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# **Children of Holocaust Survivors: Our Parents, Ourselves, Our Changing Lives**

Summaries of lectures 1-9 from the meeting series for the  
Bikur Cholim Chesed Organization, 2016-2017

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## **Meeting One - The Dual Reality of Trauma**

May 10, 2016

Last night we had the first in a series of ten monthly meetings of a discussion group for children of Holocaust survivors which took place at the Boro Park Y in Brooklyn. The series of meetings is organized by “Bikur Cholim Chesed Organization”, and was made possible by a grant from the Jewish Federations of North America, through their Center for Advancing Holocaust Survivor Care.

About 50 children of survivors made the time in their busy lives and filled the room to the brim. Briefly introducing ourselves to each other allowed us all to register again the scope of the Holocaust as each mentioned the countries of origin of our parents. The participants were also requested to mention the topics of interest that they would wish to learn more about. The legacy of the Holocaust and its impact on the relationships between the survivor parents and their children had influenced the lives of the “Second Generation” in many different ways at different times along their development. The way the second generation navigated the process of identity differentiation in adolescence, the way they made decisions about life style, whom to marry (or not), their degree of involvement with their parents throughout their adult life, were all influenced by the special themes of intense loyalty and awareness of the parents’ painful past and sensitivity to loss. At this time, as the survivors’ numbers are dwindling, many of us are still coping with this difficult phase in life, when parents are suffering from physical ailments or from cognitive decline. This is often a particularly painful time that brings many terrible memories back for the survivors, and places enormous challenges on their children to find the way to help aging parents find good care, empathy and peace at the end of their lives. Another issue raised at the meeting involved the relationship with the third generation, their perceptions of the Holocaust and of their experience of their grandparents’ legacy, which is often different than the experience and the perceptions of the second generation.

Following the introductions, I shared with the group the recently published piece by Varda Spiegel, “Playing the Holocaust Card”, which appeared last week in the Times of Israel around Yom Hashoa. The article (you can find it online at <http://blogs.timesofisrael.com/playing-the-holocaust-card/#.VykyfNpHF3V.gmail> ) captures that special connection among those of us who share this unique family background.

In the discussion that followed, I began to describe what I call the “dual reality” of trauma and its role in the lives of children of parents who survived extreme suffering and loss. The discussion began to address the findings and insights from the research into the long term effects of the Holocaust. The last several decades, since the introduction of the diagnosis of Post Traumatic Stress Disorder into the psychological and psychiatric literature, have led to a torrential accumulation of studies on the effects of trauma in many populations. The findings, including from

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studies of Prisoners of War and Veterans in Israel and in the USA, as well as other victims of extreme trauma across the globe, have corroborated the findings regarding survivors of the Holocaust. Insights from all of these populations suggest that Post Traumatic Stress Disorder, and even sub-clinical post traumatic reactions, is associated with premature aging and cognitive decline.

It was moving to notice the tentative, yet courageous willingness of the participants to put out to the group the issues that are truly of interest and concern to them. There was acknowledgement of the tremendous variance and nuances in the vast range of experiences that characterize the second generation. Some suffered greatly due to the impact of severe parental post traumatic reactions on the relationships in the family, while others had parents who were able to protect their children much more from their own suffering. Despite many differences, there was a feeling of unique affiliation and interest in learning more about the way in which we in the second generation, now all in our middle age, can re-examine our experiences from the vantage point of being now parents and grandparents ourselves, and make new meanings of it for ourselves and for the next generations. I left the meeting awed by the feeling of a kind of an exuberant energy that was felt in room among us, children of survivors, by the experience of coming together and anticipating the possibilities that an open, frank and deep discussion amongst ourselves offers.

## **Meeting Two - Intergenerational Transmission**

June 28, 2016

The second meeting of the Discussion Group for Children of Holocaust Survivors took place at the Boro Y on June 28.

Again, the room was packed with nearly fifty participants who gathered together to better understand the legacy that binds us together. Further deepening some of the themes raised during the previous meeting, the discussion focused in particular on the question, how did effects related to the Holocaust get transmitted to the children of survivors.

Is there such a thing as transmission of effects related to the Holocaust in the second generation? This question was raised in the 1970's-1980's, after the first reports that described psychological problems among children of survivors, based on children and adolescents that were seen in psychiatric clinics, began to appear. Critics opposed the generalization of such findings to the entire group of families of survivors. Indeed, many survivors functioned very well in their post-war lives. Some functioned very well in every arena, some only in certain domains, such as work outside the home, but not so well in their intimate relationships and family life. Yet others functioned very poorly across the board (Felsen, 2016, Kavod). The Holocaust engulfed many people, and the variability in individual responses is indeed vast. A diagram that was taken from the study by Barel et al., (2010) was shown, summarizing the results of a large meta-analysis of the findings of many studies which examined the physical and mental health of Holocaust survivors across the globe. The findings reveal that there were no significant differences between survivors and other peers on most aspects of health, even when clinical samples were excluded from the comparison. Significant differences were clearly observed in one area only, where Holocaust survivors had much higher levels of post-traumatic symptoms than others who did not live through the Holocaust. These findings clearly suggest that many of the second generation grew up with parents who functioned well in the community yet suffered from elevated post-traumatic reactions.

The concept of the "Dual Reality" of the second generation which was introduced in the first meeting was further elucidated as two parallel psychological systems of reference, the one referencing the reality of the here-and-now and the other referencing the reality of catastrophic trauma. In the reality associated with the lives of the second generation, who had not experienced the Holocaust, the world is perceived as essentially benign and just, where one is expected to behave in socially desirable ways such as be polite, wait one's turn, and demonstrate prosocial behavior. In the reality of trauma, the expectations for behavior are very different, and are determined by survival. The metaphor of a "glass floor" was suggested in order to describe the relationship between the two realities. Underneath the glass floor, always in sight, forever present, lies another view of reality. This underworld holds feelings, images, behavioral expectations and anxieties that have to do with what the second generation absorbed from their parents with regards to a reality completely different from that which they experienced in their own lives. The reality glimpsed underneath the glass floor is the reality of catastrophe. The absorption of the reality of trauma has little to do with informational knowledge of the facts of the Holocaust or the events

that took place. Rather, it is a knowledge that emanates from the relationships with the parents and from the emotional reactions of the parents to the events within these relationships.

in the 1980's, the professions of psychiatry and psychology have accepted the diagnosis of Post Traumatic Disorder (PTSD) and recognized that people are affected by traumatic events, sometimes for a very long time. Since then many studies have shown that parents who suffer from persistent post-traumatic reactions behave differently in the relationships with their children. They respond in different ways to reminders of memories, to things that upset them, and they cannot tolerate well experiences of anxiety that are inevitable in the course of raising children, because of their post-traumatic symptoms.

What is PTSD and what are post-traumatic reactions? Some of the typical symptoms associated with the disorder include chronic levels of anxiety, hyper-vigilance which is expressed as mistrust and a constant scanning of the surrounding for potential dangers, startle responses and strong reactions to things that may appear minor to others. These aspects of post-traumatic reactions have been shown to be most persistent, even when the more dramatic symptoms, such as intrusive memories, flashbacks and nightmares subside with time or as a result of successful treatment. Another important group of symptoms is related to attempts to avoid reminders of the traumatic event. Like circles around a stone in water, avoidance symptoms tend to widen: first people might avoid the immediate places, people or things that might remind them of their traumatic experience. Later, more and more distant things are avoided, depriving the individual of new experiences which might be positive. Trauma survivors might also attempt to constrict emotionally, since any strong emotion, even positive emotion, might evoke feelings associated with previous losses. For example, in the documentary "Because of That War" by Yehuda Pliker and Yaacov Cohen, Poliker's father, a survivor from Saloniki, describes the reaction he had at his son's Bar-Mitzva, when in his mind's eye he envisioned all the absent family members who were murdered, who would have been celebrating with him. Flooded with tremendous sadness and agony, he kicked the tables festively set for the celebration and knocked everything down, shocking the guests and his Bar-mitzva son.

The brain does not have a good capacity to remain open to positive emotions while shutting out the negative. Therefore, some survivors have demonstrated on occasion behaviors that were frightening or overwhelming for their children, while others tried to control their emotional responses at the cost of being experienced as cold and emotionally unavailable (I mentioned here the epilogue in the book "A Thread of Grace" by Maria Russel). I also mentioned the Canadian film "Fugitive Pieces" (2008) by director Jeremy Podeswa, pointing particularly to the scene following the funeral, where the survivor father and his young son are engaged in an interaction that poignantly captures these tragic features in the relationship between them.

It is natural for children to attempt to become more autonomous, to get involved with peers and activities that take them further away from their parents and help them establish their own sense of self. However, for parents who have lost many of their loved ones it was often difficult to contain their anxiety about the safety of their children. Children had two options with regard to their parents' anxieties: they could internalize them, consequently feeling that the world is very dangerous, that they are vulnerable, and that their parents don't trust them to be safe. Or children could rebel and reject parental worries, and do what they wish to do despite the distress it caused

their parents. Gender was a very important factor that influenced the way different children coped and adapted to the anxieties of their parents. Gender socialization generally influences boys to be more autonomous and assertive and are expected to show more independence by the culture at large. If survivor parents communicated that it was too dangerous, or anxiety arousing for them to tolerate what their children were doing, the children, especially boys, sometimes had to rebel if they were to develop a sense of autonomy, assertiveness and selfhood. This accomplishment came often at a great cost of internalizing a sense that one's needs come at the expense of the parents' suffering, that it is a selfish thing to put one's own needs ahead of others' needs. One of the participants volunteered a personal example, telling the group that as an adolescent he participated in a human rights demonstration, and although this act itself was not "bad", he was made to feel very bad about it since his parents were mortified by the possibility that he might get hurt and his insistence on going was at the cost of their distress. In such instances, normative, developmentally appropriate and even positive acts of establishing one's identity could become colored as "bad". Children could come to feel that they were "bad" because they caused their parents grief. Girls, often socialized to be more concerned about relationships and about other people's needs, tended to be more compliant with parental expectations and more sensitive to messages such as : "how can you do it when you know what it does to me?!" As a result, daughters tended more often to put the parents' needs ahead of their own, a pattern that in many cases became a personality trait of daughters of survivors.

An example from Art Spiegelman's book "Mouse" was shared to illustrate the ways through which the reality of trauma becomes part of the experience of the children who did not live through the Holocaust., Little Art comes crying to his father because he fell and his friends ran ahead and did not wait for him. "Friends?" his father, the survivor asks with cynicism, put them in a room without food for a week and then you will see what are friends...

Never quite out of sight, never truly not relevant, the reality of trauma lies under the "glass floor", sometimes in the background and sometimes moving swiftly to the foreground. When there is a terror attack, when someone says something anti-Semitic, or even in the benign context of intimate relationships, something might trigger the reality of trauma, bringing it to the fore and coloring one's responses.

However, it is important to remember that the transmission of effects related to the trauma is not all bad. Survivor parents had many immense resiliencies, which the second generation has inherited, as well. Some of the resiliencies were discussed, including a capacity to persevere under difficult conditions, heightened empathy, and a strong need to humanize the 'other' and the relationship. These traits can be expressed both as strengths and as vulnerabilities, as in a context in which one does have choice, unlike under conditions of a catastrophe, giving up on a bad relationship or a job might be a more adaptive solution.

The next meeting will address some of the strengths and vulnerabilities of children of survivors and will focus in particular on the relationships between adult siblings in families of Holocaust survivors.

### **Meeting Three – Post-Traumatic Stress Reactions in Survivors and in their Children**

July 31, 2016

This past week we held at the Boro Park Y in Brooklyn the third meeting of the Discussion Group for Children of Holocaust Survivors, and the topic was the relationships between siblings in Holocaust families. Most of the sixty participants who attended this week reported, by show of hands, having grown up with at least one sibling. Indeed, most people in the USA grow up with siblings and, for those who do, the relationships with their siblings are a profoundly important aspect of family life.

The relationships with our siblings are, in fact, the longest relationships we have across the lifespan. Our relationships with our siblings are longer than the relationships we have with our parents, with our spouses and with our children. Studies have shown that, during childhood, siblings are not just pale secondary characters on the stage of family life; rather they are often important attachment figures for each other. In old age, siblings often provide important socialization and support for each other. Despite their potentially important role, sibling relationships have been relatively neglected in the psychological literature, in comparison with the emphasis on the relationship between each individual child and the parent(s).

The discussion this past week centered on the influence of echoes of parental trauma on some unique aspects of the sibling relationships in Holocaust survivor families. I shared with the participants observations I have accumulated over more than 25 years of encounters with survivors and the second generation, in clinical settings as well as in less formal group settings and meetings. I have frequently observed a particular pattern among adult siblings in Holocaust families which suggests markedly differentiated roles between siblings within the same family. One sibling has often remained geographically close to the parents, and leads a life much more emotionally intertwined with them, as manifested by disclosing personal difficulties and challenges to the parents, and being repeatedly “saved” by them from various personal crises. This sibling is often also financially supported by the parents, either directly or by being taken into the family business. When involved in the parents’ business, this sibling is frequently not actually viewed as truly contributing. The employment in the family business is often the solution to the difficulties of this individual in finding or keeping a job elsewhere, and his functioning is viewed as an excuse to provide some structure and a salary. When the sibling who is more intertwined with the parents is a son, the relationships with the survivor father who runs the business are often labile and difficult. When the sibling who is in this role is a female, there are often tensions in her marriage around the intensity of her involvement with her parents. In contrast, another or other siblings in the family seem to have been able to move further away, have been typically more professionally and financially successful, and have been less emotionally involved with the parents, to the extent that the parents or the other sibling sometimes feel emotionally abandoned by them.

The relationships between adult siblings often reveal deep-seated mutual criticism associated with each other’s roles in the family. Each sibling is acutely aware of what they perceive as the hurt inflicted by the other sibling upon the survivor parents. The impact of the other sibling on the



survivor parents' health and well-being is described in extreme expressions such as "he is killing them!" or "she is driving them to the grave!" Such intense feelings reflect the palpable presence of issues of life and death that are part of the explicit and implicit legacy of the family.

When parents suffer from significant post-traumatic reactions, their responses to events and interactions during the normative course of raising children might often be less than optimally regulated. Dysregulated emotional reactions in the parents, such as intense anxiety, fear or depression in response to some action taken by one sibling can have a dramatic impact on other siblings. Having caused parental distress is taken as an act of extreme cruelty in the context of relationships with parents who suffered already so much. I gave the example of my patient M., who was always "the good girl" who did what her parents wanted her to do, and who did not do what she knew they would not have wanted her to do. Responding and internalizing their anxiety, she stayed nearby, and constricted her choices and her personal development to that which did not cause them too much concern. Her brother, on the other hand, had been the "trouble child" all along, unleashing her parents' anxiety and rage, and often being on the receiving end of physical violence. When he decided to enlist in the military, which he viewed as his only chance to get away, their father cried for days on end for fear that something would happen to his son. M. was unable to comprehend how her brother was able to cause their parents such pain and, as a result of such events, M. had hated her brother and wanted nothing to do with him for many years. It was only in therapy that M. could begin to view her brother's behavior more compassionately. When survivor parents suffered from post-traumatic reactions and could not contain them well, children had a difficult choice to make with regards to their own developmental needs. This choice, taken partly consciously and partly non-consciously, was on one hand, to constrict oneself in order to appease the anxieties of the survivor parents, a path more typically taken by daughters. Other children, more typically sons, had to "harden" themselves and resist identifying with parental worry, pain and pleas in order to be able to maintain their own sense of self and pursue their own direction and goals.

The determination of which child in the family took the more dependent role, and which took the rebellious role, is one to which many factors contribute. Gender, birth order, the age difference between children, changes in the life of the family and in the state of the parents' post-traumatic symptoms, can all play an important role. Many other factors, related to the individual child, their innate temperament and their interactions with parents are also important in determining the path of individual children. The roles taken by other siblings in the family also constitute additional important influence on each child.

The pattern I have come to identify shows that, throughout life, the more independent children seem to have striven to hide their developmental challenges from the parents, to cope with their problems on their own, to protect the parents from worry, and to protect themselves from having to cope with the manifestations of parental worry. These children of survivors learned to keep it all to themselves and rely on their own resources. "Hiding" many aspects of their lives from the parents, these children were able to venture out and expand into many activities without having to deal with the intrusive anxieties of their parents, who had no idea of what their children were doing. However, these children did not get the benefit of adult, parental "scaffolding", and in many ways have "raised themselves" on their own. While developing many real strengths and skills through this process, these traits have often become characteristics of these individuals who, in their adult

relationships, often find themselves also “hiding” their needs and vulnerabilities from friends and even from spouses. Unable to truly let anyone in, always proudly self-sufficient, these adults might experience an inexplicable sense of sadness or anger, and feel, or organize their life in such a way, that they shoulder a heavy burden alone. In their relationships with parents and the more dependent sibling, the self-sufficient children resent the never-ending care-taking that takes place continuously between the parents and their sibling. They look down at their needy sibling, who elicits this care-taking, and who they feel drain the parents physically, emotionally, and sometimes financially. What they fail to see is that the survivor parents, who lost so many loved ones, are often unable to handle the normative losses and changing roles as their children grow up. When parents need to feel needed, some children respond to such unspoken relational expectations by remaining enmeshed. Staying near by the parents, they adopt the role of the care-taking and care-eliciting child, responding to the parents’ emotional needs to remain intensely connected and not suffer new losses.

These more dependent children, on the other hand, have their own perspective and their own reasons to criticize their siblings. They often feel that their sacrifices freed their siblings from the commitments toward the parents and allowed them to pursue their own life. They, who live by the parents, are also often privy to the parents’ hurt feelings about the self-sufficient child who seems to not need them, to not share their personal challenges with them, and who is perceived by the parents as having disconnected from them and emotionally abandoned them.

Resentments between siblings often intensify around the care of aging Holocaust survivor parents, and at times lead to cutoffs in the sibling relationships after parents pass away. This is a particularly tragic phenomenon in the small, new families established by survivors after their families were decimated in the Holocaust.

Sibling differentiation and de-identification is a common phenomenon in family life, not just in Holocaust families. Each sibling attempts to establish their own path and their own “niche”, as different from those of their siblings. Each sibling tried to find their own “claim to fame”, their own way of being unique and worthy of parental love. These processes lead in all families to differences in character, interests, personality style, and life choices. Such differences among siblings can also lead to mutual dislikes. However, extreme parental trauma interacts with many facets of life in the family, and also with the ways in which each child perceives and reacts to parental emotional cues. In my observations, sibling differentiation is impacted by trauma-related dynamics in the family, and the intensity of parental distress impacts also the quality of the relationships between siblings.

It is important to understand the influence of the extreme trauma suffered by Holocaust survivors also on the relationship between siblings, and the factors that can protect or repair these relationships. A better understanding of the family dynamics can help adult siblings see each other’s path with more compassion. Gaining insight to the different needs that survivor parents might have communicated, implicitly and explicitly, might help siblings accept with greater appreciation each other’s attempt to protect the parents from some aspects of pain and suffering. In recognizing the price that each sibling paid in choosing their path, there is a chance for some new insight and greater mutual tolerance. The repair of sibling relationships, and the prevention of cut-offs, is particularly important with respect to the opportunity for the third generation in the

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family to develop close family ties. In such a vast country as the USA, when adult siblings cut off relationships or do not wish to make efforts to maintain them, the members of the next generation in the family can quickly become completely disconnected and estranged from each other. This can lead, de-facto, to a destruction of the fabric of the extended family, and can constitute another ripple of the genocidal trauma that the survivor parents lived through. This intergenerational enactment, through family dynamics that impact the relationships between siblings, can threaten the structure and culture of the extended family in future generations of Holocaust survivors. Future meetings of the Discussion Group for Children of Holocaust Survivors will continue to address how to counter and repair this and other aspects of relationships impacted by the legacy of trauma.

## **Meeting Four - Strengths and Vulnerabilities of Children of Holocaust Survivors**

September 16, 2016

Someone recently told me of a friend, a son of Holocaust survivors, who admitted that when he decided to marry his wife, the thought crossed his mind that, should they ever have to flee with children, she is the kind of woman who would be able to cope and handle the stress of it. The man was acknowledging what feels like a somewhat shameful, fearful, irrationally catastrophic thought, which nonetheless popped irresistibly into his mind at such a meaningful moment in life. This is an example of Holocaust imagery and trauma-related associations which many Second-Generation individuals are well familiar with. Such unbidden associations weave themselves into the fabric of daily life of those who grew up with trauma survivor parents. This is one of the characteristic experiences that reflect the intergenerational transmission of effects related to the Holocaust.

Second generation, the children of Holocaust survivors born after the war ended, have been shown in studies to have more Holocaust imagery, dreams, thoughts and associations than non-Holocaust related peers. In fact, one study found that the Holocaust plays a more prominent role in the psychological world of children of survivors than events that happened in their own personal lives. The offspring of Holocaust survivors have also been observed to have lower self-perceptions of independence and self-sufficiency, but higher achievement motivation and higher self-criticism than non-Holocaust related peers. Scores indicating elevated anxiety, depressive experiences, and feelings of alienation found in many studies remained within the normative-high range, reflecting absence of serious psychopathology (such as clinical level psychiatric conditions) in the children of survivors. No impairments in functional aspects were observed, corroborating the conclusion that the intergenerational transmission of effects related to the Holocaust is more latent, manifested in the subjective experience of the second generation. The effects of growing up with survivor parents seem to be more evident in the internal world of the children, in their feelings and responses to places and situations, rather than in measures of their external coping or accomplishments.

The body of research about the second generation has grown by now to include several hundreds of studies. Differences between children of survivors and peers were observed during adolescence and young adulthood, in various measures addressing the main task of those phases in life, the differentiation of self from parents and the achievement of a separate identity and sense of self. Children of Holocaust survivors had greater difficulties than peers differentiating themselves from their parents, going away to college or living at a geographic distance from the parents, and making their own decisions about romantic partners, degree of religiosity and other life style choices. Some of the findings of different studies seem contradictory with one another, and other studies show findings which are perplexing. For example, several studies found that, upon reaching middle age, children of survivors manifest more health problems than non-Holocaust related peers, while reporting higher levels of feelings of well-being. This seemingly baffling finding was explained as potentially reflecting the use of repressive coping mechanisms, similar to those typical of many Holocaust survivor parents. Survivors were described in some studies as showing a phenomenon termed “hardening” or “steeling”, which pertained to their capacity to tolerate significant hardships and push through, ignoring fatigue, pain, and other difficulties, a certain denial of physical and emotional pain. It was suggested that the children of survivors have utilized similarly repressive

coping with regards to signs of physical problems which they might have ignored, until such problems become more severe health issues.

A large body of findings from different studies have accumulated over the 1980's and 1990's, presenting a rich and intricate picture of observations about many facets of the experiences of the second generation as they moved through many life transitions from adolescence to adulthood. Comprehensive reviews that appeared in the 1990's (see my review and Solomon's review in Danieli's book, 1998, "The International Handbook Of Legacies Of Trauma") attempted to synthesize and integrate the various observations in order to draw conclusions about general trends and characteristics. These reviews rendered a complex profile of both strengths and vulnerabilities that characterize the second generation across different domains of life. After 2000, sophisticated statistical methods further compared the findings from different studies (see for example, van Ijzendoorn et al., 2003), corroborating the conclusions from the earlier reviews, that there is no evidence for psychological disorders in the second generation as a group. More recently, the focus has shifted to the more subtle manifestations of 'latent' intergenerational transmission, expressed in particular types of remembered childhood experiences and in unique psychological concerns and relational themes. These studies, using complex methods of systematically analyzing interview data, deepen the insights to the internal subjective world of the children of survivors (Scharf, 2011; Wiseman, 2008).

There are no formal data about post traumatic reactions in Holocaust survivors immediately after the end of WWII, as the diagnosis of PTSD was not yet in existence and, with few exceptions, there are no data about the mental status of the survivors at that time. However, research in the trauma field, looking at the effects of trauma in more recent civilian populations exposed to mass traumatization, offers a way to infer what might have been the mental health consequences of surviving the Holocaust, in the initial years after liberation, and what the children, especially those born early after the end of the war, were exposed to.

Following the introduction of the diagnosis of Post-Traumatic Stress Disorder (PTSD) into the psychiatric nomenclature in 1980, a torrent of studies in different trauma exposed populations has confirmed the adverse impact of various traumatic events on many of those who experience them. It has become known that, in the aftermath of a disaster, between 10%-40% of those exposed will develop symptoms of PTSD within the first year. Of those, about one third will spontaneously recover, and one third will go on to develop the more chronic course of PTSD. Yet others will develop delayed PTSD, after having initially coped well with the trauma. Delayed onset of symptoms can occur at any time in response to perceived lack of social support after the end of the trauma, as the person attempts to reintegrate into society, in the face of a new loss, or when facing illness and aging. A study of large samples of trauma survivors from 20 countries undertaken by the World Health Organization (Karam, 2014) showed that individuals exposed to more than four traumatic events are at higher risk for more severe distress and more significant functional impairment. This "trauma threshold" has been far exceeded by the typical experiences of most Holocaust survivors, who suffered prolonged, multiple, complex trauma. A meta-analysis of 160 disaster victims from around the globe ("60,000 Disaster Victims Speak", Norris, 2002) showed high prevalence rates of psychological disorders, health problems, non-specific psychological distress, problems in living, and loss of the ability to access resources.

Recent changes introduced to the definition of PTSD in the new edition of the DSM-5 (2013), the manual used for the formal diagnosis of mental health conditions, brought an important component into consideration. Not only the obvious symptoms of avoidance and numbing, hyper-arousal and intrusive memories occur after trauma. Long lasting and pervasive changes in personality and in one's belief system may result from exposure to a trauma, and are particularly observed among survivors of complex trauma, those experiences of long duration, multiple repeated traumatic events, from which the individual has no escape. This type of complex trauma more adequately captures the experiences of Holocaust survivors.

Recent studies in aging Holocaust survivors and others who survived WW II in Europe as children show high levels of persistent post-traumatic reactions even 60 years later. Despite such findings, the good socio-economic adaptation and the success of the Holocaust survivors as a group cannot be disputed. Even in the absence of psychological, psychiatric and other rehabilitative services, Holocaust survivors managed to establish families, re-build communities and participate in the societies to which they immigrated productively and successfully (see Helmreich, 1992, "Against All Odds"). Additionally, as previously mentioned, survivors also managed to raise a generation that appears to not manifest any serious psychopathology and, as a group, exhibit high socio-economic achievements.

The children of Holocaust survivors inherited a legacy of strengths, resiliencies, adaptive coping and pain. Each family of survivors was different, and each child adapted differently to the family environment in which they grew. Even siblings often show very different patterns of coping and adaptation to the particular stressors of family life. However, some common themes in the experiences of growing up in Holocaust survivor families have been identified as characteristic, and those continue to inform and influence the inner subjective perspective and world of adult children of survivors, and to impact their relationships in later life.

An excerpt from the movie "Fugitive Pieces" (2008, director Jeremy Podeswa) was shown to demonstrate the processes by which intergenerational transmission of trauma takes place within the context of the relationship with generally loving, nurturing parents. In this excerpt, a young child, who is snuggled against his father in what appears to be clearly a warm and loving relationship, gets bored with the adults' discussion around him, slides off the sofa and puts his half-eaten apple on the table to go elsewhere. The boy's survivor father gets triggered by the wasteful act of eating only half the apple and throwing away the rest. The scene powerfully captures the impact of the trauma-related memories of starvation and deprivation on the interaction of the father with his son.

Our next meeting in November will begin to address some of the unique themes in the childhood recollected experiences of children of survivors, and their influence on the relationships with spouses, partners, children, and other significant people in their adult lives.

## **Meeting Five - Building Conscious Relationships**

November 15, 2016

The fifth meeting of the Discussion Group for Children of Holocaust Survivors took place last Tuesday at the Boro Park Y. This meeting was dedicated to a detailed discussion of particular strengths that are often characteristic of children of Holocaust survivors.

All people have areas of strengths and weaknesses, which are usually braided together in various combinations. We all know individuals who are brilliant at some highly intellectually demanding specialization, which they perform magnificently in the privacy of their research lab or back room of a financial or engineering company, who feel pathetically lost and inept in social situations. In such cases, one can contrast the relative strengths- that person's intellectual aptitudes- with their relatively deficient abilities in the domains of social and interpersonal skills. These strengths and vulnerabilities are distinctly separate areas of personality functioning. However, the strengths and the vulnerabilities of the second generation cannot be viewed as separate characteristics or personality aspects, rather more like the two sides of the same coin. The same personality traits constitute *simultaneously both assets and liabilities*.

Particular Strengths of the "Second Generation" were delineated in the recent meeting, highlighting both their potentially resilient and problematic aspects:

*An appreciation of the preciousness of life:* While having a keen sense of the precarious and fragile nature of life, associated with elevated anxiety, this perspective is also associated with a unique appreciation of the preciousness of life. "Post Traumatic Growth" (PTG), evidenced as a capacity to appreciate life and to be able to see more clearly one's personal priorities and values, has been shown by research to co-exist with post-traumatic symptoms and to be, in fact, correlated with them. It appears that the distress related to traumatic experiences, serves to drive the search for meaning and the focus and clarity on what is truly important in life.

*Hardening* is the capacity to work hard and postpone gratification, ignore discomfort and difficulty, and push through despite physical and psychological distress. This type of functioning, termed also "steeling", was necessary during the Holocaust in order to survive, and served the survivors in their post-war adaptations to new environments and to the challenges of migration, while rebuilding their lives in a foreign culture, mostly without much practical or mental health support. Many survivor parents worked long hours, some two or three jobs, despite not sleeping well at night because of trauma-related nightmares. Survivors functioned at home and at work, ignoring fatigue, somatic and mental pain. This strength, born of repressive coping, has been passed on to the second generation. However, it was suggested by recent studies that this lack of attention to one's own aches and pains might be related to more health problems among the second generation as they reach middle age. Like their parents the survivors, the second generation might ignore and neglect aches and pains, letting them become bigger problems over time. Also, related to the hardening directed at themselves, children of survivors might also be experienced as not very tolerant towards the difficulties of others.

**Self-denial:** some children of survivors might have a need to be self-denying, frugal, and conserve resources even if it is not called for. This concern for saving money might be seen by non-Holocaust related spouses or by others as irrational and as stinginess. The underlying motivations, some conscious and some less conscious, for such self-denial, might include an identification with the survivor parents and their way of life, as well as guilt for having so much more than the parents ever had or ever allowed themselves to enjoy. Frugality might also serve a defensive function in the face of anxieties about the future, the unpredictability of life, the need to be amassing reserves to protect oneself and one's loved ones. These attitudes and anxieties can interfere with the capacity to relax, to take time to enjoy and let others enjoy the fruits of one's labor.

**Resourcefulness:** my patient K. stated: "I can make a meal from dust!" This resourcefulness is manifested not only in such practical areas as cooking, fixing what's broken, and ingeniously re-purposing objects. Children of survivors show a tremendous ability to work very hard and very creatively in order to "make something out of nothing", make the best and the most out of situations or relationships that are not very good. These capacities constitute extremely useful resources when there is a need to cope with difficult and unchangeable realities, such as a child's handicap or a spouse' illness. In these predicaments, the children of survivors will perform impossible feats to get the best care and best treatment for their loved ones. However, the same tenacity and determination to can be detrimental when applied to situations or relationships where the better strategy would have been to quit. Children of survivors might have a hard time recognizing the need to leave or give up on a relationship, be it a marriage or a job, even when they should, due to their difficulties with the idea of abandoning and separation, and because of their deeply rooted tendency to "make it work", no matter what, as they had learned to do in their family environment.

**Need to Humanize the Other:** children of survivors are acutely aware of the inhumanity and the potential aggressor in every "Other". They often show a profound need and capacity to humanize every interaction, reach everyone in a way that goes beyond the average and expectable behavior, especially in formal role relationships. The ability to reach the other is manifested in being unusually personable, using humor, compliments, all kinds of ways to 'step out of the line' and personalize the relationship, and sometime by inappropriate means, such as sexualizing interactions or being provocative. This need serves as a strategy for feeling greater safety with the stranger, as it creates a greater likelihood that the other will have more good will, more empathy toward oneself. What survivors and their children have known intuitively has been proven by research in neuro-social cognitions: when there is low empathy, the risk of dehumanizing others and treating them in harmful ways is higher. Studies show that when one is forced to think of the other as a person with personal attributes, and especially when one perceives similarities between oneself and the other, the risk for dehumanization decreases. The need and the capacity to humanize every relationship is potentially a remarkable interpersonal skill. However, when driven by unconscious fears of dehumanization by others, it can have a compulsive quality. In such cases, children of survivors might be vulnerable to depressive or rageful responses to occasional inevitable failures to 'reach' the sulky and unfriendly clerk, shopkeeper, or official.

**Empathy:** related to the need to reach the other, many children of survivors, significantly more than their relative proportion in the general population, find themselves in the helping professions. The development of empathy in children was encouraged by early relationship circumstances that required attunement and sensitivity to the emotional and internal state of a trauma survivor parent.



Many children of survivors have become “trained” empathic helpers long before they even entered their careers in the helping profession, motivated by the deeply felt need to make the other better, as they needed and wished to make their parents feel better. However, for the same reason, rooted in the significance of this effort in the relationship between child and parent, children of survivors are very sensitive to real or perceived empathic failures in their relationships, and can respond with disproportionate emotional reactions to a perceived empathic impasse in a relationship.

For example, my patient N. had a construction business. He was proud of the personal and good rapport that he was usually able to establish with potential clients quite easily, and of the quality of the service he offered. It was, as he said, a ‘win-win situation’. One time, when he was convinced he had established such good contact with a client and was waiting to get the green light to do the job, he drove by the site and saw that someone else had gotten the contract. N., who was trying very hard to diet, found himself stopping on his way home at the supermarket and gorging on bad food. He knew that what upset him was that the potential client did not connect with him as he thought he had, and did not “even have the decency to let me know!” N. was baffled by his disproportionately strong reaction. He knew it was not about the loss of the deal. What really got to him, he eventually realized, was that he failed to do what he has always needed to do, find a way to connect with his depressed and anxious mother, to make her feel better, so he could feel better, another ‘win-win’ situation for both. A failure in the relationships with his mother meant he could not help her, he could not make her better, and he would have been left feeling alone, neglected, apparently not worthy of love, and panicked. That is when, as a child, N. began turning to food as his comfort.

*Work and succeed in the service of others’ needs:* some children of survivors, particularly women, have difficulties setting personal directions and goals for themselves and protecting their personal boundaries. I used the metaphor of a “little magnet” next to a big one, the electrons in the smaller one automatically compelled to re-arrange themselves according to the magnetic field of the bigger one, without any choice in the matter. Similarly, intuiting the needs or expectations of the other, whether a parent, a spouse, a boss, or a friend might become a force that overwhelms the capacity of the child of survivors, more often daughters of survivors, to keep their own internal coherence with regards to their own needs, wishes, ambitions, and boundaries. Just intuiting the other’s needs induces an immediate accommodation to the other’s wishes. While having difficulties pursuing their own personal goals and being assertive in the service of their own individual interests, the same women often show tremendous abilities and assertiveness when working in the best interests of someone else, whether those of their family members or an organization that they are employed in. Having always put the parents’ needs before their own, they can mobilize their competencies best when it is in someone else’s service, when the assertiveness necessary in order to accomplish what is needed does not tap into their sense that doing for themselves is “bad”, i.e., hurts the parents.

*How Do the Strengths Translate to Our Relationships:* we react to current interpersonal situations based on internal cues and adaptations that we have learned and carried forward from our past into the present. The meanings we give to various interpersonal exchanges and the particular ways we have developed to respond to them, represent a form of emotional learning that took place in a certain context where it made sense. However, that learning may no longer make sense in other contexts in which we find ourselves later in life.

In order to become more conscious of such ingrained patterns that organize and dictate our responses, in order to have more conscious choice in the matter of how we respond and how our responses impact others, we must identify these “icebergs” in the deep.

### Intra-subjective Relational Themes

After the meeting on Tuesday, E. shared with me her feeling that hearing about patterns that are characteristic among children of Holocaust survivors has validated her experiences and helped view them less as her own idiosyncratic character flaws, or her own shortcomings. Understanding the origin of our relational patterns, how they evolved in the context of specific features of the relationships with survivor parents, allows one to make sense of them, even recognize their value and what might be gained from them. It also introduces the idea that old learnings can be replaced by new learning, more suitable for the new context of our present relationships.

Sophisticated Content analyses of childhood recollections of the Second Generation reveal particular common relational themes, representing a sense of “failed intersubjectivity”: not being understood by others, not understanding others, and a lack of shared understanding. This expectation that there is no possibility for understanding, being quick to feel that there is no hope for establishing understanding, is a legacy that children of survivors might bring with them to their later relationships with spouses, partners, friends and children.

Studies have identified several specific themes and psychological concerns in the recollected childhood memories of adult second generation. One area of painful experiences involves the emotional impact of having directly experienced parental distress at moments when intrusive memories and parental emotional dysregulated reactions were triggered. Some children of survivors recall distressing instances where parental reactions manifested numbing and detachment at significant joyful points in their children’s lives. Others recall parental lack of ability to support them at difficult moments in their lives. These children recall feeling a lack of parental empathy to their problems, and that their own problems were never viewed by the parents as serious enough, or significant enough, as they were always compared to the extreme traumatic experiences that the parents themselves endured during the Holocaust.

For example, after we follow the story of the protagonist in Maria Russle’s book, “A Thread Of Grace”, and gain an intimate understanding of what she had suffered and lost, we read about her children’s feelings about her at the end of her life: “...*this is what they remember from their mother: she never cried. Each of her children tells of some life crisis that failed to arouse maternal compassion. The cancer. The divorce. The miscarriage. In their mother’s opinion, nothing of what happened in Canada can ever justify crying. “Save your tears,” she used to say, “you might need them sometime”.*

An overarching concern expressed by children of survivors is needing to protect the parents. In fact, similar consequences associated with parental trauma have been since shown in other populations. Fields and his colleagues, who studied families of survivors of the Khmer Rouge regime in Cambodia concluded that parents who suffer might, implicitly and explicitly, communicate their emotional vulnerability, “instilling inordinate concern for their welfare in their children” (2013, p. 484).

Children of Holocaust survivors often feel that their keen awareness of parental suffering and vulnerability has interfered with their own wishes to be granted greater autonomy vis a vis the parents.’ The need to protect the parents from distress has often led to avoidance of conflict on the part of the children, and to difficulties in putting their own needs ahead of the parents’ needs. Alternatively, some children recall that they did fight to get to do what they wanted, but that, too, was associated with a heavy emotional cost. For example, Y. recalled that every school year the class went on a trip for a few days, an important event in the life of young Israeli children. Every year when the date for the trip was announced, Y.’s mother would object to her going away, and both Y. and her mother would cry the entire week long, until finally her mother would give in and Y. would go on the school trip. Other children of survivors describe how they chose not to go away to college or not to do certain things they wanted to do, because of their perception of the cost of doing so, both the suffering it would cause the parents, and also the sense of being “bad” if they made this choice. The profound perception of one’s own needs, wishes, ambitions and personal preferences as hurtful to the people we love; the suspicion that following one’s own wishes is always at the cost of the other’s pain and suffering, and therefore has to be foregone, is another problematic relational belief (sometimes conscious and sometimes non-conscious) that the children of survivors might bring to other relationships.

Adult “Second Generation” also express a wish for having had greater emotional closeness with parents, a closeness that would have allowed for more open discussion of the children’s needs while growing up. However, parents who survived extreme traumatization are often perceived by their children as extremely dedicated but emotionally unavailable, either because they are too closed-off or because they are too over-reactive, so that real open communication is not possible. Another issue that has been also shown to be common in the recollected memories of children of survivors is the focus on survival issues in the family atmosphere, which lends a ‘life or death’ gravity to everyday interactions, normative altercations and developmentally appropriate struggles within family life. In the movie “Fugitive Pieces” (2008 director Jeremy Podeswa) a child is seen sitting next to his father, snuggled against him. When the child gets bored with the adult conversation in the room, he slides off the sofa, puts down his half-eaten apple and attempts to go off to play. The wasted half-eaten apple triggers the survivor father’s memories of starvations and deprivation and in his anguish he blurts: “ If my own son does not know...Why did we even survive?!” Instances in which parental responses to a conflict or to a transgression of rules make it seem as if it were “killing” the parents, or otherwise invoke themes of survival or death, can severely constrict the child’s ability to experiment with various aspects of their identity. Instead, some of one’s own needs, as well as one’s feeling about whole aspects of oneself, are restricted from expression and remain under-developed.

The last meeting of the Discussion Group for Children of Holocaust Survivors focused on the double-edged strengths and vulnerabilities of the children of survivors, those aspects of self that were over-emphasized and developed into real strengths, and their opposite, under-developed sides, that have become liabilities in the life of adult children of survivors. The next meeting will focus on specific strategies for becoming aware when these core relational beliefs are activated, in order to “re-calibrate” them, and for amplifying strengths while minimizing the liabilities associated with the same character traits.

## **Meeting Six - Empathic Connection: Communicate Constructively**

December 20, 2016

The previous meetings of the Discussion Group for Children of Holocaust Survivors addressed some of the problematic long-term effects of extreme trauma on the survivor parents, and the impact that such persistent post-traumatic reactions might have had on the family atmosphere and on survivors' relationships with their children. We have also examined some of the inter-generational effects of having grown up with trauma survivor parents, and how particular characteristics of the relationships with the parents might influence the later relationships of adult children of survivors with their significant others and with their own children. The sixth meeting began to address what the children of survivors, now in their middle age, can do at this point to improve and deepen their intimate relationships with spouses and others. The meeting focused on the concept of becoming conscious and aware of the ways in which our relationships in the present are influenced by the legacy of the Holocaust and the ways we learned to love.

The premise presented, which will continue to be developed in the next meeting, was that our couple relationships provide us with a "second chance" at completing the unfinished business of our childhood. It is a second chance at re-visiting our childhood 'wounds,' with the purpose of healing them and becoming the full mature adult that we can become in the present, unhindered by old, automatic ways of relating to our loved ones. Old adaptations that we have used in the past in order to protect ourselves from pain become rigid and confining, and interfere with the deep wish to connect with the other. This idea is beautifully visually expressed by the artist Alexander Milov in his project "Love" exhibited in Burning Man.

"Conscious relationships" involve becoming aware of one's automatic reactions to triggers in current interpersonal situations because of old patterns learned and internalized in earlier relationships with the family of origin. Frustrated needs and the defenses we developed to deal with such experiences are showing up every day in our relationships with loved ones.

A conscious relationship is one in which we do not respond automatically, unthinking, with defensive responses that are rooted in old habits and old wounds. Rather, in a conscious relationship we strive to become conscious of our "hot buttons," the issues that trigger old hurts, old defenses. We intentionally focus on identifying these old patterns, trying to understand what are the things we are particularly and habitually offended by, and why we developed particular ways of responding to such a perceived slight. We intentionally focus on trying to understand what we learned about relationships in childhood. It is the family context where we all learn how to be with others, what does it feel like to be in a relationship, what about us seems loveable, and what about us seems not at all welcome in the relationship. As we grow up in a family we learn what then become our implicit ideas about relationships; we learn what has worked and what has not worked for us in the particular context of the particular parents and family we grew up in. Those parts of us that were received with joy, with approval, with appreciation, have become aspects of ourselves which we like and of which we are proud. Aspects of our selves that were frowned upon, criticized, mocked or just ignored, will have been neglected by us, and remain under-developed,

or might even have become hated aspects of our sense of self. Confronted with situations in later relationships, when these aspects are called upon, pointed at, or summoned by our partner in various ways, we might respond defensively or aggressively, in the effort to avoid pain and hurt associated with these parts of our selves. As adults who wish to achieve a greater degree of freedom from old frustrations and wounds and to establish a deeper connection with others, we now must take responsibility for the repair by becoming conscious of our wounds and our defenses, conscious of our impact on our loved ones, and focused on the improvement of the relationships that matter to us, rather than on protecting ourselves from old and feared disappointments and hurts.

In a conscious relationship, we try to become aware of the particular contents of the learning about relationships that we acquired in our families of origin, and we try to intentionally re-assess whether our current perceptions, when we feel injured by a loved one, are based in current reality or in hyper-sensitivities that we “import” from the past. In conscious relationships we try to understand, as the adults we are today, why we developed certain adaptations, certain response styles, why they were useful in the particular context of our families while growing up, and how they served to protect us.

Some of us had to protect themselves from feeling too needy, because their parents were too overburdened with their own difficulties to be available to offer support. Others had to learn how to protect themselves from the painful experience of parents who were over-anxious and over-reactive, easily triggered and over emotional, or on the contrary, emotionally detached and unable to respond sufficiently to the emotional needs of their children. We must understand what purposes our defenses served in order to be able to focus on what needs to change, what is no longer serving us well in the current reality of our relationships. In conscious relationships, we try to take responsibility for these old patterns that we bring with us, and for the negative impact of our responses on our partner or children. We try to intentionally re-evaluate how we would like to respond, rather than how we respond automatically.

Our goal in a conscious relationship is to re-connect or deepen our connection with our loved ones. We all wish to be deeply known, to feel that our true essence is seen, that our strengths are appreciated, and that our wounds are compassionately understood. In order to achieve this intimate relational mutual knowing we must develop constructive communication skills. We must learn to listen with an open mind, to be fully present and able to hear the other’s story from their own perspective. We must learn to truly make room inside ourselves to hear the other’s experiences along the journey that created who they are today, and why they might do the maddening, irrational things that repeatedly upset us and occasionally push us away from them and them from us. The purpose of exploring this developmental journey is to understand our own, and our spouse’s, “wounding”, and especially to help develop a non-blaming, non-shaming way of understanding our self, our partner and our parents. Ultimately, our aim is to understand the unfulfilled childhood needs that are brought to the relationship in order to have a “second chance” at healing, so a mutual meeting of these needs can be facilitated, and self-hatred associated with such unmet needs can be dealt with.

The quality of parenting experienced by any given child ranges from more optimal to less optimal depending on the personality of the parents, the personality of the particular child, and many

subjective and objective factors. Even children within the same family may experience differences in the quality of parenting, and each child may feel that their needs were met to a greater or lesser degree. Throughout childhood and adolescence, children go through developmental phases and have unique developmental needs that need to be met sufficiently well in order to achieve healthy functioning in all spheres.

My supervisor and mentor at Yale University, Dr. Sidney Blatt, articulated in his “Double Helix” theory that personality develops along two intertwined pathways, one focused on the development of a sense of identity, and another focused on relationships. Each stage in development has a particular set of demands and tasks that need to be accomplished, with some stages more focused on identity needs, such as the establishment of autonomy and competence, and others more on interpersonal relationships. Development in every stage builds on the accomplishments of the previous stage. Disruptions in either pathway, or an over-emphasis on either, can lead to different personality styles, different types of problems, and even different psychological symptoms. Problems around identity tend to be associated with a sense of “I am a failure,” while problems in the relatedness arena are associated with a sense of “I am unlovable.” Various developmental needs are experienced by children as having been met more optimally, or less optimally, in their families.

Attachment and relatedness needs are about the importance of bonding with others. Attachment needs are nurtured in the infant and child when the caretaker is reliably available, warm in contact, and empathically attuned to the infant’s needs. The message that is transmitted to the child when attachment needs are reasonably well-met is that it is OK to be, the world is safe, and needs will be met. The healthy outcome of satisfactorily met attachment needs is emotional security and a sense of self-coherence, a feeling that our various parts and aspects are well-integrated and accepted by others as well as by our self. These experiences provide us with a secure base from which to face the world, and with the capacity to adapt flexibly to changing environmental demands and to stress. When parents are survivors of trauma, in particular trauma inflicted by the viciousness of others, and when they have suffered terrible losses, they might implicitly and explicitly have difficulties communicating to their child that the world is safe. If parents continue to suffer from persistent post-traumatic reactions, including elevated anxiety, depressive experiences, or intrusive traumatic memories that are triggered by unexpected reminders of their trauma, they might not be reliably emotionally available to the child. They might appear impatient, inattentive, or critical of the child’s normative behaviors, of the child’s loudness, activity level, sensitivity, autonomy, or of other features. As a result, the child might experience himself or herself as too demanding, as being “too much” for the parent (or later, for others). The child might be particularly sensitive in later relationships to feeling, yet again, not sufficiently or not adequately responded to.

Another group of needs during the development of the self has to do with exploration, the need to venture out and explore the world around us, to separate and re-connect upon returning to our secure base. The developmental impetus, shown so clearly in the behavior of children who have just learned to walk and are exploring their newly acquired mobility, is to separate and re-connect. These needs are nurtured when the parent supports the child in venturing out, while at the same time setting reasonable limits, and when the parent is reliably available and warm upon re-connecting. When all goes well in the arena of the child’s, and the adolescent’s, exploration needs, the message they perceive is that it is okay to explore, and that it is okay to separate and return.

The healthy outcome is that the child will begin to have a sense of separateness and safety within the context of a connection, and will retain their sense of curiosity. However, for trauma survivor parents it was sometimes difficult to trust that their child can separate and remain safe, that nothing terrible will happen to them if they leave the parents' orbit. Trauma survivors have experienced traumatic and multiple losses, and separations, even minor separations, might be experienced by them with a poignancy that is disproportionate to the current reality, yet has often powerfully colored their responses to their children's attempts to venture out into the world. As a result, children of survivors might have given up on their wishes to go away to college, for example, or to take a job that would separate them from their parents. Moreover, children who have internalized the sense that exploring and expanding into the world is either dangerous, or that it causes their parents pain, might come to (non-consciously) fear taking any kind of action that requires or implies separating and doing their own thing. Hence, for example, such "strange" adaptations seen later in some children of survivors, as the capacity to put one's talents and assertiveness to great use only when it is in the service of someone else, but not towards one's own goals or self-interests.

The development of the self also involves the establishment of self-identity, which takes place through experimentation with, and expression of, many facets of the self as these evolve through internalizing the caretakers and other role models. Children "try on" various identifications, including those of other important adults in their life, superheroes and celebrities, peers, and others, throughout childhood and adolescence. The process of identity exploration is nurtured when the parents mirror the transient identifications and self-expressions without scorn, allowing them to occur, accepting a relatively wide range of self-expressions rather than a restrictive one. The message through such acceptance is, it is OK to be you, in all of your transformations, and you are allowed to be all of you and all of your facets and transformations. The healthy outcome of these experiences is a secure and integrated sense of self, in which gradually the child, the adolescent and the young adult has gone through many 'trial' identifications and has come to own those parts of them which he or she wants to keep and to leave behind the others that are no longer felt to be part of the essential sense of what is truly "me." Children of survivors, often overly governed by the need to fulfil parental expectations and to take care of the emotional needs of the parents, might have experienced a limited or narrowed range of options with regards to self-expression, resulting in a sense of foregone options, and aspects of the self that have not been allowed to be included. Moreover, in their relationships, they might feel that the 'other' is limiting their expression of themselves, un-seeing, unaccepting or interfering with their ability to be who and what they would like to be. For example, they might feel that the spouse is not supportive, not allowing them to express or develop their true potentials, when in fact, this 'blaming' is not based in the current relationship but is due to their own fear of permitting themselves to do what was not allowed for so many years.

Finally, another important group of developmental needs has to do with the sense of competence. The developmental thrust is to become competent, powerful and effective in the mastery of tasks. These mastery needs are nurtured when the parents set developmentally appropriate tasks, ones that are challenging at the right level (at different ages), and offer appropriate instruction and praise for achievements. The message communicated and perceived with such appropriate challenging and scaffolding of the child's budding abilities is: you can do it, and I am here to help if needed. The healthy outcome for the child is a sense of personal power, effectiveness and competence. However, trauma-survivor parents might be anxious and over-protective, and thus have difficulties

setting appropriately challenging tasks for their children. Paradoxically, while wanting to shelter their children, immigrant trauma-survivor parents might not be able to provide appropriate directions, instructions and assistance when needed by the child, because they are preoccupied with both concrete and emotional difficulties and because they lack the acculturation that would permit them to offer such help to the children, who are functioning in a culture foreign to their parents. As a result, children might grow up having had to be overly, or pre-maturely, self-reliant, which can complicate the capacity to experience and allow closeness in later relationships. Other children might have internalized the parents' seeming lack of confidence in their ability (which was in reality not that, but the parents' own fears and worries) and might have subsequently underdeveloped their own capacities and their own trust in their abilities.

Our relationships with our spouses are opportunities for further personal growth and mutual healing. However, that is not to say that it is the job of our spouse to heal our childhood wounds and compensate for past injuries. Their job, and ours, is to be good partners in the present, with each spouse aiming to become each conscious of their own "baggage." In conscious relationships, each of us strives to become aware of our own triggers, understand why we respond the way we do, and each attempt to develop a more conscious, intentional way of relating to our partner. As partners who gain a deeper understanding of each other's relational history, we might try to "stretch" beyond our current defensive character adaptations. We stretch in order to give the other what they need, growing new 'emotional muscle,' new emotional ways of relating. The next meeting or two will focus on identifying specific sensitivities, "hot buttons" and automatic responses that are related to characteristics of the second generation and, in particular, on specific strategies to change such automatic responses and to develop more mature and more conscious ways of relating to each other.



## **Meeting Seven - Improving Relational Competence: Midlife as an Opportunity**

February 7, 2017

### **Conflict as an opportunity for growth: the couple relationship in midlife.**

The focus of the recent meeting of the Discussion Group for Children of Holocaust Survivors was on enhancing constructive, empathic communication.

Midlife is associated with many life transitions. Elderly parents ailing and passing away, one's children have moved out and established their own lives and families, sometimes far away from their parents, work-related changes introduce shifts in priorities, in status and in identity, and having to face the "empty nest" can also create new challenges in the couple relationship. However, midlife is also a time in which one can be freed of many earlier pressures that were associated with the demands of a building a career and raising a family, and re-direct one's energy into the couple relationship. The couple relationship is a critical resource in the life of individuals, and can greatly influence our level of psychological and physical well-being. This meeting focused on viewing conflict as an opportunity to change our habitual, automated, maladaptive ways of responding to each other. Loaded, important topics can lead to conflict, but also to increased closeness and understanding. The discussion offered guidelines for substituting fights with techniques for enhancing constructive, empathic communication as a way to improve the quality of the couple relationship in midlife. The need to improve our capacity to communicate well, to be a safe and supportive partner, and to build bridges to the inner world of the other, can be of particular value to the children of survivors, given that research findings indicate that emotional communication was problematic in the relationships with Holocaust survivor parents in many families.

Some of the vulnerabilities identified by studies of the children of survivors over the years (reviewed in greater detail in previous meetings and their summaries) revealed elevated tendencies for depression and anxiety, elevated stress symptoms, elevated guilt feelings, a greater vulnerability to stressful situations, lower feelings of autonomy and self-differentiation, and interpersonal hyper-sensitivity. Difficulties regulating and expressing one's own feelings are expressed by some children of survivors as lack of assertiveness and ability to set appropriate self-protective boundaries, and by others, as explosive rage outbursts that are easily triggered and disproportionately intense. All of these vulnerabilities could interfere with the quality of the interpersonal, marital and parental relationships of the children of survivors. Alongside their good overall functioning and good educational and socio-economic achievements, the vulnerabilities of the children of survivors have been shown to be expressed especially when faced with some of life's transitions, which activate concerns around separations and loss. However, there were many strengths that were identified as also characteristic of the children of survivors, and so transition points that disrupt some previous status-quo, are also an opportunity to re-work old hurts and rigid adaptations, and reach better resolutions and better self-integration.

The seventh meeting focused on a particular technique for discussing important, even loaded issues, especially with intimate partners, but not only. The technique, borrowed from Imago

therapy and Encounter Centered couple therapy, uses a structured dialogue and builds skills for active, constructive, empathic listening and speaking about loaded issues (to view a sample of this technique and read more about it, go to <http://www.hedyyumi.com/store/hedy-yumi-crossing-the-bridge-documentary/>).

The communication skills offered by the dialogue techniques presented in the meeting are of potential value to anyone, but might be of particular value to the children of survivors. Research shows that the experience of growing up with Holocaust survivor parents had particular effects on the style of communication in the family and on the ability to express one's emotional needs. Adult children of survivors have been shown to be protective of their parents, acutely aware of their parents' past suffering, and of the need to avoid triggering their anxiety, anger or sadness. Childhood memories recounted by the second generation have been shown to reveal a sense of not having been able to express their own emotional needs in the relationships with parents, not being understood, having wished for more autonomy, having felt pressures that limited one's independence, having been burdened by parental sadness, and a sense of being coerced to fulfil parental emotional needs and expectations at the expense of one's wishes. In some cases, children of survivors also report frightening instances of having observed the dysregulated responses of parents to traumatic triggers, or abusive dysregulated parental interactions with the child. Others describe the negative impact of parental numbness and detachment at important moments in the life of the child. All of these relational experiences, which have been observed over the last decades in many other trauma-exposed populations and are related to Post Traumatic Stress Disorder. These characteristics of the relationships with parents who continue to suffer from the effects of extreme trauma, are some of the issues, the "icebergs in the deep", that children of survivors might "import" from their experiences in their families of origin into their marital relationships and the relationships with their own children.

The discussion this week aimed at highlighting the importance of beginning to identify how such old relational sensitivities are expressed in our relationships in the present. The "icebergs in the deep", are deeply held attitudes, values, vulnerabilities and the relational adaptations that were developed to deal with them. Some of these are conscious and some non-conscious, and need to become conscious for us to be able to re-examine them in the light of the present day. We need to recognize such old patterns so they will stop being our automatic responses, and make room for more mature, more relationally adaptive ones. We need to be able to re-evaluate our responses to current interpersonal slights and conflicts in view of the vulnerabilities which we bring with us into these relationships. However, if our vulnerabilities are not fully conscious, how do we get to know about them?

This is when conflict serves as a potential opportunity for growth. When conflict arises with a spouse or partner in the present, it can be taken as an *opportunity* that shines the light onto old, not-fully-conscious beliefs and ingrained attitudes. For example, "you never listen to me", "no one ever cares how I feel", "My feelings must always take the back seat", or other expectations about how the other will treat our pain or our request, which is always at the bottom of the conflict. When we respond in the old, automatic ways, withdrawing or attacking the other, we "shoot ourselves in the foot" as we fail to evoke in the other the positive reactions we so long for.

When we do find ourselves responding in destructive, old, automatic ways, we can take the opportunity to recognize how certain feelings give rise to particular reactions on our part. We can take the opportunity to own the feeling, as well as our maladaptive response to it. Focusing our attention on these issues can help us strive to develop better responses.

The discussion in the seventh meeting this past week aimed at approaching couple relationship at midlife as a “second chance”: an opportunity to focus on achieving satisfying communication, emotional intimacy, and for having our emotional needs better met. When conflict arises between partners in a relationship, each partner will inevitably be hurt by the defensive character adaptations of the other. But conflicts, especially those repetitive ones that keep showing up in our relationship, are also opportunities to achieve personal growth and heal old relational wounds. Stubbornly recurring conflict, and the ineffective relational adaptation that both partners are employing in dealing with it, is an *invitation* for each partner to be confronted with their most challenging “growth stretch”. As each partner stretches beyond current defensive character adaptations to give the other what they need, the one giving grows in previously under-developed emotional capacities, and the receiving one heals from childhood injuries of not having had that need met. Both partners have been trying in their way to tell the other what they need and what hurts them, but neither has been able to empathically hear the other. Listening empathically was not possible because longing was expressed as criticism that triggers defensiveness.

This past week’s meeting continued the theme raised in the previous one, offering couples an option of co-operating by creating a “conscious relationship” where they *intentionally* meet each other’s unmet childhood needs. However, our current partner is not expected to ‘fix’ past hurts, their job is to be a good partner in the present. The dialogue technique and the communication skills it teaches are used as tools for restoring contact and connection, to allow oneself and one’s partner to re-establish awareness to our own emotional needs, even some we have tried hard to deny; to get intimately familiar with the needs of the other, and to learn where ruptures in our relational histories occurred. Most importantly, the focus is on taking responsibility for **realistic** ways in which need- fulfillment and need-frustration can be handled in mature relationships.

A conscious relationship requires that we become conscious of our own, and the other’s history and relational adaptations that emerged from it.

Conscious knowledge of self requires that we become aware of:

- Our own unfulfilled needs from childhood and our non-conscious relationship agenda.
- Our own disowned and denied areas of functioning
- Our own survival adaptations and how these trigger pain in our partners
- We need to now learn and use skills to relate in ways that are consistent with our *intentions*, rather than with our automatic reactive survival defenses.

Conscious relating requires that:

- We intentionally develop and re-integrate lost capacities to think, feel, do, sense and be.
- We learn to be safe and healing partners, i.e., to not use shaming or blaming when expressing that which hurts us. We listen and respond respectfully when intimate

knowledge of our partner's inner world and childhood hurts is shared, we never use these stories as weapons in a conflict, or bring them up otherwise against the partner.

- We learn to empathically understand and accept others as they are, while inviting them to grow into their fullest potential
- We grow into our fullest potential to meet our and our partner's unfulfilled needs in the present.
- Having developed good old defenses to protect ourselves from disappointment and hurt, we might not be as open as we think to the very kind of relationships we long for. We need to work through our own resistance to receive the love we want.

The steps of the dialogue, as developed by Imago and Encounter-centered Couples Therapy, were reviewed. The first of the principles is, when you have something important to speak about, ask the other if this would be a good time to talk. If it is not, it is the other's responsibility to find and offer a better time.

When you decide it is a good time for a meaningful conversation, it is critical to give each other our full presence, being aware of the full impact of our words, body language, eyes, tone of voice and other non-verbal communications. Our brains respond to all of these, not just to the content of information. Before beginning to speak, sit facing each other, pay attention to your breath, take a few deep breaths and try to relax your muscles and your breathing, let the chatter in your head quiet down by mentally "turning down the volume knob", and focus your eyes on each other for a good moment or two. This experience alone is of great value. To read more about the relationships between eye gazing and attachment, I strongly recommend you read the very popular New York Times essay, based on the research of psychologist Arthur Aron (1997):

### ["To Fall in Love With Anyone, Do This" by Mandy Len Catron](#)

Some of the central communication skills that the dialogue aims at are: slowing down of reactivity, suspending our own thoughts, responses and counter-arguments to what the other is saying and instead, focusing on being curious to understand the other's view point. We already know our own, and we can embrace it again a little later, but learning to put our own 'stuff' aside for a short while to truly listen is a very important skill, and it is not easy. My way of putting it is: put all your own thoughts, feelings, etc. in an imaginary "pickle jar", where you can clearly see them, and place it on the table nearby. They will not go anywhere, and you can grab the pickle jar and get its contents again when it is your turn to speak. In the dialogue, however, only one partner at a time speaks about something that they feel they want to address. They speak in short, concise sentences, only about one particular topic at a time. The other partner listens, and tries to mirror back the sentences they hear, using as much as possible the same words and the same 'music' of the speech, so as not to insert their own variations.

These steps aim to teach important relational principles.

Listening with an open heart, with a curiosity and a "new mind" means reminding ourselves that we do not know the inner world of the other, even after decades of living together. The inner landscape is vast, the neighborhoods in it are many. Some unsafe neighborhoods have been well

hidden, and others always changing. We need to re-awaken to seeing the other fully, or else we risk becoming pale and flat strangers to each other, rather than deeply engaged partners.

Speaking constructively and empathically means recognizing that if *we really want what we say to be heard*, it is our responsibility to say it in a way that will go easily into the other's ears and mind. Harsh word, harsh tones and hostile body language will make the other shut down. We might get to "dump" some of our anger at them, but they will not hear with an open heart what we really wish they would hear.

The final and very important communication skill is the capacity to show the other that you understand and validate their experience from their perspective. Validation and empathy are possible even if you do not agree with their view, or you experience it very differently. For this skill to grow, one needs to exercise empathy for the past and for the present; show understanding for the way that the other's past experiences might have shaped their perspective. Most importantly, acknowledge your own contribution to any interaction that hurt the other, even if you had not intended to hurt them. Empathy to the other's experience, and owning up our own contribution, is the only way by which something that hurt them, which cannot be undone, can become *history*. In the absence of the capacity to do so, injuries remain active and current.

The way to express this empathic understanding would begin with a sentence such as: "...and so, after I heard what you told me, I can imagine, that when I do [such as such] it makes you feel [describe the feeling] and it might remind you of [ make the connection to what you head about the past injury or sensitivity that your partner has disclosed]

Summary of guidelines from the meeting:

- Identify our "icebergs", think about them as a form of emotional learning in a certain context where it made sense.
- Re-evaluate whether it still makes sense in the current context; allow corrective feedback
- Identify strengths, yours and the partner's, use them well and frequently
- Re-evaluate whether it still makes sense in the current context; allow corrective feedback
- Identify strengths, yours and the partner's, use them well and frequently.
- Appreciate the differences between you and your partner; amplify the gift that the other is and they bring to your life just because they are different!
- Work as a team, communicate constructively.
- The couple is a powerful system for mobilizing and sustaining healing.

## **Meeting Eight - Intimacy in Couples: Part I**

March 7, 2017

Building on the topics presented over the course of the previous meetings of the Discussion Group for Children of Survivors, the last four meetings (the 7<sup>th</sup> through the 10<sup>th</sup>) are focused on the present implications of what we have learned from research about the second generation; how we can gain insights to improve relationships and well-being for the children of survivors at this phase in our lives.

A particularly important topic for families of Holocaust survivors is *relational competence*. Relational competence requires the capacity to be reasonably available and attuned to the other person's needs in the here and now, as opposed to responding from our own traumatic wounds. To demonstrate good relational competence, one also needs to be able to be in good control of one's own emotional reactivity, so that the responses to interactions within significant relationships, even when one is upset or angered, are not too frightening or overwhelming to the other, be it a spouse or in particular, one's children. However, adult onset trauma can interfere with both spousal and parental "relational competence" by introducing disturbing affects and automatic, dysregulated responses that are trauma-related rather than appropriate for the here-and-now.

Good and loving Holocaust survivor parents, who continued to suffer from post-traumatic reactions, might have exhibited emotional dysregulation, as is poignantly depicted in a scene in the movie "Fugitive Pieces" which was shown at an earlier meeting in this series: the young child of survivors is sitting on the sofa, nestled against his father, eating an apple while listening to the adults' conversation. Then the child gets bored, slips off the sofa, and on his way out of the room he puts down the half-eaten apple. The father is triggered by the waste of the half-eaten apple and explosively scolds his son, telling him of the terrible deprivation he suffered in the camps. The previous safety and warmth that was evident between father and son earlier is abruptly disrupted, as the boy's eyes are transfixed with hurt and fear at his father's rage.

Even the opposite of emotional outbursts, the conscious attempts by parents to shield their children from certain knowledge of parental traumatic experiences, can leave felt "holes" in the child's sense of their own capacity to understand and in their feeling of a shared understanding. These relational deficits in the sense of the child 'knowing' and understanding their parent; in the child's sense of being understood by the parent, and the uncertainty in the child's sense of security and predictability about the responses of the parents, intrude into the intergenerational relationships via symptoms of PTSD and trauma-related relational themes. Such intrusion of frightening experiences, where the parent seems extremely upset, frightened or anxious, or where the parent's response is frightening to the child, lead to experiences of "failed intersubjectivity" in the intergenerational relationship. Growing up with survivor parents whose capacity for relational competence was compromised might have not allowed their children to learn the relational skills necessary to have good relational competence in their own relationships.

Children accommodate psychologically to their environment, and parents are the most important aspect of their environment during childhood and adolescence. Parental persistent post-traumatic reactions, or even the child's own awareness to parental prior trauma and loss, create, as one researcher put it, "an inordinate concern" and sensitivity in children for their parents' well-being. As a result, the child often feels required to adhere to the emotional needs of parents at the expense of his or her own psychological distinctness. The children of trauma survivor parents, as has been observed by research into many trauma-exposed populations in addition to Holocaust survivor families, often experiences a certain lack/loss of parental emotional availability/understanding because parents who continue to suffer from post-traumatic reactions might be over-reactive or numb and detached; either is experienced by their children as an inability to offer adequate parental support when needed. Permanent relational tendencies are shaped by repetitive patterns of relating in the family. The goal of our accommodations is to protect against intolerable pain and existential anxiety, in other words, to allow one to adapt and survive in the best possible way within the particular circumstances of their family, so they can get positive responses and avoid negative consequences.

In order to think more consciously about the psychological accommodations and relational learning that you might have taken from your own family environment, and understand better your relationships in the present, there is an important question you need to ask yourself and your partner:

-What I learned in childhood about relationships is...

-The way I adapted to living in my family was...

I asked the participants to write down some answers, which many kindly did. I will share with the group the compilation of these answers, and compare the experiences of this group with other samples of children of survivors in the research literature.

Studies of the second generation, as we discussed earlier, show that they had greater difficulties in comparison with non-Holocaust related peers in separating and individuating from their parents. Children of survivors often describe difficulties putting their own needs ahead of their parents. As a result, many had a harder time moving out and making life-style decisions that would hurt parents. When it is hard to communicate openly with parents and negotiate compromises, some children rebel. When children cause pain to parents who suffered so much, they might be perceived as "bad", risking negative responses from parents and others, as well as negative self-perceptions which can stay with them for life.

Although in general there is no evidence for higher rates of psychopathological disorder in the children of survivors as a group, higher rates of disorders among them were reportedly experienced while they were younger (and still living at home) but not later. It appears that for many, new experiences and relationships provided an opportunity for "free therapy" that life sometimes offers. However, a recent study offered evidence for persistent higher levels of secondary stress symptoms and lower differentiation of self in adult children of survivors who are now in midlife.

**So what does that mean today in our current relationships?**

Marriages of the second generation have been shown to suffer from some difficulties related to the issues mentioned above. Daughters of survivors showed more problematic relationships with their partners, and had a greater tendency to enter into ambivalent relationships from the beginning. It is my interpretation that this tendency was a 'perfect' solution to conflicting messages in the relationships with survivor parents: on one hand, to bring 'nachat' and grandchildren, and on the other, not to trust/love anyone outside the nuclear family as much as one should or can love the parents, who have done so much for their children. Many daughters of survivors express having had difficulties putting their needs and their parents' needs aside, in order to attend to the needs of their children, and have led lives more intertwined with the lives of their parents. Most telling are findings that show that daughters of survivors were less able to access spousal support (and also support from their mothers) in time of crisis, such as when battling cancer. In my experience, sons also show the same pattern, hiding from their parents that they are dealing with serious illness, that they suffered heart attacks, and other serious life crises. The inability to access support from a spouse brings to the fore the learned relational adaptation that children of survivors bring from their families of origin, where they felt they cannot worry or upset their parents. However, the current spouse or partner might be different from the parent, able and willing to provide support. It might be time for the child of survivor to re-examine their own ability to allow and accept greater closeness and support from spouses and significant others.

Parenting their own children was, in light of their own experiences with their parents, a complex task for many children of survivors. Studies show that the children of survivors experienced higher levels of anxiety, more suffering, less satisfaction, and less flexibility in responsiveness toward their own children. Although highly committed to their new family, there were often high levels of tension and difficulties associated with it for the second generation. The third generation has been shown to perceive their parents, the second generation, as less encouraging independence. As the second generation is now in midlife, these difficulties in the relationships with children during previous phases might color the relationships with adult children who have moved away and established their own families. However, there is also an opportunity for change if parents become more aware of the ways in which they might have contributed to the problems, and model more positive relational competence.

Research looking at the third generation found that they were over-represented by 300% in a child psychiatry clinic population, and that they have more eating disorders. In one study, parents and teachers identified higher levels of fear, neurotic behavior, aggression, social withdrawal, and inhibition in the third generation. In another, the evaluations by their peers showed the third generation to be less well-adapted than others. Yet another study found higher levels of secondary traumatic stress (related to the Holocaust) and lower differentiation of self in the third generation. On the other hand, another study showed that the third generation was rated higher by parents in self-esteem and coping, and lower in behaviors indicative of severe psychopathology. The picture is thus complex, as in the second generation, strongly indicating that vulnerabilities and resiliencies co-exist side by side in the descendants of survivors, and that the particular response of individuals is highly dependent on many variables.

The previous meeting introduced the concept of "icebergs in the deep", deeply held convictions that we are often not fully aware of holding. Another previous meeting focused on the particular strengths and vulnerabilities associated with growing up in Holocaust survivor families, which



constitute such deeply ingrained values and attitudes. Midlife might be a time associated with particularly triggering challenges for the 2<sup>nd</sup> Generation, touching upon their unique vulnerabilities. Sensitivity to severe traumatic responses to life's challenges, to loss and to perceived abandonment, loneliness, and lack of parental emotional availability during earlier years might render the children of survivors particularly sensitive to the death of parents and the premature loss of other friends and relatives, which tend to happen more frequently as one ages, and to changes in one's own work-related status, income and "busy-ness". In particular, the changes in relationships with adult children might cause painful feelings for second generation parents, who were shown to have poorer family communication and are overly sensitized to conflict by their own relational histories.

It is at this time in life, and due to all of the above changes and transitions, that the couple relationship becomes even more important as a resource for support. The longest study ever conducted on adult development has shown that having someone that one feels very close and known by, is one of the most important ways to lead a happy life (see Ted Talk, [https://www.ted.com/talks/robert\\_waldinger\\_what\\_makes\\_a\\_good\\_life\\_lessons\\_from\\_the\\_longest\\_study\\_on\\_happiness](https://www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness)).

Some of the changes that midlife brings might in fact be assets in improving our relational competence and our couple relationships. By this time in life, one has already accomplished many of the professional and financial goals that were the focus of other phases, at times not having left enough energy or time for the relationships. Age brings some new perspective on things, new priorities, and on the basis of past accomplishments, also more confidence, which in turn can allow for greater self-knowledge. We can face things we might have not been willing or able to face earlier on. The couple relationship can benefit greatly from these new capacities.

We "know" a lot of things about ourselves and our relationships that live only in the periphery of our verbal, conscious knowledge. These non-conscious contents are our "hot buttons", related to automatic emotional responses anchored in the past. Now, in midlife, we just might be ready to drag them into the forefront in order to have better possibility to respond with more conscious, intentional ways to relationships in the present.

The meeting addressed in detail some of the experiences of the second generation which have been identified by research to be common among the second generation and can be "hot buttons" in current relationship. In brief, some of these include various manifestation of parental emotional unavailability or inability to be attuned to the child's inner world. Such experiences might leave one with a tendency to feel that the other is unavailable or doesn't care about oneself; to be unable to ask/access the support one needs, for fear of it not being there; or with a tendency for being too demanding in a futile attempt to "prove" to oneself that indeed, this time around, "What I feel counts", which ends up distancing the other.

Other hot buttons might be associated with the over-arching need observed in children of survivors to protect their parents. In the past, this need interfered with greater autonomy, and in the present can also leave some children of survivors weary about stating their own needs in relationships when these conflict with the needs of significant others. The opposite can also become true: a knee-jerk need to be over-aggressive about self-asserting. Many children of survivors describe having

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felt coerced to take care of the parents' emotional needs, often at the cost of their own needs, and a frustration at having had no open communication, as well as a wish for greater emotional closeness with parent. The 'old' patterns of avoidance of conflict to protect the parents from upset can continue to prevent one from more open communication with one's spouse. This behavior detracts from the chance for self-actualization as well as from potential closeness in the couple, and does not allow the other a fair chance to be their best as a partner.

A program for training in resilience based upon principles of Positive Psychology developed by Martin Seligman and his colleagues uses the acronym ABC to outline a road-map toward more conscious relationships:

Learn to differentiate between:

Activating event, **B**eliefs about it; **C**onsequences of these thoughts

Learn your own explanatory styles and "thinking traps":

- Identify the thoughts that are triggered by activation events (stressors)
- Identify reactions driven by these thoughts
- Identify the impact of your reactions on others

**WHEN WE FEEL TRIGGERED** in the present, the most important first thing to do is to **SLOW DOWN**: Breathe, take a moment before you react, remind yourself that your conscious, intentional self, does not wish to keep responding automatically and reactively. Focus on your intention to develop better relational competence, to have a better relationship, to respond better to your spouse/partner, and to respect their needs.

In order to resist falling into our "thinking traps" (reacting automatically and without awareness according to old patterns that might no longer serve us well), we need to identify the thought, the "iceberg in the deep" that was activated in us. For example, "I am always alone; nobody ever understands me nor will" or: "if I say what I want he/she will get terribly upset and so I have to give in to keep the peace" etc.

Once the thought/belief, related to our automatic response-set has been identified, it should be re-evaluated against the following questions

- Is it still meaningful to me?
- Is it accurate/appropriate for this situation?
- Is it overly rigid?
- Is it useful, does it enhance my functioning, and that of others around me?

Recognizing one's own relational adaptations to one's family relationships is important, as it they are likely to show up in our current relationships. The couple relationship in midlife offers a new opportunity to achieve better resolutions for some old frustrations and a new level of closeness

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with others. It takes a willingness to be open, to commit the time and the effort, and to be willing to receive feedback, as part of the gifts that the other might be offering.

The second part of the meeting will be separately summarized.

## **Meeting Nine - Intimacy in Couples: Part II**

May 2, 2017

The purpose of the entire lecture series “Our Parents, Ourselves, Our Changing Lives” has been two-fold, to increase understanding of Holocaust survivor parents, and of ourselves, and in particular, to enhance the present and future resilience and quality of life of the second generation.

The previous sessions illuminated particular relational vulnerabilities common among the second generation, such as a tendency to put the parents’ needs, and later, the need of others, ahead of one’s own, and the lasting impact of childhood experiences with trauma survivor parents, which might continue to influence one’s responses later in life to spouses, children and others. Some of these themes, identified in studies of the second generation, include lack of parental emotional availability and lack of open communication in the family, and at times, the impact of frightening or hurtful experiences when trauma survivor parents, triggered by some trauma-related reminder, over-reacted or withdrew into emotional detachment at important moments in the child’s life. As a result, some children of survivors might experience exquisite sensitivity to feeling not understood, not cared about, and a hyper-sensitivity to perceived slights.

The goal of the discussion group has been to highlight our continued capacity to change relational patterns, mitigate trauma-related intergenerational transmission, and improve relationships with others and our own sense of satisfaction in relationships, when we use the knowledge we gain about our parents and ourselves in a self-reflective way. Improving our relationships is particularly important when we take into consideration the conclusions from research into the factors that are associated with happiness, longevity and a meaningful life. As has been shown by the longest study of human development, the Harvard Grant study which has followed individuals over 75 years, the clearest message is this: good relationships keep us happier and healthier (watch Robert Waldinger’s Ted talk, entitled “What Makes a Good Life?”, which you can find online at <https://www.youtube.com/watch?v=8KkKuTCFvzI>)

As the series of meetings at the Boro Park Y, which started last May, approaches its conclusion in July, the last two meetings focus on the couple relationship. In midlife, after parents pass away, children move out of the house, and retirement increases the time spent together, the couple becomes the most important source of support in the later years. Sexual intimacy is a uniquely significant aspect of the couple relationships and has been shown by studies to be critical in order for couples to maintain or improve their sense of vitality and connection. When intimacy is lacking in the couple, it seriously threatens the quality of the relationship and the well-being of the individual partners.

Of particular relevance for the children of Holocaust survivors is the observation in many studies that symptoms of PTSD in both men and women following any kind of trauma, including non-sexual trauma such as combat, accidents and criminal violence, interfere with sexual functioning in all of its aspects, including desire, arousal, activity, and satisfaction. Each partner in any couple brings to the relationship their “relational templates”, automatic ways of relating, conscious and non-conscious beliefs and emotional attitudes about sex, their own sexuality and others’, and about sexual behavior. It is therefore possible that the legacy of parental trauma and parental post-

traumatic symptoms has some effects on the second generation, through implicit and explicit attitudes about sexuality that were learned in the family. Moreover, studies have shown that children of survivors have higher rates of PTSD in their own life, and evidence shows that neuroanatomical circuits and neurochemical and endocrinological processes disrupted in PTSD are critical to those involved in all aspects of sexual behavior.

The templates that we hold about all aspects of relating to others are based on past experienced and observed relatedness, in our families and in previous relationships we might have had. However, relational templates also include fantasized ideas about imagined relationships, and these can lead to behavior different or even opposite of what was experienced or observed, and can be very adaptive. However, fantasy templates can also be too idealized and unrealistic. The goal of our continued growth and development is to come to a relatedness that is more functional and more realistic, allowing couples to connect in a mature and mutually satisfying way.

The sources for sexual dissatisfaction experienced by couples include complaints about the frequency, complaints about low desire, and complaints about the quality of sex. Some typical complaints are:

- “I’m so sick of always having to initiate. But if I didn’t, we’d never have sex.”!
- “I think my husband might be gay, his interest in sex is so low.”!
- “I don’t think she’s attracted to me anymore. Maybe she’s having an affair.”!
- “He’s mean to me or ignores me all day then expects me to jump into bed with him that night!”
- “He (or she) is: too tentative, too rough, too slow, too fast, too talkative, not talkative enough, etc.
- He/she is too focused on him/herself” (Leone, 2017).

Sexual problems are common, yet in comparison with other common couples’ problems, sexual issues can be among the most difficult for couples (and some therapists) to talk about. Despite the difficulties in discussing this topic, it is crucial to address these issues to improve the relationships in couples. This is especially important when affirming and vitalizing experiences in the couple become all the more important in midlife, as a way to balance some of the changes and losses that often accompany the process of aging. A clear understanding of how our individual sexual behaviors and attitudes have developed – and how they can be shifted towards change- can allow couples to reach a new level of intimacy at any point.

In many couples, at least one partner had been quite unhappy with the couple’s sexual relationship for many years, yet hadn’t done much of anything to address it. Many people have not been raised feeling comfortable speaking about sex. In some cases, this difficulty is due to socio-cultural ideas about the meaning of “modesty”, and in other cases it is due to a belief that sex should “just happen”, without much discussion. Speaking about sex with one’s partner is often very scary, and many people might feel apprehensive about being criticized or hurt, or about offending their partner, in such a discussion.

The main areas of sexual problems are **A-sexual marriages**, due to Sexual Dysfunction and Inhibited Sexual Desire (ISD), resulting in sex-less marriages. There is a high rate of A-sexual

marriages in the USA. By arbitrary criterion of less than 10 sexual encounters per year, 20% of married couples and 40% of non-married who have been together for more than 2 years have a non-sexual relationship. Inhibited sexual desire is reported by 1:3 women and 1:7 men. The longer the problem is allowed to go on, the more self-conscious, awkward and deficient couples feel. Being a non-sexual couple is often also associated with shame and stigma in one's own sense of self and with an injury to feelings of general and sexual self-esteem. When functioning well, sexual intimacy contributes 15-20% to marital vitality and satisfaction, energizing the bond and making it special. When sexual intimacy is *not* functioning well, it has an inordinate role reducing satisfaction by 50-70%, draining the marriage of good feelings and intimacy. According to the National Survey of Sexual Health and Behavior (1994; 2010), a non-sexual marriage is a major threat to marital satisfaction and viability. The other major area of sexual problems in marriages involves **Infidelity**, including "real" and "virtual" extra-marital sex, affairs and addictions.

One of the existential issues that couples in long-term relationships must deal with is the inherent conflict between our deep need for attachment and security in our long-term relationships, on one hand, and our opposing need for novelty, adventure, and excitement. (See also Perel Ted Talk at <https://www.youtube.com/watch?v=sa0RUmGTCYY>). Couples must figure out together how to balance the two contradictory needs, how to bring excitement and novelty into their relationships, and how to develop realistic expectations about the development of long-term sexual relationships over time. Such realistic expectations might contradict some romantic ideas, but make continuity and consistency possible, in what Alexandra Katehakis calls "Grown-up Sex"; you can listen to her presentation online at:

<http://www.soundstrue.com/store/weeklywisdom?page=single&category=IATE&episode=12033>

In order to better understand our own personal templates, our personal relative balance between the needs for attachment security and for novelty and adventure, we must understand the emotional "dowry" that we bring to the sexual relationship and to the family relationship, which might be very different for each partner.

How can we bring excitement into the known and secure long-term relationship? Clearly, problems in other areas of the relationship might cast a shadow on sex, and must be addressed. However, even in marriages where the partners are generally fairly content, there is a need to attend to the balancing of individuality and togetherness, so that familiarity with one another does not breed boredom and lack of mutual appreciation. **Outside the bedroom:** individuality and separation have to be nurtured in various ways, including the maintenance and development of personal interests, and time spent with other people or activities. **Inside the bedroom:** sex is an activity requiring both (suspended) egocentric immersion, the capacity to let go of "taking care of the other"; fantasy and freedom to explore one's own sexuality, and at the same time, good sex requires reciprocity, mutual attunement and care, and working as an "intimate team," which will be expanded upon in the next meeting.