

# THE VANISHED COMMUNAL HERITAGE OF HOLOCAUST SURVIVORS

## Its Impact on Survivors and their Children

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*Holocaust survivors lost not just their families but they also lost their religious, social, and family traditions; their communities; and a rich cultural heritage. They suffered a complete break with their pre-Holocaust lives and thus lost the basic sense of security, belonging, and identity their communities had provided. Ancillary therapeutic modalities have demonstrated to be therapeutic and restorative.*

**H**olocaust survivors and children of Holocaust survivors have been seeking psychological treatment for their personal, family, or marital problems for many years. Unfortunately, the survivors' histories are very complex and sad, so that we as clinicians can easily become overwhelmed. Every Holocaust survivor has a tragic personal and family history of loss. In addition, he or she has also suffered the loss of a rich Jewish cultural and communal heritage.

Between 1933 and 1945 the Nazis not only killed six million Jews but they also systematically destroyed all the Jewish communities of Europe. The flourishing Jewish communities of Warsaw, Riga, Salonika, and Amsterdam, just to mention a very few, were destroyed, and hundreds of small communities vanished. Those who survived the Holocaust lost not only their families and their homes but also their social and family traditions and their communities. A survivor recalled thinking, "Even though the war was over, life was still a catastrophe for a Jewish child all alone in the world. In hiding I had hoped that there would be somebody alive and willing to take care of me. However, the Nazis had liquidated the ghetto and killed virtually everyone, including my grand-

mother. I was only eight years old" (Marks, 1993).

The survivors suffered a complete break from their pre-Holocaust lives, and with that, they lost their basic sense of security, belonging, and identity that their communities had provided. For "survivors of social catastrophes suffer from a collective trauma in addition to the individual trauma. When a community is destroyed... there occurs a psychic impairment that enhances the individual trauma process and makes the effect of the individual trauma more difficult" (Davidson, 1992).

According to Yael Danieli (1988), a clinical psychologist and director of the Group Project for Holocaust Survivors and Their Children,

The therapist is thus confronted with the discontinuity and disruption on all levels in the order of living—uprootedness, loss of families, communities, homes and countries, and values. Recreating a sense of rootedness and continuity and meaningfully integrating the Holocaust in their lives are major struggles for the survivors and their children. When the therapists only focus on certain periods in the patients' lives to the exclusion of others, they may hinder the recovery process and perpetuate their sense of disruption and discontinuity.

Yet, in the vast clinical literature of Holocaust survivors little attention is given to their

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collective trauma. Neither is the loss of the communal heritage incorporated sufficiently into the treatment of survivors and their families.

### **JEWISH COMMUNITIES IN EUROPE BEFORE THE HOLOCAUST**

"Between 1000 AD and 1939 the Jews of Europe, despite constant persecution, maintained unbroken their traditional community and family life, including observance of the Holidays, the keeping of the Sabbath, communal self-help, charity, and the strong encouragement of learning and scholarship and a belief in the common destiny of the Jewish people, to survive as a people" (Gilbert, 1994). The flourishing Jewish community of Salonika, Greece had existed for over 2000 years. Some of the Jewish communities in Germany were more than 1600 years old and those in Holland 450 years. Sighet, the community in which Elie Wiesel grew up, "was a typical shtetl, a sanctuary for Jews, in this case since 1640, when, according to historians, refugees began arriving from Ukraine, fleeing pogroms and persecution of the reign of Bogdan Khmel'niski" (Wiesel, 1995).

Hundreds of large and small Jewish communities provided their inhabitants with a rich cultural, spiritual, and communal life.

On Friday and holiday nights our fathers would look around the synagogue for someone to invite home for dinner. Poor Jews from other towns would arrive in Jody on Friday knowing that they would find a home in which to spend the Sabbath. Our fathers would usually be among the first to take someone home with them. Our mothers encouraged them to do so, and since we had the nicest homes in town they felt obliged to share their good fortune. Indeed the arrival of the Sabbath always altered the mood of Jewish life in Jody. Just before sunset on Friday all our stores closed and business came to a halt. Rich and poor, every housewife was making challah and gefilte fish. Whole families walked together to the synagogue that night and again on Saturday

morning. Lunch was the highlight of the day. After talking with friends and neighbors, everyone returned to a table laden with a traditional Jewish meal (Silverman, 1992).

The Jewish quarter in Amsterdam was a self-contained community within the big city. It was a busy community where the inhabitants lived in small and crowded apartments. There were many little stores, markets, stalls, and carts where merchants sold clothing, housewares, and food. The quarter had its own Jewish schools and wedding halls. It was a much alive but poor community with hustle and bustle all day long. On Friday nights, just before the Sabbath, all activities stopped and peace and calm came over the community.

"Before the Holocaust the survivors' families were linked by chains of belonging and identifications to their extended families, their communities, their surroundings and the entire Jewish people—and at the same time to the generations of parents and children. The Holocaust severed the links in these chains and nothing was left of them" (Wardi, 1996).

### **DEVELOPMENT OF THE INDIVIDUAL THROUGH IDENTIFICATION WITH AND A SENSE OF BELONGING TO THE COMMUNITY**

Most Holocaust survivors grew up in Jewish communities with a rich cultural spirituality and communal structure. It was there that they developed their sense of belonging, security, and identification. It was there that their families had established deep roots. It was there that the Holocaust survivor had gone to school, developed friendships, celebrated holidays and family events, listened to family stories, and from very young had participated in communal life. It was there that they learned the values of life.

Larry Rotenberg (1985), a child survivor, writes,

When I think back of the prewar world in which I was born, it is no doubt with a degree of retrospective idealization. I do not have a photograph of my parents. I do not have a

single item out of my home prior to the war. I was born the youngest of five in an intact Orthodox Jewish family. My father was a rabbi in a small synagogue, where he not only led the congregation, but also acted as a cantor, a shochet (ritual butcher), and a general factotum. My days were spent following him around on his rituals. This seemed to provide for an eternal thread of security and love.

In more technical terms, Wardi (1996) describes the process of identity formation:

Personal identity is a product of a system of identifications and a process that occurs to the infant, the child and the adolescent in the course of their psychological growth. The system of identifications plays a central role in the person's ability to form object relations and in the learning processes that are with him all his life. Identification is also the central component of the internal structure of the ego and the superego. Therefore any interruption or damage to this process of identification has long-range effects.

The impact of the collective trauma depended on the age of the survivors. Older survivors had the experience of being an integral part of a cohesive Jewish community; living in a cohesive community shaped their personalities, their identities, and their bonds with the community. They had established strong roots. Child survivors who were old enough to have participated in the life of the community also developed communal bonds but they did not fully shape their personalities or identities. In contrast, the youngest of the Holocaust survivors who were infants or toddlers at the beginning of the Holocaust missed out on the rich heritage of their parents. They survived the Holocaust in orphanages, convents, in the woods, or with Christian families. Very few survived concentration camps. They did not have the opportunity to develop the bonds of belonging to a family or to a community. At a very early age they were torn away from their parents and communities.

## THE POST-WAR EXPERIENCE

Most of the Holocaust survivors emigrated and started new lives in new countries, devoid of memorabilia and of feelings of belonging to a family, a community, or country. Despite the monumental losses and suffering, the survivors focused on the future. They could not look back; the grief of all their dead relatives, their lost homes, their lost communities was too much to bear and would have paralyzed them. "The knowledge that they would never return to their birth place, and that their houses and communities had been destroyed was no less harsh a blow than the loss of their families. Only psychic emptiness could continue to protect them from being flooded with feelings of loneliness that threatened their very existence" (Wardi, 1996).

The survivors demonstrated unusual resilience in rebuilding their lives soon after the war. Adaptions to the new environments demanded maximum psychic energies. Avoidance and denial were the chief defense mechanisms for these adaptations.

The adult survivors went to work, began to rebuild their lives, and started families. The child survivors went to school, studied, and acquired professions. Most of them married and had children. They all did so without the support of a community or an extended family. They learned new languages and new customs, and tried to adjust to new values and standards. They tried hard to lead normal lives, just like their neighbors. However, on holidays, family events, and vacations the absence of grandparents, uncles, aunts, and cousins always reminded them that their lives were not like that of others.

The trauma of the Holocaust has remained central in the lives of the Holocaust survivors. Even though some of them have not talked about their experiences in the concentration camps, in hiding, living in the woods, or being on the run, the feelings and the memories are ever present and have left them with chronic emotional problems.

The survivors who were adults in the Holocaust are now in their late seventies and eighties. At their advanced age, they are

facing physical frailty, illness, hospitalization and sometimes institutionalization. The physical strength that made possible their survival in the time of persecution is now steadily waning. Most survivors very actively avoid thinking about their pasts. As the aging survivors naturally become less active, warding off intruding memories becomes almost impossible. Many suffer all the symptoms of post-traumatic stress disorder—sleep disturbance, hypervigilance, and chronic anxiety and depression due to interminable mourning. As they grow older they face loneliness and isolation. They fear hospitalization or institutionalization and dread being torn away again from their familiar environment.

The survivors who were children during the Holocaust are now in their mid-fifties and sixties and are facing retirement. The anticipated loss or the actual loss of their work community is for child survivors a repetition of the traumatic childhood separations from their communities. For the child survivors, work gave them a place, separate from family and personal history, where they felt they belonged and with which they identified. With retirement that feeling of belonging ends.

The long-term emotional effects are also influenced by the age at which the child survivors faced the most horrendous calamity of their lives.

- Infants placed in hiding were torn away from their Jewish mothers and, again after the war, from their Christian parents/rescuers who loved and saved them.
- The six year old girl, hiding in a convent, was faced with the most traumatic event in her life: separation from her parents and siblings. She had to conceal her name and her religion and take on the new identity of a Catholic girl.
- The adolescent boy torn away from his family was alone trying to survive by evading the dangers that surrounded him.

Many of the child survivors have also suffered from the symptoms of posttraumatic stress disorder, depression and chronic anxiety

as well as separation anxiety, fear of abandonment and identity confusion. In the process of the adjustment to retirement, the child survivors experience an exacerbation of one or more of these disorders.

Children of the Holocaust survivors grew up in a family environment that was either flooded with Holocaust stories or with silence. Their parents' anxiety, lack of trust, and fear of more suffering and losses were transmitted to them in many ways. Anguish pervaded their childhood years. These children became keenly aware of the absence of family members. For children of survivors to have had grandparents is extraordinary. Now that their parents are aging and the children of survivors are being faced with the care of their elderly parents, the absence of a supportive family network is once more obvious. Children of survivors often have the same symptoms as their parents who lived through the Holocaust. Many of them suffer from chronic depression and chronic anxiety, and have serious problems with separation and individuation.

#### **CASE VIGNETTE: IRIT**

Irit is a 49-year-old married mother of two children. Her parents are both Holocaust survivors from Poland. Her father, who is now eighty years old, fled in 1941 to Russia and remained in Siberia until the end of World War II. Her mother, who survived several concentration camps, is 75 years old, suffers from Parkinson's disease, and is confined to a wheelchair. Irit's parents met after the war and settled in Israel where her brother was born in 1947 and Irit in 1948. The family emigrated to the United States in 1960. Irit and her brother grew up without grandparents, uncles, aunts, or cousins. Their parents were the sole survivors of their respective families.

Irit graduated from college, majoring in fine arts. She is married to her second husband and has two children. Her husband is estranged from his family. Irit is unhappy in her marriage, feels overburdened, and is the sole caretaker of her elderly parents. She is

chronically depressed and anxious and for many years has suffered from asthma. She feels very lonely and has compassion for her children who, like herself, do not have uncles, aunts, or cousins.

Irit has made an attempt to connect with her mother's heritage through art. Only recently her mother gave her a small book with old photographs of people of the village in which she grew up. In a series of paintings about the Holocaust for a one-woman show, Irit incorporated these photographs into one of her paintings. Through her art she intended to give life to these Jewish people in that village so that they would not be forgotten. In the process of painting she tried to connect with her mother's community and with her mother's life before the war, with the only link she had—a few photographs. She did not know if the people in the photographs were alive or dead.

#### **THERAPY WITH HOLOCAUST SURVIVORS**

Holocaust survivors and their children come for treatment with problems of depression and anxiety, as well as marital and relationship problems that on the surface seem typical of modern life. Unless we take an extensive history and are knowledgeable about the Holocaust, we may easily overlook some of the most poignant psychological and sociological long-term effects of their Holocaust trauma and the transmission of these effects to their children. Treating survivors and their children is a difficult task. However, several ancillary modalities have been shown to be therapeutic and to facilitate positive changes in the lives of the survivors and their children.

One such modality provides a temporary community for the survivors; for instance, in weekend or one-day conferences for child survivors. There, participants attend interactive professionally led workshops and spend much time socializing and reminiscing. Survivors meet others from their country of origin and have an opportunity to talk in their mother tongue. "Through such meetings, a

negative sense of identity is transformed into a positive one, and a sense of belonging develops" (Bergman, 1990). When leaving the conference, separating from their community of fellow survivors, their new-found family, many survivors feel sad and plan to come back the following year.

Support groups for survivors and for children of survivors are another effective modality that provides participants with a therapeutic milieu. Participants in such support groups often echo these comments, "This is the only place where I can talk and people understand me," or "This is my family; I feel at home here, I can be myself." Child survivors who were baptized in order to hide their Jewish identity will often state, "Here is the only place where I can talk as a Jew about my feelings for the Catholic church without being judged." The support groups have provided a place, especially for those who had been silent for decades, to listen to others and to tell their stories, whenever they are ready to trust others.

It took Louis, a sixty-year-old divorced attorney and a former hidden child from France who had regularly attended a hidden child support group, two years before he risked talking about his experience hiding during the war. Even the very gentle urging of the other group members did not facilitate his talking. He had been silent for almost fifty years, and only when he felt safe in the group, his little community of hidden children, did he venture to talk about his life in hiding when he was a five-year-old boy. When the support group planned an intergenerational meeting, he invited one of his daughters to attend. His daughter was very aware and compassionate about her father's emotional pain. She shared with the group that when she was sixteen years old she was unable to speak. She could not even open her mouth, and only with the help of psychotherapy and speech therapy did she overcome this very serious problem. She implied that her muteness was related to her father's silence.

Many Jewish social service agencies have received grants to support the development of social clubs for elderly Holocaust survivors

(see the article by Giberovitch in this issue). AMCHA, the National Israeli Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation, has developed similar programs for their survivors in almost every city in Israel. The Joods Maatschappelijk Werk (Jewish Social Work agency) in Holland also has arranged for survivors to meet on a weekly basis in social clubs.

Giving testimony or bearing witness for psychological or historical purposes has proven to be therapeutic for the survivors. Kestenberg and Brenner (1996) write:

Survivors who give interviews undergo a personal transformation. The decision to commit their testimony to our archives, where it is permanently recorded, gives them a sense of being an important part of history. To muster up the courage to make important personal contributions, and this enhances their self esteem. In addition, the therapeutic value of the interview—the catharsis, the chronological ordering of their lives, and the act of being listened to by someone who values and respects what is being told to them—cannot be underestimated.

Many Holocaust survivors speak in schools, synagogues, churches, or community centers. Even though painful memories are stirred up each time they speak, public speaking helps their healing process and enhances their self-worth by providing another opportunity to be heard.

Writing a memoir is another valuable way to order their lives, express their feelings of loss and of despair, and relive the joy of their survival. “The acts of remembering and committing the memories to paper facilitate the mourning process, which is never complete” (Rosenbloom, 1988).

Among the survivors and the children of survivors are many artists who, through their art, are able to sublimate their conflicts and feelings about their personal and family history.

### **MY PERSONAL JOURNEY: THE PASSAGE FROM PASSIVITY TO ACTIVITY**

It was only when I began to address my own Holocaust experiences in individual therapy with my therapist, who had herself fled Austria to escape the Nazi persecution, that my journey of healing began. When the opportunity arose in 1990 to join and be active in the newly organized Hidden Child organization and in the planning of its first international conference, I found my niche and my community. I planned, organized, and conducted workshops; founded and facilitated support groups for those who were hidden children in the Holocaust; and became an advocate and social worker for those survivors in need of assistance. Through my individual therapy I had gained the ego strength and the encouragement to be no longer passive and actually to come out of hiding and bear witness. As a clinician I began to concentrate on treating Holocaust survivors and their children.

### **SUMMARY**

How often have we heard a child survivor proclaim: “My life has changed after I attended the International Conference of Hidden Children. It was there that I found my brothers and sisters.” Having lived for decades with the memories of the Holocaust, finding a community large or small to identify and feel a bond with is restorative.

Those who are deeply involved in Holocaust organizations experience real gratification being a part of that community, perpetuating the memory of the six million Jewish victims, writing newsletters, and organizing seminars and conferences. Holocaust survivors will remain troubled by their past, but we as clinicians can help them, in individual or group therapy, cope with their traumatic experiences and their multiple losses and direct them to connect, to bond, and to express their feelings to others.

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