Title: Parental Trauma and Adult Sibling Relationships in Holocaust Survivor Families

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Abstract

Evidence suggesting accentuated sibling differentiation and de-identification is observed among adult children of Holocaust survivors, manifested in the respective family roles of each sibling, their relationships vis a vis the parents, and also in the siblings' general adaptation styles. These dissimilarities are often accompanied by a negative quality of the sibling relationships. It is proposed that (dissociated) affects and enactments of un-synthesized parental trauma infuse implicit and explicit interactions in family life with survival themes and with intense concerns for the parents' emotional well-being and polarize normative processes of sibling differentiation. Mutual resentments often cause dissolution of ties between siblings and their families in adulthood. Such processes represent intergenerational transmission of effects related to parental trauma that extend beyond the parent–child dyad, influencing the matrix of relationships in the family-as-a-system, and damaging the siblings bond. The resulting loss of extended family connections for the third generation perpetuates raptured generational continuity, one of the devastating consequences of genocidal trauma.

Key Words: Siblings, trauma, intergenerational transmission, parental PTSD, intersubjectivity, offspring

Introduction

This paper calls attention to particularly polarized forms of sibling differentiation and de-identification observed among adult siblings in Holocaust survivor families, who often have very different adaptational styles and very different roles within their family of origin. The perceived differences are often associated with negative feelings, which often disrupt the sibling bond in

adulthood. It is proposed that individual children co-construct different relationships with their parents and develop different relational and psychological organizing patterns based on their differential susceptibility to selective sub-sets of perceived implicit and explicit parental expectancies. Parents also communicate differential expectations and disparate messages towards various children in the family. For example, gender (both of the parent and of the child) has been shown to be an important factor in differential parent-child interactions (Rousseau & Scharf, 2015). Events in the life of the family, the time of birth of each sibling, perceived similarities between the child and other family relatives, and many other factors might be involved in differential relational expectancies that are directed at, and co-constructed by, each child (Felsen, 1998). The differential susceptibility of children to parental post-traumatic reactions is another potent factor in the co-construction of different patterns of adaptation among siblings within the same family. Parental post-traumatic reactions and trauma-related affects infuse interactions in family life both explicitly and implicitly. Directly observing parental post-traumatic vulnerabilities has a powerful, even disorganizing impact on the child (Scharf & Mayseless, 2011b). Field, Muong, and Sochanvimean (2013) concluded that "Parents who continue to be psychologically affected by past trauma, such as trauma stemming from genocide, may communicate—even if indirectly—their emotional vulnerability to their children and thereby instill inordinate concern in the children for the parents' welfare" (p.484). Therefore, when one child in the family perceives another sibling as having caused the parents pain, it engenders intense negative feelings towards the "offending" sibling. However, unsynthesized affects and unresolved states of mind related to the trauma of the Holocaust (Sagi-Schwartz, 2003; Liotti, 2004) are inevitably present to varying degrees and are enacted in emotional and relational interactions in the course of daily life in families of trauma-survivor parents. It is suggested that

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conscious and nonconscious, implicit and explicit, verbal and non-verbal, and often dissociated (Bromberg, 2013; Ginot, 2015) trauma-related communications are implicated in a polarization of normative processes of sibling differentiation and de-identification (Vivona, 2007).

The literature about Holocaust survivors and their children has shown that the functioning of both generations is characterized by general resilience alongside specific vulnerabilities (Braga, Mello, & Fix, 2012; Felsen, 1998; Shmotkin, Shrira, Goldberg, & Palgi, 2011; Shrira, Palgi, Ben-Ezra, & Shmotkin, 2010; Sigal & Weinfeld, 1989). These vulnerabilities may appear in particular areas of the lives of children of survivors, despite concurrent good functioning in other areas. The polarized adaptational styles described in this paper are not necessarily pathological, rather reflect personality organization and styles of adaptation characterized by different areas of strengths and vulnerabilities. Embedded in the family dynamics, these contrasting vulnerabilities often resurface in the relationships between adult siblings around the care of aging parents. Life-long differences intensify mutual criticism as siblings face the demands of the final phase in the life of parents and the ultimate separation from them and can lead to relationship cutoffs between adult siblings. Relationship ruptures between siblings in the second generation in families of survivors leave members of the third generation partly or entirely cut off from their extended family. S., the daughter of two Holocaust survivors, who has had to cope with serious health crises, expressed desperate loneliness and a need for family support, but said: "I have no relatives other than my husband and daughter. My brother is self-destructive; I don't have a brother that I can talk to in a reasonable way… I am more alone than they [the immigrant, Holocaust-survivor parents] were… We have no second cousin or so, like they did… We have nobody."

Sometimes sibling relationships—although distant, strained, or even hostile—are maintained for the parents' sakes, since, when estrangement is evident, it is experienced as a tragic loss for the survivor parents. In such cases, severing of the relationship between the siblings follows after the parents pass away. This annihilation of family ties is particularly tragic given the massive destruction of the survivors' pre-war families and the small size of many of their post-war families.

Concerns about needing to protect the survivor parents and to fulfil their emotional needs and expectations have been observed to be central psychological themes for children of Holocaust survivors (Gottschalk, 2003; Kellerman, 2009; Scharf & Mayseless, 2011a; Wiseman, 2008; Wiseman & Barber, 2008), as well as for children in other trauma-exposed families (Field et al, 2013). Although such concerns are shared, each child in the family might have co-constructed different experiences with the same parents, and might subsequently manifest different developmental outcomes (Fosshage, 2011). Indeed, different siblings in Holocaust families often seem to have co-constructed almost antithetical interpretations and applications of the shared overarching "mission" to take care of their parents' emotional needs and relational expectations.

Recent studies have begun to examine who are the children of survivors who have been more impacted by their parents' traumatic experiences relative to others, and what are the factors associated with such differences (Letzter-Pouw and Werner, 2013; Letzter-Pouw et al., 2014; Danieli, Norris and Engdhal, 2016). While the stress-diathesis model focuses on variability in vulnerability to stressful factors in the environment, models of differential susceptibility emphasize individual variability with regard to *both* negative (risk) factors *and* beneficial (protective) contextual factors (Belsky and Pluess, 2009; Ellis, Boyce, Belsky, Bakermans-

Kranenburg, 2011). Studies of large community samples show that the resilience of survivors of the Holocaust manifested in a wide range of capabilities that often enabled them to live basically normal lives. The impairment and suffering that followed trauma did not preclude concurrent restorative and successful adjustment in many aspects of life (Shmotkin, 2011, p.8). Siblings in Holocaust families thus might vary in their individual susceptibility to the suffering of the parents and to post-traumatic reactions, but also to enhancing, resilient and protective factors that exist in the family environment.

Seen from an evolutionary perspective, sibling differentiation aims at reducing competition for parental resources and decreasing conflict between siblings (in Whiteman, McHale , & Soli, 2011). In contrast, observations suggest that the differences perceived between siblings in Holocaust survivors' families intensify mutual criticism and conflict, and thus highlight the need for better understanding of how parental trauma influences sibling relationships. This paper proposes that effects related to parental trauma might lead to the severing of relationships between the families of adult siblings, and that such outcomes can be viewed as reenactments of traumatic loss, reflecting intergenerational transmission of trauma that reaches beyond the individual child and beyond the parent–child dyad, impacting the larger fabric of family relationships available to future generations in groups that were exposed to massive annihilation.

Empirical Findings in the Second Generation

Intergenerational transmission of trauma has been observed in many trauma-exposed populations (SAMSHA, 2014). The largest body of studies has been on the children of Holocaust survivors, where several decades of research have identified styles of emotional communication

and of parenting in Holocaust families, as well as specific characteristics of children of survivors. Empirical findings in the second generation reveal a profile of concomitant strengths and vulnerabilities (Felsen, 1998). Studies have shown that children of survivors, compared with peers, experienced greater difficulties negotiating autonomy and various aspects of the process of separating and individuating from their parents in adolescence and young adulthood. Findings also suggest that daughters of Holocaust survivors experience greater ambivalence in their marital relationships and less positive self-perceptions as parents (Brom, Kfir, & Dasberg, 2001; Scharf, 2007). When survivor parents suffered from post-traumatic stress disorder (PTSD), their children were found to be more likely to develop PTSD (Yehuda, Halligan, & Bierer, 2001; Yehuda, Schmeidler, Giller, Siever, & Binder-Brynes, 1998) indicating that their response to stressful situations might be more catastrophic in comparison with peers who are not Holocaust related (see also Baider et al., 2000; Solomon, Kotler, & Mikulincer, 1988). Research in has also found differences in biological and epigenetic markers between adult children of survivors and peers (Lehrner & Yehuda, 2018). However, there is no evidence of gross psychopathology in the children of survivors as a group, a surprising finding given the extent of traumatization and traumatic loss suffered by the parents (Shklarov, 2012). As Lerhner and Yehuda (2018) state, it has been recognized that the survivors' level of coping and distress, rather than the exposure to the trauma, is crucial to the outcomes observed in their offspring.

The Psychiatric Condition of Holocaust Survivors in the Early Years Post-Liberation

In the early years, between 1945-1950, there was a general lack of attention to the mental health of survivors of the Holocaust (Davidovitch & Zalashik, 2007; Eitinger, Krell, & Rieck,

1985; Krell, 1997; Solomon, 1995; Strous et al., 2005) as relief organizations were overwhelmed with the need to feed and shelter the Displaced Persons who were still in Europe. Consequently, there are sparse reports about the psychiatric and psychological condition of the survivors of the Holocaust in the immediate time after the end of WWII and following liberation. Krell (1997), a child survivor and prominent Canadian psychiatrist states that there was "a conspicuous lack of attention" by psychiatry to the effects of the Holocaust on the survivors and their needs for rehabilitation. In some of the earliest reports, an American psychiatrist appointed by the Joint Distribution Committee to assess the psychological condition of the displaced persons, (Friedman 1948; Friedman, 1949) stated that American relief workers were too overwhelmed by their guilt feelings towards the victims of Nazism and therefore preferred to believe the optimistic stories about the physical and psychological condition of the survivors while discounting those who described psychological misery and disorder (p. 502). German physicians after WWII might have had various reasons to deny the damage caused to the victims by Nazi persecution (Brainin, 1998), whether to protect the financial interest of the German Government regarding indemnification payments, or because a high percent of physicians, more than any other profession, had previously joined the Nazi party (Haque, 2017), and many of them were now assessing the survivors to determine their eligibility for compensation. Even mental health professionals who were themselves survivors did not address the trauma of the Holocaust (Kuriloff, 2013). Dasberg, a child survivor and a psychiatrist, commented that the survivors themselves could not yet, at that time, face their own losses and dehumanization: "So all of us, Germans and Jews alike, have our reasons, irrational as they may seem, for keeping silent about our past and present memories of the Holocaust" (Dasberg, 1992, p. 30).

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However, it must also be acknowledged that the conceptual understanding of the effects of trauma at the time stipulated a direct relationship to physical neurological damage (Eitinger et al., 1985). Consequently, when severe psychiatric symptoms were observed among survivors they were diagnosed as schizophrenia and attributed to pre-trauma vulnerabilities (Eitinger, 1967). With few exceptions who pointed out that dissociations and flashbacks demonstrated by survivors did not appear like schizophrenia (Eissler, 1963; Jaffe, 1968), the theoretical framework available at that time held that extensive psychological damage as observed among some survivors could not be related to their war experiences, since they had been already "formed" adolescents and young adults during the war (Felsen, 2017a; Krell, 1984). Clinical observations of flashbacks, amnestic, dissociative and other more severe reactions might thus not have been included in the records about the effects of the Holocaust on survivors (Barak & Szor, 2000). Indeed, in an early report from Israel (Klein, Zellermayer, & Shanan, 1963), survivors who suffered from psychiatric symptoms did not even themselves establish the connection between these symptoms and their Holocaust experiences (p. 337). As psychiatric and psychological reports began to be proliferate after the 1950's, there was disagreement among psychiatrists about the psychiatric condition of the survivors. Kansteiner, a historian specializing in Holocaust studies, states:

"For some psychiatrists the postwar years reflect a relatively symptom-free latency period which ended after the survivors had rebuilt their lives in new surroundings, especially in Israel and the US. For other commentators the years after the war represent a phase of intense private misery. Survivors already suffered all the consequences of severe trauma but nobody showed any interest in their experiences and anguish." (Kansteiner, 2004, p. 99).

In the United States, Danieli showed that when survivors were met in psychotherapy, their Holocaust history was not inquired about, and she concluded that psychotherapists participated in the "conspiracy of silence" (Danieli, 1984) that characterized the attitudes of society in general, also in Israel (Dasberg, 1992; Hamburger and Laub, 2017). It took several decades for the trauma of the Holocaust to be addressed by Israeli psychiatrists (Davidovitch & Zalashik, 2007; Felsen, 2017a; Strous et al., 2005). Over the last decades, a large body of empirical research has been amassed and has demonstrated the co-existence of remarkable resiliencies alongside vulnerabilities in this population, the significant achievements of survivors alongside persistent post-traumatic symptoms even 60 and 70 years later (Amir & Lev-Wiesel, 2003; Barel, Van IJzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010; Fridman, Bakermans-Kranenburgb, Sagi-Schwartz, & Van IJzendoornb, 2011; Kahana, Harel, & Kahana, 2005; Shmotkin, Blumstein, & Modan, 2003; Shmotkin et al., 2011).

It is possible that for some survivors, there was an initial period of relatively better adaptation which was followed by late onset of symptoms after several years (Felsen, 2016, 2017b), which occurred when there was insufficient social support. Meta-analytic studies suggest that about a quarter of PTSD cases have delayed onset, (Smid, Mooren, van der Mast, Gersons, & Kleber, 2009; Smid, van der Velden, Gersons, & Kleber, 2012; Utzon-Frank et al., 2014). Research in various trauma-exposed populations has highlighted the critical importance of post-trauma social support for resilient coping (Harvey, 1996), and findings show that stressful life events and real or perceived lack of social support may contribute to PTSD symptom progression (Smid et al., 2012). Gorst-Unworth and Goldberg state: "Social factors in exile, particularly the level of 'affective' social support, proved important in determining the severity of both post-traumatic stress disorder and depressive reactions, particularly when combined with a severe

level of trauma/torture. Poor social support is a stronger predictor of depressive morbidity than trauma factors" (Gorst-Unsworth & Goldenberg, 1998, p. 90).

The lack of data about the survivors' mental health in the early years is further complicated by the fact that research findings related to the onset and remission of PTSD are highly dependent on the definitions used (North & Oliver, 2013). The lack of clear uniform criteria (before the introduction of the diagnosis of PTSD into the DSM-III in 1980) for the symptoms, and the lack of definition of remission, make it even harder to ascertain what was the psychological condition of Holocaust survivors in the early years. In light of recent research which shows that post-traumatic disorder is under-diagnosed even today (Thorp & Blazer, 2012; Wimalawansa, 2016), it is likely that early reports under-recognized the survivors' level of distress and the prevalence of post-traumatic reactions.

Studies have also examined the temporal relationship between potential changes in the severity of post-traumatic reactions in Holocaust survivor parents and their impact on children. It has been suggested that children of survivors born soon after the war, before some psychological rehabilitation could be achieved by the survivors, might have been more impacted, and might have been endowed with special roles and expectations (Grubrich-Simitis, 1981; Newman, 1979; Rosenman, 1984; Sonnenberg, 1974). A review of the literature (Felsen, 1998) suggests that while first-born and only children of survivors have been reported to have been more adversely affected by their parents' Holocaust past (Baron, Reznikoff, & Glenwick, 1993; Davidson, 1980; Klein, 1973; Newman, 1979; Porter, 1981), the effects of age are more consistent than those related to birth order. The time lapse between liberation to the birth of the children seems to be an important factor in determining the degree of damaging effects in the offspring (Gertler, 19186; Keller, 1988; Krell, Suedfeld, & Soriano, 2004; Oliner, 1990; Russell, 1982) as is the

time between the parent's immigration and the birth of children. For children born in Displaced Persons camps or otherwise before their parents' immigration and re-settlement, there were multiple additional moves and changes, potentially related to differences between them and those born later when the families were more stable (Krell, Suedfeld, et al., 2004; Levav, Kohn, & Schwartz, 1998; Lurie-Beck, 2007; Shoshan, 1989).

An Attachment Perspective on the Transmission of Effects Related to Holocaust Trauma

Attachment theory and research have shown the connections between certain types of early infant–parent attachment relationships and later developmental outcomes for the child. Liotti (2004) states: "A major discovery in attachment research is the strong relationship between caregivers' unresolved memories of traumas or losses … and disorganization of early attachment in their children" (p.4). In turn, this disorganized attachment in infancy and childhood has been associated with dissociative phenomena later in life (Hesse & Main, 2006; Liotti, 2004; Main & Hesse, 1990; Main & Solomon, 1990). Discussing the intergenerational transmission of effects related to the trauma of the Holocaust, Liotti hypothesized that "unresolved traumatic memories may interfere with the parental behavior of the survivors, inducing attachment disorganization in their offspring and in turn increasing the offspring's vulnerability to trauma-related disorders, implying dissociation" (p. 12). Contrary to such expectations, however, studies did not find evidence for disorganized attachment in children of Holocaust survivors (Sagi-Schwartz et al., 2003). These were surprising findings, since Holocaust survivors (who lost parents and other family members in extraordinarily traumatic ways) still evidenced, after half a century, a high level of unresolved states of mind concerning attachment, as measured by the Adult Attachment Interview (Sagi-Schwartz, van IJzendoorn, Joels & Scharf, 2002). This lack of evidence for

disorganized attachment in the daughters of Holocaust survivor mothers deviates remarkably from observations in many other samples, in which unresolved states of mind in the parents were strongly linked to attachment disorganization in the children (Lyons-Ruth & Jacobvitz, 1999). Liotti (2004) explains that in other samples, unresolved states of mind were related to traumas *inflicted by attachment figures*, while the traumas and losses suffered by Holocaust survivors were inflicted by strangers. Before the outbreak of WWII, the children that survived the Holocaust had benefitted from years of secure attachment to their parents (Sagi-Schwartz et al., 2003, p. 1091). Survivors of the Holocaust might have been "unresolved" according to the Adult Attachment Interview because of their traumatic Holocaust experiences and losses, without having ever been disorganized in their early attachments, while most "unresolved" parents in other samples had been disorganized in their early attachments to their maltreating (i.e., frightening) caregivers.

Distinguishing between unresolved mental states associated with Holocaust trauma and disorganized attachment as distinctly different categories of unresolved states of mind can explain the lack of transmission of more severe dissociative phenomena in the second generation. However, the presence of a significant degree of unresolved states of mind associated with Holocaust trauma in the survivors might nonetheless have influenced family interactions. The impact of developmental trauma, or even the influence of less-than optimal experiences during the early years, is not a dichotomous variable but rather a matter of degree. (Bromberg, 2008) states, "Developmental trauma is a core relational phenomenon in shaping human personality. It contributes to every human being's potential for affect regulation, *which is always a matter of degree even in those for whom secure attachment has led to relative stability and resilience*" (italics added, p. 329).

Although early studies failed to find support for intergenerational transmission when using symptom scales and personality inventories, interviews with subjects who had participated in these studies revealed that they felt that the instruments and the questionnaires used did not tap into their experiences as children of survivors (Felsen, 1990, 1998). An accumulation of evidence suggests that the transmission of effects related to the Holocaust might be more "latent" (Sigal & Weinfeld, 1989), and is manifested in the arena of subjective, phenomenological experience, rather than in symptoms or other measures of external functioning (Krell, Suedefeld, & Soriano, 2004). More recent studies have consequently explored the subjective experience of growing up with trauma-survivor parents, using in-depth interviews and sophisticated content-analysis methods (Scharf & Mayseless, 2011b; Wiseman, 2008; Wiseman & Barber, 2008). Their findings reveal themes of "failed intersubjectivity" in childhood memories recalled by adult children of survivors of the Holocaust (Wiseman, 2008). Common experiences reported by the second generation include having directly observed instances of parental distress, as well as having experienced parents as numb and detached at significant moments in the life of their child. Particular issues related to parental caregiving styles included parental inability to provide emotional care, and their children's experiences of loneliness, having been prematurely left to manage on their own.

Adult children reported having felt frustration at a lack of open communication about their own needs, because they felt they needed to heed the emotional needs of their parents. Parents were perceived as focused on their family's physical needs, while their ability to provide emotional support to their children was limited. In-depth interview analysis (Scharf & Mayseless, 2011b) revealed predominant psychological concerns about needing to please the parent, take care of the parent, and assume responsibility for the parent's well-being, even at the cost of one's own needs

and well-being. These findings reflected a common perception by children of survivors that their parents' emotional availability was unpredictable and dependent upon the parent's emotional state at the moment, rather than on the children's needs. These systematic analyses of childhood memories corroborated clinical reports (Auerhahn, 2013; Gampel, 2010; Gottschalk, 2003; Hirsch, 2008; Kogan, 1995, 2007; Peskin, Auerhahn, & Laub, 1997; Solomon & Chaitin, 2007) that unique intergenerational experiences, although not associated with psychopathological developmental outcomes, have significantly shaped important aspects of the phenomenological sense of self and of relationships in children of Holocaust survivors. Fosshage states that "Predominant ways of experiencing the world gradually emerge out of recurrent or thematic experience," and are, at least initially, primarily unconscious (Fosshage, 1995, p. 464). Scharf and Mayseless (2011) argue that the aversive experiences reported by adult children of survivors in their non-clinical sample, while not reflecting direct symptoms of post-traumatic stress disorder or attachment disorganization, were nonetheless disorganizing experiences, indicating that children of survivors are at risk for developing high levels of psychological distress. Indeed, children of survivors often describe experiences that were affectively dysregulated and dysregulating, which presented contradictory aspects that were difficult to integrate, which left them feeling hurt and confused about the parent and about the relationship:

L. is the only child of her elderly, widowed, Holocaust survivor mother. They have no other relatives, and L. is childless. Both mother and daughter love their pets and treat them as family members. However, L. described that when her favorite cat died, her mother saw her crying and became enraged, screaming at her daughter that this loss was trivial in comparison to the loss of her own mother in the Holocaust. L. said she was hurt and devastated by her mother's rage and belligerence and shocked by the lack of empathy to her loss. Clearly, the daughter's

grief triggered in the survivor mother her own intolerable grief, as well as her difficulty tolerating the emotional pain of her daughter. Such instances of dysregulated trauma-related affect and reactions create emotionally potent, incongruous intersubjective experiences in the parent-child relationship, sending confusing messages to the child about which emotions are "allowed" to be expressed or even experienced. As is evident in the example that follows, such painful interactions sometimes evoke dissociative responses, a sense of dazed confusion and uncertainty about one's own identity, about what one ought to be feeling, about who the parent "really" is, and what the parent truly feels or wants from the child:

J. lived until her mid-thirties with her parents, married at 38 and had one daughter. At 48, J. was living with her husband and child in their own home in a middle-class suburb. J.'s sister was divorced, and had moved with her daughter into the small home of her aging parents. J. knew that her father was distressed about her sister's situation and proud of her own relative success, and she generally believed that her father wished her to have a life of her own. However, describing a phone call with her father one morning, she recounted, agitated: "And then he calls me, incredibly upset, complaining about my mother… [How] he never should have married her. 'We have nothing in common,' he says, 'it's only a marriage on paper! I wish I could erase it!'—same as he used to tell me all those years ago… I'm 'the one,' I'm the savior, and I'm betraying him… 'There is no one to care about me, you care about me, why aren't you here?' That was the message. But also: 'No, no, don't come, you have your own life.' And I was so depressed when I got off the phone. I'm trying to figure out my marriage; how to be a mother… What does he want from my life? All three of them are lost… I'm not strong enough to deal with it, I can't do it… This is the reason why I can't: I don't have a right. They're in me. If I'm a part of them, how can I be normal, have a life? I don't belong with the living… At the end

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of the phone call, he said, 'I feel better now. Love you.' And I felt so sick, dazed and depressed…"

 J. experienced difficulty synthesizing her father's contradictory wishes. His appeal to her to be by his side, as his only emotional ally—and, on the other hand, his wish for her to have her own life—created internal turmoil and conflict. J. felt compelled to "save" her father, and if not to save him, at least not to abandon the family, whom she perceived as "dying" together, while she was in the "land of the living". This is a clear example of the presence of survival themes and survivor guilt that pervade the atmosphere and interactions in Holocaust families (Scharf and Mayseless, 2011) and of the incoherence of contradictory relational messages about 'saving' the parent.

Liotti (2004) states that memories of attachment interactions between children and their parents are the basis for the construction of Internal Working Models (IWM) of the self and the attachment figure, providing expectations as to future responses to the child's attachment needs (p. 15). When children are faced with confusing relational experiences with the same attachment figure, these may pose problems for the emergence of coherent internal working models. Each individual child accommodates (Brandchaft, 2007) and adapts to implicit and explicit, conscious and nonconscious relational expectancies and emotional needs experienced in the relationships with the parents. However, parental messages might be selectively and differentially directed at various children in the family and children are differentially susceptible to particular aspects in the relationships with the parents. Consequently, each sibling co-constructs different relational adaptations that constitute their own unique responses to a selective subset of perceptions and experiences with the same parents.

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Trauma-related affects and Enactments in Family Life

Despite clinical and empirical evidence for the impact of parental trauma on the

emotional and relational experiences of children of survivors with their parents, there are almost

no studies examining the sibling relationships within this group. Yet family life includes siblings

for most children, and for those who have them, siblings are also important figures in the drama

of family life. I propose that parental trauma-related communications and relational enactments

polarize processes of differentiation and de-identification between siblings and influence the

quality of relationships between them. The term "enactment" has received much attention in the

psychoanalytic literature, especially with regards to its manifestations and functions in the

therapeutic relationship (Bass, 2003; Sand, 2010; Bromberg, 1998; BCPSG, 2013). Some

conceptualizations of enactment share a common assumption that affective or cognitive mental

content has been defensively separated from consciousness. In the classical model, enactments

express material that has been dynamically repressed, and in the relational interpersonal models,

experiences that are too painful to know as part of the self are separated from consciousness and

disavowed (the vertical split). An alternative to the dissociative view was offered by the BCPSG,

emphasizing implicit memory processes and ways of being and relating with others that are

learned and occur as part of the "subtle back and forth in relation" (BCPSG, 2013, p.730). A

more detailed discussion of the concept goes beyond the scope of this paper, and so the term is

used here to "simply specify a particularly meaningful or poignant interaction (for good or for

bad)" (Fosshage, 1995), which includes explicit and implicit, and often nonconscious

communications (Ginot, 2015) that take place within the *family as a system,* directed at the child

or witnessed between other family members. Fosshage (1994) states that "the predominant ways

in which we have come to see ourselves and ourselves in relation to others are the affect-laden

thematic organizations (the 'mental sets,' if you will) that variably shape our experience. These organizing patterns or schemas do not distort a supposed 'objective reality,' but are always contributing to the construction of a subjectively experienced 'reality'" (Fosshage, 1994, p. 8). It is suggested here that due to the mixed and contradictory relational messages in the relationships with trauma-survivor parents, siblings in Holocaust families often appear to have constructed relational "realities" that are highly subjective and very different from each other.

An important factor in the experiences of siblings is the fact that family life is not a collection of dyadic interactions between each child and a parent, but rather a thick weave of multiple emotional and relational interactions. As Miller (Miller, 1999) states: "A complex adaptive system contains many kinds of elements, which we can think of as members or agents. The behavior of the system is not centrally controlled but emerges out of the complex interplay of its agents. Each of the agents can itself be a mini-complex adaptive system that organizes its elements in a particular way to create a certain state or produce a certain product. The agents then interact, exchanging their information and product. The behavior of the system as a whole is the result of the sum of interactions among the agents. With each agent of a complex adaptive system a complex adaptive system itself, the agents can be seen as subsystems of a larger system that is the product of their interactions" (p. 260).

Children in a family learn both by participating directly in interactions with parents but also by witnessing interactions between parents and other siblings. When Holocaust survivor parents display dysregulated pain, anger, or disappointment in response to the behavior of one child in the family, the other sibling is strongly influenced by this affect and because of the strong obligation to protect the parents and take care of their emotional needs, is infuriated at the offending sibling. The need to protect the parents, a central concern for children of survivors, is

infused with survival issues that are present in the family atmosphere (Scharf and Mayseless, 2011) which lend any perceived infraction against the parents a severe gravity and an absoluteness. The offending sibling is perceived as "killing the parents" or "driving them to their grave", statements meant not metaphorically, but quite concretely (Grubrich-Simitis, 1984). The desperate need to protect the parents from the pain caused by the other sibling is often accompanied by intense feelings of helplessness and guilt for failing to do so, which further fuel anger at one's sibling. The dramatic potency of dysregulated parental reactions during such negative affective "hot" moments renders these interactions a disproportionate emotional and psychological salience, creating an intensely negative bias towards one's sibling who is perceived to have hurt the parent. The intrusion of unmodulated trauma-related affects into such enactments impairs the capacity for reciprocal coordination and negotiation of contradictory needs between parent and child, and also the perception of such possibilities by the sibling:

M. reported that when her brother enlisted in the US military, their father cried inconsolable for several days. She described how selfish and cruel she thought her brother was, and the intense anger and hate she felt towards him for causing their father such anguish. Only years later, in therapy M. came to understand that enlisting in the military was her brother's only escape from the home and from his volatile and destructive relationships with his parents, who would not support him going away to college. In contrast, M. was the obedient daughter who always did "the right thing". Compliant with parental wishes in all ways, M. did not go away to college, and now in her fifties, recognizes the cost of her own adaptation in the life choices she made, and has begun to see her brother's different path with more compassion.

Parents might unintentionally exacerbate dissociative and polarizing processes in family interactions and intensify sibling antagonism by "depositing" with one of their children their

negative affects about another sibling. When parents cannot cope with their own ambivalence, "they might unconsciously split their conflicting feelings and project the now separated emotions onto their children. As a result, one child is experienced as the good one and the other as bad. In such a case, we can well imagine the emotional reaction of each child and the outcome of their feelings for each other" (Kris and Rivto, 1983, p. 317). Parents who have difficulty communicating with their children, a commonly reported feature in Holocaust families (Scharf & Mayseless, 2011b; Wiseman, 2008), might relieve the tensions that arise in one relationship by discussing them not at their source, but in the relationship with the other child:

V. was 20 years old and had an idealizing attachment to her older brother, Z. Z. had earned some money of his own and, together with some money from his parents, purchased an apartment. When Z. decided to marry, he informed his parents that he was going to sell the apartment and with that money, buy another, in a different town where he would live with his wife. At home with the parents, V. became witness to multiple, intensely agitated and pained discussions. Her parents had planned on receiving their half of the proceeds of the apartment when it would be sold, hoping to move to another home themselves. Distraught about their son's decision, which would prevent them from moving, the parents were unable to discuss their feelings with him and face disappointing him. V. was convinced that her brother was unaware of their parents' feelings about his plan and that he would not have wanted to do it had he known, so she told him about the discussions she had overheard and the feelings that were expressed by their parents. When Z. confronted the parents, they completely disowned and denied it, and were furious with V. Irreparable damage was done to the sibling relationship.

When particular family relational co-constructions are consistently directed at certain children, sibling roles in the family drama might be assigned as "persecutor" and "rescuer" vis-à-

vis the "victim" parents (Karpman, 1968 in Fonagy, 1999). Polarized relational adaptations, with relatively rigidly assigned roles, compromise the child's flexibility to develop subjectively more nuanced identity formation and psychological organizing patterns of the self. The lack of nuance in these organizing patterns is reflected in an over-emphasis of certain self-aspects at the cost of other, under-developed aspects. It is as if each sibling has co-constructed an adaptational style that corresponds to a different, antithetical, subset of parental relational expectancies, and this style is invested with intense emotional significance as the "right" way to protect the parents. At the same time, each sibling distances the self as much as possible from the other sibling's adaptational style, which is devalued with similarly intensive (negative) affective charge.

The "Good Child"

There are two types of this role in the family. The "emancipated child" is often socio-economically more successful, is more often a male, is perceived as the parents' pride, and seems to have co-constructed organizing relational patterns that are especially attuned to parental post-trauma vulnerabilities to distressing experiences that trigger hyperarousal, anxiety, and depressive reactions. These children of survivors place an extreme value on not triggering such reactions in their parents, in order to protect them from the additional suffering that such experiences cause. While preventing the children from accessing the parents for support, this strategy of "hiding" their challenges and "doing it all alone" is also beneficial for some of these children, especially for males. This "defense of self-sufficiency" (Almond, 2004) allows these children to expand and take risks without being burdened by the reactions of parents who are overtaxed by chronic hyperarousal, who would likely overreact, try to constrict the children's actions, and burden the children with their "contagious anxiety." Later in life, however, this style

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of adaptation might make it harder to access other sources of support when in need and might interfere with intimacy in close relationships.

The relational dictum that "emancipated" children seem to have co-constructed is to be successful, to make up for the losses suffered by the parents, and to never cause any further suffering, such as worry, anxiety, disappointment, or shame. However, there is an inherent conundrum in these relational expectations because in order to succeed, the child needs to expand and move out into the world, steps which can be perceived by a trauma-survivor parent as dangerous, frightening, or abandoning, and thus causing the parents pain.

The other sub-type of the "Good Child" is more often a female and is the child who has always been more compliant and dutiful, has stayed closer to the parents throughout life, geographically and emotionally, and has lived their life intertwined with the parents. These children often have curtailed professional development and are less successful in external measures, and they often report significant tensions between the conflicting obligations towards spouses, one's own children and the intense involvement with the parents, which are associated with interpersonal and intrapsychic distress.

The "Problem Child." These children seem to be forever manufacturing crises and eliciting perpetual parenting and rescuing, well into adulthood. They tend to have underachieved in school and especially later in life, often despite considerable talents and intelligence. Female "problem" children tend to be inhibited and self-diminishing and to have tendencies toward depressive experiences. Male "problem" children frequently got into trouble while growing up, had issues with authority figures in school and later at work, and have a lifelong pattern of difficult and tumultuous employment and relationship histories. Unlike their self-sufficient, stoic siblings, these children regularly come to their parents for support and share with them all their

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problems, throughout their lives. Interestingly, it is the "problematic" children, those who cause their parents frequent worry and heartache, who also often manage to animate the parents and mobilize them in ways that the successful and self-sufficient "good" children fail to do. As F. said, "I cannot convince my parents to come and enjoy my beautiful house in the suburbs, my 'American Dream' come true. When I invite them, offer to take them by car, door to door, they always 'do not feel well enough' or 'aren't strong enough' to visit. However, these same sick and frail parents of mine will 'schlepp' themselves with pots of cooked food on public transportation to be of assistance to my sister, because she 'needs their help.'"

The "problematic", needy sibling seems to have responded to parental conscious and nonconscious relational "requests" not to abandon them and, in order to do so, to never quite grow up. Indeed, the feeling of being critically needed, of having to rescue their child, seems to elicit a vitality and to animate the parents in ways which the success and self-sufficiency of the higher-functioning child do not accomplish. It would seem that the co-constructed organizing patterns in the interactions between needy children and survivor parents aim at countering parental post-traumatic features that are characterized by avoidance, detachment and numbing. While causing the survivor parents grief, these children succeed in getting them more animated, vitalized and empowered. The needy children summon the parents into their adaptive mode of active coping and doing (Shoshan, 1989), tapping into, and calling forth, the resilience and the "hardiness" characteristic of many survivors (Dasberg, 2003; Levine, 2001; Robinson, Rapaport-Bar-Sever, & Rapaport, 1993).

As a result of the opposite nature of their relational adaptations, each sibling often feels that the other has caused the parents tremendous pain. The needy sibling who usually lives "closer" to the parents blames their sibling for having emotionally and physically distanced

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themselves, for "abandoning the parents" and abandoning them, their sibling, to care for the parents. They often feel that the burden of the parents' care has been unequally shared, and that they have unfairly shouldered most of it, and they envy the relative emancipation of their sibling who moved away and established a life more separate from the needs of the parents.

Meanwhile, the more separated adult child, who moved away and has been more independent and self-sufficient throughout the years, often feels that their sibling has used the parents and burdened them, and that while this sibling lived near-by and has "taken care" of the parents, they have also been excessively "taken care of" by the parents (Blatt & Levy, 2003). The more emancipated adult children, who have not shared any of their personal problems with the parents, are angry about the worry, entitlement, and drama in the relationship between their sibling and their parents. They feel that their sibling is depleting the parents emotionally, physically, and sometimes even financially.

Discussion

As survivors are reaching the end of their lives, their children must confront the final separation from them. This loss is experienced differently in Holocaust-survivor families than in families not shaped by prior catastrophic losses (Quadrio, 2016). Physical pain and suffering and other types of distress in aging survivor parents, which often cannot be sufficiently alleviated, are traumatic triggers for their children, activating profound lifelong psychological preoccupations focused on protecting the parents, guilt, and fueling mutual resentments when siblings are perceived to hurt, abandon, or not care enough about the parents. As a result, I have observed over recent years rifts and relationship cutoffs between adult siblings, and the subsequent loss of family ties and continuity for the third generation. This is a particularly unfortunate reenactment,

as studies show that not having an extended family was one of the painful aspects of growing up in Holocaust survivor families (Danieli, Norris, & Engdahl, 2016b).

The polarized adaptational styles described in this paper do not necessarily represent psychopathology, and have been observed among siblings at varying levels of psychosocial functioning, including those who demonstrate high achievements in many areas of their lives. It is suggested that attention to the effects of parental trauma-reactions in the family needs to include the sibling relationships (Shiryon, 1988) and examine processes that polarize sibling de-identification and provoke a negative quality of the sibling bond. Until recently, sibling relationships have been a relatively neglected dimension of family life in psychoanalytic literature, despite the fact that the relationships with siblings are the longest of all family relations. With few exceptions, such as the collection of papers in the Psychoanalytic Study of the Child, volume 38 (1983), the focus of psychoanalytic theory on the vertical orientation between child and parent became the template for many analysts and psychotherapists after Freud. As Safer (2012) states: ''Generations of therapists have followed suit, with the result that parent-child relationships have been examined in depth for a century, while sibling studies have barely scratched the surface'' (p. 50).

Empirical studies, on the other hand, have documented over the past decades the centrality of the sibling relationship in family life, as well as in the development of the individual child and adolescent (Bank and Kahn, 1997), yet focused mainly on the relationships between siblings in childhood and adolescence (Dunn and McGuire, 1992) or in old age (Stewart, Verbrugge and Beilfuss, 1998). There is a dearth of information about sibling relationships during adulthood (Scharf, Shulman and Avigad-Spitz, 2005), and especially about the impact of parental trauma on these relationships throughout life.

Research in trauma-exposed populations (Leen-Feldner et al., 2013) has contributed to the understanding of the multi-causal paths for effects of parental trauma-related reactions in the family. Parental post-traumatic symptoms affect the relationships between spouses as well as the mental health and well-being of the children in the family, both directly and through the impact of tensions in the spousal unit on the children (Lambert, Engh, Hasbun, & Holzer, 2012; Lambert, Gikzerm, & Hasbun, 2014; Lev-Wiesel & Amir, 2001; McHale, Updegraff, & Whiteman, 2012; Nelson Goff, Crow, Reisbig, & Hamilton, 2007; Sayers, Farrow, Ross, & Oslin, 2009), and there is a clear need for increased understanding of how these dynamics impact the relationships between siblings.

Following Bronfenbrenner (1979), Crocceti, Branje et al. (2017) stress that the family represents the first microsystem in which individual development occurs and that in order to understand identity formation it is necessary to take into account that intergenerational (parent–child relationships) and intragenerational (sibling relationships) interactions occur at the same time within this system. These interactions are interdependent, with the quality of maternal, paternal, and sibling relationships being all interrelated (P. 211). The notion that both intergenerational and intragenerational family interactions contribute to important and distinctly different aspects of identity has been increasingly recognized in psychoanalytic writing (Kiefer, 2008). Vivona (2007) posits that the lateral dimension of psychic life, which is lived through relationships with siblings and their substitutes, is structured around the psychic challenge of finding one's unique place in a world of similar others. The resolution of conflict and ambivalence in the lateral relationships with siblings is accomplished through a process of differentiation, "an active and unconscious process of identity development by which a child amplifies differences with siblings and minimizes similarities" (Vivona p.1191). However, while

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such differentiation between siblings is hypothesized to mitigate interpersonal rivalry between them and to ease conflict, accentuated differences among siblings in some families of Holocaust survivors, rather than mitigating conflict and promoting a positive quality in the sibling relationships, are associated with the opposite. The observed patterns also demonstrate important intrapsychic aspects of sibling differentiation, as pointed out by Vivona: "Wishing to reclaim a position of uniqueness in a world of sibling rivals, children project onto the sibling and simultaneously reject in themselves those qualities already perceived (not necessarily accurately) in the sibling. They correspondingly accept and amplify the opposite qualities in themselves. In this way, children perceive themselves as clearly different from their siblings, and perhaps, better in ways they value" (p.1198). These sibling roles, intentionally different and starkly delineated from each other, can become excessively antithetical and "monolithic", with each sibling renouncing aspects of self that are attributed to the other, thereby constricting more nuanced development of identity and self.

This paper suggests that parental trauma might activate and kindle polarization in the adaptational styles co-constructed by siblings. Intergenerational transmission is a function of the level of parental PTSD and other post-traumatic reactions, and of the perception by the children of parental vulnerability and distress (Lehrner & Yehuda, 2018). Predominant psychological themes and concerns about protecting the parents and taking care of their emotional needs have been observed (Scharf and Mayseless, 2011; Wisemann, 2008) to be core aspects of role-reversal in intergenerational relationships and in the transmission of "historical trauma" in families (Field et al., 2013; SAMSHA, 2014). However, individual siblings try to fulfill these obligations by employing totally different strategies geared towards different co-constructed views of parental needs and relational expectancies. Interactions in trauma-survivor families tend to skew

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parenting style and the experiences of children in the relationships with their parents in the direction of an over-emphasis on proximity and relatedness needs, at the cost of the children's needs for autonomy and differentiation of self (Felsen, 1998; Giladi & Bell, 2013) . However, individual children have differential susceptibility to such messages in the relationships with parents, and perhaps also differential susceptibility to the resilience and the active coping shown by the survivor parents. Shmotkin (2011) states: "The dialectical lives of offspring of Holocaust survivors are, to a great extent, the product of mixed messages transferred to the offspring by their parents (Bar-On et al., 1998). These contradictory messages reflect the clash between the survivors' intense desire to nurture their offspring as normally as possible, on the one hand, and the inevitable presence of their traumatic past on the other hand. In this manner, many offspring of Holocaust survivors have contradicting perceptions of themselves and their parents" (p. 13). Such contradicting perceptions are also reflected in differences in the co-constructed adaptational styles among sibling within the family.

Expanding the predominant paradigm of stress-diathesis, models of differential susceptibility emphasize the contribution of differences in the strength of individual needs for relatedness and autonomy, and in children's susceptibility to external events, to the reciprocal interaction between children and parents. Accordingly, only individuals with high need for relatedness suffer from distant parenting, while only individuals with high need for autonomy suffer from intrusive and controlling parenting (Rousseau & Scharf, 2015). Differential susceptibility offers a nuanced framework for the examination of factors that allow certain children of survivors, even those whose parents suffer from persistent PTSD, to feel less impacted by their parents' suffering and post-traumatic reactions than other siblings in the same family, who might feel much more burdened by their parents' Holocaust trauma. In addition to

individual differences, gender (of the parent and of the child) is an important factor determining differential susceptibility to parenting styles and to its impact on young adults' adjustment (Rousseau and Scharf, 2015). Differences observed between children of survivors in the USA and those living in Israel (Danieli et al., 2016) highlight the additional important influence of the larger socio-cultural context on children's differential susceptibility to both negative and positive aspects of their environments within the family and around it.

The literature about the second (and third) generation in Holocaust-survivor families has stressed the detrimental effects of intergenerational interconnectedness on the children of survivors. I have suggested (Felsen, 2001) that the lack of more severe psychopathology in the second generation is surprising relative to the extent of traumatization and the observed high rates of post-traumatic symptoms in the parents, and that it might actually be associated with the mutual protectiveness that characterizes these families. The undeniable negative effects on aspects of self-differentiation might need to be re-considered in attempting to understand the observed over-all good adaptation of the survivors and their children. I suggest that the mutual protectiveness of the family dynamics might have conferred benefits on parents who survived genocidal losses, thus might have allowed survivors to be better parents for their children, and in turn, might have protected the second generation from more extreme psychopathology. While not without significant costs to some aspects of the well-being of the children (Weinberg & cummin, 2013), parenting and coping styles observed among survivor parents might be necessary and even adaptive for the ability to resume normal life, establish new families and raise children after genocidal trauma. Yet factors in the environment surrounding the family might mitigate or exacerbate the risks associated with such family adaptation for the developmental outcomes in children. Negotiating the balance between relatedness and autonomy,

living one's own life while staying emotionally connected and loyal to the parents, have been shown to be central dialectics in the life of children who perceive their parents as still suffering from the aftermath of trauma. Social norms, ways of life, and the feeling of social embeddedness in the environment in which they live, might offer beneficial influences outside the family that counter the over-emphasis on relatedness within the family and promote resilience in trauma survivor parents and in their children. As Danieli et al. (2016) state, "Healing processes that underlie observed effects of family milieu are malleable, survivors' and offspring's suffering might be reduced through efforts to recapture meaning, purpose, identity, connectedness of past, present and future, and attachments to community and place" (p. 639).

In order to learn from observations about Holocaust families and the second generation, we must tease out elements that support recovery and healing in families of trauma survivors. Findings about the adaptation of Holocaust survivors and their children across an entire lifespan highlight the need for re-examination, without pre-conceived assumptions, of factors that supports resilience, recovery, and regeneration following extreme human-perpetrated mass traumatization. The confrontation with catastrophic traumatic events and their aftermath has repeatedly forced the field of mental health to re-consider its views (Felsen, 2017a). Exploring the entire range of outcomes, including multiple aspects of vulnerabilities and resiliencies, can deepen our understanding of the psychological "trade-off" involved in reintegrating after extreme genocidal catastrophes. Future research in this relatively unexplored area is needed, especially studies utilizing prospective studies and longitudinal examination of processes that influence differentiation among siblings in general and in trauma-exposed families in particular. Finally, it is hoped that findings from empirical research about the sibling relationship will continue to be integrated with current psychoanalytic conceptualizations to advance our

understanding of the influence of growing up with trauma-survivor parents on the sibling bond.

It is important to protect this relationship as a potential life-long source of support, especially in

families where parental emotional availability is compromised by the long-term effects of

trauma.

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