

**HEALING THEIR WOUNDS: PSYCHOTHERAPY WITH HOLOCAUST SURVIVORS AND THEIR FAMILIES.** Paul Marcus and Alan Rosenberg (eds.). New York: Ktav Publishing House, 1984, xii + 239 pp.

Contemplation of the Holocaust is a powerful psychic event. Thus, approaching a text such as *Healing Their Wounds* may elicit strong feelings related to the conglomeration of psychic traumas that the Holocaust brings to mind. These include a massive and catastrophic sense of loss of family, community, and confidence in the outside world; annihilation anxiety resulting from sadism run rampant in the Holocaust; superego anxiety stemming from guilt for decisions one may have made in the course of survival; or imagined omnipotence fantasies of what one believes one should have been able to do.

Editors Paul Marcus and Alan Rosenberg have assembled an impressive array of articles on Holocaust-survivor treatment issues that are fascinating, educative, and emotionally gripping. They proceed quite systematically into this difficult topic.

The first two chapters provide background reviews of the major clinical contributions to the field of working with Holocaust survivors and their children. Arlene Steinberg gives an especially comprehensive review of evolving psychoanalytic views of the Holocaust victim—from Bettelheim's concern with survivor "identification with the aggressor," Niederland's coining of the terms "survivor syndrome" and "survivor guilt," Krystal's work on alexithymia and anhedonia, through Des Pres and Ornstein's refocusing on the survivor's strengths and adaptability. She touches on therapeutic implications of these varying perspectives and also provides a useful overview of psychoanalytic treatment approaches and key countertransference issues—such as overidentification with the survivor, pity, and guilt. She concisely portrays the clinical profile of the "children of survivors," which include problems of separation, guilt over aggression, conflicting pride and humiliation in their Jewish identities, depression, and a sense of being different.

The four subsequent sections of *Healing Their Wounds* are devoted to exploring different clinical approaches (e.g., classical psychoanalysis, self-oriented psychoanalysis, pastoral counseling, and family and group approaches) to the problems of Holocaust survivors and their children.

In the first section on classical psychoanalysis, Milton Jucovy reviews the major themes and problems in mainstream psychoanalytic work with this population. Most prominently, these include the threat of narcissistic depletion due to extended periods of deprivation of external narcissistic supplies and the changes in the superego as a result of massive assaults on the victim's psyche. This, in turn, leads to regression to more archaic forms of superego functioning and grave changes in the ego ideal.

Jucovy notes how these patterns can be perpetuated in offspring. For instance, a disturbed young man recounts how, during childhood, when he misbehaved, his mother would place his head in the kitchen oven and warn him that this is what the Nazis did to Jews in the camps.

Jucovy notes how a child's symptoms can attempt a recreation and restitution of the parents' symbolic processes. He gives an example of a young man with a somatic symptom—"floaters in his eyes"—that was felt to represent internalized persecutions of his father and which improved dramatically upon being interpreted.

In her article, Judith Kestenberg, a pioneer in describing the transmission of Holocaust-related symptomatology to offspring, notes how not only the children of survivors but also the children of Nazis are affected by their parents' experiences in the war.

Joan Freyberg, who presents a case from a self-psychological point of view, reports the difficulties that arise for the children of survivors as a result of being seen by their parents as compensations for their wartime losses. The children may experience problems in separation-individuation and a blurring of ego boundaries. Identity confusion follows as they struggle with whether they hate their parents for their narcissistic control or see themselves as agents of their narcissistic restoration and compensation.

When treated on the couch, these patients, according to Freyberg, have a heightened sense of the loss of the analyst. The transferences often show an intense concern and sense of responsibility for the analyst, and a strong need for approval and feedback. Sadistic fantasies are made more frightening as they blur with the past reality of the self or near family members. Countertransferences include guilt, horror, despair, and immobilization at nightmares that seem to have come true.

An interview by Marcus and Rosenberg with Anna Ornstein effectively highlights a number of the controversies between past and present thinkers about the Holocaust. In contrast to Jucovy, Ornstein does not believe that the analyst must be reexperienced in the transference as a "Nazi" to effect maximum treatment benefit. In fact, she sees this occur-

rence as a breakdown product of failed empathy and faulty treatment. Ornstein also disagrees with Kestenberg's view that all psychosexual stages of development are usually invaded by the parents' Holocaust memories. Instead, Ornstein finds two different second-generation phenomena: either the children regard their parents' experience as a special, unique heritage or they view it as a burden. She suggests that adolescents may be more vulnerable to the latter, but that as they grow into young adulthood and reidentify with their parents they have greater appreciation for their parents' experience.

The chapters by Eva Fogelman on group treatment of Holocaust survivors and Perel and Saul on family therapy approaches to Holocaust-survivor families are useful reminders to analysts that these other therapeutic modalities can be adapted to provide special benefits to our Holocaust-survivor patients and families.

Contributions to "The Pastoral Perspective" offer an especially interesting glimpse at how two clergymen contend with the enormous tasks presented to them by Holocaust survivors. Rabbi Gerald Skolnik discusses the challenge to a synagogue community and rabbi of both attending to the special personal needs of the survivor and the task of integrating the survivors and their tales into the consciousness and stream of the synagogue community life. Rabbi Martin Cohen's chapter explores in depth the theological challenge of the Holocaust, its enormity of evil, the seeming withdrawal of God from the concerns of the world in general and from the religiously attentive in particular. The argument utilizes complex Kabbalistic notions to explain how such evil can occur in a universe supposedly guided by a beneficent God. While we, as clinicians, may not concern ourselves with such matters as the theological rationalization of evil, it is nonetheless interesting to see how a devoted theologian would approach the matter for someone who may be desperately striving to find explanation or meaning for the suffering he or she has endured. Cohen notes the bitter paradox that, in their cruelty, the Nazis may have succeeded in robbing their victims of their most cherished possession: their religious belief system.

The editors then shift gears to a section of two "empirical" studies of Holocaust survivors. Almagro and Leon's chapter looks at whether there is increased personal or familial dysfunction in Holocaust survivors' families, as many presume. By comparing controls, matched by age and country of origin, the researchers find that Holocaust survivors and their families are not especially impaired. On the contrary, a remarkable degree of strength and coping ability emerges in certain subgroups of Holocaust-survivor families.

Kahana, Harel, and Kahana find that there were more physical symptoms and psychiatric symptomatology in survivors as a whole, but that

there is tremendous variability to survivor adaptation, which overlaps with Holocaust-survivor comparison groups. The increased adaptation of certain survivors include a special capacity to find meaning in adversity. This is linked to the ability to find ways of sharing their experience with others for their elucidation and education.

In the final section, on "special problems," Robert Krell notes nontraditional therapeutic maneuvers that can be useful in working with survivors. These include an active involvement in uncovering the survivor's Holocaust journey in detail—even using maps at times to clarify and add vividness to recall; assistance in seeking compensation and reparations; getting survivors in touch with each other for the special sharing of experiences that only they can offer each other; assisting in the audiotaping of a survivor's tale, which they could not tell their family, then facilitating their listening to it together to promote a familial working through; and involving survivors as teachers in community programs. These can be seen, of course, as efforts to help turn the passive helplessness of the Holocaust experience into an active and meaningful use of it.

In this final section, Marcus and Rosenberg highlight the plight of the religious Holocaust survivor, and Janet Hadda addresses how the loss of the Yiddish language during the Holocaust may be mourned by survivors for whom Yiddish was their native language. Lastly, Margaret Rustow addresses the matter of Jewish children who became Catholics to survive the Holocaust, only to have to face another intense readjustment after the war, when going back to their religion of origin. The conflicting meanings of these changes are explored and addressed in a series of poignant case examples.

There is so much in this volume that it is difficult to do justice to any one piece. Certain topics, however, are somewhat underaddressed. The editors mention in their preface the importance that work with Holocaust survivors and their families had for the evolution of understanding post-traumatic stress disorder (PTSD). They do not state, however, whether any of the current psychopharmacologic treatments for PTSD have been useful in the treatment of what is at times called Holocaust Survivor Syndrome—which includes irritability, depression, and frequent nightmares about the war experience—and seems in many cases to be PTSD or a variant.

Also, although the anger of the Holocaust survivor experience is alluded to, the role of the retaliatory fantasies and fantasies of revenge is not fully explored. Why, for instance, were there so few instances of retaliatory vengeance by the victims against the victimizers?

Both of the above are minor criticisms. This is a very thorough text. The Holocaust and its effects on the survivors and their children are sober-

ing to contemplate, and the good psychotherapist must come to grips with its impact. *Healing their Wounds* marks an important step in that direction.

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**BETWEEN THERAPISTS: THE PROCESSING OF TRANSFERENCE/COUNTER-TRANSFERENCE MATERIAL.** Arthur Robbins. New York: Human Sciences Press, 1988, 222 pp.

It is not unusual today for us to find contemporary literature supporting the totalistic view of countertransference as a valuable tool with which we may understand our patients' psychodynamics. And this recent work by Arthur Robbins offers us a unique method through which we may elicit, acknowledge, and work through our countertransference conflicts in a way that leads to an increased breadth and depth of understanding not only of our patients, but of ourselves as well.

In his Foreword the author explains the historical factors that led to the evolution of his concept of specialized countertransference-focused Supervision Groups. It is the in-depth exploration of several specific group experiences that lays the framework of this book. The Foreword and first chapter serve to orient the reader with regard to the theoretical aspects of the following material, which is presented as modified transcripts of these sessions. For these chapters, sessions were chosen to illustrate the power and effectiveness of this vital technique of countertransference supervision, as well as to explore a variety of timely countertransference issues, such as collusion, working with a terminally ill patient, homosexual anxiety, and greed, to mention only a few. Introductory, ongoing, and closing comments by the author provide us with a rare view of the delicate balance between cognitive and affective processes that the group leader must experience, integrate, and formulate into practical interventions within this challenging approach to processing clinical material.

Robbins' approach is to begin with a group of therapists or analysts who have experienced a good deal of personal analysis. Participants are invited individually to present and explore their affective reactions to a current clinical case, while the group is invited to respond with their emotional reaction to the case, the presenter, and other group members as they also respond. The result is a powerful experience combining both affective and cognitive reactions to subjective and objective countertransference issues.

Central to understanding the theory behind this intricate process are the concepts of projective identification and the use of the group as a "container" for split-off and projected aspects of self and object representations of both the patient and analyst.