

The Long Shadow of the Holocaust

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The Holocaust was perhaps the most powerful defining event of the 20th century. That the ruling party of a highly civilized Western nation could set out systematically to murder millions of citizens of Europe in cold blood because of their ethnic heritage or other eugenically unwanted characteristics seems almost beyond imagination. Yet it happened. The statistical results—over six million victims killed—are staggering. One senses that one has lived in a time of unparalleled and appalling human depravity.

The individual human narratives that have emerged from the carnage are even more gut-wrenching. Having practiced psychiatry for nearly half a century in a city with a vibrant Jewish community, it has been my lot to hear firsthand what that wretched crime against humanity did to individual human beings. I have taken it as a sacred privilege to listen to those accounts, but I have found it to be a deeply rooted challenge as well. Now the few remaining Holocaust survivors are reaching the ends of their lives, and I feel the need to bear witness as well as offer some thoughts about my professional response.

In the early days of my practice, I encountered the shadow of the Holocaust mostly in the demeanor of the children of its survivors and in personal acquaintances. The mother of our children's baby-sitter had a concentration camp number tattooed on her arm. Though my wife and I never met her, we heard about her as a very quiet person who was perhaps uncommonly anxious about dangers to her children. Our baby-sitter was sweet, kind, and responsible.

One of my closest friends had lived his first 8 years in Germany and seen his father first awarded (by the newly efficient police) a medal for his contribution to the German war effort in World War I—and soon thereafter carted off to a labor camp, fortunately for only a limited time. This was in the early years of the ascendancy of the National Socialist Party. Soon after *Krystallnacht*, the family managed with the help of non-Jewish Germans to emigrate to the United States, but numerous members of my friend's extended family perished in the concentration camps and the gas chambers. The Holocaust, at first an appalling but far away

Movietone News item as it emerged at the end of World War II and further justified our nation's counter-assault on the Axis powers, now became more real to me in human terms.

While I cannot personally generalize about the children of Holocaust survivors from the limited series that emerged in my own practice, it did seem to me that their parents were described as uncommonly taciturn or even remote, perhaps more darkly depressive and anxious, very frugal, sometimes harsh or cold or punitive. Their children rarely heard them speak about what had happened in the camps or the ghettos that preceded the camps, but they had a sense that their parents were different from those of other children. As with other patients, I always worked with the grown children of survivors on the foundations and the consequences of their unique experiences; each was an "N" of one, and whether their high levels of anxiety or depressive lows could be related specifically to their parents' status as Holocaust survivors, I cannot say. But I often felt as if I had entered the long shadow of something monstrous, in company with these first-generation Americans who had passed their childhoods in that penumbra.

Then, in the last decade or two, I began to see some women in their late seventies or eighties who came to me with depressive symptoms, insomnia, and troubled thoughts. Most were widows. As they told their stories, it emerged that they had been through the concentration camps or equally horrendous experiences involving the Nazis. Here are three examples.

In her late 70s, Mrs. A was referred by her internist because of anxiety, depression, and numerous somatic complaints. As she came to feel more comfortable in therapy, it developed that her symptoms had seemed to break through as the 50th anniversary of the liberation of Auschwitz was being recognized, releasing a flood of memories. She had been "the star of the family," expected to go a long way. She was

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married and pregnant when atrocities began in the ghetto where she lived. She had an abortion to avoid attracting attention and being killed; the abortion was botched in a way that left her unable to conceive again. Subsequently her parents died in a concentration camp. She was spared because of her youth and good health, and she was put to work in a factory. She made an escape, obtained false papers to pass as an "Aryan," and risked her life going back to the ghetto to find her sister and help others. But her sister died during an uprising. Her husband had been separated from her and sent to another camp, where he also perished. After liberation, images of her mother and sister appeared to her over the years until she somehow brought some closure through a special Kaddish (mourning) ceremony. She was receiving compensation from the German government.

After considerable effort to sort out her somatic symptoms and with the help of antidepressant medications, she was able to more openly mourn the losses and terror she had experienced. Her second husband had had a rather cold temperament, and she had missed the great warmth and support of her lost family. She came to terms with the ambivalence she had felt towards her sister, whom she described as beautiful, vain, and selfish. She wrestled with her guilt about having been sorted out from her parents and spared the gas chamber, as well as the loneliness that she felt now, childless, widowed, and in ill health. Eventually, her symptoms abated.

At age 83, **Mrs. B** presented with depression and anxiety that had come over her suddenly 2 months earlier and had not responded to antidepressants prescribed by her internist. She also had a cardiac problem, which she was frightened about. The patient had run small businesses for almost three decades, and she had coped very effectively with the death of her husband. She had a supportive daughter and five attentive grandchildren.

It gradually emerged that the patient's parents, four sisters, a brother, and some nieces and nephews had died in the Nazi camps. She denied being preoccupied with the Holocaust; she said she "blots it out." But then a car crash precipitated recurrent nightmares, many of them full of terrifying images from her experience in the camps that she could barely describe with even minimal detail.

Over the ensuing 6 years, she has done quite well with supportive psychotherapy and modest doses of antidepressants, referring occasionally, in passing,

to her family losses. She has repeatedly expressed how much our relatively infrequent visits mean to her. Recently she came in again with an upsurge of anxiety that she associated with the anniversary of the liberation of the Holocaust death camps.

Referred by her internist, **Mrs. C.** had had episodes of depression over the years, along with nights of insomnia during which thoughts kept "going around and around" in her head. A sprightly 87-year-old, this widowed lady walked everywhere, including most of a mile to get to my office. She had never seen a mental health professional. At first she was reluctant to talk about what troubled her, but an appalling story unfolded of how she and various family members fled from country to country to escape the Nazi persecution of the Jews. Her father was captured early and died in the gas chambers. Her mother urged her grown children to leave their home in Germany and go to the Netherlands. The patient's brother and sister did as their mother requested, but the patient stayed in Germany with her husband. There her brother was rounded up in a random raid on the street; his pregnant wife voluntarily joined him at the detention center, had her baby in the camps, and all three went to the gas chambers. Her sister returned to Germany to be with the mother, and they were sent to Auschwitz.

While they were still in Germany, the patient's husband was sent to the labor camps when she was in her sixth month of pregnancy with their second child. As the persecution of Jews intensified, she took the children, then 4 and 2 years old, to Belgium, where Jews helped her get to a house that had been set up as a safe haven. The first two days she took the children to market with her to buy milk, but the lines were long and they were restless. She was afraid they would attract attention. The third day she left them with other parents in the house. She returned after some delay at the market to find the house cordoned off and surrounded by a crowd. All of the occupants had been betrayed (there was a bounty for turning in Jews) and taken off by the Gestapo. She hid in a doorway until they left. Then someone gave her a letter from a rabbi who was trying to find safe places for children; there was a placement for hers. Stunned, dissociated, disbelieving, she kept the offered appointment at the synagogue to tell them that they were too late. They comforted her and found her a place with "righteous Gentiles," who harbored her for the duration of the war. After the liber-

ation, she was able to obtain the Nazis' bills of lading for shipment of the group that included her children to a camp in Germany and ultimately to Auschwitz. She was finally reunited with her husband after 4 and a half years, whereupon he blamed and berated her for the loss of the children. All this she told with very restrained affect.

Later she had been pre-interviewed for a recorded interview with Stephen Spielberg's group when they were collecting Holocaust accounts. She became very ill and was sent to hospital, and the interview was cancelled.

During the next few months in therapy, she worked through the memories with me, calmed down considerably, and then discontinued treatment out of concern for the stigma of having sought mental health care and unfounded anxiety that Medicare would not pay for it.

As long as they lived, these patients would never be completely relieved of their memories and the associated suffering. Yet they were noteworthy for their resilience and their determination to live. At this late point in their lives, they needed at last to talk about what had happened, express their feelings, and know that others understood—albeit imperfectly—and cared about what they had gone through. But the wrongs could never be righted. As a psychiatrist, my main function was to listen and to help them come to terms with not only the losses and grief but also the rage at what had been inflicted on them and their families, the guilt in knowing that they had survived—perhaps through desperate measures—while their loved ones perished, and now, for many, being alone in the world. I never heard them voice a desire for revenge.

The Descendants of the Perpetrators

The long shadow of the Holocaust is cast in many directions, including upon Germans of ensuing generations.

Ms. D, a German professional woman in her late 30s, came to me after the sudden death of her therapist. She was suffering from deep depression and a constant, obsessive preoccupation with suicide. She had made a serious suicide attempt at age 19 but, alarmed by what she had done, she sought help and survived. Now she saw that as a failure. High doses of antidepressants and a trial of electroconvulsive therapy had improved her clinical state somewhat but failed to bring her to remission. In therapy, she

stated that she had been preoccupied with death since her early teens. In the effort to understand this more specifically, she became aware that she had deduced that her first therapist was Jewish, felt a wave of guilt about the Holocaust, and feared that her therapist would secretly judge her and wish to reject her. When the therapist died after a very brief illness, she felt sad and abandoned but probably also angry and guilty with a feeling of somehow having been responsible. As she worked through this, she had powerful aversive feelings about the mass killings that go on in the present world as well as the Holocaust, and even felt overwhelmed with anxiety about sacrificing animals in the course of her laboratory work. She felt guilt about the Holocaust even though she had not even been born and her parents were small children at the time, living far from the major cities where most of the persecution had taken place.

Counter-Transference Considerations

When working with those affected by the shadow of the Holocaust, one feels it as so monstrous and overwhelming a phenomenon of history that it is easy to lose sight of what is personal and unique in the psychodynamics of each individual patient, or of ourselves. Ms. D's intrapsychic conflicts and emotional turmoil probably have far more to do with her unique life experience than with collective national German shame and guilt about the Holocaust. Relationships with family members as well as personality characteristics were important to the distress of all these patients along with the atrocities they suffered. Mrs. A's jealousy of her beautiful, selfish sister made her grief much more complex—tinged with guilt possibly interlaced with half-conscious triumph. The cruelty of Mrs. C's husband in blaming her for her children's death inflamed her guilt and feelings of failure but also caused her to feel deep resentment of his unjust and insensitive accusation. On the other hand, the way each woman responded to the challenge, coped, survived, and made a life after the horror was over had much to do with her unique determination, coping skills, and resilience, along with a large element of chance. Our challenge is not to be so drawn into the hugeness of a trauma that we fail to attend to each patient's unique life experience, internal conflicts, and relationships.

For those of us who are not Jewish, the narratives of the Holocaust cause us to search our own roots, which may entail unfamiliarity with Jewish customs and, at the worst, outright anti-Semitism in our earlier life

experience. We must cope with insensitivity or lack of empathy on the one hand and a reaction formation that leads to over-identification with the patient on the other. Each has the effect of obscuring our attunement to the patient's distinctive mental life. As we move empathically through the terror, helplessness, and rage of the patient's experience that causes us dread in the pit of our stomachs, we may also find in ourselves guilt about survival and shame about what it took to do so.

With Ms. D., I had the added burden of a deep-seated prejudice against the image of Germany as a brutal enemy that I had been exposed to as an elementary school child. I was averse to visiting Germany or learning its language (even though it was also the language of Sigmund Freud.) On top of that, Ms. D's late therapist was a dear friend whom I had visited in her final hours. And Ms. D's deep investment in her suicidal obsession caused the tense vigilance that such patients induce in us. In addition, she had a vulnerable, waif-like quality—albeit with a very serious, discerning mind and a good command of English—that made me want to shelter and comfort her as if she were a child. All of this had to be contained in order to listen to her as simply a person desperate for understanding and a hold on life.

Sadly, the generation that lived through the Holocaust is leaving the world stage. But the hatred, lust for power, and sadistic aggression that fueled the Holocaust has not abated. In hearing about the Holocaust, our thoughts may run to the other killing fields of the world where people have been murdered in our time solely because they are different—Ireland, Sri Lanka, Israel and Palestine, Iraq, Afghanistan, Rwanda, Darfur...—and our thoughts may be distracted by the eternal battle between civilized society and naked aggression. Many nations other than Germany have their shameful history, including our treatment of African Americans and Native Americans. I found myself identifying with Ms. D's shame about what her nation—the land of Beethoven, Goethe, Kant and so many other geniuses—did during the early 20th century, as I think of what Americans have done in the name of economic prosperity built on slavery, or Manifest Destiny in conquering the West, or tragically misguided Christianity. We are part of the human condition in all its ramifications and cannot escape it. But we can seek to uphold the finest in what it is to be human, set our ruminations aside, and listen with an open mind to the person who is opening his or her unique mental life to us.