreciate the extra care called for when new ideas challenge prior analytic knowledge .... To the extent that our purview deals with unconscious forces, such ideas may 'stir unremitting resistance'" (p. 87). We should be open to, but not taken-over by, new ideas, while preserving the body of time-tested ideas and observations. Evolution not revolution.

ENDINGS IN PSYCHOANALYSIS, POETRY, AND LIFE

> "Psychoanalysis and poeisis, the journey of self-inquiry that is psychoanalysis and the poetic activity that is creativity, both work to enrich the meaning of life, giving life significance in the face of inexorable endings."
> –Poland 2017, p. 156

In three personal, moving, and humane essays that comprise the concluding group of chapters in this collection, Poland melds what he learns from poetry, literary criticism, clinical work, and self-inquiry into intimate reflections on endings, death, his own death, the inexorable battle between Eros and Thanatos, and the possibilities for transcendence. His own advancing age and efforts to face death with acceptance, creativity, and an attitude of generativity for the future are moving and palpable. The vignette that closes the final essay will be enough to evoke tears in many readers, as Poland follows the dying wishes of his now deceased patient to meet at a future time with the man's now young son: "I was the stand-in carrying the message of caring respect from a dead father to his adolescent son" (p. 168). This vignette is followed by the sober but comforting message of the final sentences of the book. "Eros is the god of love; Thanatos, the god of death-the two endlessly engaged

in the passage of time. For us, it is generosity of spirit for those yet to come that allows Eros to allay the agony of Thanatos" (p. 169).

Encompassing both the clinical and the ethical, Poland offers cogent thoughts on termination in analysis. He cautions against self-serving assessments of the accomplishments of a given analysis:

> We analysts must be cautious that we do not, for our own needs, exaggerate the hopefulness in successful analytic termination. After the sorrow over ending, the happiness of new beginnings does not imbue immunity against future terrors. Strengths and creative potentials are to be honored but not converted into magical amulets for mutual reassurance. [p. 161]

And here is the first mention of analytic love in the book. "An analyst's honest regard is what I believe ultimately matters most in an analysis. It is the personal and professional derivative of the love that is at the center of Eros, that which allows one to go on despite the imperishability of Thanatos and the inevitability of individual death" (p. 161).

Another point that Poland is eager to make is that ageing can be a time of depression, despair, and withdrawal, but it can also be a time of new beginnings and of new creative activities: "The threat of ending can spark new beginnings. Recognizing transience can open the risk-taking needed for new creativity … . Awareness of mortality can rouse one's active claim on the life one has" (p. 166). In several of the essays in this book, as has already been mentioned, he cautions against a view that pathologizes normal life.

The ethical leitmotive is further developed in this section; Poland's is an ethics of regard for the separateness and individuality of the other, for the value of self-knowledge and capacity for self-inquiry, and the importance of generosity as we relate to the individuals and generations that will live on after us. In his ending, Poland turns back to the beginning. These final chapters fittingly echo a passage in a letter Jacob Arlow wrote to Poland and which is included as an epigraph to Poland's book, which I quote here in part: "The self [is] a unique, unprecedented event in the history of the universe, an awareness of the continuity of experience in a unique entity, one that never existed before and will never

exist again" (Arlow, personal communication to Poland, undated, p. v., brackets added).

After Poland writes about a common aim in both poetry and psychoanalysis, that of "reaching through words for the essence of personal being beyond words," (p. 156), he turns to an irony intrinsic to psychoanalysis as a clinical discipline:

> As analysts, we use words … to try to approach, open, and grasp as best we can what matters that ultimately lies beyond words. Whatever emotional engagements we also address, the analytic situation remains a universe in which we reach through words to experiences, forces, and feelings that lie immeasurably deep in our essential cores, that words can never fully grasp or contain. [p. 156]

This is a passage of considerable wisdom and beauty in which Poland confronts the inescapable limitations of words and of interpretation itself.

As much as I agree with these observations, I recognize a sense of wanting something more—a more that also plays an indispensable role in our attempt to reach the essence of personal being. This register of analytic work is perhaps better evoked by the term music—not necessarily literally the music of voice and bodily rhythms and pitches—but the everything else that is going on when a patient consciously and unconsciously, verbally and nonverbally, takes in and makes use of what the analyst has wittingly and unwittingly communicated. As Poland has previously and rightly pointed out, the qualities of intimate separateness, of regard for the particularity of the other as unique creation, of the value of witnessing, and even the interpretive attitude, are communicated not by words alone. Perhaps this lack of emphasis that I am seeking is mostly a reflection of the problems inherent in isolating one modality—words and language—from the whole of all relevant modalities. But here I give Poland the last, or more accurately, the next to last word: "As has been observed, nothing straight can ever be made from the crooked timber that is humanity" (p. 159). Poland's literate, humane, and searching efforts to understand ever more deeply the crooked timber that is humanity embody that Proustian, and "Polandian" goal of one mind catalyzing, both through words and what is conveyed between and even despite the words, a process of opening and expanding the mind of at least this reader.

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REFERENCES

Alvarez, A. (2010). Levels of analytic work and levels of pathology: The work of calibration. *Int. J. Psychoanal.*, 91:859–878.

Bion, W. (1970). *Attention and Interpretation.* London: Tavistock Publications.

Coen, S. (2000). Why we need to write openly about our clinical cases. *J. Amer. Psychoanal. Assn.*, 48:449–470.

Ferro, A. (2005). *Seeds of Illness, Seeds of Change.* New York: Brunner-Routledge.

Fonagy, P. (1999), Memory and therapeutic action. *Int. J. Psychoanal.*, 80: 215–223.

Gerson, S. (2009). When the third is dead: Memory, mourning, and witnessing in the aftermath of the Holocaust. *Int. J. Psychoanal.*, 90: 1341–1357.

Goldberg, P. (2004). Fabricated bodies: a model for the somatic false self. *Int. J. Psychoanal.*, 85:823–840.

Gurevich, H. (2008). The language of absence *Int. J. Psychoanal.*, 89:561–578.

Joseph, B. (1985). Transference: the total situation. *Int. J. Psychoanal,* 66: 447–454.

Kermode, F. (2000). *Shakespeare's Language.* New York: Farrar, Straus, and Giroux.

Killingmo, B. (1989). Conflict and deficit: implications for technique. *Int. J. Psychoanal.,* 70:65–79.

Ogden, T. (2004). The analytic third: Implications for psychoanalytic theory and technique. *Psychoanal. Q.*, 72:167–196.

Poland, W. (1996). *Melting the Darkness.* Northvale, NJ: Jason Aronson.

Winnicott, D.W. (1955). Metapsychological and clinical aspects of regression in the psychoanalytical setup. *Int. J. Psychoanal.*, 36:16–26.

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The Known, The Secret, The Forgotten: A Memoir

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BOOK REVIEWS

THE KNOWN, THE SECRET, THE FORGOTTEN: A MEMOIR. By Joan Wheelis. New York/London: W.W. Norton, 2019. 160 pp.

As the (outgoing) Book Review Editor of *The Psychoanalytic Quarterly,* I received an advance copy of this book. Although others generously offered to review it, despite my being engaged in an energy-draining struggle with a potentially life-threatening illness, I was so taken with it that I chose to review it myself.

Joan Wheelis painfully informs us in her touching and moving *Memoir* that she intensely misses her psychiatrist-psychoanalyst parents, who have shed their mortal coil and gone to that bourne from which no traveler has returned. They remain with her only as prized tendrils of symbolic linkage with them. One is a battered, old linen doily reading "Daisies Don't tell," the name of a song to which Joan imagines her paternal grandparents danced at their wedding. The framed doily was lovingly made by her grandmother and passed on down. Significantly, her father, with whom she had been extremely close, had given it to her. Another is the house on Puget Sound where she and her parents had summered during her childhood and adolescence.

But wait! Another tendril takes the form of a recurrent nightmare in which a flash fire has burnt down the house. In the dream, Joan searches desperately for the two boxes containing her parents' ashes, all she has left of them, which had been in the house. Miraculously, she finds them lying on the ground outside of the charred remains of the shore house which she had loved so much. In reality, she has the house—but not the parents she had loved so much. Yet another is a little poem her father had written about time gradually whittling away life's precious dreams.

Joan loved her father fiercely, although he could be brusque and even harsh. For example, he swept away the romantic, spiritual dreams she shared with him of endless, life-after-death togetherness with him

that would transcend our human mortality, by giving her a hard-headed, scientific lecture about death as a final and inexorable ending. In an early chapter of the *Memoir,* she lovingly recalls her "Harriet the Spy" secret investigations into the mysteries surrounding the previously invisible "patients" who came to her parents' offices via routes that brought them surreptitiously to two, carefully closeted locations in the five-story San Francisco mansion (replete with an elegant wine cellar stocked with prized Bordeaux wines) that also served as their home. Her father had been cruelly trained, by his own tubercular, extremely angry, and harshly demanding father to be "an exacting, demanding man—disciplined, thorough, orderly—in everything he did" (p. 45). This included pedantically teaching little eight-year-old Joan the proper way to dig into a Napoleon confection without creating *any* of the messiness which Joan's eight-year-old son years later preferred to create.

Other tantalizingly short, but tenderly written chapters contain brief but moving reminiscences of Joan's interactions with her carefully contained but internally intense and at times tortured psychoanalyst father[1] that poetically reflect how exciting but at times scary he seemed to be to her. They also express how wrenching it was for her to observe how time and age gradually transformed him into a frail, tottering, pain-wracked old man rather than the seemingly brave, gallant, and powerful F-18 Blue Angel fighter pilot and larger-than life astronaut she envisaged him to be as they walked, together with their dog, Monty, in the Presidio, while Blue Angel jets streaked majestically across the sky above them.

Joan deftly juxtaposes, in another poignant chapter, her nostalgic recollection of hunting for Easter eggs, along with their dog, Monty, which her mother had hidden among the brightly colored, fragrant shrubs and flowers on the grounds of their West Coast home, with the cold and bleak Easters she later spent in Cambridge, Massachusetts.

[1] In his book, *The Listener: A Psychoanalyst Examines His Life,* New York/London: W. W. Norton, 1999, Allen Wheelis revealed that, although outwardly he presented himself as in control, obsessively well-organized, and professorially pedantic, inside he was struggling with swirling, cyclonic winds of animalistic impulses and emotions which he feared might break through the containing walls he had created to control them and wreak havoc in his relationship with the external world around him. It is not surprising that, as a girl, Joan entertained the fantasy that her beloved Dr. Jekyll-like father, when he locked himself in the inner sanctum of his office, donned a cape and stalked about as a dangerous but exciting Mr. Hyde.

When she was there, instead of Easter eggs lovingly provided by her mother to delight the children invited for the hunt, Joan had to settle for a number of the personal items her mother had brought with her to Ellis Island in 1938 from the Nazi Austria that had expelled her from medical school and thrust her into exile. Her mother had tried desperately, but unsuccessfully, to rescue her own parents, who eventually were murdered by the horrific body of evil that had catapulted Joan's mother away from them. After her mother's death, Joan inherited a trove of letters and journals, filled with evidence of what now became a legacy of pain and loss that she found tucked away in a distant recess of her mother's office. Now, she too had lost both of her parents.

Joan's father had passed away five years earlier, on June 14, 2007, shortly before his ninety-second birthday. Joan soon experienced further abandonment:

> Six months after my father died, my husband left. My son, in the throes of an adolescent bid for freedom, was rarely home and when he was, he had little interest in my company. With all the men in my life gone, I felt bereft, without my familiar bearings and daily routines. Letting myself fall asleep was a challenge every night … . I slept up against a life-size stuffed dog … . Each night felt like a cement wall collapsing, twilight racing into the rubble of blackness … . I cried every night and my ribs ached from the exertion of sorrow. [pp. 72-73]

Joan, not only a psychiatrist and psychoanalyst like her parents, but also a gifted writer like her father, uses poetic imagery in her *Memoir* to capture her life-long acquaintance with danger, loss, and death. Scattered through the first two-thirds of the book are repeated allusions to her parents' constant fear of danger surrounding them. Images of fire appear repeatedly—in her dreams, in the form of recall of the house next door burning down, in reference to the ovens in which her maternal grandparents' bodies were incinerated at the Sobibor concentration camp, and, finally, via reference to the crematorium in which, at his request, her father's dead body was reduced to no more than ash and small, bony fragments. She provides a chilling account of chirping birds appearing in profusion, although invisible to her eye, during several, consecutive tortured nights which Joan experienced shortly after she

had lost her father, husband, and son, only to just as mysteriously disappear again. She also shares samples of her father's mournful poems about loss and sorrow and samples of his references to them in his journals and in the fiction he produced. Joan's *Memoir* is moving but hardly joyous.

One chapter contains a precious love letter her father wrote to her mother when he was eighty-five years of age. In the letter, he confessed to having had lifelong unhappiness and a poignant longing for what he never actually could obtain. He tenderly thanked his wife Ilse for having pushed and pulled him out of despondency into the external world:

> And I found in you a playfulness and passion potential in me but throttled by an ascetic renunciatory solemnity, whereas in you this quality, at the first note of a waltz, bursts forth in a gay, sensuous, sexy dance. So you become the probate court to deliver to me my belated legacy of passionate life. [p. 95]

Joan's father died seven years later, followed by her mother, then in her nineties, four years later on January 9, 2012 after progressive Parkinson's disease and two cancers had sapped her strength and energy until nothing remained of them.

In the final chapters of the *Memoir,* Joan powerfully recounts and resonates with her struggle between letting go of the material remnants of the past left behind by her departed parents, who themselves had held onto myriads of items, important and unimportant, with which they filled the five-story "chateau" or "castle" (or a fortress, perhaps), in which Joan grew up, and clinging to as many of them as good sense would allow her to do. Like her parents before her, it is very hard to let go of any of them. It is extremely difficult for her to give up any of the links to her beloved, lost parents. It is especially hard for her to say goodbye to her father. He was a charismatic, enigmatic, controversial man. But to Joan, he was her precious, beloved DADD-EE!

A reviewer (or at least this reviewer) is tempted to stop at this point rather than penetrating further into Joan Wheelis's heart-wrenching account of her intense pain and anguish over having lost the parents who had meant so much to her during her lonely childhood growing up in a medieval "castle" that had a "dungeon" (the carefully locked wine

cellar) in its nethermost regions. But a psychoanalyst-reviewer has the responsibility of going beyond the surface in search of what might be learned about human nature that transcends the confines of what resides in the pages of the book under review.

One line of thought that presents itself involves the transgenerational transmission of emotional disorder. Joan's parents brought with them into parenthood the effects upon them of having experienced enormous pain and suffering handed down to them from their parents and from what *they* had experienced in their lives. Joan's mother was both a direct and a second-generation victim of the Nazi Holocaust. She tried very hard to hide her pain, anguish, insecurity, and terror of the past repeating itself. But children, especially those who need to adopt a "Harriet the Spy" persona in an attempt to fathom their parents' secrets, cannot be fooled. They feel the impact of the vibes emanating from their parents and are deeply affected by them, especially when the source remains hidden from them rather than revealed and discussed.

Joan's father exerted great effort to erect and maintain thick walls around the turmoil that swirled within him as the legacy given him by a childhood of emotional and material poverty and by the sadistic assaults upon him (including punishing him for a relatively minor infraction by forcing him to spend the summer cutting the grass, blade by blade, by hand, *with a straight razor!*) inflicted by a Kafkaesque, enraged father who dealt with being consumed by tuberculosis by doing unto others, especially his son, what he felt was being done to him. Joan's father too tried to hide his intense pain, suffering, rage, and hopeless yearning for love and care from an idealized other[2] from Joan, but he hardly succeeded in doing so. She was exquisitely aware of the Mr. Hyde that lurked within her outwardly carefully controlled, sophisticated professor father who continually lectured her about decorum and good behavior. It is not surprising that Joan's mother gravitated to Austen Riggs, which specializes in treating seriously disturbed patients, and that her father followed his analyst, Erik Erikson, himself a fugitive from Nazi terror, first to

[2] In Chapter X of *The Listener* (pp. 193-206), Allen Wheelis shares his horror at discovering the image of his daughter Joan coming to him as he contemplates his highly erotized, powerful longing for a woman who will be everything to him but whom he knows he will never find.

Menninger's and then to Austen Riggs, where he and Joan's mother met and quickly realized that they were made for one another!

The second line of thought generated within me from reading Joan's *Memoir* relates to the fact that both her parents not only sought assistance in the form of psychoanalytic treatment but even *became* psychoanalysts. But analysis has its limitations. It can only accomplish so much. There is no perfect analysis. There is no such thing as a perfectly analyzed *training analyst*. A principal aim of psychoanalytic treatment is that of enabling the analysand to develop the capacity for self-inquiry and self-exploration that can then be used, to a greater or lesser extent, to engage in self-analysis after the analysis comes to an end. Joan's parents hardly succeeded from freeing themselves from their inner demons as a result of their personal analytic experience. They continued to live with emotional torment with which they had to wrestle for the rest of their lives. They had to reside in a hillside fortress, next to the military stronghold of the Presidio, with thick walls, securely locked doors, and a gun in a drawer to protect themselves from the danger with which they felt themselves to be surrounded. We owe Joan Wheelis a debt of gratitude for generously and courageously providing these details in her *Memoir*.

We do not know what Joan's mother did to wrestle with the demons residing within her. To his credit, her father searched continually within himself as he sought to exorcize himself of his own demons, and he worked hard at expelling them from within himself by writing about them, in journals and in thirteen published books. Writing can very well be used as a form of therapy. I have written a good many papers, and while I have done so mainly to share my psychoanalytic discoveries and insights with others who are devoting themselves to helping suffering people, I am well aware that my own writing has also served in part to assist me as I have engaged in ongoing self-analysis since my training analysis ended. I can say something similar about my long tenure as a book review editor. I have learned a great, great deal from reading the writings of others, and from reviewing many of their works myself, but I am aware that those writers also have contributed to my ongoing self-analysis. At least some of them have, unwittingly, served me well as my part-time analysts. I thank them for it.

This is likely to be the last of my many contributions to the Book Section of *The Psychoanalytic Quarterly*. I am very grateful to Joan Wheelis for having provided a very fitting subject for such a contribution. I strongly recommend her *Memoir*, not only to psychoanalysts but to *everyone*. I do not expect anyone to be disappointed.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

CHIMERAS AND OTHER WRITINGS: SELECTED PAPERS OF SHELDON BACH. By Sheldon Bach. New York: IPBooks, 2016. 287 pp.

It should be said at the outset: this is a brilliant psychoanalytic book, not only for its content but for the style of its writing. Open this book at any page, and you will find an insight and a description that will inform you about clinical choices, reason with you in a considered and careful manner, and frankly delight you with its passion and empathy. This is the kind of book that will become frayed in my library, from picking it up again and again, for at every point it makes one say "I recognize this patient or this situation and Bach makes me ponder and wonder anew about it."

For this review, I am tempted to just selectively quote Bach from his thirteen papers here, without comment, because there is so much that is profound. The thirteen papers range from titles such as "On the Narcissistic State of Consciousness" to "Sadomasochism in Clinical Practice and Everyday Life" to "On Treating the Difficult Patient" to "Analytic Technique and Analytic Love." But there are two common themes, among many, that stand out in all these collected papers. The first is embodied in Bach's statement that, "If we are only able to listen carefully enough, patients will usually prescribe exactly what is necessary for their healing to begin" (p. 224).

This statement occurs in a discussion of a difficult concrete patient (in a chapter entitled "On Treating the Difficult Patient") who near the beginning of her therapy, contemplates leaving treatment after the therapist's separation from her for an extended weekend vacation,

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Chimeras and Other Writings: Selected Papers of Sheldon Bach

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This statement occurs in a discussion of a difficult concrete patient (in a chapter entitled "On Treating the Difficult Patient") who near the beginning of her therapy, contemplates leaving treatment after the therapist's separation from her for an extended weekend vacation,

having gone to a psychic in the meantime who gives her a piece of a rock that makes her feel "more calm and secure" (p. 222). The patient had a history of attaching herself to older men—father figures—and then leaving precipitously when the relationship became too close. But an interpretation of this by her male therapist did not diminish her intention to head for the door. Only when the therapist introduced the fact that the patient's mother (who rarely touched her when she was growing up) had been unable to provide the patient with an ability at a young age to self-regulate her anxiety at separations did the patient become curious, expansive about her difficulty at self-regulation, and then settled into treatment. In effect, says Bach, one should recognize that the concrete rock that the psychic provided the patient gave meaning to her by giving her a sense of stability that had been thrown asunder by separation from her analyst. He concludes:

> … with these patients we start from the concrete and move to the abstract, westart from the physical and move to the mental and emotional, just as we start from whatever is self-centered and only gradually move to whatever isobject-centered. We do this because their deficiencies of symbolization andself-awareness lead them to communicate impulsively by enactments that aresometimes unintelligible and often uninterpretable. [p. 224]

This emphasis on "listening to the patient" occurs throughout these papers and often results in Bach accepting and expanding upon the patient's thinking rather than prematurely making an interpretation or focusing on the transference. We are reminded that, after all, Freud created psychoanalysis itself from the thinking of Anna O. and that Freud also often followed the lead of his patients, adopting for example the term "omnipotence of thought" from the Wolfman.

Again, in speaking of a long term narcissistic patient (in a chapter entitled "Problems of Narcissistic Love") who, to the analyst's complete surprise, threatens to leave treatment when the analyst asks to change the time of an appointment (despite the fact that the patient had on occasion asked to change her time herself), Bach does a masterly job of understanding that the patient has an "experiential reality" different from ours and that her world only overlaps to a limited degree with

ours. This was not an issue that lent itself to a transference interpretation at the time, one that would touch on the fact that her parents discarded her throughout her life when she made the slightest mistake just as she threatened now to discard the therapist. Instead, the analyst had to listen to the patient and explore her reality.

The second, and related, common theme throughout these papers is Bach's attunement to mother-child and father-child interactions that lie at the base of human personality. Throughout almost all these papers, Bach stresses the importance of the child beginning to recognize himself and others as he grows up, and his ability to move from an egocentric view of the world to a view that can contemplate how the other feels and sees the world. In this respect, Bach makes full use of the findings of Piaget, a figure whose work is too often neglected in discussing adult pathology. In his chapter on "The Narcissistic State of Consciousness," drawing on Rapaport, who emphasized the development in the child of "reflective self-awareness," he also cites Piaget and Inhelder, who show the "inability of children to understand that an object might look different when viewed from a position other than their own, that is a lack of 'empathy' with the differently-situated observer" (p. 80).

The importance of Rapaport's and Piaget's observations became apparent to Bach when he was experiencing frustration with a highly successful, narcissistic patient, who oscillated from sessions of confusion and drowsiness on the one hand to sessions of hyperalertness and excited self-aggrandizement on the other. The patient proved very difficult to work with; and yet when he was despairing he had a peculiar complaint—he could not "get an overview of things." It became clear to Bach that there was an order of self-awareness that the patient lacked, and that Bach himself had become "overconcerned with the patient's primitive defenses against envy, rage and object longing" and "had lost my perspective as well" (p. 81). When Bach simply shared his thoughts with the patient and stated that it seemed difficult for the patient to keep "both of us in awareness or in perspective at the same time," (p. 82), the psychoanalysis settled in.

Perhaps the most interesting of the papers here is the first one, from which the book takes its title: "Chimeras: Immunity, Interpretation and the True Self." Here, Bach stresses the importance with narcissistic

and sadomasochistic patients (in fact *all* patients) of letting the transference develop unimpeded, even in its mirror aspects. He cites as a failure to follow this precept the case related by Kohut of an analyst who short-circuited a patient's development of an idealized transference to him as a priest (for whom she had much affection as a little girl) when he pointed out that after all he was not Catholic.[1] Bach remarks that the analyst "was unable to wear the suit that the patient had bought for him" and goes on to say that the patient should be "… allowed to pursue the transference that she needs at the moment without interruption by reality confrontations or countertransference denials" (p. 7).

Using a biological analogy from how the body's immune system through the use of chimeras incorporates foreign objects, Bach stresses that when the analyst permits alleged similarities between analyst and analysand to develop unchallenged, the patient can then metabolize aspects of the analyst. He says that when the typical narcissistic patient:

> … who may have rejected your comment six months earlier now "discovers" it for himself and presents it for your admiration, he has performed a piece of metabolic work similar to the work the analyst performs when he or she accepts an unbearable projection from the patient and metabolizes and returns it in some usable form. [p. 7]

Bach is well known for his work with sadomasochistic patients, including discussion of the Marquis de Sade. I cannot in this brief review do justice to his frankly brilliant observations, as they appear in two chapters "On Sadomasochistic Object Relations" and "A Dream of the Marquis de Sade" (this last with Lester Schwartz). For any psychoanalyst who is perplexed, disturbed and challenged by the sadomasochistic patient, the first of these chapters is absolutely essential reading. Bach explains the extent to which sadomasochism creates an alternate fantastical world for the patient who yearns for connection yet is frightened because he or she is unable to tolerate true feelings of loss. The words of the patients (both sadists and masochists) in which they talk about what

[1] Kohut, H. (1971) *The Analysis of the Self*. New York: International Universities Press.

it is like as they play out their sexual games are stunningly compelling in articulating this phenomenon. As Bach says:

> In his *experience*, the sadomasochist feels himself to be living in two worlds: the fantasy world where he plays the *game of the idealized omnipotent self and object*, and the real world, which seems too dangerous to exist in. [p. 172, italics in the original]

As should be clear, throughout these clinical papers Bach is leery of making transference or constructive interpretations. To generalize, Bach tends more toward a Kohutian approach to all patients, regardless of diagnosis, being careful not to break the sense of mutual understanding between analyst and analysand, contending that foreign elements such as constructions or transference interpretations are likely to be premature and break the patient's feeling of being heard. Others, including myself, believe that even when the patient cannot digest a transference or constructive interpretation immediately, it is important to provide the patient with a stimulus to make him wonder and believe and even hope, albeit not necessarily consciously, that there is another way of looking at things. In this respect, at times I disagree with Bach's technical approach, wondering whether his adherence to it hides beneath the well-reasoned surface the same authoritarian aspect that he so consciously eschews in his analytic work. And yet, having said this, I must admit that Bach never fails to clearly elucidate his beliefs, and in the process has made me and I would think any reader, ponder his own clinical choices.

Finally, I began by mentioning Bach's passion. Do not let Bach's wonderful prose beguile you into complacency. For Bach speaks not only of the things one expects of a psychoanalyst, he also speaks of "love" in the analytic dyad, a feature of the analytic endeavor which too many psychoanalysts eschew. Appropriately, the last article in this collection is called "Analytic Technique and Analytic Love." It begins with the observation that although Freud more than once said that psychoanalytic cures were "cures of love," the catalogs of our psychoanalytic institute have hundreds of courses without the word "love" in the title. Says Bach, "(P)sychoanalysts … have so often chosen to deal with love as a technical issue rather than attempting to face love as the controlling force implied in Freud's statement" (p. 264).

He remarks that Freud attempted to differentiate between "love" and "transference love" but, absent of course sexually acting out with the patient, had much difficulty in finding a difference. Bach questions this distinction:

> If you can find this basic trust in the patient, feel sympathetic resonance with him, and hold him in your mind so that he becomes a living presence, then you have become connected to him in a very special way. In my experience, the effects of this kind of attention and connection maintained over a long period of time can be very profound indeed, for the person with whom you are thus connected, whether patient or friend or lover, begins to feel held together by your attention and to feel more and more parts of himself are becoming meaningfully interconnected. [pp. 272-273]

And even more directly, he does not hesitate to say that the analyst "falls in love" with certain patients:

> (In) my view, if, after some long period of particularly close attention, patients do in fact fall in love with their psychoanalyst, then they are very lucky indeed. For if they have truly fallen in love with their analyst, then their analyst is very likely to have fallen in love with them, and when this happens, then the world becomes enchanted again, just as it was in days of childhood or as we sometimes find in fairy tales. [pp. 274-275]

(I elaborated the same concept in an article on the importance of a broken heart).[2]

We really could not wish for a more profound, courageous ending to this remarkable book than these words of Bach which remind us that the psychoanalytic endeavor is truly wonderful.

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[2] See Reichbart, R. (2011). The importance of a "broken heart." *Psychoanal. Rev.*, 98 (3):351-373.

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Asperger's Children: Psychodynamics, Aetiology, Diagnosis, and Treatment

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ASPERGER'S CHILDREN: PSYCHODYNAMICS, AETIOLOGY, DIAGNOSIS, AND TREATMENT. By Robin Holloway. New York: Routledge, 2016. 266 pp.

Robin Holloway's recent book, *Asperger's Children,* contributes substantially to the discourse on the psychoanalytic understanding and treatment of children with ASD.[1] Holloway's discussions of splitting and projective identification of bully and victim aspects of the patient, together with his consideration of primitive anxieties and defenses characteristic of children with Asperger's, are both insightful and clinically useful. In addition, Holloway calls attention to pressing issues within the field. At the forefront is the need to build bridges between psychoanalysis and practitioners in disciplines with differing points of view, who also work in the field of autism and whose knowledge and experience can enrich psychoanalytic work. Collaborative approaches—Gilbert Kliman's Reflective Network Therapy in which psychoanalytic clinicians work with ASD children in educational settings comes to mind—offer a way that analytic understanding of ASD can contribute to effective treatment for millions of children and adults who suffer from autism.[2] Second, since ASD is clearly a neurobiological disorder with neurological deficits, as well as psychological conflicts, can psychodynamic therapy make a significant contribution to treatment? Also, can a therapist convey realistic optimism about an ASD patient's ability to change and have a fulfilling life? After providing a brief overview of Holloway's comprehensive volume, I will attempt to contribute to the discussion regarding conflicts and deficits.

PART ONE: THE PSYCHODYNAMICS OF ASPERGER'S CHILDREN

In chapters two through eight, Holloway presents "clinical dialogues" with patients, ranging in age from nine to thirty-one. Each "dialogue" presents

[1] While Holloway differentiates between children with Asperger's Syndrome and children who are functioning at the high end of the autism spectrum, I use these terms interchangeably.

[2] Kliman, G. (2011). *Reflective network therapy in the pre-school classroom*, ed. E. Burian. Lanham, MD: University Press of America.

case material replete with verbatim interchanges that convey the quality of the therapist-patient relationship. These "dialogues" provide the clinical basis for the remainder of Part One and demonstrate Holloway's sensitivity and attunement to his patients, as well as his own emotional reactions, as he gently explores and tries to help his patients make sense of their inner worlds and interactions with others. Chapter Three contains the pivotal "dialogue," which focuses upon 12-year-old Matt (and although it is presented as a single dialogue it is, in fact, a summary of selected sessions over a several-month period). I will concentrate on his work with Matt who plays a critical role in Holloway's formulations and reappears throughout the volume. Holloway describes Matt as an "acutely appealing preadolescent" and offers the following:

> His suffering as he described it to me pulled mightily on my heartstrings. He was in considerable psychic torment when we first met, mostly because of his inability to make friends. I liked Matt and strongly sympathized with his plight. Wishes to rescue him from his loneliness and grief were mobilized in me, and made me less wary of therapeutic ambition than I usually would have been. [p. 17]

Holloway poetically describes their first meeting. Matt seemed like:

> … a hybrid between Harry Potter and a naïve and vulnerable elf. Matt wore large round wire-rimmed glasses in the Harry Potter style, and these seemed to magnify the sad liquidity of his large blue eyes… . My countertransference pull was a sense of great sympathy for him and sadness which became tinged with feeling regretfully disappointed in myself when his transference became more negative. [pp. 17-18]

Holloway's wish to be helpful and his deep concern for Matt are palpable. These excerpts evoke the dilemma faced by psychoanalytic therapists when working with ASD patients. What techniques can be effective when treating a patient with both conflicts and deficits involving social communication and the development of meaningful reciprocal relationships? When at age fourteen Matt broke off treatment abruptly, complaining that Holloway had not helped him make friends, Holloway reassessed his approach. In many ways, his unsuccessful

treatment of Matt was a catalyst for Holloway to reexamine his clinical approach and to include supportive and educational interventions, such as social skills training (more about this later).

In Chapter Nine, "The psychodynamics of Asperger's children," Holloway argues that splitting of the self and projective identification into remote objects, while not necessarily pathognomonic of Asperger's, play central roles in its psychodynamics, a formulation indebted to Dr. Nilde Parada Franch (p. 68). In this conceptualization, "remote" applies to time, space, emotional, or cultural distance and *not* into close people, such as friends, parents, or the therapist. In fact, Holloway says that the split self of bully versus victim has been central in all Asperger's patients whom he has treated. Other examples include tormentor and tormented, dominant or submissive, predator versus prey, powerful versus weak, fair versus unfair, just versus unjust. Matt's predominant experience of his split self was of an angry, dangerous, attacking tiger versus a vulnerable, peaceful, friendly antelope. A split may also be experienced between a part of the self that is perceived to be emotionally cold and unable to experience the risks associated with loving versus a part of the self that has the potential for growth and love.

Projective identification in these children usually involves the bully aspect of the self with its hostility and resentment for being treated unfairly in life, along with a wish for revenge. Most importantly, in terms of implications for therapeutic technique, Holloway notes that projective identifications into the therapist frequently involve the victim part of the patient with the countertransference experience of the therapist involving sympathy and protectiveness towards the victim aspect of the patient. Holloway later adds that he often has the sense of:

> Being protectively insulated from their projective identifications, as if my being a recipient … would be 'too close for comfort' and too risky both for them and, in their fantasies, too risky for me as well. Perhaps part of this risk would be that they would experience me as (and pressure me to act like) a heartless and cruel bully. [p. 69]

Again referencing Parada Franch, Holloway advises the therapist to focus on containing both the bully and victim aspects of the patient's

split self and not to interpret or return the hostile, powerful bully aspect of self to the patient too quickly.

Both Chapters Ten and Eleven consider the anxieties and defenses of Asperger's children, with chapter eleven focusing entirely on the distinction between splitting and dissociation in ASD. Holloway's consideration of anxieties in Asperger's children is based upon his distinction between high-functioning children on the autistic spectrum and children with Asperger's. High-functioning autistic children primarily experience existential anxieties related to fears of death and annihilation associated with primitive terrors such as falling forever, dissolving, freezing, and breaking into pieces. On the other hand, in children with Asperger's, existential anxieties are considered to be secondary while relational anxieties such as persecutory anxiety and separation anxiety are much more prominent. Such persecutory anxieties include the fear of brutal rejection, of being treated in a cold, unfair manner or of being dismissed or unwanted and not included.

Holloway considers Asperger's defenses to operate at three levels. The cornerstone level consists of splitting and projective identification into remote objects. The second level involves a series of defenses including intellectualization, idealization, devaluation, arrogance, manic denial, and projective identification into less remote objects. Intellectualization is considered to one of the foremost defenses, at times leading to the construction of an intellectual fortress that functions as a protective shell but actually becomes an internal prison. Defensive arrogance and idealization are considered to operate hand-in-hand with devaluation. Manic denial can involve the denial of any sense of weakness, vulnerability, or loss. Finally, projective identification into more intimate objects including the therapist is considered to be a positive sign, signaling a growing trust in the therapist's ability to contain and deal constructively with toxic elements of the self. The third, or more typically autistic as opposed to Asperger's level of defense, involves the use of autistic objects or shapes as described by Tustin (p. 88)[3] and Mitrani and Mitrani (p. 88)[4] to form shells, create barriers and break

[3] Tustin, F. (1972). *Autism and childhood psychosis*. London: Hogarth.

[4] Mitrani, T. & Mitrani, J. (1997). *Encounters with Autistic States: A Memorial Tribute to Frances Tustin*. Northvale, NJ: Jason Aronson.

connections between the child and caring, potentially helpful people and interfere with growth and development. These autistic objects function in sharp contrast to transitional objects that help maintain connections between the child and loving people. Holloway returns to Matt's use of a number of small hard toys, such as "little green car," in his discussion of autistic objects and wonders if he might have missed something with Matt:

> The paternally protective aspect of my countertransference, leading me to see him as anxious, helpless, and vulnerable, may have covered over for me that aspect of his transference in which he saw me as anxiety-provoking because I might react to him just as he perceived his peers had done. For Matt, I may have been protective, but possibly also threatening. There were times when Matt seemed to go into anxiety states which prevented him from talking to me. I wonder whether one autistic-like aspect of his use of small, hard toys might have been to sometimes help insulate him from fully confronting my existence as a separate object. [p. 105]

PART TWO: THEORIZING ABOUT THE ETIOLOGY OF ASPERGER'S

Both Chapters Twelve and Thirteen focus on the etiology of Asperger's Syndrome. Holloway describes the mothers of Asperger's children as generally extremely devoted and highly competent. He considers the interaction between neurological factors, the child's constitutional givens, such as sensory vulnerabilities, including hypersensitivities, to affect adversely the child's experiences with caregivers. Neurobiological factors within the infant or child interfere with the young child's sending helpful cues to the caregiver and in experiencing the caregiver's responses as soothing and helpful. These unhelpful and unsatisfying interactions disrupt the mother-infant relationship and interfere with the infant's developing a sense of being protected by a loving mother and with the mother's developing a sense of being able to understand her baby and

be helpful. A vicious interactional cycle may arise, and the infant may experience cumulative trauma.

PART THREE: THE DIAGNOSIS OF ASPERGER'S CHILDREN

Although the DSM-5 from 2013 only includes Autism Spectrum Disorder and does not include Asperger's as a diagnosis, in Chapter Fourteen Holloway has written a thoughtful description of diagnostic criteria for Asperger's and an interesting discussion of the distinction between high functioning autism and Asperger's. He feels that these distinctions may be clinically useful and have some implications regarding prognosis. Also these distinctions could be of help in exploring questions related to which kinds of children respond to which kinds of treatment and to make clinical decisions regarding which kind of treatment is indicated for this particular child. Holloway also describes three types of Asperger's Syndrome and considers implications for treatment: 1) the inhibited/avoidant type who are object-shunning 2) the inhibited but object-seeking and needy type 3) the uninhibited and aggressive type who are object-rejecting.

PART FOUR: TREATMENT APPROACHES TO ASPERGER'S CHILDREN

In Chapter Fifteen, "Thoughts about the treatment Asperger's children," Holloway first considers Paulina Kernberg's types of psychotherapy–supportive, supportive-expressive, expressive-supportive, and expressive psychotherapy, as well as Anne Alvarez's three levels of psychotherapeutic interventions, including explanatory, descriptive, and intensified and vitalizing. This vitalizing level of intervention is employed to promote the child's interest in making contact with the therapist.

The next chapter describes the Toronto experiment in the treatment of Asperger's children, which utilizes Holloway's "ideal treatment approach" with a young adolescent, Jack, and his family. This approach involves at least one and, at times, two other psychoanalytically trained clinicians. Holloway provides analytic therapy every other week to

address the patient's conflicts and another therapist deals once a week with his deficits through more educational interventions. After one and a half to two years, Jack is considered to be making reasonable progress. Holloway concludes that effective therapy for more children with Asperger's might be possible through utilizing a team approach that includes one psychoanalytically trained child therapist along with therapists from other disciplines.

Holloway describes how he concluded that the optimal treatment for Asperger's children requires collaboration between analytic therapists: one dealing with psychological conflicts and the other addressing deficits. He grappled with the clinical and intellectual challenges involved in treating patients with a clearly neurobiologically based disorder using a psychological approach. He concluded that Alvarez's intensified and vitalizing level of intervention that "involves sparking interest in the child and helping the child to feel alive and in contact with others" has much to offer (p. 217). Holloway concludes that, in general, the deficits we see in Asperger's children do not respond adequately to psychoanalytic work based in the transference and, therefore, need specific supportive and educational interventions such as social skills training, perhaps best dealt with by another therapist. As mentioned above, a major factor in Holloway's recommending supportive and educational interventions to deal with deficits was his disappointment that he had not been more helpful to Matt. This collaborative approach to dealing with social deficits is Holloway's attempt to provide timely and more effective interventions.

DISCUSSION: CONFLICTS AND DEFICITS

Holloway has succeeded admirably in achieving his goal of increasing our psychodynamic understanding of Asperger's children and their treatment. Hopefully I will be able to contribute to the discussion regarding conflicts and deficits. Therapists' models of ASD, clearly a neurobiological disorder, greatly influence their therapeutic approach to ameliorating neurobiological deficits. A comparison of my working model of ASD with Holloway's shows that initially we are in agreement. Neurobiological factors such as various hypersensitivities—not poor parenting—interfere with the infant's being able to experience the

presence of a soothing and protective mother and utilize what the parents provide. This leads to a progressive disruption of the mother-infant relationship and a sense of deprivation and chronic traumatic stress that negatively color the infant's developing internal object relations.

However, I believe that at this point a crucial difference in our models arises based primarily on my including two different lines of recent research. Both bodies of findings lead to realistic optimism regarding an ASD patient's capacity to change in major ways. First, Catherine Lord and her colleagues have found in a series of prospective studies of toddlers with ASD that by age nineteen nine percent met the criteria for very positive outcomes and that significant improvement continued as these children progressed through young adulthood.[5] The second line of research concerns the concept of neuroplasticity—the capacity of the brain to change—adaptively or maladaptively in response to experience. This research has drastically changed thinking regarding the treatment of neurobiological deficits. Instead of fixed, life-long developmental defects, ASD is considered to involve functional impairments in circuits that are intact but obstructed and can be rapidly reversible.[6] In research contributing to this change in conceptualization, Curran found that a substantial percentage of children with ASD dramatically improve, during and briefly after febrile episodes.[7] In my own clinical experience, these changes can include the core social symptoms, e.g., children become able to have emotionally meaningful conversations during and shortly after a febrile episode. In addition, the brain is like a muscle, pathways that are used become stronger, while disuse leads to atrophy.

[5] Anderson, D., Liang, L.W., & Lord, C. (2014). Predicting young adult outcome among more and less cognitively able individuals with autism spectrum disorders. *J. Child Psychology and Psychiatry*, 55(5):485-494; Lord, C., McCauley, J.B., Pepa, L.A. Marisela Huerta, & Pickles, A. Young adults with autism: Longitudinal outcomes at age 26. (under review).

[6] Herbert, M. & Anderson, M. (2008). An expanding spectrum of autism models: From fixed developmental defects to reversible functional impairments. In *Autism: Current Theories and Evidence*, ed. A.W. Zimmerman. Totowa, NJ: Humana Press. pp. 429-463.

[7] Curran, L.K., Newschaffer, C.J., Lee, L.C., Crawford, S.O., Johnston, M.V., & Zimmerman, A.W. (2007). Behaviors associated with fever in children with autism spectrum disorders. *Biological Psychiatry*, 61(4):512-520.

Also, toxic stress has deleterious effects on brain development, including the very factors leading to the development of autism as well as on psychological development. The characteristic symptoms of ASD, impairments in social communication and interaction as well as restricted and repetitive interest and behavior, are the result of psychological conflicts and maladaptive coping as well as neuroplasticity and neurobiological deficits. Loving, helpful human interactions that the infant and child most need to nourish development are shut out because relationships with people are perceived as threatening. My own clinical experience has led me to conclude that working within the transference relationship has much to offer to the alleviation of deficits.[8] In fact, close work within the transference allows us to see a primary pattern: paradoxically, moments of emotional connection and closeness with the therapist through feeling understood are often followed by distancing, complaints, and hostile attacks because of the fears that emotional connection brings. Through such work with some patients, social deficits become more focused on the therapist allowing substantially improved relationships with peers and family.

Personal reports from individuals with ASD are quite similar. In *Nobody Nowhere*, her widely acclaimed account of the Asperger's experience, Donna Williams describes her paradoxical terror of kindness and love:

> I believe that autism results when some sort of mechanism that controls emotion does not function properly… an autistic child… is unable to receive or make sense of any message that says there is a connection between itself and its mother. This inability to comprehend closeness constrains the formation of attachments… Without this… the child … becomes a world within itself… Autistic people are… trapped in invisible, crippled emotional responses … In my case, my mind knows that affection and kindness will not kill

[8] Singletary, W. M. (2016). An integrative model of autism spectrum disorder: ASD as a neurobiological dis order of experienced environmental deprivation, early life stress and allostatic overload. *Neuropsychoanal.,* 17(2):81-119; Singletary, W. M. (2016). Response to commentaries on "An integrative model of autism spectrum disorder: ASD as a neurobiological dis order of experienced environmental deprivation, early life stress and allostatic overload." *Neuropsychoanal.,* 18(1):25-30.

> me, yet my emotional response defies this logic, telling me that good things and gentle and loving touch can kill me or at the very least cause me pain … [There is a] sub-conscious will to escape this emotional prison … [pp. 203-205][9]

Our task is to help patients who not only have neurobiological deficits involving social motivation and the functioning of the social brain but also have conflicts about experiencing loving and helpful relationships. I certainly agree with Holloway's conclusion that in order to be effective in improving social functioning more is needed than an approach involving essentially gentle understanding and approving, supportive comments. Successful treatment involves reversing the developmental process leading to ASD and promoting adaptive neuroplasticity. Understanding the child's inner experiences and conflicts regarding positive relationships as well as more active engagement with the therapist, lead to diminished stress and more positive subjective experience. Such work leads to a nonlinear adaptive upward spiral whereby improved relationships and use of all treatment, including educational approaches, along with diminished stress result in both rapid, short-term diminution of the functional, and quickly reversible impairments leading to autism, as well as in more long-lasting adaptive changes in brain structure and function.

However, as Donna Williams poignantly expressed above, the maladaptive responses such as emotional and social withdrawal are felt to be essential to survival. Change and becoming emotionally connected are associated with vulnerability, the potential for loss of a needed and valued other and death. Taking this perspective helps one to understand that often therapeutic efforts to help the child become more emotionally connected may be experienced as endangering attempts to deprive the patient of an essential protection. Here an analytic approach that includes talking and playing about the child's defenses that block emotional connection between patient and therapist, as well as peers, can be immensely beneficial in promoting adaptive engagement with others.

While I certainly agree with Holloway that patients may need a level of intervention which Alvarez refers to as intensifying and vitalizing, I

[9] Williams, D. (1992). *Nobody Nowhere: The Extraordinary Biography of an Autistic*. New York, NY: Times Books.

propose that this level of intervention to deal with deficits in social functioning is not necessarily limited to an educational approach such as social skills training. Intensive analytic therapy can make vital contributions to promoting adaptive neuroplasticity. Active engagement with the therapist,[10] including playful obstruction,[11] as well as therapeutic interventions designed to develop the capacity for self-regulation—which I refer to as "building feelings muscles"[12]—are of critical importance. Such interventions can involve actively and playfully interfering with maladaptive, especially isolating and distancing behaviors in treatment (playful obstruction) and attempting to engage the child in meaningful interactions in as gentle a way as possible. For example, with a child who is sitting alone in a corner repetitively moving a toy car back-and-forth, the therapist can playfully interfere with this isolated activity by using another toy car to bump into the patient's car, in an attempt to initiate a form of back and forth activity. Similarly, verbal interventions can be employed strategically to disrupt disengagement and promote reciprocal interaction.

In closing, Holloway has contributed a comprehensive, stimulating, and thought-provoking work to the psychoanalytic literature. His clinical material demonstrates the usefulness of a psychoanalytic approach in individual therapy with Asperger's patients even when provided with minimal frequency. His warmth, compassion, erudition, and wealth of experience permeate both his theoretical formulations and his "clinical dialogues." One strength, among many, of *Asperger's Children* lies in its opening the door to further dialogue regarding crucial issues in our psychoanalytic approach to working with Asperger's patients.

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[10] Settlage, C. (1992). Psychoanalytic observations on adult development in life and in the therapeutic relationships. *Psychoanal. Contemp. Thought*, 15:349-374.

[11] Greenspan, S. & Wieder, S. (2006). *Engaging Autism: Using the Floortime Approach to Help Children Relate, Communicate, and Think.* Cambridge, MA: Da Capo Lifelong Books.

[12] Novick, J. and Novick, K. K. refer to "emotional muscle" in (2016). *Freedom to Choose: Two Systems of Self-Regulation.* Astoria, NY: International Psychoanalytic Books.

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The Developmental Science of Early Childhood: Clinical Applications of Infant Mental Health Concepts From Infancy Through Adolescence

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THE DEVELOPMENTAL SCIENCE OF EARLY CHILDHOOD: CLINICAL APPLICATIONS OF INFANT MENTAL HEALTH CONCEPTS FROM INFANCY THROUGH ADOLESCENCE. By Claudia M. Gold. New York/London: W.W. Norton & Company, 2017. 299 pp.

Pediatrician Claudia M. Gold comprehensively examines important core concepts of child development in language that can be understood by lay as well as professional readers. She reviews past and current researchers, beginning with British pediatrician and child psychoanalyst Donald Winnicott. She weaves his groundbreaking constructs into subsequent chapters, including primary maternal preoccupation, true self, the holding environment, and the good-enough mother.

Building on Winnicott's work, Gold pursues the research of exemplary, contemporary practitioners whose case studies and clinical examples take the reader deeper into the neuroscience of the brain demonstrating how relationships can change the brain. She deals with clinical applications of the infant mental health paradigm. This exceptionally rich section reveals how the science of early childhood informs the therapeutic relationship. It begins with an in-depth early developmental history, listening for multi-generational loss and trauma, and treating sleep issues in a developmental-relations context. An undercurrent throughout the book and described in Chapter 9, "Reframing Postpartum Depression" is delineated using this infant mental-health perspective. While this problem has historically been ascribed to the mother, there are other subtleties to be understood. Gold shows how providing space, time, and deep listening to parents is primary. Each parent can experience an umbrella of emotional issues and psychological shifts in the postpartum period. For example: entering parenthood, coming to grips with issues from their own families and childhoods, ambivalence, social isolation, sleep deprivation, unrealistically quick return to functioning, changes in the dynamics of parental relationships, shifts in their families of origin, and a baby, too!

Gold is constant in her pursuit and use of the most salient, current research. The "mutual dysregulation process," as one example, identifies

ways in which each mother and child can worsen the other's distress, (p. 188) Parents' psychological problems such as depression can lead to prolonged periods of disorganized parent-infant social interaction and compromise long-term infant outcomes. These circumstances can be strong predictors of infant social-emotional and cognitive problems throughout life (p. 199).

When we realize the capacity of the newborn for communication and connection, parental depression can have a significant effect on the child. A mother with postpartum depression, who is unable to respond in the way she would like toward her baby, suffers a devastating loss even beyond the depression itself.

Dr. Gold has presented us with an in-depth, well-researched, and well-documented study of early childhood and understanding of early brain development, citing a panoply of contributors and their research findings. She underscores that the framework of the holding environment for parents—a place where their story can be told and heard with deep listening, and their efforts to understand the meaning of their child's behavior can be lifted out and recognized as they, as parents, get in touch with the true self of their own child. She shares the practical application of this framework through vivid and compelling case vignettes. The bibliography and index are themselves an inexhaustible source of inspiration and guidance.

Reading Gold's *Developmental Science of Early Childhood*, one walks away with the conviction that no matter how difficult the struggle to find connection between child and parent, by working together between parent and therapist, and between parent and child, life-informing healing begins.

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