

# **ABSTRACTS**

## ***The Holocaust as the Paradigm of Psychic Trauma in the 20th Century***

**International Conference  
hosted by**

**Minerva Institute for German History**

**Tel Aviv University  
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**Tuesday, January 23, 2007**

### ***Opening Lectures:***

**José Brunner, Tel Aviv**

#### ***Trauma as the Paradigm of the Holocaust***

The title of this conference presents the Holocaust as an event with paradigmatic status for the understanding of trauma in the twentieth century. Taking seriously the meaning and implications with which the historian and philosopher of science Thomas S. Kuhn endowed the notion of paradigm, while inverting the link between trauma and the Holocaust, this paper addresses the notion of trauma as a paradigmatic prism through which the Holocaust has come to be seen in the latter third of the twentieth century.

As a rule, histories of the understanding of the Holocaust as a traumatic event have been written by mental health professionals, who have used mental health categories to describe it as leading from repression and denial to empathy and understanding. The Eichmann trial is usually presented as a transformative event in this development.

Accepting this view of the Eichmann trial as a revolutionary event, in which inquiry into the Holocaust was abruptly transformed, it will be argued in this paper that the Eichmann trial led not only to a new understanding of the Holocaust, but also to the formation of a new paradigm of the state as a potentially traumatizing agent. By the end of the sixties the Holocaust became the exemplar of a new perspective on the possible mental health effects of politics, on which later conceptions of traumatic effects of genocidal persecutions were modeled.

Kuhn suggested that paradigms are incommensurable, i.e. that it is nearly impossible to understand one paradigm through the conceptual framework and terminology of a rival paradigm. Applying Kuhn's line of reasoning, it will be maintained that once the trauma paradigm had replaced earlier views of the Holocaust in particular and of politics in

general, the earlier perspectives became difficult to understand. Hence, their existence was explained by a variety of psychological mechanisms, such as conspiracy of silence, counter-transference, repression and denial. Even the Eichmann trial, which set off the shift in the understanding of the Holocaust into the trauma paradigm, but which predated it, was retrospectively and anachronistically reinterpreted as an attempt to cope with the Holocaust as a collective trauma.

The understanding of the Holocaust as exemplary of a new traumatic paradigm of politics and persecution can explain how and why the Holocaust came to be seen as producing traumas in multiple dimensions and on a variety of levels: individual and collective, social and cultural, unique, universal, and transgenerational.

Since this paradigm structures our thinking and since we attribute truth status to it, it is incongruous to provide psychological explanations for it. Taking an external, constructionist stance toward the ruling paradigm, this paper will sketch some possible psychological functions that may be served by it. Finally, the question will be raised whether current historical and philosophical examinations of the dominant paradigm, such as will be undertaken in the course of this conference, contribute to a further development of the trauma paradigm by adding self-reflective contemplation, or whether they signal a crisis.

**Nathalie Zajde, Paris**

***The Holocaust as the Paradigm of Trauma***

When the allied forces liberated the Nazi concentration camps in 1945, they discovered human beings in a state of severe dehumanization. In order to describe and treat these survivors, a new psychiatric concept was created in the course of the 1950's: the *KZ Syndrome* or *Concentration Camp Survivor Syndrome* (CCSS), profoundly redefining the notion of psychic trauma. With the inception of the CCSS, an important part of psychiatry became social, focusing on the way in which individuals could be radically transformed and made chronically ill by extreme life experiences and violence. Thus, a new paradigm of psychic trauma emerged, addressing for the first time the possibility which intrinsically linked and universalized victimhood and mental suffering, turning *everybody* into a potential individual and/or collective victim of a massive traumatization. At the same time, much of the philosophical, historical and literary discourse on the Holocaust insisted on the historical uniqueness of the suffering that the Nazi regime inflicted on its victims. But was this uniqueness ever conceptually founded?

In the wake of the Vietnam War, the CCSS turned into *Posttraumatic Stress Disorder* (PTSD), which has become one of the principle notions of contemporary psychiatry worldwide, and has turned into one of the main concepts that conjoin notions of victimhood and mental suffering in all social domains. The concept of PTSD has given rise to a series of new practices, not only in psychiatry, psychotherapy and mental health research, but also in the domains of justice, social and humanitarian intervention, as well as political action both on national and international levels.

## **First Session: *Uniqueness and Universality: The Ethical and Clinical Heritage of the Holocaust***

**Jörn Rüsen, Essen**

### **Humanism in Response to the Holocaust: Destruction or Innovation?**

There is an urgent need for transcultural principles of cultural orientation which tame or domesticate the 'Clash of Civilisations' stemming out of the logic of ethnocentric identity formation all over the world. The most convincing idea of a set of such principles could be described as a new world wide humanism. Such a humanism can be based on the Kantian idea, that every human being should be treated not only as a means for one's own purpose, but as a purpose in itself. For the sake of intercultural plausibility, such a humanism should include the idea of cultural diversity and difference guided by the regulative idea of mutual recognition.

These ideas can easily be accepted, but it is an open question, how valid they are in respect to the historical experience of human behaviour. Referring to Kant again, the question is, how a humanistic culture can meet the driving force of the 'unsocial sociability' of the human life. The most radical experience of the negation of humanism by historical experience, is, of course, the Holocaust. The paper argues how this experience nevertheless can be used as the reason for the plausibility of a new worldwide humanism. It starts from Adorno's famous new categorical imperative, that Auschwitz should never happen again, criticises the abstract opposition of a postulate against historical experience and tries to develop ideas of historical sense generation meeting the Holocaust and its traumatic i.e. sense negating meaning. Three issues will be especially treated: The necessity of contrafactual elements in historical sense generation and cultural orientation of human agency, mourning as a widely neglected cultural procedure of overcoming negative historical experience, and forgiving as a reestablishment of humanity against its violation.

**Catherine Grandsard, Paris**

### **Uniqueness vs. Universality of the Holocaust: Implications for Psychotherapy**

This paper will address the issue of the uniqueness and/or universality of the Holocaust in the context of psychotherapy. More specifically, I will discuss what I regard as important practical implications of this issue when it comes to providing treatment to people whose families and lives were—and in some cases often still are—directly affected by the Holocaust. The question, in this perspective, isn't so much whether the Shoah as a historical event is to be considered a unique occurrence in human history or, on the contrary, as yet another instance—albeit a particularly grueling one—of humankind's immemorial proclivity towards warfare, aggression, conquest or murder. Rather, it pertains to the conceptual categories which inform the work of psychotherapists involved in treating Holocaust victims and their offspring. By and large, these categories have mostly, if not exclusively, been predicated on theories which claim a universal validity.

Thus, for instance, it became evident to researchers and clinicians working after the war that *anyone* who had undergone the terrible misfortune of having been imprisoned in a Nazi concentration camp would be prone to develop a series of psychopathological

symptoms subsequently defined as the “survivor syndrome”. In psychodynamic terms, the horrendous experiences inflicted on Nazi victims evidently could lead to the breakdown of an individual’s pre-war ego-defenses. In keeping with the underlying rationale of child-development theory, the treatment offered to survivors, and in subsequent years to their offspring, was most frequently an individual psychotherapy setting. Within such a setting, the survivor would be given the opportunity to experience a safe, supportive therapeutic relationship and thereby to work through multiple losses and traumata suffered during the war but also potentially neurotic attachments to parental figures dating from pre-war childhood.

Yet in effect, such a therapeutic setting precludes a fundamental fact, which is that Nazi victims belonged to specific cultural, religious and political groups singled out by the Nazis and that these groups had their own identities and practices. And it is *because* they belonged to these *unique* groups (Jews, Gypsies, homosexuals, Jehovah’s Witnesses...)—or were defined as such by the Nazis—that people were persecuted and murdered. The question then becomes: how can we as psychotherapists conceptualize this fact? Is it of interest to us to do so? My argument in this paper is that it should be, not only for ethical reasons but also for the sake of treatment efficiency. Indeed, after over a decade of work in the context of a research project on the subject initiated in the early 1990’s by my friend and colleague Dr. Nathalie Zajde, and in light of our findings, a case will be made for the following statement: Holocaust survivors, their children and, today, their children’s children respond positively to psychotherapeutic treatment provided their Jewishness is not forgotten in the process. Clinical vignettes will be presented to illustrate this argument.

**Henry Szor, Bat Yam/Tel Aviv**

**Word and Silence in the Therapy of Holocaust Survivors: Changing Perspectives**

‘Conspiracy of Silence’ is a central concept in the theory of the understanding and treatment of Holocaust Survivors. Introduced in the sixties it had at its core the understanding that traumatic experiences could and should be communicated by words in an explicit and verbal therapeutic relationship. Silence was understood as expressing muteness, which in turn was conceptualized as inherently pathological, signifying either repression (dissociation) or pathological splitting in the self. Only in the last decade a new understanding began to emerge which calls for greater humbleness amongst clinicians as to the demand for explicit communicability of traumatic experiences.

This paper will try to show that muteness and its consequential silence are essential elements of the experience of the Shoah and express a central feature of the trauma of the Shoah – its ‘beyond the conceivable’ quality. This thesis will be explored and demonstrated both through ‘literary memory’ and clinical material of survivors.

My main thesis being that the trauma of the Shoah calls for a paradigmatic shift in the conceptualization of silence and verbal communication in the sense that both should be understood as being in a precarious balance vis a vis the inherent difficulty in ‘voicing the void’ and dealing with the ‘beyond the conceivable.’

Wednesday, January 24, 2007

**Second Session: *The Birth of the Survivor: From the Survivor Syndrome to the Child Survivor***

**Chair: Zahava Solomon, Tel Aviv**

**Ben Shephard, Oxford**

**Psychiatry's Response to the Holocaust, 1945-1950**

The early response of psychiatry to the Holocaust has for many years been a neglected subject. It tends to be assumed, within both the general culture and the burgeoning specialist 'trauma' literature, especially in the United States, that nothing was written prior to the publication of accounts by such survivors/physicians as Elie Cohen, Viktor Frankl and Bruno Bettelheim and the emergence in the 1960s of the concept of the 'survivor syndrome' associated with William Niederland. Yet there is in fact an early psychiatric literature, mostly produced by relief workers in Jewish Displaced Persons camps in Germany and Cyprus in the late 1940s. This paper will explore it.

Among the topics to be considered will be: What was the psychiatric framework within which the phenomenon of the camps was received? Why did the most traumatic decade in human history produced so little writing on 'trauma' as such? And why was the camp experience often interpreted in terms of a psychiatry of social dislocation and delinquency, rather than of trauma? Why did so few of the major psychiatric figures of the day get involved with camp survivors – Anna Freud being the only example? Who were the psychiatrists who did work with survivors, what methods did they use, and what was their prognosis about their patients' future? Can any conclusions can be drawn from the 1940s in terms of current debates about 'trauma treatment programmes'? And, finally, how do Zeev Mankowitz and Hagit Lavsky's recent historical studies of Jewish DPs relate to the contemporary psychiatric literature?

This paper will argue that the 1940s work, written by relief workers trained in Europe and, in several cases, by historians and sociologists acting as therapists- is notable for its attention to social and cultural context and its corresponding emphasis on the diversity of experience within the camps and of outcome afterwards. As such, it stands in contrast to the more monolithic, pessimistic and determinist accounts produced by clinicians in the 1950s and afterwards, on which the framers of Post-Traumatic Stress Disorder drew.

**Allan Young, Montreal**

**Historical Transformations in the Concepts "Trauma Survivor" and "Holocaust Trauma"**

In 1980, posttraumatic stress disorder (PTSD) entered the psychiatric nosology. In the following years, PTSD became the international standard for diagnosing psychogenic disorders induced by extreme experiences. Today PTSD provides a common language for scholarly and literary discourse on trauma. Like all natural languages, it incorporates

terms and ideas of diverse historical origins. The concept of the 'survivor' has played a conspicuous part in the evolution of the language of trauma. But 'survivor' has also undergone a series of transformations since its introduction into psychiatry. In this talk, I describe developments since its initial appearance in the term 'concentration camp survivor syndrome'. The concept of the 'trauma survivor' eventually bifurcated into two different meanings. In one guise, the term lost its historical and situational specificity, and became a generic way to identify someone who has successfully endured adversity. In recent years, this meaning of 'survivor' has been gradually displaced by the term 'resilience'. The second change in the meaning of 'trauma survivor' was a consequence of a shift in its moral valence, via Robert Lifton's recontextualization of 'survivor' in the concept of 'survivor mission'. In this revised sense, 'survivor' opened a redemptive path for perpetrators, while, in its original sense, the term circumscribed the victims of perpetrators.

Each verbal transformation of survivor is a consequence of a corresponding historical and political transformation – the aftermath of the 9/11 attacks on the one hand (resilience), the aftermath of the Vietnam War on the other (survivor mission). And each transformation was used to justify the adoption a novel psychiatric intervention. These transformations in the meaning of 'trauma survivor' are paralleled by a transformation in the meaning of the 'Holocaust trauma'. Here too, the term's original historical specificity has been lost. Likewise an entirely different patient population has replaced the original one. The talk concludes by comparing the parallel histories of 'trauma survivor' and 'Holocaust trauma'.

**Rakefet Zalashik, New York**

***Differentiation of Trauma: The Child Survivor Category***

The paper will review and analyze the child survivor category and its origins. The child survivor category embodies the recognition in the trauma of children and its uniqueness in comparison to adult Holocaust survivors, raising new questions. The paper will refer to the discussions of various disciplines regarding the boundaries of this category, namely who should be included and seen as a child survivor, should there be an internal division between the various ages and locations of suffer and who should be excluded.

These questions were important not only to the evolvement of the child survivor category and to the therapeutic conceptions, but also had implications on the identity of children who survived the Holocaust, and who responded to this category invented by experts.

**Ruth Leys, Baltimore**

***From Guilt to Shame: Auschwitz and After***

Why has shame recently replaced guilt as a dominant emotional reference in discussions of trauma? In the aftermath of the Holocaust, survivors often complained of feeling a paradoxical sense of guilt for surviving when so many others had died. And when in the 1950s German reparation law encouraged survivors of the camps to claim compensation for medical-psychiatric damages, psychoanalysts and psychiatrists in the United States

and elsewhere tried to help the victims by making “survivor guilt” a defining feature of the “survivor syndrome.” Yet the notion of survivor guilt has always caused trouble, largely because it appears to imply that, by unconsciously identifying with the aggressor, victims become collusive with the violence directed against themselves. In my paper I sketch the outlines of a history of the concept of survivor guilt after Auschwitz and examine the stakes involved in the recent replacement of survivor guilt by theories of shame.

### **Third Session: *The Curse of the Holocaust: On the Transgenerational Transmission of Trauma***

**Chair: Rivka Yahav, Haifa**

**Natan Kellermann, Jerusalem**

#### **Transmitted Holocaust Trauma: Curse or Legacy?**

For children of Holocaust survivors, the trauma of their parents can be both a curse and a legacy. For some, it fills their inner lives with terrible anxiety-provoking associations. For others, it is a source of creative inspiration that motivates them to make a better world. Both groups invariably struggle with the contradictory forces of resilience and vulnerability that they inherited from their parents. This paper within the panel on the “Transgenerational Transmission of Holocaust Trauma on the Second Generation” gives a brief overview of the long-term psychological effects of Holocaust traumatization on survivors' offspring and briefly suggests possible treatment strategies for the client population.

While much has been written about how children of Holocaust survivors tend to absorb some of the psychological burdens of their parents, many questions remain to be answered: What was in fact passed on from parent to child? How does the transmission occur? Do parents invariably transmit and are children equally susceptible? After a brief description of that which might have been transmitted, a model is presented of the four prevalent theories of trauma transmission, including the (1) psycho-dynamic; (2) socio-cultural; (3) family system; and (4) biological points of view. Thereafter, an integrative view is suggested that takes into account the interplay among different levels of transgenerational influence, suggesting that transmission is caused by multiple factors, including biological predisposition, individual developmental history, family influences and social situation.

Since there is a wide spectrum of detrimental and adaptive reactions to the Holocaust, it is important to identify the various aggravating and mitigating factors that are assumed to increase or decrease the risk of children to absorb the trauma of their parents and to develop specific second-generation psychopathology as a result. Factors that increases the likelihood to develop psychopathology and put offspring at risk seems to include any or all of the following: (1) that the children were born early after the parents' trauma and immediately after the 2nd World War; (2) that they were the only, or the first-born child; (3) that both parents were survivors rather than only one; (4) that they were 'replacement' children to children who had perished in the war; (5) that parents had endured

extraordinary mental suffering and significant loss of close family and were highly disturbed as a result; (6) that symbiotic relations were dominant between parents and children and that the family relations were characterized by enmeshment without sufficient corrective periods of disengagements; and (7) that the trauma was talked about too much or too little.

These factors are based mostly on clinical experience and have not yet been substantiated by empirical research. The present paper will add to this knowledge base by presenting initial results from a demographic study of a few hundred children of Holocaust survivors who applied for counseling in Amcha. It is the hope that an analysis of this vast data will give us more information of these aggravating factors.

**Yolanda Gampel, Tel Aviv**

**Rethinking Transmission: The Undetermined "Radioactive Identification"**

Auschwitz and Hiroshima have shown us that death and violence belong to the most intimate and concealed parts of our identity. The monstrous and painful memories they left behind overload or destroy the perceptual and representational systems of their victims, leaving behind a heritage that gives rise to cruel and violent forms of identification in themselves and their children. While the children of survivors do not have personal memories of the Shoah, the internal reality of their family's past loss, suffering and humiliation has been deposited in them by intergenerational transmission. I wish to restate my concept of "radioactive identification" (Gampel, 1993, 1996, 1999) this radiation, penetrating all levels of the subject, leads to a specific and non linear kind of identification.

This "radioactive identification" or "radioactive nucleus" is comprised of non-representable remnants, remainders of the radioactive influences of external social violence, which is imbedded within the individual. against which the individual is defenceless. Later, the individual acts out these identifications, which are alien to him, his children through the process of Trans generational transmission.

I would like to use my conceptualization to understand the extent the traumatic experience of the Shoah from one generation to the next that sometimes impaired capacities of symbolization and affected the second generation and in some cases the third. Clinical material will illustrate this identification. We will examine the concretizations of symbols and the opposite sort of failure resulting in symbols empty of meaning (the concrete metaphor) in second and third generation.

**Carol Kidron, Haifa/Jerusalem**

**Embodied Memories of the Holocaust: The Silent Presence of a Difficult Past**

Both scholarly fields of Psychology and Holocaust and Genocide Studies may be seen to seek out the surviving 'signs' or representations of traumatic pasts. Whether ultimately in search of psycho-social symptomology or fragmented testimonial narrative, both epistemologies share the paradigmatic conviction that 'the telling the tale' or the

narrativization of the traumatic past will usher in healing and/or redemption albeit in very different cultural arenas. It may be claimed however that the academic and popular cultural focus on talk therapies and public verbal articulations of difficult pasts have overshadowed more tacit, and visceral forms of mnemonic representation, or what has been termed embodied memories of the past.

During in-depth ethnographic interviews with children of Holocaust survivors, trauma descendants recounted previously tacit memories of the silent and partially silent presence of the Holocaust past interwoven within the survivor family life-world. Parental-survivor embodied memory and descendant trauma-related bodily practices were described as central components of this silent matrix of Holocaust presence. Descendant narratives however do not frame these experiences as the effects of transmitted PTSD or even the markers of psycho-social suffering, but rather as the lingering co-presence of the Holocaust death-world within the survivor family culture-specific life-world. The great majority of respondents have not and claim they do not intend to seek psychological support for or publicly testify to and commemorate their trauma-ridden pasts.

When interpreted through a trans-culturally sensitive and holistic lens, the above findings point to the fact that, contrary to Psychological paradigms of trauma, the silent presence of difficult pasts may not necessarily always signify repression, denial or un-worked through transmitted or secondary traumatization, but rather a non-pathological and normative family-specific form of representation of the past. The above disinterest in therapeutic working through and/or public narration of the childhood experience of that past raises the question as to whether a nexus of the psychologization of the phenomenology of surviving traces of difficult familial pasts, the Politics of Trauma and the discourse of victimhood has not fueled interest in the psychological construct of intergenerationally transmitted PTSD and resultant trauma descendant narratives at the expense of a much lacking analysis of embodied memory.

**Yael Danieli, New York**

***What Must We Know for the Future***

This presentation will examine lessons learned from the legacies and transmission of Nazi Holocaust experiences, their aftermath (such as the **conspiracy of silence**, or ‘the trauma **after** the trauma’), and effects to succeeding generations, as they have applied to and found in other massively traumatized populations and victimized individuals and groups of both victims and perpetrators. These will include other genocides, such as that of the Armenians, the Cambodians, indigenous populations around the world, Bosnians, Rwandans and Sudanese; veterans of wars (WW II, Vietnam); perpetrators groups; repressive regimes and legacies revealed after the fall of Communism.

Thursday, January 25, 2007

**Fourth Session: *The Holocaust Survivor Comes of Age: Contemporary Theories and Practices***

**Chair: Yoram Barak, Tel Aviv**

**Eliezer Witztum, Be'er Sheva / Ruth Malkinson, Tel Aviv**

***Grief and Loss among Holocaust Survivors: Changing Concepts and Contemporary Theory***

Social psychologists have described the influence of holocaust trauma on Israeli society, its place as an historic event in the Israeli experience, and its forming the template of collective memory. It was proposed that it be divided into a number of periods and concentrate in particular on the first of them. This is the period when the survivor is cast as either a "villain" or a "hero", that is the psychiatric phase. Looking on the survivor in terms of "black and white" was expressed at that time on the social level as reflecting its attitude to the holocaust as a stereotypical polar attitude of "sheep led to slaughter" (and thus the expression "never again like sheep led to slaughter").

Also during this period survivors were regarded as suffering from "pathological grief and an inability to mourn. The connotation "inability to mourn" was coined originally by German psychoanalysts in reference to German society after the collapse of the third Reich. It was intended to describe the disintegration of the ideals on which the German society had been based and its reluctance and ability after World War II to assume responsibility and face the insufferable guilt and the void that had been created.

Volkan has tried to apply this term to holocaust survivors. He explains it in psychoanalytical terms, as the mourning process almost nearly completed, 'the representation of the lost object becomes "Remembrance Formation", and the mourner views the lost object as a memory without future". "Its representation (of the object) is no longer "hot"" and cannot provide gratification for mourner libidinal or aggressive needs neither consciously nor unconsciously. In Volkan's opinion, holocaust survivors or those experiencing similar experiences can not achieve "Remembrance Formation" situation.

Volkan's words provoke a series of questions, first: Can one commence a series of steps in such detail, with a group and society, as they are described for an individual? Secondly, can it be done without an empirical examination and without relating to the studies on loss conducted in Israel or without being acquainted with the particular society and its cultural components from first hand? And thirdly, can all lack of mourning be viewed as pathological grief? Additionally, recent empirical studies on trauma and bereavement suggest that the two co-exist especially when loss is under traumatic violent circumstances such as the Holocaust.

This presentation will address these claims and propose a parallel model of collective grief, and illustrate how culture/society creates different courses of grief at different periods. And over time society changes its expressions of memorialization (e.g. fewer

commemorative monuments) and replaces them by a set up that provides much more room for expressions of sorrow and pain, letting the voice of the individual be heard. In contrast, as far as the holocaust is concerned, it seems that the process is reversed; denial can also be identified – society didn't deal with collective pain until fifty years later, while the helping processions were dealing with the suffering of the individual. We will examine the relevancy of traumatic bereavement and its possible outcomes of complicated bereavement among survivors of the Holocaust trauma.

**Jacob Lomranz, Tel Aviv**

***Aintegration: Implications for Comprehending Holocaust Survivors and Other Traumatized Persons***

Comprehension and treatment of the long-term effects of the Holocaust, trauma, and coping with ongoing stress, is unsatisfactory. Despite progress, basic questions remain as to how we understand post traumatic coping behaviors of Holocaust survivors. The premises in the present paper are that the limitations reside in inadequate theoretical approaches, in both; the theories on Holocaust survivors as well as in some basic overt and covert assumptions in major social science theories. Effects of traumatic experiences interact with developmental and contextual dimensions. However, most the adult developmental and gerontological theories do not deal adequately with adult and aging coping when related to life threatening situations.

These theories rest upon underlying principles of: Multi-level integration, the primacy of Aristotelian logic, cognitive integration, harmony, consistency, as well as on definitions of conflict and criteria for adjustment and well-being. However, such underlying principles often do not agree with coping process with human inflicted adversity, trauma, and existential incompatibilities of modern life. In fact such underlying concepts may also present obstacles to psychotherapeutic interventions, grief work, life reviews and narrative constructions, all extremely significant with Holocaust survivors. We are therefore in need of novel conceptualizations and hence the concept of Aintegration.

Aintegration will be defined and its basis outlined as informed by various scientific disciplines. Aintegration should be conceived as a person's ability to feel well without necessarily having integrated all the various human bio-psycho-social levels, or certain entities within each level (e.g., cognition, values or affect), into an overriding whole. It maintains that people, especially adults and elderly, can also live with inconsistencies and unresolved issues, experience inconsistency, relativism, asynchronization, discontinuity, paradox, ambivalence, ambiguity, absurdity and still remain in a state of well-being and mental health.

Research findings are presented. Investigated populations were first- generation Holocaust survivors and people with negative life events conceived as traumatic. Results showed application of aintegration to differ when related to characteristics of trauma. Results also revealed that aintegration significantly correlated with self-rated health, world views, survivors' Holocaust-related activities, mental health and depression.

Recently, the concept of aintegration has been methodologically broadened to include stressful life events and related symptoms of PTSD in the general population. Many correlated significantly. Further applications of the paradigm of aintegration were applied to political, psychosocial and cultural domains such as; the need for structure and closer, religious attitudes and Arab minority groups. Survivors' Life stories propose aintegration as enabling a different way to comprehend narratives.

Aintegration bridges destructive existential states and scientific personality theory. It assumes an image of man which emphasizes the ability of growth despite trauma. As an attitude aintegration stands as part of an epistemological component. As such it is closer to European existential philosophy and postmodernism, than to American individualism and pragmatism. This paper also contributes to the debate whether trauma immunizes or destructs. It also forwards acceptance of diversity, resilience, tolerance, complexity, positive psychology and illustrates the foundations of democracy.

**Dov Shmotkin, Tel Aviv**

***The Study of Trauma-Related Perspective of Time: The Incorporation of Trauma into Life Stories of Holocaust Survivors***

The long-term effects of the extreme traumatization that Holocaust survivors endured still pose unsettled questions. Studies indicate that survivors have continued to suffer from the psychological scars of their trauma throughout their life since World War II. On the other hand, there are findings attesting to the adaptive functioning and remarkable achievements of survivors in their post-trauma life. The co-occurrence of vulnerability and resilience within the psychological makeup of the survivors is particularly challenged at old age. Various theories, such as those of Erikson, Butler and McAdams, explicate the developmental task of older people to review their life and reformulate their life story in order to gain integrity and congruence. Trauma impedes this task because it signifies a critical, often irreparable, disruption in the sense of meaning and continuity in life. The current paper presents a series of studies by Shmotkin and colleagues, showing that the survivors' time perspective of their Holocaust trauma is a key factor in integrating the trauma into a coherent life story. More broadly, this research highlights the importance of understanding the sequelae of extreme trauma within the time coordinates that survivors attribute to their lives as a whole.

Diversity of time perspective was found among survivors in two major modes of relating to the Holocaust experience. In the first one, labelled *Holocaust-as-Past*, the trauma is conceived as a demarcated past event, thus allowing for a relative freedom from intrusion of traumatic memories and related emotional remnants into present life. In the second one, labelled *Holocaust-as-Present*, the trauma is conceived as actually continuing, thus sustaining ongoing perceptions of imminent dangers and persecution. While the latter mode is detrimentally correlated with mental and physical health problems, the former presents a repressive strategy that has an adaptational advantage and yet may take a toll of higher susceptibility in the long-run.

Further investigations reveal that one's past is typically perceived along *anchor periods* that represent outstandingly meaningful segments of time along one's life experience. Holocaust survivors attributed lower happiness than controls to negative periods of life (e.g., "the most miserable"; "the most difficult"), but did not differ with regard to positive periods (e.g., "the most happy"; "the most important"). This finding portrays how survivors make adaptive differentiations between traumatic and non-traumatic time in their past. Results also show that a failure to reconstruct the past effectively, as when the anchor periods concentrate, or even overlap, within a limited time segment in one's life, hampers the sense of well being in the present much more among survivors than among controls.

The aforementioned, as well as other, studies depict a variety of self-trajectories, which impose a temporal organization over people's life stories, qualifying the time zones of life (past, present and future) by different kinds of salience, valence, directionality and experiential meaning. This temporal organization of life constitute a significant psychological process for handling the dialectical imperative of trauma survivors to recognize their agony as inherent to their life story, and yet to manage this agony effectively along time.

### **Hans J. Markowitsch, Bielefeld**

#### **Changes of Self and Memory across Time**

The owner of a self usually considers his or her self as stable over time, while both sociological and neuropsychological evidence point to the contrary, namely to various forms of changes across the life span. Neuroscientific work emphasizes the plasticity of the brain and its shaping via somatic aging processes as well as by divergent influences from the environment. Psychological findings demonstrate the **susceptibility** of our memory, cumulating in phenomena such as 'false memory syndromes' and 'dissociative amnesias'.

Memory, as understood by us, is dynamic and consequently **viable** and subjective. Furthermore, memory is dividable into several systems, some of which depend on conscious reflection (e.g., mental time traveling into the past) and are usually emotionally flavored ("episodic" or "autobiographical memory"), while others remain on a subconscious or unconscious level ("procedural memory", "priming"), but still have an influence on the subject's thoughts and behavior.

Developmental psychologists, but also neuropsychologists, have found that the middle decades of life are accompanied by a comparatively stable autobiographical memory, while childhood, youth, and late adulthood are accompanied by a more fragile autobiographical memory that can more easily be modified, distorted or that regresses in old age. Elderly persons tend to emphasize events from their youth and childhood and neglect those from the last decades – a phenomenon which has been described since more than 120 years ("Ribot's law"). Both environmental influences and thought processes may result in the re-appearance of memories which had been "forgotten" – or better repressed – during the main periods of adult life.

The regression towards early life stages of course is most clearly seen in old patients with dementic processes, but it can also be found with modern functional brain imaging techniques and may become apparent from the narrations of old people. The reduction of inhibitory neuronal actions and processes in the old brain, together with a more pronounced state of emotional equilibrium, may deblock memories which had remained on a subconscious level over decades. Vice versa, major stressful and traumatic life events – especially if they occurred early in life – may lead to a phenomenon which we named “mnestic block syndrome” and which in its most severe form can lead to a total and enduring erasing (or better blockade) of the personal past.

### ***Fifth Session: Survivors and Their Descendants: Examining Psychosocial Theories and Practices Today***

**Chair: Nathalie Zajde, Paris,**

**François Heilbronn, Paris**

#### ***How Artifacts, Archives and Sites of Memory Induce a Mourning Process among Shoah Victims and Survivors' Children***

France is one of the rare countries in the world where you have such a strong combination of factors in the remembrance of the Shoah:

- 1) The largest Jewish community in Europe, with the largest number of survivors and descendants of survivors.
- 2) One of the richest archives on the Shoah gathered by Isaac Schneersson since 1943 at “Centre de Documentation Juive Contemporain” – Mémorial de la Shoah.
- 3) The full list of names of Jews deported from France and honored today, on a memory wall including the 76,000 names, their birth dates and their year of deportation.
- 4) A public administration that since 1999 (Commission d’Indemnisation des Victimes des Spoliations – CIVS-) indemnify victims and descendants of victims when shown proofs of expropriation and despoiling.

Therefore, as a member of the Executive Committee of the “Memorial de la Shoah” in France, I have been a witness of the impact on survivors and family of victims to their access to memory places (memory wall, Drancy, ...); to archives (list of names, police identification cards, list of family items confiscated, ...); to objects (Jewish stars, photos, suitcase, ...).

In all these circumstances, the confrontation with physical proofs has staggered most individuals and has induced to a certain level a new mourning process, especially with children and grandchildren of Shoah’s victims.

Therefore, based on pictures and testimonies, I will present to you examples of this delayed mourning process when confronted to:

- 1) Memory places

2) Archives

3) Objects and artifacts

**Jürgen Müller-Hohagen, Munich/Dachau**

**Stammering the Unspeakable: Communicative Gaps – Contradictions – Encounters**

The beginning of this lecture will contain a brief synopsis of the particular approach to the special kind of research which the author has conducted for more than twenty years in the area of mental effects resulting from the Nazi era. The point of departure came in 1982 with a residential move across the seemingly short distance of eighteen kilometers – from Munich to Dachau. It was in this world-renowned town that the author made the acquaintance of former concentration camp prisoners and, for an extended period of time, became an active member of the board of the local society for contemporary history. He also felt compelled to again reflect more closely the context of his own biography (born in West Germany in 1946 into a family of former “sympathizers”). This all found its way into his professional work as therapist for a family counseling center in Munich, and his therapy practice in Dachau. It became readily apparent that it is of paramount importance to integrate the Nazi background and history into any psychological counseling and therapy effort. That includes the entire spectrum of persecution, resistance, active involvement, soldiers, bombings, fleeing and expulsion, all of this mostly seen from the perspective of the next generations, i.e. children or grandchildren. The author has published a number of books and articles on this topic.

The focus of this lecture will center on questions of transgenerational transmission of trauma to the descendants of victims of persecution. The main focal point will cover the experiences of more than eight years of a self-help group which, at its inception fourteen years ago, gave itself the appropriate name *Between two Worlds*. Its members were all born after 1945, most in Germany, and what they all have in common is one Jewish and one non-Jewish parent. They grew up with the tension that is inherent within such extremes, usually in communicative speechlessness about the reasons for their backgrounds. How severe the effects of a constant lack of communication can be became apparent by the extraordinary meaning which this group soon began to have for its members. Moreover, it also indicates the cracks and breaks apparent in the German social context when the Nazi past is touched.

This broad field of communicative gaps and speechlessness in relation to the dark shadow of the unprecedented Nazi crimes will be examined further. Life in Germany has been marked by this historical era in specific ways to this very day – regardless of the general populace’s perception of this or not. And that in turn has had a lasting effect on the life situation and the mental state of the descendants of the persecuted. There is a constant journey between the trauma of a past not their own, but connected so closely to them, and their personal experiences of rejection, speechlessness, ignorance, and danger in their own lives. However, to continue looking for appropriate ways of human coming together despite these hidden discrepancies, has frequently become a highly important search.

**David Becker, Berlin**

***Lessons Not Learned: Victims of Organized Violence, International Aid Efforts, and the De-development of the Trauma Discourse***

The paper discusses the contradictory realities of the current trauma discourse and reflects on practical work in Gaza and Bosnia: On one side real efforts have been made to acknowledge and deal with the suffering of people living under the conditions of war and persecution. On the other side the rise of PTSD as **the** trauma concept, combined with technocratic and culturally ignorant attitudes of international aid agencies and their grandiose fantasies of successful "quick impact", have lead to a destructive situation in which victims' experiences are decontextualized and dissociated from the political process, and local conceptualizations and treatment strategies are inhibited and repressed. All the while, the illusion that people are being helped is maintained.

The paper shows that trauma theory as developed by psychoanalysts with survivors of the holocaust implies a very different approach. Psychoanalysis had always tried to understand the connection between intra-psychic processes and relational, i.e. social experiences, and trauma theory was part of this discussion. After the Holocaust, a small group of analysts began to work with survivors and developed new ideas that specifically dealt with the link between extreme individual suffering and the sociopolitical reality of mass destruction through the Nazis. After discussing the importance of Bettelheim's concept of "extreme situation" the paper focuses on Keilson's theory of sequential traumatization. He developed basic elements of a contextualized trauma theory in which trauma is a process only understandable in its uniqueness through its linkage to the historic process in which it occurs. Therefore, while producing a theory linked very exclusively to the realities of Jewish war orphans in the Netherlands, he also laid the basis for understanding traumatic processes in other contexts.

Unfortunately, neither has this kind of trauma discourse been at the center of mainstream psychoanalysis, nor has psychoanalysis been in the mainstream of the international discourse on trauma. Keilson's concept, although useful and applicable in many contexts has not been used on a broad scale, because it is complex and it does not allow dissociating the suffering of the individual person from the ongoing social process. PTSD nowadays is the dominant concept worldwide. The paper will discuss PTSD as a strange mix of recognition and denial of the imperial dilemmas of the Vietnam War. The application of this concept in other crisis regions has been a harmful exercise, facilitating bad practice and thus discrediting the whole concept of trauma. This has led to a new denial of the suffering of victims. Therefore, the current reality of trauma work is at risk of forgetting the useful lessons learned in the aftermath of the Holocaust. The paper will illustrate these problems with examples from Gaza and Bosnia, and show the positive potentials of a complex and contextualized approach to trauma.