MEMORIES OF SILENCE: TRAUMA TRANSMISSION IN HOLOCAUST-SURVIVOR FAMILIES AND THE EXILED SELF

George Halasz

HELEN EPSTEIN'S pioneering work began as a secret quest, 'so intimate I did not speak of it to anyone. I set out to find a group of people who, like me, were possessed by a history they had never lived. I wanted to ask them questions, so that I could reach the most elusive part of myself.'[1] Her search found and recorded the experiences of a group of people bound by a common legacy – the experience of being children of Holocaust survivors. What elusive part of herself was Helen Epstein seeking to discover? What was in the 'iron box buried so deep inside me that I was never sure just what it was?' Others have also searched. I also search.

In a recent interview,[2] Helen Epstein discussed the second generation's achievements. Since Dr Eva Fogelman started second generation discussion groups in 1976, groups have been formed all over North America, Europe and Australia. The achievements of the sons and daughters of survivors are chronicled in the fields of politics, academia, the arts, and the helping professions in Tel Aviv, Jerusalem, Prague, Holland, Australia, New Zealand, the US and the UK. Aspects of the second generation are the subject of close to 75 doctoral dissertations.

With books by children of survivors proliferating, some have asked why the publication of personal testimonies is needed. Three reasons can be readily identified. First, the personal testimonies of the children of survivors provide a compelling rebuttal to the would-be assassins of memory, the Holocaust denial movement.[3] The second generation's testimonies add further evidence to the eyewitness accounts of the Holocaust now located at major repositories which store thousands of testimonies (the Museum of Jewish Heritage in New York, the Simon Wiesenthal Center in Los Angeles, the Holocaust Memorial Museum in Washington, the Fortunoff Archive for Holocaust Testimony at Yale University, Yad Vashem in Jerusalem and the Survivors of the Shoah Visual History Foundation in Los Angeles).

Second, testimonies sustain the life cycle of collective memory, transforming oral history to documented records. During the research phase, the preparation of testimonies replenishes individual and collective mentalities by enhancing and renewing family, social and cultural communication.[4] Ruth Wajnryb observed that Holocaust communication between survivor parents and their children is a paradox.[5] She noted (p.50) that transmission of Holocaust experiences occur directly through stories, but the indirect, non-verbal pathways may carry more powerful iconic messages:

> There can be something about the way a parent swallows bread, or even the 'every-crumb-is-precious' attitude toward bread. It can be in the fear of cold and the tangible memory of frostbite. It can be in the reaction to the whistle of a kettle, or the sharp bang of a window closing, or the sight of railway tracks or industrial chimneys. It can be the sound of a

Ukrainian accent or the sight of a German Shepherd. Such messages are infinitely more difficult to deal with than the verbal because their entry into consciousness is invisible, inaudible, and lacks finite form. Being unresponsive to logic, they are resistant to efforts at retrieval and dislodgment.

Such iconic messages alert us to the third and the most personal reason for testimonies. In the search for words, the author creates a new space for mental representations to emerge which have the potential power to reshape personal and family consciousness. Through the painful creative process (all creativity is also destructive), the author transforms negation, 'not knowing', through a hierarchy to the highest abstraction of 'knowing', the use of metaphor.[6] The progression of 'forms of knowing' is: 'Not knowing; Fugue states; Fragments; Transference phenomena; Overpowering narratives; Life themes; Witnessed narratives; Metaphors.' Thus, writing a testimony creates a 'second chance' for a special form of self-care: the recovery of that elusive part of the self, beyond language, which I call the 'exiled self', the self that was exiled because she experienced too much, too soon.

In this essay, I begin to explore the origins and nature of the 'exiled self'. For the most part I bypass the conceptual maps of infant mental development (Ogden's autistic-contiguous and Klein's paranoid-schizoid positions). Instead, I refer to Daniel Stern and Donald W. Winnicott, and my clinical work with children of survivors. Later, I turn to three autobiographies by children of survivors whose stories provide an exploration of family interactions and personal struggles necessary to understand the source of the dynamics, and the experiences of transmission of trauma in infancy. I attempt to show how the experiences of trauma transmission lead to the infant's 'exiled self', which in turn defines the genesis of psychological problems and, perhaps, through the writing of testimonies, its reparation.

Daniel Stern's classic work (1985)[7] detailed the psychological development of the 'ordinary' infant from birth to 15 months. Briefly, he suggested that the infant's sense of self, the bedrock of the infant's subjective experience of self, appears to emerge in four senses of the self: (1) the sense of an emergent self; (2) sense of a core self; (3) sense of a subjective self; and (4) sense of a verbal self (see fig. 1). Stern linked these senses of self with what he termed a 'domain of relatedness', each corresponding to the formative phases of the sense of self. In turn, these were (1) the domain of emergent relatedness; (2) the domain of core relatedness; (3) the domain of intersubjective relatedness; and (4) the domain of verbal relatedness (see fig.2). I will use Stern's framework to think about the earliest experiences of the 'Children of Job', as Alan L Berger[8] calls the second generation witnesses to the Holocaust.

As a clinician, I have found Stern's notion of the development of the self most useful when listening to the stories of children of Holocaust survivors. Stern's views add a critical dimension beyond the diagnostic symptoms to the empathic framework of understanding of the subtle, easily overlooked long-term effects of early infant insecurities and traumas.

I hear repeated themes on the 'natural' pessimism about life; the disbelief in good luck or good fortune; the suspicion that safety is fleeting; forever being vigilant, on guard; excessive anxieties at times of separation or travel; or the easy assumption of the worst outcomes in difficulties.[9] These are rarely articulated by patients as symptoms. In fact they express surprise when I note them as such, while they consider them to be 'second nature'. Other experiences that patients often take for granted which are identifiable symptoms include excessive guilt, rage, dread, horror, or jealousy.[10]

Fig. 1

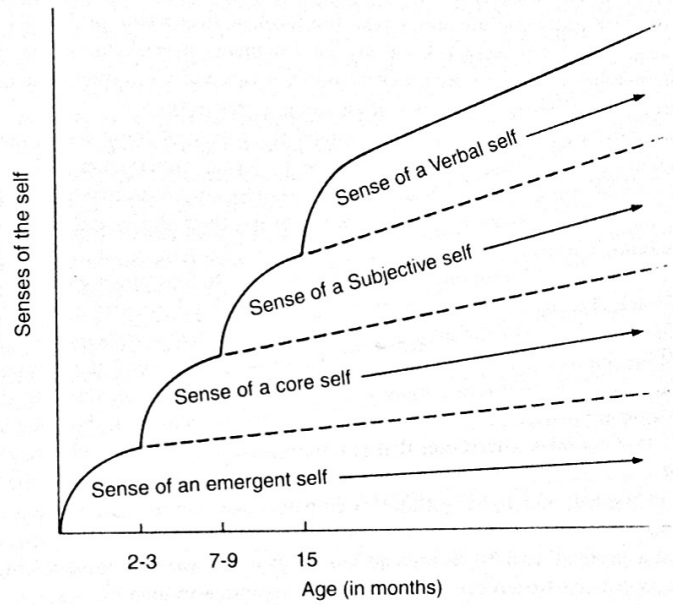
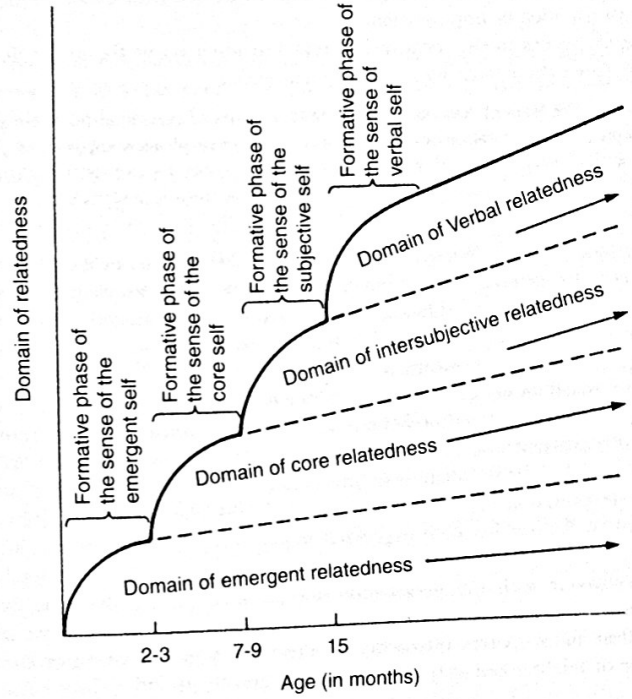


Fig. 2



At a deeper level, countertransference reactions that alert me to my patients 'not knowing' of their traumatic memories take the form of fleeting or prolonged memory lapses; a sense of disconnection from my environment; overwhelming or profound fatigue; the inability to concentrate on even simple words and ideas; the sense of intense physical pressure; or unexpected states of agitation or restlessness.[11]

Over the years, I have struggled to understand the nature of these states, centred on the transference of the earliest parent-child axis. In formal supervision and self-reflection, I have discovered deeper levels of meaning to these countertransferences. Interestingly, as I read the testimonies by children of survivors, their stories did not elicit these intense reactions. I wondered why.

To revisit the personal 'testimony' of the infant we need to first prepare ourselves for an unusual journey. To reconstruct the world of the infant, I will explain a few apparently unrelated things such as: why the subjective experiences of infants forces us to awaken with a jolt out of our limited (adult) perspectives; why, as we peer beyond the everyday adult concerns such as power, status and money, those concerns tend to recede into the background creating in the observer a sense of bewilderment and confusion; how the 'dance of empathy',[12] that complex interaction that is required between infant and caretaker (and patient and therapist when they revisit early childhood trauma), points to the infant's experience of trauma; how from 'within this empathic position the traumatized patient's tortured internal experience and object world can be known, understood, respected, and ultimately transformed' (p.120); Winnicott's concept of trauma as impingement; and to review aspects of Ilany Kogan's notion of the transmission of trauma.[13]

In contrast to the usual attitude of health professionals who regard 'trauma' in terms of the medical connotation of wound or injury, Winnicott defined *trauma* for the infant by linking it with the idea of impingement.[14]

'*Impingement*' occurs in the form of a parent intruding when the infant needed to be left alone, or when the parent was absent when needed:

> They may take the form of repeated changes in techniques of care, loud unexpected noises, missattunements to the infant's natural rhythms, insufficient physical support, or abandonment for a time period beyond which the infant can cope. Erratic or 'tantalizing' care constituted a particularly toxic form of impingement because it undermined the infant's fundamental need for stability and reliability – to make the 'unpredictable predictable.[15]

To make the point explicit, Winnicott observed that children can deal with mood swings in their parents by carefully observing them, 'but it is the unpredictability of some parents that can be traumatic. Once children have come through the earliest stages of maximal dependence, it seems to me that that they can come to terms with almost any adverse factor that remains constant or that can be predicted.'[16]

Ilany Kogan based on her extensive experience of psychoanalytic treatment of children of survivors, has provided a comprehensive account of the phenomenon of *transmission of trauma*.[17] She postulated four mechanisms to account for the failure of the parent-infant interaction, the subsequent isolation of the child, and the subsequent transmission of trauma. The purported mechanisms are: first, the parent who treats the child as a kind of antidepressant, to bolster her own depressed mood; second, the 'armour-plated' parent who is unable to empathize; third, the parent who unconsciously identifies her child's challenging behavior with the persecution she suffered during the war, and fourth, bonding with the child in a symbiotic relationship. Each of the mechanisms can operate from the earliest infant-mother interaction as a temporary phenomenon, or continue as a life-long style of relating and shape the family dynamics.

Now I turn to explore the notion of trauma transmission in infancy by reference to the mosaic of memories of children of survivors. I chose three authors whose stories across time, continents and languages raised many questions in my mind. Eva Hoffman,[18] Anne Karpf[19] and Anna Rosner Blay[20] each offers a story which focuses on a core question: how to understand a central dilemma in human experience – the phenomenon of transmission of trauma. Their stories implicitly explore a most neglected aspect of Holocaust history, the personal testimony of the infant born to the Holocaust-surviving parent. Notwithstanding the obvious love felt by their survivor parents towards them, the experience of parental love may not have been automatically translated into a loving experience for the infant. Why is this love not processed?

The three stories have a common origin, the 'second birth-place' as Eva Hoffman (p.16) calls the war which shaped their parents' and thus their lives.[21] The three stories then unfold on three different continents: North America, Europe and Australia. Despite the cultural differences, despite the geographic distances, despite the unique migrant experiences, each author speaks of an identical childhood experience: there is no one with whom she can relate her innermost thoughts.

> Anna Rosner Blay: '*In my childhood, when others spoke of grandparents, great-aunts and great-uncles, I was aware that I had none of my own. There was silence, a dark hole, an emptiness that made me ache*' (p.9).

As I read, I wondered if this 'dark hole' and 'aching emptiness' also reflected a distant, dark, empty experience, possibly in infancy? Can the absence of empathic contact in infancy persist into adult life? I imagined the infant who was unable to make 'contact' with a caregiver at critical moments, imagine the state of mind of a survivor mother after the war . . .

> Eva Hoffman: '*All the other members of my mother's family died as well – her mother, father, cousins, aunts. But it's her sister whose memory arouses my mother's most alive pain. She was so young, eighteen or nineteen – "She hadn't even lived yet," my mother says – and she died in such a horrible way*' (p.6).

More questions. Is it possible to imagine the state of mind of a mother who had lost all her family? How does that stupefying process affect the infant in her arms? Freud addressed the question of how to relate to horror situations, specifying 'the galley-slave in antiquity . . . a victim of the Holy inquisition, of a Jew awaiting a pogrom . . .', and declared that '. . . it is nevertheless impossible to feel our way into such people . . . [due to] the gradual stupefying process, the cessation of expectations' and finally concluded that 'It seems to me unprofitable to pursue this aspect of the problem any further.'[22] Can we leave it there, or, after the Holocaust, do we have an obligation to update Freud's observation?

> Eva continued: '. . . *My father almost never mentions the war; dignity for him is silence, sometimes too much silence. After a while, he finds it difficult to talk about many things, and it is not until the events have receded into the past that he recounts a few stories from those years – by that time so far removed that they seem like fables again, James Bond adventures. How will I ever pin down the reality of what happened to my parents? I came from the war; it is my true origin. But as with all our origins, I cannot grasp it. Perhaps we will never know where we came from; in a way, we are all created ex nihilo*' (p.23).

Still more questions: Are our origins really beyond our grasp? Do we really not know where we come from? Are we created *ex nihilo*?

Anna Karpf: '*We were told stories about the war, and saw the number inked into my mother's arm. I remember little: both my sister and I have almost no memory of our childhoods – our remembered lives began properly at about the age of thirteen. Before that it's all gummed up, with only the odd sensation or incident showing through, like fragments of newsprint in papier mache. Or a dream maddeningly just beyond recall. It's as if we never really had a childhood, and perhaps in some sense this was so*' (p.5).

Finally, what are memories beyond recall? Why is a memory 'gummed up'? How are we to understand this 'as if' quality of a child not really having a childhood?

To respond to these questions, let me give in a nutshell an overview of the developmental tasks of infancy. For ordinary development to occur, an infant needs, first and foremost, to form a primary, safe, dependable bond with a caretaker. That first relationship becomes the secure base from which she develops her sense of self. The degree to which the caretaker's 'dance of empathy' balances the infant's level of frustration and gratification, determines, to a considerable degree, the infant's sense of emerging self and developing capacities. Over time, moving along the developmental line which leads from irresponsibility to responsibility in bodily self care,[23] the infant gradually develops the capacity for self-regulation and regulation of her significant relationships including intimacy.

Against this background, I ask: how is the psychological world of the infant born to Holocaust survivor parents 'traumatized'? I adopt the perspective of the infant to provide a new dimension to the testimony on the century's defining moment of inhumanity. I explore through the plight of the infant the wordless experiences that are neglected, doubted or dismissed.

* * *

Defining harm to children is a complex task. Trowell and Gillan observed that the 'psychoanlytic perspective highlights the irrational, it highlights the uncertainty and the need at times to stay within the realm of uncertainty. Its particular emphasis is on the uniqueness of each individual; that each situation has a particular meaning for those particular individuals at that particular time.'[24] How do we apply this particularism to the 'infant-Holocaust-survivor-mother' interaction?

From a psychoanalytic perspective, Winnicott's denotation of trauma as impingement offers a way to understand the mother-infant relationship in its complexity: to combine feelings of love and affection with violent, aggressive, sexual and envious states. These dimensions are integral to a fuller understanding of the transmission of trauma between survivors and their infants.

Consider the experience of the infant who attempts to engage her mother's gaze during a feed at the breast. During this intimate, intonational relationship of mother and infant, empathy and all the modalities of sensation are 'switched-on': touch, smell, taste, sight and sound.

Imagine that during the feeding, as the mother is fully engaged with her infant, she experiences a flashback. She recalls her moments of near-starvation. The flashback triggers old thoughts: 'every-crumb-is-precious'. At that moment, her infant becomes anxious, refuses her breast, and regurgitates the precious milk-food-crumb. The infant wastes the mother's precious food. For the moment, the mother's mind is lost to track her infant's needs. In that moment, the mother's consciousness has been altered by an inaudible, but not invisible, thought. The thought has interfered with her containing gaze. Her infant is 'abandoned'.

At the same time, imagine her infant, contained by her mother's engaging gaze, reciprocally 'in love'. Suddenly the infant is abandoned, disconnected. At that moment, the

mother's empathy, her 'emotional knowing' of her infant is inhibited, temporarily. The infant, with no time sense, experiences the abandonment as lasting to infinity. Should that abandoned state persist the infant, uncontained, experiences catastrophe. In the infant's moment of need for the empathic mother, the mother's mind is preoccupied with her own traumatic flashback. Mother remains absent, she is numbed entirely to her infant's needs.

At critical moments during the feed, her infant is 'seeking' to reconnect, to make eye contact, again and again. Instead of experiencing a moment of 'mirroring', a reflection of containment, the infant experiences mother's 'absence'. For the infant, this moment of mini-loss of contact is critical. The infant may experience a catastrophic reaction, observable from the outside as total body convulsions.

With no anchorage, the infant-caregiver relationship adrift,[25] the infant's mind experiences more fleeting 'mini-loss reactions'. Of course chances to repair the loss appear, if the mother is able to re-establish empathic contact. But what if the mother remains 'absent', 'gone' for a time longer than her infant can yet tolerate? How does her infant cope?

Unless reparative moments arrive in time, the infant's increasing level of frustration results in overwhelming distress, impingement after impingement. These are moments of trauma. The trauma can be said to be 'transmitted' in the mother-infant relationship as the infant experiences her mother's absence as 'out of sight, out of mind'. Taken concretely, the infant is really 'out of mind', her mother's and her own.

As such moments accumulate, the infant's bonds gradually detach from the 'feeding' mother. Observed from the outside, the infant gradually becomes 'unrelated' to her mother. If the degree of detachment becomes extreme, and generalizes to other situations, like bathing, playing, nappy-change, and the like, eventually, the infant's 'continuity of being' becomes fragmented. In this scenario, the infant's emerging self, as far as it is able to emerge, is set on a path to exile. By this I mean that the infant is no longer reachable. She fails to respond to the caregiver. The cumulative detachment is accompanied by feelings of being 'crushed' (one patient experienced her Holocaust survivor family as forming a 'crushing network').

In summary, the trauma of repeated impingement threatens the infant with irreversible changes in the emerging sense of self. The infant's self now exiled, core functions of infancy become corrupted: the capacity for self-regulation and regulation of relationships, including intimacy. The manifestations of such core disturbances of the self are expressed in the familiar symptoms and signs of mental illness, which Szego (1999) called the 'greatest shame of all'.[26]

I hypothesize that the accumulated moments of breakdown in the mother-infant relating, the 'dance of empathy' becomes the dynamic genesis of the psychological exile of the infant's emerging sense of self. They are the moments of 'dis-fusion', which, through reparative moments, are reversible. In the absence of those reparative moments, they threaten to become irreversible. Such failure in reparative moments, the infant's fundamental need for stability and reliability being continuously frustrated, the 'unpredictable' never has a chance to become 'predictable'. In the end, the potentially reversible disruptions of attachments become irreversibly damaged.

While the 'unpredictable' maternal care persists, the infant's emergent self remains in exile. The infant risks never experiencing the rhythm of predictable regulation of her affect and relationships, the foundations of a sense of well being. Is this hypothesis too fanciful? Emerging evidence demonstrates how early growth-inhibiting environments, like deprivation of empathic care, can produce structural changes in the architecture of the developing brain.[27] How can the foregoing be related to the experiences of children of Holocaust survivors?

Thus understood, I hypothesize that for many children of survivors of the Holocaust, the 'ordinary' exchanges between infant and caregiver were characterized by missattuned empathic care. The infant's experience of intense and/or frequent impingement (trauma) resulted in the 'exile' of his or her emergent self.

In their midlife writing journey, our authors chose to revisit their past. In the process of writing, they created spaces to explore, for the first time, those internal and external exchanges which, for the infant, normally creates the transition between the subjective and objective.

In order to make explicit the subtle communications of their infancy the authors had to negotiate a number of barriers. First, they had to come to terms within their own hearts, to plumb the depths of their souls, there to find and mirror their parents' courage, pain, and will to survive. Next, they had to retrieve and chronicle that transmitted past, culled from spoken words as well as from their fine attunement to their parents unspoken signals and iconic memories. Finally, they had to transform with love and care those fragmented collections into remarkable testimonies.[28] The testimonies, located somewhere between literature and psychology, provide the living evidence that the phenomenon of transposition can be successfully negotiated. Professor Judith Kestenberg has used the term 'transposition' to denote the unique form of transmission of Holocaust experiences and its impact across the generations.[29]

Why do authors like Eva Hoffman, Anna Karpf, Anna Rosner Blay along with many other children of survivors return to the past, to the very moments where they experienced psychic exile? I suggest that it is precisely because the 'exiled self' seeks to repair the damaged past, the damaged self.

I believe that Helen Epstein began her secret quest on behalf of the 'second generation' for the deepest 'truth': to bear witness not only to the generation of Holocaust survivors but also to their children. I believe that Dina Wardi[30] called the children of survivors 'memorial candles' not only to commemorate the losses of their parents, but also to commemorate their own sense of exile. I believe that testimonies seek to discover cultural, family and personal 'truths' but also the 'truth of the infant's testimony'.

For this 'truth' authors risk their safety. For this 'truth' they probe the chaotic world of their childhood and infancy. For this deeper reality they expose themselves, like the child who finds out that she is alone in an empty house at night, to the fears and terrors of what may come out of the Dark. Because this 'truth' is nothing less than the salvation of sanity.

For the sake of discovering the 'truth' of the infant's internal experiences, the importance of 'seeing' the things infants see, the authors overcame barriers to seeing what may arouse fear, to 'know' the 'not known'; to make conscious the visceral ache. They peered into 'blackness', 'emptiness'. They peered inside Helen Epstein's iron box, to discover those 'combustible things more secret than sex and more dangerous than any shadow or ghost'[31] – the 'truth' of their exiled self.

In conclusion, I believe that Eva Hoffman, Anna Karpf and Anna Rosner Blay through their testimonies refute Proust's observation that a book, like memory is 'a vast graveyard where on most of the tombstones one can no longer read the faded names'. In fact, they have revitalized vast graveyards, infused them with a life force of relevance, immediacy and the power to restore lost worlds, public and private. Second, I believe that writing testimonies can constitute a profound reparative process. That reparation of trauma to the deepest parts of the self restores a necessary belief in hope, in a future, in people, in short, a belief in life.

Eva Hoffman concluded: '*I think, sometimes, that we were children too overshadowed by our parents' stories, and without enough sympathy for ourselves, for the serious dilemmas of our own lives, and who thereby couldn't live up to our parents' desire – amazing in its strength – to create new life and to bestow on us a new world. And who found it hard to learn that in this new world too one must learn all over again, each time from the beginning, the trick of going on*' (p.230)

I would add that we have been children without empathy for ourselves, for the serious dilemmas of our own lives. But that we can all learn, to learn all over again, from the beginning, and that psychological beginning of our exiled self can return to a belief in life.

> This is the use of memory;
> For liberation-not less love but expanding
> Of love beyond desire, and so liberation
> From the future as well as the past.
> –T.S. Eliot[32]

ACKNOWLEDGEMENTS

I wish to express my appreciation to Mrs Frances Thomson-Salo for her deep insights on the infant-mother relationship and her ability to communicate those insights with such clarity; also for helpful editing by Faye Crossman and Anna Rosner Blay. And to my friend Dr Dahlia Tauber as a constant source of illumination.

I dedicate this essay to my mother, Alice Halasz, who survived Auschwitz, Birkenau and Bergen-Belsen and whose courage and celebration of life is a source of endless inspiration.

NOTES

1 H Epstein, *Children of the Holocaust: Conversations with Sons and Daughters of Survivors* (New York: Putnam 1979; London: Penguin Books, 1988), p.14.
2 D. Bernheim, *http://www.pathfinder.com/twep/little br... stein/where she came from/interview.htm*, downloaded 25/9/1998).
3 See P. Vidal-Naquet, *Assassins of Memory*, tr. Jeffrey Mehlman, (New York: Columbia University Press, 1992) and D. Lipstadt, *Denying the Holocaust: The Growing Assault on Truth and Memory* (New York: Free Press, 1993).
4 P.H. Hutton, History as an Art of Memory (Hanover: University of Vermont, 1993).
5 R. Wajnryb, 'The Unspeakability of the Holocaust. Sharing an unsharable past: transmitting the Holocaust', *Generation* 6 (1997): 47–52.
6 D. Laub and N.C. Auerhahn, 'Knowing and not knowing massive psychic trauma: forms of traumatic memory', *International Journal of Psycho-Analysis* 74 (1993): 287–302.
7 D.N. Stern, *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology* (New York: Basic Books, 1985).
8 A.L. Berger, *Children of Job: American Second-Generation Witnesses to the Holocaust* (New York: State University of New York, 1997).
9 G. Halasz, 'The long shadow', *Generation* 4 (1994): 44.
10 Y. Danieli, 'Psychotherapist's participation in the conspiracy of silence about the Holocaust', *Psychoanalytic Psychology* 1 (1984): 23–42.
11 Y. Tauber, Personal communication, 1998. Based on her book *In the Other Chair* (Jerusalem: Gefen Publishing House).
12 I.L. McCann and J. Colletti, 'The Dance of Empathy: A hermeneutic formulation of counter-transference, empathy, and understanding in the treatment of individuals who have experienced early childhood trauma', in (eds.) J.P. Wilson and J.D. Lindy, *Countertransference in the Treatment of PTSD* (New York: Guilford Press, 1994), pp.87–121.
13 I. Kogan, *The Cry of Mute Children* (London: Free Association Books, 1995).
14 H. Dasberg, 'The unfinished story of trauma as a paradigm for psychotherapists. A review and some empirical findings on paradigms and prejudices', *Israel Journal of Psychiatry and Related Science* 29 (1992): 44–60.

15 D. Goldman, *In Search of the Real: The origins and originality of D.W. Winnicott* (Northvale: Jason Aronson, 1993), p.164.
16 D.W. Winnicott, 'The effect of psychotic parents on the emotional development of the child', *British Journal of Psychiatric Social Work* 6 (1961). Reprinted in D.W. Winnicott, *The Family and Individual Development* (London: Tavistock Publications, 1965), pp.69–78.
17 Kogan, *op. cit.*
18 E. Hoffman, *Lost in Translation* (London: Minerva, 1989/1991).
19 A. Karpf, *The War After* (London: Minerva, 1996).
20 A.R. Blay, *Sister Sister* (Alexandria, VA: Hale & Iremonger, 1998).
21 E. Hoffman, *op. cit.*
22 S. Freud, *Civilisation and its Discontent* (S E 21, 1929/30), (London: Hogarth Press and Institute of Psychoanalysis, 1961/81), p.89.
23 A. Freud, 'The concept of development lines', *The Psychoanalytic Study of the Child* 18 (1963): 245–256.
24 J. Trowell and M. Gillan, 'Moral agendas for psychoanalytic practice with children and families', in M King (ed.), *Moral Agendas for Childrens' Welfare* (London: Routledge, 1999), pp.138–153.
25 F. Thomson-Salo, personal communication.
26 J. Szego, 'The greatest shame of all. Mental illness, Jews and our community', *Generation* 8 (1999): 56–65.
27 A.N. Schore, *Affect Regulation and the Origin of Self: the Neurobiology of Emotional Development* (New York: Lawrence Erlbaum, 1994); A.N. Schore, 'The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology', *Development and Psychopathology* 8(1996): 59–87; A.N. Schore, 'Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorder', *Development and Psychopathology* 9 (1997): 595–632.
28 G. Halasz, Foreword to A.R. Blay, *Sister Sister, op.cit.*
29 J.S. Kestenberg, 'Transposition Revisited: Clinical, Therapeutic, and Developmental Considerations', in P Marcus and A. Rosenberg (eds.), *Healing their Wounds. Psychotherapy with Holocaust Survivors and their Families* (New York: Praeger, 1989).
30 D. Wardi, *Memorial Candles. Children of the Holocaust*, tr. Naomi Goldblum (London: Tavistock/Routledge, 1992).
31 Epstein, *op. cit.*, p.9.
32 T.S. Eliot, 'Little Gidding' (1942) in *Collected Poems 1909–1962* (London: Faber and Faber, 1974), p.219.