The Child Survivor Gathering in Berlin featured a panel presentation by three psychiatrists, David de Levita from Amsterdam, Martin Auerbach from Jerusalem and Robert Krell from Vancouver, Canada. Drs. De Levita and Krell are both Shoah survivors from The Netherlands, and Dr. Auerbach is second generation from Vienna, Austria.

The three lectures are reproduced with minor editorial modifications. In your reading, you will note Dr. de Levita’s introduction of the concept of a “metamorphic syndrome”. He describes this to reflect a late outcome in some severely traumatized children, a sudden reversal of their lifestyle to another, entirely different. Dr. de Levita asks if we have met persons who seem to have responded in this way to their earlier childhood stress. My answer is affirmative although I had not thought of it in the manner described by him. He may have identified a phenomenon more common than has so far been described in the trauma literature.

Dr. Auerbach discusses the complex relationship between resilience and vulnerability. He points out that “resilience is often equated with strength and vulnerability with weakness”. But growing old takes its toll and he tells survivors who become physically weak that does not necessarily indicate growing weaker morally or spiritually. He elaborates these points with insightful commentary.

Dr. Krell discusses some consequences of life lived within Holocaust survivor families. There is a particular focus on research conducted by Drs. Peter Suedfeld and Robert Krell examining relationships between child survivor parents and their children and expressed as “four paradoxes”.

The presentations follow:
The Metamorphic Syndrome
Presented by Dr. David de Levita

In this brief presentation I want to report on two cases of Holocaust child survivors who suffered recently of symptoms which I call, for lack of better terminology, a *metamorphic syndrome*. I shall propose the idea that this syndrome may be the late stage consequence of a state children may suffer after severe traumatization. Most recently we saw such situations during the war in Bosnia.

In 1995 a Dutch team went to Bosnia in order to help children who had been traumatized by the ongoing war. Most of them had seen their parents shot before their eyes and had entered a state of complete mental frozenness which included a total incapacity to communicate in whatever sense. They did not talk, did not react to being spoken to or to other means or efforts to contact them. They slept badly or not at all and hardly ate, so that helpers were desperate and feared for their physical as well as for their mental health.

We had a help program that consisted of two parts. The first one was a kind of behavior therapy, invented by my colleague Peter Defares of Leiden University, which employed regulated breathing with a device that produced several sound rhythms. The child was invited to breathe simultaneously with this rhythmical sound that was offered to him via headphones. To our amazement this worked well with most of the children. Once engaged in a breathing rhythm they proved capable to react to changes in the frequency of the sound and from there it became possible to have them answer simple questions.

After the recovery of the child’s ability to communicate the second part of our program was initiated: the discussion of what had happened. This part of the program was *my* task. A serious drawback to its realization was the fact that I did not speak the child’s own language. The result, however, is not clear for it is certain that although I felt uneasy not speaking Bosnian, the complicated procedure with the interpreter may have had the same meaning for the child as that of the breathing device, something magical from another world that granted a kind of permission to go on with his life. Of course I offered this interpretation for better or for worse.
The discussion with the children that ensued had all the traits of a normal post-trauma treatment. Talking about the events that had taken place did the children a lot of good and so did the discussion of the life they had had with their parents before the war had broken out. We learned in the course of time that the quality of family life and parental relations before the war were the main factor to explain why some children seemed to overcome quickly the losses they had suffered and recovered while other children remained unable to function and take in new information for a long time. Parental love in the early years outstripped in importance the actual traumatization no matter how horrible.

With this experience in mind I am asking myself what happened to children during the Holocaust in the concentration camps. We know little about them for so few survived. Of those who survived, some received intensive attention like the children of Buchenwald described by Robert Krell and Judith Hemmendinger. About the mental situation of these children before the Liberation we know little. There is, however, no reason to assume that amongst them there were no children who had ended up in a paralyzed state like we saw in Bosnia. If there were such children, they remained unnoticed and untreated at the time. Still there may exist witnesses, fellow inmates, fragments of diaries and letters which testify to their symptoms then.

As a therapist of war-caused disturbances I have been looking for clinical pictures that could be regarded as late consequences of childhood war paralysis. I think I have found something in the life of a few Shoah survivors: a sudden reversal of their kind of living to a completely different structure, a kind of metamorphosis. A colleague of mine, A., who was a child survivor of the Holocaust, was a successful psychotherapist who won much praise and approval. Suddenly he stopped his work, dismissed his patients and settled as a painter who was totally unknown. The most important point is that he – questioned by colleagues and friends – proved totally unable to explain what had happened to him. Another example: a man, B., who had always loved his wife and had with her a lovely family with three children while any problems he may have had, were related to his profession. He suddenly left his home and his marriage and withdrew to a lonely garret where he is living now.
As to their early history, it has striking similarities. Both were as children inmates of the camp Bergen-Belsen where both lost their parents. B.’s died after the Liberation of typhoid fever and feebleness. I do not know the physical and mental state of these children at that time. After the Liberation both were cared for by Jewish institutions. A. was received by family members who had been hiding during the war and took him into their family where he did well, while B. was taken to a Jewish home where he was well treated and later was adopted by a Jewish family who treated him as their own son. That is all I know and for a simple reason: neither of these two child survivors came to me as a patient. They did not express a need for therapy and they felt that they had made a good decision which had led them to a happier life. They were willing to grant me only one interview.

In the absence of proof that there is any connection between the metamorphic syndrome these survivors displayed and their early history, I refrained from publishing this story. Today, however, I want to put to you the question, whether you have ever encountered a syndrome like this in your work with survivors. Next to other uncertainties it makes clear, I think, how much there is still unknown and how many questions regarding the Holocaust are still unanswered.

Some Thoughts on Resilience and Vulnerability
Presented by Dr. Martin Auerbach

Sara is a member of one of the social clubs in Amcha (Psychosocial Support for Holocaust survivors). She is 82 years old, and survived the Holocaust in Rumania. In the early 50's she immigrated to Israel. She married and has a loving family with children and grandchildren. She came to Amcha after the death of her husband, feeling chronically anxious and depressed. In the last year she has benefitted from psychotherapy, some medication, and most important she became an active member of the social club in Amcha.

Everybody loves her. In spite of her numerous physical problems and her mental pain she is always positive and smiles a lot. She rarely complains, although one can easily see that she suffers from pain and frailty.

For me she was always a symbol of resilience in spite of all her ailments and traumatic past and losses.
One day I met her in the social club and she looked different. She told me that she had lost her balance in the last months suffering repeated falls with severe bruising. Her orthopedic problems became debilitating. She said that she had lost her optimism and had no more energy to go on struggling in her life.

We talked quite a long time, I listened to her, encouraged her and she felt comforted. I realized that I felt somewhat confused and anxious, even after Sara clearly conveyed her sense of relief.

I was surprised by my own very strong emotional reaction. I could not believe it. How did she lose her optimism? Her whole life she was resilient, in spite of all the hardships. Sara was always able to find a way to retain a measure of hope.

I became interested in understanding my emotional response. Clearly this encounter with Sara shattered some – mainly unconscious - assumptions I had held. Though being aware of the mix of resilience and vulnerability in many survivors I knew over the past decades, I realized that I had tended - unconsciously - to view a few as resilient in the face of any and all hardships. This reminds me, that in ancient Greek mythology this ability to be resilient and invincible was attributed to Achilles, and as you know at the end even he was vulnerable.

We tend to classify behaviors into categories in order to help us map and understand our world and human nature more easily. And so we have developed concepts of resilience and successful adaptation on the one hand, and vulnerability and distress on the other. But human beings are very complex. They react differently at different times, and one cannot simply classify all reactions schematically.

We ask ourselves how the Holocaust Survivors coped with their traumatic past and massive losses. We view some of them as resilient in spite of the hardships undergone, and others as being vulnerable and experiencing heightened distress. Resilience and vulnerability may be the poles on a scale depicting the survivor’s different reactions and adaptation.

But even this classification is one-dimensional, which proves to be too simplistic.
Again and again we find multi-dimensional reactions, a co-existence of remarkable resilience, and periods or instances of heightened vulnerability in the same Holocaust survivor at different times.

This is confusing—for themselves and also for their friends and their family. And it was very confusing for their children—the Second Generation—growing up in their families and not understanding the sometimes sudden changes in the behaviors, feelings and reactions of their Survivor parents. Only many years later, after the children grew up and the Survivors were able to share more of their traumatic past and memories, some of their at times confusing and seemingly contradictory reactions became understandable and meaningful.

A very important point is that resilience is often equated with strength and vulnerability with weakness. Is that necessarily so? Often these equations are not correct.

Weakness, especially physical weakness, is a normal part of the natural aging process. The body becomes frailer and more vulnerable. Elderly people may become dependent on help and care from others. But from the psychological point of view that does not necessarily mean that one becomes less resilient, even when becoming physically weaker.

I suggest that it would help to understand that the weakness, dependency on others, and disease that so frequently accompany old age, not be interpreted as vulnerability and lack of resilience, as many survivors tend to do.

The emotional reactions can be very strong and frightening, but I tell the survivors that they may have become physically weaker, but not necessarily morally or spiritually.

I remember an encounter with David, a Holocaust Survivor in his late 80's. He was always in control, a strong person physically and emotionally. He needed to be in control in order not to be overwhelmed by his traumatic memories. After undergoing a major operation for advanced cancer he experienced intense anxiety and panic. When I met him, he expressed his fear of "going crazy and losing control". He told me his remarkable life story and contrasted it with his situation now. He claimed "I am weak ... I cannot understand it...I am not the person I used to
His need for control was very prominent in our meeting. He dominated the session, and asked most of the questions and directed the conversation. He wanted to understand what made him weak, thereby equating physical frailty with weakness of character.

We discussed the period before and after his operation, in order to make sense of what happened to him. He mentioned as a matter of fact, that he lost a lot of blood, and was severely anemic since his operation.

I pointed out that anemia causes weakness and can often be the physiological cause of severe anxiety. David found this explanation very helpful, reframing his weakness not as a weakness of character and spirit, but as a physiological phenomenon.

As psychotherapy progresses and deepens I find myself becoming increasingly impressed by the co-existence and mix of resilience and vulnerability in the Holocaust Survivor client. The survivor finds meaning and understanding for the strategies found to cope more effectively, and at the same time develops greater empathy and tolerance for his own failures, difficulties, struggles and shortcomings. He can accept both facets of resilience and vulnerability as being understandable and meaningful reactions to his existential predicament. These two concepts are no longer a dichotomy and lose their meaning as reflecting a person of strength or of weakness.

One year ago my father died at the age of 96 and a half. Till the age of 96 he was independent and cared for himself very well. Then he went through a period of gradual physical deterioration leading ultimately to his death. It was difficult for him and our family.

While he didn't want to live and suffer anymore, he turned inward and intensified his emotional investment with his parents and brothers, murdered in the Holocaust. Becoming increasingly confused, he experienced them visiting him and he talked to them. Perhaps he was confused from a medical point of view but from an existential and spiritual viewpoint he was very clear and straightforward.

He had been all his life a very practical person, asking himself, what has to be done now and next. The most important thing to do in his last phase of life was to prepare himself for the so dearly hoped for and awaited reunion with his lost
family. Understanding this, we learned to accept his increasing withdrawal from this world, and were able to view his deterioration and vulnerability as co-existing with spiritual strength and resilience in preparation for the next.

**The Reverberations of the Shoah in Holocaust Survivor Families**
Presented by Dr. Robert Krell

I was born under German occupation on August 5, 1940 in The Hague, Holland. Having survived in hiding for three years and emerging from that experience on May 5, 1945, I was a child Holocaust Survivor but did not claim that identification until nearly 40 years later.

By virtue of the survival of both my parents, to whom I was returned, I was also a child of survivors, one of the so-called Second Generation.

My cousin, who was in hiding also, did not become a Second Generation because his parents were deported and murdered. After liberation he chose to stay with his hiders. My parents, Emmy and Leo Krell lost their parents, sisters and brothers; all my aunts, uncles and grandparents had been murdered.

The three of us, Emmy and Leo Krell and Robbie came to Vancouver, Canada, in 1951. And then, late in life for that time, at age 40, my mother gave birth to my brother in 1956. There were 15 years between us. It was as if I had been born into a European family and he into a Canadian family. But we shared the same parents.

Well, not exactly. After all, the parents I had as an infant were not like those I received back as a child. The war had its effects. Our losses were too great. Orthodox Judaism had lost its meaning. Traditions had been shattered. We struggled. I did have a Hebrew teacher for a while. It was a toss-up as to which of us was more depressed. And how do you learn Hebrew, for that matter, Judaism, from a man fresh out of the Camps and one who had probably lost his entire family? While I could learn anything at school, at home I could not even learn to recite the four questions.

In Canada, at age 11, I revived. Lucky to have great friends, in the non-Jewish world of my school and with wonderful friends in my Jewish world of Habonim, I seized every opportunity to succeed. My parents were not so successful but with the
arrival of a second son, focussed on him, my mother smothering him with the attention she might have focussed on me if not for our three year separation. He moved away into marriage as a young adult, carrying the burdens of a Holocaust legacy thrust upon him after the war. Mine had been obtained during the war.

Unknowingly, we suffered differently. How did that manifest itself? What indeed were some of the consequences of living in the shadow of the Holocaust?

My mother had an uncle in Vancouver. We visited him at his store shortly after our arrival. To his wife on the phone he spoke in Yiddish. English was foreign to us, not Yiddish. He said, "I wonder what they want from us." I recall one visit to their home for tea on a Sunday afternoon. And that was it. They wanted nothing to do with us.

At the Synagogue, (yes, we joined), although my father told me he would never pray, a social group formed amongst the survivors. The only non-survivor friend was himself the brother of a Holocaust Survivor. One had come before the war, the other after. The pre-war arrival had one child. The post-war arrival had lost his wife and two children. These were the markers of our existence. Pre-war versus post-war. Non-survivor versus survivor.

Our social lives were intertwined with that of other survivors. It was a group with secrets. It was a group that did secret things. I remember my father and his friends discovering that the Dutch rescuer of a Jewish boy lived in poverty with a large family on a farm outside Vancouver. I overheard their plans to collect monies to support that family. They talked of their admiration of Menachem Begin, only amongst themselves. Likud was anathema for much of the established community. And they sometimes spoke of their experiences, only with each other.

The 50’s passed as it did for so many, securing work, establishing residence, and for children like me, school and work. That was the amazing part of life in Canada. I could work - delivering newspapers, mowing lawns, summers selling peanuts at the ballpark, loading trucks at a fruit and vegetable wholesaler. I was able to buy a car, go to medical school, all on my earnings so long as I lived at home. Then in 1965, to Philadelphia for my internship, followed by psychiatry at Temple and Stanford. By 1970 I was back in Vancouver as a Teaching Fellow in Child Psychiatry. Why did I return, having been offered jobs in the USA?
I felt an overwhelming sense of responsibility to my parents. We had been a family of three, until the birth of their second son, I was their only child.

And indeed as life turned out, I became the caretaker of my father for the last ten years of his life, and then of my mother. My brother lived elsewhere and was spared those particular burdens.

In the early 1970's, as the Director of Child and Family Psychiatry at the UBC Health Sciences Centre Hospital, the Second Generation children were brought to my office. Survivor families who had identified a child struggling with a problem, whether ADD or depression or learning disability - they sought me out.

And what did I observe? The children had problems similar to other children. But family-oriented interviews added the Holocaust dimension for consideration.

One child complained of being misidentified constantly by his father. It made him feel unloved. Unknown to him was the fact that his father's first son was killed. It was the murdered boy's name that came to his father's lips.

Another teenager was mystified by her parents' behaviour. When asked about their background she knew nothing more than that they were from Europe. Then she asked me to name some concentration camps and stopped me at Auschwitz. She said that sounded familiar.

And indeed, both parents had been in Auschwitz. And father talked so much that she had shut him out entirely. Her mother never talked.

The mysteries of the impact of the Holocaust background were being described. A 1966 article in Canada’s Mental Health authored by Vivian Rakoff, John Sigal and Nathan Epstein was titled “Children and families of concentration camp survivors”. It was upsetting to many survivors.

A series of clinical studies triggered the awareness of Holocaust Survivors that they were being examined for psychopathology, not for their skills at adaptation or their personal resilience.

And I became involved in Second Generation conferences, throughout the 1970's, in New York, Los Angeles, wherever the "children of survivors" began to organize.
In 1981, at the World Gathering in Jerusalem, I heard Rabbi Israel Meir Lau declare himself to have been the youngest survivor of Buchenwald, aged 8 at liberation. It is then I realized that my cousin and I (and other children I knew) were actually ourselves Child Survivors of the Holocaust. But we had been told that we had no memories, were too young to have suffered and should get on with our lives. And so we were overlooked. The 1980's saw Child Survivor organizations emerge leading to the Hidden Child Conference in New York in 1991 attended by 1600 people, the majority of whom were Child Survivors.

In a manner of speaking I served as a bridge between generations. For in the late 1970’s and early 1980’s I gave talks such as “Echoes from the Inferno: The Transmission of Effects in Holocaust Families” and published “Holocaust Families: Survivors and their Children and “Holocaust Survivors and their Children: Comments on Psychiatric Consequences and Psychiatric Terminology” all with a focus on the second generation.

But by the Mid-1980’s I authored and edited an entire Special Section on Child Survivors of the Holocaust in the Journal of the Academy of Child and Adolescent Psychiatry. I had moved on from observations on the First Generation of “Adult Survivors” and their children to we children who belonged also to the First Generation but who for the most part, were ignored.

To that time, the Second Generation had been quite active and preoccupied with itself. Dozens of Master’s level and Doctoral Theses were written examining the legacy of Holocaust Survivors’ parenting. A considerable body of literature emerged to emphasize the psychopathology bequeathed to the children. A reductionist view of the primary complaints were, “They did not talk” or, “They talked too much”. Some families seemed shrouded in the mystery of what had occurred. Others remained rooted in those terrible events and pointedly reminded their children to “Eat your dinner. There was no food in Auschwitz”. And many a child comforted their parents in the throes of nightmares, instead of the reverse.

It was not easy. But somehow, most grew up, often troubled but not paralyzed, to engage in meaningful work and meaningful life. But it was not until 1991, with the emergence of the Child Survivor Group that another existing Second Generation was recognized. My children were then in their teens, now in their late 30’s and early 40’s. Was this cohort of children different?
Of course. The parents of the latter group had few or minimal pre-war memories, a lesser command of Yiddish and/or Jewish traditions. The child survivors in hiding frequently did so as Christians, and in the post-war period developed a greater fluency in the language of their adoptive country, with a greater chance also of returning to school and completing their education. For the most part, they spent a longer time adapting to new lives before having children and of course those children grew up in entirely different times, the 80’s and 90’s rather than the 50’s and 60’s.

Professor Peter Suedfeld, former Head of U.B.C.’s Department of Psychology and former Dean of Graduate Studies, survived in war-time Budapest as a child. Together we conducted a study, published in 2004 titled “Child Holocaust Survivors as Parents: A Transgenerational Perspective” in which we discussed relationship issues between the younger survivors and their children based on a series of questionnaires. There were wide gaps between how child survivor parents and their children viewed parental expectations and behaviour.

I shall briefly describe these discrepancies as four paradoxes.

Paradox one is that survivor parents expressed great pride in their children. Yet their children’s perspective is that they always fell short of fulfilling the parental expectations and in fact, seldom detected their parent’s pride because they were rarely praised.

The second paradox is that while children felt they were provided most material things by their hard-working parents, they missed out on receiving a set of values. But it appears that despite parental preoccupation with work and security, many second generation did absorb humanistic values for which the parents, of course, claim credit.

The third paradox is that while therapy groups of second generation emphasize complaints about earlier parenting with a relative lack of empathy for their problems, the same group members point out to each other, their obvious humaneness, achievements, and personal exceptional qualities.

The fourth paradox pertains to the parental viewpoints that withholding information about the horrors of the Holocaust was crucial to the normal development of their children, free of the burdens of the past. But from the child’s
point of view, that past life was shrouded in an awesome mystery which prevented them from understanding the components of life that were in play from the Holocaust background.

Despite the overwhelming complexity of lives lived in the shadow of the Holocaust it is remarkable that the havoc wreaked on Jewish children has not irrevocably crippled the next generations. After all, the war on Jewish children was a near success. 93% of Jewish children in German-occupied countries were murdered. Even if one includes the rescued Kindertransport children and those saved by Youth Aliyah, still only one in ten survived to have the chance to raise families and contribute to the welfare of our community. It is itself a miracle that so many of the remnants of surviving children and our sons and daughters have contributed so much. Let us be proud of that.