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**Representation and remembrance: On retelling inherited
narratives of the Holocaust**

Adelman, Anne J., Ph.D.

City University of New York, 1993

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REPRESENTATION AND REMEMBRANCE:
ON RETELLING
INHERITED NARRATIVES OF THE HOLOCAUST
by
ANNE J. ADELMAN

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

1993

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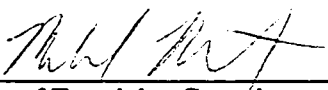
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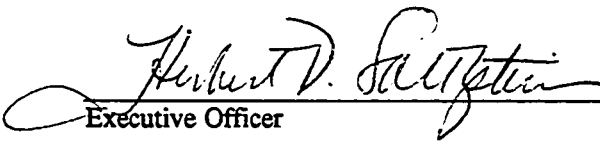
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This manuscript has been read and accepted for the Graduate Faculty in Clinical Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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ABSTRACT

Representation and Remembrance:

On Retelling

Inherited Narratives of the Holocaust

by

Anne J. Adelman

Advisor: Professor Michael Moskowitz

The present study investigates the roles of symbolic representation and narrativization in the inter-generational transmission of the Holocaust experience. I suggest that it is possible to gain access to the process of the transmission of trauma by tracing the transgenerational evolution of narrative forms, dynamic themes and affective expressions. The story of every Holocaust survivor and of every child of survivor parents reflects a unique history made up of individual experiences and impressions that are personal – they cannot be subsumed into one overarching clinical picture. An examination of how the story is told, however, provides a window into the storyteller's inner world and of her various modes of organizing experiences and emotions.

This study demonstrates that the areas of affect regulation, narrative cohesion and symbolic representation are central components of the process of transmission of trauma. The development of children's capacity to organize and make meaning out of their experience rests on the emergence of these cognitive, emotional and social capacities. However, these ego functions in particular – affect regulation, symbol formation and narrativity – bear the imprint of extreme traumatization. As such, they represent the channels through which the impact of the Holocaust trauma is borne across the generations.

Twenty pairs of Holocaust survivor mothers and their American-born daughters were interviewed

in depth about their memories of the Holocaust. Mothers were asked to speak directly about their experiences during the war, while daughters were questioned about their knowledge of their mother's experiences, as well as their experiences of being a child of a Holocaust survivor. The narratives thus generated are examined in terms of intensity of and tolerance for affect, quality of self and other representations, and narrative cohesion. This investigation considers the Holocaust legacy as a pervasive and significant experience which serves as a template for organizing, symbolizing and making sense out of other experiences as well.

The groundwork for this study has been laid down by theoretical models of affect development and psychoanalytic research on massive psychic trauma and its impact on affectivity. It rests on the postulate that, in the early years of life, the presence in the child of powerful, diffuse, primitive and unmediated affective states requires that the parent be able to tolerate these states and provide both soothing and containment. For Holocaust survivor parents, the capacity to respond empathically to the child's developmental need for modulation and regulation of primitive affective states may present particular difficulties directly related to their own traumatic history.

Results of the study suggest that traumatic memories are encoded differently than non-traumatic memories with regard to affect and symbolic representation, and that the narration of traumatic events leads to retrogressive shifts in these dimensions of personality organization. Further, such narrations lead to a regressive trend in the dimension of affect expression, suggesting that the reworking of traumatic memories takes the form of an inner dialogue which is not readily carried forth into the realm of dyadic exchange. Significant relationships were found between how mothers tolerate affect and how daughters express strong emotion and organize their object world.

Clinical analysis of the interviews revealed three different styles of affective organization in survivor mothers, referred to as "congruent," "undifferentiated" and "distant." The quality of the mother's organization and integration of affect was found to have significant bearing on how daughters

assimilate and organize their historical legacy.

Finally, analysis of oral testimonies generated independently by mother-daughter pairs provides a framework within which to explore the transgenerational evolution of narrative forms. This investigation illustrates the processes of preservation, transformation and transmutation of traumatic memory – processes by which children of survivors strive to assimilate, redeem and transform tragic memory.

This investigation contributes towards a deeper understanding of the complex and multi-dimensional process of the transmission of trauma from one generation to the next. This research has implications for conceptualizations of massive psychic trauma and its impact on representational capacities, on mothering and motherliness, on emotional expressivity and modulation. In addition, I consider implications for psychotherapeutic intervention. As such, this study brings to light the healing process that can begin to unfold across the bridge of generations.

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Jeannie Blaustein coded this data with perspicacity, open-mindedness and a true respect for personal narrative. Carol Tiernan was a tireless and dedicated assistant, and transcribed many hours of interviews diligently and with compassion. Vijay Moses and Anne Fitzpatrick were also efficient and helpful transcribers. The steadfast support and help of Diane Goudreau and Laura Benjamins are

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**Representation and Remembrance:
On Retelling
Inherited Narratives of the Holocaust**

It is such a secret place, this land of tears.

de Saint Exupery, 1943

Introduction

People strive to make sense out of experience. Empathic human exchanges -- the articulation and sharing of feelings and perceptions -- underlie the process of meaning-making. Ideas and beliefs about oneself and others are formed against the background of such exchanges. The experiential, sensual-perceptual world is structuralized, transformed and internalized via language and symbolization. Where human connectedness and empathy fail, the mechanisms of meaning-making break down as well. The Holocaust was an event which shattered the fundamental conditions of empathy and basic trust upon which is based our faith in the possibility of empathic human interaction (Auerhahn and Laub, 1987). The absence of these conditions obstructs the ability to construe meaning out of one's knowledge of oneself, one's world, the past, present and future. One is bereft of the capacity to symbolize and organize fragments of perceptions and sensations. The sense of psychological chaos which remains threatens to destroy meaningfulness. Survivors of the Holocaust live with a past that is often fragmentary and that defies psychological integration. The psychically overwhelming nature of the traumatic memories render them excruciatingly resistant to representation.

It is necessary to look deeply into the question of how the Holocaust can be known (Bergmann, 1985; Micheels, 1985; Auerhahn and Laub, 1985). The process of healing, for individuals and for nations, requires that these events be known in a way that restores the possibility of empathic connection among those who survived the Holocaust, those who witnessed it, and those who were born into its

shadow. Remembering and retelling the experiences of surviving the Holocaust provide an entryway into knowing, for both the survivor and the witness. Spinning narratives of the Holocaust imparts human form to traumatic memories of dehumanizing experiences. Nonetheless, aspects of the Holocaust trauma appear to elude articulation (Auerhahn and Laub, 1985). For the survivor, to recall the traumatic past carries the threat of re-traumatization through the very act of remembering. To shield the self from the knowledge of the trauma endured, he may wish to forget and to deny the past. However, being utterly severed from one's past can lead to profound feelings of emptiness and despair. The Holocaust survivor is caught between, on the one hand, the desire to re-establish a sense of personal integrity and self-cohesion and, on the other, the wish to defend himself against the emergence into awareness of memory fragments that are infused with horror.

The question of knowing the Holocaust is equally complex for the non-survivor, the "witness-through-the-imagination" (Norma Rosen, quoted by Auerhahn and Laub, 1985). We as observers come to know the experiences of another through our capacity to imagine the inner life of the other with empathy and with affective aliveness (Emde, 1983; Lichtenberg, 1981; Spiegel, 1983). "A complex empathic stance," writes Margulies, "is at once both a passive, echoing experience and an active imagining of the unknowable of the other (Margulies, 1989, p. 18)." However, as Auerhahn and Laub point out, "the enormity and horror of the event establish the facts as primary and constrain precisely those imaginative processes that we must use if we are to know and to respond empathically (Auerhahn and Laub, 1985, p. 4)."

Nowhere is this paradox more pressing and the stakes of knowing or not knowing more momentous than for the second generation, the children of parents who survived the Holocaust. Children construct a sense of self-knowledge through the weaving together of their own past and lived experiences with the past of their parents and others who people their object world. The past children inherit from their parents becomes integrated into the fabric of their self-history, and is part of their core sense of self.

Children of survivors inherit a history which challenges symbolic representation and psychological integration. They grow up with an awareness of a past to which they are deeply connected, yet from which they cannot but feel hopelessly cut off. In the words of one woman born in France, immediately after the war,

Even now, when I see someone with a number engraved on his arm, what I feel more than anything else is an almost incommunicable feeling, made up for the most part of jealousy. I tell myself that ... it is not my fault if I have come too late. I shall never be one of them, still less one of those who did not come back. What they lived through was a drama that is not mine. They lived through it, they experienced it, and I have nothing but that absurd, desperate, almost obscene regret for a time in which I cannot have been. (Fresno, 1984, p.419).

The Holocaust history that is the legacy of the survivor's child is at once alien and intrinsic to his very being. For the survivor's child, it is as impossible to not know the Holocaust as it is to know it (Prince, 1985).

It is in part through telling, through empathic dialogue, that the Holocaust can be known (Auerhahn and Laub, 1985). However, the question arises, how shall it be told? For the survivor, the bearer of the story, the Holocaust represents a radical disjunction in his sense of self-continuity across the stream of time. This break leads to disruptions in the capacity to assimilate his life experiences into a cohesive self-narrative. For the survivor to "remember" himself as he was in the camps, he must in some way suspend his memory of himself in the pre-traumatic past and post-traumatic present, because they are irreconcilable self-images (Auerhahn and Laub, 1984). Memories of one's pre-traumatic past frequently bring with them the spectre of the horror and despair that followed it. The effort to regain a sense of self-coherence through the psychological assimilation of the traumatic memories is impeded by self-protecting, restitutive longings which ward off the massively traumatic memories. The survivor is left with an agglomeration of lived experiences so disharmonious that they remain indigestible fragments. The disjunction between the "self" of the concentration camps and the "self" who exists

within the matrix of a civilized and orderly culture leads to a breakdown of symbolic representation (Auerhahn and Laub, 1985; Bergman, 1982). What is "known" in a profoundly private and nonverbal way lacks a linguistic, symbolic "container" that could impart wholeness and narrative integrity (Auerhahn and Laub, 1985).

I consider that the survivor's inability to narrativize his Holocaust experiences has profound consequences for the survivor's child. I believe that when the parent's past includes fragmentary, unintegrated traumatic memories and images, the child's efforts to assimilate, integrate and make meaning out of the parents' past will be compromised. Children of Holocaust survivors learn about the Holocaust both through what is told to them and through a wide array of non-verbal communications (Jucovy, 1985; Prince, 1985). Among families of survivors, there is a great range in what and how much is told by the survivors to their children (Lichtman, 1984; Krell, 1979; Fogelman, 1988). Nonetheless, their parents' past cannot but hold profound significance in their inner lives (Prince, 1985). For the children as well as for the parents, the forms of knowing the Holocaust and the nature of this knowledge are complex. It is a knowledge that indisputably and inevitably bears its mark on the children's psychological development.

With a growing sensitivity to the intricate and distressing psychological aftereffects of the Holocaust, researchers and clinicians have begun to look with a new and more empathic eye toward the second generation, the offspring of Holocaust survivors (Axelrod, Schnipper and Rau, 1980; Levine, 1982; Prince, 1985; Kestenberg, 1980; Phillips, 198 ; Grubich-Simitis, 1984; Bergmann and Jucovy, 1982). While many agree that survivor parents' Holocaust trauma can have a significant impact on their children's psychological lives (Jucovy, 1985), there is as yet little clarity around the mechanisms and the process of "transmission of trauma" (Bergmann and Jucovy, 1982; Herzog, 1982). Too frequently, an emphasis on psychopathology or a systematic over-generalization impedes a deeper understanding of how the traumatic history of the parents affects the child's psychic structure (Last, 198 ; Prince, 1985b).

Efforts to investigate the issue of transmission of trauma which move towards defining a prototype or "complex" of the second generation can be dangerously pathogenic (Krell, 19).

The complexity of the issue for those undertaking a study of the second generation has a dual source. On the one hand, we must recognize the diversity in intrapsychic structures and the varying degrees of symptomatology (if any) among children of survivors. On the other hand, however, we must also acknowledge that certain commonly shared developmental issues, characterological traits and fantasy themes are indeed particular to this group (Jucovy, 1985). It is as though, despite the great diversity among them, children of survivors seem to view the world through a similar lens, one tinted by the intrinsic knowledge of the Holocaust that they carry as if it was in their bones. Such duality exists as well in the question of how the Holocaust has affected the survivors themselves. While it is possible to formulate a "clinical" picture of this group, with an emphasis on particular personality traits, behaviors and moods, there is a vast range of post-traumatic adaptation, symptomatology and degree of mental distress among survivors (Furman, 1973; Kestenberg, 1980). In an effort to address this investigative dilemma, Prince suggests that "the methodological problem is to develop a means in investigation that generates data about both human subject and historical context and permits examination of the meaning of the context for the person (Prince, 1985, p. 13)." His study attempts to address this question by using a psychohistorical interview which may "cast light on the point at which history and psyche intersect (Prince, 1985, p. 13)." In this way he circumvents defining "transmission of trauma" and the characteristics of children of survivors while documenting and probing into the nature of Holocaust imagery and themes.

Auerhahn and Laub pose the problem in another way. They write, "if researchers are to know the Holocaust, they must attend to the details wherein the threads of trauma appear. We must take the details and form a narrative from them, one interwoven with personality factors, in order to understand trauma's impact (A&L, 1985, p. 191)." I believe that this provides a paradigm for an investigation of

the mechanisms of the transmission of trauma. One must begin by listening to how the story is told, to attending to the use of language, imagery and narrative sequence (Schafer, 1958). The story of every Holocaust survivor and of every child of survivor parents reflects a unique history made up of individual experiences and impressions that are personal – they cannot be subsumed into one overarching clinical picture. An examination of how the story is told, however, could provide a window into the storyteller's inner world and of his various modes of organizing experiences and emotions. From within this investigative stance, it may be possible to trace the transmission of trauma by tracing the transgenerational evolution of narrative forms, dynamic themes and affective expressions.

Three inter-related areas of personality functioning seem to be particularly vulnerable to the impact of massive psychic trauma. These include (1) the capacity to tolerate and express affect (Wilson, 1985; Krystal, 1978); (2) the capacity for symbolic representation and metaphorization (Grubich-Simitis, 1984; Levine, 1982; Jucovy, 1985) and (3) the capacity for narrative cohesion, for the sense of time and of historical consolidation (Auerhahn and Laub, 1984; Jucovy, 1985). These ego functions in particular - - affect regulation, symbol formation and narrativity – bear the imprint of extreme traumatization. As such, they may represent the channels through which the impact of the Holocaust trauma is borne across the generations.

In this study, I maintain that the acquisition and development of these same ego functions in the child bear an important relationship to the parent's level of psychological integration of her Holocaust experiences. I believe, further, that the developmental levels of these ego functions will reflect the ways in which the Holocaust has been assimilated into the child's internal world. When the parent retains largely split-off and unintegrated fragments of traumatic memories, the child's representational world may also be disjointed. A parent's limited tolerance for affects that re-evoked traumatic memories may be reflected in the child's difficulties with the expression of certain affects. The gradual process of internalizing aspects of the parent's traumatic past can potentially impede the child's own self-

consolidation, capacity for representation and affectivity.

Some wonder whether it is possible to ever fully understand the Holocaust experience for those who have not lived through it (Bergmann & Jucovy, 1982). In part, to reach such an understanding requires breaking down the emotional barriers we unwittingly erect to ward off the full impact of the magnitude and horror of the Holocaust (Krell, 1979; Last, 198). It is perhaps the unconscious effort to modulate this impact and to protect oneself from the emotional suffering generated by knowledge of the Holocaust that gives rise to over-generalization and "symptom classification." This should not stand in our way as researchers and as "witnesses-through-the imagination (see above)" to know the Holocaust.

LITERATURE REVIEW

D) Holocaust Survivors: The Aftermath of Trauma

Liberated concentration camp prisoners encountered disbelieving eyes and deaf ears. As many point out, it was as though the world could not bear to see them, as though they themselves had come to embody the horror and evil of the Holocaust (Terry, 1984). Many people would neither listen nor believe their story; the reality of the concentration camps was too terrible to acknowledge. For many survivors, however, the act of survival rested on their determination to bear witness, to tell the world of these events. One survivor writes, "I found it most difficult to stay alive but I had to live, to give the world the story of this depravity (DesPres, 1976, p. 32)." From the very first moments of liberation, then, a great chasm arose between the survivors, representatives of a universe characterized by a breakdown of humanity and an eruption of evil, and the rest of the world. In reviewing the evolution of the psychoanalytic community's efforts to understand and help the survivors of this tragedy and their families, it is clear that this chasm still represents a great barrier in our capacity to fathom the events of the Holocaust. Nonetheless, over the past fifty years, there has been significant headway made toward a deepened psychological understanding. This progression can be traced within the framework of the evolution of psychoanalytic theory since the Holocaust.

Early attempts to clarify the psychological effects of the experience of incarceration in a concentration camp emerged partly in response to the German government's medical compensation programs (Marcus and Wineman, 1985; Terry, 1984). With the onset of these laws, survivors were expected to "convince" the German government that their concentration camp ordeals had caused suffering or damage. However, psychiatrists working for the German government often denied any

relationship between post-traumatic symptomatology and the traumatic ordeal of the concentration camps, thereby declining to award compensation. "In several instances," writes Meerloo, "an elaborate internal and neurological examination was thought to be sufficient, with full attention given to the eventual results of physical torture. However, no thorough psychiatric interview was considered necessary. Usually, the patient went home with some parting remark such as: 'I'm sorry, I cannot diagnose any bad result from your concentration-camp sojourn (Meerloo, in Krystal, 1968, p. 71).'" In response, a number of American psychiatrists, frequently themselves European, German-speaking refugees, undertook the task of advocating for the survivors, attempting to secure restitution money for claimants. Terry (1984) points out that many psychiatrists, themselves Europeans who escaped before the war, may have felt compelled to take on this role in an effort to reduce their own "survivor guilt" or to avoid being identified with the persecutors.

The question of medical compensation for the psychological aftereffects of the Holocaust raised significant theoretical issues concerning the nature of trauma and the concept of psychological development. The gradual awareness that symptoms and disorders persisted well after the actual traumatic conditions ceased required a shift in the traditional psychoanalytic model of trauma, which viewed traumatic neurosis as "a short-term, self-limited syndrome (Krystal, 1968, p. 24)." The often severe symptomatology and adjustment disorders that survivors experienced brought into question the longstanding view that the structural development of the mind was completed by the end of the Oedipal era. Now, it became evident that "some events imprint themselves on the mind, destroying psychic structure and creating severe psychopathology in previously healthy individuals (Cohen, 1985, p. 163)." Thus, it was now necessary to view adult emotional adaptation "as still being in a state of flux and subject to maturation and development no less than regression (Krystal, 1968, p. 25)." Increasing interest in Holocaust survivors led psychiatrists to attempt to formulate theoretical models of the psychological sequelae of extreme traumatization, many of which were widely divergent. Bruno Bettelheim (1943;

1960), for example, put forth the view that survivors, in an effort to adapt to conditions in the camps, underwent massive regression to infantile modes of behavior and gratification, as well as identification with the aggressor. Bettelheim depicted the concentration camp inmate as an isolated individual, passive in the face of tyranny and lacking concern for his fellow prisoners (Steinberg, 1989, p. 24). This view, initially widely accepted, was criticized by DesPres (1979), among others, for its oversimplification, lack of consideration for the external conditions, and misuse of psychoanalytic terms (Marcus and Wineman, 1985). For example, what Bettelheim attempts to explain as "oral regression" can be understood only as a preoccupation with food resulting from starvation and arising in the service of self-preservation. It has been pointed out that such preoccupation, in contrast to what would be expected in the case of defensive regression, did not serve to diminish psychic anxiety and distress (Marcus and Wineman, 1985). Far from providing infantile gratification, the conditions of filth and excremental assault were experienced by concentration camp inmates as brutal and humiliating.

As more psychiatrists began to see survivors in consultation and in treatment, evidence amassed in support of the view that survivors presented with a range of similar symptoms and maladjustments that could be linked directly to their Holocaust experiences. The growing recognition of a constellation of symptoms, personality traits and behaviors characteristic of the survivor led psychiatrists to postulate the existence of a unique clinical entity which came to be known as "the survivor syndrome" (Niederland, 1968; Krystal, 1968) or the "traumatic syndrome" (Warnes, 1972). The broad range of symptomatology among survivors gave rise to varying definitions of this syndrome, each of which laid emphasis on somewhat different aspects of the survivor's experience. Niederland (1968), whose definition of the "survivor syndrome" has been widely accepted, describes the survivor syndrome as "a mixture of reactive chronic depression and anxiety syndrome with on-going survivor guilt (p. 67)." This is accompanied by physiological changes, psychosomatic symptoms and disturbances in intellectual function, such as memory distortions and temporal confusion. Immediately after liberation, he suggests, there is a "symptom-free

interval," characterized by magic expectations such as reunion with lost family members, return to prior ways of living, or an idyllic existence in a generous and free country. According to Niederland, it is later on that long-term aftereffects and post-traumatic pathology emerge, including both a depressive component (depression, apathy and seclusion) and a persecutory component (fear, vigilance and paranoid reactions). Niederland (1961) describes a vast array of pathological symptoms such as obsessive-compulsive ruminations, brooding about the past, anxiety dreams, insomnia and nightmares, far-reaching personality changes, blunting of affect, and partial or complete somatization of complaints.

Hoppe (1971) emphasized the roles of chronic reactive depression, or "depression due to uprooting." Some analysts linked the presence of chronic depressive affect to the impact of sudden and total loss of relatives and homeland and to the subsequent sense of uprootedness and alienation from the world (Lederer, 1965; Hoppe, 1968). Hoppe also describes the presence of a lasting hate which he terms "chronic reactive aggression and hate addiction." He regards this type of hate as an indication of the processes of identification with the aggressor and externalization of a negative, punitive conscience. Others (i.e., Trautman, 1964) underscore the presence of chronic anxiety, expressed through recurrent nightmares, expectation of danger and catastrophe, and obsessive rehashing of traumatic memories. Often these symptoms are accompanied by severe somaticized complaints, inability to concentrate and excessive irritability.

For many, a significant component of the "survivor syndrome" was the concept of "survivor guilt" (Lifton, 1968; Niederland, 1968; Krystal, 1968). Niederland views survivor guilt as a kind of pathological mourning, stemming from the double burden of having survived while family members perished and of bearing a sense of responsibility for the death of others – accompanied by resultant conscious and unconscious dread of punishment. Lifton (1968) further links survivor guilt with a sense of identification with the dead: "the survivors feel compelled virtually to merge with the dead and, in various ways, to behave as if they too were dead (p. 179)." This type of identification with the dead

arises out of a sense of being bound to the dead through an unconscious perception of "organic social balance." In this view, the survivor is likely to feel that he survived because others perished and that, had he died, others might still be alive. Thus, any sense of pleasure or vitality may become infused with guilt. Further, guilt may arise in response to the intense unconscious rage survivors may feel towards their lost family members for having abandoned them. These complex and conflictual guilt feelings may have consequences both for the survivor's capacity to mourn the dead and to invest in new ties and renewed life.

More recently, the notion of survivor guilt, and the implications of this type of formulation, have been brought into serious question. Marcus and Wineman (1985) point out that survivor guilt, while present, is significantly less prevalent than was originally believed. Several writers raise concern that the notion of survivor guilt, viewed as inherent to the experience of surviving the Holocaust and assumed to be ubiquitously present among survivors, had negative consequences for how survivors are viewed and treated by psychotherapists (Krell, 1988; Terry, 1985; Rustin, 1980). Krell (1988) suggests that psychotherapists who assumed that survivor guilt was omnipresent also tended to assume that survivors had saved themselves through perfidious means, such as collaboration with the Nazis or betrayal of other prisoners. He points out that "the survivor's account elicits from the therapist not only guilt but reminds him of his vulnerability and ultimate helplessness (Krell, 1988, p. 524)." In his view, the concepts of survivor guilt and identification with the aggressor places a wedge between the therapist and his own intolerable feelings of rage, despair and vulnerability in the face of mortality.

More contemporary definitions of guilt stress that it is an adaptive, rather than neurotic, emotional response. For example, Klein (1983) connects feelings of guilt to the survivor's sense of responsibility arising out of "a feeling of relatedness to the dead – a feeling of affiliation to the Jewish people in a life-affirming way, and/or a way of bonding the survivor to his children (Marcus and Wineman, 1985)." This sense of responsibility can be viewed as an indication of the preservation of a healthy link to the

past, to the lost relatives and friends, and to the Jewish culture (Steinberg, 1989, p. 29).

One area of psychological life that was deemed to be significantly affected by the traumatic experiences of the Holocaust was the realm of affect. Jaffe (1968) discussed the occurrence of dissociative phenomena in survivors, which are manifested in states of altered consciousness marked by the emergence of highly traumatic, dissociated material. She found that the material which emerges consists primarily of real experiences. "The real experiences," she wrote, "had frequently been undergone while the patients were in a semi-stuporous condition; the fantasies, however, originate in daydreams. Consequently, the ideational content of these phenomena, never having reached full consciousness, could not acquire ego-integration (Jaffe, 1968, p. 310)." According to Jaffe, during the concentration camp imprisonment, adaptive processes included a diminished level of consciousness in combination with "an instinctual over-alertness and perceptual hypercathexis related to self-preservation." She believed that this "blunting of consciousness" served to protect prisoners from the immediate impact of the traumatic environment. The traumatic events, although invested with highly charged affect, were undergone during states of blunted consciousness and thus neither the memories nor the affect associated with them attain ego integration. Instead, they find expression in dissociative states. However, Jaffe warned, although memories can be retrieved in treatment, the curative outcome is limited because of "the irreversible nature of these patients' psychic disintegration."

Hoppe (1968a, 1968b, 1971) posited that affects undergo a process of re-somatization following extreme persecution and trauma. In the course of intensive evaluation and/or psychoanalysis with Holocaust survivors, he found that 144 out of 145 survivors suffered from psychosomatic reactions, regardless of other variables such as age, gender, socio-cultural background or degree of persecution. The sole exception was a patient who had developed schizophrenia due to persecution. He linked the occurrence of re-somatization to the enforced regression during imprisonment which led to a revival of the body-self and of a primitive body-image. Krystal (1968) suggested that deverbilization of affects

occurs as a result of the perpetual life-threatening situation of the concentration camps, which fostered regression and a return to childhood susceptibility to trauma.

The concepts of alexithymia, first described by Sifneos (1973) and of "pensee operateiro" (Marty and de M'Uzan, 1963) led to a deepened understanding of the impact of trauma on affective functioning and cognitive style. Alexithymia, a condition characterized by the inability to verbalize emotions and fantasies, and operative (concrete) thinking were both found to be quite typical of Holocaust survivors (Hoppe, 197 ; Krystal, 1981; Krystal and Krystal, 1988). [See section on affect and trauma for a more detailed discussion of alexithymia.]

In studying survivors with psychosomatic symptoms, Krystal (1974; 1985) found a pattern of regression in expression of affect that was accompanied by operative thinking. He describes patients with operative thinking as unable to elaborate on fantasy themes and preoccupied with mundane details of daily events. "One way to understand this type of functioning," he writes, "...is that it protects the individual against the return of the previously experienced (adult-type, catastrophic) psychic trauma by blocking drive-derivatives (Krystal, 1985, p. 154)." He subsequently states that this may also impair the survivor's capacity to experience pleasure, joy and happiness, leading to anhedonia.

Many writers suggest that Holocaust survivors experience an impairment in the area of symbolic processes and symbolic representation (Cahn, 1988; M. Bergmann, 1982; Cohen, 1985; Jucovy, 1989; Grubrich-Simitis, 1984; Auerhahn and Laub, "Play", 19 ; Auerhahn and Prelinger, 1983). Cahn (1988) hypothesizes that the survivor's deficit in symbolizing can be understood in light of Freud's concept of melancholia. Freud (1917) notes that what distinguishes the melancholic from the mourner is "an extraordinary diminution in his self-regard." In melancholia, ambivalent rage is felt toward the object, who is experienced as abandoning the self. The rage is then defensively warded off through an identification of the ego with the lost object. The self-punitive behaviors of the melancholic represent a form of revenge against the internalized –symbolically represented – object. By identifying with the

lost object, the survivor may cease to maintain his positive internalized representations.

The devastating nature and the overwhelming brutality of the Holocaust may obliterate the past and shatter the survivor's good introjects, especially those of the omnipotent parents (Auerhahn and Laub, 1984). A world which destroys empathy and human connectedness threatens the link between self and other. Bereft of an inner representation of the "synthesizing, predictable, internal mother (Auerhahn and Laub, 1989)," survivors may experience a sense of utter desolation, isolation and aloneness which is psychically unbearable yet nonetheless unescapable. In the words of one survivor, "I live in an exile, estranged ... the wife tries to be there in my loneliness and my sadness ... but this cannot quite work because one still has a corner in the depth of one's heart where another cannot come close ... (Auerhahn and Laub, 1989, p. 384)."

The annihilation of the benign holding environment, and its replacement with an actively malignant, hostile milieu destroys the individual's internal representation of a need-mediating environment. The restorative psychological processes of fantasy, play and symbol formation, which unfold when the environment is predictable and empathic, falter when these conditions are so formidably shattered. The ubiquitousness of such a hostile, unrelenting and malevolent surround as the concentration camp impedes the individual's capacity for symbol-formation (Cohen, 1985; Auerhahn and Laub (1987). This can lead to difficulties in the capacity to narrate, symbolize and integrate experiences (Auerhahn and Laub, 1987.)

Impairments in the areas of affect regulation and symbolizing functions may impact on survivors' parenting styles and potential difficulties in parenting (Cahn, 1988). Freyberg (1980; 1989) emphasizes the difficulties that survivor parents frequently have in separating from their children. Often, children born after the Holocaust are viewed as replacements for lost family members, as reasons for survival, as assurances against the triumph of Nazism and the repetition of the Holocaust (Barocas and Barocas, 1973; Krystal, 1968; Sigal et al., 1973; Phillips, 1978). Freyberg suggests that such powerful bonds of

interdependency lead to overvaluation of the children and difficulties in the process of separation and individuation. According to her, the child's age-appropriate strivings towards autonomy and individuation can lead to emotional pain and fear of unbearable loss in the parents. [See section on Children of Survivors for a more detailed discussion of the problem of separation and individuation].

In recent years, many psychoanalytic writers have protested against a tendency to assume that survivors and their families are pathologically impaired or hopelessly damaged (Ornstein, 1985, and in Aging; Schwartz Lee, 1988; Terry, 1984; Krell, 1988.) Ornstein (1985, 1981) believes that while there has been much insight into psychopathology and symptom formation, psychoanalysts have as yet failed to examine the process of recovery and its relation to adaptation. She underscores the centrality of psychological defenses such as disavowal, and of the maintenance of deeply-held values, in helping the survivor to retain an uninterrupted sense of "the nuclear self" in spite of the dramatic alterations in both the body and the physical surround. Ornstein puts forth the notion that symptoms which emerge during recovery and adaptation to post-traumatic life are in fact indications of the effort to sustain self-cohesion and restore psychic equilibrium. For example, she cites Krystal's (1981) finding that survivors' capacity to attain integration and self-healing is significantly blocked by their inability to renounce anger, for fear that they would thereby be re-exposed to feelings of humiliation related to the persecution. The alternative, self-psychological view that she proposes is that anger may have served a life-sustaining function, preserving self-consolidation by warding off the experience of absolute helplessness which corresponds to "the infantile traumatic state (Ornstein, 1985, p. 119)." In this view, holding onto anger may be understood as an expression of the will to preserve the core self. Further, Ornstein questions whether survivor-parents are more likely than others to have an excessive narcissistic investment in their children. For survivors, the generative and often curative process of parenting represents the possibility of affirming their capacity to create new life and of fulfilling their pre-Holocaust ideals for procreation.

Krell (1988) suggests that the lack of empathy or understanding on the part of many

psychotherapists and psychoanalytic writers arises as a consequence of therapists' own guilt and rageful feelings in response to the survivor's account of his horrific experiences. He views the notion of the "concentration camp syndrome" as useful in alerting professionals to the possible emotional aftereffects of incarceration in a concentration camp; however, he emphasizes the fundamental "sanity" of the "symptoms" and behaviors associated with the "survivor syndrome." He argues that it is the Holocaust experience itself that is "insane," rather than the survivors' psychological responses to it. Indeed, the absence of "symptoms" such as post-traumatic fears, nightmares or depression could itself be subject to scrutiny. "To be sane after the camps," Krell asserts, "is not sane (Krell, 1988, p. 523)."

Terry (1984) argues that concepts such as the "survivor syndrome" are harmful to the survivors. He claims that they are not only often incorrect, but also tend to overgeneralize and overclassify, thereby repeating the Nazis' treatment of Jews by stripping survivors of their individuality. In his view, the tendency of professionals – even those who are empathic to the plight of the survivor – to present themselves as "experts" on post-traumatic symptomatology arises in part out of unconscious contempt for those who have been humiliated and who have been made to suffer. He cites Eissler's (1967) assertion that victims of persecution arouse fantasies of a sado-masochistic nature, and represent a narcissistic depletion so total as to evoke universal contempt. Terry urges that professionals who work with Holocaust survivors must recognize the distinction between what is traumatic and what is pathogenic. He poignantly reminds us that "one meets people out of those hells who survived and who have a dignity and serenity and even a hope far beyond the average. They carried something inside them that remained undamaged (Terry, 1984, p. 139)."

II) The Second Generation

Children of survivors are entangled with a past which is in their bones, yet which was never a part of their own lived experiences. They are, themselves, survivors of a sort, as "by all odds, neither the parent nor the child were to exist (Krell, 1979, p. 564)." Hovering in the air for them is the unspoken recognition that survival in concentration camp was against all odds, and thus the renewal of family life a mere twist of fate or a triumph of will. The survivor's child may look upon his or her very existence in the same "fateful manner (Krell, p. 564)."

The question before us is, in what ways does the past of the parents' past get "inside" of the inner lives of the children? Howard Levine suggests that trauma can be transmitted to the child in three ways: first, through the impact of the Holocaust trauma on the parenting capacities of the parents; second, through the child's identification with or rejection of certain traits in their parents that can be linked to their Holocaust experiences; and third, through the child's own phase-specific elaborations of their parents' experiences (Levine, 1982). This third form of transmission, particularly useful in clarifying the process of transmission of trauma, highlights the complicated process by which children who lack a coherent narrative of their parents' past fill in the gaps of what they do know via conscious and unconscious elaborations in fantasy (Jucovy, 1982).

What seems to be a common factor among many children of Holocaust survivors is a sense of always having known that their parents are survivors (Prince, 1985; Shoshan, 1989). There is great diversity among children of survivors around the forms this knowledge can take, ranging from knowing specific chronological details of their parents' Holocaust experiences to a vague awareness of an unnameable, past dread. This knowledge serves as a background against which all other knowledge is acquired and organized (Prince, 1985). It provides the child of survivors with a particular orientation to the world, a particular set of organizing principles which serve as a framework for making sense of experiences, of self-history, of inner realities and external events. "Imagery of the Holocaust," writes Prince, "mediated by parental experience, serves as an unconscious organizer for the identity of children

of survivors and provides basic metaphors for unconscious fantasy ... Knowledge of the Holocaust represents a template for ongoing experience (Prince, 1985, p. 23)." What is most striking about what children of survivors "know" is that while knowledge of the Holocaust pervades their internal worlds, they are simultaneously beset by confusion and despair born out of the sense of not being able to know or to know enough. As Fresco writes,

Born after the war, because of the war, sometimes to replace a child who died in the war, the Jews I am speaking of here feel their existence as a sort of exile, not from a place in the present or future, but from a time, now gone forever, which would have been that of identity itself... It is as if the dead had carried off with them the sense of life and identity, as if those who were born afterwards could no longer do any more than wander about, prey to a nostalgia that has no legitimacy (Fresco, 1984, p. 421).

Howard Levine posits that because of the various challenges that survivorhood poses to the parenting capacities of parents, their children may experience vulnerabilities in certain areas of their functioning and development. He notes three areas which he considers to be particularly problematic: 1) conflicts around the development of autonomy, including the process of separation and individuation, the development of self-object differentiation, and identity formation; 2) problems with guilt, aggression and superego development; and 3) impaired reality-testing, or difficulty in distinguishing reality from fantasy, which he views as "a ... localized failure to appreciate the make-believe character of fantasy (Levine, 1982, p. 79)." Other researchers have suggested that children of survivors are likely to experience fear and mistrust in the world (Freyberg, 1980; Fogelman, 1988; Shoshan, 1989), to have problems in the area of affect regulation and affect tolerance (Wilson, 1985) and to experience depression and a prolonged sense of mourning (Shoshan, 1989; Fresco, 1984; Freyberg, 1980). Examining these areas of dynamic conflict would provide one pathway to tracing the presence of the Holocaust as a "template for experience" in the second generation.

Problems with Separation and Individuation

Survivor parents often experience the external world as a dangerous, unpredictable place, where anything could happen at any moment (Fogelman, 1988). They have seen the world shatter and are acutely aware of the possibility of imminent catastrophe. For survivors, the threat of annihilation resides not only in fantasy, but has crossed the line into lived experience, and thus casts its shadow onto every aspect of the world. The "inner world" of the family claims paramount importance: the family must bond together to ensure its very survival in the face of treacherous and unreliable forces. For this reason, the area of separation and individuation can take on complex and problematic psychodynamic meanings for survivor families. Separation can evoke memories of the terrible war-time partings, where the departure of family members was equivalent to watching them go to their death. Separations signalled loss and death. Parents may resist separation because "their losses have been so overwhelming, their very sense of integrity often rests upon not allowing any further loss (Freyberg, 1980, p. 93)." Survivor parents are often overly vigilant and protective, and frequently transmit to the child a deep sense of suspicion, mistrust and stranger anxiety (Phillips, 1978).

Freyberg traces the separation conflict back to the early process of separation and individuation in infancy. She notes that children of survivors often have difficulty resolving successfully the rapprochement subphase of the separation and individuation process (Freyberg, 1980). According to Mahler, maternal availability and responsiveness are never more pivotal than during the period of rapprochement. During this stage, the child hovers on the threshold of self-differentiation, caught between longing for greater autonomy and fear of what independence might bring. To the extent that the mother can support and encourage her child's movement toward greater independence, while permitting herself to be used by the child as a source of comfort and support in times of greater need and fear, the child will be able to freely engage in exploration and self-initiated activities. During this period, maternal displeasure in the child's steps toward independence can evoke, in the child, depression and anxiety about object loss. Under a mother's disapproving eye, the child's desire for autonomy and impulses toward

exploration are thwarted by his intensified need for his mother, whose loss he dreads.

For survivor parents, this critical developmental stage can bring about an intensification of their own feelings of incomplete mourning and loss. Freyberg asserts that a depressed, guilty and grieving mother will be unable to respond warmly and affirmingly. If she withdraws, the child, fearing abandonment or annihilation, may become panicked or enraged. "The survivor offspring then, as an infant" writes Freyberg, "has difficulty establishing his narcissistic equilibrium independently of his mother... Still yearning for her inadequately provided libidinal gratification ... the child continues to cling to mother at the expense of his autonomous strivings (Freyberg, 1980, p. 91)." The consequences of this disturbance during rapprochement can be manifested in "the blurring of ego boundaries, confusion of self and object, repressive identification with the object, feelings of emptiness and loneliness, lack of clarity about mood states and difficulties in distinguishing personal feelings and opinions from those of significant others (Freyberg, 1980, p. 93)." In the present study, the developmental stage of separation and individuation is considered to be critical, as it is the period during which representations of self and other are consolidated. Impairments in this process, arising out of a parent's emotional unavailability, withdrawal or rejection of the child's efforts to separate, will impact profoundly on the child's representational world and symbolic functioning.

Difficulties in the phase of separation and individuation often resurface as children of survivors reach adolescence. This is a period in which children naturally turn toward the social world of peers and outside activities, becoming more distant from their parents' world (Phillips, 1978) in an effort to develop and solidify a sense of identity and autonomy. However, conflict can arise between the adolescent's interest, on the one hand, in forging a connection with peers and others outside the home, and, on the other hand, the experience of loss that can accompany any emotional tie outside of the home, as "distances and separations are ... the same as complete and final loss (Phillips, 1978, p. 201)."

A further difficulty arises when the child of survivors' attaining adolescence corresponds to the

phase during which the parents' traumatization took place (Klein, p. 406). The parents frequently respond in a way that can be confusing and conflict-arousing, as they experience reactivation of earlier fears and losses while at the same time they fervently wish that this time, things will be different. Thus, parents can encourage children to do what they were unable to do during their own adolescence, but this encouragement carries within it both the hope of – and sometimes insistence on – reparation and the dread of repetition, deeply unconscious and embedded in their reactions towards their children.

It is this very phenomenon, the combination of the parents' longing to somehow make it "all right" through their children – whose lives must be as different as possible from their own – and their dread of repeating the horrible past, that frequently leaves survivors' children hopelessly caught in a double-bind. Slipp suggests that the survivor's child can experience pressure from a parent to succeed at whatever she does, yet praise and acknowledgement for these achievements may be withheld due to the parent's unconscious envy and competitive attitude. Survivor parents frequently experience an overwhelming need for the child to pick up where their own lives were interrupted (Prince, 1985). The child of survivors may experience "a sense that they must go back in time, become part of the parents' experience of the past, and resolve the unresolvable (Kestenberg, 1980, p. 781)."

Often, these feelings are accompanied by guilt: the child of survivors may feel "guilt for not having suffered, or a sense of helplessness that they could not undo the Holocaust (Fogelman, 1988, p. 635)." Shoshan points out that children may feel guilty or alarmed if parents seem disappointed, fearing that this may lead to disaster or deepened depression. To prevent this from happening, children of survivors may strive to "protect" their parents from negative emotions, and may view their own disappointments or unhappiness as insignificant or unworthy of attention in light of their parents' terrible experiences (Shoshan, 1989). The child of survivors lives with the often unconscious knowledge that their parents' existence in the world is a survival against all odds, and their own existence, by extension, takes on a quality of tenuousness: it is a miraculous and undeserved gift, the worth of which cannot be

overvalued or received with enough gratitude. This may result in a conflict between, on the one hand, unrealistic grandiose fantasies of perfection and success and, on the other hand, despair and hopelessness in the face of realistic limitations.

From a similar vantage point, Kestenberg describes the child's sense of having a "messianic task ... [to] justify his existence by great deeds and a high degree of social conscience (Kestenberg, 1980, p. 780)." Freyberg, pursuing this theme, maintains that "the child must overcome the frequently experienced shame of victimhood, and of having been the 'abominated,' by achieving certain goals selected by parents (Freyberg, 1980, p. 93)." According to Freyberg, the child must protect his parents from the loss that his own individuation might inflict. However, his mounting rage at "having to perform at mission for them at his own expense; at being over-protected and over-controlled; at being deprived of parents who could be more emotionally gratifying (p. 93)" must also be kept hidden from them for fear of inflicting further pain. The care that survivors' children may take to protect their parents from painful feelings may come from their knowledge, conscious or unconscious, that their parents may no longer be able to endure such emotional intensity.

Affect Disturbance

The capacity to tolerate, regulate and organize one's affective experiences is acquired, in infancy, through the gradual internalization of the regulatory function of the caregiver. The parent provides, for the infant, a steady and empathically attuned holding environment, intervening to modulate and contain the intensity levels and range of affects that the infant experiences. The parent's ability to organize and regulate the baby's feeling states lays the groundwork for the development of the individual's modes of dealing with affects (Wilson, 1985). This developmental process in the child rests in part on the parent's capacity to endure the child's affective states as well as the feelings that may be stirred in the parent in response to the child's experiences. [See section on affect tolerance.]

For Holocaust survivor parents, this process may be hampered by the survivor's inability to tolerate certain affects, because they re-voke dreaded memories and fantasies of the Holocaust. Krystal points out that traumatized adults frequently fear affects, as they represent the return of the trauma (Wilson, 1985, p. 70). Wilson suggests that survivor parents may fear the expression of certain affective states, in particular rage and depression, and may react with explosive rage or withdrawal. These affect states then become unbearable and are split off in the children. Difficulties in affect tolerance for children of survivors stems from "the child's failure to be helped to experience necessary increments of these affects when the affect in normal development had to be mastered, made familiar and comfortable, and then modulated (Wilson, p. 71)." Survivor parents may impart to their children uneven affect modulation. For example, the child may acquire the capacity to tolerate and modulate some affective states which the parent can tolerate. However, other affects may be unacceptable to the parent, who then is unable to perform the necessary function of containing and regulating their child's affective experiences.

Phillips suggests that the child of survivors, aware on a conscious or unconscious level that his parents cannot handle negative affective responses, is compelled to deny his feelings and to detach himself from his emotions (Phillips, 1978). To experience his own "everyday" unhappiness seems unwarranted in the face of the appalling conditions his parents experienced, and the child of survivors may come to feel "guilty for indulging in what seems to be unjustified self-pity." However, Phillips emphasizes that children of survivors may also feel guilty for "having a better life than his parents, since ... he has not suffered enough to deserve it (Phillips, 1978, p. 376)." The child who fears that his own expression of anger and pain will be received as threatening or, potentially, psychically dangerous, who tries to minimize and deny these feelings, and who ultimately questions his very right to experience negative affects, may experience mounting rage towards his parents. This anger finds no expression, as to express it would run the risk of simply adding to his parents' already familiar unhappiness. Phillips points out

that "as [the child represses his anger], his unconscious fantasies of aggression toward his parents hypertrophy so intensely that these begin to approximate the real, horrifying experiences of torture and extermination that his parents experienced at the hands of the Nazis (Phillips, 1978, p. 376)."

While children of survivors frequently disavow feelings of anger and aggression, having learned that these affects are unacceptable and threatening to their parents, they can sometimes give more ready expression to feelings of depression and loss. It is as though "the child inherits the incomplete mourning of the parents (Fresco, 1984, p. 424)." Shoshan states that "members of the second generation suffer from a kind of nostalgia, very similar to a depressive state, which seems to have taken the place of the continuous mourning of their parents (Shoshan, 1989, p. 203)." The feelings of sadness, longing and loss can serve as a way for children to re-establish a connection to their parents, through internalization and identification. Children may identify with a parent whose own incomplete mourning process leaves him emotionally unavailable, so absorbed in the past as to seem absent from the present. For the child, feelings of depression and mourning arise out of their awareness of their own, and their parents', deep loss, as well as the knowledge that they are powerless to provide restitution or reparation.

For children of survivors, the repudiation of affects which seem to re-awaken traumatic events in their parents' past leaves a gap in their sense of self-consolidation. As a consequence, there is a disturbance in the field of self-experiences, wherein aspects of the self must be denied or disavowed in order to protect the parent from potential re-traumatization. The child of survivors is then left to grapple with the complex task of attaining a cohesive sense of self-integrity in the face of a powerful tendency to cut herself off from significant intra-psychic events. Wilson writes that in psychoanalytic treatment, children of survivors can acquire greater affect tolerance through the joint construction, with the analyst, of "a historical narrative which includes the Holocaust legacy (Wilson, 1985, p. 78)." The construction of an unbroken narrative – one that fills in the gaps of the child's knowledge, that permits the saying of what has been unsayable (Wilson, 1985), that interweaves the knowledge of the past and present with the

realities and the horrors of the Holocaust – permits the child of survivors to gradually gain some sense of comfort with what had been split-off and unacknowledged affects and fears.

The Representational World of Children of Survivors

Children of survivors grow up in a world dominated, to a greater or lesser degree, by an awareness that anything can happen, at any moment. The Holocaust supersedes the limits of what we embrace as reality. Atrocities that belong to the world of our most primitive fears and terrors are materialized in survivors' real-life experiences and histories. The children of survivors are born into families where they learn that things which should reside only within the depths of unarticulable, archaic fantasy, are in fact not confined to fantasy. Unimaginable things have happened.

In the inner worlds of children of survivors, fantasy merges with history (Phillips, 1978) and the boundary between fantasy and reality is blurred. Levine (1982) emphasizes that people who have undergone traumatic events often have difficulty in "maintaining the 'make-believe' quality of fantasy (p. 88)." He writes that "for many children of survivors, the fact that real life events concretely give actuality to what are for others just primitive fantasies contributes to an ego distortion in which there is a blurring of the distinction between fantasy and reality (Levine, 1982, p. 88)." Children of survivors do not have difficulty in drawing the line between what is real and what is unreal, but rather, in distinguishing what is not unreal – although it should be – from what is indeed the product of their own imagination. He claims that the difficulty is not one of reality-testing per se, but more localized and related to an inability to prevent a collision between what is "make-believe" and what is "reality."

The events of the Holocaust threaten a breakdown of symbolic functioning. Grubich-Simitis writes that

the experience of the end of the world, which for the psychotic is triggered by the breakdown of his inner reality, was, for the concentration camp inmates, the consequence

of their being at the mercy of apocalyptic external events... What happened could have been experienced by the prisoners as the downfall of the secondary process and the 'seizure of power' by the primary process. A lifelong feeling of being threatened by one's own unconscious and a deep-seated mistrust of the ego's drive-taming capacity, of symbolization and sublimation can have been the result (Grubich-Simitis, 1984, p. 307).

She suggests that the "pact of silence" maintained by many survivor families served, through denial and derealization, to uphold the illusion that "it didn't really happen." However, this carries with it grave consequences for the child's capacity to develop an unimpaired perception of reality. When children's efforts to make sense out of the bits and scraps of information they discover and cannot understand are "redefined by the parents as the perception of a fantasy or a dream, i.e., as something horrible arising from the child's own inner world, the child's perception and differentiation of reality is impeded and cannot adequately develop (Grubich-Simitis, 1984, p. 310)." This leads to, on the one hand, a flourishing of the child's fantasy world frequently beyond the boundaries of what can be contained by secondary process thinking, and, on the other hand, a sense that the past, silently denied by the parents, itself becomes unreal. In psychotherapy with children of survivors, the task of the analyst is to help the patient learn that "what takes place in this world is serious but not deadly serious; speaking and fantasizing are ... not equated with doing; as-if trial behavior is not the same as "doing" proper (Grubich-Simitis, 1984, p. 316)."

Laub and Auerhahn write that "we who lack direct experience with the Holocaust must assimilate it through our imagination (Auerhahn and Laub, 1985, p. 4)." For children of survivors, the task of knowing the Holocaust is made infinitely more complicated by their experience of living in the shadow of the Holocaust without having access to its true dimensions. Its reality must be affirmed and its historical context given shape, so that the child may, in the words of Grubich-Simitis, "enter the world of metaphor (Grubich-Simitis, 1984, p. 316)."

III) Family systems and styles of communication

The Formation of New Families

The literature on survivor families provides ample evidence that for parents who have survived the Holocaust, the birth of children is a complex and deeply meaningful event, which gives rise to a number of profound and frequently conflictual emotions. Krell states that

...a child was tangible evidence of one's survival and therefore incredibly precious. To some parents the child was the representative or reincarnation of those who were lost; to some, the child represented the ultimate defeat of Nazism – a life created against insurmountable odds. And to some, a birth was a profoundly ambivalent religious event, a precious gift from God to parents who frequently no longer believed in God (Krell, 1979, p. 561).

For many survivors, the urge to marry and create a new family was powerful and immediate (Shoshan, 1989. The coming into being of new life served to affirm the reality of survival, as well as to create a living memorial to the dead. Survivors "often have an intense and overwhelming wish to create something new. To replace, to refute, to undo and go on may become the overriding motif in a marriage of survivors (Herzog, 1982, p. 105)." Nonetheless, for survivor parents, the birth of a child was rarely without conflict: becoming emotionally invested in the new family could evoke a sense of disloyalty to the former, lost family (Slipp, 1984). In addition, to love anew brings with it the possibility of renewed loss and traumatic separation. Shoshan (1989) states that "survivor parents experienced the natural excitement accompanying each birth as an 'earthquake warning,' as if special care had to be taken to protect that burden of painful, dreadful, deeply buried, and still so fresh, memories from breaking

loose (p. 197)." Such an emotional exertion, however, may have also obliterated feelings of joy at the new birth.

For the survivor, a new family embodies both the hope that this time, it will be different, and the dread of recurrent loss and traumatization. The attempt to reconstitute one's lost family through the creation of a new family is in part a desperate effort to combat the sense of utter aloneness in the world and to restore the possibility of a positive and empathic tie with responsive others. Thus, families created in the aftermath of the Holocaust can come to represent a "restoration of the lost family and an undoing of the destruction (Klein, 1973, p. 403)." Survivors seek to re-establish, through their children, a tie to their pre-traumatic past whereby they can resuscitate the lost world of parents, children and family killed in the Holocaust (Kestenberg, 1982). Through their very existence and being in the world, children of survivors can take on the function of a restitutive selfobject whose role it is to repair the massive traumatization and loss of their parents' past.

For some parents, children who represent the resurrection of dead relatives can also embody the internalized image of the persecutory, oppressive object. According to Kestenberg (1980), "children who were slated to replace offspring killed in the Holocaust were made to feel especially responsible for their failure to reproduce the dead and – by this route – identified as the Nazis who killed them (p. 777)." Survivor parents may be unable to tolerate expressions of rage or aggression in their child without viewing him as a "little Hitler," motivated perhaps in part by "an attempt to externalize a disavowed aspect of his or her self-representation, internalized under extreme stress, when identification with the aggressor was the only major adaptational means for survival (Bergmann, 1982, p. 300)." Thus, the legacy of the child of survivors is to participate in the restitution of lost objects and a lost world, to hold out the possibility of an empathic selfobject tie, to alleviate their parents' defensive identification with the persecutory object and to provide a justification for their parents' desperate survival.

Forms of communication among survivor families

Efforts to examine the forms of communication of Holocaust experiences within families are significantly hampered by both the complexity of the issue and the diversity that exists among survivor families (Jucovy, 1985). The form in which the Holocaust story is retold to the next generation is defined, first, by the nature of the trauma, which defies narrative coherence. The narrative is shaped as well by the conflictual attitudes of survivors toward remembering and telling, and the wish to protect children from the burden of confronting unspeakable horrors.

Krell (1979) points out that there is "a complex spectrum of communications, ranging from families who maintain silence to those where the Holocaust is an integral part of the family's life-awareness ... The child in the survivor family is subject to a network of thoughts and feelings, expressed or unexpressed, that influences all the major themes of life (p. 564)."

Many writers emphasize the silence that frequently characterizes survivor parents' attitudes toward their Holocaust experiences (Shoshan, 1989; Fogelman, 1988; Herzog, 1982; Gampel, 1982). However, the child's presence in the family challenges this silence, as children seek to know about their parents' past (Krell, 1979). Often, children learn about the Holocaust indirectly, through overheard snatches of conversation, papers found while rifling through their parents' drawers in search of the secret knowledge, and through intense, non-verbal messages (Fogelman, 1988). Children often learn about their parents' Holocaust experiences in a fragmentary, inconsistent fashion, for example, hearing fragmentary reports; hearing specific events repeated over and over, like screen memories (Kestenberg, 1981; Prince, 1985); hearing about a particular event in the absence of its greater historical and emotional context (Epstein, 1979; Jucovy, 1985). In some families, as Shoshan (1989) describes, "the children were exposed, practically from birth, to harrowing stories regarding certain episodes in their parents' past (p. 200)." Shoshan maintains that when this occurred, children developed "a defensive impermeability to the terror," in particular when parents' reports were devoid of emotional expressiveness. Acquiring knowledge of

the events in the absence of affectivity constitutes another form of "knowing without knowing."

In part, the parents' silence may arise out of the impossibility of communicating the horrors of their experience. The traumatic experiences are of such an overwhelming nature that they defy integration, articulation, historicity or structuralization:

Because of the radical break between the Holocaust and what culture is, the survivor often cannot find categories of thought or words for his experience – he cannot articulate his experience even to himself. He cannot make sense of it; he cannot know it. Indeed, he may not even be able to remember it, except for retaining haunting, fragmented visual percepts that he cannot integrate affectively into his personality (Auerhahn and Laub, 1985, p. 3).

Silence can be motivated by a wish to "spare the child the details of unbearable suffering (Jucovy, 1982, p. 37)." In addition, Shoshan suggests that maintaining a silence around the painful memories of the Holocaust, in particular around experiences of separation from loved ones, serves to avoid a psychic repetition of the traumatic loss: "it is as if by their silence they could keep their loved ones near. Were they to reveal this deep wound to anyone else, they would again and forever lose those from whom they cannot bear to separate (Shoshan, 1989, p. 193)." One child of a survivor states:

My mother never said anything about it. I felt that the only possible communication I had with her was through silence, that if I said anything, something would be lost. My mother's brother could be alive only if we waited for him in silence. But if we started to talk about him with other people, we would realize that he was dead, because ten years had gone by and he had still not come back, and people might say we were crazy (Fresco, 1984, p. 419).

In families in which a wall of silence predominates, the child is left to guess the meanings behind the palpable yet implacable silence (Krell, 1979). Where silence is the implicit code of the psychological defense against annihilation and self-fragmentation, there is yet an uncanny emergence of Holocaust imagery in children's dreams, daydreams and fantasies. These children frequently experience a disturbing disjunction between what they know in their bones is there, and what knowledge and memory are actively undone by their parents' silence. Nevertheless, knowledge of the Holocaust pervades their inner lives.

In this way, what parents may attempt to conceal or deny through silence can take on great importance in the unconscious fantasy lives of their children.

Auerhahn and Prelinger describe yet another form that the transmission of the Holocaust trauma can take. They suggest that children of survivors may attempt to re-enact their parents' traumatic experiences, in the hope of gaining some understanding of the unspoken past:

... The child seeks to repeat the parent's experiences in order to make sense of the fragmentary parental history which she learns, fantasizes and inherits, and in order to understand and heal both her real parent and her internalized one, (Auerhahn and Prelinger, 1983, p. 44).

The child's fantasy and dreamlife may serve as vehicles within which to find meaning for her parent's experience, by "creat[ing], for herself, a latent content in which to embed the emotional legacy (Auerhahn and Prelinger, 1983, p. 36)." The child thus assimilates the parent's traumatic history via spoken and unspoken communications, and attempts to create a coherent, comprehensible and integratable narrative of her childhood, which is infused with traces of her parent's past.

The presence of a family history – openly shared or disavowed – that is so difficult to grasp and yet is of such grave proportions gives rise to deep ambivalence, in the child, about wanting to know. Children of survivors may crave information about the Holocaust, secretly search through their parents' belongings in the hope of uncovering clues to the past, or immerse themselves in historical research about the Holocaust. However, they may also deny that the Holocaust has any personal relevance or may avoid coming into contact with any information about their parents' histories. Both in cases where families maintained a "wall of silence" and in cases where deeper and more disturbing meanings of experiences were concealed behind a "screen of words (Fresco, 1984)," the limits of the Holocaust are unknown to children. The sense of the past and its memories which children of survivors inherit often remains uncertain, shadowy and fragmentary.

IV) The Development of Affect

Throughout the history of psychoanalysis, the psychoanalytic view on affects and affect development has undergone significant evolution and revision. Despite the vital role that affects play in human experience as well as in clinical process, theories of affect have remained unsatisfactory and incomplete (Emde, 1980). Nonetheless, in recent years, emerging data from experimental and developmental research offer significant contributions to the formulation of increasingly complex and comprehensive psychoanalytic theories of affect. The psychoanalytic literature on affect has been reviewed in some depth by Valenstein (1962), Rapaport (1953) and Drellich, (1981), among others. In this brief overview, I will examine the developments in psychoanalytic theory from Freud's early thoughts to more contemporary conceptualizations of affect, such as those of Emde (1980) and of Basch (1976). I will then discuss affectivity as a developmental process, and finally, I will examine psychoanalytic views of the impact of trauma on affect.

Theories of Affect

Although it is generally agreed that affective life is central to human experience, that affects play a vital role in daily living and, that affects are a main consideration in psychoanalysis – indeed, patients often initially seek treatment to alleviate painful or distressing affects – the area of affect theory appears to lack the richness and complexity of a consistent and inclusive metapsychology (Drellich, 1983; Emde, 1980; Gaensbauer, 19). This may be, as Drellich suggests, partly due to the paradox inherent in the effort to create a theory – a model that is verbalizable and conceptualizable – while the very essence of affects is neither verbal nor conceptual (Drellich, 1983). Affects are elusive phenomena and as such are difficult to define, categorize or explicate.

That affect theory seems to lag behind other aspects of psychoanalytic psychology may be linked

to the difficulties that Freud himself had in his efforts to conceptualize the role of affects in psychic life. Schur (1969) and others point out that Freud remained dissatisfied with his theory of affect, which he felt was contradictory and insubstantial. Freud's thoughts on affectivity can be traced from a mechanistic model to the development of a more complex, dynamic model of affect (Emde, 1980). Emde characterizes Freud's early conceptualization of affect as a stimulus-response model in which "affects are the passive, predictable resultants of stimuli (Emde, 1980, p. 168)." He points out that early on, Freud viewed affects as distinct from cognition and as exerting a disorganizing influence on behavior. Freud's first idea about neurosis was that intrapsychic conflict arises out of "a clash between ideas and unacceptable affects -- a clash which leads to repression of ideas and 'damming up' of affects (Emde, 1980, p. 169)." (see Freud, 1895).

With the elaboration of the libido theory (Freud, 1905; 1915), Freud hypothesized that affects are linked to drives and represent discharge phenomena. According to the pleasure principle, an increase in affect, synonymous with the "quantity of instinct or energetic cathexis" produced displeasure, while discharge was felt to be pleasurable (Basch, 1976). Freud proposed that sanctions dictated by the superego or by external forces sought to repress instinctual discharge and gratification of instinctual wishes (Basch, 1976). Affect, then, was viewed as a direct manifestation of instinct:

The continued demands of the repressed could result in symptom formation which then discharged the original affect, although attached to a substitute idea which concealed its origin in forbidden infantile wishes; or the affective expression itself might undergo qualitative transformation before being released and disguise its origins in that way. Should forbidden affects be directly expressed, in spite of the defenses against it, it would be experienced as anxiety (Basch, 1976, p. 771).

In this model, affects were understood to be the ego's unstructuralized response to a cathexis of a memory trace, as opposed to ideation, which Freud believed to be the structuralized response (Wilson, 1985).

Schur (1953) and Rapaport (1953) directed attention to the changes in Freud's conceptualization

of affects with the elaboration of the structural model of the mind (Wilson, 1985; Emde, 1980; Drellich, 1983). Freud recognized affective phenomena as "highly composite (1916)." In the structural model, he understood the function of unconscious guilt and unconscious anxiety as "active principles which monitor and organize activity, thought, defenses and symptoms (Emde, 1980, p. 171). This reconceptualization of the role of affective phenomena marked a significant shift in Freud's thinking. He now considered affects to be signals rather than discharge phenomena linked to instinctual drives. He believed them to be located in the ego and to provide an organizing and motivating influence (Emde, 1980). This shift in Freud's understanding of the location and role of affects is linked to a significant reconceptualization of the ego and its defenses: rather than viewing repression as leading to anxiety, it now appeared that the reverse is true -- anxiety leads to repression (Fine, 1987). Emde suggests that

the signal formulation in general describes how affects have a regulatory role, one which often functions automatically. Furthermore, it includes the notion that signal anxiety prevents one from becoming overwhelmed by states of helplessness which in turn are linked to specific, hierarchically arranged early affective structures which have been experienced in development (Emde, 1980, p. 172).

Thus, affects are seen to constitute psychic structures which attain structuralization through a developmental process of their own. Affects were defined as discrete and independent ego states that were not subsumed by complex metapsychological theory (Wilson, 1985). This new view laid the foundation for studies on the early developmental stages of affectivity and mental representations (Wilson, 1985).

Basch (1976) argues that Freud's understanding of the role of anxiety as a signal of imminent danger supports the belief that affect is "a communication in the interest of adaptation (p. 774)." He offers the view that affect can best be understood as an early form of communication which is fundamental to cognition and which motivates maturation and pathological adaptation. Basch's opinion that the human infant is equipped with adaptive patterns which precede cognition and symbolic processes is based in part

on findings concerning discrete facial expressions of emotion (Darwin, 1872; Tompkins, 1962; Izard, 1971; Ekman, Friesen and Ellsworth, 1972). These investigators report evidence, founded on cross-cultural studies, which strongly suggests that discrete patterns of facial expression are both universally present and uniformly recognizable (Emde, 1980; Basch, 1976). Basch maintains that the infant's behavior represents a form of communication to the mother. This view is supported by others (Demos, 1980; Stern, 1985) who hypothesize that "early in life affects are both the primary medium and the primary subject of communication (Stern, 1985, p. 133)." Basch suggests that how these early communications are understood or misunderstood will provide the foundation for patterns established during the first two years of life, before the baby has attained the capacity to symbolize. Such behavior patterns can be understood as precursors to the development of emotional experience. Basch further asserts that although infants demonstrate behaviors similar to those of older children or adults, we cannot consider these to be "emotions" proper or to have any meaning other than their communicative value. Until the infant achieves the capacity for self-reflection and symbolization and the ability to describe concepts through speech – that is, until he attains "an awareness of the meaning of affect for the self (p. 770)" – the feeling states he experiences are not yet differentiated and should not be called emotions.

A different view is represented by Gaensbauer (19), in his clinical observations of a four-month-old infant who experienced physical abuse, separation from her mother and placement with alternate caretakers. In their work with this child and her caretakers, Gaensbauer and his colleagues noted that the infant's facial expressions appeared to be sensitive to changing conditions, consistent with the baby's particular history, and associated with "motivational responses (p. 51)." Gaensbauer believes that his observations support the theory that there are a range of "primary affects" which exist from early on: "the capacity to express in at least rudimentary forms the emotions of joy, interest, fear, anger, and sadness, as well as the more undifferentiated emotion of distress, appears to be present by four months of age (Gaensbauer, 19 , p. 51)." Through observing the child's changing affect states and their

apparent object-specificity, Gaensbauer concluded that, while the infant does not yet have "the capacity to retain an image in his mind in the absence of its perception (p. 56)," the young infant does "recognize" the object via "patterns of motoric observed interaction or 'action schemata' (Wolff, 1960, quoted in Gaensbauer, 19)." According to Gaensbauer, these "action schemata" are tied to meaningful affective states, which give rise to early forms of "cognitive-affective structures." These structures "represent an early form of memory and provide a basis for the interpretation of new experiences (p. 57)." Of particular significance to the present discussion is Gaensbauer's belief that "the role of affect in organizing and mediating internal and external experience guarantees that affect is at the center of object relationships (p. 62)." The quality and consistency of the relatedness of the object (i.e. mother) leaves "mnemic traces" which are gradually internalized and form the basis for how the infant anticipates future interactions. This view is similar to Stern's (1985) notion of the establishment of RIGs (representations of interactions that have been generalized) and to the notion of "internalized working models" described by attachment theorists (Sroufe, 1985; Main, Kaplan and Cassidy, 1985).

At present, the nature of affective experience remains the subject of much debate in psychoanalytic theory. Whether or not there are a group of basic or "primary" affects, when affective experience emerges as a meaningful organizer of experience, what is the relationship of affect to instinctual life and to object relations, are focal questions in contemporary psychoanalytic thinking. Emde (1980) suggests that the major theories about affect in recent psychoanalytic thought can be considered as an organizational model with five central theses. These postulates provide a useful summary for the major trends in affect theory:

- (1) Affects are central in clinical psychoanalysis; they are good guides for understanding motivation and states of mind (ego states).
- (2) Affects are adaptive; they are autonomous ego structures as well as in conflict.
- (3) Affects are continuous aspects of our lives.
- (4) Affects are vital ingredients for human social relatedness.
- (5) There are signal affects other than anxiety (Emde, 1980, p. 172-176).

These postulates lend support to the hypotheses that (a) the development of affectivity is a process central

to early psychological development and psychic organization, and that (b) this process takes place within the context of the infant's early object relationships.

Affect Tolerance, Affect Differentiation and the Mother-Infant Pair

According to Kestenbaum (1983), it is impossible to discuss the early development of affective life without considering the nature of the mother-infant relationship, through which the baby comes to know himself, others and the world in which he lives. Indeed, Winnicott remarked that "There is no such thing as a baby' -- meaning that if you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone, but is essentially part of a relationship (1964, p. 88)."

Winnicott believed that the infant's psychological and emotional development relies upon the mother's ability to provide a "good-enough" holding (facilitating) environment (Winnicott, 1960). This capacity is rooted in the mother's mental state during the final months of her pregnancy, which Winnicott termed "primary maternal preoccupation." This state resembles a dissociated fugue state during which the mother withdraws her interest in external events (Hughes, 1989). In this way, the mother attains a kind of heightened sensitivity and awareness of her baby's needs and shifting states. The mother's preoccupied state comes about through "identification of herself with her infant (Winnicott, 1960, p. 54)" and enables her to "provide almost exactly what the infant needs at the beginning, which is a live adaptation to the infant's needs (p. 54)."

Winnicott emphasizes the importance of the good-enough holding environment for three critical processes which unfold during the course of early development. These are the processes of integration, personalization and "realization" -- the infant's growing awareness of the principles of reality (Winnicott, 1945, p. 149). According to Winnicott, at the beginning of life, the infant does not yet recognize his ever-shifting psychic and somatic states as belonging to a single self unit and as representing a wholeness of being. Winnicott writes, "I think an infant cannot be aware at the start while feeling this and that in

his cot or enjoying the skin sensations of bathing, he is the same as himself screaming for immediate satisfaction ... and I think there is not necessarily an integration between a child asleep and a child awake. This integration comes in the course of time (1945, p. 151)." The infant gradually acquires a sense of self-consolidation through two types of experience. One is related to the regular, reliable "good-enough" care the infant receives, including being bathed, held and rocked, while the other arises out of "the acute instinctual experiences which tend to gather the personality together from within (1945, p. 150)." Integration and the feeling of "going-on-being," or the sense of the continuity of life, rely on the holding environment provided by the good-enough mother (Davis and Wallbridge, 1987). Similarly, adequate environmental provision permits the infant to develop a sense of personalization, that is, a recognition that the self resides within the whole of the body. This process leads to the capacity for purposeful, goal-oriented movement and direction.

An essential function of the holding environment is to "[reduce] to a minimum [the] impingements to which the infant must react with resultant annihilation of personal being (1960b, p. 47)." Winnicott linked the notion of infantile trauma to impingements from the environment as well as internal reactions to the environment. The ego-support provided by a good-enough holding environment must provide shelter against the interruption of the infant's growing sense of self-continuity and of environmental predictability. Repeated failures to regulate impingements which are disruptive to the infant's "going-on-being" puts the infant at risk for psychic trauma. Winnicott hypothesizes that what the infant experiences at these moments is the threat of annihilation. He envisions the infant thus impinged upon as being "on the brink of unthinkable anxiety (1962, p. 57)" which he describes as

- (1) going to pieces
- (2) falling for ever
- (3) having no relationship to the body
- (4) having no orientation (p. 58)

Repeated environmental failures of this kind lead to a process of "disintegration -- a reversal of the

maturational process (Davis and Wallbridge, p. 45)."

The infant, on the other hand, who has had an experience of good-enough mothering, gradually internalizes this "good-enough" relationship, as ego-relatedness becomes consolidated. For Winnicott, ego-relatedness is linked to an important maturational achievement, which is the capacity to be alone. This capacity comes about through sufficient experiences of "being alone, as an infant and small child, in the presence of mother (1958, p. 30)." When alone (in the presence of the other), the infant can "discover his own personal life (p. 34)." In these moments the infant can quietly enter into the world of his inner experiences, sensations and impulses. The capacity to be alone, as Winnicott describes it, allows the child to discover the reality of his personal being and of his internal processes. This process of discovery, as it happens over and over in the infant's experience, nourishes a growing sense of authenticity and agency. Winnicott contends that "the individual who has developed the capacity to be alone is constantly able to rediscover the personal impulse, and the personal impulse is not wasted because the state of being alone is something which (although paradoxically) always implies that someone else is there (Winnicott, 1958, p. 34)."

Winnicott directed attention to the exploration of the early relationships that nurture the infant's nascent sense of self as an authentic and effective being in the world. More recently, infancy research has begun to investigate the mutual interactions between the mother and her infant, shifting towards an emphasis on reciprocity as "a new model for emotional intensity and exchange (Benjamin, 1988, p. 26)."

In close observation and micro-analysis of mother-infant interactions in laboratory settings, some researchers have captured both the infant's active participation in stimulating and regulating interactions, as well as the mother's intuitive responsiveness and attunement to her baby's shifting states and developmental needs (Stern, 1985; Beebe and Lachmann, 1988; Bennett, 1983; Trevarthan, 1977; Cicchetti and Sroufe, 1978). These early, non-verbal dialogues, which Stern refers to as the first "dance" of life, include such behavioral patterns as mutual gaze, vocalization and mutual smiling. Stern (1977)

describes the mother's unique and apparently intuitive behaviors during play with her infant, characterized by exaggerated and repetitive facial displays, drawn-out vocalizations, prolonged gaze and temporal patterning. The baby, in turn, demonstrates the capacity to elicit mother's attention and responsiveness through gaze and vocalization. The infant also displays the ability to regulate the duration of interactions through a range of behaviors including averting the gaze, crying or arching the back. These behaviors seem to modulate the infant's arousal level, such that mother and infant participate in maintaining arousal at a mid-range, permitting the expression of the most mature communicative behaviors (Beebe and Stern, in Bennett, 1977).

Bennett (1983) suggests that it is in the context of these early mother-infant interactions that we can discern the beginnings of infant emotion. He views these interactions, in their intricacy and complexity, as forming the basis of affectual organization. Early mother-infant play provides the context for mutual joy and the origins of feelings of mastery and competence (Kestenbaum, 1983). Kestenbaum views this "fragile, yet powerful" early bond as critical in the development of later object relationships: "a child's trust or his suspicions, warmth toward others or hostility are, on the whole, to be understood as outgrowths of the success or failure of this developmental stage (Kestenbaum, 1983, p. 85)."

Some contemporary psychoanalytic writers believe that one significant function of the early parent-child attunement is to establish an environment within which the infant can tolerate various affective states (Wilson, 1985; Krystal, 1988). Wilson defines affect tolerance as "the comfort, established incrementally through gradual familiarity and recognition, of a particular feeling state within the context of the self (Wilson, 1985, p. 65)." What is important, he suggests, is not whether or not an affect is present, but the ways in which we can manage the affective state internally and, when we cannot, the degree to which we must then fend it off defensively. In early infancy, the good-enough mother's empathic sense of her infant's states and her intuitive awareness of his ever-growing affect array enable her to serve as a filter, or auxiliary "stimulus barrier." In this way, she allows the child to experience

increasingly intense affective states, intervening to provide comfort and soothing when the tension level threatens to be overwhelming (Krystal, 1988). Gradually, the child internalizes the parent's regulatory function. Krystal suggests that the child's developing capacity for self-regulation will eventually permit him to tolerate various affective states, of varied intensity, with an increasing feeling of safety and ease.

Krystal (1988) emphasizes the important relationship between the parent's own patterns of response to affect distress and her ability to promote or impair the development of affect tolerance. For example, while some parents can respond gently and reassuringly to a child's injury or pain, other parents may panic or even express anger at the child for having hurt himself (Benedek, 1956, cited in Krystal, 1988). Some parents may experience greater difficulties in adjusting to the needs and demands of different developmental stages. This may lead to a lack of emotional availability and inability to mirror and affirm the child's significant developmental strides. A mother, for example, who felt gratified and fulfilled while her young infant was wholly dependent on her for nurturance and comfort, may react to the onset of the separation and individuation process with feelings of resentment, sadness or indifference. The parent's capacity to respond empathically and consistently to the child's changing emotional states bears significance throughout the child's psychosexual and psychosocial development.

Kobak (1987) underscores the dangers that a parent's lack of responsiveness and availability may hold for the regulation of negative affect. He hypothesizes that a parent who is rejecting or dismissive of her child's distress or anger may lead the child to fear punishment or abandonment. In this case, he states, "rather than emotions enhancing adaptation by signaling to a caregiver, or motivating behavior that leads to a readjustment of the attachment relationship, negative emotions themselves become sources of relationship dysfunction (1987, p. 1)."

Wilson (1985) suggests that the tolerance of certain affects may be particularly difficult in children of survivors, due to a failure on the part of the survivor parent to adequately modulate and make

bearable certain affects, such as anxiety, rage or depression. He writes:

In survivor families, certain of the children's feeling states are frequently proscribed because they evoke Holocaust-related memories, identifications, and fantasies in the parents... What occurs may be understood as an inter-generational transmission of trauma: One generations' trauma leads to the next generation's lack of affect tolerance. Certain affects in the children become intolerable, split off, and their emergence into awareness is difficult and painful. The affects are feared and avoided by parents because the reawakening, remembering and reliving in themselves is too immense and painful an ordeal (Wilson, 1985, p. 70-71).

According to Wilson, when affect states in the child are unacceptable or unbearable for the parent, the parent may respond by withdrawal, explosiveness or internal preoccupation and subsequent unavailability. This results in a decreased threshold for tolerance of these affects, which consequently are not integrated into the child's developing "affect array."

Krystal (1988) proposes that the maturational process of affectivity proceeds along two developmental lines, which are affect differentiation, and affect verbalization and desomatization. He considers that in the neonate, there are two basic states out of which all ("adult-type") discrete affects evolve. One, the state of distress, is the seat of all later distressful – "emergency" (Rado, cited in Krystal, 1988) – affects, while all pleasurable feelings derive from the undifferentiated state of well-being. Further, Krystal suggests that bodily functions undergo a similar process of differentiation and symbolization. The states which arise out of somatic needs and conditions, while distinguishable from "emotions," are nonetheless subjective – internal – experiences and as such, have an impact on self-regulation and agency.

According to Krystal, the process of affect differentiation permits the unfolding of a gradual transformation of the child's general state of internal arousal or excitation – considered to be global and undifferentiated – into an organized, recognizable and thereby increasingly tolerable, range of affective experiences. By the age of two, a number of discrete affects can be identified. Krystal hypothesizes that during the process of affect differentiation, affects acquire meaning and become linked to a narrative or

"story." The capacity to tolerate affective experiences without getting caught up in their physiological components allows the individual to attend more freely to the cognitive aspect of emotion. When this is accompanied by reflective self-awareness, affects can become useful internal signals and reference points for subjective experience. This process lends itself to a deepening of the subtlety, nuance and richness that can enhance an individual's relationship with others, as well as with his own inner world.

The verbalization of affects becomes possible as the child acquires language and symbolic processes. The capacity to verbalize emotions is an important developmental achievement that signals a child's growing ability to differentiate his feelings and tolerate his affective states. Verbalization of affects permits a significant shift in interpersonal relatedness and a new possibility for communication of inner states (Stern, 1985). Mahler views the inability to verbalize emotions as potentially creating a chronic condition of "organismic distress (Mahler, 1966, cited in Krystal, 1988)" wherein the child, unable to make use of the mother for soothing or comforting, is threatened by affective flooding. Krystal states that the danger of being overwhelmed by affects exists at every stage of affect development. However, each developmental leap also provides an occasion for emotional growth: "each stage represents an opportunity for affect maturation through dealing with an intense and therefore potentially overwhelming emotional reaction (Krystal, 1988, p. 46)."

Katan (1961) emphasizes the importance of verbalization in emotional development. She asserts that verbalization leads to increased ego control over instinctual drives and affective states. Katan found that children's gains in verbalization led to decreased impulsivity and uncontrolled behaviors. In addition, the capacity to verbalize emotions supports emotional integration and increases the child's capacity to distinguish between fantasy and reality (Katan, 1961). However, she states that there are situations in which verbalization of children's feelings does not lead to greater ego control. These situations arise when parents are both unable to show their own feelings and to tolerate their children's emotions. "If such parents speak about their feelings which they are unable to show, or speak about the child's

feelings," she writes, "it is clear that their words are used not to further the expression of emotions but to ward these emotions off. If this is the case, the words are not a bridge, as they ought to be, but are a defense against the emotions [emphasis mine] (Katan, 1961, p. 187)." In addition, she hypothesizes that when parents are particularly invested in the expression of certain emotions rather than others, these may become "hypertrophic" in the child and lead to distortion, confusion or fixation at a particular level of development.

The maturational processes of affect differentiation and verbalization unfold within the context of the infant's earliest object relationship, and as such have profound bearing on the child's evolving representations of self and other (Krystal, 1988). Beebe and Lachmann (1988) suggest that the infant "stores" early experiences of both affective and temporal matching and mismatching. These stored experiences form the basis of expectations which are an aspect of early, pre-symbolic representations of self and other. Such representations encompass a dynamic reciprocal process and are the foundation of later symbolic self- and object-representations. Thus, in contrast to the Freudian view that affects are linked with mnemonic traces or "ideas," early affective responses can be regarded as crucial organizers of early experience and as the bedrock of precursory object representations (Krystal, 1988).

Affects and Trauma

Krystal (1978; 1988) notes that Freud, in his observations about trauma, had developed two essentially separate paradigms of psychic trauma. In his early writings, Freud conceptualized "psychic trauma" as a state in which affects are experienced as so overwhelming as to pose a threat to psychic organization (Krystal, 1978): "In traumatic neuroses the operative cause of illness is not the trifling psychical injury but the effect of fright – the psychical trauma... Any experience which calls up distressing affects ... may operate as a trauma of this kind (Studies on Hysteria, p. 5f)." Freud's second

model of psychic trauma centered around the dynamics of unacceptable impulses: "The actual traumatic moment ... is the one at which the incompatibility [between the ego and some idea presented to it] forces itself upon the ego and at which the latter decides on the repudiation of the incompatible idea. That idea is not annihilated by a repudiation of this kind, but merely repressed into the unconscious (Freud, 1893-95, quoted in Krystal, 1978)." Krystal highlights the confusion that can arise out of a failure to distinguish between these two models. He suggests that Freud's wish to create a unified theory underlies the shift in his thinking which led to the development of his second theory of anxiety, and to his eventually replacing the terms "affects" and "excitation" with "stimuli." Krystal emphasizes that any form of stimulus can be traumatically overwhelming, and asserts that this view ensures "a unified theory of trauma and pathogenesis."

Krystal describes the phenomenological picture of trauma as

... a paralyzed, overwhelmed state, with immobilization, withdrawal, possible depersonalization, and evidence of disorganization. There may be a regression in any or all spheres of mental function and affect expression. This regression is followed by characteristic recuperative attempts through repetition, typical dreams, and eventually long-term neurotic, characterological, psychosomatic or other syndromes... In these patients we see a lifelong disturbance in affectivity (Krystal, 1988, p. 142).

According to Krystal, what distinguishes a dangerous situation from a traumatic one is the experience of overwhelming helplessness. While anxiety arises as a signal of imminent danger that can be warded off, the subjective experience of helpless surrender gives rise instead to a state of "catatonoid passivity," characterized by affective blocking and progressive inhibition. This reaction, termed "psychogenic death," is frequently found among Holocaust survivors and can have lethal psychological and/or physical consequences. When psychological surrender does not result in actual death, it can bring on a state of automatization or "psychic closing off (Lifton, in Krystal, 1978)." The total suppression of affect expression and perception which typifies this state represents the individual's attempts to shut out the

terrifying reality and to numb all emotional responsiveness. Paradoxically, the numbing of emotions can have an adaptive element, as it enables the individual to focus singlemindedly on the physical and physiological prerequisites for survival (Shipko, Alvarez and Noviello, 1983).

The adult traumatic state is marked by a psychological paralysis that begins with the blocking of emotions and pain. Krystal points out that this is frequently accompanied by a cognitive constriction that is particularly apparent in narrative descriptions of traumatic states: while there is often a reference made to painful feelings at the beginning of the process, the stories "invariably lapse into a description of the events (Krystal, 1988, p. 152)." Constriction of mental functions may serve a defensive role similar to that played by the processes of derealization and depersonalization.

Krystal views psychogenic death as the "model of an adult traumatic state. (Krystal, 1978; 1988)." He draws an important distinction between infantile psychic trauma and adult trauma. A state of infantile psychic trauma may develop if the mother fails to intervene when the infant's diffuse affect state threatens to reach an intolerable pitch. Krystal describes the infant thus traumatized as flooded with unregulated, somatic, global and primitive affects, and swept into a state of "timeless horror" or mortal dread which encompasses every corner of his being and renders him inconsolable. In adults, the direct aftereffects of such infantile trauma are the lifelong presence of both dread and expectation of the return of the traumatic state, accompanied by an impairment in affect tolerance and lifelong anhedonia. Krystal asserts that although the aftermath of massive psychic trauma in adulthood may result in similar psychological conditions, the two types of trauma are distinct. He states that adults cannot undergo the total affective regression that would resemble infantile trauma, because unlike infants, adults are capable of defense mechanisms such as affective blocking and cognitive constriction. In adults, the on-going existence of the "observing ego" permits the development of signals of potential danger to the self, thereby mobilizing defenses and self-protective activities. An important distinguishing factor between infantile and adult psychic trauma is the role of affects. In infantile trauma, it is the primitive affects

themselves, catastrophic if unmediated by the mothering adult, which are the source of trauma. In adult trauma, the traumatizing condition resides in "the overwhelming of the ego, the surrender in total helplessness and hopelessness, and the progression to the catatonoid state (Krystal, 1978, p. 101)."

In reviewing the aftereffects of trauma, Krystal postulates a relationship between affect impairment and psychosomatic reactions. Affect impairment is characterized by loss of specificity of emotional responses, accompanied by "an impairment in verbalization of emotion and in the capacity for symbolic representation and fantasy formation (Krystal, 1978, p. 95)." Psychosomatic reactions have been associated with affect impairment by several authors, including Hoppe (1968) and McDougall (1983; 1989). Hoppe (1968) found evidence of psychosomatic reactions in 144 out of 145 Holocaust survivors. He viewed the presence of psychosomatic complaints in terms of regression and re-somatization of affects. He linked this phenomenon to the enforced regressive pull under conditions of persecution, which may have resulted in a revival of the hypercathexed body-self and archaic body image.

McDougall (1989; 1982) relates psychosomatic symptomatology to traumatic forms of early object relationships in which parents fail to respond to the child's psychic reality. This may take the form of being interested solely in the child's physical experience to the exclusion of his emotional life, or sending the message that the verbal expression of affective states is forbidden. McDougall stresses that the mother's primary relationship to her infant is pre-verbal, through direct bodily communication which gradually is transformed as symbolic capacities develop. When the parent, perhaps because the affective experiences of the infant are more than she can bear, fails to provide a context within which the child can name and become invested in his various bodily and mental states, there can result a lack of libidinal investment in the body and a radical split between the psyche and the soma, between the somatic and the cognitive components of emotion. McDougall postulates that in order to remain in tune with the mother on an unconscious level, the child is compelled to use early forms of relatedness, preserving a sense of

"magical union" which offers the sole hope of connecting with the mother (McDougall, Plea for a Measure of Abnormality).

When words fail to serve as "effective containers for channeling the energy linked to instinctual drives (McDougall, 1989, p. 101)," the psyche then emits pre-verbal, somatic distress signals. The severed link between the "word-presentation" and the "thing-presentation" strips the symptom of psychological meaning for the patient. In other words, the psychological component of an affect is expelled, leaving "an action message devoid of words (1989, p. 95)." When an individual suppresses perceptions, thoughts or fantasies, there is a tendency to "regress" to psychosomatic modes of responding to psychic pain. In the presence of this kind of mental functioning, the perception of affects "are largely eliminated and with them goes the destruction of meaning, so that the world and the people in it become devitalized. Feeling is not disavowed, it no longer exists (McDougall, 1982, p. 84)."

The impairment of the capacity to recognize and verbalize affects, which is common to patients with psychic trauma and with psychosomatic reactions, has been referred to as "alexithymia" (Krystal, 1988; McDougall, 1982; Shipko, Alvarez and Novello, 1983). Alexithymic patients, those who have lost contact with their internal liveliness and affective expressiveness, are bereft of the capacity to use their feelings as "signals to themselves as well as means of identification and communication with others (McDougall, 1982, p. 89)." This is frequently accompanied by cognitive changes, characterized by "operative thinking" or thinking that is excessively oriented to facts or "reality," that is mundane, utilitarian and unimaginative (Krystal, 1988). Their speech is particularly devoid of metaphor, subtle shadings of nuance or fantasy.

The link between alexithymia and impairment of symbolic functioning has been studied experimentally by a number of authors (Krystal, J., Giller and Cichetti, 1986; Demers-Derosier, 1982; Demers-Derosier, Cohen, Catchlove and Ramsay, 1983; Shipko, Alvarez and Novello, 1983). These studies provide evidence in support of the hypothesis that alexithymia exerts an influence on symbolic

functioning. Demers-Derosier (1982) finds that alexithymic patients demonstrate a notable difficulty in linking together symbols to make up a story, tending instead to describe, name or list things rather than creating a cohesive narrative.

Krystal (1988) explores at length the significance of cognitive constriction and symbolic impairment in alexithymia. One explanation for this condition was offered by McDougall, who viewed the problem as a disturbance in the area of object representations and symbolic structures, in which the links between mental images and their meaning are severed, resulting in inner paralysis and isolation (McDougall, 1989). Krystal also refers to Ogden's (1985) elaboration of the consequences for symbol formation of early, pre-verbal deprivation of need-gratification and of premature disruption of the infant's illusion of oneness with the mother. This can result in a variety of difficulties such as collapse of the distinction between fantasy and reality or an inability for self-soothing, which is exclusively relegated to the care-taking object. Krystal suggests that an alternative view of cognitive constriction in alexithymia can be found in the adult traumatic state, during which there is a marked cognitive constriction. The link between adult psychic trauma and alexithymia can be traced back to the experience of anxiety and helplessness in the face of perceived danger, as opposed to the signaling of avoidable danger, leading to the "cataleptic, deactivating aspects of affect (1988, p. 276)." Lastly, Krystal regards the presence of symbolic and cognitive impairments as evidence of a regression or derailment in the development of the concept of one's own subjectivity and of "the discovery that the perception of the object is not the object (Krystal, 1988, p. 285)."

In summary, adult psychic trauma can be viewed as the result of enduring and unrelenting exposure to conditions of total helplessness and hopelessness. In this state, the ego becomes overwhelmed and the individual undergoes a gradual process of psychological paralysis. This is characterized by the blocking of affective processes, leading to psychic numbing or "closing off." The term "alexithymia" has been used to describe those individuals whose link to their emotions and to their internal world has

been severed. Such individuals are bereft of their capacity to recognize and verbalize emotions, and tend to display psychosomatic symptomatology. This disorder, which leaves patients isolated from their inner liveliness and emotional expressiveness, dramatically illustrates the profound connection between trauma, affect and symbolic representation.

V) Symbolic Representation and Narrativity

Narratives of the Self and the Representational World

The concept of the representational world refers to the reservoir of internalized images of self and other that are developed over time, that are stable and that shape our attitudes, beliefs and perceptions (Stricker and Healey, 1990; Greenberg and Mitchell, 1993). A representation of self and other can be viewed as an organization or schema, made up of accumulated experiences of self or other. Sandler and Rosenblatt (1962) emphasize that the representational world contains representations of bodily sensations, of needs and affects as well as of objects and things. Representations of positive, nurturing and supportive others are linked to the sense of well-being and security. Mayman (1966) posits that it is because early representations are tenuous and fluid that separation can be experienced as traumatic for an infant: "without stable internalized good objects, the child .. would be left to his own bewildered, panic-stricken state of aloneness and disintegrating sense of self (1966, p. 19)."

The process of establishing a representational world is conceptualized as developing gradually. Initially, the infant's representations are viewed as global and diffuse, organized around pleasure, unpleasure and need-gratification. As psychological development unfolds, representations are thought to become increasingly symbolic, delineated and richly detailed (Sandler and Rosenblatt, 1962; Mayman,

1966). This process can be conceptualized as a developmental sequence (Kernberg, 1966). Kernberg considers primitive representations to be relatively undifferentiated and unelaborated, while more advanced forms of representations leads to greater recognition of self and other and greater subtlety in the capacity to view others as multi-dimensional. This developmental progress entails the formation of a self-representation that is increasingly stable and differentiated (Krohn and Mayman, 1974), which permits greater flexibility and freedom in action and in meaningful exchange with others.

The child's emotional tie to his mother provides the background against which symbolic representations become meaningful and integrated into the child's growing self-awareness (Werner and Kaplan, 1975). The mother's responsiveness, empathic attunement and capacity to enter into a psychologically meaningful and meaning-making relationship with the child are the bedrock of the child's nascent sense of self and developing self-narrative. Werner and Kaplan point out that "the sharing of objects is not simply a secondary condition helpful to the learning about objects or symbols but is rather of vital significance in the child's establishment of a life-space, in which he may move with security and confidence (Werner and Kaplan, 1975, p. 71)." The process of creating a world of symbolic representations takes place in the context of a mutual exchange with another, wherein shared meanings are created and interwoven to form the fabric of one's self-history (Stern, 1985; Werner and Kaplan, 1975; Stolorow, Brandshaft and Atwood, 1988).

It is in part the acquisition of language which brings the child to the threshold of a representational world, where meaning can unfold and access to emotional experience deepens. "As words become means of referencing internal experiences," writes Slade, "what is inside and outside, what is wish and what is reality, what is conscious and what is unconscious become more distinct. Children begin to have an inner life that can increasingly be viewed as consolidated (Slade, 1989, p. 17)." Language permits the creation of metaphor, the articulation of experience, and the communication of internal representations of self and other.

For the child, then, the advent of language and symbolic thought signals a crucial – perhaps the most central – developmental leap. As language, symbol and thought are linked, the child acquires the capacity to weave together experiences of self and other in a narrative that is meaningful and sharable. The construction of a self-narrative rests upon both the capacity to represent things symbolically and the capacity to develop a sense of oneself (or self-representation). The joint construction of a narrative shared with the mother serves to make the child whole by linking together the past, the present and the future, thereby securing the knowledge of one's "going-on being."

The creation of coherent self-narratives is a significant expression of one's sense of integrity and of psychological wholeness. The narratives we construct about our lives permit the sensation of a continuous flow between past and present experiences, and thus are fundamentally tied to our capacity to "go on being," in Winnicott's term. Auerhahn and Prelinger write that "the ability to narrativize is dependent on the capacity to impose a plot or structure on a story whereby the end is made immanent throughout the work; constructing a narrative depends on the perception of continuity in experience (Auerhahn and Prelinger, 1983, p. 40)." Narrativity involves the articulation of meanings and experiences and the creation of a structure wherein time, space and personhood are seen as integral and continuous. A self-narrative may be seen as a "holding container" for one's self-experiences, through which one's very individuality and in-the-world reality is affirmed and consolidated. The creation of a narrative is, in the words of Auerhahn and Prelinger, "an appeal to participation transmitted to the listener through the medium of the narrator's consciousness which, through empathy and temporary identification, comes to constitute that of the listener (Auerhahn and Prelinger, 1983, p. 41.)"

Kestenberg (1982) emphasizes the importance of family history in constructing a narrative of the self. She suggests that one's sense of self-history extends beyond the threads of one's own past, to include the past one inherits from one's parents. It is not enough, for the child's developing sense of self, to know his own life, but he must also know the greater context, what came before him, what led up to

his existence. The past of one's parents forms a part of one's self-knowledge and is worked and re-worked through internalized representations of one's parents. Part of feeling whole resides in the ability to form a connection to one's parentage, to know the roots and soil which gave rise to one's own being.

It is important to note that we are continually building and reworking a narrative of the self (Auerhahn and Laub, 1985). The construction of the self continues to unfold and develop throughout one's lifetime. New experiences become assimilated into the fabric of the self and the fabric itself becomes transformed and takes on new dimensions, new hues and tones which nevertheless retain the essential characteristics of the original. There is both a basic sameness and a perpetual shifting, the interplay of which provide the texture of self-representations and the representations of others and of one's life experiences. Without the ability to engage in this type of on-going, at times unconscious, mental activity, one is left with "a past [which is] not a continuous history, but rather a series of fragments having no subjective connection to one another (Stolorow et al, 198 , p. 170)."

Trauma and its impact on self-narrative

Symbolization is a uniquely human function which rests in part on our capacity to distinguish reality from fantasy in a world governed by rational, civilized and predictable laws. Those who survived the Holocaust bore witness to a breakdown of humanity, a collapse of form and structure, of symbolization, wherein meaning is stripped from experience. Where hostile, life-destructive powers are pervasive and persistent, the laws that implicitly govern civilization cease to exist. Prisoners lost "the delicate web of symbolic identification available to men and women in normal times (DesPres, 1976)." Conditions in the camps resembled more a waking nightmare than "reality." As a result, the secondary process thinking that usually predominates daily existence was overthrown by an onslaught of horrific, grotesque and inhuman events which seemed to embody primitive, primary process thinking (Bergman, 1985). The psychic trauma undergone by survivors of the Holocaust concretized the archaic fantasy of

self-annihilation. Laub and Auerhahn (1987) suggest that such concretization impairs the capacity for symbolic representation, because it confuses the demarcation between fantasy and reality and thereby disrupts symbolic capacities such as fantasy, reflection, dreams and play. This impairment of symbolic functions interferes with the individual's capacity to represent and to narrativize his experiences. Many psychoanalytic writers suggest that symbolization breaks down when humanity is usurped by the lawlessness of a nightmarish, meaningless and incomprehensible world (Auerhahn and Laub, 1985; Grubich-Simitis, 1989; Bergman, 1987). Existence in the concentration camps created a psychic condition in which, stripped of the structures which ensure safety in a humane world – the predictable, benevolent environment which supports mental forms such as reflection, dreams, play – symbolic representation was no longer possible.

Bucci and Freedman (1982; 1981) regard the symbolizing process as an active cognitive function of linking experience or referent to word or symbol. They hypothesize that referential activity, defined as "the process of translating inner experience (e.g. imagery, affect, nonverbal ideation) into verbal form (1981, p. 337)," plays a central adaptive role in the individual's capacity to represent his inner states and to communicate them to others. In addition, and perhaps most importantly, referential activity mediates symbolic processes, impacting on perceptions, decisions, actions and ideas. Referential activity can be measured by naming speed and by analysis of spontaneous speech. Individuals with high referential activity will demonstrate rapid responses to simple labeling tasks. Their spontaneous speech will be marked by a tendency to "focus on specific events, to use many concrete, objective details and to employ such stylistic devices as direct quotations and present tense verbs (1981, p. 347)" which pull for a greater sense of immediacy and involvement than vague themes and abstract generalizations. They argue that impairment in the ability to link symbols and referents impacts on an individual's capacity to differentiate mood states, to perceive reality and to regulate and direct actions. Furthermore, they emphasize the importance of the capacity to verbalize experience and emotion – in particular, painful and negative

emotion. According to their view, the verbalization of painful affect is adaptive and therapeutic. Rupturing this symbolic linkage may be viewed as an effort to avoid painful internal stimulation, by blocking its "representational status (1982, p. 439)."

Cahn (1987) hypothesized that Holocaust survivors were unable to acknowledge or verbalize their experience. She suggests that this impairment in referential activity affects their children's symbolizing capacities, making it more difficult for children to "translate their own experiences of their parents and of their feelings into words (p. 83)." In the present study, I propose that overwhelming or disorganizing affective states profoundly influence the capacity to verbalize and acknowledge experience – to create a narrative about one's life experiences. Furthermore, I suggest that the ways in which the parent helped or inhibited the child's capacity to verbalize experience and to tolerate painful affect shapes the intergenerational transmission of trauma.

If symbolic processes and narrativity are derailed by the impact of Holocaust trauma, what becomes of the survivor's capacity to reconstitute a sense of wholeness and self-understanding? Auerhahn and Laub (1984) maintain that for survivors, the reestablishment of a sense of self-integrity is elusive and problematic, because it requires confronting irreconcilable truths. On the one hand, the survivor seeks to recapture the memory of the safe, pre-traumatic past, yet at the same time, this brings with it memories of destruction, loss, and dread, and must be kept at bay. Because the survivor "cannot keep apart good from bad," he "has no positive internal representation to believe in. He cannot historicize his experience (Auerhahn and Laub, 1984, p. 327)." The survivor cannot organize the traumatic events into a cohesive self-narrative because to "know" oneself as one was in the camps requires, indeed demands and insists upon, a suspension of the capacity to know oneself in the pre-traumatic past and post-traumatic present. This irreconcilable disjunction between the self in the concentration camps, a self devoid of dignity, free will and choice, and the "other" self who exists within the matrix of a civilized and orderly culture leads to the breakdown of symbolic self-representation. Pre-traumatic representations of self and other are

contaminated or "spoiled" because they are infused with images of horror, evil and despair. Concurrently, powerful restitutive longings intercede and impede the ability to remember and integrate traumatic material. "As a result," write Auerhahn and Laub, "there is something different about the quality of the survivor's memories in that the pre-traumatic is undetailed, the traumatic, lacking associative links, is not an integrated memory, and the post-traumatic is experienced as un compelling and pale (Auerhahn and Laub, 1984, p. 335)." The survivor is left with an agglomeration of lived experiences that are in such grave disharmony with what makes up one's core sense of identity and selfhood that they threaten to remain indigestible fragments.

One way to conceive of this phenomenon theoretically may be in terms of the notion of "vertical split," understood in this context as a "dissociative splitting of vital realms of self-experience (Ulman and Brothers, 1988, p. 241)." One survivor expresses the subjective experience of internal disconnection and depersonalization: "There was a split between the 'me' to whom it happened, and the 'me' who really did not care and was just a vaguely interested, but essentially detached, observer (Bettelheim, 1979, p. 65)." The splitting of the ego disperses the flow of one's self-history and self-continuity across spatial and temporal dimensions. Such a sense of disconnection overwhelms the individual's capacity to assimilate his experiences into a cohesive self-narrative that is represented internally and that can be, to some extent, articulated, shared and understood. In this context, the attempt to construct a narrative takes on grave importance: "for the survivors, it is in relation to establishing a sense of continuity that recounting the circumstances and conditions to which adaptation had to take place has its significance (Ornstein, 1985, p. 107)."

REVIEW OF THE EMPIRICAL LITERATURE

In this study, a semi-structured clinical interview will be used to elicit information pertaining to

affectivity, narrativity and representations of self and other. This interview will be structured around early memories and memories of traumatic events -- events experienced by survivors and retold to their children. In this section, I will review the literature concerning 1) the use of memories as a projective technique; 2) the Krohn Scale as a measure of object representations; and 3) the Epigenetic Assessment Rating Scale as a measure of affectivity.

Use of memories as a projective technique

Although the clinical depth and wealth of psychological data conveyed in an individual's early memories have long been recognized, until recently early memories have not been incorporated as an essential part of a diagnostic assessment or psychiatric evaluation (Bruhn, 1985). Bruhn attributes this paradox to the lack of a unified and inclusive interpretive method, which is in part a function of the diverging theoretical views of memory. For Freud, the meaning of a patient's early memories is tied to the notion of infantile amnesia, wherein childhood experience undergoes massive repression during latency, aimed at submerging unacceptable Oedipal fantasies (Freud, 1901). In this view, early childhood memories are in fact "screen memories," created through distortion and displacement meant to conceal the true nature of the memories. In contrast, Adler considers that early memories are selected by the individual "to warn him or comfort him, to keep him concentrated on his goal, and to prepare him by means of past experience (Adler, in Bruhn and Last, 1982, p. 120)." Adler views early memories as a means by which patients "validate and justify" current views of the self.

Bruhn et al. (1982) suggest that ego psychology offers a synthesis of these two views. From this vantage point, early memories represent an individual's attempt to "integrate, synthesize and resolve conflicts by reactivating experiences of childhood of similar emotional content (Bruhn and Last, 1982, p. 123)." Early memories are believed to contain central intrapsychic themes of interpersonal relatedness, self- and object-representations, defensive structures and fantasy formations (Bruhn and Last, 1982;

Mayman, 1968). According to Mayman, early memories are "unconsciously selected to conform with and confirm ingrained images of [self] and other (Mayman, 1968, pp. 303-304)." Furthermore, early memories pertain to an individual's capacity to adaptively manage intrapsychic conflict, as well as to his defensive operations (Bruhn and Last, 1982).

More recently, early memories have begun to be accepted as valid and reliable projective data (Bruhn, 1985; Kramer, Ornstein, Whitman and Baldrige, 1967; Monahan, 1983; Mayman, 1967, 1968; Stricker and Healey, 1990). Bruhn (1985) introduces the "cognitive-perceptual" method for interpreting early memories which "utilizes a perception-memory-perception feedback loop in which the individual's perception of the world is held to be constant (p. 589)" until a sufficiently persuasive experience or set of experiences calls it into question. Bruhn also emphasizes the diagnostic importance of the sequence in which the early memories are presented.

Mayman (1967) employs a systematized method for eliciting early memories, which includes asking for earliest memory and next earliest memory; earliest memory and next earliest memory of mother; earliest memory and next earliest memory of father; and happiest, unhappiest and most frequently told memories (p. 309f). He proposes that "early memories are selected and edited unconsciously according to one's personal dynamics, and can be used as a source of inferences regarding tacit, ingrained preconceptions of self and others; one's incorporated repertoire of transference paradigms; and some of the determinants which may have led to the development of these character paradigms (Mayman and Faris, 1960, p. 509)." He originally proposed a classification system based on psychosexual developmental stages and organized around affect, self- and object-representations, and phase-appropriate needs and conflicts. Early memories, considered as "a matrix of relationship paradigms (1977, p. 1)," can thus be analyzed thematically and used in diagnostic assessment.

Krohn and Mayman (1974) developed a scale for assessing object representations in dreams, which they applied to early memories as well. Its eight scale points reflect an integration of Mayman's

previous classification system. The Object Representation Scale for Dreams (ORS_D) assesses an individual's sense of others as alien, malevolent and fragmentary, at one extreme, or differentiated, complex and multi-dimensional, at the other (Krohn and Mayman, 1974). [See below for fuller discussion of ORSD.] The approach emphasizes a clinical, intuitive approach to the material, "rely[ing] for its validity on an empathic response by the clinician-rater to the data being rated (1974, p. 451)." As such, it addresses itself to the complex and many-layered nature of internal experience.

In the present study, both early memories and memories of traumatic life experiences will be used to assess individuals' psychic structure and representational world. I propose that memories of traumatic events, like early memories, can be viewed as expressions of dominant psychological themes, as relationship paradigms, and as representations of self and other, of internal conflict, and of defensive and adaptive operations. Through their form, content and structure, memories of traumatic events reflect a person's ways of synthesizing and organizing painful experiences. They also reveal deficits and lacunae in an individual's efforts to process and integrate distressing memory fragments. In this study, I suggest that interpretive methods which call upon empathy and clinical intuition are a prerequisite for gaining insight into the meanings, symbols, feelings and images stored within these memories.

The Krohn Object Representation Scale for Dreams

The Object Representation Scale for Dreams (ORS_D) is an ordinal scale developed by Mayman and Krohn (1974) that assesses an individual's level of object representation. Drawing from early object relations theory, as well as from the works of Kernberg and Kohut, "level of object representation" refers to the degree to which an individual's object world is, on the one hand, differentiated, complex and elaborated or, on the other hand, diffuse, fragmentary and alien (Mayman and Krohn, 1974). The scale addresses both thematic and structural aspects of an individual's internalized images of self and other (Roth, 1991).

The ORSD was initially intended to evaluate the level of object representations in dreams. Growing out of an "impressionistic survey (Krohn and Mayman, 1974, p. 451)" of collected dreams and designed to be used by intuitive and empathic clinicians, the scale yields a diagnostic assessment of a dimension of personality that bears directly on a patient's capacity for interpersonal relatedness. Mayman and Krohn argue that the manifest content of dreams is a significant projective test production that conveys information about the nature of a patient's internalization processes. Based largely on Kernberg's theory of personality structure, the scale is constructed around the notion that more primitive forms of internalization lead to more fragmentary, empty or persecutory representations, while more mature forms of internalization give rise to perceptions of self and other that are more subtle, differentiated and alive (Mayman and Krohn, 1974).

The ORSD has been applied to various sources of clinical data, including early memories and Rorschach responses (1974). Krohn and Mayman attained inter-rater reliability which ranged from .58 to .79 for exact agreement and from .74 to .89 for agreement within one scale point (Stricker and Healey, 1990) when the scale was applied to Rorschach responses, dreams and early memories. They also report significant intercorrelations among data from these projective tests, as well as intercorrelations with therapist-supervisor judgement of the patient's level of object representations (Krohn and Mayman, 1974). The ORSD has also been applied to qualitative interview material (Levine, 1990; Roth, 1991). Roth (1991) suggests that, although the ORSD relies heavily on clinical intuition and thereby lacks some of the statistical stringency of more "objective" measures, it nonetheless captures in empirical form the complexity of relational themes and the richness of inner experience.

The Epigenetic Assessment Rating Scale

The Epigenetic Assessment Rating Scale (EARS) was designed for the investigation of personality organization. It emphasizes the fluctuations in psychic structure that occur from moment-to-moment in

response to progressive and regressive influences (Wilson et al., 1981). The EARS, intended for clinical analysis of narrative material, focuses on ten specific psychological dimensions, organized at five developmental levels (Wilson, et al., 198).

The EARS represents an effort to bring together and operationalize three schools of thought, which include the principle of epigenesis, the theory of psychoanalysis, and the theory of narrativity. The organizational model of the EARS derives from the developmental, hierarchically organized model of personality organization formulated by Gedo (Gedo and Goldberg, 1973; Gedo, 1979). Gedo outlines five phases and modes of personality organization which are interrelated with developmental achievements. The EARS also draws on the epigenetic principles of development, which posits that development proceeds in a series of stages or levels, that these levels move from more diffuse to more differentiated and complex structures, and that each mode of personality organization depends upon and integrates aspects of prior modes of organization. Wilson (1981) argues that the impingement of environmental and internal demands leads to moment-to-moment shifts in mode and level of functioning and adaptation. The EARS is designed to "chart [the] upward and downward shifts in level of organization along specific dimensions (Wilson et al.,198, p. 16)" as they occur in spontaneously generated narrative productions. Underlying the scale is the belief that the narratives created by an individual reflect fundamental aspects of his personality organization (Wilson et al., 1981). The scale takes into account both thematic and structural elements of narrative, and broadens the concept of narrative to include verbalizations, non-verbal behaviors, gestures, and metaphoric verbal representations, thereby offering "a means of scoring pre-subjective, archaic phenomen[a] which exist outside of linguistic coding (Wilson et al., 198 , p. 7)."

The five modes of personality organization measured by the EARS range from the most primitive, pre-subjective to the most highly differentiated developmental levels. Each mode is defined in terms of self-regulating mechanisms, representations of self and other, primary threats to that organization and

defenses mobilized against these threats, that are particular to the mode. The modes roughly correspond to psychotic, borderline, narcissistic, oedipal and post-oedipal modes of functioning. Wilson et al. (1981; 198) define the modes as follows: (I) This refers to the pre-subjective period of development, characterized by predominantly sensorimotor action schema and limited self-other differentiation. (II) Viewed as a "transitional period" between presymbolic thought and the achievement of symbolic representation, this mode is characterized by polarized thinking and feeling states. Others are represented as "separate but attached." (III) This mode is characterized by issues concerning self-esteem regulation and enhancement. Denial and disavowal are the predominant defensive styles. (IV) This mode corresponds to oedipal-level conflicts. Intrapsychic conflict revolves around themes of competitiveness and assertiveness; the predominant defensive style is repression. (V) This mode represents a period characterized by benign conflict resolution. Creativity and generativity are fundamental needs, and the self is well-contained by realistic self-appraisal. Wilson emphasizes that "within each of the five modes, affect, thought and action have distinct empirical referents (Wilson et al., 1985)."

Wilson et al. (1981; 1985) elaborates upon ten personality dimensions that are assessed by the EARS. These include measures of affectivity, uses of an object, defensive styles and threats to the self. In the present study, only three of these dimensions will be measured. These are (1) affect tolerance, (2) affect expression and (3) temporality. The dimension of affect tolerance measures an individual's characteristic ways of handling emotions, ranging from immature forms, such as somatization and dedifferentiation, to mid-range forms such as polarization, to more mature forms of affect tolerance in which the subtleties of affective experience are well-modulated and integrated. Affect expression refers to the individual's capacity to use emotions as signals and communication to others. Feelings that are verbalized are considered to reflect the individual's modal affective object ties. Modes of affect expression range from global, undifferentiated affect states, to affects that are discrete yet highly charged or disruptive to the self, to mature and complex forms of emotions such as grief, anger and joy.

Temporality refers to an individual's ability to form a continuum of time, which includes a distinct sense of past, present and future, within which experience can be ordered and sequenced, and causality can be inferred. Time continuum may be compromised by overarousal, anxiety or idealization. Disruptions in this dimension can lead to disorganization, confusion and panic.

Wilson et al. (1981) report high levels of inter-rater reliability – ranging from .85 to .92 after training – when the EARS was applied to TAT stories. However, Wilson cautions that investigators using the EARS require clinical training and a sound theoretical base. Wilson also reports finding significant differences between normal and inpatient populations, such that normals score higher than inpatients on each of the ten dimensions (Wilson et al., 1981). In addition, the EARS demonstrates significant differences in a normal population between high and low arousal states. This finding has particular relevance to the present study, as affectivity will be examined in narratives containing traumatic and non-traumatic material. Validity studies, performed with both normal and inpatient groups, indicate that the EARS does measure ten discrete dimensions of personality organization, which vary in relation to level of arousal (Wilson et al., 198).

The EARS is a particularly useful assessment tool for the present study, because it offers an empirical approach to narrativity which encompasses both structural and thematic components, considers narratives as a reflection of key aspects of personality organization and representational systems, and is sensitive to progressive and regressive shifts in organization in relation to internal and external pressures.

Statement of the Problem

This study is an exploration of how the legacy of the Holocaust finds expression in the psychological lives of children of Holocaust survivors. It rests on the premise that being a child of

survivors leads to, on the one hand, the intergenerational transmission of particular defensive styles, intrapsychic organization and fantasy themes, and on the other, profoundly individual and private ways of working through the survivor-parent's history. I propose to investigate the roles of symbolic representation and verbalization in the intergenerational transmission of the Holocaust experience. The intergenerational transmission of trauma between Holocaust survivors and their children has been the subject of significant psychoanalytic investigation in recent years. In the present study, I suggest that the areas of affect regulation, narrative cohesion and symbolic representation are central components of such a process of transmission. The development of children's capacity to organize and make meaning out of their experience rests on the emergence of these cognitive, emotional and social capacities. For children of Holocaust survivors, this process of meaning-making involves grappling with their catastrophic historical legacy -- one which challenges symbolization and psychological organization. How children make use of the affective and symbolic elements of their parents' narratives of the Holocaust to organize and generate their own Holocaust narratives and self-narratives has not been studied.

The groundwork for this study has been laid down by theoretical models of affect development and psychoanalytic research on massive psychic trauma and its impact on affectivity. In the course of early development, how the child negotiates the complex developmental stages of affect differentiation, symbolic representation and self-consolidation is largely dependent on the caretaker's range and quality of affective life and sense of self-cohesion. The parents' affective style and self-consolidation, and the ways in which they construe and impart meaning to their personal histories, will inevitably shape their child's development in these areas.

The developmental need for empathic regulation and modulation of primitive affective states by an attuned caregiver may be particularly complex for Holocaust survivor parents and their children. The presence in the child of powerful, diffuse, primitive and unmediated affective states, such as murderous rage, bottomless hunger, terror and joy, requires that the parent be able to tolerate these states and

provide both soothing and containment. The child's gradual acquisition of the capacity to organize and integrate her experiences rests on the parent's ability to respond empathically to her varying moods. This caretaking presence permits the process of affect differentiation and desomatization to unfold. It can be postulated that for the survivor parent, serving this function of affect regulator and modulator may present difficulties directly related to her own traumatic history. A consistent finding in many studies of the psychological impact of massive psychic trauma is that trauma may impair the capacity to verbalize and tolerate certain, if not all, affective states (Krystal, 1978). Krystal reports that nearly all of the survivors whom he interviewed or treated present with a kind of psychic numbing, an inability to react to events or experiences with any authentic emotional responsiveness. Others (Ornstein, 1985) suggest that affective disorders arise out of the survivor's efforts to ward off retraumatization through the disavowal or suppression of overwhelmingly painful events. It is probable that such self-protective operations would produce a modification in the survivor's potential range of affect: a constriction of an individual's accurate perception of reality would necessarily imply a concomitant constriction in the range of affectivity. This would have an impact on the survivor's overall capacity to tolerate affect states within the normal range.

Another perspective on the impairment of affectivity in Holocaust survivors is that the Holocaust survivor suffers from incomplete mourning and grieving (ref:). As one survivor states, "even if it takes one year to mourn each loss, and even if I live to be 107 (and mourn all the members of my family), what do I do about the rest of the six million? (in Danieli, 1981, p. 418)." Many writers argue that the devastating nature of the losses experienced by survivors – total and remorseless, inhuman and irrational – combined with the dehumanizing conditions of the camps made the process of mourning an impossible one. It is not a matter of mourning the loss of family through a natural process of old age and death, but rather of bearing the grief and horror of witnessing the brutal murder of family members and friends, as well as the destruction of one's ties to one's community, one's past, one's culture. Others suggest that

it is the presence of other overwhelming and intense emotions, such as rage and guilt, that further complicate the process of mourning. Lifton (19) suggests that carrying unspeakable silent grief leads to a damming-up of emotions and a kind of psychological shutting down. This can lead to a kind of emotional absorption in the incomplete mourning process, which children of survivors may then experience as an unexplainable emotional unavailability in their parent. The parent's unresolved and unrelenting grieving can create a feeling of sadness and a sense of searching that children may be drawn into without understanding the meanings or causes of their parent's emotional absence (ref).

The possibility of an impairment in the realm of affective experience has many consequences for the survivor of massive psychic trauma. In addition, the incomplete mourning process may lead to further affective disorders. For the purposes of this study, I will focus on how this impairment relates to the survivor's capacity to remember, narrate and symbolically represent his experiences. Jucovy suggests that the unrelenting and overwhelming nature of the trauma endured in the concentration camps nearly bars the possibility for secondary process thinking typical of the formation of a logical and coherent self-narrative (Jucovy, 1985, *Psych Inquiry*). In some cases, overwhelming affect may flood both narrator and narrative, leading to intense, highly charged memory fragments that have no beginning or end, that can neither be situated in time nor in place, and that take on the character of amorphous, threatening horrors. In other cases, the presence of alexithymia may lead to the narration of horrifying, brutal and inhuman events devoid of any affect or accompanied by strangely discordant affect. Still other survivors may romanticize and idealize the past, thus creating a narrative that is highly discordant with the historical reality of the Holocaust. Many survivors refuse to talk about the past, for a variety of reasons ranging from not wanting to dwell on unhappy memories to wishing to protect their children from unpleasant knowledge. Other survivors may feel an urge to talk about the Holocaust with their children almost perpetually, in an unregulated and perhaps, overly detailed way.

Thus, the process of the intergenerational transmission of Holocaust trauma may be studied on

at least two distinct but inter-related levels. First, it is possible to trace the transmission of trauma from the perspective of the development of affectivity in the child, considering that the child's developmental progression towards affect tolerance and verbalization is shaped by (a) the parent's capacity to tolerate and verbalize her own emotions and (b) the parent's capacity to tolerate the diffuse, primitive and intense affect states of the child. Second, the transmission of the Holocaust story – the child's process of organizing and integrating her parents' history into the fabric of her own life story – can be considered in the context of the degree to which the survivor parent has achieved a capacity for narrative cohesion and symbolization of her traumatic experiences. In particular, when the parent is absorbed in unresolved mourning for the traumatic loss of loved family members and friends, the child's efforts to construct a coherent narrative may be closely tied with the need to create an explanatory story for what she experiences as her parent's unaccountable emotional absence.

It is my belief that the second generation, those born after the Holocaust to parents who survived the Holocaust, are inevitably deeply affected by these events. A review of the literature reveals that too frequently, the feelings of overwhelming helplessness, rage and despair engendered in researchers struggling to understand these events has contributed to a tendency to both overgeneralize and overpathologize when discussing Holocaust survivors and their children (Terry, 1984; Krell, 1988). In this study, I maintain that, while it is possible to trace shared themes, organizational styles and patterns of adaptation among children of survivors, the impact of the Holocaust on children's psychological development and personality organization is as diverse and as personal as the effects of the Holocaust on the survivors themselves. Wilson provides us with a crucial reminder that "there are many children of survivors whose parents have empathically and with appropriate concern prompted them to know the past and creatively integrate it (Wilson, 1985, p. 64)." In undertaking an investigation of the intergenerational transmission of trauma, it is important to view the process of transmission as simultaneously characteristic of this group and yet highly individual and unique, ranging from highly

adaptive to maladaptive or pathological patterns of adjustment. This investigation will undertake to deepen the understanding of the complex and multi-dimensional process of the transmission of trauma from one generation to the next. In addition, it will perhaps bring to light the healing process that can begin to unfold across the bridge of generations.

Aims of the Present Study

The focus of this investigation is twofold. First, I will compare the ways in which survivor-mothers and their children narrate their memories of their early childhood and their memories of the Holocaust – their lived experiences, for the parent, and the stories they have heard, for the children. The narratives will serve as a window onto the narrator's capacity to integrate and make meaning out of the events of the Holocaust and of their own experiences. They will be examined in terms of intensity of and tolerance for affect, quality of self and other representations, and narrative cohesion. Second, I will explore the relationship between Holocaust knowledge and history, and children's self- and object-representations. I will examine the processes of meaning-making, of symbol formation, of affectivity and of narrativity in relation to both Holocaust material and non-Holocaust material.

Hypotheses

This study has a dual purpose: 1) To examine the relationships between survivor mothers' levels of affectivity and narrative cohesion and those of their children, and 2) To compare these dimensions, in children of survivors, with their overall level of self- and object- representation.

1. There will be a positive correlation between mothers' level of affect tolerance, as measured by the Epigenetic Assessment Rating Scale (EARS) scores attained on the Survivor Memories Interview (SMI) and children's level of affect expression, as measured by the EARS scores attained on the Child Memories Interview (CMI).
2. There will be a positive correlation between children's capacity to tolerate dysphoric affect, as measured by EARS scores, and children's overall level of object representations, as measured by the Krohn Scale for Object Representations (KSOR).
3. Children's attempts to narrate their awareness of their mothers' Holocaust experiences will lead to regressive shifts in the dimensions of affectivity, narrative cohesion and object representations when compared to non-Holocaust related narratives, as measured by scores obtained on the EARS.

In addition to the above hypotheses, the following were explored:

1. Memory lapses in children of survivors, characterized by a difficulty in retaining a temporally sequenced, richly detailed account of their parents' Holocaust experiences, will be considered in terms of disruptions in symbolic processes that do not necessarily reflect the individual's typical memory function.
2. A clinical analysis of the narratives generated by survivors and their children will reveal analogous themes and patterns of shared meanings and beliefs about the world within parent-child pairs. These patterns will illustrate the transgenerational transmission of mental representations and general organizing principles.

Methodology

Subjects

My sample consists of twenty mother-daughter pairs in which the mother is a survivor of the Holocaust.

Subjects were recruited through a number of Jewish organizations such as survivor groups, children of survivor groups, the Workmen's Circle and local synagogues. Written consent was obtained concerning participants' willingness to participate and rights of confidentiality and of termination of their participation at any time.

Interview Procedures

Survivors and their children were interviewed separately, in one or two meetings. The Survivor Memories Interview (see Appendix C) was divided into three sections: 1) subjects' general memories of their early years; 2) subjects' memories of their experiences during the war, including when they first knew they were in danger, what were separations from loved ones like, what were the worst moments for them, what happened to them after liberation; and 3) subjects' lives since the war, including their families, first memories of their daughter and description of their daughter.

The Child Memories Interview (see Appendix D) was parallel, though not identical, to the interview for survivors. The CMI is divided into the following three sections: 1) a general description of subjects' early relationship with their parents; 2) how subjects learned about their mother's Holocaust experiences, who provided them with this knowledge, what they know about what happened to their mother, including early signs of danger, moments of separation and the worst times; and 3) in what ways they feel their own lives were and are now affected by the Holocaust.

As part of the interviews, five questions from the Early Memories Test were administered. These questions asked participants to respond to the following: (1) What is your earliest childhood memory?

(2) What is your next earliest childhood memory? (3) What is your earliest memory of your mother? (4) What is your earliest memory of your father? and (5) What is your most cherished memory? The interviews called for both general impressions and thoughts, and memories of specific events. Both interviews were semi-structured to allow for related themes and concerns that may emerge during the administration of the interview.

Participants were contacted a day or two after the interview for "debriefing," to offer more time to talk and to address any concerns that may have arisen as a result of the interview. All participants were offered the opportunity to meet again, if desired. In addition, a referral source was made available for any participants who are in need, who feel distress or who desire psychotherapeutic treatment.

Instruments

a) The Epigenetic Assessment Rating Scale (E.A.R.S.)

The narratives of both survivors and children of survivors were rated using two subscales of the E.A.R.S., which are (1) affect tolerance and (2) affect expression. These subscales provided a measure of the participant's most habitual modes of organization in these dimensions of personality structure. In this study, the E.A.R.S. facilitated an analysis of subtle shifts and regressive movements in the domains of affect expression and affect tolerance as the narrator describes affectively charged memories and experiences. This instrument was selected because it posits the significance of the relationship between narrativity and personality organization, and addresses itself to subtle regressive and progressive shifts in psychological functioning in response to moment-to-moment experiences.

Each of the subscales consists of five scale points which represent five broadly-defined modes of personality organization. The central features of each mode, which range from the presubjective modes of organizing experience to a mature and highly integrated mode of personality organization, are common to all of the psychological dimensions addressed by the scale.

The Affect Tolerance subscale is designed to capture an individual's ability to modulate affective arousal across varying degrees of stress. The five scale points which describe modes of personality functioning within this dimension are the following: **(MODE I)** The response reveals extreme intolerance for affect. This is signalled by the immediate discharge through action of powerful feeling states. The narrative cannot contain the level of emotional arousal. Words do not serve to mediate between impulse and action. Affective arousal is overwhelming (annihilating). **(MODE II)** There is minimal affect tolerance, characterized by polarization of positive and negative feeling states, which can lead to lack of cohesion in the narrative. In order to avoid the clashing of opposite poles, there may be a bland, glib feeling tone, extremely contradictory ideas, or disrupted patterns of communication in the face of powerful affective experiences. **(MODE III)** This mode is characterized by rudimentary integration of opposing affects, curtailed by the press of narcissistically tinged concerns which require attention to the maintenance and enhancement of self-esteem. Both positive and negative affects are represented, although one or the other predominates. **(MODE IV)** The narrative embodies a rich array of multiple affective experiences, that do not compromise the cohesion of the narrative. Instead, the respondent recognizes and actively grapples with convergence of conflicting feeling states – these are neither denied nor exaggerated in a superficial way. The narrative is complex and elicits genuine empathic response. Emotional conflict is often expressed through the use of metaphor, symbols and imagery. **(MODE V)** The narrative reveals an acceptance of conflictual feeling states, which are creatively managed through the use of humor, self-reflection, retrospective musings, playfulness, insight. The respondent demonstrates emotional flexibility, a sense of calm, and wisdom.

The Affect Expression subscale assesses the individual's capacity to make use of emotional expressivity to communicate and signal something about an internal or emotional experience to another. It is a score that attempts to capture how the individual, throughout her development, has come to regard the role of affective expression within an interpersonal matrix. The five scale points are the following:

(MODE I) The participant's response conveys global, undifferentiated affect states, organized around pleasure and unpleasure. In developmental terms, this is a "pre-subjective" period of development, characterized by sensory-motor experiences and by the threat of overstimulation/overarousal. Feelings are put in terms of bodily sensations as opposed to ideational states. There is no labelling of feeling states.

(MODE II) This mode is characterized by polarized, discrete forms of affective expression, with antithetical pairs frequently used to delineate feeling states. Characteristic feeling states include: primitive rage and anxiety, helplessness and need-gratifying dependency. (MODE III) In this mode, feeling states are organized around the wish to protect illusory, grandiose beliefs about self and others. Others are viewed primarily as fulfilling vital selfobject functions. Feeling states are more differentiated, however, and there is some rudimentary use of emotional descriptors. These remain in the realm of narcissistic, need-gratifying longings. (MODE IV) The respondent expresses a full range of affects and conflictual affect states. This mode captures the individual in the process of working through something that is on the way to emotional "resolution." Thus, the narrative may express an awareness of how things don't fit together, and some confusion/active search for some kind of working through. Descriptions of self and others in mutual, affectively alive interactions predominate in the narrative. (MODE V) The affects that are expressed represent acceptable, ego syntonic emotions. The individual has accepted the realities of one's own existence, strengths and shortcomings, and the strengths and shortcomings of others.

b) Krohn's Object Representation Scale

This scale was selected to assess the level and quality of object representations of the children of survivors.

The Krohn scale consists of eight scale points which attempt to describe the developmental quality

of an individual's object world. Each scale point is designed to capture the individual's experience of interpersonal relatedness, ranging from primitive, malevolent and fluid to complex, well-defined and multidimensional representations of self and other. The following is a brief summary of each scale point:

(1) The respondent's inner world is lifeless, alien, barren and desolate, often unfathomable even to himself. There is a sense of formlessness, strangeness and unpredictability; events take place without warning and are rarely understood. (2) The subject's inner world lacks any real experience of genuine exchange with others; the subject's own primitive impulses makes people seem malevolent, brutal and animalistic. (3) The subject's inner world is fluid, undifferentiated and poorly bound. Other people may be depicted in flagrantly contradictory ways, as though made up of moment-to-moment impressions rather than a meaningful "gestalt". The respondent does not experience others as pervasively malevolent, but lacks an enduring, cohesive sense of others. (4) Representations of self and other are organized primarily around need-gratification and maintenance of self-esteem. Others are experienced in incomplete ways, viewed only in terms of narcissistic preoccupations and concerns. (5) Other people are experienced as interchangeable, bland and lacking real identity. The respondent views others with no depth, specificity or uniqueness, and does not understand their motivations. (6) The individual has a firm hold on other people and experiences them as unique and well-defined. However, neurotic preoccupations or characterological issues keep the individual from interacting with others in a reciprocal, complementary way. Intense involvements with others are avoided in order to protect the self from exacerbation of internal conflicts. (7) Others are experienced with sensitivity and acuity. Representations of self and other are subtle, unique and affectively alive. People are central to the individual's inner life, although internal conflicts can lead to experiencing others in childish, transference-dominated ways. (8) The individual's inner world is made up of multi-faceted and fully human representations. There is a sense of lively interaction which includes a well-developed understanding of the thoughts, feelings and conflicts of others, and an appreciation of the depth, texture and subtle shadings

of relationships. This level is characterized by self-awareness and psychological-mindedness.

Raters are instructed to allow themselves to be guided by their empathy and clinical intuition; to "let the dream wash over you (Krohn, 1974)"; to "infer the overall quality of the [individual's] inner world" from narrative material. This requires that the rater immerse herself in the narrative and engage with the material using an "empathic clinical-intuitive" approach.

The scale will be used to rate the respondents' capacity to form psychologically rich and well-integrated representations of self and other. In addition, this scale has been chosen to provide a measure of the benevolence or malevolence of subjects' representational worlds. It is expected that for subjects whose tolerance for and acknowledgement of negative affects is low, the use of defense mechanisms such as denial, projection and projective identification will translate into a high degree of malevolent object representations. It is further expected that these types of object representations will lack the qualities of three-dimensionality, affective aliveness and self-other differentiation.

Scoring Procedures

Upon completion of the interviews, all interviews were transcribed verbatim. In addition, transcriptions included non-verbal behaviors which could be captured on audiotape and which indicated shifts in affectivity, such as pauses, sighs, changes in tone of voice, and expressions of emotions, i.e. crying or laughing.

The coding systems were applied to ten separate episodic memories selected out of each interview. The memories were divided into two groups of five sample memories. One group consisted of early memories obtained in response to the administration of the Early Memories Test, and the other group consisted of memories pertaining to the Holocaust. This second group was made up of five pre-determined and consistent themes: (1) a memory of the onset of the war; (2) a memory of separation from family; (3) a memory of the worst experience during the war; (4) a memory of a helping person

and (5) a memory of liberation. The procedure was parallel for mothers and daughters. Daughters' Holocaust memories were not coded for how well they knew their mothers' experiences, i.e., number of details, facts recalled, correct historical sequence, but rather for the quality of the narrative they created in the context of knowing or not knowing about the Holocaust.

RELIABILITY STUDY

I) Reliability Training

The coding of these memories required reliability training for all three scales. This was accomplished in a series of five training sessions. Reliability was established using both sample early memories of non-participants as well as early and Holocaust memories of participants. The primary coder was blind to the purposes of the study and hypotheses being tested. The principal investigator of this study participated in the reliability study, coded 25% of the memories and arbitrated final decisions. The primary coder was also blind to the mother-daughter pairs, i.e. was not informed about which mother was linked to which daughter.

Training emphasized learning to read the memories with clinical acuity and with sensitivity to affective changes, to progressive and regressive shifts, and to the general clinical "feel" of the memory (Krohn, 1974). One difficulty which arose was the impact on the coder of the overwhelmingly traumatic nature of many of the Holocaust memories. The content and emotional intensity of these memories sometimes appeared at odds with the scoring process. It felt initially uncomfortable and problematic to assign a "score" where the impact of the memory appeared so profound, and where the narrator recounted her memories with courage and clarity that were at once awe-inspiring and tragic. A significant portion of the training thus involved discussion of these stories, and of "countertransference" responses of rage, fear and horror which seemed to inhibit the work of scoring. Through discussion, however, it became clear that the coders' responses were representative of an empathic stance towards the clinical material, and as such should be used as guides in thinking about the affective tone and the representational quality of the narrative. In addition, an addendum was created to further clarify the distinctions among scores

in the affective scales (see Appendix E). This addendum attempted to delineate more specific criteria for each scale point based on the presence or absence in the narrative of particular themes, linguistic patterns and descriptive styles.

Following the training sessions, the primary coder coded the memories with reliability checks conducted at four intervals during the coding procedure. At each step, disagreements were discussed and a mutually agreed-upon score was selected.

II) Results of the Reliability Study

Because the scales used in this study were all ordinal scales, the continuous ordinal weighting system developed by Cichetti (1976) was used to examine the reliability of the scoring. The kappa statistic considers the following: 1) the percentage of observed agreement between the two pairs of ratings; 2) the percentage of agreement expected by chance alone and 3) kappa, which is equivalent to the level of agreement corrected for chance (Cichetti and Sparrow, 1981). The rater weighting system distinguishes among complete agreement, partial agreement and complete disagreement. This type of analysis provides more information about the reliability of each scale point while simultaneously correcting for overly inflated inter-observer reliability ratings (Cichetti and Sparrow, 1981).

Both Affect Tolerance and Affect Expression are measured on five-point ordinal scales. Thus, complete rater agreement was assigned a weight of 1.00 (i.e. 1-1, 2-2, 3-3, 4-4, 5-5 pairings); agreement within one category was assigned a weight of .75 (i.e., 1-2, 2-1, 2-3, 3-2, 3-4, 4-3, 4-5, 5-4 pairings); agreement within two categories was assigned a weight of .50 (i.e., 1-3, 3-1, 2-4, 4-2, 3-5, 5-3 pairings); agreement within three categories was assigned a weight of .25 (i.e., 1-4, 4-1, 2-5, 5-2 pairings) and complete rater disagreement was assigned a weight of 0 (i.e. 1-5, 5-1 pairings.)

Object Representation is measured on an eight-point ordinal scale. For reliability assessments, the continuous ordinal weights (see Cichetti and Sparrow, 1981, Table 1, p. 131) were the following:

complete agreement received a weight of 1.00; within one category received a weight of .86; within two categories received a weight of .71; within three categories received a weight of .57; within four categories received a weight of .43; within five categories received a weight of .29; within six categories received a weight of .14 and complete disagreement received a weight of 0.

For scores on mothers' early memories only, the level of clinical significance for affect tolerance and object representation was excellent, with observed agreement at 95% and with k (chance-corrected agreement) ranging from .75 to .83 (see Table 1). The level of clinical significance for affect expression was fair (observed agreement was 93%, with $k=.47$.) For scores on mothers' Holocaust memories, levels of clinical significance ranged from fair to excellent, with observed agreement ranging from 88.5% to 94%, and k ranging from .56 to .81. For scores on daughters' early memories, the level of clinical significance for early memories significance ranged from fair to good, with observed agreement ranging from 88% to 93%, and k ranging from .49 to .66. For scores on daughters' Holocaust memories, the level of clinical significance ranged from good to excellent, with observed agreement ranging from 90% to 95% and k ranging from .62 to .82.

Finally, mothers' and daughters' scores were examined in combination. For scores on early memories, the level of clinical significance was good, with observed agreement ranging from 91.7% to 93.5%, with k ranging from .61 to .74. For scores on Holocaust memories, levels of clinical significance ranged from fair to excellent, with observed agreement ranging from 86% to 94% and k ranging from .59 to .80. The level of significance was increased slightly on the Krohn scale when categories 1 and 2, and 7 and 8, were combined.

For the Affect scales, the reliability measures obtained are consistent with the criteria established by Wilson et al, 199), for qualification as an expert rater (90% of judgements between +1 and -1 scale point, with a minimum of 50% exact matches). Previous reliability reported with the application of the Krohn scale to early memories has ranged from 81% exact agreement to 91% agreement within one scale

point (Roth, 1991). Krohn and Mayman (1974) reported 67% exact agreement and 74% within one scale point agreement.

An interesting result of the reliability study was that the greatest level of disagreement occurred on the Holocaust memories scores for object representation. In this category, levels of clinical significance tended to be lower, hovering at times in the Fair to Good range of reliability. In particular, there was a preponderance of within-three or within-four category disagreement, such that not infrequently, a single Holocaust memory would be assigned a score of 2 and 6, 4 and 7, or 2 and 7. Close examination of these occurrences revealed that, in these instances, the memories thus coded were all of a particular nature, that is, they all shared in common certain unusual characteristics. Typically, these split scores would occur under two circumstances: (1) when the memory related to either a traumatic separation, an event deemed particularly distressing, or an event linked to liberation; and (2) when the memory captured the clashing of two worlds, the world of ordinary events and life occurrences and the world of extraordinary and horrific circumstances. In the event of such a split, coding decisions were made in favor of the lower of the two scores, as it was felt that this score more accurately reflected the momentary regressive shifts in representational style and in psychological organization that marked the recounting of these memories. Nonetheless, it was believed that neither of the two scores alone was adequate to convey the internal experience of the individual's memory for traumatic events of such shattering proportions, and that, indeed, the scale itself lacked a means for conveying the unique and complex ways in which an individual grapples internally with unintegrated traumatic memory. Thus, the split scores appeared to represent a subcategory of quality of representation of events which clash with pre-existing representational systems, moments wherein "the ordinary" comes face to face with "the extraordinary" (Dwork, personal communication.) The implications for this finding will be discussed at greater length in the discussion section.

TABLE 1.

<u>ASSESSMENT</u>		<u>R E L I A B I L I T Y</u>		
Observed Agreement (%) (PO)	Expected Agreement (%) (PC)	Chance-Corrected Agreement (Kappa)	Level of Clinical Significance	
1) M (EM,AT)	96.00	76.24 EXCELLENT	.83	
2) M (EM,AE)	93.00		86.68	
.47	FAIR			
3) M (EM,OR)	95.43		81.85	
.75	EXCELLENT			
4) M (HM,AT)	92.00		72.32	
.71	GOOD			
5) M (HM,AE)	94.00		67.60	
.81	EXCELLENT			
6) M (HM,OR)	88.57		3.90	
.56	FAIR			
7) D (EM,AT)	91.00		74.68	
.64	GOOD			
8) D (EM,AE)	93.00		79.16	
.66	GOOD			
9) D (EM,OR)	88.00		76.30	
.49	FAIR			
10) D (HM,AT)	95.00		71.80	
.82	EXCELLENT			
11) D (HM,AE)	94.00		71.68	
.79	EXCELLENT			
12) D (HM,OR)	90.21		74.19	
.62	GOOD			
13) M+D (EM,AT)	93.50		75.32	
.74	GOOD			
14) M+D (EM,AE)	93.00		82.20	
.61	GOOD			
15) M+D (EM,OR)	91.71		78.80	
.61	GOOD			
16) M+D (HM,AT)	93.50		71.74	
.77	EXCELLENT			
17) M+D (HM,AE)	94.00		69.54	
.80	EXCELLENT			
18) M+D (HM,OR)	89.43		74.06	

.59	FAIR	
18a)M+D (HM,OR)	86.00	65.25
.60	GOOD	

(Note: 18a combines categories 1-2 and 7-8.)

CODES: M = Mothers
D = Daughters
EM = Early Memories
HM = Holocaust Memories
AT = Affect Tolerance
AE = Affect Expression
OR = Object Representation

Cicchetti and Sparrow (1981) Clinical Criteria for evaluating reliability assessments [here, weighted kappa (Cohen, 1968; Fleiss, Cohen and Everitt, 1969) values.]

<u>Weighted</u> <u>Kappa Value</u>	<u>Level of</u> <u>Clinical Significance</u>
Below .40	Poor (P)
.40 - .59	Fair (F)
.60 - .74	Good (G)
.75 -1.00	Excellent (E)

DEMOGRAPHIC INFORMATION

In this section, I will describe the demographic characteristics of the women who participated in this study. I will describe the mothers' group first, including early life experiences, experiences during the war, and experiences after the Holocaust. I will then describe the daughters' group, including information about their backgrounds and current lives.

A) The Mothers

Nineteen women who survived the Holocaust and who subsequently bore at least one daughter participated in this study. As can be seen from Table 2, they ranged in age from 51 to 77 years old, with a mean age of 64. The level of formal education in the group is moderate, with 42% having completed high school and 47% having completed at least some college. The majority of these women, during the interviews, placed an emphasis on their roles as wife and mother. The majority of the women in this group were born in Poland, while others came from Germany, Hungary, Czechoslovakia and Belgium. Many of these women were in their adolescence at the onset of the war, although a few were young children and two were over eighteen years of age.

As Table 3 indicates, there is great diversity among both the types and lengths of these women's experiences during the war. Eight of the women interviewed spent six months or more in a concentration camp. Nine women were in hiding for at least some part of the war, and the remainder of the women described experiences of fleeing their country of origin or of being deported to labor camp. During the war, more than half of the women interviewed were separated from all of their family members, while others were with at least one other family member, and a few were with both of their parents and other siblings.

At the time of liberation, most women describe returning briefly to their city of origin to search for family members. For the most part, returning to their homes was an extremely conflictual experience, in which the joy of liberation was mingled with grief at discovering the momentous losses of family, friends and community that confronted them. Many women left their country of origin shortly after liberation, feeling uprooted and expatriated. Many women also describe getting married very shortly after the end of the war to combat feelings of loneliness and confusion, or in order to rebuild a family. Although many individuals in this group describe symptoms of depression, anxiety and signs of post-traumatic stress, only a small number of them ever sought psychotherapy or other mental health services. Many women report maintaining close ties with other survivors, either people from their home town whom they knew before the war, or else individuals whom they met subsequently. Many women stated that they speak about their Holocaust experiences among themselves, to other survivors and to spouses, but only a quarter of the group recalled talking about the Holocaust directly with their daughters when they were children. Some women stated that they began to tell their children about the Holocaust when they were adolescents, or else more recently, as their daughters have entered adulthood or have had children of their own. Many women expressed an interest in this interview as an opportunity to record an oral history for their children and grandchildren. Finally, most women described their relationship with their daughter as quite positive, and reported a high level of satisfaction and feelings of closeness and mutual trust in the relationship. A few mothers, however, were quite vague about their relationships with their daughters, and one mother described high levels of conflict and tension with her daughter.

B) The Daughters

As Table 4 illustrates, the daughters who participated in this study ranged in age from 23 to 48

years old, with a mean age of 36. All of the participants who were not born in this country emigrated to the United States with their families before the age of five years.

More than half of the daughters interviewed are currently married, and two are divorced. More than half of the group have at least two children. The level of education reported was quite high, with all women having attended some college and with 60% of the group having obtained advanced degrees. The occupations reported by this group of women were very diverse, and included, along with part-time or full-time homemakers, business professionals, professionals in the arts, mental health professionals and advanced legal professionals.

The participants were asked to describe their family of origin, both in terms of their present-day relationships and their early years. While most of the daughters in the group describe positive relationships with their mother, some expressed more conflictual attitudes towards their parents, and one woman in the group currently has no contact with her mother.

As the topic of this study can be considered to be closely tied to issues of Jewish identity, it is significant that 40% of the daughters describe themselves as not religious, although nearly all the women in the study described having strong ties to their Jewish heritage. Of the remainder, 32% reported that they are traditional in their religious beliefs, and 27% of the group are Orthodox. Most of the women were raised in a predominantly Jewish community, attended Hebrew school or synagogue, and knew other children whose parents were survivors. In addition, almost all of the women hoped that their children would develop strong ties to Judaism. Many women felt that they had become increasingly observant with the birth of their own children.

The languages spoken at home between these daughters and their parents was considered to be a significant variable, in light of the subtle nuances and shades of meaning that are part of an oral narrative and form an essential basis of verbal communication. The majority of the women in this group reported that English is their primary language. However, the parents of more than half of the group

spoke to each other in a language that their children understood only partially or not at all. The most common language that the daughters reported as their parents' primary language was Yiddish. A few of the daughters reported that they were raised bilingually and spoke to their parents in a language other than English at least part of the time.

When questioned about their level of knowledge about their mothers' experiences during the war, there was great diversity among the women in the study. Approximately half of the women reported having spoken often with their mothers about the war, while the other half reported that their mothers rarely or never spoke about the Holocaust. Some women reported having spoken with their mother about the Holocaust only in recent years, as a result of a deliberate decision to inform themselves about their mothers' experiences. Many women estimated that their knowledge of the Holocaust, and in particular of their mothers' experiences, was quite circumscribed.

During the course of the study, nearly all of the respondents voiced regret at not knowing more details of their mothers' histories, and all of the respondents expressed the wish to hear their mother's interview.

TABLE 2
CURRENT DEOMGRAPHIC INFORMATION:
MOTHERS

CATEGORY	FREQUENCY	PERCENT
<u>Age At Interview</u>		
50-55	2	10.5
56-59	3	15.9
60-65	6	31.7
66-69	6	31.7
70-75	1	5.3
+75	1	5.3
<u>Education</u>		
Less than 12 Years	2	10.5
High School	8	42.1
Partial College	3	15.8
College Graduate	2	10.5
Graduate Degree	4	21.1
<u>Occupation</u>		
Homemaker	11	57.9
Clerical	3	15.8
Professional	5	26.3
<u>Marital Status</u>		
Married	12	63.2
Divorced	2	10.5
Widowed	5	26.3
<u>Number of Children</u>		
One	3	15.8
Two	9	47.4
Three	6	31.6
Four +	1	5.3
<u>Religion</u>		
Not Religious	4	21.1
Traditional	13	68.4

Orthodox	2	10.5
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Psychotherapy

No	15	78.9
Yes	4	21.2

TABLE 3
EARLY LIFE INFORMATION:
MOTHERS

CATEGORY	FREQUENCY	PERCENT
<u>Country of Origin</u>		
Poland	9	47.4
Germany	3	15.8
Czechoslovakia	3	15.8
Hungary	2	10.5
Belgium	1	5.3
Austria	1	5.3
<u>Birth Order</u>		
Oldest	11	57.9
Middle	2	10.5
Youngest	6	31.6
<u>Number of Brothers</u>		
None	9	47.4
One	5	26.3
Two	2	10.5
Three	2	10.5
Four +	1	5.3
<u>Number of Sisters</u>		
None	11	57.9
One	4	21.1
Two	1	5.3
Four +	3	15.8
<u>Father's Occupation</u>		
Clerical	5	26.3
Skilled Employee	11	57.9
Professional	3	15.8

Mother's Occupation

Homemaker	14	73.7
Clerical	5	26.3

Age at Onset of War

0-6	3	15.8
7-12	5	26.3
13-17	9	47.4
18+	2	10.5

Time in Concentration Camp

None	11	57.9
Up to One Year	1	5.3
Up to Two Years	4	21.1
Two years +	2	10.5

Time in Russian Refugee Camp

None	15	78.9
Up to Two Years	3	15.8
Two Years +	1	5.3

Time in Hiding

None	10	52.6
Up to One Year	1	5.3
Up to Two Years	6	31.6
Two Years +	2	10.5

Age at Time of Liberation

0-6	1	5.3
7-12	2	10.5
13-17	5	26.3
18+	11	57.9

Mother Survived

Yes	9	47.4
No	10	52.6

Father Survived

Yes	6	31.6
No	13	68.5

Number of Siblings Survived

None	11	57.9
One	2	10.5
Two	4	21.1
Three +	2	10.5

Talk about Holocaust

Never/Rarely	9	47.4
Sometimes/Often	10	52.6

TABLE 4

CURRENT DEMOGRAPHIC INFORMATION:

DAUGHTERS

CATEGORY	FREQUENCY	PERCENT
<u>Age</u>		
20-25	3	13.6
26-30	2	9.1
31-35	4	18.1
36-40	7	31.7
41-45	6	27.2
46-50	1	4.5
<u>Education</u>		
Partial College	1	4.5
Completed College	8	36.4
Graduate Degree	13	59.1
<u>Occupation</u>		
Homemaker	3	13.6
Clerical	1	4.5
Skilled Employee	4	18.2
Professional	14	63.6
<u>Marital Status</u>		
Single	6	27.3
Married	14	63.6
Divorced	2	9.1
<u>Number of Children</u>		

None	10	45.5
One	1	94.5
Two	8	36.4
Three +	3	13.6

Religion

Not Religious	9	40.9
Traditional	7	31.8
Orthodox	6	27.3

Number of Parents Living

One	6	27.3
Two	16	72.7

Number of Survivor Parents

One	8	36.4
Two	14	63.6

Number of Brothers

None	14	63.6
One	5	22.7
Two	3	13.6

Number of Sisters

None	8	36.4
One	11	50.0
Two	3	13.6

Birth Order

Oldest	10	45.5
Middle	2	9.1
Youngest	10	45.5

Country of Origin

U.S.A.	17	77.3
Germany	2	9.1
Czechoslovakia	1	4.5
Israel	2	9.1

Occupation of Father

Clerical	3	13.6
Skilled Employee	10	45.5
Professional	9	40.9

Occupation of Mother

Homemaker	13	59.1
Clerical	2	9.1
Skilled Employee	1	4.5
Professional	6	27.3

Knowledge of the Holocaust

High	8	36.4
Low	14	63.6

Psychotherapy

Yes	15	68.2
No	7	31.8

Note: Twenty-two daughters were interviewed for this study, although, because three of them were sisters of other participants, only nineteen mother-daughter pairs were used in drawing comparisons, in order to control for intra-familial effects. Tables 4, 6, 8 and 10 represent all of the daughters interviewed for the study.

RESULTS

In order to address the hypotheses of this study, the following analyses were conducted: (1) a descriptive exploration of frequency distributions in scores for each memory on measures of affect tolerance, affect expression and object representation (Section I); (2) comparisons of the means for highest, lowest and modal scores for each dimension of personality organization (Section II); and (3) correlations examining relationships between mothers and daughters in each dimension (Section III). In addition, exploratory analyses based on the findings are described in Section IV.

I) DESCRIPTIVE DATA

All of the scale points were used in coding the data. The meaning of the scale points is described in the Methodology section.

The means for the highest, lowest and modal scores were generated for each dimension, in order to capture both the range in levels of adaptation and the most representative levels of functioning. In this section, I will focus primarily on modal scores, as they illustrate most clearly the overall personality organization characteristic of this group. I will first examine the distribution of scores in the dimension of affect tolerance, then in the dimension of affect expression, and lastly, in the domain of object representations.

Affect Tolerance

No participant had a modal score greater than 4 on affect tolerance. Frequency distributions for scores on each memory, presented in Table 5, reveal that, among the mothers' group, there was greatest consistency among scores on the earliest memory of their mother (Episode III), with a modal score of 2. In contrast, nearly half of the group obtained a score of 3 for the earliest memory of one's father

(Episode IV), with only a third of the group being assigned a score of 2. Thus, for the mothers' group, the emotions evoked by memories of their own mothers tended to produce a downward shift in the capacity to regulate and control a wide affect array. Examination of the frequency distributions in the daughters' suggests that, in contrast to their mothers, daughters do not exhibit a downward trend in the capacity to tolerate a diverse array of affects when memories address themes relating to past experiences of their mother.

For Holocaust memories, the lowest modal score obtained was 1 for affect tolerance. An examination of the frequency distributions reveals that the patterns are similar for memories I, III, IV and V, with 2 being the most frequent score obtained and accounting for over half of the distribution. However, as a group, mothers tended to display a regressive trend in memories related to moments of separation from family members (Episode II), which can be seen in the drop of most frequently occurring scores to a score of 1, obtained by nearly one half of the group. For the daughters, frequency distribution of scores among the five Holocaust memories reveal no noteworthy patterns of differences, with the score of 2 remaining consistently the most frequent score across all five memories.

Affect Expression

Consistent with participants' scores in affect tolerance, no participant had a modal score greater than 4 on affect expression for early memories. For Holocaust memories, the lowest modal score obtained was 1 for affect expression. An examination of the frequency distributions presented in Table 6 reveal relative consistency among the mothers' group across all episodes, with a modal score of 3. This modal score, however, was least representative of scores obtained for the earliest memory of mother (less than half of the group), and most representative (three-quarters of the group) of the earliest memory of father (Episode IV). This is consistent with the downward trend, noted above, in affect tolerance for early memories of the mother. In the daughters' group, frequency distributions for scores on each

memory reveal that the score of 3 remains the most frequently occurring score across all early memories.

For the mothers' group, the distribution of scores for Holocaust memories indicates that, for the memory of the onset of the war (Episode I), modal scores were split evenly between 2 and 3, while for the other four Holocaust memories, modal scores fell between 1 and 2. The score of 1 was obtained most consistently (nearly half of the group) for memories of the worst moment (Episode III). In contrast to the dimensions of affect tolerance, which tends to undergo a downward shift in response to unconscious or preconscious content of traumatic memories, affect expression appears to undergo a downward shift in response to memories that are verbally labelled most traumatic – that is, the "worst" moment as opposed to the moments of separation, memories of which are often deeply buried. Similarly, the daughters' group demonstrated a marked downward trend in the ability to verbalize and regulate highly charged affects when describing their mothers' separation from family members.

Object Representations

In the dimension of object representations, scores obtained by participants in the study ranged from 1-8. The distribution of scores is presented in Table 7. In the domain of early memories, mothers' highest scores tended to be associated with the earliest memory of father (Episode IV). Modal scores were split nearly evenly between 4 and 6. In contrast, the modal score for the earliest memory of mother (Episode III) was 5, obtained by one third of the group. For this memory, a quarter of the group obtained a score of 4, and less than a quarter of the group obtained a score of 6. This finding suggests greater variability among this group in the modes of organizing and integrating maternal object representations. It also reflects a predominance of maternal representations that are flat, muted and stereotyped. This presents a noteworthy contrast to the daughters' group, who were most frequently assigned a score of 4 for maternal object representations, suggesting maternal representations that tend

to be organized around need gratification and narcissistic concerns.

Frequency distributions of scores for each Holocaust memory reveal differences in distribution patterns across the five memories. In the domain of Holocaust memories, mothers' lowest object representation scores occurred in memories of separations from family during the Holocaust (Episode II), and in memories of their most painful experience (Episode III). In contrast, the most frequently occurring score for memories relating to liberation (Episode V) was 5, obtained by a third of the group. This score may be reflective of the feelings of anonymity, displacement, and loss of identity that many survivors experienced following liberation.

The daughters' group also revealed great diversity among the distributions of scores for the five Holocaust memories. As might be expected, their lowest modal score of 2 corresponded to memories relating to their mother's separation from her family and to what they perceived to have been her worst experience (Episodes II and III). Often, daughters equated the worst experience with the separation from family members. Their fantasied representations of their mothers' forced, brutal and irrevocable separations tended to be associated with scores of 1 or 2, a level of representation characterized by malevolent, violent and hostile imagery. In contrast, modal scores of 5 were assigned to memories of the onset of the war, of helping people and of liberation (Episodes I, IV and V), suggestive of a flattened-out representational style in which others are experienced as remote, shadowy and incomprehensible. These scores are unusual for this group, and present an interesting contrast to their more characteristic scores of 4 in the early memories -- memories which tended to evoke feelings of being involved with others in ways that were organized around need-gratification and selfobject mirroring.

In summary, both groups revealed markedly different patterns of distribution of scores relating to personality organization in the domains of early and Holocaust memories. The mothers' group displayed most noteworthy retrogressive trends in those memories which related to their own mothers, to memories of separation and to memories of terror. Such memories appear to be particularly highly

charged for this group. The daughters' group did not reveal similar patterns of variability among their early memories, but did display overall retrogressive trends in the domain of Holocaust memories. The results of the analyses of differences among the variables will clarify the nature of these trends.

II) Analyses of Variance

Mothers and daughters were compared in terms of overall levels of personality organization, and more particularly, in terms of progressive and regressive shifts in response to degree of arousal (Memory Type), where non-traumatic early memories are considered to have a moderate degree of arousal and Holocaust memories are considered to have a high degree of arousal. In addition, differences within each group and across the entire sample in patterns of responses were compared in the domains of traumatic and non-traumatic memories. The hypothesis was that narratives of the Holocaust will produce shifts to lower modes of personality organization in the dimensions of affectivity and object representation, when compared to non-Holocaust related narratives. Differences in how memories for traumatic and non-traumatic events along the dimensions of affect tolerance, affect expression and object representation are encoded by mothers and daughters were studied using a 2 (Family Member) x 2 (Memory Type) x 3 (Dimension of Personality Organization) factorial ANOVA. In order to be able to compare means of scales with different point values, all scores have been converted to decimals. Analyses were performed using data from the groups of high scores, of low scores, and of modal scores, in order to capture both the most typical levels of adaptation, and the variations in personality organization under conditions of high and low arousal. For each of these analyses, significant F ratios involving multiple mean comparisons were evaluated with Tukey Multiple-Range Tests to control for Type I error (Petrinovich and Hardyck, 1969). The Tukey statistic (q) was adjusted based on the number of unconfounded comparisons in the interaction table. This procedure, outlined by Cichetti (1972), derives the q statistic

from only the number of interpretable comparisons in the interaction. This increases both the probability of finding meaningful statistically significant comparisons and the power of significant results. Because there are similar findings for each of the three analyses, only the results from the modal scores will be presented in this discussion. Mean tables and ANOVA summary tables from all three analyses are provided in Appendix F.

For the modal score analyses, no significant differences were found between the mothers' group and the daughters' group. There was a significant main effect of memory type ($F(1,18) = 11.63, p < .01$). Scores were higher for early memories ($M = .54$) than for Holocaust memories ($M = .45$). Thus, these results indicate a downward trend in dimensions of affectivity and in object representations was associated with narratives of Holocaust memories. This regressive trend is suggestive of differences in how traumatic and non-traumatic memories are encoded in terms of cognition, affect and representation. Accordingly, changes in the self are produced by the encoding of traumatic experiences and provide the vehicle for transmission of trauma.

There was also a main effect of personality organization ($F(2,36) = 19.41, p < .001$). Subsequent tests revealed that scores were higher in the dimension of object representation ($M = .57$) than in either affect tolerance ($M = .45$) or affect expression ($M = .47$). Both mothers and daughters showed better integration and more mature organization in their object representations than in their tolerance and expression of affect. The narration of traumatic memories, organized around strong affective experiences, led to downward shifts in the capacity to tolerate, regulate and articulate a wide array of affective experiences. However, the decrease in these capacities did not necessarily affect the integrity and multi-dimensionality of an individual's representational world.

These two main effects are best explained, however, by a significant interaction between memory type and dimension of personality organization ($F = 4.79, p < .01$). These means are shown in Table 8. As this table illustrates, scores obtained on Holocaust memories are consistently lower than those

obtained in the domain of early memories. Subsequent analyses (Cicchetti, Multiple Comparisons Method) of patterns of differences among personality dimensions in the domains of early and Holocaust memories revealed that the interaction effect is attributable to the drop in affect expression in Holocaust memories ($M = .395$) in contrast to the absence of a downward shift in affect expression in early memories ($M = .547$). Thus, while within the domain of early memories, the modal level of affect tolerance is somewhat lower than that of affect expression, Holocaust memories are associated with a significant decrease in the level of affect expression. This pattern of differences is consistent across both the mothers' and the daughters' group. In other words, for both mothers and daughters, there was a significant retrogressive shift in the ability to articulate affective experiences when confronting traumatic memories relating to the Holocaust.

The absence of any significant differences between mothers' scores and daughters's scores in all three dimensions of personality organization suggests that these two groups are intercorrelated. This finding is borne out by results of correlational analyses, which will be presented in the following section.

III) Intergenerational Correlations

I hypothesized that mothers' capacity to tolerate and verbalize affective experiences would be correlated with their daughters' range of affective responses, with their ability to regulate and tolerate strong affective experiences, and with the quality of their representational world. In order to explore these relationships, mothers' scores on affect tolerance and affect expression were compared to daughters' scores on each dimension of personality measured. Comparisons were performed separately for early and for Holocaust memories, and across the two domains. Because the high number of correlations that were done increased the probability of obtaining significant results by chance alone, and since only approximately 12% of the correlations were significant, the following are considered to be indicative of potential relationships, rather than evidence of absolute relationships.

The following discussion will emphasize findings related to modal scores, as these are considered to be more descriptive and comprehensive than highest and lowest scores.

1. Correlations between Mothers' and Daughters' Affect Tolerance

In order to better understand the role of affect in the intergenerational transmission of trauma, I examined the relationship between mothers' and daughters' abilities to tolerate varying states of affective arousal, in the presence or absence of traumatic memories. Overall, as Table 9 illustrates, there were significant relationships between how mothers and daughters regulate and modulate affective arousal with each domain – traumatic and non-traumatic – but that there were no significant correlations across domains. In the domain of early (non-traumatic) memories, a relationship was found between mothers' and daughters' modal levels of affect tolerance ($r = .46, p < .05$). Thus, there may be some consistency across the generations in terms of how these mother-daughter pairs most typically manage affective arousal. However, there was no significant relationship between mothers' affect tolerance for early memories and daughters' affect tolerance for Holocaust memories, which suggested that how daughters' managed material specifically related to their mothers' traumatic histories was not related to their mothers' typical functioning in the area of affective arousal.

Strong correlations were found between mothers' and daughters' affect tolerance in the domain of Holocaust memories. In particular, the lowest scores obtained by daughters correlated significantly with the modal scores obtained by mothers ($r = .80, p < .001$), and with the lowest scores obtained by mothers ($r = .62, p < .01$). This suggests that, when relating their mothers' Holocaust experiences, the daughters' most regressed levels of affect tolerance bear a relationship to the mothers' most regressed and most frequent levels of affect tolerance.

It is interesting to note that there were no correlations found in the dimension of affect tolerance

across domains of traumatic and non-traumatic memories. Thus, despite the relationships found between mothers' and daughters' affect tolerance within the domains of traumatic and non-traumatic memories, these two domains appear to remain quite separate and distinct in terms of intergenerational patterns of transmission.

2. Correlations between Mothers' Affect Tolerance and Daughters' Affect Expression

I hypothesized that a child's capacity to verbalize affective experiences, and the degree to which affects become differentiated and come to function as signals within the interpersonal matrix, develop in the context of the parent's ability to regulate and manage her own affective arousal. Thus, I expected that mothers' affect tolerance scores would be correlated with their daughters' affect expression scores. The results of these analyses are presented in Table 10. Significant findings suggest that the mothers' range of functioning – both upward and downward shifts – in the ability to tolerate affect relating to the core relationship patterns and organizational structures of the self that are evoked by early memories bear a strong relationship to the progressive and regressive flow of their daughters' ability to articulate and differentiate affective experiences.

There was also a strong correlation between how well mothers typically tolerate affect related to their traumatic experiences and how well their daughters' typically express affect evoked by the Holocaust ($r = .58, p < .001$). However, there appears to be no relationship between the upward and downward trends in mothers' affect tolerance and their daughters' progressive and regressive shifts in the ability to articulate feelings which arise in the context of traumatic memories.

3. Correlations between Mothers' Affect Tolerance and Daughters' Object Representations

In the domain of early memories, no significant correlations were found between mothers' affect

tolerance and daughters' object representations (see Table 11). In the domain of Holocaust memories, however, significant relationships were found between mothers' levels of affect scores, and the quality of daughters' object representations ($r = .49, p < .01$). This suggests that how mothers typically manage affective arousal in the context of traumatic memory bears a significant relationship to the daughters' shifting levels of object representation elicited by narratives of their mothers' traumatic experiences.

4. Correlations between Mothers' Affect Expression and Daughters' Object Representations

As Table 12 indicates, no significant relationship was found between the mothers' affect expression scores in the early memories domain, and the daughters' object representations for early memories. However, in contrast to findings regarding the relationship between mothers' affect tolerance and daughters' personality organization, there was a significant relationship between mothers' affect expression for early memories, and daughters' object representations for Holocaust memories ($r = .44, p < .05$ and $r = .55, p < .01$). This suggests that, while mothers' typical range of affect expression bears no linear relationship to how their daughters construct and organize their representational world in general, it is a dimension that appears to be linked to how their daughters' symbolize and integrate conscious and unconscious representations that are specifically related to their mothers' experiences during the Holocaust.

IV) Correlations Among Daughters' Affect Tolerance, Affect Expression and Object Representation

I hypothesized that how children of survivors are able to modulate, regulate and express a wide array of affective experiences, in particular dysphoric affect relating to knowledge of their mothers' traumatic life experiences, will be correlated with how they organize and integrate their representations of self and other. Specifically, I proposed that the greater the level of fragmentation and affective

regression, the more malevolent and primitive the representational style, and, conversely, the greater the ability to tolerate and express dysphoric affect, the more flexibility and depth in representational style. Thus, I speculated that high scores on the dimensions of affect will be correlated with high object representation scores, while low scores on the dimensions of affect will be correlated with low object representation scores. In order to study these relationships, I tested correlations among the daughters' dimensions of personality organization for both Early and Holocaust memories.

1. Correlations between Affect Tolerance and Object Representation

In the domain of early memories, a significant relationship was found between the daughters' highest scores in affect tolerance and in object representation ($r = .53, p < .02$) (see Table 13). However, there was no significant relationship between the lowest scores in these two dimensions. Thus, while the capacity to tolerate affect in a mature and flexible way does seem related to the richness and multidimensionality of the representational world, more regressive trends in affect tolerance do not appear to be related to more primitive representations.

In the domain of Holocaust memories, relationships were found both between highest scores ($r = .57, p < .01$) and lowest scores ($r = .55, p < .01$). This suggests that, in the realm of traumatic material, a decrease in the daughters' capacity to tolerate dysphoric affect is accompanied by more malevolent and primitive object representations.

It was also interesting to note that in the early memories domain, the modal score for affect tolerance was strongly correlated to the highest object representation score ($r = .77, p < .001$), while in the Holocaust memories domain, the modal affect tolerance score was equally strongly correlated to the lowest object representation score ($r = .79, p < .001$). In other words, the daughters' most frequent level of affect tolerance for non-traumatic material is linked to their most

complex and multi-dimensional object representations, while their typical affect tolerance for traumatic memories is linked to their most primitive and malevolent symbolic productions.

2. Correlations between Affect Expression and Object Representations

In the early memories domain, results indicated that the higher the daughter's level of affect expression, the higher her level of object representation ($r = .55, p < .01$) (see Table 14). There was no relationship between low scores on these two dimensions. In the domain of Holocaust memories, results suggested that high scores on affect expression were related to high scores on object representations ($r = .68, p < .001$) and that low scores on affect expression were linked to low scores on object representations ($r = .52, p < .02$.) In addition, there was a strong correlation between modal affect expression score and low object representation score ($r = .73, p < .001$). In other words, the regressive trend in affect expression that occurs with narration of traumatic events appears to lead to more malevolent and less well-integrated symbolic representations of self and other.

V) Exploratory Analyses

Additional analyses were conducted to further examine differences in how traumatic and non-traumatic memories are encoded along the dimensions of affect expression and tolerance and object representations. Frequency distributions of the scores suggested differences in the variability of scores obtained in the domain of early memory and the domain of Holocaust memory. In order to explore the significance of these differences, a significance of proportion test was done (see Table 15) in which variance estimates were compared. These variances are shown in Table 16. The results indicated that in the mothers' group, there is a significant difference between the variance of object representation scores for early memories, and that of Holocaust memories ($F(1,18)=2.388, p < .05$). A similar trend

was found in the daughters' group ($F(1,18)=2.175, p < .10$). Thus, the trauma narratives appear to lead to disruptions and increased volatility in the capacity for object relatedness.

Finally, given that the findings offered support for a strong relationship between how much mothers tell their daughters about their experiences during the Holocaust, and how daughters fare developmentally in terms of affectivity and object representations, the developmental levels of those daughters who reported that their mothers had spoken often about the Holocaust were compared to those who stated that their mothers never or rarely spoke about the Holocaust, using a paired T-test (see Table 17). Results indicated that daughters whose mothers spoke to them frequently about the Holocaust did significantly better in the dimension of affect expression for early memories (two-tailed, $t = 17.00, p < .05$), and in the dimensions of affect tolerance and object representations for Holocaust memories (respectively, $t = 2.27, p < .05$ and $t = .237, p < .05$).

There was no significant difference between the two groups in terms of affect expression for Holocaust memories. This result may be explained in terms of the overall decrease in affect expression for Holocaust memories, described earlier in this section. The difference in affect expression found in the domain of early memories in this group may indicate that, despite the regressive trend in the capacity to verbalize affect states under conditions of high arousal linked to memories of the Holocaust, those daughters whose mothers spoke more often about the Holocaust have been able to develop more highly integrated modes of affect expression when the content is not related to the Holocaust, and perhaps less highly charged. However, given that the sample size is so small, these results must be interpreted conservatively. Further research is needed to examine the differences between the children of mothers who spoke frequently about their traumatic experiences, and those whose mothers spoke rarely, in terms of these dimensions of personality organization.

In summary, results of the analyses yielded several significant findings. Overall, I found that for

both mothers and daughters, there were significant differences in how traumatic and non-traumatic episodes are encoded in memory, such that traumatic memories lead to a significant regressive shift in the dimension of affect expression, with a trend towards lower affect tolerance and to less highly organized object representations. In addition, I found that overall, mothers and daughters in this group both demonstrated higher levels of representational styles than of the capacity to tolerate and express affect. There were no significant differences between the mothers' group and the daughters' group in this regard. Significant relationships were found between mothers' and daughters' developmental levels of affectivity and of object representational world, which varied for traumatic and non-traumatic memories. In addition, there appears to be less consistency in object relatedness when individuals are narrating traumatic experiences. Finally, preliminary evidence suggests that daughters whose mothers talk more frequently about the Holocaust are better able to tolerate Holocaust-related affects, and their representational worlds are more integrated with regard to trauma.

TABLE 5

FREQUENCY DISTRIBUTIONS FOR AFFECT TOLERANCE SCORESFOR MOTHERS AND DAUGHTERS:ALL EPISODES

<u>MOTHERS</u>					
<u>SCORE</u>	<u>EARLY</u>		<u>HOLOCAUST</u>		
<u>EPISODE</u>	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>FREQUENCY</u>	<u>PERCENT</u>	
I	1	5	26.3	4	21.1
	2	7	36.8	11	57.9
	3	6	31.6	3	15.8
	4	1	5.3	0	0.0
	5	0	0.0	1	5.3
II	1	5	26.3	8	42.1
	2	7	36.8	5	26.3
	3	4	21.1	6	31.6
	4	3	15.8	0	0.0
	5	0	0.0	0	0.0
III	1	1	5.3	4	21.1
	2	15	78.9	10	52.6
	3	1	5.3	3	15.8
	4	2	10.5	2	10.5
	5	0	0.0	0	0.0
IV	1	2	10.5	2	10.5
	2	7	36.8	9	47.4
	3	9	47.4	4	21.1
	4	1	5.3	3	15.8
	5	0	0.0	1	5.3
V	1	1	5.3	7	36.8
	2	8	42.1	10	52.6
	3	5	26.3	1	5.3
	4	5	26.3	0	0.0
	5	0	0.0	1	5.3

DAUGHTERS

SCORE	EARLY		HOLOCAUST		
	FREQUENCY	PERCENT	FREQUENCY	PERCENT	
I	1	2	9.1	1	4.5
	2	11	50.0	17	77.3
	3	6	27.3	2	9.1
	4	3	13.6	2	9.1
	5	0	0.0	0	0.0
II	1	2	9.1	5	22.7
	2	9	40.9	10	45.5
	3	7	31.8	3	13.6
	4	4	18.2	4	18.2
	5	0	0.0	0	0.0
III	1	0	0.0	8	36.4
	2	10	45.5	9	40.9
	3	10	45.5	4	18.2
	4	2	9.1	1	4.5
	5	0	0.0	0	0.0
IV	1	3	13.6	4	18.2
	2	11	50.0	9	40.9
	3	6	27.3	8	36.4
	4	2	9.1	1	4.5
	5	0	0.0	0	0.0
V	1	3	13.6	4	18.2
	2	10	45.5	10	45.5
	3	6	27.3	4	18.2
	4	2	9.1	4	18.2
	5	1	4.5	0	0.0

NOTE: For Early Memories, I = Earliest
 II = Next Earliest
 III= Earliest of Mother
 IV = Earliest of Father
 V = Most Cherished

For Holocaust Memories, I = Onset of the War
 II = Separation from Family
 III= Most Terrifying Moment
 IV = Helping Relationship
 V = Liberation

FREQUENCY DISTRIBUTIONS FOR AFFECT EXPRESSION SCORESFOR MOTHERS AND DAUGHTERS:ALL EPISODES

<u>MOTHERS</u>					
<u>SCORE</u>	<u>EARLY</u>		<u>HOLOCAUST</u>		
<u>EPISODE</u>	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>FREQUENCY</u>	<u>PERCENT</u>	
I	1	5	26.3	3	15.8
	2	2	10.5	7	36.8
	3	12	63.2	7	36.8
	4	0	0.0	2	10.5
	5	0	0.0	0	0.0
II	1	4	21.1	7	36.8
	2	5	26.3	9	47.4
	3	9	47.4	2	10.5
	4	1	5.3	1	5.3
	5	0	0.0	0	0.0
III	1	4	21.1	8	42.1
	2	3	15.8	6	31.6
	3	10	52.6	2	10.5
	4	2	10.5	3	15.8
	5	0	0.0	0	0.0
IV	1	3	15.8	6	31.6
	2	2	10.5	6	31.6
	3	14	73.7	4	21.1
	4	0	0.0	2	10.5
	5	0	0.0	1	5.3
V	1	0	0.0	7	36.8
	2	4	21.1	7	36.8
	3	13	68.4	3	15.8
	4	2	10.5	1	5.3
	5	0	0.0	1	5.3

DAUGHTERS

	SCORE	EARLY		HOLOCAUST	
		FREQUENCY	PERCENT	FREQUENCY	PERCENT
I	1	3	13.6	2	9.1
	2	4	18.2	12	54.5
	3	14	63.6	6	27.3
	4	1	4.5	2	9.1
	5	0	0.0	0	0.0
II	1	4	18.2	6	27.3
	2	6	27.3	8	36.4
	3	10	45.5	2	9.1
	4	2	9.1	6	27.3
	5	0	0.0	0	0.0
III	1	3	13.6	10	45.5
	2	1	4.5	8	36.4
	3	17	77.3	3	13.6
	4	0	0.0	1	4.5
	5	1	4.5	0	0.0
IV	1	2	9.1	5	22.7
	2	3	13.6	11	50.0
	3	17	77.3	4	18.2
	4	0	0.0	1	4.5
	5	0	0.0	1	4.5
V	1	1	4.5	4	18.2
	2	5	22.7	11	50.0
	3	14	63.6	4	18.2
	4	2	9.1	3	13.6
	5	0	0.0	0	0.0

TABLE 7

FREQUENCY DISTRIBUTIONS FOR OBJECT REPRESENTATION SCORESFOR MOTHERS AND DAUGHTERS:ALL EPISODES

<u>MOTHERS</u>					
<u>SCORE</u>		<u>EARLY</u>		<u>HOLOCAUST</u>	
<u>EPISODE</u>		<u>FREQUENCY</u>	<u>PERCENT</u>	<u>FREQUENCY</u>	<u>PERCENT</u>
I	1	0	0.0	0	0.0
	2	4	21.1	6	31.6
	3	2	10.5	1	5.3
	4	8	42.1	6	31.6
	5	1	5.3	1	5.3
	6	4	21.1	3	15.8
	7	0	0.0	2	10.5
	8	0	0.0	0	0.0
II	1	2	10.5	1	5.3
	2	2	10.5	8	42.1
	3	6	31.6	2	10.5
	4	6	31.6	4	21.1
	5	2	10.5	1	5.3
	6	6	31.6	2	10.5
	7	1	5.3	1	5.3
	8	0	0.0	0	0.0
III	1	0	0.0	4	21.1
	2	1	5.3	5	26.3
	3	1	5.3	0	0.0
	4	5	26.3	2	10.5
	5	6	31.6	2	10.5
	6	4	21.1	4	21.1
	7	2	10.5	2	10.5
	8	0	0.0	0	0.0
IV	1	0	0.0	0	0.0
	2	1	5.3	2	26.3
	3	2	10.5	0	0.0
	4	4	21.1	5	26.3
	5	3	15.8	5	26.3

	6	7	36.8	4	21.1
	7	2	10.5	2	10.5
	8	0	0.0	1	5.3
	1	0	0.0	1	5.3
	2	0	0.0	2	10.5
	3	1	5.3	2	10.5
	4	13	68.4	2	10.5
V	5	1	5.3	6	31.6
	6	1	5.3	5	26.3
	7	3	15.8	1	5.3
	8	0	0.0	0	0.0

DAUGHTERS

	<u>SCORE</u>	<u>EARLY</u>		<u>HOLOCAUST</u>	
		FREQUENCY	PERCENT	FREQUENCY	PERCENT
I	1	1	4.5	0	0.0
	2	1	4.5	0	0.0
	3	1	4.5	4	18.2
	4	5	22.7	1	4.5
	5	7	31.8	12	54.5
	6	5	22.7	4	18.2
	7	2	9.1	1	4.5
	8	0	0.0	0	0.0
II	1	0	0.0	0	0.0
	2	5	22.7	7	31.8
	3	4	18.2	5	22.7
	4	9	40.9	2	9.1
	5	1	4.5	2	9.1
	6	3	13.6	1	4.5
	7	0	0.0	5	22.7
	8	0	0.0	0	0.0
III	1	0	0.0	2	9.1
	2	0	0.0	7	31.8
	3	3	13.6	3	13.6
	4	11	50.0	2	9.1
	5	5	22.7	4	18.2
	6	2	9.1	2	9.1
	7	1	4.5	1	4.5
	8	0	0.0	1	4.5
IV	1	0	0.0	0	0.0
	2	0	0.0	4	18.2
	3	1	4.5	4	18.2
	4	12	54.5	1	4.5
	5	4	18.2	7	31.8
	6	5	22.7	5	22.7
	7	0	0.0	1	4.5
	8	0	0.0	0	0.0
V	1	1	4.5	0	0.0
	2	0	0.0	4	18.2
	3	3	13.6	4	18.2
	4	10	45.5	2	9.1
	5	3	13.6	5	22.7
	6	3	13.6	4	18.2

7	2	9.1	3	13.6
8	0	0.0	0	0.0

TABLE 8
MEAN RATING SCORES FOR AFFECT TOLERANCE,
AFFECT EXPRESSION AND OBJECT REPRESENTATION
FOR EARLY AND HOLOCAUST MEMORIES*

<u>MEMORY TYPE</u>	<u>AFFECT TOLERANCE</u>	<u>AFFECT EXPRESSION</u>	<u>OBJECT REPRESENTATION</u>
	<u>MEANS</u>		
<u>EARLY</u>	.484	.574	.586
<u>HOLOCAUST</u>	.416	.395	.545

* Scores collapsed across mothers and daughters

TABLE 8A
ANOVA: MODAL SCORES

<u>SOURCE</u>	<u>Df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>
Family Member (A)	1	.11	.11	2.61
Error (A)	18	.73	.04	
Memory Type (B)	1	.43	.43	11.63***
Error (B)	18	.67	.04	
Personality Dimension (C)	2	.57	.29	19.41***
Error (C)	36	.53	.01	
Fam x Mem (A x B)	1	.02	.02	.86
Error (A x B)	18	.45	.02	
Fam x Per (A x C)	2	.01	.00	.08
Error (A x C)	36	.26	.00	
Mem x Per (B x C)	2	.12	.06	4.80**
Error (B x C)	36	.43	.01	
Fam x Mem x Per (A x B x C)	2	.04	.02	2.19
Error (A x B x C)	36	.36	.01	

** p < .01

*** p < .001

TABLE 9
CORRELATIONS BETWEEN MOTHERS' AND DAUGHTERS'
AFFECT TOLERANCE SCORES

		<u>MOTHERS</u>					
		<u>AFFECT TOLERANCE</u>					
		EARLY MEMORIES			HOLOCAUST MEMORIES		
		HIGH	MODE	LOW	HIGH	MODE	LOW
	HIGH	.64	.32	.41	.00	.16	.41
EARLY	MODE	.54	.46*	.44	.13	.35	.56**
	LOW	.49	.27	.23	.08	.00	.16
<u>DAUGHTERS'</u>							
<u>AFFECT</u>							
<u>TOL.</u>							
	HIGH	.35	.41	.31	.19	.41	.41
HOLOCAUST	MODE	.03	.20	.13	.13	.54*	.41
	LOW	.42	.35	.19	.58***	.80***	.62***

* p < 0.05
 ** p < 0.01
 *** p < 0.001

TABLE 10
CORRELATIONS BETWEEN MOTHERS' AFFECT TOLERANCE
AND DAUGHTERS' AFFECT EXPRESSION SCORES

		<u>MOTHERS</u>					
		<u>AFFECT TOLERANCE</u>					
		EARLY MEMORIES			HOLOCAUST MEMORIES		
		HIGH	MODE	LOW	HIGH	MODE	LOW
	HIGH	.55**	.56*	.58**	.14	.51*	.66***
EARLY	MODE	.47*	.29	.35	.10	.14	.29
	LOW	.44	.44	.72***	.07	.38	.52*
		<u>DAUGHTERS</u>					
		<u>AFFECT</u>					
		<u>EXPRESSION</u>					
	HIGH	.24	.42	.11	.17	.38	.35
HOLOCAUST	MODE	.29	.40	.31	.37	.59***	.44
	LOW	.22	.16	.13	.07	.29	.10

* p < 0.05
 ** p < 0.01
 *** p < 0.001

TABLE 11
CORRELATIONS BETWEEN MOTHERS' AFFECT TOLERANCE
AND DAUGHTERS' OBJECT REPRESENTATION SCORES

		<u>MOTHERS</u>					
		<u>AFFECT TOLERANCE</u>					
		EARLY MEMORIES			HOLOCAUST MEMORIES		
		HIGH	MODE	LOW	HIGH	MODE	LOW
EARLY	HIGH	.20	.19	.30	-.20	.00	.24
	MODE	.21	.15	-.05	-.04	.06	.14
	LOW	-.01	.12	-.05	.00	.25	.21
<u>DAUGHTERS'</u>							
<u>OBJECT</u>							
<u>REPS.</u>							
HOLOCAUST	HIGH	.33	.37	.22	.13	<u>.47*</u>	.38
	MODE	<u>.46*</u>	.27	.42	.27	<u>.48*</u>	<u>.49*</u>
	LOW	.02	.17	-.04	.25	<u>.49*</u>	.18

* p < 0.05
 ** p < 0.01
 *** p < 0.001

TABLE 12

CORRELATIONS BETWEEN MOTHERS' AFFECT EXPRESSION
AND DAUGHTERS' OBJECT REPRESENTATION SCORES

		<u>MOTHERS</u>					
		<u>AFFECT EXPRESSION</u>					
		EARLY MEMORIES			HOLOCAUST MEMORIES		
		HIGH	MODE	LOW	HIGH	MODE	LOW
	HIGH	-.02	-.15	.26	-.24	.01	.04
EARLY	MODE	-.01	-.04	.03	-.04	-.13	-.25
	LOW	-.22	-.12	.31	-.12	.13	.20
<u>DAUGHTERS'</u>							
<u>OBJECT</u>							
<u>REPS.</u>							
	HIGH	.09	.45*	.33	-.02	.45*	.34
HOLOCAUST	MODE	.17	.55**	.47*	.12	.21	.22
	LOW	-.23	.21	.49*	.04	.28	.25

* p < 0.05
 ** p < 0.01
 *** p < 0.001

TABLE 13

CORRELATIONS BETWEEN DAUGHTERS' AFFECT TOLERANCE
AND DAUGHTERS' OBJECT REPRESENTATION SCORES

		<u>DAUGHTERS</u>					
		<u>AFFECT TOLERANCE</u>					
		EARLY MEMORIES			HOLOCAUST MEMORIES		
		HIGH	MODE	LOW	HIGH	MODE	LOW
	HIGH	.53*	.77***	.17	.20	.28	.09
EARLY	MODE	.39	.59**	.04	.24	.35	.26
	LOW	.53*	.36	.43	.53*	.39	.40
<u>DAUGHTERS'</u>							
<u>OBJECT</u>							
<u>REPS.</u>							
	HIGH	.45	.40	.12	.57*	.39	.39
HOLOCAUST	MODE	.34	.39	.37	.62**	.54*	.60**
	LOW	.21	.14	-.22	.60**	.79***	.55*

* p < 0.05
 ** p < 0.01
 *** p < 0.001

TABLE 14
CORRELATIONS BETWEEN DAUGHTERS' AFFECT EXPRESSION
AND DAUGHTERS' OBJECT REPRESENTATION SCORES

		<u>DAUGHTERS</u>					
		<u>AFFECT EXPRESSION</u>					
		EARLY MEMORIES			HOLOCAUST MEMORIES		
		HIGH	MODE	LOW	HIGH	MODE	LOW
	HIGH	.55*	.02	.47*	.30	.31	-.07
EARLY	MODE	.56*	.20	.33	.30	.37	.07
	LOW	.36	.43	.09	.56*	.18	.19
<u>DAUGHTERS'</u>							
<u>OBJECT</u>							
<u>REPS.</u>							
	HIGH	.41	-.03	.30	.68**	.56	.40
HOLOCAUST	MODE	.50*	.42	.65*	.39	.59*	.46*
	LOW	.43	.15	.31	.59**	.73***	.52*

* p < 0.05
 ** p < 0.01
 *** p < 0.001

TABLE 15
VARIANCE OF SCORES ON
EARLY AND HOLOCAUST MEMORIES
FOR MOTHERS AND DAUGHTERS

MEMORY TYPE		MEAN	VARIANCE
<u>-AFFECT TOLERANCE-</u>			
MOTHERS	EARLY	2.37	.41
	HOLOCAUST	2.11	.45
DAUGHTERS	EARLY	2.51	.40
	HOLOCAUST	2.22	.47
<u>-AFFECT EXPRESSION-</u>			
MOTHERS	EARLY	2.55	.31
	HOLOCAUST	2.11	.39
DAUGHTERS	EARLY	2.64	.26
	HOLOCAUST	2.23	.42
<u>-OBJECT REPRESENTATION-</u>			
MOTHERS	EARLY	4.60	.68
	HOLOCAUST	4.11	1.62
	EARLY	4.42	.57

DAUGHTERS

HOLOCAUST

4.29

1.25

TABLE 16
SIGNIFICANCE OF PROPORTION
OF DIFFERENCE BETWEEN
VARIANCES FOR EARLY AND HOLOCAUST MEMORIES

<u>PERSONALITY</u> <u>DIMENSION</u>	<u>DIFFERENCES</u> <u>BETWEEN</u> <u>VARIANCES</u>	<u>F-VALUE</u> (Df=18)
<u>MOTHERS</u>		
Hol AffTol/Early AffTol	1.10	1.097
Hol AffExp/Early AffExp	1.52	1.516
Hol ObjRep/Early ObjRep	2.39	2.388 *
<u>DAUGHTERS</u>		
Hol AffTol/Early AffTol	1.17	1.174
Hol AffExp/Early AffExp	1.64	1.637
Hol ObjRep/Early ObjRep	2.18	2.175 +
* p < 0.05		
+ p < 0.10 (trend)		

TABLE 17
PAIRED T-TESTS COMPARING DAUGHTERS OF
HIGH-TALKING AND LOW-TALKING MOTHERS

		\bar{X} DIFF	STANDARD ERROR	T
<u>HIGH SCORES</u>				
Affect Tolerance	Early	.004	.055	0.055
	Holocaust	.146	.047	2.270*
Affect Expression	Early	.133	.141	2.442*
	Holocaust	.108	.058	1.348
Object Rep.	Early	.010	.040	0.167
	Holocaust	.192	.125	2.438*
<u>MODAL SCORES</u>				
Affect Tolerance	Early	.053	.057	0.733
	Holocaust	.108	.067	1.617
Affect Expression	Early	.060	.042	1.405
	Holocaust	.128	.067	1.845+
Object Rep.	Early	.113	.038	2.025+
	Holocaust	.182	.051	2.078+
<u>LOW SCORES</u>				
Affect Tolerance	Early	-.047	.033	-.8137
	Holocaust	.097	.052	1.589
Affect Expression	Early	.080	.057	1.206
	Holocaust	.093	.057	1.468
Object Rep.	Early	.040	.045	0.639

Holocaust .140 .074 1.888

* p < 0.05 + p < 0.10 (TREND)

CLINICAL DATA

The analyses that I have described yielded results which suggested significant patterns among survivor mothers and their daughters in terms of (1) how traumatic and non-traumatic memories are organized and integrated, and (2) how these modes of organization are carried from generation to generation. I found that traumatic memories are encoded differently than non-traumatic memories with regard to affect and symbolic representation, and that the narration of traumatic events leads to retrogressive shifts in these dimensions of personality organization. The results further indicate that, where traumatic memories are predominant, there is a regressive trend in the dimension of affect expression, suggesting that the reworking of traumatic memories takes the form of an inner dialogue which is not readily carried forth into the realm of dyadic exchange. In addition, I found significant relationships between how mothers tolerate affect and how daughters express strong emotion and organize their object world, and further, how daughters' affective organization is reflected in their representational worlds.

These patterns can be regarded as the threads of communality and affinity among this group of mothers and daughters. However, these results do not capture the many unique themes and differences among the patterns of relationships that revealed themselves in the course of conversations with these women. In this section, I shall explore the vicissitudes of the process of intergenerational transmission of trauma from mother to daughter, through a discussion of three of the mother-daughter pairs. The following discussion will illustrate three classifications of affective organization which I will refer to as "congruent," "undifferentiated" and "distant."

The Clinical Vignettes

The transgenerational evolution of narrative forms is a complex process whereby – through the interplay between the parent's representational world, her cognition and her affectivity – feelings, details

and meanings are woven together into a story that is internalized and regenerated by the child. For Holocaust survivors, subtle and powerful affective experiences influence and shape how, what and when they choose to tell their children – how to find words, which details to include, when to talk and when to remain silent. For some, silence and denial are the primary modes of "telling" a story that, to them, is unspeakable. For others, feelings, meanings and details are, to varying degrees, consistently woven into the fabric of a narrative that is integrated and internalized by the next generation. And for all, meanings, images and narrative threads are carried across the span of generations through identifications and associations that are largely unconscious. These unconscious themes serve as fundamental templates or organizing principles through which experience is ordered.

Much of what determines the nature, coherence, fluidity and evocativeness of children's narratives of their parent's trauma is linked to how the parent structures memory and affect. For clarity in this discussion, I will draw distinctions based on three different styles of affective organization. These styles are meant to describe tendencies that are shared, to some extent, by all, yet which are distinguished by characteristic trends that can be represented discrete analyses that I have described yielded results which suggested significant patterns among survivor mothers and their daughters in terms of (1) how traumatic and non-traumatic memories are organized and integrated, and (2) how these modes of organization are carried from generation to generation. I found that traumatic memories are encoded differently than non-traumatic memories with regard to affect and symbolic representation, and that the narration of traumatic events leads to retrogressive shifts in these dimensions of personality organization. The results further indicate that, where traumatic memories are predominant, there is a regressive trend in the dimension of affect expression, suggesting that the reworking of traumatic memories takes the form of an inner dialogue which is not readily carried forth into the realm of dyadic exchange. In addition, I found significant relationships between how mothers tolerate affect and how daughters express strong emotion and organize their object world, and further, how daughters' affective organization is reflected in their

representational worlds.

As we shall see, the clinical vignettes illustrate that survivors who have integrated the past and are fully aware of their feelings are able to represent and verbalize their experiences in a way that is congruent with the emotional tenor of their memories. I will refer to this group of survivors as "congruent." Their stories are evocative and coherent. The images of real terror and devastation that are incorporated into the stories are neither denied nor disruptive. Instead, they form essential, albeit painful, elements of a process of symbolization which permits acknowledgement and containment. This narrative process imparts to their daughters both the knowledge and the endorsement needed to develop their own symbolic representations of their mothers' experiences. These representations are seamlessly woven into the fabric of their representational worlds.

In contrast, a parent who regards her traumatic history as a shameful and terrifying secret – a secret to be buried in the past – experiences her memories as dangerous, threatening, primitive and malevolent. Women who fall into this type will be referred to as "undifferentiated." For them, the retelling of Holocaust narratives evokes a flood of overwhelming and powerful feelings which are global and undifferentiated. Thus they feel they must either maintain silence or else risk the danger of retraumatization through repetition. Their narratives are fragmented, disjointed and inconsistent, emerging out of a sea of unspeakable images and intolerable feelings. Such splintered narratives ultimately thwart their child's efforts to generate symbolic representations of her parent's past. Instead, mother and child are locked into traumatic repetitions of the unacknowledged past. The child, unable to make sense of the mother's narrative, will retain only fragments that do not coalesce into a narrative. Her narratives contain primitive, undeveloped pockets of knowledge and images which are obscured, confused and laden with unintegrated affect.

Finally, there is a group of survivors, referred to here as "distant," for whom memories can be narrated only if their emotional valence is split off or denied. Stripped of the affective components that

enliven, sharpen and transform experience, such narratives of traumatic memories remain isolated from the emotional channels through which understanding and working through are possible. This leads to a different type of incongruence in the narrative, one in which there is a discrepancy between the spoken content of the memories and the denied or split-off feelings of pain, grief or terror. It is as if the emotions are considered too toxic or damaging to be verbally expressed, and must be driven underground. For their daughters, knowledge of their mothers' experiences becomes relegated to a series of facts to which they have no emotional access. They can be neither re-enacted nor re-experienced. Although they may lay claim to knowledge of their mothers' past, their efforts to retell result in a "story without a soul," a brittle narrative shell lacking the multidimensionality, humanity and empathy which are the bedrock of symbolic representation. For other children, this type of incongruence in the mother's narratives leads to a kind of historical amnesia. The discrepancy between the words they have heard and the emotions that are unspoken or denied inhibits their memory function. As such, they are unable to string together the bare facts they have been told into a coherent narrative.

The following clinical descriptions of three of the mother-daughter pairs interviewed will serve to highlight the transgenerational evolution of narrative forms in light of these three modes of affective organization¹. I will focus in particular on the first pair, Ruth and Lilly, as the clinical material provides much explicit discussion of the early nature of the mother-daughter relationship. As such, it invites close inspection of the ways in which the Holocaust bears its mark on the capacity for mothering and motherliness, the pathways of the transmission of trauma.

¹In her attachment classification, Mary Main defines three types of attachment patterns which seem to correspond to the different narrative styles I have described. This correspondence raises interesting questions about the relationship between narrative style, attachment patterns and the impact of trauma. This would be an interesting area for further research.

1. The Distant Narrative: Ruth and Lilly²

Ruth

I met Ruth in her art studio, a small room crammed with shelves of canvases, papers and books. An old typewriter was propped up on a writing table covered with notes, letters and evidence of work in progress. The paintings which were hanging on the walls were of an intensity of color, movement and graphic forms which captured my eye often as we spoke.

About Ruth herself there was a tall, startling intensity that drew me towards her and riveted my attention. There was a poetry to her narrative that went beyond her words, interlaced throughout her speech and the piercing images of her narrative. She was poised, articulate and graceful as she told me her story. Once or twice, she asked me to turn off the tape recorder, and then we sat in silence, still for a moment, while she gathered her thoughts and then offered me tea before resuming.

The poignancy of her narrative was also interwoven with a hard, remote quality. She displayed little emotion. Her reserve was occasionally disrupted by an unexpected show of feeling – a brittle laugh or sudden, tearless crying. She was cynical and disdainful, expressing low expectations of what the world will bring to her or of the inadequate response she anticipates from others.

As Ruth spoke, I heard in her narrative the tension between her wish to remain dry, imperturbable, matter-of-fact, and the sharp undercurrents of intense emotions which she did not articulate. Although she seemed to need not to feel them herself, these emotions are powerfully evoked in the listener. As we shall see, it is clear that Lilly feels them too.

Ruth's narrative was especially noteworthy for the minute, detailed descriptions that sometimes absorbed her quite fully. Often, she seemed to forget that I was there, searching inwardly for the links

²All of the participants in the study are referred to by pseudonyms in order to respect their confidentiality.

which would reconnect her to the thoughts, feelings and experiences she had during her experiences in Warsaw. Sometimes in her search, she would come up against the blankness and loss of feeling that she had experienced during the war: "I had no feelings or no thoughts." At other times, what she discovered in her looking back were her truncated connections to her past experiences. She found she was unable to rediscover and re-experience what she had felt:

At that time – I was alone – I wrote poetry. It just came and I wrote everything down, what came to me. It was a sort of salvation for me. I had, when the war ended, I had a rather large book filled with that, and somehow – I met a friend and she said "Let me have it, I'll publish it." So I gave it to her and that was the last I saw of it. She lost it somewhere along the way... This was – not possible to reconstruct. I had no more of those feelings I had then and I just didn't remember, it's impossible. No, I lost my language. When I came here I couldn't write, I had no ... At that time it was just flowing, I guess, suffering ... I don't know, I'm not going to go into it ... You could not duplicate this.

When these links were severed, her narrative itself was disrupted: her speech became more halting and the flow of the story more disjointed.

Ruth grew up in Warsaw, and was fifteen years old when the war broke out. She spent the war years in hiding, smuggled out of the ghetto by a Catholic woman who later led her to an underground bunker, where she remained for several months.

A consistent thread that runs throughout Ruth's narrative is that of a "wound" she had that never healed. Before the onset of the war, she suffered from t.b., which caused a sore on her neck. Echoes of this wound reverberate in her description of other ailments she experienced during the war and subsequent to her liberation. The constant oozing of her sore and the odor it produced, the care it required and her inability to heal, are important symbols to her of the more profound psychological scars which she has suffered but which she cannot verbalize or fully acknowledge.

Early childhood was a time of warm and sometimes pleasurable experiences for Ruth. The younger of two daughters, she describes herself as the preferred child: "Back home everybody was doting on me. I don't know why but that is how it was. My sister was skinny, she was not a good eater. And I was a good eater, and I was fat, and I guess everybody likes a chubby person, baby especially."

She was raised primarily by her nursemaid, although she recalls a very close relationship with her mother, whom she idolized. Her descriptions of moments spent with her mother are evocative and sensory: "She was playing piano. That was just fine because she had tremendous technique. I remember myself sitting by the piano, with my ear towards, just listening. For hours I was sitting on the floor with the ear to the piano as she played ... I cannot describe this – that was heaven, I guess."

Of her father, Ruth's memories are more mixed. He was a journalist, well-educated and cultivated, who was well-integrated into Polish culture and the Warsaw community. His temper petrified her, although he was also charitable and kind-hearted. Her most vivid memories of him, however, have to do with being badly frightened by his volatility and a sense of humor that was morbid and scary in the eyes of a child.

For Ruth, the onset of the war was gradual. Her memory of the beginning of the war is of an exciting, almost exhilarating sense of escapade. Yet as she describes her "adventures," what comes through as subtext are the terrifying and harsh conditions that confronted her as a fifteen-year-old school-girl:

It was an adventure. I was going places. I was afraid I'll miss something at that time... Jewish schools were closed and the air raids were on Warsaw. We left. I was very happy going. After the first day of walking I was less happy. I was tired. My feet hurt. I was thirsty. I saw dead horses laying on the road. And I ran away into a ditch hiding from the planes that were shooting at us. But I never thought I was in any danger. There was adventure. And we slept outdoors. It was terrific. I never slept outdoors before, under the trees ... This was a real adventure.

Although she denies being afraid, her narrative reveals the terror and uncertainty that lay just beneath the surface. It is striking that at this point, even in retrospect, she is unable to acknowledge the horrifying reality that confronted her. Indeed, at this time, it may well have been an adventure, the terror not becoming real until afterwards (Dwork, personal communication.) There is thus a broad gap between what she conveys non-verbally and what she is willing to put into words:

When the war was being announced on the radio, I started to cry hysterically. I have no idea why. But

I was crying so hysterically that they couldn't quiet me down. I had – maybe it was premonition, I don't know. But I don't even know why I was crying so. What did I know about the war? I had a good life, an exceptionally good life. What did I know about the war? Why was I crying? But I was hysterical. [emphasis mine]

Following her initial departure from Warsaw, Ruth lived on her own, in an apartment in a small town near Bialystock where her sister and brother-in-law had lived. There, she tasted the freedom and independence of an adolescent emerging into adulthood. She attended school, and went to dances and social events. However, this freedom was short-lived, for the school was closed, and Ruth had neither food nor money. Missing her mother and her family, Ruth took leave of her sister and returned to Warsaw. That was the last time she saw her sister. What actually became of her sister following this leave-taking raises the first of many questions that remain unanswered, both in Ruth's mind and in the mind of the listener: "They [sister and brother-in-law] remained in the place that the Germans took over, and that was not too far from Babi Yar. And I think this is where they ended up, in Babi Yar. Because I know they did not go – we received a letter to that effect from ... yes ... Stop for awhile." The disruption in her narrative parallels the inner disjunction she experiences at the collapse of the knowable and the unuttered grief that rushes in to close the gap in her knowledge.

At the early stages of the war, Ruth was an adolescent on the threshold of achieving psychological separation and independence from her parents. Her thinking has a kind of magical quality typical of adolescents, who do not yet believe in their own mortality. Ruth recalls having only a superficial understanding of the deteriorating situation in Warsaw. To protect herself from increasing fear and despair, she immersed herself in books, social gatherings and artistic pursuits.

At the same time, on a deeper plane, Ruth was preparing for a new phase of her development. Her strong pull towards a dependent, childlike stance was giving way to a developmental thrust toward maturity and autonomy. This developmental transition, however, was suspended on the day her mother was taken to Treblinka:

I was sick because this [wound] started to act up. ... So then it started to ooze and everybody was very concerned with that wound I had here. It had to be changed constantly because it started – a terrible odor was given out. I had so many bandages, that day that my mother didn't come back. I worked myself – almost twenty-five bandages, you know, gauze bandages. They were re-used constantly. I washed it myself that day. I was so proud that that day, for the first time in my life, I peeled potatoes and I cooked potatoes, for the first time in my life. And I was waiting to get that pat on the head, that I am such a hero, that I boiled potatoes. I never did. She never came home. And so many bandages that she usually washed, that day I did it myself.

For Ruth, the process of separation and the development of autonomy was interrupted by the final and all too real separation from her parents which came without warning. Her narrative conveys the impression of a moment frozen in time, defined in terms of its lack of resolution and closure. She never obtained the much-needed and wished-for affirmation of her step towards increased autonomy. Instead, she was left wondering whether her actions had any meaning or impact in the world.

Ruth now had to wrestle alone with a reality that she did not understand. She lacked the definitive knowledge needed to acknowledge her experience. Although she was aware that her mother's failure to return home could have had only one meaning, her sudden disappearance nonetheless retained an aura of mystery, confusion and disbelief -- an aura which permitted Ruth to hope against hope while simultaneously preventing her from mourning the loss. This engendered a profound duality in her experience: Ruth knew instinctively what she would not allow herself to acknowledge -- that she would not see her mother again. Yet her powerful resistance against knowing permitted her to maintain the belief that her mother was alive and waiting for her. This belief sustained her long after her belief in her own ability to survive had dissipated. "I was sure I would not survive the war," she tells me, "although I tried very hard because I knew that my mother was going to look for me after the war. So that was my aim, not to disappoint her somehow and try to survive." This duality between knowing and not knowing is a dominant theme in Ruth's memory organization.

As she proceeded with her narrative, her sense of time as well as the tempo of her story ebb and flow, lingering over minute details one moment, then skipping forward to the telling of the next event

as a way of firmly closing the door on the previous one. Her emotions, too, are frozen. Her narrative voice becomes grim and impassive, that of an anthropologist commenting microscopically on customs and beliefs that are alien and unfathomable:

I was working at the time ... making fabric from threads. First the threads were put on the row, and then this was put on the bar and this was feeding the machine, and machine was making the fabric and the fabric was coming out. Was very interesting. First, I was working when it was going out from spools, and I was watching spools. And there was a man there, making big roll from the threads. And then one day there was a, they were taking people away, so they took that man. And he said to me, "You know how to work it, so now you go work this part." He was standing in the door, and he waved to me, said "Bye! I'll meet you on the shelf with the soap!" There were rumors that they were making soap out of Jews. But that was rumors. Who believes that? So he made the joke. "I'll meet you on the shelf with soap." I don't know whether he survived or didn't. I have no idea. One thing is for sure, I was not on the shelf with soap.

This memory marks another shift in Ruth's narrative. As her family members disappeared from her world, their presence falls away from her narrative. Ruth seems to view this period as suspended in time and meaning. Utterly alone in the world, she was dispossessed of her home, her family, and of those things which make the world human and cogent. The next few months were spent in various hiding places, being helped by some while others threatened or betrayed her. Her account of this period is detailed, but lacks a center. In her telling, Ruth seems as though she has turned her eyes inward and shut them. She strings together strange events involving faceless people, a series of images that come alive and fade away again almost immediately. She recounts that she was taken in by a Catholic family and hidden in a crate on the balcony: "One day somebody came and said, 'What do you have, rabbits out there on the balcony?' So she said 'No, just garbage.' So that is what I was doing there." Ruth thus describes, through her unspoken feelings and the images she uses, her sense that her life has become valueless, inhuman and negligible. She goes on to say,

It was not easy, and into the bargain I was sick. Forget about this neck that was oozing. I developed new things. I was hungry. I was swollen from hunger. And I also had crabs, I don't know whether you know what it is. A little spider, sort of, that sits in your skin. Doesn't go anyplace, but sits there and multiplies. My best pleasure was when I was scratching til I bled. Til whatever I was scratching started to bleed, then it didn't itch as much. That was my only pleasure at the time.

Ruth could gain access to her feelings only through reviving bodily sensations that provide, through pain, a pathway back to knowing that she was alive.

It was when Ruth ultimately joined a group of people hiding in an underground bunker, from where she was liberated, that she began to feel again the stirrings of her active will to live. Being part of a group – where actions are made meaningful by membership in a group and orientation towards its causes – roused her determination to survive, and revived her fantasy that her mother would be waiting for her after the war was over. Being among others imparted meaning and purposefulness to the will to survive. It became possible to imagine the end of the war as a real point in the future, and thus the meaning and structure of time were restored. Ruth's language shifts as she describes becoming a part of this group: "I" becomes "we." While she was alone, her experiences seemed to unfold in a vacuum. Being with others resurrected the meaning and purpose of life: "The first night we spent there, I remember very vividly looking for bricks that were about the same, pieces of bricks. I didn't want to sleep just on earth, I wanted to go to sleep on something. So I was figuring out, putting bricks together with jagged edges that shouldn't stab me in the back, only put it somehow straight. You know, like a puzzle." This memory encapsulates her rediscovery of an exquisite sense of humanness -- a return to reasoning, to planning and to desire.

Life in the bunker signified an acceptance of the centrality of human interconnectedness. Life in the bunker is portrayed as a time of growth and change in the dark recesses of Ruth's feminine identity. Her experiences strip her of her chronological age, and time is no longer gauged in measured units. Underground, her metamorphosis from adolescent – fearful, hopeful, anxious, brave, adventurous – to full-grown woman, somber and stoical, is completed.

Ruth's liberation marked, for her, the return of emotion:

At night, somebody walked out and heard from far away singing, Russian singing. And so he went further – was not too far – and heard singing in Yiddish. They couldn't understand this, and 'Maybe we are liberated?' And that is how it was. We were liberated. We went out from the bunker at night.

We started to cry something awful. I knew already I was liberated. I couldn't control myself. I don't know why I was crying but I was. Terrible crying.... It's very hard to say why I was crying. I don't know why I was crying. I just felt alone, very much alone.

Her tears are reminiscent of the tears she cried at the onset of the war – tears without words. For Ruth, it is impossible to put into words the emotions that flooded her. Liberation brought with it not only the revival of feeling but also the recognition of being utterly alone. She did not relinquish her hope that another family member survived. Immediately following liberation, she set off on a search for her mother although, as she states, "At that time, you see, I already understood more than before that there was nobody alive anymore. I saw what was happening. But of course someplace down there I still believe that maybe somewhere ... til the last moment you... But I know that time when my mother went, everybody went to Treblinka, nobody came out from there – I was still looking." Her narrative – its breaks, its shifts from past to present and back, its unfinished thoughts – recapitulates in its form the evanescent ties between the living and the dead. The absolute knowledge that her mother is dead collides with her yearning and the fantasy of reunion that endures, bolstered by the enormity of her need and the absence of some concrete marker of death. The boundary between wish and reality, and between life and death, is loosened because that which provides the mooring is eradicated.

Becoming a Mother

Ruth remarks that during her time underground, she stopped menstruating. Her monthly period resumed shortly after liberation, then stopped again, but it didn't dawn on her until well into her second trimester that she was pregnant. For Ruth, becoming a mother was inextricably linked to her traumatic loss of her own mother and of her truncated childhood. The birth of her first child brought with it a flood of grief, mourning and terror. Feelings of guilt that she is alive while her own mother perished pervaded her experience of mothering.

Ruth does not articulate the desperate loneliness she felt for her own mother, but these feelings

find expression through her identification with what she recognizes as her baby's utter aloneness and absolute dependence:

When she was born, I had one thought: "That little thing has nobody in the entire – in the world." I am the only one that she had. I didn't like her even. I am just looking at her, "Look what I did. That is my entire responsibility. She hasn't got anybody in the world." You see, later on comes to motherhood, I guess, but in the beginning, it was just "Look at this strange thing." I said, "She is ugly. She has hair all over the place." Of course, later on the hair evaporated and the eyes became less red, and she was a glorious baby according to the standard. And she liked to eat, she was always hungry and she had enough food and so she thrived, O.K.? ... I really didn't know what to do with the baby. I was just holding her, I was telling her stories, I was singing to her, and she was everything I had at the time.

Her first baby was named after her mother.

Ruth explains that, shortly after the birth of her first daughter, she developed a breast infection which required invasive surgery. She recalls not the pain, but the terror that her baby would die without her: "I was all covered with bandages, operated, and it still didn't hurt yet. I said 'I have to go home.' They said, 'How could you go home now?' I said, 'I have to go home, I have a baby home. I have to feed the baby. She is going to starve to death."

This is the essential polarity which characterizes Ruth's experience of mothering. Though she feels as though the very life and vitality are drained out of her and emptied into the hungry mouth of her helpless and needy baby, she yet stubbornly clings to her drive to nourish her infant and sustain her life. Nonetheless, although she doggedly returns home to feed her baby, she feels estranged and mystified by her daughter's very existence. She says of her baby, "I really didn't know what to do with her. I never saw a baby in my life. Here is a baby and I don't know how to bathe it, I have no idea what to do with it." Thus her feelings of alienation from her baby co-mingle with a fierce sense of ownership. She was determined to nurse her despite the open wounds left in her breast by the operation. "... then I saw what was happening in my breast. It was open in three places and ... at each opening there was a rubber thing [i.e. tube], for drainage, not to let it heal. But I still fed her from one breast." She fed her baby, but there was no pleasure in mothering. Instead she nourished her from the depths of her own interior

emptiness. With the birth of her second daughter, Lilly, her feelings are somewhat tempered but her attitude remains the same. She recalls,

First of all, it was a very fast delivery ... It was in the middle of the night. the cabbie came, the taxidriver, and he was petrified. It was not that far for me to the hospital, but he was petrified. I said "Don't worry." He ran with me into the hospital, into the room there, shaking. And the doctor was there already ... they took me right away and boom boom I had the baby. They wanted to know whether I want something for the pain and I said yes. And they put something on my face and immediately I woke up and the baby was there. They showed me, "Look, what a beautiful baby you have!" And I look at her and ... I see this terrible long nose. Such -- !! So the doctor said, "She doesn't have a long nose!" I said "Terrible."

When Ruth gazes at her newborn baby, she sees in the face reflected back at her a horrifying and ugly caricature of a Jew. This memory captures the mechanisms of splitting and projective identification that permit Ruth to manage her psychic pain and expel from her "self within" (Ogden, 1989) the hated aspects of her experience. Her children come to contain these aspects of herself, thereby freeing her to immerse herself in her art, in search of her lost mother.

Ruth's search for her mother represents, in Ogden's terms, the use of "omnipotent reparative phantasies." "The injury to the object," writes Ogden, "is denied through the use of a magical remedy that is intended to expunge from history the harm that one has done (p. 24)." Ruth's guilt and despair are tied to her deeply buried belief in her mother's survival. This belief nourished Ruth throughout the war. Upon her liberation, Ruth was confronted with the realization of her mother's death. However, she could not bring herself to relinquish her mother and the sustenance she derived from keeping her alive in her mind. She was enveloped in mother hunger, which resided in the primitive realm of infantile greediness. Her feelings of guilt at having survived while her mother perished were thrust away. Ruth split the world in two. Her own children came to contain the parts of herself that she perceived as envious and bad and that she could not endure. Her motherlessness rendered her unable to mother her daughters, to identify with them or to take pleasure in them.

The vivid intensity of these early moments of the mother-infant relationship set the stage for the

psychic drama enacted between this mother and her infant as the mother-daughter relationship developed and unfolded over time. The very act of mothering, for Ruth, urged her relentlessly to acknowledge the extent to which her body had been devastated and ravaged by the war. This expressed itself in many forms: the brutal transformation of her feminine body; her war-beaten and starved body; and her own bereft state. In order to protect herself against bodily disintegration, she maintained a pleasureless, emotionless distance, all the while pouring all of her life-sustaining force into her baby. Her baby experienced this: a mother who was feeding her through the sheer force of willpower but who could not hold her close to her heart, for fear of opening bottomless wounds. For emotional sustenance, Ruth turned inwardly, to her artistic and creative world, because she could not endure the emptiness that dwelled in the space that was shared between mother and daughter.

Lilly

Lilly, a professional woman in her thirties, lives alone in a studio apartment in Manhattan. Physically, her appearance presents a striking contrast to her mother's stateliness. Lilly is small and heavy, and somehow seems to fold over into herself, as though searching inwardly for a point of entry. A palpable sadness hung about her, as if there were some weight bearing her down. She agreed to talk to me with some trepidation and reluctance. After meeting her, I sensed that this was a kind of constraint and self-consciousness characteristic of her overall style of relating. Lilly conveyed a general dissatisfaction with her current life, speaking with a sense of helpless resignation about the loneliness in her personal life and discontent in her current work.

Lilly's early memories are characterized by vagueness and contradictions. When I asked her to recall her childhood, her first impulse was to describe her sense of being intimately connected, through her memories, to her earliest years. However, the promise of such remembrance did not bear out. As she spoke, Lilly seemed to lose the threads that connected her to her childhood, and she began to question

the authenticity of her experience. When I asked her how she sees herself in her memory as a little girl, she replied "I don't really know what you mean. I don't understand the question, I guess. I don't know, I can't say. I can't really characterize it. I saw myself as -- you know what I mean, it is really hard to characterize it. Especially since at the time I probably wouldn't have characterized it that way. So I wouldn't have any memory of it, about how I was at the time. In retrospect it's hard, because I'm just imposing some other, you know ... So I just couldn't do it."

Lilly's early memories portray a world that is bizarre and unpredictable. Her feelings and her reactions to events are bland, vague and emotionless. Her memories are not clearly anchored in a definite time or place. In addition, there is a striking absence, in her memories, of a reliable caregiving presence. Instead, she conveys the sense that she accepted without question the transitory and erratic nature of things. For example, she describes in one early memory how she was weaned from the bottle:

I remember when my mother took my bottle away, by telling me that we lost it. And I wasn't particularly, you know -- I didn't care one way or the other, you know (laughs). It's funny cause I have this visual sense of her like, being bigger than me, you know what I mean? You know, up there somewhere. And I think I remember thinking that it was strange that they lost it, but I don't remember being upset, I remember just accepting it, you know. Big deal. I guess I didn't have any particular attraction or attachment to a bottle. Very strange.

In retrospect, Lilly cannot explain this event to herself. Her memory captures her confusion between her own actions and her mother's fantasies. This memory echoes her mother's own traumatic experiences, in a world marked by the reign of the cruel and bizarre. In particular, we are reminded of the death of Ruth's mother -- an earlier disappearance which was unpredictable, bizarre, terrifying and unresolved. Ruth has re-enacted with her daughter: her own torment and trauma, compelling her to experience what she herself experienced. Thus, Lilly learns early on that it is not worthwhile to invest emotionally in anything because it simply will disappear in an unforeseeable way.

This memory also recapitulates Ruth's experience of the absolute absence of a protecting, nurturant caregiver. Lilly's early sense of her mother is of "her being bigger than me ... up there

somewhere." She experiences her as out of reach, unattainable and unable to help her with her own loss. Ruth's absorption in her own grieving process excludes her daughter and negates the authenticity of her daughter's needs. Ruth pours her emotional life into her art, and maintains distance from her daughter. When Lilly searches for her mother, she cannot find her, because Ruth does not leave any point of entry open. The only connection that Lilly has available to her is through her mother's loss, grief and pain - which she makes her own. In later memories, Lilly has internalized the sense of her mother's emotional absence. Although she wishes she could describe moments of closeness with her mother, what ultimately emerges is her gradual turning inward and coming to rely on her own inner resources: "When my sister went to camp ... it was just me and my mother. I think there was a freedom ... because I could get up, go out and be on my own all day."

Lilly places the Holocaust at the core of her inner life, although she does not know how to put into words the meaning that it has for her. She views her knowledge of the Holocaust as intrinsic to her being, a part of her which has never been singled out as separate from her very identity: "Well, you have to remember, it's like if I ask you what was your reaction to learning the alphabet, you know what I mean? It is something that you just did. You know, you learned a,b,c,d, or you learned how to read." The duality of always knowing and never knowing the Holocaust -- her ever-present awareness of the Holocaust in the absence of definitive information -- captures the essence of the re-enactment that unfolded between mother and daughter: Lilly wasn't told about the Holocaust, but compelled to discover it in her own experience.

In terms of the direct communication about the Holocaust between mother and daughter, Lilly recalled asking her mother many questions about her Holocaust experiences in her childhood. She stated that her mother would answer any questions she asked. However, Lilly also experienced a sense -- that she cannot fully articulate -- of something being kept from her. It is as if her mother erected imperceptible barriers which kept Lilly on the outside of the "magic circle" of knowing. "I think that

probably," she tells me, "if anything, I would probably want to know more than what she was telling me, thinking 'Well, there must be more than that.' You know, you can't really force somebody to tell you something."

This tension between knowing and not being allowed to know was replicated in Ruth's narrative: "She never asked me. She knew everything. I mean, there was nothing. If she had a question then she asked." She went on to say, "I didn't want to force it on her. I – when she was interested she would know, but I did not want to stop her, say 'Hey, listen, so and so.' I never did... It was probably good that she is interested to a certain extent. Because there are some things that I felt she should know. But I didn't know what she wanted to know, so I couldn't initiate the telling." Ruth's difficulty in distinguishing among what Lilly knows, doesn't know and needs to be told is rooted in her fantasy of a merged experience. She does not know where her own experience ends, and Lilly's begins. This renders her unable to help her daughter to regulate when and how much information to receive. Ruth's ambivalence about telling arises out of her need for her daughter to understand and withstand her pain, and her simultaneous recognition that this is an impossible feat. Ruth recalls a time when she did display genuine emotion and Lilly reacted with horror:

When we went to Yad Vashem, I saw there were things, a place where they have things from the Warsaw ghetto, reminders, like: a shoe, a gun, a few other things. I don't know, remnants that they found in the Warsaw ghetto. And I saw these things and I started to cry. And she couldn't take that I am crying. It hurt her. So she started to scream, "I have tagged out of here, immediately! I have to go out! Immediately! Come out! I can't stay here!" I said, "Why, what do you want?" "Out! I want to go out! Now!" And she pulled me out of there. I was angry. I wanted to stay. But I understood - - not at that time, a little later – that this was her reaction to me crying, because she felt that I am hurting ... When you love somebody you feel exactly how it hurts. You want to alleviate the hurt. Since you cannot alleviate the hurt you sort of – she tried to get away from it. Try to pull yourself out of it. You cannot pull yourself too much but you try, perhaps, wear blinkers in order not to see that much.

This memory offers some insight into the intensity of the despair and grief that mother and daughter are jointly defending against, fearing that if the floodgates were to open, they both would be swept away in the torrent.

Despite her memory of many open discussions with her mother about the Holocaust, Lilly's

narratives of the Holocaust are sparsely detailed, spun together out of the threads of her fantasies rather than out of stories her mother has told her. She herself finds it difficult to distinguish between what is the "truth" and what she has put together out of television images and dramatizations. She finds she is unable to place her faith in the story she tells: "I don't know if this is true, it is just my sense of it;" "I don't know what life was like then;" "I just don't know." In telling her mother's story, she was dismayed and, at times, shocked, by her own lack of certitude and the great gaps in her recollections. Although Lilly does know the gist of her mother's experiences, she does not seem able to hold onto an internal representation based on the narrative her mother told her.

Lilly's narrative of her mother's history is also oddly peppered with disclaimers that seem somehow out of context. For example, when I asked her about her knowledge of her mother's early years, she replied "I'm not sure, I wasn't there personally." This type of remark, which on the surface presents an obvious fact, conveys on a deeper level a polarity between, on the one hand, the impossibility of truly knowing and, on the other, a deep reluctance to allow herself to know through her imagination. It is as if these self-conscious, extraneous disclaimers serve as markers and boundaries for her, keeping her firmly grounded in the present and separate from those experiences which nonetheless serve as central organizing templates of her own experiences, and which, at least in part, define her.

What Lilly does know of her mother's experiences is characterized by a juxtaposition of paradoxical, irreconcilable images. For example, while she is certain that her mother had sufficient food while she lived underground ("At night they would go out and get whatever they want"), she also imagines starvation and degradation ("I don't know if there were rats or anything. I used to think my mother ate rats.") In another episode, she describes her mother's home as ramshackled ruins, yet pictures it with lacy curtains in the window. Thus, Lilly reveals the difficulty she has in reconciling the reality she has come to understand as an adult with the horrible fantasies she imagined as a child. At those moments when there is a lapse in her knowledge, her narrative wavers, shifting back and forth between

a child's vision and an adult's more reality-based perception. Her fantasies about her mother's experiences, which are primitive and uncanny, take the foreground at those moments in her story when her knowledge and her capacity to make sense of the experience fail. Thus, her fantasies about what happened to her mother are an expression of her effort to repair, through remaking, the broken link in the transgenerational chain.

In order to understand fully the transmission of knowledge of the Holocaust from Ruth to Lilly, we need to look beyond the direct communications which both mother and daughter describe, to the indirect, unconscious modes of transmission and transposition (Kestenberg, 1982). Compare, for example, Ruth's first memory of her mother to Lilly's earliest childhood memory. Of her own mother, Ruth recalls

I don't know how old I was, but she was bending over me and putting compresses on my eyes. I remember it was like cotton, and was wet, and I remember opening my eyes under the cotton. She said, "Open the eyes, let the water go in." Something must have been wrong with my eyes. And she bent over the bed, or whatever it was, a crib, I have no idea, but I remember her face there. I was very little, because later on I found out, that must have been about a year and a half.

Lilly's earliest memory:

I have very early childhood memories. I mean I remember being in a crib. You see, I think I've remembered it now – I sort of remember it by remembering it. You know? I think I can't remember it specifically now but I have remembered it all the years. I mean, I remember lying in my crib and something getting in my eye and I remember thinking it fell down from the ceiling, you know? And I remember my sister's bed across from mine. I was in the crib and she had a bed. I remember thinking I wanted to be able to turn over, because I thought things were falling from the ceiling. Strange concept. I can't remember any more. It must have gone away. I must have gone to sleep.

Side by side, these memories serve to elucidate the unbroken threads that link the past and the present across the span of generations. In her memory, Lilly resurrects the theme of Ruth's memory while she simultaneously represents, in her inner landscape, the immense void that was left by the Holocaust and that irrevocably altered her mother's psyche. Ruth's image is of her vision being carefully and tenderly healed under the hands of an idealized mothering figure. Lilly's image, reflected back at her across the

deep pool of traumatic memory, captures the utter loss/absence of the mothering figure, the desecration of the visual senses created by the Holocaust and the bleak, bizarre and inexplicable collapse of the universe that ensued (i.e. the caving in of the ceiling.) Finally, the memories reveal that Ruth's absorption in her own grieving has kept her from extending to her own daughter the protective maternal shield that her mother provided for her.

Out of this deeply buried sense of void that has been transmitted unconsciously from mother to daughter, the theme of something missing emerges and takes shape in Lilly's internal world. This theme runs throughout Lilly's early childhood memories and seems to characterize her experience of her present-day life. Lilly is missing something in her broken, forgetful knowledge of the Holocaust, in her relationship to her mother, and in her ties to her family. At the end of our meeting, she described her fantasy of locating missing relatives. In particular, she misses the grandmother she has never known. Poignantly, Lilly relates – a story her mother also related in our meeting – that when she and her mother were in Poland, they found a listing in the telephone book of a woman with Ruth's mother's name. Joining together in this fantasy, they telephoned her with trepidation mingled with hope: "So I guess, for a fleeting minute, you know ... But I think the reality was that my mother knew her mother didn't survive. It was the initial hope against hope."

2. The Undifferentiated Narrative: Irena and Claire

Irena is a survivor of Auschwitz. She willingly agreed to talk with me, but it was some time before she was ready to schedule our interview. When I met her at her house, she was breathless, as if she had sprinted to the door. She appeared quite anxious. She told me, "Let's hurry up, do it quickly!" Her words spilled out in a rush. Several times during our talk she said "Let's go a little faster," waving her arms as if she were groping her way through a wind tunnel.

Irena told her story in a fluid and disjointed way. Her narrative was marked by the

contradictions, inconsistencies and illogical connections that are characteristic of what Main regards as a "highly incoherent record" (Main, 1989). Despite her assertion that "going back to my childhood is easy because I really don't have any repressed memories," it was extremely difficult to piece together a picture of Irena's early years. In describing her childhood, Irena's account flipflops between, on the one hand, idealized memories of childhood ("I just had a very happy childhood cause I always had friends over the house and always classmates, always playing") and on the other, flat images of depression and despair ("I can't tell you any good, there really isn't any, it is just sad memories.") As she speaks, scattered images momentarily take shape and then dissipate again, like shutters flapping open and closed before allowing a glimpse inside. For example, she recalls, "We had everything, lot of property, a gorgeous garden like a park with lots of fruits and vegetables... always a maid in the house ... very charitable, very comfortable people, always sharing everything that we had."

Irena's memories of childhood are inextricably interwoven with memories of trauma:

You know I was the only child, only grandchild. Was rather strict, but I really think more of my grandparents as my parents because mother was thirty-eight when we were deported and father was forty-three and I was sixteen. And they really left the most important things for my grandparents to do. (emphasis mine)

In Irena's mind her early memory of being left mostly in the hands of her grandparents, and her later memory of deportation, are aligned in a causal relationship with one another. They are linked together through her underlying sense of traumatic deprivation and loss. However, this connecting strand is buried beneath layers of grief and despair. It becomes difficult to follow the thread of her logic, as though her memories of trauma disrupt the flow of her reasoning. Deportation signalled, for her, the end of a logical universe. Her memory of deportation invades her narrative of early childhood, and leads her to reinterpret her understanding of what may have been, under "normal" circumstances, a disquieting realization in its own right – a vague sense that her parents were not as available as she may have wished. Her gnawing sense of unhappiness is funneled into her traumatic memory. Thus, reminiscences

that seem otherwise quite separate are fused, and the explanations which emerge are framed in a kaleidoscopic pattern, in which the listener can discern no order.

As Irena begins to talk more directly about her experiences during the Holocaust, she actively struggles to ward off increasing panic and terror. When she speaks, she becomes flushed and beads of perspiration begin to trickle down her face. "Look!" she tells me, "I get goose bumps!" Later, she exclaims, "I'm turning blue!" Irena's experience is channeled through her bodily self, her skin. Her affect is undifferentiated, and emotions are somatized. She is aware, she reports, of her heart pounding in her chest. She discharges her feelings in explosive outbursts. For example, at one point she relates an angry exchange with a neighbor, "I really, I was screaming, I was screaming!" At another moment, she describes her efforts to cope with her feelings upon revisiting her home town many years after the war: "I felt, I was afraid I was going to cry and scream! And I didn't, I didn't, I didn't." Thus, she illustrates her fragile capacity to regulate the intensity of her emotions.

Irena's narrative of her experiences during the war unfolds in fits and starts. She explains, "I don't think it should be told. It is too humiliating." Her narrative is stilted, as though she were fighting an inward battle to keep memory at bay. If she opened the door to remembering, it would flood her, leaving her awash in anguish and humiliation. Instead, she resists the flood by rushing through her tale, as if she could outrun the tidal wave of memory. Once she begins to tell her story, jumbled episodes spill out in disarray. There is no temporal sequence, and the listener is disoriented. Shards of memory pierce through her narrative in graphic and vivid detail:

We were taken to H., slave labor, cleaning up H. You know, there were a lot of bombs, so we cleaned the streets and the garbage, how do you call it, the rubble, everything. Cleaning the streets, young kids from the best homes. And as the war was coming to an end the food was always less and less and less. And what stays out in my mind, that we went by streetcar, a few streetcars, to work, and the wind blew down a wall and it fell on the streetcar and killed – in addition to being in lager, killed quite a few girls.

The world she depicts is ruled by inhuman, destructive forces. Malevolence is pervasive: "There was

no order anymore, there was no, there was no food, no water, just devastation and stench and – terrible, terrible -- I am going to go a little faster."

Irena's impulse to speed up her narrative in order to flee the impact of her memory duplicates her existence after the war: "... always on the go, always running, running, to make us a living ... the thing to do is start a family, and create a family, and never think back, never think back."

For Irena, the enormity of this experience is beyond the reaches of her power of speech. She explains why she will not talk about her memories: "First of all, I don't like anybody to feel sorry for me, you know, because -- because everybody has tragedy in their lives and you don't want to, you know and -- if you really didn't go through what we went through you cannot understand it anyway." Thus she captures the sense of disjunction and exile she feels: there can be no true knowledge of Auschwitz for those who have not lived there. The "tragedy" of the every-day world bears no relation, for her, to the utter collapse born in the universe that was Auschwitz. She does not know how to translate her experience into words that will span the gap between her internal reality and the outside, post-Holocaust world. Words fail her. Her sense of dignity and the depth of her feeling revoke pity and incomprehension. Langer (1991) and others point out that in concentration camp too, choices continued to be made, though individuals were stripped of the freedom and knowledge that make it possible to truly choose. Similarly, what are the choices in retelling the Holocaust? Irena chooses silence.

With her daughter, too, Irena chooses silence. "We don't talk about the past," she explains. "There was no time, you see... There were so many chores to do. I don't know how much she knows... Of the lagers, no, we don't talk about it. I didn't talk about it. Why should I put horrible things...? She knows enough, she knows everything." The knowledge that Irena has transmitted to Claire is infinite: She knows nothing. She knows everything. Through Irena's eyes, only silence can capture the void and the totality that is the Holocaust.

Irena's silence resounded loudly in Claire's inner world during her childhood:

When my parents went out Saturday night or something, it was – I would say that the Nazis are coming to get me. I would have those kind of frightening periods. I wasn't happy staying with a babysitter. I do remember being afraid or having dreams that the Nazis are gonna come to get me... It was there. It was there.

Thus, although Irena did not talk directly to her about "the horror stories," Claire discovered them lurking in the shadows of her dream world. As an adult, Claire expresses profound ambivalence about hearing her mother's stories of the Holocaust. Although she feels a sense of responsibility to know and to remember, she is terrified of the feelings that knowledge may bring. Thoughts of talking directly with her mother about the Holocaust alarm her, as though the very knowledge would resurrect the fantasied Nazis that invaded her inner life as a child. Indeed, Claire has no faith in her own capacity to regulate and modulate affect connected to the Holocaust. Irena has been unable to provide, for Claire, the regulatory functions of soothing and containing highly charged emotions, because her own internal resources are so impoverished. Claire has offset this deficiency by organizing her own experience around protecting her mother from retraumatization. To this end she colludes with her mother's silence, does not ask questions, and thus wards off the acknowledgement of unbearable loss.

Wardi points out that many children of survivors, whose mothers are overprotective and unable to function as a "stimulus barrier," have unusually good adaptation and functioning. "This outcome," she suggests, "is attributed to a process of compensation, with overemphasis and expansion of the area of doing, with which the ego confronts the partially denied or degenerated experience of being (Wardi, 1991, p. 77)." Claire is a Justice of the County Court. She does not draw a connection between her profession and her Holocaust legacy. Her wish to repair the past and to make restitution, however, is buried deep beneath the surface. What she grapples with more consciously is her sense of guilt:

You know, it also makes me feel bad sometimes to hear her and know that, you know, she's had rough times lately and, you know, did I aggravate her? Is that why? Well, it's not rational to, for me to think that I'm responsible for her not feeling well or – but ... It still happens, you know? I'm forty, and it still happens. You know, and, uh, you worry. Of course, you don't want to be sorry later on. I don't want to be sorry, you know? [cries, long pause] I'm sure I'll be sorry some time... And I'm really there

most of the time, but, you know, there's just a point where you have to say, This is the way I have to do things, and it has to be different from the way you want it, so. But it's hard.

Claire's conflictual feelings about autonomy and her caregiving role towards her mother are rooted in her awareness, early on, that her mother was "emotionally fragile": "she did have emotional problems as we were growing up ... the past came back to her in certain ways."

Claire's worries about defining her sense of identity in tandem with her sense of responsibility to her mother are echoed in her earliest childhood memory, of her first day of kindergarten. She vividly recalls the anticipation and excitement while her mother brushed her hair and helped her get ready for school. However, her experience of herself and her mother in the memory shifts as she approaches the moment of separation. She recalls, "It was nice, you know, nice. Exciting. You know, it's ah -- my mother always said that I was very grown up, always. I picture myself kind of grown-up always, I really do." As the moment of separation nears, Claire adopts the grown-up role in the face of her mother's emotional vulnerability. The impending separation, represented by the first day of school but foreshadowing the unfolding of Claire's psychological individuation, stirred up traumatic memories of past separations for Irena and threatened her fragile sense of security and equilibrium. Claire's own needs for comfort and reassurance are forfeited. Instead, she copes by becoming "grown-up": "I think I had a very kind of adult way of looking at things from the time I was in grade school."

A central theme of Claire's life is that of repairing the damage in her mother's life, through her very existence, through her achievements and successes, and through her family. Yet, while her life is inextricably interwoven with the legacy of the Holocaust, Claire has relinquished her claim to narrative history. She cannot generate a cohesive narrative of the Holocaust because she does not know of a way to gather the knowledge without causing pain to her mother: "Well, certainly I would never cry in front of her. I would never, because that would be much too painful for her." Claire's capacity to narrate the Holocaust is similar to her mother's narrative style: fragments of intensely charged memory which

tumble forth in a disjointed way. She tearfully recalls one episode her mother related to her:

She told me one story that I'll never forget. How they were taken away. They came to take, you know, families away, the Germans, and they had a little dog, and [long pause, crying] – It's embarrassing. [pause] – And that, the dog cried, you know? Stood behind and cried when they took my mother and her parents and her grandparents. She was an only child.

For Claire, the dog – dumb and mute – is a symbol of abandonment terror and primitive, unmediated anguish. The retelling of this event brings with it a resurgence of the same feelings of helplessness and poignancy that she felt as a child in the shadow of the Holocaust. It is in such pockets of unintegrated memory that Claire has internalized her mother's history. Without being able to articulate it, her Holocaust legacy is superimposed on her self-definition and identity: "I am a judge, a criminal court judge, and, uh, my mother is a survivor of Auschwitz and Bergen Belsen."

3. The Congruent Narrative: Anna and Naomi

Anna is a round woman of small stature, whose eyes are warm and welcoming. She is currently a professor of Chemistry at a well-known university. I met her one evening at her home, a small, cluttered apartment with a comfortable feel. She spoke with a frank and direct manner, considering questions thoughtfully and choosing her words with care.

Anna was born in Lemburg in 1927. She was twelve years old when she was separated from her parents and taken into hiding:

I had what was euphemistically called "good looks." Good looks means that I didn't look Jewish. Blue eyes, and my hair was light brown, and a straight nose, and I spoke Polish well... [A friend's son] got hold of papers ... and with those documents I left Lemburg... I was very upset, but I relied on the fact that my father promised me that they were going to do something to save themselves also. And I just felt it was logical for me to do what I was doing, because I looked the part, and neither my father nor my mother could do what I was doing because they looked Jewish. And it was so common to think about that way of escape, because everybody who saw me said "Oh, she looks so good!"

She was hidden "visibly" (Dwork, 1991) by a young Polish woman and spent the war years passing as

a non-Jew. She lived under harsh conditions: "It was a room with two beds and stove and a little forerom with a pail which served as your toilet facilities." Anna lived in perpetual fear of being betrayed or discovered. She was equally terrified that she would slip and reveal her Jewish identity. For Anna, this period was like having what she referred to as a "split personality." At times she found the distinctions blurred between her "true self" and the false identity she had had to assume, although eventually her "dual" identity became an accepted way of life.

Both of Anna's parents were deported and died while she was in hiding. However, she did not learn of her parents' death until after the war. In hiding, Anna had no access to such information. Although Malka, who was taking care of her, knew of her parents' death, she chose to withhold this knowledge from Anna, for fear that if she knew her parents had perished, she would lose all hope and will to survive. In retrospect, Anna understood Malka's motivations but was angry nonetheless, explaining, "I was grateful to her for what she did but I still felt very hurt, that this has been such a long time since my parents' death and I didn't even know about it." For Anna, the discovery of her parents' death was devastating, and she was left feeling isolated, frightened and alone.

Before she had left the ghetto, however, her father had made her memorize the address of his brother in the United States, and Anna, desperate to re-establish familial ties, emigrated there after the war. However, her arrival in this country brought a mixed set of emotions:

I was very happy when I came here, to have family ... but because I had four uncles, it wasn't really fair for me to live with one and be a burden on that one ... A cousin of my father's explained to me that if you have one uncle you would go live with the uncle. Because you have several uncles you can't live with any of them. So I realized that even though I had family I would have to be independent.

Living on her own, Anna completed her interrupted education in the United States, and eventually obtained her doctorate degree in Chemistry.

Anna met her husband, an American man, in college, and had one baby, her daughter Naomi. Naomi's birth, too, brought mixed emotions which Anna articulates: "I cried for my mother cause I felt

this could have been such a wonderful time for her, and this is just, something I could share with her, being a mother. But then, I enjoyed having Naomi grow up."

Anna's husband was diagnosed with cancer when Naomi was eleven, and he died a few months after the diagnosis was made. At the time of his death, Naomi was twelve, the same age that her mother had been when she left her family behind in the ghetto. Naomi's experience of her father's death was in some ways a re-enactment of Anna's own experience of the loss of her parents. Naomi recalls feeling angry and confused, inadequately prepared for the loss:

I wasn't ready to lose my father and nobody really did anything to lay that foundation. In fact he had already died. I had been at somebody's house and my mother was there, my two aunts ... And she (mother) said, "I have something to tell you. Daddy is not coming back." And at that point, I didn't realize that – it had taken me a long time to realize that he had already died. Cause that was finally – I was ready to say, "Oh, he's going to die."

She also was not prepared for the grief reaction that would overwhelm her mother. In retrospect, she reflects on the impact that her father's death may have had on her mother: "When people die, they are either a link to her parents, or they are a link to her past. There is always a reason that she takes people's deaths really hard."

Anna was unable to respond to her daughter's needs for comfort and solace during this time. Her own reactions to her husband's loss were momentous. Her depression and internal collapse ultimately led to a brief hospitalization, during which time Naomi stayed with relatives. Still, Naomi felt that she alone could take care of her mother and help her recover from their mutual loss.

If Anna was unavailable to her daughter at the time of her husband's death, however, she was nonetheless keenly aware, throughout Naomi's development, that her daughter needed her to modulate the flow of knowledge about her traumatic past. She reflects, "I guess I wanted to be as objective about it as possible and as reassuring to her as possible...I didn't tell her all of these things at once. And I only told her things as the questions came up." While Naomi was young, Anna was able to balance her own

needs to talk about her experiences and to share her painful feelings with an understanding of Naomi's maturational needs. She was able to reflect upon her own experiences, and used her feelings to guide her in what and how much to tell her daughter. Thus, she titrated the traumatic memories she passed on to her daughter. Such empathic responsiveness to her daughter's need for a protective, regulatory shield was an essential element in Naomi's later capacity to internalize and integrate her mother's tales of the Holocaust.

Anna recalls vividly the first time that Naomi asked her directly about her experiences during the Holocaust:

The way that we first talked about it was, Naomi was quite young and she heard me talk on the phone, or talk with people, and say "I lost my parents when I was fifteen years old. And one day --she couldn't have been more than four or five -- she said to me, "If you lost your parents, couldn't you go to the place where you lost them and look for them?" She understood that I had actually lost them -- they went someplace and I lost them. So I explained it to her, that it wasn't that I lost them that way, I knew where they were, it was just that they were taken away by the Germans. And her response to that was, "And then you met Daddy and you had me and you weren't so lonely." I didn't think she understood that when I was alone, I was lonely. And that -- she was trying to console me and console herself, because she was upset by the idea too.

Anna is able to separate out her own experience from that of her daughter, and to respond sensitively to her daughter's dual need to assuage her own fears and to comfort her mother. Anna accepts this gift of comfort and love from her small daughter, acknowledging the importance of Naomi's efforts to turn passive into active and thereby repair the past for her mother ("And then you met Daddy and you had me.")

For her part, Naomi's narrative of the Holocaust is cohesive and richly textured. She remembers vividly the moment in which her mother's memories became real to her:

I think, when I first learned what the Holocaust really meant, I think was when we went to Israel, when I was about eight years old... The first few days we spent in Jerusalem, we took a tour to Mt. Zion, and there is a room there, I forget what it is called, Room of the Martyrs or something like that, where they have the names of the camps and candles and stuff like that. So my mother was showing me the names and things, "this is where this one went, and where that one went," and suddenly there was someplace,

some way to connect them. And so that was the first time that I sort of, understood a little more of what it meant.

Naomi experienced her mother as promoting her understanding by helping her to associate names with places and visual images.

Naomi's recollections of her mother's story are vivid. She understands the complexity of decision-making in a "choiceless" (Dwork, 1989) situation where the future was unpredictable and consequences could not be measured or anticipated. This is a vital strand in her mother's history, as Anna was saved only because she agreed to leave her family, at her father's urging, to go into hiding.

Interestingly, Naomi's narrative memory falters only when she describes her grandmother's death, which was the most devastating memory for Anna to relate. Naomi recalls that

Her mother had apparently been taken to B. and the story was that she jumped off the train, or somehow she had -- although it doesn't make sense if she jumped off the train, why there was a destination? It doesn't quite add up. But she did manage to get back to her home, but she contracted typhus and she died. And they -- for some reason, she had to be buried in secret. I am not sure, I guess she was in hiding, she wasn't even known to be there. But so they had to get her out to the cemetery, and her brother-in-law and this other family friend took her and kind of dressed her up, and had to take her down the stairs -- even though she was dead, to kind of make it look like she was just drunk. And so they got her out that way.

Naomi does not know how to make things "add up." This memory, so traumatic for Anna, has remained oblique and confusing for Naomi. In spite of this, her capacity to reflect on the gaps in her knowledge reveals her ability to tolerate and integrate the painful affect aroused by the memory.

In her turn, Naomi relates that as an adult, she understands the necessity for modulating how much she tells her mother about her own life. She strives to find a balance between, on the one hand, maintaining her boundaries and, on the other, sustaining her intimacy with her mother. When Naomi was in medical school, she was aware that "dissecting bodies and doing things that are really not tasteful... when I became an intern it became more acute, that I couldn't explain all of what was going

on." Naomi recognized the limits of her mother's emotional tolerance, and reflects upon these issues with insight, clarity and an appreciation for the multifaceted nature of her own and her mother's inner worlds:

I felt that my mother had a tendency to kind of take over, try to live my life. And -- on the one hand, be very concerned and inquiring about, show a lot of interest in what I was doing, but on the other it started to become -- I started to sense an invasion of privacy ... It was difficult for her to let go of me without feeling that she was going to lose me.

Naomi is empathically attuned to the complexities involved in separation, which she negotiates gently. Her own internal world -- one in which nearness to death can be tolerated and objectified -- is differentiated and complex, and she is aware, too, of her mother's subjectivity. While she adopts a protective, caretaking stance towards her mother, she is also able to engage with her in a mutually satisfying way.

How can we account for the ways in which Anna and Naomi -- in contrast to the mother-daughter pairs we have discussed above -- are able to interact with one another in a reciprocal way that permits the process of psychological integration of trauma to unfold? First, of the three mothers we have met, Anna alone escaped the most devastating horror of the Holocaust. Although she was faced with a constant threat of discovery or betrayal, her life still proceeded with some semblance of "normalcy." In addition, as it was her father who had made the arrangements for Anna to be hidden, she felt as though she were somehow still within the benevolent arms of his protection. "After a while," she explains, "the life seemed to be a normal life. I was separated from my parents. This was just for the duration of the war [as she fervently believed.] This was a situation that was not of my choosing but I had to make the best of it. And I made the best of it." While her separation from her parents was extremely traumatic, and before that her life in the ghetto was always uncertain and terrifying, she was never directly exposed to the brutal and inhuman conditions in which Ruth and Irena lived for so long.

Secondly, Anna has a solid capacity to appreciate the complexities of inner feelings and

motivations. Her insightfulness is firmly rooted in her early experiences of being parented by empathic and warm parents. For example, she recalls an affectionate exchange with her father:

I would frequently go for walks with my father and we would meet his friends, and he would want me to be polite to his friends, say "Hello, how are you" and this and that. And sometimes I would forget, so we had a little signal. He would take my hand and he would squeeze it to remind me that I haven't yet said "Hello, how are you, how is your wife, your children --" you know, be social. And I thought that was really a very nice thing, because he didn't embarrass me in front of his friends. We had this private little signal.

Anna has internalized a caring and attuned early object tie in which her father silently and empathically lends the support of his own ego to foster her gradual, developmental acquisition of social maturity and self-assurance. Such early experiences have enriched Anna's representational world and symbolic capacities. Anna's recounting of her experiences is multi-dimensional and evocative. Her stories are imbued with feelings and images, and she is neither overwhelmed nor overly distant from her memories.

Finally, a third source of the reciprocity between Anna and Naomi lies in the fact that Naomi, through her own lived experience, really can envision the enormity of her mother's losses. She, too, has traumatically lost her father, although the circumstances were worlds apart. Nonetheless, she has an interior space in which she can discover a chord of resonance with her mother's history. Although neither Naomi nor Anna explicitly drew this connection, it is in the sphere of parent loss and parent loneliness that they are each remarkably sensitive to the experience of the other.

Summary

These three mothers and their daughters exemplify the exquisitely personal and singular ways in which memories of the Holocaust are borne across the span of generations. They present three different views of how mothers decide – consciously and unconsciously – what to communicate to their daughters, and they elucidate the many levels on which such communications take place. They illustrate the broad

spectrum between, at one extreme, the parent who maintains bad experiences as part of a secret past and, at the other, the parent who chooses to talk and explain the past. These modes of conscious and unconscious communication can be linked directly with the daughter's confusion, fragmentation, or awareness of the legacy of the Holocaust. These vignettes have also raised the question of the impact of trauma on mothering. While survivor parents often harbor the fantasy that they will impart to their children that which they lost, trauma may impede such restitutive parenting. Daughters of survivors often live their mother's pain, through unconscious identifications and introjections. However, we have also seen that daughters may reach beyond their mothers' experiences, achieving greater psychological integration and, perhaps, through their own re-generation and mothering, some healing and resolution of the past.

DISCUSSION

And still it is not yet enough to have memories. One must be able to forget them when they are many and one must have the great patience to wait until they come again. For it is not yet the memories themselves. Not till they have turned to blood within us, to glance and gesture, nameless and no longer to be distinguished from ourselves – not till then can it happen that in a most rare hour the first word of a verse arises in their midst and goes forth from them.

- R.M. Rilke, "Blood Remembering"

In the quiet of her kitchen, Helena told me simply and directly about her experience. "It will never be forgotten," she explained. "It's something -- you cannot get rid of it, never. Till you die, it's still fresh ... You feel close to people who went through the same. I have friends, Americans here, my neighbors. I meet them, I play cards with them, I take part in something. But, you know, this is not real... Sure, I remember. I remember everything." Her daughter Tanya told me, "It was like my mother was always feeding me stories... And I think I probably became a writer in order to be able to tell her story... My feeling is that it was always really difficult for my parents ... I felt I was stuck in a ghetto, a ghetto of my parents' making. I think I just wanted to escape that... I started writing this poetry, and the first poem I ever wrote was called 'Child of the Holocaust.' I have to look it up, I can't remember it, that's funny ... 'I was born a child of the universe, always a child of the Holocaust.'"

This is the story of how memories are salvaged from the wreckage of traumatic history through oral testimony. It is also the story of replacement and regeneration of memory through narrative form.

And it is the story of how history becomes enfolded into the very core of our beings. In the following discussion, I will examine the unique nature of traumatic memory, and the role it plays in the formation and development of the representational and affective worlds of parent and child. A central finding of this study is that traumatic events are encoded in memory in different ways than non-traumatic episodes, in terms of affective organization, representation and cognition. I will address the significance of this finding in terms of how experiences of trauma lead to changes in the self, which provide the vehicle for intergenerational transmission of trauma. I will also discuss the rupture in history that was caused by the Holocaust, and that gave rise to a duality of experience which has profound consequences for the post-Shoah generations.

This study has shed light on the relationship between survivor parents' affective and representational organization and their children's capacity to integrate traumatic memories. I will consider the implications for findings that link mothers' levels and styles of communication with daughters' affectivity and representational worlds. This discussion will emphasize the reciprocity of the mutual exchange between mother and daughter, through verbal and non-verbal forms of expression which permit psychological integration, acknowledgement and acceptance. I will provide support for a causal relationship between the mother's capacity to tolerate her daughter's emotions and the daughter's ability to put experience into words, to contextualize experience and to reach towards a resolution of traumatic memory.

Differences in the Encoding of Traumatic and Non-Traumatic Memory

Results of this study suggest that there are significant differences between modes of organizing affect and representation for traumatic and non-traumatic memories. Survivors of the Holocaust and their children invoke a different set of organizing principles, in the domains of affectivity and representation, to integrate and make sense out of their memories of trauma, than they do for non-traumatic memories.

These modes of organization do not disrupt the individual's ongoing sense of herself and of others, and of underlying aspects of personality organization. Instead, they exist side by side. The survivor mother and her daughter thus pass from one mode to the other of organizing experience, as if the Holocaust represented a pocket of the universe with its own unique laws of self-regulation and definitions of self and other.

A central issue that emerges from this finding relates to the impact of massive psychic trauma on personality development. This study is based on the theoretical postulate that lived experiences are encoded in memory not only as autobiographical facts but also as psychological structures that are woven together to form the fabric of our self-perceptions and our perceptions of others and of the world. These internal representations of self and other are enduring structures of personality organization that are shaped by our earliest experiences of interactions with significant people in our worlds. Throughout the course of maturation, enduring traits and internally consistent modes of organizing experience persist as core dimensions of personality that ensure self-sameness and continuity of self-identity across developmental transitions and shifts. Thus, how we construe early experience forms the backdrop against which later experiences and relationships are interpreted and organized.

A common thread running throughout the clinical literature on the study of massive psychic trauma is that of the pathogenic effects of traumatic experiences on personality organization. The results of this study suggest that the early development of stable, multidimensional and complex representations of self and other, developed in the context of reciprocal affective exchanges, persist and even prevail in spite of the concurrent manifestations of trauma. Survivor mothers and their daughters do indeed display pervasive regressive shifts in affective organization and the quality of representation when under the stressful conditions of recalling and retelling traumatic memories of the Holocaust. In general, this regression occurs to a level of organization (Mode II) characterized by concerns with self-regulation, of "a psychobiologically dominated representational period that bridges sensorimotor and imagistic

representational capacities, polarized experiences of self and other, and acute anxieties over separation phenomena (Wilson, 1982, p. 51)." This regression is significant and more typical of a clinical, than a non-clinical population. It is not surprising that this is the mode of affective organization most characteristic of traumatic memory. The Holocaust was an event which stripped away the conditions of human interconnectedness, empathy and predictability which are essential components of psychological maturation and self-integrity. In their absence, the self is under siege, and self-cohesion is disrupted. The world becomes starkly polarized, and psychic energy is turned to protecting the self from hostile intrusion, helplessness or rage. The perpetual assault against the self in every dimension of its existence - - the bodily self, the psychological self, the social and cultural self – necessarily sets in motion more primitive mechanisms of defense which protect the self against annihilation.

However, among the group of mothers and daughters interviewed, there is an enduring and stable level of adaptation despite the dramatic regressive fluctuation. In other words, while the responses to trauma lead to dips in the dimensions of affectivity and object representation that are of significant proportion, these dips do not fundamentally alter the overall level of and stability of personality organization. Wilson's findings suggest that "most normal people ... are characterized by a normative instability of dimension but a stability of adaptation (p. 58)." Overwhelmingly negative and traumatic memories give rise to greater polarization of affect states and more malevolent object representations, but these do not necessarily alter the map of the individual's inner landscape. Rather, they add new pathways and points on the map which may never have evolved in the absence of massive trauma.

This conceptualization can be linked to an interesting phenomenon revealed by the scoring of traumatic memories: reliability ratings dropped somewhat in the area of object representations for these memories, which could be attributed to unusually broad (i.e. 1-6 or 2-6) splits between the coders' ratings in scoring a particular type of memory. These memories were characterized by a duality in representational mode. Two fundamentally different types of experience seemed to exist side by side,

as if in parallel but not related universes. For example, at one point in her narrative Irena recalled her arrival at Auschwitz and her separation from her father:

I had a little bag where I had, you know, they call it in Europe "necessaries" – where I had a piece of soap and a washcloth and some cologne and a toothbrush, you know. And I was standing with my mother, my grandmother, myself, and all of a sudden I feel somebody tapping on my shoulder. It was my father, handing me that bag, you know? Red bag with a zipper, which he brought me from Budapest once. And I looked back, but I didn't see my father cause I saw a Hungarian soldier hitting an old Jew, and I saw the blood trickling down his beard. And after that I was just very scared and I was never hungry and I didn't care or anything.

This episode speaks directly to the way in which two distinct realities co-existed side by side, irreconcilable but neither one more real than the other. The split in scores reflects this duality. In this moment, Irena captures her own experience of being caught midstream, on the threshold between the ordinary, benevolent, familiar and comforting world of her childhood, and the brutal, bizarre, inhuman and extra-ordinary (Dwork, personal communication, 1993) universe of Auschwitz. Esther recalls another moment of separation:

We came to Auschwitz and – I always feel somehow, feel like I have a guilty conscience. It is not – then they separated the men from the women. And my mother took me by the arm, because if my father goes with the boys, at least we should stay together, I shouldn't get lost. It was such a turmoil, such a thing! And she only, only schlepped me by the arm, we should stay together. And this was the problem. Cause my mother was a young woman still – she was 45 years old, she could have passed through, she was a strong woman – just because we were together, so Dr. Mengele separated us. So – I don't remember anymore. He told me to go to the right, my mother on the left, and we didn't see her any more.

Esther's secure relationship with her mother, her unshakable faith that her mother's strong arm wrapped around her provided an umbrella of safety, belonged to the set of basic assumptions that organized her pre-war existence. The unfortunately - tragically - all too human malice of Mengele, an illogical structure which then forms the basis for its own set of assumptions ("just because we were together, so Dr. Mengele separated us") exists in another, hellish universe, in which fundamental human ties are ruptured. Yet Esther's memory reveals to us how neither truth eradicates the other. Her emotional tie to her

mother, her feelings of guilt arising in the context of the pre-war, ethical universe in which she acquired a moral conscience, is as present and as internally alive to her as the memory of trauma and its shattering psychological consequences.

It is essential to note that memories such as these reveal how Holocaust survivors and their children, in retelling the narratives, reconstruct two discrete but simultaneous ways of knowing and being in the world. The early sense of the world as a benevolent and safe place peopled with generous and loving caregivers clashes bitterly with the vision of the world of Auschwitz, malevolent, alien, grotesque and filled with incomprehensible experiences, images and moments. It is in retrospective inquiry that these two worlds become interlocked. The narratives described above, those which capture the collision of two universes, also capture – in the very moment of their telling – the subterranean process wherein the narrative itself creates a bridge which restores the severed connections in the self. Changes in the self occur at the moment of recognition, when survivors turn to their face in the mirror and find reflected back at them both the "me" of pre-war existence and the "not-me" of the Holocaust. "Sometimes, sometimes," says Bella, "I don't believe it myself. I don't believe myself what I went through." Transformations in the self emerge as the face of the "me" turns its gaze upon the face of the "not-me" and slowly acknowledges its own reflection.

Differences in Affect Expression for Traumatic and Non-Traumatic Memories

Analysis of the differences between how traumatic and non-traumatic events are encoded in memory revealed that a significant proportion of the variance was attributable to differences in the dimension of affect expression. Both mothers and daughters emerged with much lower scores in affect expression in the domain of Holocaust memories than in that of early memories. Thus, the act of narrating the Holocaust brought with it regressive shifts in the ability to articulate emotions, and diminished access to a wide array of emotions as internal signals and interpersonal communications. This

finding is consistent with the large body of literature which addresses the issues concerning ineradicable and iatrogenic silence about the Holocaust. Some have written that the world was deaf to those who bore testimony of the Holocaust. Others have addressed the impossibility of telling. The problems of alexithymia, which dissolves the link between emotion and verbalization, have also been discussed (Krystal, 1978). The results of this study indicate that these difficulties in verbalizing narratives of the Holocaust arise in the context of a regressive flux which relates, at least in part, to disruptions in the organization of the verbal self (Stern, 1985).

In the course of my interview with Ellie, whose mother is a survivor of Auschwitz, she spoke about her struggle to understand her mother's conflicted and embittered silence about the Holocaust:

It sort of seems to me that these aren't really things that you can tell so much, that they are more experiences and occurrences and things that happened. And that knowing a vagueness about the situation is really all you can, even if you are told things, because they are not going to bring you there. They are not going to bring you into the situation, you know? It is just – it just wouldn't be real enough to ask for, to ask to be told what it's about. Or to, you know – since you can't really touch it, you can't really be there, however someone would tell you about it. Unless it was to relieve the burden from themselves, somehow. I mean, I don't know ... I don't think it is sufficient. The magnitude is so vast that it is not even fair to bring an eyedropper out of it. (pause) The intensity of it. It's sort of an intimacy too, I guess.

Ellie goes on to say that searching within herself for a comparable realm of silence, she finds it in her own past experience of psychosis and psychiatric hospitalization. She grapples with concerns about privacy and the limits of compassion, but at the heart of her dilemma lies her recognition of the constraints of verbal relatedness: "The intimacy that I had, with being as sick as I was when I was sick, I just – I can't give it to you with words." In her description, she touches upon those aspects of human experience – intimacy and intensity – which lie at the heart of such silence. The following discussion will examine the role of intensity and intimacy in Holocaust remembrance and narrativization.

The capacity to tolerate affect develops early on in life in the context of the parent-child matrix. It arises out of the accumulation of repeated experiences of displaying affect and having it tolerated, regulated and acknowledged by the primary caregivers. It is not a stable, uni-dimensional construct, but

rather a set of characteristic ways (Wilson, 1987) in which an individual calibrates the ebb and flow of emotional life. For many individuals, some affects are more or less disruptive than others and are tolerated in more primitive or less mature forms. Often strong emotions take us unawares, and the self is startled, jostled. Then we may hasten to regain equilibrium through more archaic modes of self-regulation. At other times when our footholds are secure, then it is possible to reach beyond our need to safeguard the principles of homeostasis and attend to subtle nuances in our emotional lives with maturity and wisdom. The narratives of the Holocaust reach into the deepest recesses of emotional life. They may stir intense affect for the listener, while sometimes the narrator herself may be cold and numb, a million miles away. But it is not necessarily this disparity which causes a rupture in the narrative flow.

While the capacity for affect tolerance develops within an interpersonal milieu, the psychological process involved in regulating and modulating one's own emotional reactivity takes place on an intrapsychic plane. The infant acquires the capacity to tolerate intense emotion through the gradual internalization of the caregiver's empathic responsiveness, attunement, and carefully titrated recalibrations. Eventually, the regulatory function becomes a function of the ego, and the need for a regulatory other is relinquished. Intensity of affect is then managed and regulated internally. It is singular and private.

The verbal self, however, is necessarily – though not uniquely – a social self. It is a developmental achievement which succeeds the consolidation of the capacity for affect tolerance. The capacity to verbalize one's inner life and to use affects effectively as signals and communications is made possible by the convergence of language acquisition, the development of a theory of mind, and the development of symbolic thought. Emotional expressivity is an entryway to humanity, a link to one's fellow human beings. It is fundamentally a dyadic enterprise.

We have seen that efforts to narrate memories of the Holocaust led to regressive shifts in the

realm of affect expression. This drop reflects the rupture in the dyadic matrix that characterizes the event of the Holocaust. Laub has pointed out that "one has to conceive of the world of the Holocaust as a world in which the very imagination of the Other was no longer possible (Imago, 1991, p. 81)." Dyadic exchange became impossible when the promise of an empathic response was obliterated. The annihilation of the potential "other" through the conditions of horror and inhumanity in the Holocaust led to an abandonment of the hope for the construction, refinement and evolution of shared meanings through verbal relatedness. Dialogue with the other ceased and silence ensued. And in this silence, there was by necessity a turning inward, toward an interior dialogue. The working through and digesting of experience, the process of meaning-making, took place uniquely in the realm of the interior. In a world in which the possibility of invoking another was eradicated, the individual ceased to anticipate that her cries might be heard. Thus, the acts of meaning-making, of organizing experience and of constructing narrative unfolded speechlessly, in the depths of the inner world. The space of dyadic exchange was a void.

The "intimacy" which Ellie referred to is rooted in the breakdown of the capacity to reach across the void. In a universe in which the other is extinguished, in which there is no predictability or basic trust in empathic human responsiveness, the realm of the inner life becomes profoundly intimate and familiar. It is an intimacy with oneself, with one's absorption in the psychological and physical intricacies of the efforts of the self to survive in a hostile and deadly universe.

Recognition and acknowledgement of this interiority is a crucial aspect of the process of narrating the Holocaust. As Langer has observed, "When the witness in an oral testimony leans forward toward the camera (as happens frequently in these tapes), apparently addressing the interviewer(s) but also speaking to the potential audience of the future -- asking: 'Do you understand what I'm trying to tell you?' -- that witness confirms the vast imaginative space separating what he or she has endured from our capacity to absorb it (p. 19)." The regressive shift we have observed in the realm of affect expression

thus reflects the collapse of verbal relatedness and dyadic exchange in a world which annihilated the other. For survivors, the process of remembering and organizing memory takes place unceasingly on an internal level. Helena tells me, "You cannot stop. You live it. You think about it, you compare it ... You relive it. Sure you do. Things stay with you." But between the interior dialogue and the dyadic verbal expression there is a sweep of empty space which must be spanned.

And it is spanned. As this study has shown, it is not accurate to refer to the trauma of the Holocaust as "unspeakable." The mothers and daughters whom I interviewed spoke courageously and cogently about their memories of this event and the meanings it has come to have in their lives. Thus, the regressive drop in affect expression should not be understood as a measure of degrees of speechlessness. Rather, it is a measure of the impact of trauma -- particularly, of the trauma of the Holocaust -- on the capacity to sustain a dyadic exchange within an enduring social context. It is not the capacity to narrate the experience which dwindles and recedes, but rather, the ability to bring forth into the interpersonal arena, through dialogue with another, the emotional authenticity of one's most intimate inner experience.

Mothers and Daughters: The Nature of the Relationship

This study supports the hypothesis that the early patterns of affect regulation and expression, and the emergence of symbolic capacities which unfold in the context of the early relational matrix, set the stage for the intergenerational transmission of traumatic memory. The findings suggest that there are relationships between how mothers and daughters regulate, modulate and verbalize traumatic and non-traumatic memories, and relationships between the quality of their representational world. Further, the quality of the mothers' functioning (both upward and downward shifts) in the ability to tolerate affect relating to the core relationship patterns and organizational structures of the self is significantly related to the progressive and regressive flow of their daughters' ability to verbalize and demarcate affective

experiences. There was also a relationship between the progressive and regressive flux of the mothers' affectivity and the quality of the daughters' object representations. Findings of this study also highlighted the distinction between intergenerational patterns of transmission for traumatic and non-traumatic events.

Drawing on both empirical and clinical data, I shall trace the transgenerational evolution of meanings and representations of trauma through a close examination of the nature and gradual unfolding of the mother-daughter relationship.

Mothering and Motherliness

For the mothers in this group, the emotions evoked by memories of their own mothers produced a downward shift in the capacity to regulate and control a wide affect array. In addition, they were found to display significant variability in the quality and integrity of their maternal object representations. The downward shift in affect tolerance is accompanied by a flattening out in the depth, multidimensionality and aliveness of the experience of self and other in the context of maternal object representations. The mothers displayed a predominance of maternal representations that are bland, muted and stereotyped. This finding is perhaps indicative of a splitting off of the unique and highly charged nature of representations of maternal object ties. It also underscores the distinctive way that these women organize and integrate memories relating to their own mothers. These modes of organizing early maternal representations are undoubtedly shaped by both the particular nature of the mother-daughter tie and the traumatic and irrevocable loss of their mother in early childhood or adolescence. The mother-daughter relationship is a primary formative relationship – one in which the barriers between self and other are most permeable and in which the basic structures of feminine, sexual and maternal identity take shape. However, because the Holocaust created a violent and unnatural breach in which daughters were wrenched away prematurely from their mothers, these identificatory processes were ruptured and incomplete; only later, as Wardi points out, "did a new identification process begin to take place in their

psyches (1991, p. 50)."

All the mothers in this study had been traumatically separated from their own mothers under conditions that were inexplicable, horrifying and bizarre. A few women were separated from their mothers only briefly, but were then able to rejoin them at some point during the war. Often, however, the reunions which took place during the war led only to a second, equally devastating experience of loss and maternal deprivation. For these women, even when physically in the presence of their mothers, their mothers' overwhelming grief, physical debilitation and despair often made them unavailable, ineffectual or even alien:

My mother spent all her time in the attic crying. Nothing else, just crying. She didn't complain, she didn't talk. She just sat in her little corner and cried. No matter when I woke up that's where my mother was.

My mother was completely devastated. She would just sit and cry. She said very little. She just sat there all, you know, like shriveled up and crying.

This woman, who hid me, she brings me to this room, that is totally filled with hay ... and in there, there is this monstrous-looking woman. And she introduces me to this woman, and she tells me "This is your mother." Now I remember being absolutely hysterical and denying ... I guess my hysteria was stopped by this monstrous woman who maybe wasn't so monstrous, other than being swollen with hunger, and no longer this beautiful woman I remembered as my mother. How could this beautiful young woman become this neglected, sort of grotesque-looking thing?

For survivors, these devastating losses brought with them a profound transformation in their representations of their mother and of the mothering relationship. The traumatic disruption in the mother's tie to her own mother obscures the early memory imprints of the mother and of being mothered by her. The occurrence of traumatic loss drains the early maternal images of vitality, individuality and definition. In the place of multidimensional and richly contoured maternal memories are impressions that are shadowy, flat, distant and undistinguishable.

The findings in this study support Wardi's view that "the primary internalized identification with the mother, which had been distorted or destroyed, underwent an internal process of preservation, but

this process was often accompanied by an idealization of the mother image (p. 51)." She suggests that this idealization enables the survivor to cope more effectively with the surge of primitive rage, guilt and feelings of abandonment, while simultaneously attempting to safeguard the symbolic representation of the "good mother." Some women in the study exemplify this process of idealization of the maternal imago. Helena's memory of her mother, for example, invokes a vivid visual image: "Oh, she was beautiful. Beautiful green eyes, beautiful hair. She was good-looking with nice legs, good figure, beautifully groomed and dressed. She was warm person [sic]."

Marie recalls,

My mother was a saint... She was just an unusual woman, very courageous. She was a saint, she was a wonderful woman... She was very statuesque, and made an impression, very noble appearance. She was such a great beauty, people would turn around on the street and ask who she was. She had milky skin and green eyes.

For Helena and Marie, images of their mother capture a visual sense that has remained untouched by the passage of time or the de-mystification of the maternal imago which gradually occurs during the course of maturation. Instead, over the years they have preserved their vision of their mother seen through the eyes of a young child. It is striking, however, that these images do not focus on a sense of maternal nurturance or closeness, but rather convey an impression of austere and irreproachable beauty.

Other survivors, however, recalled their relationships with their own mothers in more complex and conflictual ways. Some described the sense that their mother was too involved in outside interests, business ventures, or chores. Others felt that their mothers were emotionally unavailable, did not understand them, or disappointed them. For example, Joanie tells me, "Oh, my mother was quite a remarkable lady. By that I mean that she was what I call a real little fighter, and I admired that... On the other hand, unfortunately, a secret that nobody knows: my mother was a promiscuous lady. Something I have never been able to forgive or forget." Nonetheless, while many survivors were able to describe their mothers in multi-faceted, graphic and vibrant ways, they were unable to recapture these

qualities in their own relationship with their mother. It is as though the loss of their mother permitted these women some degree of preservation, in memory, of the separate and individual person they knew as their mother, but clouded over the more primary representation of the internalized tie to a mothering figure.

For women who are Holocaust survivors, becoming a mother was profoundly associated with the loss of their own mother. The experience of giving birth is infused with the experience of loss and grief. For some, there was a gaping hole in the place of a secure, reliable mothering relationship. They experienced a profound sense of yearning for their own mothers. The birth of a child – in particular, a daughter – represented a fervent wish to restore the meaning and purpose of their lives, and invest hope and belief in the future, while simultaneously searching desperately for a link back to the past. Thus the baby who was brought into the world in the aftermath of the Holocaust came to represent both the hope for the future and the remembrance of the past, embedded in a deeply buried longing for resurrection and reconnection with lost family members. Pregnancy and birth were made even more difficult by the psychological and emotional isolation that these women experienced in the absence of their mothers' guiding and supportive closeness. Many women felt at loose ends with their babies, ignorant about how to take care of a baby. Some survivor mothers believed that during this period of time, their mothers were "watching over them," advising and protecting them. "I cried for my mother," says Anna simply. "[My daughter] is named for my mother. And I cried for my mother, cause I felt this could have been such a wonderful time with her, and this is just something I could share with her, being a mother. I cried for my mother."

For many of these women, the time of birth was tremendously joyful. The birth of their daughter heralded a renewal of life and a revival of hope. Sonya became tearful as she described her first memories of her daughter:

When she was born, my life was the fullest... She was a gift of God. I said to everybody, "God took so much from me, but he gave me beautiful children."... She was a very –you know that my younger

daughter, to this day, feels that [my older daughter] was loved more by us than she was? And it is not really true. Just that she opened the love in us which – we were sad before, because we lost everything. And when we got her, she replaced everything that we didn't have and then, we started to love life and love everything around us. And that is what she brought with her birth. But it isn't that when my second child was born I didn't love her just the same, but how can one explain this? She brought the sunshine back.

For Sonya, the birth of her daughter restored her spiritual faith and her belief in the possibility of a good and joyous world.

While women frequently experience an ambivalent attitude towards pregnancy and motherhood, this was intensified for young women whose emergence from adolescence into womanhood transpired during their imprisonment in concentration camp. Conditions of starvation, deprivation, malnutrition and illness were a massive assault on the body, creating a developmental lull and utterly depriving these young women of the ripening and fullness of sexual maturation. Sonya tells us that becoming a mother was extremely conflictual for her: "When I found out I was pregnant, I was devastated because I got married and never got my period again." The resumption of her menstrual cycle had been, for her, a confirmation of her body's liveliness, of the physical reality of her survival.

Significantly, several women asserted that during their internment in concentration camps, chemicals were added to their food to prevent menstruation. However, Dwork (1989; personal communication, 1993) points out that there is absolutely no evidence that any such chemical was distributed. She observes that these women believed that "the poison [they] had eaten would prevent [them] from ever conceiving children; thus the Jewish people would die out sooner or later. In other words, not only would these girls bear the scars of their imprisonment for the rest of their lives, not only would they never grow up to be women like other female human beings, but in a fundamental sense there would be no future for them (p. xxxvi)." Thus, pregnancy and the accompanying cessation of menstruation had multiple and often intensely conflictual meanings for young women recently liberated from concentration camp.

Many women I interviewed also described medical complications involving the reproductive organs immediately following liberation. This frequently increased both the urgent wish to conceive and the deep ambivalence around the pregnancy, which could itself be experienced as invasive. Esther's memories of becoming pregnant are interlocked with her recollections of ovarian surgery:

They had to remove one ovary and I had, from the ovary I got a cyst [cries]. The doctor said he doesn't know how I could have survived because, anyway my appendix was completely rotten, infected, and how I didn't get poisoned from it. They couldn't even make the surgery because if they would somehow, just a little – they had to take the cyst out with the water, the cyst shouldn't burst. If it would burst I would get poisoned, my whole insides ... I could hardly walk on my legs, I was terribly swollen. Then the doctor said to my husband, "You married, and you want to have children –" And you know, I just have one ovary – that we would have to try right away. It was very difficult, very difficult, because I had surgery and I was – inside – I had from the surgery, you know, like wounds. My pregnancy, the doctor explained it to me, "Your womb is stretching, this is why it's so painful –" because all over I was inside sewn – "but just if you conceive ... And you are a very lucky woman if you want to have children." I knew I want very badly to have, and I knew my husband, he loves children.

Thus, for Esther, the experience of fertility and the potential to bring forth new life were inextricably bound up with internal scars, loss of body integrity and a sense of internal toxicity.

For many women, the acutely conflictual feelings surrounding the birth of a child were heightened by intense identifications with the baby and fantasies of merger. The infant was invested with tremendous narcissistic value, and became a narcissistic extension of the self:

Whenever she went with me, they admire me that I got a wonderful daughter. I'm telling you, if you go to the sky and pick yourself, you can't pick a better daughter! I used to go with her and people used to stop me. One time a fireman stopped me, he thought it was just a doll. One time the doctor said, "Why don't you send away a picture? So gorgeous, so proud.

She was always on one of my hips. Was it the right or the left? I can't remember. Always. This is where she sat. I did everything with one arm! I held her with my arm and I did everything in the house with that one arm. She never let go. And I had a neighbor down the street that said the two of us would need radical surgery to be separated because our pinkies were always intertwined and that's how we walked.

She was a beautiful child. Everybody admired her. I remember that I was walking in the tiny town in L., and a man with a photographic store approached me, that he will make me a picture without money, if I will let him put in the window. So I let him. There was a blow-up of her – such a big one. He gave me a lot of pictures.

Through identification with a "perfect" baby, a survivor mother could re-establish the link to her pre-war, infantile self – and thus to her pre-verbal memory of herself being a mothered infant – and could simultaneously experience a sense of rebirth and renewed meaning in her own life.

The birth of the newborn sometimes roused profound fears of abandonment and loss. Many women had learned not to hold anyone too close to their heart, for fear that whatever is loved is inevitably and brutally snatched away. Margaret, for example, felt torn between her longing for her children and her terror of losing them:

I wanted more than anything else to have children ... I think one of the reasons I got married was that I wanted to have a family. It was very exciting, but I was very distant from them, looking back on it. I didn't know I was distant, cause I couldn't allow myself to get too close because they would be taken away. I mean that it was unfluent, unlabelled fear, looking back on it. If you love someone too much ... That's how powerful it was.

Thus, to invest emotionally in this fragile new life could often evoke the terror of renewed loss, and grave apprehensions about the infants' safety and well-being. Survivor mothers found it difficult, at times, to let go of their children, and reacted to separations with heightened protectiveness and resistance to psychological differentiation.

For many of the mothers in this study, a central theme at the time of the birth of their daughter was that of profound depression, helplessness and despair, which eclipsed feelings of joy or hopefulness.

I feel now I didn't do right, what I did for my child. That I was always sad and crying, and afraid, who is going to take care of my child. And mostly when I was young, my child saw me mostly crying.

Well, it was very hard because I didn't have too much help, and I was very tired. I cried enough, I cried because I didn't feel good. I couldn't function as I should.

Feelings of depression were often linked to memories of abandonment and terror. For some of these women, feelings of depression were accompanied by extremely conflictual responses to the helplessness

and utter dependency of their infants. For them, the infantile state of helplessness seemed to revive the traumatic memories of their own defenselessness and vulnerability -- memories which were intolerable and from which they recoiled. Their babies often came to represent split-off, disavowed aspects of themselves that were rooted in their experiences of trauma. This rendered them unable to fulfill the role of primary nurturer. They anguished over the vast interior spaces from where they tried to summon up feelings of maternal warmth and protection, and found only despair and emptiness.

Often mothers moved back and forth between two opposing poles: on one end, they experienced strong feelings of identification with their baby's helplessness and need for a life-sustaining, nurturing presence; at the other, they felt a powerful sense of repudiation of these needs. Ruth, for example, describes her baby Lilly's inconsolability:

She was a very upset baby. I don't know why. First of all, when she couldn't talk, she started to cry... And then she stopped and went to sleep. She was running away from life to sleep. She had toothache but I couldn't take her to the dentist, because she bit dentists. So when it was hurting her very badly, she went to sleep. When she slept it didn't hurt.

Lilly became a repository for her mother's own unconscious, split-off, unwanted feelings of depression, pain and desolation. She could not soothe her baby or ministrates to her pain any more than she could herself find comfort or reassurance from within her own grieving process.

Sometimes these warring emotions found expression in conflicts around feeding and nourishing their infants. Often there was a fear that there wouldn't be enough food or breast milk, although at the same time the wish to nurse was potent. For these women, who frequently experienced feelings of dissociation from their war-ravaged bodies, the ability to provide vital and life-sustaining nourishment restored the link to their own sense of vitality. They became immersed in the rituals of mothering. For some women, however, the drive to nourish their infant was complicated by profound feelings of rage stemming from memories of their own abandonment and deprivation. Caroline was six years old when her father was arrested and her mother deported to a concentration camp. She spent several months

fending for herself in the ghetto, surviving through instinct and quick-wittedness, roaming bombed-out basements until she was taken into hiding. She recalls with grief her early experiences of mothering her first-born child:

It was very difficult. I was very unhappy with my own life, with myself. And if you're unhappy with yourself, you obviously can't give to your child. My daughter is, or was, a cranky baby. Or maybe what she needed was a calm mother. She didn't want to eat. I should have left her alone. But I forced her, you understand? If she threw up, I hit her, you know what I'm saying? ... And uh, maybe deep down she didn't understand it, but maybe she realized that it's, you know, the anger in me reflected in her.

Caroline sought to fill up her baby, but could not tolerate her baby's refusal to swallow her [mother's] rage. Over time, she achieved some resolution with her third child, born several years later.

My third daughter was born when I was thirty, and I really felt that that was the time when I came into maturity and into myself. And although I didn't want this third child, I must say that I was healed enough to finally know the joys of motherhood by having her. and she was everything a baby should be ... She had two older siblings who adored her. She was a wonderful baby that proved to me that I can be a normal mother, so it was a wonderful experience. She was beautiful. She was never demanding of anything, she just thrived and grew on her own. I was, you know, a normal functioning human being. You know, I still had nightmares, but they did diminish by then. And when she cried I was no longer angry, but she never cried. [italics mine]

In her narrative, Caroline reveals the polarization in her experience of mothering an unwanted baby, whom she ultimately experienced as essentially redeeming her own sense of herself and her capacity to sustain life. Her identification with this baby was especially powerful because she viewed her as both utterly dispossessed and, at the same time, inherently resilient and tenacious. This perception mirrors her own experience of herself in her early, traumatic childhood, but also captures her sense that her infant's vitality promotes a process of healing within her. She relinquishes her rage and abandonment depression, and draws strength from her baby's miraculous subsistence. Although she remains conflicted about her own nurturing role, she can embrace her baby's life spirit and participate in her thriving ("she was never demanding of anything, she just thrived and grew on her own.")

In summary, we have seen that for survivors of the Holocaust, the experience of motherhood brought with it acute and intensely conflictual emotions. The birth of their baby was often associated with the traumatic loss of their own mothers as well as of memories of their pre-war experiences of being mothered. Childbirth set in motion a process of reclamation of feminine identity, of bodily integrity, of the capacity to nourish and sustain life. Simultaneously, bearing children re-evoked painful feelings of abandonment depression, rageful helplessness, alienation and despair. Children were often viewed as narcissistic extensions of the self, gratifying essential needs for fulfillment and replacement of lost parts of the self. These early, largely unconscious dynamics lay the foundation for eventual patterns of verbal and non-verbal communication between mother and daughter, and set the stage for the intergenerational transmission of trauma. In the next section, I will explore mothers' conscious and unconscious modes of communication with their daughters, and explore their daughters' reactions to these various forms of transmission of affect, cognition and representation.

Modes of Communication and Transmission of Memory

Exploratory analysis of the results of this study revealed that mothers and daughters displayed significantly greater variability within the quality of object representation for Holocaust memories. Such inconsistency was reflected, as well, in greater – although not statistically significant – levels of variability in their capacity to regulate and articulate affect in the context of memories of the Holocaust than when they were describing non-traumatic memories. Thus, the regressive flux in object representations and affectivity in the domain of traumatic memory discussed above was characterized by heightened levels of instability across modes of personality organization. The process of narrating highly charged traumatic events leads to increasing fluidness and, at times, fragmentation in personality organization. This finding has significant implications for how we conceptualize the process of transmission of traumatic memory. In the following discussion, I will examine the nature of

communication about the Holocaust between survivor mothers and their daughters. I will begin by describing mothers' decisions about the nature of their communications and the forms in which these communications were made. I will examine differences between those mother-daughter pairs who spoke often about the Holocaust, and those for whom the Holocaust was considered taboo and relegated to silence. Next, I will discuss how the daughters responded to their mothers' verbal and non-verbal communications. Lastly, I will explore, through narrative texts, the transgenerational evolution of narrative forms.

Modes of Communication between Mothers and Daughters

The mothers in this study displayed great diversity in their perceptions of appropriate communication about the Holocaust, as well as in their desire to verbalize their experience.

We don't talk about the past. I don't know how much she knows. No, we don't talk about it. I didn't talk about it. Why should I put horrible things -- ? ... She knows everything, she knows enough... And there you have it. It is very humiliating.

I guess I tried to be as objective about it as possible and I tried to be as reassuring to her as possible. I wanted her to know ... I felt that it's a mistake not to talk about it... I felt that if somebody sincerely asks a question -- you don't always have to be the one to bring it up. In other words, this shouldn't be the first thing that you tell somebody: "You know, I'm a survivor of the Holocaust." But if it comes out and if people genuinely want to know, then you should tell, because this is something that should be known. Particularly members of your own family. Perhaps I felt that her interest was more sincere than the interest of a stranger. She was really trying to find out what it was like when I was a child and how different my life was from her life.

Talk about the Holocaust? Nothing much. Hardly ever. I was always so busy with other problems, other happenings.

I was deeply ashamed of the fact that I had lived such a -- that I had experienced such a humiliating experience. Such a unbelievable, inhuman kind of existence. It -- it -- I was very much ashamed of having lived that way ... I wanted to bring up well-adjusted, strong, happy children and therefore it's probably much better that they should never know. I forgot that if I bring up these children without telling them the whole truth, then in fact they are poorer for it, not richer ... I think the mystery of it may have been a greater burden than finally my unravelling the thing for them. But my unravelling didn't really come till very late.

When they were little and they asked "What is this?" [gestures to number on her arm] – "It is my telephone number." Not very original, but .. I couldn't – what do you say to a child? I felt like somebody took my insides and squeezed it [crying]. When they asked me, "How come I don't have a grandmother or grandfather?" the answer was, "Because Hitler killed them." My daughter says she had a picture of this man – she knew who Hitler was, one of us must have explained it to her, or she saw it, I don't know – and he went around asking with a gun, "Are you the grandparents of Karen L.?" and when he found them – boom. I didn't explain because I could not.

The decision about what, if anything, to convey to their daughters about the Holocaust was fraught with anguish and grief. We have seen how these survivors grappled with their roles as mothers and caregivers. For some, their experiences during the Holocaust, their memories of degradation and humiliation, felt to them like poison running through their veins, and they feared that telling would contaminate their children. They bore their past in silence, like a shameful secret. Sometimes, however, despite their secrecy, they would communicate to their children the admonition, "Don't forget, always remember" – a confusing and paradoxical injunction to remember the unknown. For others, there was a strong wish for their children to know, to understand their past, or to share their experience of loss and suffering. There was often a simultaneous wish to protect the children from unimaginable horror. Thus, the narratives they would construct served both to conceal and reveal their traumatic memories. Sometimes their descriptions contained denial of negative events or, at times, distortions or misrepresentations. This gave rise to narratives that were confusing, splintered and conflicting. For example, Judy describes how her mother "sanitized" her communications: "It was definitely with this - I don't want to say cavalier, but the underlying theme of it all was not 'I was in pain' but 'It wasn't so bad, we survived.'"

These kinds of narrative disjunctions and distortions can be understood in light of the fluctuations and regressive flow in the mothers' affective regulation and representational capacities described earlier. Specifically, memories of traumatic separations from family members produced the greatest downward shift in the area of affect tolerance, and memories of the most devastating experiences produced the greatest downward shift in the area of affect expression. Most mothers described the worst moments for

them in terms of overwhelming bodily assaults, such as hunger, cold and pain. In contrast, these were experiences that daughters rarely alluded to in their narratives of the Holocaust. It is likely that they never heard directly from their mothers about these most terrifying and cataclysmic moments of bodily anguish, which their mothers cannot verbalize.

Interestingly, the daughters in this group tended to exhibit the most dramatic regressive shifts when talking about their fantasies of their mothers' experience of being separated from the family. They also tended, in their imaginations, to identify experiences of separation as the worst moments for their mothers. Like their mothers, daughters displayed great diversity among the quality of their object representations in the domain of Holocaust memories. Their more poorly developed representations were associated with their fantasied representations of their mothers' forced, brutal and irrevocable separations. Confronting their mothers' experiences during the Holocaust led to a qualitative shift in representational style, characterized by an inhibition in their capacity to understand others and engage with them in flexible, mutual and meaningful ways.

Many daughters felt they were able to identify deeply with these moments of separation, relating them to their own worst experiences or fantasies of separation. However, in terms of their mothers' verbal communications, daughters often sensed that discussing separations was too difficult and upsetting for their mothers, and they learned to not ask questions about these moments. These moments, then, became highly charged in the inner lives of the daughters, as their mothers could not help them to regulate or organize the intensity of their affect.

At times, the mothers' highly inconsistent and retrogressive shifts in affect tolerance and affect expression in their narratives of the Holocaust impacted significantly on their daughters' ability to regulate what they heard from their mothers. Thus they were in danger of being overwhelmed and traumatized themselves by their mothers' unmodulated stories. Barbara, whose parents were both survivors of the Holocaust, tells of disturbing childhood terrors, sequelae of her parents' overstimulating stories. Hearing

her parents' graphically detailed reminiscences about the Holocaust, she found no respite from the traumatic affect which flooded her mother. In addition, she felt compelled to absorb what she was told, soaking up the torrent of frightening images:

They would talk to me in the car and tell me stories. And I remember crying, terrified. I was absolutely terrified. I became one hell of a phobic kid. I was very scared some Nazi, some monster from outer space would come to the door. I was afraid to take the garbage out at night. I was afraid to answer the door when the doorbell rang, because who knows who was there? I remember the doorbell would ring, I would go to the door, I would open the door and I would see somebody I knew and I would jump... That is one part, the other part was that I felt I had to help them feel better. It was a big responsibility. And I had to be very good and I had to carry on the torch ... I was pretty much a space cadet. I mean, I was daydreaming all day long in school. A lot of them were violent, scary, being attacked.

Barbara's parents could offer her no help or support in titrating the information she was given. The tension between her desperate need for her mother's assistance in modulating over-stimulation, and her awareness that her mother needed her to contain what overwhelmed her, left her in a no-man's-land, a "space cadet" whose only way out was through an imagination which has already been too highly taxed.

At the opposite end of the spectrum, silence about the Holocaust carries its own consequences for children. The mothers in this group who had chosen to remain silent, those who had never told their daughters about their experiences, were those who displayed the poorest affect tolerance and expression in both the domains of traumatic and non-traumatic memory. In addition, they typically revealed representational worlds that were bleak, malevolent, and narrowly defined. Their daughters tended to display significant regressive shifts in affectivity in the domain of traumatic memory. Their representational worlds were peopled with flat, uni-dimensional and stereotypic figures, whose motivations were shadowy and indistinct. They contended with their absence of knowledge about the Holocaust through rationalization, avoidance or denial:

I'm sure if I heard all the terrible things that happened to her, I would feel terribly for her. And, uh, I don't want to feel bad, you know. I mean, I want to know the history for my children, I think, because I think it's important to know. But, [pause] I think I'd feel so sorry for her, and so bad for her that it

would be bad for me. [pause] That's really what it is. I don't want to hear the real details.

I don't know, I really don't know. And I can't get into it, you know, I don't want to get into it. I have, uh – it's just too painful for me to get into, because it's just neither here nor there at this point. And you know, I hear enough ... I don't really know the details. I think it sounds kind of stupid. I'm not interested in history; I'm not interested in what really happened... All these things are just so horrible, you know, I can't hear it, I can't deal with it.

Sometimes I am afraid to ask too much. You know, you don't want to ask too much because it is painful [cries]... I don't know if it is painful. There is a certain – not wanting to upset her.

The silence of these mothers gives rise to intense conflict, in their daughters, between wanting to know and not wanting to know. Without the freedom to inquire about their mothers' histories, they are left with a sense of nameless dread (S. Nagler, personal communication). The knowledge itself – the knowledge that in fact is missing from the fabric of their self-history and self-narratives – thus takes on toxic and deathly meanings, as if the very act of knowing would be destructive and annihilating. They simultaneously own and dispossess their historical legacy. They fear, too, that they would become absorbed by their mothers' pain. This concern illuminates the fragile and tenuous nature of the boundaries they are able to maintain between self and other. Silence gives the illusion of safeguarding the boundaries between their own reality and their mothers' history.

Nonetheless, despite their wish to protect their tie to their mothers, these daughters also express feelings of rage at their mothers for not being able to help them to integrate, understand and make sense out of their history. Because their mothers have been unable to acknowledge their traumatic experiences to their daughters, their daughters have lost faith in their mothers' capacity to recognize their need for knowledge. The daughters cease to rely on their mothers' ability to construct a narrative that will inform and bear accurate witness while providing adequate containment:

I do know that I stopped believing anything that my mother said at a very, very early age. And this was not just adolescent behavior on my part, but the realization that this woman was going to lie to me.

It's very hard to get a reading on my mother, because I think of her as quite a fabricator. All she wants to tell you is the cliches, you know. Like, "I had the happiest childhood in the world."

The silence of their mothers brings with it profound feelings of abandonment, loss and anger. The daughters are bereft of their historicity. When the silence remains unresolved, these daughters turn away, relinquishing their right to their history and their basic sense of trust in their mothers' ability to acknowledge the authenticity of their own experience.

Daughters' Modes of Integrating Mothers' Narratives of the Holocaust

In this section, I shall examine differences among daughters' ability to integrate, verbalize and make sense of their knowledge of their mothers' traumatic memories.

The clinical data revealed that the mothers in this study could be divided into two groups: (1) mothers who spoke openly and often about the Holocaust, and (2) those who rarely or never spoke about the Holocaust. Post-hoc analyses revealed significant differences among how daughters of high-talking and low-talking mothers regulate and articulate knowledge of the Holocaust, with daughters of low-talking mothers displaying significantly lower levels of affectivity. In addition, the quality of representational modes for daughters of low-talking mothers was less well-developed, with a greater degree of malevolent and undifferentiated object representations. In addition, as described above, analysis of the clinical data revealed that mothers in this study could also be grouped into three main classes in terms of their affectivity: (1) those whose affect is congruent with their experience; (2) those whose affective experiences tend to be split off; and (3) those whose affective experiences tend to be global and undifferentiated. These groupings should not be viewed as mutually exclusive categories, but rather as characteristic styles and patterns of communication.

In this discussion, these clinical analyses are considered in light of the finding that, in terms of affective organization, the daughters' most typical modes of organization were significantly correlated with their mothers' highest modes. Although this correlation is not conclusive evidence of a causal relationship, one possible explanation of this finding is that daughters are able to integrate their mothers'

experiences and make restitution in ways that were not possible for their mothers. The daughters' task in achieving psychological integration is to allow for the formation of identifications – often un verbalized and unconscious – to be re-enacted and re-experienced, working towards a resolution of trauma that often their mothers have not been able to achieve.

These results provide a useful framework to explore differences in how daughters integrate and find meaning in their mothers' communications about the Holocaust. The following observations are guided both by empirical findings and by clinical analysis and interpretation of the narrative texts.

Most daughters perceived the Holocaust as an event that was central to their ways of organizing and perceiving themselves and others – in Judy's words, "a deep black scar that shaped the way you see things." However, the variegated nature of their object representations and levels of integration speaks to a diversity in their acknowledgement of the Holocaust that is linked to their mothers' unique style of communication. Daughters are affected not only by the amount of information they are given, but also by the ways in which the information is organized and modulated by their mothers. In the following discussion, I will examine differences in levels of integration among both the high-talking group and the low-talking group.

1. Low-Talking Mothers

Overall, daughters of mothers who rarely or never talked about the Holocaust were themselves less able to articulate their feelings about this traumatic event. They expressed vague feelings of uneasiness about the world, a sense that something was amiss in an ill-defined way. There is often an "as-if" quality to their experience; their reality is a veil behind which looms the possibility of horror (M. Moskowitz, personal communication).

Some mothers in this group displayed poor affect tolerance and expression, and their object representations were bleak, malevolent and barren. For the daughters of these mothers, the Holocaust was relegated to an elusive and inaccessible past. Although they were cut off from knowing about their

mothers' experiences, they nonetheless lived in the shadow of their trauma, witnessing their mothers' flood of depression, grief and anger without containment or titration. These daughters frequently expressed feelings of rage and rejection, and formed negative, blurred identifications with their mothers. They often became tangled in a hopelessly enmeshed relationship with their mothers, unable to make sense of the anxiety associated with their efforts to separate. For example, Ellie gropingly relates her experience of psychosis to her ambiguous identification with her mother:

I don't know what her experiences were. All I know is that my behavior is very similar to her behavior. And the idea that she was, she was in a concentration camp when she was twenty-two and I was hospitalized when I was eighteen, just shows further parallels... I don't know, it gets confusing when you feel so much a part of them ... it doesn't feel right to have to be made up of somebody else's entities.

Ellie's immersion in her mother's experience and her identification with her mother's grief, rage and pain, represent her attempt to connect with her mother and with her past. Ultimately, for daughters whose mothers cannot help them to make sense of the Holocaust, there is often a sense of despair. They have renounced their hope of ever being able to know or contextualize the past.

A different set of issues emerges for daughters whose mothers display low tolerance for affect relating to traumatic memory, but whose overall object worlds contain richer and more variegated representations. These mothers demonstrate a greater awareness of the complex needs, motivations and wishes of self and other. Because they have been able to respond to their daughters' needs and view their daughters as separate and multidimensional, the daughters are free to achieve a greater degree of psychological separation. They can reflect upon their mothers' inner experience with empathy and warmth, yet without losing a sense of their own boundaries. These daughters emphasize, both consciously and in ways that are more unconscious, a powerful wish to protect and take care of their mothers and to make restitution – a wish that can never be fulfilled. They interpret – often correctly - - their mothers' poor affect regulation as an expression of emotional vulnerability and fragility. They hesitate to ask questions for fear of causing pain. This can leave them conflicted between, on the one

hand, the wish and need to know their mother's history and, on the other, the impossibility of doing so.

In their own lives, these daughters often seek to repair the past through mastery, turning passive into active. For example, Sarah relates that in college, she started to learn karate, which she practiced with greater and greater frequency until it came to occupy a central part in her life:

The need to be independent, the need to protect oneself, especially after what my parents went through and the passivity that the Jews in general lived. I was determined that I would know how to take care of myself ... It fostered discipline, it requires discipline. I believe it helps you overcome certain weaknesses. One of the things in karate that I stress when I teach and that was stressed to me was this, this way of finding – pushing yourself to the limit and finding out what your weaknesses are, and then overcoming them.

Rebecca, the daughter of a child survivor whose memories are extremely fragmented and overwhelming, has re-established strong ties to a religious community. This affiliation lends her a sense of increased strength and protection against danger:

Until recently, you know, Jews couldn't practice their religion freely. It has made me feel much stronger. And also that I am alive. I don't know how my mother survived. After all that they went through it is amazing that they both survived and that I am here today, and I am always amazed that I am here today. And I said "I am here today because of a reason." And people talk about reincarnation, and I wonder. Some of the spirits of the relatives who were killed are inside of us in general, and they somehow influence our decision-making.

In asserting her right to practice religious values and her belief in a spiritual connection to the past, Rebecca resurrects her relatives and undoes in her psyche the deadly effects of the Holocaust.

Daughters whose mothers are able to regulate traumatic affect and whose representational worlds are complex and nuanced often display idealized positive identifications with their mother. Though they lack factual knowledge about their mothers' experiences, they feel a powerful sense of alliance with their mothers' survival and with their perceptions of her strength and perseverance. They look upon their mothers with awe, pride and admiration, and consider that they draw their own strength from her.

She is my rock.

She is the person I can lean on. She is the person I can go to, that -- if I need to lick my wounds, if I am hurt or injured or feeling bad or anything, this is the person in my life.

For some, the efforts to weave together -- despite great pockets of factual ignorance or half-knowledge -
- a narrative of their mother's story raises enormous doubts in their minds which they cannot articulate.

Often, they develop anxieties and fears that they cannot explain. For example, Leni recalls:

When we moved to the States, there was one funny thing that sticks in my mind. We lived in the Bronx. And it was summertime, and I was downstairs playing with a bunch of kids, playing ball or whatever. And suddenly one of the girls jumped and a cross came out of her shirt. I became totally hysterical. I just excused myself and went upstairs and my mother said, "What happened?" And I explained to her that one of the girls was wearing a cross, and she was not Jewish, so therefore I can't play with her. And she said "You can play with her. She's a human being. You know she's a nice person, she won't do anything to hurt you." And I said "Yeah," but to me ... For some reason, seeing that cross, it just totally upset me. I don't even know why.

Leni's mother offered reassurance, but she could not acknowledge directly the legitimacy of her daughter's experience. Leni's terror, although unfounded in current reality, had very real roots in her fantasy, and was directly tied to the past -- a past she both knew and didn't know. Leni was unable to explain her fears to herself or to her mother, because there was no shared language between them within which to communicate such fantasies and terrors. Not having the words to name her fears, she was left with a vague and dreadful sense of something amiss, that was deeply threatening.

In the absence of a real explanation for their history, their mothers' experiences, and their own associations to trauma, these daughters revealed a tendency to attribute enormous power to their mothers. For them, the magical thinking that is typical of childhood persists into adulthood in pockets that are untouched by maturation. Emma, for instance, believes that her mother was protected during the war by powers of prediction and extra-sensory perception. Other daughters view their mothers as surrounded by a magical ring of luck or mystical powers which guarded them and warded off danger. These magically-wrought explanations permit the daughters to replace the gaps in their factual knowledge with a sense of pride in their heritage and idealization of the past. The Holocaust becomes emblematic, a

badge of honor that makes them special, unique and different from other people. "I have, you know," says Kathy, "it's almost like a sense of being special in a certain way. That I'm here because they survived, and that my history is more unique than anyone else's."

2. High-Talking Mothers

In general, the daughters of mothers who spoke frequently about the Holocaust were more articulate about their own feelings and were better able to weave together a narrative of their mothers' experiences. They expressed a degree of comfort and ease in discussing the Holocaust, and indicated that they spoke about it frequently with friends and family members.

A few of the mothers in this group, although they spoke openly to their daughters about the Holocaust, displayed low levels of affect modulation for traumatic memories. In addition, their representational worlds tended to be characterized by bland, stereotyped and undifferentiated views of themselves and others. Often they displayed poor boundary differentiation, and lacked an enduring sense of themselves or others. When these mothers spoke about their experiences during the war, they remained detached and aloof. Their narratives were characterized by disavowal of the extent of their losses or the depth of their anguish. The daughters of these mothers spun narratives that had a similarly detached quality. They were able to include many specific details, but remained themselves unemotional and dispassionate. They sometimes gave the impression of "pseudo-mastery" of the Holocaust: their narratives were cohesive and precise, but they achieved precision by disavowing feeling. These narratives were sometimes chilling in their emotional barrenness. Daughters at the extreme end of this spectrum told jarringly intricate and graphic stories which conveyed little sense of empathy or warmth. Madeleine's retelling of her mother's Holocaust narrative provides a stark example of this style of representation. When Madeleine agreed to meet with me, she informed me that she would be "a great subject" because she knows her mother's story very well. When we met, she settled into her chair, and

began to tell me her Holocaust narrative in an easy, desultory tone:

My grandfather was immediately taken to the Russian army – ... this is a long story so I am kind of going through it. And my mother and grandmother were left in the town, which was turned into a ghetto, and at night, she used to – she was like five years old or six years old – she used to help babysit other children when the Nazis were coming through. They would find out the Nazis were coming and they had to hide in basements, cause apparently they would just come through and shoot people at random. So she would sometimes go with other families, and in exchange for a place to hide – because her mother couldn't always find someplace for her – she would help keep the children quiet during those times. I know for awhile she had, I think she had typhoid or t.b. The ghetto, I think, was pretty bad. Once the Ukrainians came and rounded up a whole bunch of kids on a truck to shoot them and they were about to shoot them and she, my mother – who as I say, couldn't have been more than six at the time - - said to the man – she was a very cute little kid, she still had blue eyes and light hair, and she said to him, "I am only a little girl, please don't kill me." He said "Fine, go ahead. Run, and just keep running." And she ran off the truck and saved herself that way. I think that's all I remember about the ghetto.

What is striking about Madeleine's narrative is the absence of her ability to acknowledge the irrational and the extraordinary. Nazis shooting, babies in basements, children loaded onto trucks destined for slaughter, her six-year-old mother's pleading for her life – these episodes are handled by Madeleine with a kind of emotional blandness and an absolute dissociation from the bizarre universe she is depicting. Her words have been severed from their meanings. There is no pause in her narrative, as if the sound of her unbroken clear voice will shield her from the impact of the very images she is conjuring up in her tale.

In contrast, daughters whose mothers displayed the capacity to tolerate a wide array of affective experiences, and to appreciate the complexities and unique aspects of themselves and of others, were able to narrate their mothers' experiences with warmth, empathy and aliveness. Their narratives were rich, integrated and cohesive. During the course of their account, they shifted flexibly between an objective position and an acknowledgement of their own subjectivity. They were able to move outside of their story and reflect upon it, expressing their own feelings and thoughts as they were speaking. They were insightful and attuned to the nuances of emotion, and could appreciate the many facets of their mothers' struggles. Their narratives conveyed their sensitivity and understanding of both the anguish their mothers

experienced, as well as their triumphs and resiliency.

Judy and her mother Joan recently travelled to Poland together, where they visited the wife of the farmer who hid Joan and her family. Joan showed Judy the attic where they were hidden, and mother and daughter spent many hours talking about Joan's experiences during the war. Judy tells poignantly of her painful process of integrating her mother's experiences, finding them meaningful in a deeply personal and moving way:

I remember lying on the couch at maybe 8 or 9 years old, saying "Well, how did you shower?" "Well, we didn't." As if you can live without showering for two years. You can live without brushing your teeth for two years. When I am back in Poland and I am in that attic and she starts to talk again, it starts to come clear. That they did not have sufficient food for two years. They did not have sufficient water for two years, they were constantly thirsty for two years. And in the summer, when the sun would beat down on them – they were under the roof of this, like, you know, a tar roof, so it was absorbing all the heat. And they would just lie there, hot, fourteen people, in that attic, hot and thirsty. And in the winter when the wind would whip through the attic – there would be those cracks, because you know, it is like a barn, it is not brick like this. And my mother told me how everyone had their own little corner. And in their corners my grandmother slept, and then I think my aunt D., and then my aunt R., and then my mother and then my grandfather. The parents slept on the ends to sort of shield the kids with their bodies... I picture her, weak and frail and helpless, and I identify very very strongly with it. I start to see her as a little girl. And I feel her pain, and I feel it in a very profound way... It is, it is in my soul. It is where you want to just scoop her up in your arms and make it go away and you just want to protect her.

Judy's narrative is vivid, richly contoured and cohesive. She is exquisitely attuned to her mother's experience, and is sensitive to her mother's shifting physical and emotional states in the attic. She is aware of the complex interpersonal matrix which was so central to her mother's survival, and understands the complexities and nuances of relationships. She perceives the equal importance of solitary self-absorption ("everyone had their little corner") and of mutual exchange and caregiving ("the parents slept on the ends to sort of shield the kids") in providing the sustenance and support so desperately needed in the face of overwhelming and enduring adversity. Judy can allow herself to experience in a deep and full way the intense and widely diverse emotions evoked by these memories. She can also move flexibly between her deeply empathic connection with her mother, and a more introspective stance. She is not

subsumed by her mother's experience; the boundaries between self and other do not merge.

Daughters in this group were able to reflect on the ways in which they simultaneously knew and could never fully know the Holocaust. The disparity between knowing and not knowing evoked for them, a range of feelings – from sadness, grief and mourning, to frustration and rage, to resignation and hopefulness for the future. They rejoiced in their mother's prevailing over unimaginable adversity. At times, women in this group were struck by their own difficulty in narrating the story they thought they had memorized. Memory lapses, slips of the tongue, temporal and sequential confusion, factual errors and misinformation surprised them. When this occurred, they sought alternative explanations, or vowed to confirm this point or that with their mothers. Thus, they expressed their trust in their mother's ability to acknowledge their need to know and to provide the information they sought in an honest, reassuring and mutually supportive context.

For Betty, lapses in the cohesiveness of her retelling were "a mixed blessing:"

It is all very sensory. It is all smells, it is all texture ...much more an aura than a historical fact. I would think by this point I would know enough, that I should know it better. But it never comes out quite like that ... you know, certain things I lose ... I am so afraid of this being all distorted and, you know, the reality of it is my parents and the rest of the people that survived the Holocaust do not have that many years ahead of them left. So if I don't know it with historical accuracy, how can I expect any other people, who don't have the emotional connection to it, to remember it? But at the same time , there is a much -- not more important, but rather, more intangible way that I can understand it than very few other people can. So it is kind of a mixed blessing.

Betty is conflicted about the limitations in her knowledge, although she is grateful for the forms of knowing that are uniquely accessible to her. She is aware of a kind of knowing that goes beyond historical accuracy. Nonetheless, she muses about her difficulty in weaving together a narrative that is temporally accurate and coherent. "I am just not coming up with it," she tells me finally, "because I know that I know it better than I do." In this remark, unaware of her slip of the tongue, she captures the essence of duality in the experience of knowing and not knowing the Holocaust.

In summary, we have seen that the process of psychological integration of intergenerationally

transmitted traumatic memories can take many forms. Direct parental communication is only one of many ways in which children of survivors accrue knowledge of the Holocaust, develop an understanding of their mother's experience and begin to contextualize their history. We have seen that it is not enough simply to tell the story. Instead, the daughter's psychological integration reflects something transmitted between mother and daughter that moves beyond imparting the facts. The daughter's capacity to integrate her mother's traumatic memories rests on the degree to which her mother can provide reassurance and acceptance of her affective states. The mother must allow her daughter to express what she herself cannot put into words. The process of integration is a reciprocal phenomenon which arises out of a mutual exchange between mother and daughter. Out of this exchange, mother and daughter can weave together a shared narrative which is restorative. Within this dyadic interplay -- the resumption of a ruptured dyadic exchange -- the mother provides something essential for her daughter, which is the ability to tolerate her shifting affect states. She must also be able to accept something in return: her daughter's ability to put words to experience, to withstand her mother's anguish and to participate, with her, in the process of restitution and regeneration.

Observations on the Transgenerational Evolution of Narrative Forms

"Be careful. Should you omit or add one single word, you may destroy the world."

- Quotation from the Talmud, in J. Young

For children of survivors, remembrance of the Holocaust is constructed out of the materials of stories -- those that are spoken aloud, told and retold, as well as those that are silently borne across the bridge of generations. The stories that children of survivors generate about the Holocaust are formed out of the interweaving of the stories of their parents and their own representational systems. In this section,

I shall explore the fate of Holocaust narratives as they are passed from mother to daughter; the evolution of meanings and forms; the transmission of knowledge; narrative resolution and the birth of historicity

1) The Transmission of Narrative Symbols

Many children of survivors cannot recall the first time they learned about the Holocaust. They cannot envision a time when they were not aware of their parents' history. Knowledge of the Holocaust felt, to them, like an integral and often unquestioned part of their identity.

I knew that my mother was a survivor of the Holocaust but I went to a Hebrew day school, lots of kids' parents were survivors of the Holocaust, that was normal.

I think the message was always there, that they were survivors. We never talked about it.

I always knew. I always knew that my parents were from Europe and I always knew that they had survived the war.

For these children, there is no memory of a time in which the Holocaust did not exist in awareness, whether articulated or unconscious. Knowledge of the Holocaust was pervasive and formed the backdrop against which all other experiences were perceived. As we have seen, there is great diversity among the forms of communication about the Holocaust. And yet, even when open discussion was prohibited or taboo, children acquired some form of mental representation of the Holocaust. Their knowledge was symbolized in verbal and non-verbal forms.

Many writers emphasize the importance of parents' unconscious communications about the Holocaust to their children. Often, these took the form of unspoken messages which conveyed intrapsychic and interpersonal concerns of the parents related to their traumatic memories. For example, some parents became distraught around issues pertaining to food, or illness, or money, which roused painful memories of deprivation. Others had tremendous difficulty with separation and independence,

fearing repeated losses of loved ones and needing their children to stave off their own depression and loneliness. Still others were anxiously overprotective or overbearing, too keenly aware of the potential dangers which might befall their offspring. Such messages are examples of a primitive, presymbolic mode of communication. The past is re-enacted within the context of the relational matrix. Re-enactment precludes symbolization of the past and thus forbears the transformation of memory via symbolization. The past is endlessly re-spun, and no resolution of trauma is possible.

There is a space, however, between re-enactment and representation. This can be regarded as a transitional space in which symbol formation begins to unfold. In Winnicott's terms, this is a "potential space" which allows for the emergence of representational modes, creativity and transitional phenomena. In the context of Holocaust survivor parents and their children, this space bridges the gap between the silence and the knowing of the Holocaust.

Children of survivors who "have always known" about the Holocaust yet whose parents could not speak of their experiences, often acquire "symbols" of the Holocaust which reside in this transitional space. These symbols tell the story through their un verbalized meanings. They serve as hallmarks of the Holocaust. They contain the tangled skein of unarticulated knowledge and memory. They are a shorthand, a language beyond words which evokes the texture and embodies meanings of the past. The following are examples of this type of symbol:

My aunt D. would save her beans from her soup, and when everybody else would eat all theirs' right away, she would save her six little beans for later. And my grandmother made her a little pouch that she could keep her beans in. And later when she would eat them, and the other kids would be hungry, and she would share them with the other kids.

When her, when they were leaving, her father made sure that she had a little case packed, because the Germans took them away. Which was really very ironic, because, you know, what's a little overnight case going to do for her then?

If [my grandmother] could get her hands on chocolate, she would break off and give my mother chocolate and it was like, after the war it was like the first thing she got her hands on, was a piece of chocolate, and gave it to my mother...And my mother always carried it around.

And when they were going to get their tattoo, so my mother pushed my aunt in front of her and said "You are always going to be in front of me, because this way I can always see you," and their numbers are one after the other.

These images are like parables. They are not historical facts, although they contain kernels of historical truth. Rather they speak to a truth that lies beyond historicity, a truth which contains moral codes, relational constructs and the shifting patterns of affective states. These kinds of symbols are essential, too, in that they span the separate universes of the "rational" and the "irrational", or the "'ordinary' and the 'extra-ordinary.'" The ever-present duality created by these parallel universes, which so often eludes articulation, finds expression in these symbols. "Six little beans" in the rational world would never satiate a child's ravenous appetite, and thus leaves us feeling the raw pangs of hunger in the pit of our bellies; while six little beans in the irrational universe of the Holocaust soothe the hunger and still some un-named terror.

Thus, for children of survivors, these paradigmatic symbols capture an aspect of Holocaust knowledge that circumvents historicity. They are located in a potential space and are not subject to the laws of temporality, sequential organization or "objective reality." Children of survivors carry these symbols as emblematic of meanings of the Holocaust experience which elude conscious knowing.

2) The Evolution of Episodic Memory

In comparing the mothers' Holocaust narrative to their daughters' remembrances of their mothers' past, it becomes clear that episodic memories figure prominently in retellings of the Holocaust, and play a particular role in the weaving together of a cohesive narrative. They stand out against a background of descriptive information which seems relatively similar in structure and form across various stories of the Holocaust. Descriptive memories set the stage; they lay out the landscape of the Holocaust and thus both invite and challenge the listener to transport herself to that time, to that realm of the unimaginable, the horrible and the irrational. The interpolation of episodic memory is like a spotlight shining onto the

darkened landscape: it illuminates, it evokes images and representations, it enlivens the narrative and breathes life into the principal characters, their motivations and their emotions. Consider, for example, the following:

... Mommy hid in an attic for two years and that is how she survived the war... They all used to have little slats and they would look through the windows, through these slats to see the outside world [descriptive]. And one day walking up the road my Uncle P.'s wife, whose name I don't even know – who did not survive, she died up there – but they saw her brother walking up the road, holding his little girl's hand. ...I'm sure she just wanted to run out of that attic and save him, say "Come in!" or call to the farmer and say "Go get him too! Go get him too! Bring him up here with us!" But she couldn't do any of that because she would have given them all away. And so she just had to watch [episodic].

Episodic memory transports narrator and listener to the heart of the Holocaust landscape; episodic memory permits the listener to "imagine the real (M. Buber, in Margulies)." These types of memories allow, for both the children of survivors and for those who listen to their stories, entry through the imagination to the barren terrain of the Holocaust. They permit an instant, if only fleeting, in which we can feel our way into the experience of another and know for a moment the inside of their world.

Episodic memory serves many functions in the narratives of children of survivors: they record, preserve, transmute, and transform. As such, they represent these children's efforts to integrate, reconstitute and achieve resolution of their mothers' traumatic memories. It is important to note that, although mothers and daughters were interviewed separately, they frequently retold, in parallel form, the same stories and events. The following discussion will focus on these uses of episodic memory as they inform our understanding of the intergenerational transmission of trauma.

Memory Preserved

For some children of survivors, the stories that their parents told them are recorded in memory in their original form, structurally, formally and thematically consistent with their parents' narrative. These children emphasize the importance of historical accuracy. In their accounts of the Holocaust, they

attempt to recapture fully the essential details of their parents' stories – they strive for precision, and view their narratives as a form of historical recording. The following narratives, told by Marie and her daughter, Emma, provide an example of the preservation of memory:

Marie: Then one night, we heard a commotion, trucks and – trucks on my street, and screams! It must have been two o'clock in the morning. They knocked at our door, and they came to get my sister. It was – only sixteen-year-old girls were taken that night. She was in her nightgown. They didn't even give her a chance to dress. And they hurled her into cattle cars. And she was taken down to, wherever it was, to a point in Antwerp where all these kids were taken, these sixteen-year-olds only. Not seventeen, only sixteen-year-olds were taken that day – that night – that morning, three o'clock in the morning. And my mother started to cry.

Emma: Her sister is sixteen, and – I think this is the worst story that I know, this is the worst for me to swallow. She was sixteen, and they came in the middle of the night. I think my mother said she might have even heard trucks and footsteps. And they came and knocked at the door and demanded her sister, who was sixteen. And she was wearing her nightgown when they took her away.

Emma's retelling parallels that of her mother. She captures the texture, the sensory qualities, depicts vividly the visual scenario and the nuances. Her narrative stays close to that of her mother in context, meaning and detail.

Preservation of memory in its original – or close to original – form can serve a dual function for the daughter of a Holocaust survivor. On the one hand, it establishes what feels like an unbroken link to the past and, more directly, to their parent. It both permits and embodies a powerful identification with the survivor parent, a kind of "swallowing whole" of the parent's history such that it becomes interwoven into the fabric of the daughter's own self-identity. (As Emma tells us, "this is the hardest for me to swallow.") Preserving the integrity of the mother's narrative also serves to establish, for the daughter, an important link to her mother's past, now part of herself. Their shared oral history spans the gap between her mother's past and her own, present-day relationship with her mother.

On the other hand, preservation of memory can also serve a defensive function. An overly rigid or unyielding adherence to the mother's narrative form (not historical facts) can prevent the daughter from consolidating her own modes of organizing and representing memories of trauma. Episodic memories

are assimilated as immutable narrative formulations constructed by the parent. For example, Caroline organizes her memories of the onset of the war around the occurrence of a central event, a ballet recital she never attended. Her daughter, Madeleine, borrows her mother's phraseology and adopts her word usage:

Caroline: I was quite indulged and ... I was very happy. One very important incident stands out in my mind. In the outset of the war, when I had a major ballet recital. And that ballet recital was what really stayed in my mind because it was really important to me. I was really looking forward to it. And it was really important to me. And that's the day the war broke out.

Her daughter Madeleine: "It was a very happy childhood until September 1, 1939. She was going to a ballet recital and that's the day the war broke out.

In this instance, the daughter relies on her memorization of her mother's narrative. She avoids the affective nuances and sensory texture which enliven and enrich narrated memory. She cannot achieve psychological mastery or integration of these experiences, because they are externalized and have not been incorporated into her inner world. Preservation of memory, then, becomes a means for warding off painful feelings, and feeling states remain polarized and unintegrated.

A particular form of memory preservation is the preservation of what I shall refer to as "mythic episodes." These are memories which serve as central organizing themes in narratives of the Holocaust. They capture an event which is considered to be pivotal in the mother's history -- often, they represent poignant and painful moments of separation, moments of unanticipated and seemingly miraculous reprieve or moments of tragedy wrought by demonic forces. For example, the events surrounding the death of Bertha's father was a pivotal moment for her. In that instant, she experienced the collision of two opposing universes -- that of the safe haven of her childhood, and that of the atrocity of the Holocaust - - resulting in the ultimate collapse of her childhood world. Her telling of it captures her simultaneous outrage at the crumbling of a moral universe and her loss of faith in the existence of an unerring ethical code:

Bertha's narrative: In my uncle's house there was a Polack living, an older man... He knew a few words German, and I am standing there, and he is sitting. And a few German soldiers, not the Gestapo but soldiers, were marching by, and he is calling them. He said – you know, in German – he said "There are some Jews up there!" These guys, they didn't even want to be bothered anymore. He called them back, and he wouldn't let them go. And another one came, somebody higher up, and he told him. And he walks into the house, downstairs. And my cousin, his wife was just standing in the doorway, like. And he pulls his pistol and he said "In five minutes –" and this Polish guy told him exactly, that the men are upstairs – "I want these men out here." And my father heard the commotion – and of course he said "Or you will be caught instantly. Right now! I want the men out here!" They had no choice really, they would have come up anyway. So they came out... I don't know, five or six men were there, they took them away. Marched them to a town with the others, and that was the end of them.

Her daughter Barbara: Later that night they were – the soldiers were drinking and carousing, and the man next door said "Hey, there are Juden there! Juden!" They said, "Leave us alone, we are finished with the day's work!" And he is insisting and insisting and insisting until, just to get him off their back, they got the men. And that was the last time my father – my mother saw her father. He was taken out, and they were paraded through the town and taken out to the forest on the edge of the town and told to dig their graves and shot.

Side by side, these narratives capture the quality of the "mythic episode." Two important features in Barbara's retelling should be noted in particular. First, while her tale incorporates the details that her mother has given her, she also adds to them and intensifies the affective tone of the narrative ("... told to dig their graves and shot.") She is able to tolerate a higher level of affective arousal, and to verbalize the image that her mother only alludes to obliquely during her interview (Bertha tells us only, "and that was the end of them.") Secondly, Barbara's slip of the tongue ("my father - my mother") reveals a fleeting loss of distance from the recounting. While Barbara is able to go more deeply into the details of the episode, to risk more by putting the most horrible and graphic images into words, she also identifies strongly with her mother, and momentarily becomes fully immersed in the memory as if it were her own.

For both mothers and daughters, mythic episodes seem larger than life: they contain images of divine intervention or magical redemption. This larger-than-life quality is symbolic of the enormous consequences of remembering and, conversely, of forgetting. It evokes, too, the massive trauma, the enormous loss and the immense devastation wrought by the Holocaust. These memories seem to facilitate

the process of narrating and integrating memories of the Holocaust. They provide a kind of stable and immovable buttress around which a more or less cohesive narrative is constructed.

Memory Transformed

Children of survivors strive for psychological restitution and resolution of trauma. Their narratives press towards reparation. This powerful drive finds expression in a transformation of narrative form in the direction of historical repair. Memories are rewritten in a new key, such that the contours of traumatic memory are assuaged. Helplessness is transformed into heroism; the depths of despair and anguish are infused with hope and renewal of spirit. At times, these transformations involve the overlay of illusory beliefs and idealizations of the past. At other times, they arise out of a sort of "historical amnesia": denial of historical truth, omission of detail, textual purification. Thus, the insistence on historical accuracy that characterizes the preservation of memory gives way to an emphasis on reorganization and restructuring. The evolution of narrative moves towards the psychological healing of traumatic memory.

Consider the following accounts of the death of Olga's husband, told by Olga and then by her daughter Sarah:

Olga: I left an address there, where if my husband is gonna be alive he will come after me. ... He never came. He tried to come, they caught him, they tortured him. He died. I didn't know he is dead, I didn't know... The war was over in 1945 ... Then came back to L., everybody in the whole war came back to their town, wherever somebody was. My husband was already dead. I was waiting and waiting, so somebody came, said "He was looking for you, and they caught him, and they tortured him, and he died."

Sarah: ... So she knew where he was ... and she couldn't go. In the meantime, he was sick, and, uh, he was sick and he died. He died of ... He wasn't killed, he died from being sick. He was working, he was obviously – he was a captive and he was working, but he became ill.

Sarah's insistence on death from illness as opposed to torture may reflect her mother's reluctance to impart the full details of the circumstances surrounding her husband's death. However, what is important

to note here is Sarah's imposition of form on memory. Whether the information had been accurately transmitted to her or withheld, she does not leave a space for the omission and range of potential explanations. Instead, she closes the circle by providing an explanation which is more acceptable and which serves both to mediate the horror and reinterpret the memory. It is interesting to note that the permutation in Sarah's narrative from historical accuracy to narrative reconstruction is paralleled by a disjunction in narrative fluidity. Sarah's account contains repetition of utterances and an increase in linguistic disruptions (i.e., "he was sick, and, uh, he was sick and he died.") Such disruptions are suggestive of the underlying psychological processes which may obstruct narrative cohesion. The death of the husband is the "kernel of truth" to which she adheres; the illness is a fabulized explanation she adopts to explain the death; the assertion "He wasn't killed" seals the transformation of memory in its retelling.

Another form of transformation of memory is that in which the retelling of the memory involves delineating the furthest boundary of graphic horror. In this transformative process, the daughter's insistence on establishing factuality in narrative hardens the contours of memory and thus limits, in a paradoxical way, the reaches of empathic imagination. J. Young writes, "Upon entering narrative, violent events necessarily reenter the continuum, are totalized by it, and thus seem to lose their 'violent' quality (p. 1)." Transformation of episodic memory which emphasizes the documentation, in narrative form, of "unspeakable" horror, can fix on a "truth" in narrative which overshadows other, perhaps more subtle shades of affective experience. Such nuances of meaning and memory are then relegated to the realm of the unspeakable.

The following narratives of the massacre of Bella's family illustrate the transformation of a memory of horror:

Bella: After, they said they going to take us to -- to the forest. That was not true. They just -- couple of nights before, they make graves, you know? Graves. After, in morning the Germans said they going to take us to H., to the forest. That was not true. Just took us on a mountain, like a mountain, not high,

just outside the city. Not inside the city, just outside the city. And that's all. After this they start to shoot the parents. And the kids they didn't shoot, they put them just alive in the grave. My mother said to me, she said, you know, "Lay down. Make believe you're dead." So I laid down and after -- they killed all the parents. And told them to take off their clothes. And I see my big sister, you know, she was shy, she didn't want to take off the clothes. They beat her so much, you wouldn't believe it. And after they finished, I ran.

Rebecca: What stands out for me is her story about how her mother saved her life. When, um, I guess it was the Nazis came into town, raided the town. And they had shot a lot of people and her mother, I guess, was shot. And her mother told her, "If anything happens to me, take my blood and rub it all over you and lay down and pretend you are dead." And that is how she escaped. And that is how she saved herself, you know, a mother's love for her child.

Rebecca staunches the flow of anguish by contextualizing traumatic memory. She erects an interpretive scaffolding ("a mother's love for her child") which serves to safeguard the psyche against retraumatization through memory. For Bella, the traumatic moment resides in bearing witness to the profound humiliation to which her parents, her sister, her entire community were subjected. Her memory of her sister's shameful nakedness is central to her, deeply tied to her own survival which, for her, starkly confronts the utter destruction of her family. Her memory represents the consequences of flight from death. Rebecca's narrative reframes the memory of violence by foregrounding the fierce protectiveness of maternal love which overrides humiliation and despair.

Memory Transmuted

Children of survivors ingest not just the details and facts of their parents' experiences, but also the sensory, textural elements, visual images, pre-verbal affective tones and nuances of experience and memory. These, too, are preserved in narrative. Children of survivors often construct personal Holocaust narratives which contain themes that have been transmuted from their parents' history and interwoven into the structure of their own personality organization. Stories of the Holocaust are embedded in tales spun by children about their own lives. Such retellings convey experiences lived by

the children themselves and encoded in memory as paradigmatic truths about the self, yet which are overlaid with assimilated themes and images of the Holocaust. These stories have a dual nature. They are simultaneously narratives of the self and narratives of the Holocaust. As such, they reaffirm a sense of historical and intergenerational continuity in the face of the catastrophic discontinuity wreaked by the Holocaust. This process is similar to Kohut's (1977) notion of "transmuting internalization," in which structures of the self are developed through a process of gradually internalizing regulatory functions provided by the parents. It is similar, too, to Piaget's view that "the child searches for perceptual food, which he calls 'aliment,' which is 'assimilated,' after which the internal world of psychic structures 'accommodate' by reorganizing and expanding (Mearns, 1990, p. 86)." Thus, the gradual process of unconscious assimilation, by the child, of knowledge about the Holocaust alters psychic structure as it simultaneously shapes narrative testimony and historical legacy.

In her narrative, Julia provides a vivid example of the transmutation of memory. Her mother, Vera, is a survivor of Auschwitz. She has never told Julia directly about her experiences in Auschwitz, although they have spoken together about the Holocaust. Julia knows that her mother was in concentration camp; that her family perished there; that she survived with her sister; that one other brother survived. Vera's interview with me was one of the rare occasions in which she spoke about Auschwitz. She and I were alone in her house on a quiet afternoon. In the following, she describes her experience of first arriving at Auschwitz:

--And it was at night, and there were fires. If you ever saw hell, a picture of hell, this was it. Because there were fires, there was a chimney, there was big fire coming out of it. There were fires burning all around. You saw these ghostly figures illuminated by the light. And we were standing, and they were yelling at us, screaming at us in German, which half of which we didn't understand. I learned German in school, but not the words that they were yelling and screaming. And "Five! Line up five in a row!" And you see these, these people in the striped pajamas, and of course you think they're criminals -- "What are they? What kind of place is this?" There is wire all around. (emphasis mine)

Julia found it difficult to reconstruct a narrative of her mother's experiences in Auschwitz. She told me

haltingly, "She was a teenager. She was in Auschwitz. She was with her sister... There is so much that she doesn't talk about that I just get too scared to ask." However, shortly afterwards, she began to discuss her own early childhood, and recalled:

I always remember the kitchen being light on Yom Kippur. Not that we were Orthodox, but in the middle of the night, you see these lights, and they are a little scary when you are a kid. You know, fire - while it might be a little intriguing it is still scary, because it can get out of control, so I was a little concerned about that ...I was always afraid of the fire. I don't think there was a particular incident. I mean, I know that I was probably eleven or twelve before I was able to light a match. I was just afraid of it, because it was something -- I must have seen it get out of hand. Not anything particular ... I guess I was just afraid. I don't know if I had been burned or what... So I could see this flickering light. And, uh, it always kept me up...When the lights, the candles were lit and there were so many of them -- you could kind of see this crispy crinkly kind of blazing light. And I remember being afraid of it.
(emphasis mine)

In her image of Yom Kippur, Julia's unconscious memory is interlaced with her mother's stark visual memory of what she saw that night, upon her arrival at Auschwitz. She has internalized the terror, confusion and bewilderment that her mother felt in Auschwitz. For Julia, this powerful link with her mother's past is preverbal and unconscious. She cannot explain her fear to herself, and does not have access to knowledge that would help her draw the connection in a more conscious way. Julia does not hold in her conscious visual memory an image of Auschwitz; she tells me, "I don't think that we can really associate to it." Nonetheless, her memory reveals that she was exquisitely attuned to the fleeting moments in which the memorial candles lit during Yom Kippur stirred in her mother's preverbal memory the images of Auschwitz, the echoes of bewildering shouts and the inexpressible terror of a child confronting a universe of hell. The image of fire that so vividly imprinted itself on Vera's memory of Auschwitz is transposed to Julia's memory of the commemorative flames burning in the kitchen.

In summary, the process of intergenerational transmission of narrative forms is multilayered. The stories of the Holocaust that children of survivors generate emerge from the intricate interplay between the narratives told by parents -- and gradually internalized -- and the later meanings that children impart to them. Children's narratives are shaped, too, by the many tasks of remembrance. Through their

memories, children of survivors seek to repair the broken chain of familial, cultural and spiritual history.

Narrating the legacy of the Holocaust is a quest for mastery and for redemption, while it simultaneously serves to assimilate and transform tragic memory.

I think because I know people who suffered such terrible pain, and I really know it very, very intimately, that makes me able to feel a lot for other people.

I think that I haven't done my share. I haven't asked enough questions. You know, I haven't dealt with it ... Sometimes I think of it and, often enough, you know, if I have time to spend just with my mom alone I'll think about it. And then we'll go out and – just having lunch, and enjoying the day – and her health isn't really wonderful, and I'll just say "Why? She's enjoying, she's happy. Why bring up the past and bring the pain up?" Maybe my job is to keep the pain away.

I would like them to know what a heroine their Bubba is, and I would like them to know that you can still survive, and that you can still survive, and that nobody has the right to do that to anybody.

It has affected me in terms of how I view life. I don't see the country I live in, the society I live in, is very good. I think there are ultimately – we are not in danger now, but I think about what is the purpose of life, and how do you live life in circumstances that are not really humanistic. And I think that I have learned a lot of lessons about survival, and about what is important in life, and that is what I hope to perpetuate. I think it has given me a sense of values that I carry with me, and also a sense of hope. And that, first of all, people can survive but people can also live decent lives, that they can go through all kinds of healing. I think, you know, that my parents really are inspiring to me.

CONCLUDING REMARKS

This research has explored the intricacies of knowing and not-knowing, of remembering and of symbolizing the Holocaust, both for those who lived through the Holocaust and those who inherit a history of a traumatic past. The central issues addressed in this study have highlighted in particular the difficulties confronted by children of survivors in their efforts to create a cohesive narrative of the Holocaust. Many of the daughters in this study find it nearly impossible to recapture a sense of how time and events unfolded during the war. They complain that details of the past do not fit together or make sense, and grieve for lost memories. Many also mourn the gaps in their knowledge, which sever them from their history and from family members who have perished. The narratives they do form represent a convergence of individual understandings, personal meanings and defensive adaptations. Through both verbal and non-verbal forms of communication, mothers can either help or hinder their daughters' attempts to contextualize the Holocaust. The ways in which survivor parents modulate and articulate affects related to their traumatic past bear directly on their daughters' ability to integrate and organize knowledge of the Holocaust.

The nature of traumatic memory is twofold: on the one hand, it holds a central place in personality structure that is crystallized and that colors personality organization, while on the other, it is organic and subject to revision and transformation. Development brings with it the possibility of reworking previous understandings and meanings of experience based on the acquisition of increasingly complex capacities for representation and integration (Pruett, 1984). For both survivors and their children, memories of the Holocaust undergo continual reappraisal while simultaneously, they shape how later experiences are organized and understood.

This study has traced the transgenerational evolution of traumatic memory through oral

testimonies and narrative forms. In the following discussion, I will address certain limitations of the study and implications for further research.

Limitations of the Study

This research explored the nature of intergenerational communication and the transmission of trauma. The project called for a methodology which would be respectful of the highly complex and multilayered nature of the clinical material, and which would allow for the emergence of common threads while appreciating the unique and deeply personal nature of each individual's experiences of the Holocaust. The measurement tools that were used were specifically selected for their adherence to an "empathic, clinical-intuitive" approach (Krohn and Mayman, 1974). These scales required that the raters immerse themselves in the clinical material, guided by their clinical sensitivity and by their understanding of developmental principles and the formation of personality structure. However, the very nature of the material made this kind of "immersion" exceptionally complicated. At times, memories of the brutality, devastation and anguish of the Holocaust taxed the raters' ability to distinguish memory "content" from underlying psychological processes of affectivity and representational modes. The difficulties in digesting and responding empathically to this material required careful training and a willingness on the part of the raters to consider deeply their own biases and emotional reactivity. Initially, too, raters were uncomfortable assigning scores which seemed to judge the quality of an individual's adaptation to unadaptable circumstances. This led to some "resistance" to the scales, such that there was a bias either towards inflating or deflating scores to compensate for the uneasiness aroused by the coding. Thus, the process required particular attention to "counter-transferential" responses to these extremely intense memories. Raters also had to distinguish among effects of regressive and progressive shifts in narrative cohesion as a result of impinging intrapsychic demands, and those which reflected problems of fluency in speech due to lapses in the subjects' knowledge of English, which was not the primary language for

many participants. Finally, at times the scales themselves failed to capture the range of affects and representations embedded in brief passages and narrative episodes. Thus, in this research study, the difficulties inherent in the subjective aspect of this methodological approach as opposed to a "purer" quantitative coding scheme were heightened by the complex and diverse backgrounds of the subject pool and by the extremely powerful and at times overwhelming nature of the clinical data.

The selection of subject pool posed another methodological difficulty. This was a study of patterns of communication about the Holocaust, which held as an underlying assumption that such communication is uniquely complex and often inhibited by powerful psychological processes. The women who agreed to participate in this study expressed a variety of reasons for doing so. Some felt it was their "responsibility" to share their experiences with the world; others viewed the interview as an opportunity to record their history for their children and grandchildren. Some daughters urged their mothers to participate in the hope that the interview might help them begin to talk with one another more directly. On the other hand, some women declined to participate in the study for fear that it would be "too much" or because they didn't want to upset either their mother, or, in certain cases, their daughter. As such, the sample does not necessarily capture the full spectrum of reciprocal communication styles between mothers and daughters.

In addition, the population represents an extremely heterogenous group of Holocaust survivors, in terms of pre-war experiences and backgrounds, experiences during the war, and cultural and religious affiliations. There are indeed essential aspects of surviving the Holocaust that are common to all survivors, which include the effects of belonging to a group which is despised and targeted for mass extinction; the effects of being stripped of the right to make choices and express one's cultural and religious identity; the effects of being dispossessed of vital ties to one's culture, home and community; the effects of being subjected to excruciating and indiscriminate losses of beloved family and friends. However, the varied nature of this sample may not accurately represent the range of unique experiences,

and may obscure important differences. Krell (1979) posits that it is misleading to "lump together ... those who were in hiding, partisans, prewar displaced persons and concentration camp inmates (p. 373)." In his view, the experience of incarceration in a concentration camp was unique, in that it involved perpetually brutal and dehumanizing conditions, daily encounters with incomprehensible and violent deaths, and relentless physical conditions of exhaustion, starvation and exposure.

In this study, distinctions were not drawn between those who were incarcerated in concentration camps, those who were in hiding, and those who were refugees. Nor were distinctions made among child, adolescent and young adult survivors, or among those who were alone versus those who were with one or more family members. This diversity undoubtedly had an effect on empirical findings. Further, the implications for communicating with children about those events which were experienced as humiliating and degrading may be a unique aspect of the Holocaust experience which is set apart from communications about traumatic losses and personal tragedies. Such diversity suggests that these results may not necessarily be generalizable to broader issues of intergenerational communication of traumatic events. Future research may benefit from drawing such distinctions to explore the nature of differences, if any, among the various groups.

Similarly, this study did not take into account the many mediating variables which may have had an impact on the survivor's ability to communicate effectively with their children, and to facilitate the integration of intergenerational trauma. Some survivors, for instance, married other survivors who were immersed in their own unresolved grieving and were thus less emotionally available to their spouse. Other survivors married people who had not been through the Holocaust and may have failed to understand their spouse's deep-rooted depression or grief. Feeling isolated and estranged, these survivors were sometimes driven more deeply into maladaptive adjustments. Some survivors sought and received support and help in various forms, from friends, family, or therapeutic interventions. Others were unable to find a way to relieve their pain. It is expected that such mediating variables, which were not

controlled in this study, would have some impact on the survivors' capacity to integrate their experiences and talk about the Holocaust with greater affective congruence and coherency.

Future research may benefit from the use of a control group – such as mothers who have not been through the Holocaust and their daughters – to investigate the nature of mother-daughter communications about mothers' overall life experiences. A controlled study may further elucidate the unique impact of the Holocaust, and more generally, of psychic trauma, on intergenerational communication, family history and cultural legacy.

Implications for Further Research

Developmental Considerations

This study highlights the impact of maternal modes of regulating and modulating affect on the development of the child's affect regulation, verbal self and representational world. Children's capacity to tolerate and to express affect related to traumatic memories is linked to the quality and flexibility of their object relatedness. Thus, the development of their symbolic capacities is tied to the acquisition of primary regulatory functions. As a child is helped to tolerate and integrate intense affects, including rage, helplessness and despair, her object world will acquire greater depth, richness and multidimensionality.

One issue which this study raises relates to the impact of traumatic history on maturational processes. For Holocaust survivor mothers, giving birth and taking on a parenting role rouse profoundly conflictual feelings of grief mingled with hopefulness and renewal. Thus, the impact of the Holocaust is first transmitted to and encoded by the infant in pre-verbal forms, and gradually takes shape for the child as she begins to form representational systems of experience and internalize patterns of relatedness. The echoes of their mothers' traumatic history are deeply embedded in such representational systems, and are subject to maturational processes. As self-knowledge and belief systems take shape, meanings of self-

history and transmitted memories evolve and shift. However, we have also seen that fragments of traumatic memory are encoded in a different state and can persist across the generations. Further research is needed to understand the processes of preservation, transmutation and transformation of narrative memory and of early representations of trauma – whether they endure in unintegrated memory fragments or gradually achieve psychological resolution throughout the course of development.

Clinical Considerations

"Affect tolerance," suggests Wilson, "is enhanced by the commitment to historical explanation ... such a narrative commitment constitutes a facilitative element of the therapeutic holding environment and the treatment process (1985, p. 81)." He underscores the importance of filling in the gaps in historical knowledge, and of the clinician's role in providing comfort and containment of the affects that arise in the context of such historical exploration.

The results of this study highlight the difficulties inherent in the expression of affect related to the Holocaust. The events of the Holocaust extinguished the dyadic (dialogic) matrix within which memories and inner experiences acquire narrative forms and structures. The very act of articulating experience – of naming – simultaneously alters and preserves historical events and their interpretations. Parents who are survivors of the Holocaust variously endorse or prohibit the naming of traumatic experience. Naming gradually transforms inassimilable knowledge into contextualized and affectively tolerated self-history that can be narrativized and symbolized. The prohibition against naming perpetuates a sense of nameless dread and leaves remnants of unintegratable and unspoken knowledge. That which is both known and not-known permeates the representational world and constricts the individual's strategies of defense and adaptation.

This issue has direct bearing on the psychotherapeutic treatment of children of survivors. The restoration of a reciprocal, empathically attuned and responsive interpersonal matrix is a vital function

of therapeutic treatment. The therapist must understand the impact of the inchoate, fragmented or split-off forms of knowing and not-knowing the Holocaust, and develop an interpretive stance which lends itself to repairing the links between affects, meanings and memory. A predominantly silent therapeutic stance, for example, may be experienced by children of survivors as a re-enactment on an unconscious level of unspoken parental prohibitions against Holocaust knowledge, and may perpetuate a sense of estrangement and breakdowns in the "verbal self." Further, Laub and Auerhahn (1992, unpublished manuscript) point out that "elucidation of split-off and diffusely re-enacted memory fragments is essential in order to facilitate reconstruction of the 'unknown' traumatic event and comprehension of its meaning (p. 23)." The therapist must beware of adopting too quickly or exclusively an interpretive stance which situates an individual's concern with external reality -- in this case, the reality of the Holocaust -- in the realm of defended-against unconscious conflict. Therapists must also be able to recognize their own contributions to silence, often rooted in reluctance to know consciously and to appreciate the depths of rage and despair evoked by trauma.

These issues have direct bearing on other forms of "forbidden knowledge" (Auerhahn and Laub, 1993) and family secrets, such as incest or other forms of abuse, alcoholism or, in certain cases, chronic illness. Not to be "allowed" to know what is already known (Nagler, personal communication) -- knowledge which cannot be avoided any more than it can be integrated and understood -- may have severe consequences for a child's capacity to develop mechanisms for defense and adaptation. A five-year-old child with HIV+, whom I saw recently at a medical center, provides a poignant example of the impact of the prohibition against naming on the development of internal structures. At a recent routine visit to the clinic, Juan whispered imploringly to medical staff, "I have AIDS but don't tell my mother." His mother had refused to acknowledge or name his illness, concerned that telling him his diagnosis would be tantamount to extinguishing all hope. Juan, however, felt as though he bore a guilty secret -- knowing what his mother did not allow him to know left him terrified of his own power and forbidden

knowledge. He worried that should his mother "find out," she would be devastated, and thus sought fruitlessly to protect her while desperately needing comfort and assistance from her, which he could not receive. He was terrified of being in physical contact with other people because "my blood is poison."

This child exhibited behavioral disorders, sleep disorders and nightmares. Many parents with chronic illnesses or whose children are chronically ill or traumatized perpetuate silence, wishing to "protect" their children and avoid painful affect. Further research is needed to elucidate the psychological and socio-emotional implications, for these children, of forbidding the naming of trauma and thereby rupturing the dialogic exchange.

Conclusion

We have explored some aspects of the multifaceted nature of traumatic memory and its transmission via affect regulation and symbolic representation. This research has implications for conceptualizations of massive psychic trauma and its impact on representational capacities, on mothering and motherliness, on emotional expressivity and modulation.

Memories of massive psychic trauma are transmitted and perpetuated across the bridge of generations. We have seen, however, that equally powerful is the process of intergenerational renewal and restoration. Through the attainment of contextualization and narrativization of traumatic history, daughters of survivors may gradually achieve some form of resolution of their mothers' trauma. Often, this resolution coalesces in their own experience of mothering. With the birth of their own child, children of survivors often acquire a deeper understanding of their own mother's suffering and its impact on her parenting abilities. They understand the fear, pain and grief which sometimes kept their mothers aloof, unattainable or ineffectual, and they recognize the many meanings of the empty spaces in their mothers' inner lives. This understanding brings with it a maturational shift, a deepened awareness of the contours of traumatic memory and its sequelae.

The daughters of survivors who participated in this study feel less anxious about speaking with their own children about the Holocaust. The birth of the next generation affirms, for them, the possibility of intergenerational reparation and resurrection of truncated ties to the past.

I just feel it's very important for me to have another child ...

Learning more about the Holocaust has given me a sense of belonging and a sense of self. I have kind of rediscovered myself. Every opportunity I get to tell my children about it, I do. I haven't told them much yet... I don't want to scare them... as they get older I will tell them a little more and more.

In my house we have a corner in the living room where we have Holocaust art. And there were times that the children said "Ugh, it's ugly. It's scary." And maybe it's premature, but it was important for us that they see this, that it be there, that it be a constant reminder that not everything is candy-coated, not everything is perfect. And we sent them to schools that explain Yom Ha'Shoah, Holocaust Remembrance Day, that include that as part of their existence... They know what the Holocaust means.

I've matured a lot. And having your own kids, too, you see a lot and understand a lot of things. And I think I've come to a point in my life where I can say to myself, "I know who she {mother} is." I understand a lot of it. And I always felt that I wanted to have a relationship with my children where we can say anything we want, be able to talk about anything, and be able to just be open and honest as much as possible.... With my son, he's gonna be 21, he's just – he's just so much of a "mensch." I think it's wonderful.

Through their own developmental transitions into motherhood and adult identity formation, these women have acquired a richer understanding of their mother's motivations, needs and wishes, and fortify their connections to the past, to their family and to the culture and heritage of Judaism. This is an example of the healing process that can take place across the span of generations.

APPENDIX A

Dear Survivor/Daughter of a Survivor,

I am a doctoral candidate in Clinical Psychology at the City College of New York. I am also a daughter of a Holocaust survivor. I am writing to invite you to participate in a research project that I am presently conducting for my dissertation. I am studying the ways in which survivor parents relate their life experiences to their daughters. My study involves an interview that will be tape-recorded. The process will take approximately one and a half hours.

Upon completion of the interview, I would be pleased to discuss any aspects of my work in greater detail. I will also send a summary of my results, at the conclusion of the study, when requested. Please be assured that all responses are completely confidential, and will not be associated with participants' names in any way.

If you/your mother was in a concentration camp during World War II, and both you and your mother are interested in participating in this study, please contact me at (212) 865-3428. The interviews will take place at a time and place of your convenience. Thank you in advance for your time and consideration. I hope to have the chance to speak with you.

APPENDIX B

Letter of Consent

Please read the following carefully before signing in the space provided.

This is an interview study of communication about the Holocaust between survivor mothers and their daughters, in which I will be tape-recorded during an interview.

I understand that all of my responses will be completely confidential, and will never be associated with my name. The last four digits of my social security number will serve as an identification code and will be the only way in which my responses are identified.

I understand that the material covered in the interview may be upsetting at times, and that I may choose to not answer any questions I do not wish to discuss.

I understand that I am free to terminate my participation at any time during the study.

Once I have completed the interview, I am free to ask any questions regarding the study. I understand that I may request feedback and that, if I choose, Anne Adelman will send me a written statement containing a summary of the basic results of the study.

Although it is necessary for me to submit this consent form, I may choose to sign it using the last four digits of my social security number instead of my name, so that my name is not submitted to the study.

I have read and understood all of the above and give my consent to participate in this research.

Name or last four digits of
Social Security Number

Date

APPENDIX C

Survivors' Memory Interview

We'll start with a few questions about you and your background.

1. Age
2. Education
3. Occupation
4. Marital Status
5. Age and sex of children
6. Parents' birth place
7. Parents' occupations
8. Age and sex of siblings

Now, I'd like to ask you about the early years, before the war.

9. What was your home life like? (nature of home life)
10. How would you describe your parents? Could you describe your relationship with them?
11. What is your earliest memory of your childhood?
12. What is your next earliest memory?
13. What is your earliest memory of your mother?
14. What is your earliest memory of your father?
15. What is your most cherished memory?

Now, I'd like to ask you some questions about your life during the war.

16. Where were you when the war started? How old were you?
17. When did things begin to change?
What did you first notice? The early signs of danger?
18. Describe the early days of persecution. What was it like for you?

19. Did you continue working or studying?
 20. Did you remain with any family members or friends?
 21. What happened to you then? Can you describe your experiences? What were your thoughts and feelings during those times?
 22. What was the worst experience for you?
 23. What were the moments of separation from your family like? How did they take place? Does any specific memory of being separated stand out in your mind?
 24. Can you describe relationships that you had during this time? (fellow prisoners, guards, benefactors, friends)
 25. Was anyone with you throughout the war, or helpful to you in some way?
 26. What did you imagine would happen to you? Did you believe it would end?
 27. How did it end for you? What happened? Describe your first days of liberation. What did you want to do?
 28. What transpired between the end of the war and when you came to America?
 29. Who did you come here with? What did you do? Did you know anyone here? Husband? What did you do then?
- Now, I'd like to talk with you about your daughter.
30. Describe your daughter. What is she like? What is your relationship with her like?
 31. What is your earliest memory of your daughter?
 32. What are things like between you now? How have things changed as she got older?
- I'd like to get a sense of how you discussed things with your daughter, both things about the Holocaust and things in general. I'm interested in how you communicated with each other. First I'd like to discuss what you felt about sharing your war-time experiences with her.
33. Did you tell your daughter about your experiences? Why or why not?
 34. Did you ever initiate discussion with her about your experiences?
 35. Did she ever initiate discussion with you?
 36. If you did discuss your experiences with her, when would these discussions take place? How did they begin? Who else was there?

37. What were your thoughts and feelings when you talked about it?
38. Were there specific things you wanted her to know about?
39. Were there things you felt you could not bring up with her?
40. What did you hope she would know, remember about what happened to you?
41. What is your earliest memory of telling your daughter about your experiences? Other specific memories?

(if there are grandchildren: What do you think they think/know about the Holocaust? What would you like them to know?)

Now, I'd like to discuss your general communication with your daughter.

42. Was your relationship an open one, where things were discussed and shared, or were you more private?
43. How open do you feel your daughter was/is with you? Does she ask your advice? Confide in you? Conceal things from you?
44. What kinds of things do you most frequently discuss? (Personal, political, intellectual, general)
45. What kinds of discussion do you most enjoy with your daughter?
46. What kinds of discussions make you uncomfortable or embarrassed?
47. What kinds of discussions make you angry?
48. If you could change anything in your relationship with your daughter, what would it be?

I'd like to finish with some general questions about you.

49. Do you belong to a synagogue, or other Jewish groups?
50. How often do you think about the war years?
51. Do you ever talk about the war with anyone else? (husband, family, friends)
52. What is still vivid and alive now? How do you think about it now? What effect did it have on you; how did it change you?

APPENDIX D

Children of Survivors' Memory Interview

We'll start with a few questions about you and your background.

1. Age
2. Education
3. Occupation
4. Marital Status
5. Age/education/occupation of spouse
6. Children: ages and gender
7. City/country of origin
8. Ages/education/occupation of mother and father
9. Primary languages/other languages?
10. Language of parents? In what language did they speak with you? Each other?
11. What was your home life like? (# of sibs, parents' occupations, nature of home life)

Now I'd like to talk about your general relationship with your parents.

12. What are your parents like? What was your relationship with them like as a child? Specific examples?
13. What is your earliest childhood memory?
14. What is your next earliest memory?
15. Earliest memory of mother?
16. Earliest memory of father?
17. Most cherished memory?

Now, I'd like to ask you about your mother's early childhood years, before the war.

9. What was her home life like? (nature of home life)
10. What were her parents like? (occupation/education/religious?)

11. Family constellation.

12. Do you think there are family members you don't know about?

13. What did your mother do before the war?

Now I'd like to ask you about your mother's experiences during the war.

14. Where was your mother when the war started? How old was she?

15. What, for your mother, were the first signs of danger, when things began to change? Are there specific events that you think may have alerted her to the danger?

16. Describe the early days of persecution. What do you think it was like for her?

19. Did your mother continue working or studying?

20. Did she remain with any family members or friends?

21. What happened to her then? Can you describe any specific experiences? What do you imagine were her thoughts and feelings during those times?

22. Are there any particular moments of your mother's experience that stand out for you? What are they?

23. What do you think was the worst experience for her?

24. What do you imagine about the moments of separation from family members? How do you think they took place?

25. Can you describe any relationships that your mother had during this time? (fellow prisoners, guards, benefactors, friends)

26. Was anyone with her throughout the war, or helpful to her in some way?

Now, I'd like to ask you about her experiences after the war.

27. How did it end for your mother? Can you tell me about her liberation?

28. What transpired between the end of the war and when you came to America?

29. Who did you come here with? What did you do? Did you know anyone here? Husband? What did you do then?

I'd like to get a sense of how you and your mother discussed things when you were growing up, both things about the Holocaust and things in general. First I'd like to get a sense of how you talked together about the war.

18. Does any specific memory stand out for you about when you learned about the Holocaust, or first wondered about it?
19. I'd like to hear about how you first learned about your mother's experiences during the war.
 - specific memory of being told?
 - Who told you, or how did you find out?
 - How old were you?
 - Thoughts, feelings?
20. Did your mother tell you about her experiences? What do you think her reasons were for telling you?
21. Did you ever initiate discussion with her about her experiences?
35. Did she ever initiate discussion with you?
36. If she did discuss her experiences with you, when would these discussions take place? How did they begin? Who else was there? How often did they take place?
37. What were your thoughts and feelings when you talked about it with her? (pressure to listen? frightened? positive feelings?)
38. Were there specific things you wanted to know about?
39. Were there things you felt you could not bring up with her?
40. What reactions do you remember having as a child to hearing about your mother's Holocaust experiences? Is there any specific memory or incident that stands out?

Now I'd like to talk about your general communication with your mother.

41. Was your relationship an open one, where things were discussed and shared, or were you more private?
42. How open do you feel your mother was/is with you? Does she give you advice? Does she ask your advice? Confide in you? Conceal things from you?
43. What kinds of things do you most frequently discuss? (Personal, political, intellectual, general)
44. What kinds of discussion do you most enjoy with your mother?
45. What kinds of discussions make you uncomfortable or embarrassed?
46. What kinds of discussions make you angry?
47. What is your relationship like with your mother now?
48. If you could change anything in your relationship with your mother, what would it be?

I'd like to finish with some questions about yourself.

49. Do you participate in any Holocaust groups/Jewish groups/religious activities?
50. Have you ever been in therapy?
51. Do you ever discuss the Holocaust with anyone else?
52. How comfortable does it feel for you to talk about the Holocaust?
53. How do you see the Holocaust affecting your current life? Is there any specific area of your life that it affects the most?
54. What would you like your own children to know or remember about the Holocaust?

APPENDIX E

Addendum to E.A.R.S. Affect Tolerance and Affect Expression Subscales

For Use with Early Memories/Holocaust Memories

Affect Tolerance

What is important about this score is that it reflect something about how the individual manages varying degrees of affective arousal. What happens as the story (= all of the richness and subtlety of the text, i.e. themes, images, use of language) increases or decreases in emotional charge? As the narrative content, tone, texture or feeling shifts in emotional tenor, as imagery, metaphor and other symbolic representations evoke fluctuating emotional states, what happens to the integrity of the narrative? What erupts in the quality of the telling/ disrupts the narrative flow? How well is the storyteller able to maintain the flow of the narrative and the interweaving of the narrative threads? Is the storyteller able to sustain the integrity of the narrative as affective arousal increases? And, is affective arousal modulated by the storyteller in such a way that the narrative is neither "awash" nor devoid of any emotional tone?

MODE I: The inability to tolerate affect, signalled by the immediate discharge through action of powerful feeling states.

The narrative cannot contain the level of emotional arousal. Words do not serve to mediate between impulse and action. Affective arousal is overwhelming (annihilating).

1. In the narrative, there is an absence of metaphor or images used as symbolic representations of internal experiences.

2. The narrative depicts, essentially, two states: (1) state of high intensity arousal [unpleasurable] and (2) relief through action.

3. Actions are either (1) explosive, i.e. aggressive act, emotional outburst, destructive act or (2) implosive, i.e. sleep, withdrawal, death.

4. Actions do not lead to constructive, adaptive solutions.

5. There is often a bizarre, malevolent overtone to the narrative.

MODE II: Minimal affect tolerance characterized by polarization of positive and negative feeling states. All black and/or white with no shades of gray. Can lead to lack of cohesion in the narrative.

1. In order to avoid the clashing of opposite poles, there is a bland, glib feeling tone.

2. There is a flip-flopping which makes the story somewhat incoherent or confusing (i.e. "he was awful, then it got better -- the end.")

3. There is a Pollyanna-ish gloss to the narrative.

4. The story doesn't hold together or ring true because of the inability to integrate opposing affective states.

5. Linguistic regression: disrupted patterns of communication in the face of powerful affective experiences.

MODE III: Rudimentary integration of opposing affects. Curtailed by the press of narcissistically tinged concerns which require attention to the maintenance and enhancement of self-esteem.

1. Unlike Mode II because both positive and negative affects are represented, although one or the other predominates.

2. Unlike Mode IV because there is no sense that the storyteller is genuinely grappling with conflictual emotions.

3. There is a shallow, superficial quality to the narrative.

4. Things lack a certain richness, specificity or emotional aliveness.

5. Emotional freedom and flexibility are constrained by the press of narcissistic preoccupations.

MODE IV: The narrative embodies a rich array of multiple affective experiences, that do not compromise the cohesion of the narrative.

1. Emotional conflict expressed through the use of metaphor, symbols and imagery.

2. Narrative is complex, evocative – elicits genuine empathic response.

3. Narrator recognizes and actively grapples with convergence of conflicting feeling states – these are neither denied nor exaggerated in a superficial way.

4. Unlike V, there is still a sense of active and sometimes painful conflict, but unlike III, there is a sense that the individual takes this on in earnest, without getting disorganized or falling apart.

5. Anxiety/confusion/unhappiness over conflictual feelings is expressed in a conscious, direct way (i.e. ruefulness, frustration, ability to recognize and share these feelings with another.)

MODE V: Acceptance of conflictual feeling states and creative management of them.

1. Sense of wisdom/inner calm.

2. Use of humor, self-reflection, retrospective musings, playfulness, insight.

3. Emotional flexibility and pleasure in this.

4. Narrative is richly evocative, flows in a compelling way, and evokes in the reader a sense of deepened understanding.

5. Differs from IV in that expressed frustration gives way to acceptance, conflictual struggles give way to flexible solutions, acknowledgment of differences, benevolent resolution of conflict.

6. Aggression and competition are well-contained; sense of realistic appraisal of self-expectations, achievements and faults.

Affect Expression

This score reflects the individual's capacity to make use of emotional expressivity to communicate and signal something about an internal or emotional experience to another. It is a score that gives some clue about how the individual, throughout her development, has come to regard the role of affective expression within an interpersonal matrix. Does the individual anticipate an empathic, congruent response? The level of intensity and differentiation of the expressed affect in the narrative provides a window into the individual's affective ties to others. I think of this a little in terms of Daniel Stern's work with babies – something shifts significantly with the baby's dawning recognition that she and her mother are both containers of separate internal experiences that can be communicated to one another. The degree to which the caregiver is able to provide a context for shared affective experiences is vitally linked to an individual's later capacity to express affect with increasing differentiation.

MODE I: Global, undifferentiated affect states, organized around pleasure/unpleasure. In developmental terms, this is a "pre-subjective" period of development, characterized by sensory-motor experiences and by the threat of overstimulation/overarousal.

1. Feelings are put in terms of bodily sensations as opposed to ideational states.
2. What predominates in the narrative is the "body ego."
3. There is no labelling of feeling states.
4. Affects are fragmented and global, i.e. pleasurable/painful (i.e. "everything was freezing;" "Hungry. Tired.")

MODE II: Polarized, discrete forms of affective expression. Minimal differentiation.

1. Antithetical pairs used to delineate feeling states.
2. Contrast between feeling states is central to the description of feeling (e.g., individual talks about loving someone, then follows this with contrasted view of hated enemy.)
3. Irreconcilable nature of opposing states.
4. Characteristic feeling states include: primitive rage/anxiety/helplessness/need-gratifying dependency.

MODE III: Feeling states organized around wish to protect illusory, grandiose beliefs about self and others. Others viewed primarily as fulfilling vital selfobject functions. Feeling states are more differentiated and there is some rudimentary use of emotional descriptors. These remain in the realm of narcissistic, need-gratifying longings.

1. Individual links experience of loneliness and isolation to necessity of giving up prior goals and ideals.

2. Describes feelings of emptiness, rage in response to inability of caregivers to provide nurturance/ protection/ gratification.

3. Narcissistic pleasure in viewing oneself in the positive "gleam" in the eyes of the other. Flip side is expression of feelings of envy/vindictiveness/failure/rage in response to criticism or frustration of self-esteem-enhancing activities.

MODE IV: Subject expresses full range of affects and conflictual affect states. Can contain contradictions, uncertainties. this mode captures the individual in the process of working through something that is on the way to emotional "resolution." Thus, may express awareness of how things don't fit together, and some confusion/active search for some kind of working through.

1. Descriptions of self and others in mutual, affectively alive interactions predominate in the narrative.

2. Emotional descriptors that are used are evocative, distinct and provide depth to the narrative. They enliven the tone of the narrative and lend a feeling of dimensionality and vibrant interaction among the characters.

MODE V: Affects expressed represent acceptable, ego syntonic emotions. There has been some attainment of a coming to terms with the realities of one's own existence, strengths and shortcomings, and the strengths and shortcomings of others.

1. Anger replaces rage; grief and sorrow replace depression; concern and attention replace anxiety.

2. Presence of wisdom; joy; acceptance.

APPENDIX F

MEANS OF HIGHEST SCORES:

MOTHERS AND DAUGHTERS

MEANS OF HIGHEST SCORES:EARLY MEMORIES

		MEAN	S.D.	RANGE
<u>AFF.TOL.</u>	MOTHERS	0.642	0.171	2 - 4
	DAUGHTERS	0.642	0.171	2 - 5
<u>AFF.EXP.</u>	MOTHERS	0.632	0.100	2 - 4
	DAUGHTERS	0.663	0.134	2 - 5
<u>OBJ.REP.</u>	MOTHERS	0.743	0.114	4 - 7
	DAUGHTERS	0.717	0.124	4 - 7

MEANS OF HIGHEST SCORES:HOLOCAUST MEMORIES

		MEAN	S.D.	RANGE
<u>AFF.TOL.</u>	MOTHERS	0.600	0.221	1 - 5
	DAUGHTERS	0.589	0.156	2 - 4
<u>AFF.EXP.</u>	MOTHERS	0.632	0.192	1 - 5
	DAUGHTERS	0.632	0.180	2 - 5
<u>OBJ.REP.</u>	MOTHERS	0.717	0.166	2 - 8

DAUGHTERS

0.691

0.197

2 - 8

APPENDIX G

MEANS OF MODAL SCORES:

MOTHERS AND DAUGHTERS

MEANS OF MODAL SCORES:EARLY MEMORIES

		MEAN	S.D.	RANGE
<u>AFF. TOL.</u>	MOTHERS	0.463	0.150	1 - 4
	DAUGHTERS	0.505	0.154	1 - 4
<u>AFF. EXP.</u>	MOTHERS	0.526	0.137	1 - 3
	DAUGHTERS	0.568	0.100	1 - 3
<u>OBJ. REP.</u>	MOTHERS	0.592	0.137	3 - 7
	DAUGHTERS	0.579	0.133	3 - 6

MEANS OF MODAL SCORES:HOLOCAUST MEMORIES

		MEAN	S.D.	RANGE
<u>AFF. TOL.</u>	MOTHERS	0.400	0.163	1 - 4
	DAUGHTERS	0.432	0.153	1 - 4
<u>AFF. EXP.</u>	MOTHERS	0.368	0.167	1 - 4
	DAUGHTERS	0.421	0.162	1 - 4
<u>OBJ. REP.</u>	MOTHERS	0.493	0.202	2 - 6

DAUGHTERS

0.596

0.215

2 - 7

APPENDIX H

MEANS OF LOWEST SCORES:

MOTHERS AND DAUGHTERS

MEANS OF LOWEST SCORES:EARLY MEMORIES

		MEAN	S. D.	RANGE
<u>AFF. TOL.</u>	MOTHERS	0.326	0.119	1 - 3
	DAUGHTERS	0.358	0.126	1 - 3
<u>AFF. EXP.</u>	MOTHERS	0.358	0.119	1 - 3
	DAUGHTERS	0.358	0.143	1 - 3
<u>OBJ. REP.</u>	MOTHERS	0.421	0.133	2 - 5
	DAUGHTERS	0.382	0.135	1 - 4

MEANS OF LOWEST SCORES:HOLOCAUST MEMORIES

		MEAN	S. D.	RANGE
<u>AFF. TOL.</u>	MOTHERS	0.305	0.122	1 - 3
	DAUGHTERS	0.326	0.137	1 - 3
<u>AFF. EXP.</u>	MOTHERS	0.253	0.090	1 - 2
	DAUGHTERS	0.284	0.138	1 - 3

<u>OBJ.REP.</u>	MOTHERS	0.329	0.187	1 - 6
	DAUGHTERS	0.329	0.173	1 - 6

APPENDIX I
ANOVA: HIGH SCORES

<u>SOURCE</u>	<u>Df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>
Family Member (A)	1	.01	.01	0.02
Error (A)	18	1.48		.08
Memory Type (B)	1	.05		.05
Error (B)	18	.60		.03
Personality Dimension (C)	2	.41	.20	21.90***
Error (C)	36	.53		.01
Fam x Mem (A x B)	1	.01		.01
Error (A x B)	18	.35		.02
Fam x Per (A x C)	2	.02		.00
Error (A x C)	36	.39		.01
Mem x Per (B x C)	2	.01		.01
Error (B x C)	36	.36		.01
Fam x Mem x Per (A x B x C)	2	.01		.01
Error (A x B x C)	36	.40		.01

** p < .01

*** p < .001

APPENDIX J

ANOVA: LOW SCORES

<u>SOURCE</u>	<u>Df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>
Family Member (A)	1	.01	.01	0.14
Error (A)	18	0.42		.02
Memory Type (B)	1	.22		.22
Error (B)	18	.57		.03
Personality Dimension (C)	2	.11	.05	3.629*
Error (C)	36	.53		.01
Fam x Mem (A x B)	1	.01		.01
Error (A x B)	18	.39		.02
Fam x Per (A x C)	2	.02		.01
Error (A x C)	36	.41		.01
Mem x Per (B x C)	2	.04		.02
Error (B x C)	36	.38		.01
Fam x Mem x Per (A x B x C)	2	.01		.01
Error (A x B x C)	36	.22		.01

* p < .05
 ** p < .01
 *** p < .001

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