

# **Engaged in a Non-Dialogue: Avoidance Coalitions between Holocaust Survivors, Victimizers and Therapists**

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After 1945, the emotional needs of both the survivors and the perpetrators of the Holocaust were virtually ignored. I will try to address some of the reasons for this shortly. In any case, the awareness about trauma and therapy which exists today in connection with catastrophes, whether man-made or accidental, did not exist then. Just as ancient cultures performed rituals after cataclysmic events in order to restore their world to its natural order, there were certain ritual acts enacted in order to try to put the European world in general back in order and to resume international "business as usual". The Nuremberg Trials were conducted in order to bring the remaining known Nazi war criminals to justice. The State of Israel was created as a Jewish homeland. Germany was divided and administered by the Four Allied Powers, under which a somewhat de-Nazified *Bundesrepublik Deutschland* and a socialist *Deutsche Demokratische Republik* were created, both of which were built (or rebuilt) looking toward the future and avoiding a closer examination of the recent past.

As a result, the energy required to be put into building these three new nations--Israel and the two Germanys--was enormous. Their citizens were for the most part survivors of a devastating war and had experienced severe losses, deprivation and traumatization. Unfortunately, the symptoms we know today as "Post Traumatic Stress Disorder" were not yet fully recognized at the time. It seemed for a while that the only people paying attention to the impact of this trauma were the Jewish survivors who were willing to go through a psychiatric examination in the United States and

elsewhere in order to apply for financial reparations from the *Bundesrepublik*.

Even in Israel, there was a denial of the traumatization of Holocaust survivors. Israeli ideology demanded an idealization of heroes and martyrs, survivors were suspect, they might have been "*Kapos*" or collaborators. In any case, they were expected to adapt to the pioneer life of the new nation and make their contribution as workers, soldiers, parents and citizens. And so even though the Holocaust was a consistent presence in the consciousness and in the unconscious of many of its citizens, the recognition of the traumatization was a long time in coming. Israeli mental health professionals paid more attention at first to the impact of war-related trauma on the soldiers fighting for the ongoing existence of the young state than that experienced by the men and women who came from Europe after the Second World War to help found the state.

In Switzerland, the country where I live, another development may be observed. As the only nation in Europe not invaded by or allied with the Nazis, Switzerland has had a special status. The Swiss myths which sustained it throughout the War and even until fairly recently were those of neutrality, of humanitarianism and of the invincibility of its army. Many Swiss would still like to believe that there was absolute neutrality toward Germany throughout the six years of the Second World War, that refugee policy was dictated by international law (which meant that Jews could by definition not be recognized as political refugees) and by the belief that the country could not absorb more human beings, even if their lives were threatened and that the Swiss army was so powerful

that Hitler did not invade Switzerland out of fear.

As a result of these myths, the need in Switzerland to deny any culpability in connection with the Holocaust is great. Certainly there is no direct guilt. The Holocaust was an exclusive product of Nazi Germany. But the extremely restrictive Swiss refugee policy which clearly sent tens of thousands of Jews to their deaths is a fact which has since been recognized and acknowledged publicly. Also, the forms in which neutrality toward the Axis Powers was circumvented and the ongoing economic and political collaboration which occurred have also been documented. The complicity of the banks in Switzerland for decades after the War, in denying access to survivors of the owners of “dormant” accounts has also been acknowledged by the banks, as a result of outside political pressure.

I have mentioned Switzerland, Germany and Israel specifically because I would like to use them as case examples for the examination of how they have dealt with the War-related traumatization of their citizens in the past and how they are dealing with it today. I also have a proposal for how they might consider dealing with it in the future.

### **The role of the victim-perpetrator dichotomy in responding to trauma**

Before we consider these case examples, I would like to explore the problems I see which derive from the designations of “victim” and “perpetrator” both in our society and in our professional perspective. The need to clearly delineate these two roles in our daily lives and in our interpretation of history both on a personal as well as on a political level is very common. We can empathize with victims; we can criticize and even vilify perpetrators. Where it becomes problematic is when we identify with them or even know them personally. Identification with a victim is infinitely easier for most human beings than identifying with perpetrators or victimizers. The burden of guilt is overwhelming for most people and not easily either taken on or discharged. As a result, denial is a very common and understandable form of coping. The need for most of us to

see ourselves as good and caring individuals with positive intentions toward other human beings is very strong. Even when blamed for something, where the evidence is quite clear, we will try to deny the wrongdoing or at least try to dismiss it by saying that *it was not our intention* to do wrong.

But, whatever the intention of the wrongdoer, whether he feels legitimized in murdering out of an ideological belief or out of self-defense, to the victims and their families, there is probably little difference. The loss is the same. Their search for meaning to explain the loss will probably be the same. But in viewing these events from the perspective of compassionate or disengaged outsiders, the human tendency will be either to try to figure out if the victim deserved his victimization, did he provoke his fate in some way, or, on the other hand, to completely exculpate him for any responsibility for his victimization and blame the perpetrator completely.

My own therapeutic approach to working with people, which views human action and interaction from a systemic and humanistic perspective, tries to put guilt and innocence into a more relative frame by helping people to examine their shared responsibility for events. But even this approach reaches limits when faced with certain forms of wrongdoing. I'm thinking here particularly of the abuse of power over children and other human beings in a dependent relationship. This form of abuse was taken to its extreme in the Holocaust. The systemic and humanistic beliefs in the good of mankind and in the sharing of responsibility for wrongdoing reach their limits when trying to analyze, explain or cope with the Shoah.

These limitations on defining guilt and innocence, victimization and responsibility have an impact on my work as a practitioner. I daresay that they impact our entire field of practice in trying to cope with these issues. Ultimately, understanding these limitations in defining victims and their victimizers may help to explain why we have as a society failed to really address the needs of the abused and the perpetrators.

We live in a time when world leaders offer their own narrative and explanations for victimization, where they feel legitimized in offering the

word “evil” as an explanation for wrongdoing, rather than trying to get at its root and trying to understand if the act can be analyzed in another, more adequate way. The perpetrators of the attacks on September 11<sup>th</sup> deliberately set out to destroy public symbols as well as to kill human beings and intended these acts as a means to deliver a specific message. But it is in a code which the United States and other governments have chosen not to decipher. It is a political and ideological message nevertheless.

This does not mean that anyone who died as a result of the attacks deserved to die, just as no one who was murdered in the Holocaust or genocide against the Armenians or certain tribal members in Ruanda deserved to die. But in each of these cases, there were conscious decisions to murder, based on ideological justifications, not on manifestations of “evil”. The perpetrators were in some cases individuals who gave themselves a collective legitimization. In other cases, the perpetrators were legitimized by their power as heads of state.

Without wanting to pursue this issue further, I would like to identify the aspect of September 11<sup>th</sup> which has relevancy for the point which I would like to make here. The traumatization of individuals and of the collective society in and around New York and Washington were publicly acknowledged at the highest level and the need to respond to this trauma was overwhelming, both by helping professionals and members of the society at large. Having been in New York on September 11<sup>th</sup>, I deeply felt the enormous amount of international support and solidarity as well. Not only in the U.S. but internationally, there were church bells rung, moments of silence, candlelight ceremonies and political statements. These rituals and manifestations can be understood, together with the many active gestures of support for the victims and their families. Certainly, if viewed in psychological terms, we can recognize the need for people to discharge their own feelings of helplessness, sadness and rage by becoming active. But I would like to identify this huge response of help also as a manifestation of what happens when trauma is acknowledged and not denied or ignored.

### **Avoiding our own pain**

When professional helpers are unresponsive to people in need it may be due to the lack of acknowledgment in their society at large that anything is wrong or it may be due to their own blind spots. Or both.

There is a wonderful German word which helps me to explain what I mean: *Berührungsangst*, for which I have no equivalent in English. I use it to refer to the fear of touching and being touched on an emotional level by something or someone. I believe that *Berührungsangst* is an important factor in looking at how both our field of practice and our society as a whole have responded to the Holocaust.

I would like to demonstrate what I mean by my own example. My family was able to live in Germany until 1938 and even at that late stage of developments for Jews there, to leave it intact. They were able ultimately to make it to New York where I was born a few years later, just as the War ended. At home, one rarely spoke about the past, the years of being refugees, of the internment in a forced labor camp, of the losses and the fears. One never mentioned the family members who were less fortunate, particularly not the ones who had been murdered. To the best of my knowledge, they were never mourned.

I grew up with a *Berührungsangst* about the Holocaust which I only became aware of when I began to think about working therapeutically with survivors. As I now understand it, part of my *Berührungsangst* was a logical extension of my own family history, in which denial was an important survival skill. What I was conscious of, was not feeling worthy of facing survivors, people who had been confronted with so much pain and loss. What I only later came to understand was my own fear of being overwhelmed or inundated by emotions which I didn't feel ready to confront, either in another human being or in myself. I also consciously did not feel professionally competent to be of any help to them. I felt at the time that I would have to be some kind of miracle worker to offer them my services, since what they had faced was so overwhelming. For this reason, I chose for many years not to work with survivors. In my professional scrupulousness, I failed to recognize my own fears and denial.

So it was well-intentioned professionals like me who contributed to the abandonment of the survivors after the War. However many competent professionals in all the places where survivors settled after the War also avoided working with them because of their own *Berührungssängste*. In the United States, Great Britain, Australia as well as here in Europe, there was a prevalent denial of the traumatization caused by the Holocaust and of the subsequent impact of this denial on the society as whole.

I believe that this phenomenon may also be observed in the perpetrator countries. In order to make my point, I'll mention another case example: the United States in the aftermath of the Vietnam War. This was a war that for almost ten years caused massive divisiveness in the American society and about which the media reported on a daily basis. It became the first war which the United States lost. When the last American soldiers and diplomats left Saigon in 1975, almost complete silence fell over this chapter of American history and awareness, until fairly recently. The traumatized soldiers who returned were not welcomed as heroes; those who could not function in their daily lives again were placed in clinics for veterans, out of sight. The traumatization of the Vietnamese people was also never mentioned or looked at until recently. This taboo, this denial is also about *Berührungssängste*, about a society not being able to cope with guilt and shame.

I believe it must be similar in any society which identifies with the perpetrator of any man-made disaster. One tries to identify the individual perpetrators and bring them to justice. Or one tries to distance oneself ideologically from them. The Anti-Fascist ideology of the *DDR* as one example, made it possible to deny any responsibility for the Holocaust.

For psychotherapeutic professionals, the *Berührungssängste* have to do with both our professional and societal experiences of this denial. Just as my family's experience left me with my own transgenerational experience of survivor guilt, I imagine that therapists living in perpetrator families have their own, presumably even more painful issues to overcome, which are inevitably intensified by living in a

society in which denial seems like a prerequisite for coping.

### **Avoidance Coalitions between therapists and potential clients**

It is my contention that at least part of the explanation as to why the professional world has responded so late to the emotional needs of the survivors of the Holocaust is because of these *Berührungssängste*, as I have tried to describe them. Certainly it helps to explain why the needs of these survivors were not addressed collectively by the field of practice in Israel before 1987, when AMCHA was founded (the National Israeli Center for the Survivors of the Holocaust and the Second Generation which was honored in the Vienna Rathaus earlier this week). I maintain that there was something which might be termed an "avoidance coalition" (or in German "*Vermeidungs-Kontrakt*") between the therapists and the survivors.

This avoidance coalition also helps to explain the ambivalence with which practitioners in countries like Germany, Austria and Switzerland have responded to the survivors living there. Where therapeutic services and counseling centers do exist in these countries, they have been founded by Jewish therapists who have overcome their own *Berührungssängste* or who have identified strongly with the plight of this client population. But even in these countries, the professional response has been fairly recent: ESRA in Berlin, ESRA here in Vienna, and TAMACH, the project which I helped to found in Switzerland, are all products of the nineties, fifty years after the War ended.

Before I try to address the question of why these projects are necessarily Jewish endeavors, I would like to address the avoidance coalition as it pertains to another group of war victims: the perpetrators, their supporters and the millions of uprooted men and women in Germany and their families. I'm aware that there are individual therapists in these two countries who have overcome their own *Berührungssängste* to take on working with this population. But it is my perception that the lack of acknowledgment in the society as a whole that masses of people were traumatized during the War and

remain so until today has led to the abandonment of a large potential segment of trauma victims. I believe that the explanation lies here not only in the individual *Berührungsgänge* but in the need to sustain the tabooization of acknowledging traumatization among the perpetrator generation. The taboo is based on a collective *Berührungsgangst* which seems to exist at least in good part because of the polarization necessitated by conceptualizing only in victim and perpetrator or good and evil dichotomies. The legitimate victims of the War, such as the Jews may be acknowledged; the illegitimate victims, the supporters of the Nazi ideology even if they were traumatized are best ignored.

Another example of the way in which this oversimplified collective narrative of victim/perpetrator or good/evil is being played out even today is in the way Israel is viewed publicly in many parts of Europe. The inability to accept both the victim and perpetrator aspects of Israel has led to a very undifferentiated public discourse and a denial of one's own helplessness in maintaining optimism for the future. It requires a systemic conceptual framework of acknowledging both victim and perpetrator aspects in the same individual as well as the same collective in order to accept this reality. Instead, Israel has gone from being idealized to being vilified. This development has permitted many people in places like Switzerland and Germany to finally be legitimized in severely criticizing selectively the violent policies of Israel and idealizing or justifying the violent methods of the Palestinians, thus successfully avoiding confrontation with their individual blind spots in connection with personal or collective feelings of guilt and shame.

Similarly, just as an over-identification with the victims of the Holocaust may be observed in Israeli military and political policies, I daresay that an over-identification with the perpetrator identity may be observed in Germany. Even the criminalization of deniers of the Holocaust is an expression of this as well as the public outcry when public figures break certain taboos connected with issues of perceived victimization of Germans by the Allies or of Palestinians by Israel. These lead to the kinds of accusations of anti-semitism or Neo-Nazism, which

tend to uphold the lack of differentiation in the public discourse. But even worse, they cement the upholding of a victim-perpetrator dichotomy which prevents individuals and the society as a whole to putting closure on the past. The taboo, as we know psychologically, allows the denied issues and the manifestations of traumatization to fester over generations.

### **Engaging in the Non-Dialogue**

Given this background, it may be understandable as to why so many therapists and so many clients in the affected countries Germany, Israel (and, to a lesser extent, Switzerland) never choose to meet and have the opportunity to engage in a therapeutic dialogue. The collective denial in the larger culture (or as Jürgen Müller-Hohagen termed it, "*Verleugnungssystem*" in English "system of denial") has impacted the awareness of the therapists and the potential clients in these countries. It has certainly amplified the *Berührungsgänge* which they must have toward each other. Before looking at the Swiss example in more detail, I would like to make a few observations about the nature of the non-dialogue in Germany and in Israel.

The severe traumatization in both populations as well as the accompanying experiences of collective shame, humiliation and guilt would have required a tremendous collective approach to acknowledge and honor these feelings, before even attempting to treat them. But the leadership of these countries were themselves so traumatized and/or so preoccupied with denying the past and constructing the future of the newly formed states that they were not able to take on this task. In Israel, there is an annual Holocaust Remembrance Day "*Yom Hashoa*" in which sirens are heard in the entire country, traffic stops and the population stands in silent attention. But, despite the presence of hundreds of thousands of survivors in the country, their emotional needs remained largely unrecognized or understood until about fifteen years ago. Also, as they get older some of the survivor population are more consciously being confronted by the impact of their wartime experiences and may even be more in need of counseling than they were directly after the War ended.

At the same time, it is still not easy for many Shoah survivors to ask for help from a professional. To do so would contradict their own self image of competence, self-reliance and independence. Another complication in the reason for the non-dialogue between Jewish therapists and survivor clients in Israel is that many of the therapists are themselves children of survivors and would have to overcome their own *Berührungängste* in speaking with their parents or representatives of their parents' generation, where a non-dialogue has often prevailed as well.

This "conspiracy of silence" was of course even more prevalent in Nazi families in Germany. The non-dialogue persists until today in these families and evidence of the denial may be observed when a therapeutic dialogue occurs between therapists and the children and grandchildren of Nazis (Bar-On, Müller-Hohagen, Benz, Jokl, and Moser). I believe that the *Berührungängste* of German therapists are particularly painful to examine for those affected, because they are complicated by ambivalent feelings of rage, disappointment and love for the same parents in addition to the shame and guilt that will inevitably be triggered.

The challenge to therapists in working with these populations is for this reason particularly great: the traumatized clients require dialogue partners who can be authentic and yet empathically abstinent. A failure to have worked through one's own traumatization or denial could be very problematic, since the safety of the setting will not be guaranteed and a potential retraumatization or abuse of the situation could occur.

In Switzerland, the counseling center for Shoah survivors and their families TAMACH was founded five years ago by two other Jewish psychologists and me, during the height of the public debate about Nazi gold, dormant accounts and wartime refugee policy. The survivor population in Switzerland, most of whom had come there after the war as refugees from Communist countries in Eastern Europe, had until that moment tended to live as unobtrusively as possible in a country that had little expressed awareness or interest in their situation. Because there was a sudden upsurge of

media attention to these issues, a group of a few hundred survivors felt a need to organize themselves and to meet on a regular basis. This group became the initial mailing list for TAMACH, which began by offering group discussions as well as individual and family counseling. One of the goals which TAMACH has set for itself is to try to eliminate *Berührungängste* between the client population and their potential helpers but also between them and the population at large.

Why do many survivors avoid engaging in a therapeutic dialogue? As was indicated earlier, the need to look forward after the War, to find marriage partners, raise children, sustain their families economically and blend into their surrounding worlds was of utmost importance. Most of them were living as refugees or immigrants in completely new surroundings and needed to learn new languages and customs. The struggle to adapt was paramount.

But for many of them, even until today, the idea of seeking therapeutic help would be an acknowledgement that they are not okay, that they are not competent to take care of themselves and their families and to master the challenges of life today. I'm speaking now of the vast majority, the ones who do not seek therapeutic help and do not intend to. Many of whom might or might not benefit from it are quick to comment that it is important "for the others" that such counseling centers as TAMACH or AMCHA exist. And we from TAMACH agree. We think it is important that we exist even if not all the survivors in our region are willing or needing to take advantage of our services. Our presence sends a message to the survivors and to the society at large that the opportunity to work through traumatization is a form of contributing to the future stability of the impacted families and the society as a whole.

### **Who carries the burden?**

In the German-speaking world, the centers such as TAMACH, ESRA in Vienna and ESRA in Berlin which have been created to try to respond to the needs of Shoah survivors have been created as exclusively Jewish initiatives and even these came many decades after the

War. One might observe that the *Berührung-sängste* and denial even within the Jewish community were significant. But it might also be an important discussion topic to ask whose responsibility is it, that the needs of victims of the War after so many years will finally be addressed? And isn't the danger in not addressing these needs a form of benign neglect in which the wounds of the parents will be passed on to the next generation and to the community as a whole?

And this brings me to my last point: the benign neglect of the Non-Jewish victims of the Second World War in German-speaking Europe. By not acknowledging them, we cannot make them disappear. We sustain the power of that which is being denied, that which has been wounded and humiliated and suffered great losses, so that it continues to contaminate and pollute the environment and will continue to do so for a long time. The risk of not engaging in a dialogue will have familial and societal consequences for generations.

I was deeply impressed to learn about a trauma counseling center in Ruanda which works with victims and perpetrators of genocide, since they believe that those who murdered or witnessed bloody acts are as deeply traumatized as those who survived them as victims. I would like to conclude with this thought. I realize that I am touching on a taboo but I would like to offer it as an invitation to a dialogue about acknowledging that there are many war victims and their families in Germany who need attending to and many helpers who need to be looking more closely at their own *Berührung-sängste*.

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